BIG IDEAS

**ENDING THE HIV EPIDEMIC —
SUPPORTING ALL PEOPLE WITH HIV AND REDUCING NEW TRANSMISSIONS**

ADDRESSING TRAUMA WILL BOLSTER THE HIV RESPONSE FOLLOWING THE COVID-19 PANDEMIC

THE COVID-19 PANDEMIC HAS BEEN DIFFICULT FOR MANY PEOPLE and continues to have ramifications for public health, individual health, and social cohesion. The pandemic has taken many lives, caused ongoing physical and mental health challenges for millions of people, and disturbed almost all facets of life. It also has been an extremely traumatic experience. Trauma is a deeply distressing or disturbing event (or series of events) that overwhelms an individual's ability to cope, causes feelings of helplessness, and diminishes their sense of self and ability to feel a full range of emotions and experiences."[1]

Trauma has played a major role in enhancing risk for HIV and shapes the quality of life of not only people living with HIV, but also HIV services providers and other members of the community. Recognizing how trauma impacts individuals, organizations, and communities is needed to ensure that we take steps to provide support and foster greater resiliency into the future. Policy action in three areas can improve the HIV response and create better models for supporting all parts of our communities.

WHY DOES TRAUMA MATTER?

While four decades of effort have led to great progress in HIV, some people are left behind because they stop engaging in services and disappear from the systems we have created, others are labeled as "bad patients" or "problematic," and among the HIV workforce, some leave the field due to low pay, increasing administrative burden, and burnout.[2] These poor outcomes or workforce shortages can mostly be attributed to systemic and structural failures. Recognizing what trauma is and the role it plays in our work gives us a pathway for identifying structural solutions that can bolster our work and make our communities stronger.

RE-IMAGINING THE HIV SERVICES SYSTEM CAN FOSTER WELLNESS

Policy action is needed to:

Broaden the understanding of trauma and how it affects various parts of the HIV community

Expand access to critical mental health and wellness services for people living with HIV and the HIV workforce

Embrace new tools and approaches to adopt trauma-informed, team-based strategies

POLICY ACTION: Broaden the understanding of trauma and how it affects various parts of the HIV community.

Since the beginning of the HIV epidemic, the HIV community has continued to lead the way in creating safe spaces for people to receive services, particularly by conducting cultural competency and implicit bias trainings to grapple with ongoing racism and gender-based discrimination. In recent years, many HIV clinics have embraced the principles of trauma-informed primary care as a critical strategy for improving engagement in care and strengthening the workforce. Now is a critical time to make trauma-informed training and the adoption of trauma-informed principles the mandatory standard in all HIV prevention and care settings. Many federal and state

agencies already have embraced trauma-informed principles, but they should go beyond this. They can do so by issuing program guidance to grantees explaining the benefits of, and offering models for, trauma-informed primary care.[3] Further, when agencies are updating funding announcements for HIV prevention and care activities (which often run on three- or five-year cycles), the implementation of trauma-informed services should become a condition of the grant award, and they should support agencies to better provide services for employees and volunteers, as well as clients.

WHAT POLICY CHANGES ARE NEEDED?

Since the beginning of the HIV/AIDS response, there has been concern for the mental and emotional health of social workers, nurses, and doctors providing care and services to people living with HIV.[4] Workers and people who provide HIV services always have experienced exceptionally high mental health stressors, but these stressors and feelings have been exacerbated in part because COVID-19 has placed healthcare workers squarely at the nexus of growing political polarization.

Long before COVID-19, there has been a recognition that the level of mental health and substance use disorder services are insufficient for both clients and staff in the HIV field. Workers have rarely received support in response to potentially traumatic incidences, and HIV workforce burnout remains a serious issue, especially following its exacerbation throughout COVID-19.[5] For the HIV community to successfully emerge stronger from the pandemic, there needs to be a greater prioritization for, and investment in, a variety of services that support whole-person care and wellness.

POLICY ACTION: Expand access to critical mental health and wellness services for people living with HIV and the HIV workforce.

In his 2022 State of the Union address, President Biden announced his "Unity Agenda"[6] and described the need to expand the supply, diversity, and cultural competency of our mental health and substance use disorder workforce. This includes a focus on bolstering services in Mental Health Professional Shortage Areas[7] and continuing funding for grant programs for health systems and clinics that sufficiently address burnout, workplace stress, and mental health.

