Monkeypox, After HIV/AIDS and COVID-19: Suggestions for Collective Action and a Public Health of Consequence, November 2022

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See also COVID-19 & Monkeypox, pp. 1564–1620.

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Monkeypox (MPX) presents a combination of two significant challenges the public health community faced during the COVID-19 and HIV/AIDS pandemics: homophobia and racism. In this Public Health of Consequence, we examine how homophobia and racism have shaped the perceptions of MPX, HIV/AIDS, and COVID-19 as threats to our overall population health. We highlight these two forms of discrimination as a lens to understand how the public health responses to each pandemic have been shaped as well as how they *should* be shaped.

The initial labeling of HIV/AIDS as "gay-related immune disease" was emblematic of the homophobia around HIV/AIDS even as it became clear that men and women, regardless of sexual orientation, were vulnerable. As the HIV/AIDS pandemic progressed, both HIV stigma and homophobia-related discrimination continued to thwart efforts to end the epidemic, even with increased availability of behavioral and biological HIV prevention and intervention tools. Currently, inequitable access to HIV prevention and intervention tools by both race and geography have actually increased.[1] Furthermore, homophobia fueled by the HIV pandemic was codified in many countries that criminalized same-sex sexual relations by enacting anti-homosexuality laws. In fact, there are currently 70 countries that have such discriminatory laws, and 6 of these include the death penalty in their anti-homosexuality legislation.[2] These bans conflict with the need to reach out specifically to sexual and gender minority communities while also being able to provide information to the broader public regarding modes of transmission and strategies to prevent MPX. These structural and social forms of stigma and discrimination against men who have sex with men (MSM) are heightened as the current outbreak of MPX cases appears to be transmitted primarily by male-to-male sexual behavior, despite the fact that transmission can occur via exposure to the virus or fluids containing the virus on surfaces as well as through maternal–child transmission.

Similarly, the racist labeling of COVID-19 as the "China flu" perpetuated anti-Asian stereotypes and promulgated an increase in anti-Asian hate crimes.[3] As of June 30, 2021, over 9,000 hate incidents were reported to the Stop AAPI Hate Coalition, with 63.7% involving verbal harassment, 13.7% physical assault and 11.0% involving civil rights violations. The racist stereotypes around MPX are fueled by the fact that MPX is endemic in parts of Central and West Africa. Consequently, the World Health Organization has renamed the different clades of MPX so that they no longer have a geographic connection, and a plan is underway to rename MPX itself.[4]

EPIDEMICS DO NOT OCCUR IN A VACUUM

In the United States and globally, those who have been and continue to be disproportionately impacted by HIV, COVID-19, and now MPX are people who have been made vulnerable by long-standing social, economic, and political disinvestment. Structural racism and homophobia, along with gender inequality, continue to permeate cultures globally and in the United States. This inequitable social and

structural landscape provides fertile ground for problematic attempts to fight the HIV/AIDS epidemic by, for example, criminalizing HIV transmission.[5] HIV criminalization only builds on the Black community's suspicion of the US health care system. The powerful summary by Jones and Reverby (p. 1538) reminds us of how the racist and completely wrong Tuskegee syphilis study created and perpetuated medical mistrust within the Black community. Although the name "Tuskegee" is often invoked as a large source of mistrust of the US-based medical system, we must remember the details of how the Tuskegee experiment was revealed to the public and the very slow, painful, and inadequate attempts to address the harm that had been done and that continues to reverberate throughout the HIV and COVID-19 pandemics.

During the HIV pandemic, failure to engage gay, bisexual, transgender women, and MSM in developing and deploying prevention and intervention efforts resulted in often misguided, ineffective, and unsuccessful efforts. These included closing MSM social venues; enacting restrictive or discriminatory laws against homosexuality and people living with HIV; discriminating against MSM and other at-risk individuals in housing, health care, and employment; and imposing restrictions on travel.

COVID-19 again unveiled the stark inequities in access to quality health care and environments safe from contagion, both in the United States and globally. In the United States, Black, Latinx, and Native American people were among the groups disproportionately affected by COVID-19. This disparity includes virtually every aspect of COVID-19, including infection rates, access to vaccines, serious illness, and death. This is shown in the work of Tipirneni et al. (p. 1584), which demonstrates that counties with heightened vulnerability as measured across four different indices of social disadvantage were more likely to experience increased COVID-19 morbidity and mortality.

A CALL TO ACTION

As noted by Holloway (p. 1572), to avert the mistakes in the response to the HIV and COVID-19 pandemics, the public health responses to MPX can build on policies and programs that worked as well as those that did not in the effort to mitigate the spread and impact of HIV and COVID-19. Thus, we posit the following three suggestions for collective action in support of people affected by MPX as well as those still vulnerable to infection and its wide-ranging sequalae. These investments should support multilevel interventions that address homophobia, racism, increasing resilience, and empowering community coalitions.[6]

First, we need a rapid assessment and mapping of behavioral, social, and structural factors driving MPX vulnerability by partnering with community-based organizations and other social service providers. Information from the community level up provides a more appropriate and complete picture of multilevel factors impacting MPX transmission dynamics. The availability (or lack thereof) of community-level resources can be leveraged to support and effectively disseminate MPX prevention and intervention services.

Second, involvement of communities of MPX-affected as well as vulnerable people in the design, implementation, monitoring, and accountability concerning case finding, contact tracing, and prevention is necessary. This includes the design and deployment of primary risk reduction programs to increase equitable access to vaccines and other technologies, all informed by evidence and combined with antidiscrimination policies, laws, and actions.[7] The practice pieces by Davis et al. (p. 1560), and Gupta et al. (p. 1566) provide strong support for collaborating with local health departments and community-based organizations to reduce barriers and improve access to COVID-19 testing and vaccination that can serve as exemplars for MPX testing and vaccination efforts.

Third, community leadership should be supported in designing educational messaging on MPX specifically adapted to their communities. For the broader public, messaging should avoid further stigmatizing gay, bisexual, and other MSM. For gay, bisexual, and other MSM, the Centers for Disease Control and Prevention has developed a two-page fact sheet titled "Monkeypox and Safer Sex" or "La Viruela Simica o del Mono y las Relationones Sexuales Mas Seguras" that can be adapted to be culturally relevant for the community in which it is being used.[8] Importantly, many of the recommendations for addressing HIV and COVID-19 have been about meeting communities where they are and listening to their voices. The following message from the National Black Gay Men's Coalition (NBGMAC) exemplifies the inclusivity, honesty, and clarity in messaging that we can achieve by partnering with community advocates:

> We remain committed to promoting the health and wellness of Black gay men. Monkeypox can infect anyone, but the current US outbreak is in gay, bisexual and other men who

have sex with men. NBGMAC knows that viruses never stay where they start. Protect yourself with knowledge.

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CONTRIBUTORS

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

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