



Department of Health

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Dear Colleague:

Forty years ago, in 1981, several young gay men in Los Angeles and New York City were diagnosed with rare pneumonias or cancers which we eventually understood as the first cases of HIV. That same year, the African American lesbian poet, Audre Lorde, said in a keynote speech titled [The Uses of Anger: Women Responding to Racism](#): “When I speak of change, I do not mean a simple switch of positions or a temporary lessening of tensions, nor the ability to smile or feel good. I am speaking of a basic and radical alteration in those assumptions underlining our lives.” If we take anything away from 2020, it is that we must challenge every assumption as we work toward deep, structural changes to address the intersectionality of complex epidemics before us: HIV/HCV, COVID-19, and racism.

Beginning in 2018, I have written a letter each year to reflect on our Ending the Epidemic (ETE) achievements and to establish priorities for the coming year. As we enter 2021, I want to thank each of you for this amazing six-year Ending the Epidemic (ETE) journey. We won't know the full impact of this effort for some time. However, we are sure of three key facts:

- We did indeed meet the goal of “bending the curve” to achieve the first ever decrease in HIV prevalence in NYS. In 2019, HIV incidence (an estimate) fell to an all-time low of 1,700 cases. Similarly, new HIV diagnoses also reached an all-time low of 2,377—a 4% drop from 2018, and a 38% drop from our starting place in 2014. You can now find 2019 data on the [ETE Dashboard](#).
- Even as we have made progress across all of our communities, unacceptable inequities continue to exist with regard to HIV's impact on Black, Indigenous and people of color.
- In order to move in a meaningful way toward advancing health equity, we must address racism and implicit bias and make thoughtful structural changes in how we do our work.

I'd like to take a moment to thank everyone who participated in the ETE 2020 and Beyond Listening Sessions and the 2020 ETE Summit. A common question that I heard through these events has been: “What happens to the [ETE Blueprint](#) after 2020?” My answer is that the ETE Blueprint remains relevant and should continue to guide our efforts. I urge each of you to also continue to refer to the excellent [Implementation Strategies](#) outlined by the 15 population-specific ETE workgroups. We expect to release a Beyond 2020 Addendum Report summarizing findings from the ETE 2020 and Beyond Listening Sessions in late spring. This report will be widely distributed and will help guide our future efforts.

We will each remember 2020 and COVID-19's impact on our lives, in particular its disproportionate impact on Black, Indigenous and people of color. Among the many New Yorkers who lost their lives to COVID-19, we especially remember [Lorena Borjas](#), a pillar of NY's Trans Community, and [Ed Shaw](#), long time HIV activist and truth-teller regarding HIV and aging. Recent studies released by the NYS Department of Health and the NYC Department of Health and Mental Hygiene confirmed our initial fears. These [large-scale studies](#) demonstrated that people with HIV (PWH) who were diagnosed with COVID-19 were more likely to be hospitalized, require intensive care, and die from COVID-19 than their counterparts not living with HIV. More work is needed to understand the extent to which other co-morbidities contributed to these higher rates of morbidity and mortality for PWH.

It will be some time before we understand the impact of COVID-19 on our ETE efforts. Needless to say, COVID-19 caused disruptions in our prevention programming, caused HIV testing and lab reporting rates to drop for a period of time, and forced us to re-imagine the provision of HIV/HCV/LGBT/sexual health/drug user health care. I recognize the hardships that state fiscal realities have had on our funded programs, with some programs having to lay off staff or suspend services.

In the midst of these hardships, we have had amazing successes born from your tenacity, creativity and commitment to serve. Early on in the pandemic, syringe exchange programs developed innovative models of service delivery, clinical providers ramped up telemedicine services, and the AIDS Institute and NYC Health Department offered innovative programs to make home HIV test kits available. I must tell you that AIDS Institute staff, along with staff from other areas of the state DOH, played a critical role in our state's response to COVID-19. Staff balanced their regular duties, served uninsured persons without interruption, kept communication channels open with funded providers, and engaged in countless hours of community work to assist with everything from setting up COVID-19 testing sites, staffing the Javits Center, conducting contact tracing, evaluating school opening plans, and assisting with the state's vaccination distribution effort. I have never been more amazed by the strength, commitment and compassion of my AIDS Institute colleagues.