This need has long been acutely felt by the HIV community. In some cases, insufficient and inflexible funding fails to address the reality and prevalence of trauma among clients and employees, particularly racial and ethnic minorities[8] and youth.[9] Ryan White Planning Councils and HIV prevention planning groups should increase investments in mental health and substance use disorder services. Medicare, Medicaid, and private health insurances also should be held accountable for expanding access to these services. Health departments, community-based organizations (CBOs), and clinics can prioritize acknowledging and responding to trauma and implement a variety of interventions, such as creating peer support groups, giving workers more flexibility in work hours, and ensuring paid sick leave is provided.

TRAUMA COMES IN MANY FORMS

Different types and sources of trauma impact an individual's ability to lead a healthy life.

Individual Trauma This can include experiencing abuse and neglect, being ignored or marginalized on the basis of one's identity, or being met with significant skepticism from health care providers, teachers, colleagues, law enforcement, or other members of the community when reporting things that have happened to them.

Family Trauma can arise from experiences that are traumatizing for family units or households, such as when a primary income earner loses a job, a member of the family is arrested or becomes incarcerated, a mental health crisis or other serious health problem develops, or when the family experiences intimate partner violence or other forms of violence.

Systemic Trauma reflects the way that whole groups of people experience harm because of structural inequities like poverty, racism, discrimination, police brutality, and mass incarceration. Systemic trauma is often normalized within communities and whole societies and spans many generations.

Vicarious Trauma is a challenge for people working and volunteering in the fields of healthcare and other allied professions due to their continuous exposure to trauma survivors. This work-related trauma can occur from serving traumatized clients and witnessing the aftermath of violence and tragedy. More recently, healthcare workers are experiencing vicarious trauma because of COVID-19, a feeling very reminiscent of the early AIDS epidemic.

WHAT HAVE WE LEARNED FROM COVID-19 ABOUT HIV?

COVID-19 has led to a great deal of innovation and has presented us with an opportunity to re-structure how we operate so that there is increased shared responsibility and accountability.

POLICY ACTION: Embrace new tools and approaches to adopt trauma-informed, team-based strategies.

To be more resilient, clinics and organizations need to adopt more team-based approaches. One provider spoke of weekly all-team check-ins where they review the status of all patients and, as a team, make decisions about what services or outreach is needed. They highlighted how data allows clinics to focus resources more intentionally on specific patients, and thus, be more responsive. In this model, everyone is responsible, and if one team member is away, services and care can still continue for patients. Similarly, this is a moment to re-imagine how various pandemic policies, like telehealth, home-based services, 90-day prescription refills, and others, can be used to increase options for receiving services and help with clinic workflow. With federal support, health departments should be called upon to convene grantees and other stakeholders to re-imagine how to buttress our services system and make it more trauma-informed. With a coordinated approach, the past and present challenges of COVID-19 can be utilized to push forward long-needed reforms and make our services delivery system more sustainable for all.

THE TIME IS NOW

The HIV community always has been weighed down by historical and ongoing trauma and current political strife. When combined with the COVID-19 pandemic, even more stress has been created. Part of our legacy, however, also has been naming problems and creating solutions. By recognizing the impact of trauma and coming together to reinforce our commitment to ourselves and to each other, the steps we take now can bolster our community resiliency for the future.

SIMILAR, BUT DIFFERENT

During the COVID-19 pandemic, essentially everyone experienced trauma:

PEOPLE LIVING WITH HIV

For many people living with HIV, COVID-19 added to pre-existing individual and community trauma.

"We need to eradicate the idea that people living with HIV are doing okay."

Naina Khanna, POSITIVE WOMEN'S NETWORK

"I felt like the sacrificial lamb. I am immuno-compromised, but I was the one leaving the house to shop for groceries and drive for UberEATS to bring home some extra money during the pandemic. I did this because I am a caretaker to my mother, father, and grandfather, all in addition to caring for my own family. If I didn't risk my life, my family would not have survived."

Ciarra Covin, THE WELL PROJECT

FRONTLINE HEALTH CARE PROVIDERS AND HEALTH DEPARTMENT STAFF

Providers expressed that they chose this field to help people, but it became harder during COVID-19. Many health department staff have been shifted to the COVID-19 response, and some have had to bear the brunt of community anger over pandemic mitigation policies.

"I am a Spanish-speaking provider in my clinic in New York City. I am usually a voice for my people, but when I was detailed to work on the COVID-19 response, I encouraged many of my patients to be their own voice. Unfortunately, some fell out of care, mostly because of language barriers. I have felt burnout from the pandemic, but if I don't keep going, who will care for my patients? There will be no one."

Georgina Osorio, MD, MPH

COMMUNITY-BASED ORGANIZATION (CBO) STAFF

CBO staff, especially those working closest to the most marginalized communities, highlighted the difficult environment they have faced.

"You cannot talk about joy until you are very real about your experiences."

Rev. Debra Hickman, SISTERS TOGETHER AND REACHING

"What does lockdown look like for a syringe access program with a mobile unit? There is no such thing. As ash rained down from the sky [due to California wildfires] and employees donned surgical masks, rode in tight quarters to continue providing services, and worked extended hours because of limited staff, we still could not slow the rate of overdoses. It brought feelings of defeat, hopelessness, and fear."

Ro Giuliano, SAN FRANCISCO AIDS FOUNDATION

A CONVERSATION WITH NAINA, TEO, AND EDDY

WHAT DOES TRAUMA MEAN TO YOU? WHY IS IT IMPORTANT TO TALK ABOUT TRAUMA?

It is important to talk about trauma because it is often misunderstood: it is not the event or series of experiences itself; trauma is our body's reaction to said events. Trauma lives in the body, rewires our brain structure, and can impact our thoughts, our interactions with others, and even our capacity to be creative in our lives. (Naina Khanna)

WHAT ARE SOME CONSEQUENCES OF INDIVIDUAL TRAUMA? WHAT ARE HARM REDUCTION AND COPING STRATEGIES?

Two primary consequences of trauma at an individual level are: (1) we may shut down from feelings of terror and the inability to stop what is happening, and (2) we may enter an over-performance mode where we become hyper-vigilant about tasks in front of us, often working ourselves to exhaustion. Our stress hormones are meant to save us from danger, but when these hormones are continuously released, they keep us in a state of being hyper-vigilant and feeling threats from everywhere, regardless of whether or not they truly exist.

When we understand trauma and understand our own experiences, we can regulate what is occurring internally, as well as empathize and help others who are affected by trauma. Some harm reduction and coping strategies include improving our body literacy to become aware of sensations and how they affect emotions and behaviors; developing a "tend and befriend" instinct, which involves caring for each other and benefitting from connections within communities; and learning embodied or somatic practices, which can help us access and experience the full range of our emotions and feel not only fear and anger, but also joy and connection. (Teo Drake)

IS THERE SUCH THING AS ORGANIZATIONAL TRAUMA? IF SO, WHAT DOES IT LOOK LIKE? ARE THERE WAYS TO OVERCOME IT?

The impact of trauma on organizations can be similar to the impact felt by individuals. A traumatized organization can be overwhelmed, fragmented, hierarchical, reactive, numb, or even feel unsafe. Such organizations can be traumatizing to the individuals who work there and to the patients they serve. Most organizations exist somewhere on the continuum between being a traumatized/traumatizing organization and being a trauma-informed, healing organization. It is essential for organizations to take steps to move from the former to the latter. Thus, overcoming organizational trauma requires acknowledging what is occurring and securing buy-in and engagement from the leadership and all members of the organization. These efforts can have a transformative impact on the experiences of staff, providers, and patients. (Dr. Eddy Machtinger)

This is edited from dialogues that occurred at stakeholder consultations in December 2021 and January 2022 with Naina Khanna (Positive Women's Network), Teo Drake (Positively Trans), and Edward (Eddy) Machtinger, MD (University of California, San Francisco).

ENDNOTES

1   *Trauma Defined*, Integrated Listening Sys., https://integratedlistening.com/what-is-trauma/.

2   John Weiser et al., *Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013—2014*, 63 Clinical Infectious Diseases 966-73 (2016).

3   *See Trauma-Informed Care*, Ctr. for Health Care Strategies, https://www.chcs.org/topics/trauma-informed-care/.

4   M. L. Bellani et al., *Burnout and related factors among HIV/AIDS health care workers*, 8 AIDS Care 207-21 (Apr. 1996).

5   Rita Rubin, *Pandemic Is Taking A Dangerous Toll On The Mental Health of Frontline Healthcare Workers*, Mental Health Am. (Dec. 1, 2020), https://mhanational.org/pandemic-taking-dangerous-toll-mental-health-frontline-healthcare-workers.

6   *Fact Sheet: President Biden to Announce Strategy to Address Our National Mental Health Crisis, As Part of Unity Agenda in his First State of the Union*, The White House (Mar. 1, 2022), https://bit.ly/3mee8pX.

7   *See Shortage Areas*, Health Res. & Servs. Admin., https://data.hrsa.gov/topics/health-workforce/shortage-areas.

8   *Pandemic Highlights Behavioral Health Disparities*, 323 JAMA Network 1 (June 2020), https://jamanetwork.com/journals/jama/fullarticle/2767308.

9   *New APA Poll Shows Sustained Anxiety Among Americans; More than Half of Parents are Concerned About the Mental Well-being of their Children*, Am. Psychiatric Ass'n (May 2, 2021), https://bit.ly/3zebmbR.

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