In thinking about 2021, I am aware of the importance of focusing on modest goals as our funded agencies recover from the challenges of 2020 and we work within ongoing state fiscal realities. That said, I am proposing the following 2021 priorities for the AIDS Institute and our partners:

Health Equity: During the 2020 ETE Summit, our colleague Dr. Oni Blackstock challenged us to shift from focusing on cultural competency to focusing on [structural competency](#). Working toward structural competency requires that we examine the larger social conditions, public policies, and elements of our service delivery systems that give rise to unequal access and health inequities. In line with this, the AIDS Institute will be taking the following steps in 2021:

- Defining specific health equity metrics and establishing specific goals to reduce long-standing inequities related to HIV/HCV/sexual health and drug user health;
- Establishing a clinical workgroup to define health equity competencies for clinical providers of HIV/HCV/STI/LGBT/drug user health care. Once developed, the AIDS Institute will take steps to integrate these competencies into our programming, training, and capacity-building initiatives;
- Standardizing the collection of social determinants of health data by AIDS Institute-funded providers. This will permit a comprehensive understanding of the role played by social determinants of health, and it will facilitate the development and monitoring of AI-supported programming centered around addressing the social determinants of health;
- Establish standardized language and expectations related to health equity across all AIDS Institute RFAs, RFPs, and other solicitations.

I encourage leadership of all AIDS Institute funded programs to explore the structural competency model and work to refine service delivery to best engage vulnerable individuals in care.

Racial Justice: An integral step in moving toward structural competency is acknowledging the role that systemic racism plays in unequal health outcomes. In 2021, the AIDS Institute will provide our staff with training and undertake a thoughtful and comprehensive organizational assessment related to health equity and anti-racism. While this level of introspection may not be easy or comfortable, I embrace the opportunity for our organization to grow. Similarly, I would encourage all of our funded agencies to engage in internal dialogue, to use publicly available resources for raising awareness of [implicit bias](#), and to engage in ongoing discussions with consumers and the community about structural changes that will help make services truly available and discrimination/stigma-free.

Older Adults living with HIV: COVID-19 reminds us of the vulnerability of older adults and the importance of protecting these valuable members of our community. Achieving viral suppression and addressing co-morbidities must be a key priority in our work with every older adult living with HIV.

Trauma-Informed Care (TIC): The year 2020 brought to our communities heightened levels of distress and trauma. For several years, the AIDS Institute has supported two different Trauma-Informed Care Capacity Building Initiatives: one specifically for community health centers, syringe exchange programs, and health homes offered through Cicatelli Associates and the other through the University at Buffalo's Institute for Trauma and Trauma-Informed Care. The AIDS Institute also supports individual provider training on TIC. I urge every funded agency and every stakeholder to take steps to learn about, and implement, TIC. For more information about these training initiatives, email hivet@health.ny.gov.

Injection Drug Use and Opioid Overdose: Along with COVID-19, we have seen an increase in substance use, an increase in opioid overdose, and we fell slightly short of our 2019 goal of reducing the percent of new HIV infections attributed to injection drug use. The rate was 4.5% compared to our goal of 3.2%. It is critical that we work to engage people who use drugs in services, expand the number of community agencies taking advantage of updated regulations that support creation of [Second Tier Syringe Services Programs](#), and engage women of reproductive age who are using substances in HIV/HCV/STI prevention to prevent mother to child transmission of HIV, HCV or syphilis.

An important key to our ETE success has been collaboration with local health departments, in particular, the NYC Health Department. I will be forever grateful for the opportunity to work closely with Dr. Demetre Daskalakis, who began his tenure at the NYC Health Department in 2014, right when we were starting our ETE effort. As you may be aware, in December, "Dr. D." joined the CDC as Director of the Division of HIV/AIDS Prevention (DHAP). I want to reassure you that the AIDS Institute will continue to walk in lock-step with the NYC Health Department.

As we enter the 40th year of our collective response to HIV, I find especially meaningful the following quote from Rosa Parks, African American Civil Rights Leader: "There were times when it would have been easy to fall apart or to go in the opposite direction, but somehow I felt that if I took one more step, someone would come along to join me." Your persistence inspires me to take one more step. May we continue to find inspiration from each other as we leap forward in 2021.

Sincerely,

Johanne E. Morne, MS
Director
AIDS Institute