


00:37:33 Ben Collins: Ben Collins, ReShape and EATG hello everyone.  
00:37:58 Olivia G Ford (she/they) - The Well Project: Good morning to all from Brooklyn, New York, USA! Olivia G Ford, she/they, The Well Project   
00:38:23 Bridgette Picou: Good Morning, Bridgette Picou, The Well Project  
00:38:28 Julie Patterson: Good morning from sunny Cleveland, Ohio, USA!  
00:38:55 Charles Chinguwo: Hi, I'm an AI assistant helping Charles innocent Chinguwo take notes for this meeting. Follow along the transcript here: [https://otter.ai/u/yf3nYIMLrbzPkVnFQ0klRk7LS7E?utm\\_source=va\\_chat\\_link\\_1](https://otter.ai/u/yf3nYIMLrbzPkVnFQ0klRk7LS7E?utm_source=va_chat_link_1)

You'll also be able to see screenshots of key moments, add highlights, comments, or action items to anything being said, and get an automatic summary after the meeting.

00:39:24 Cosette Audi: Hi all! Cosette Audi from the Elizabeth Glaser Pediatric AIDS Foundation. Based in DC, currently calling in from Ohio, USA  
00:40:17 Daniel D. Driffin, DrPH: Daniel D. Driffin - HIV Vaccine Trials Network, USA  
00:41:04 Jim Pickett: 210 people are registered for this session today!  
00:41:12 Larry Bryant: Good morning! Larry Bryant (he, him), Senior Program Manager with The Reunion Project. Also, a 38 year survivor of HIV living in Brooklyn  
00:41:35 Shekinah Rose: Good morning Shekinah Rose from Pittsburgh PA, Positively Trans  
00:41:43 Jim Pickett: Have you introduced yourself?  
00:41:49 Udom Likhitwonnawut: Good morning to all. I am Udom Likhitwonnawut from Chiang Mai, Thailand. Welcome to the breakfast club.  
00:41:51 victor reyes: I am! Good morning everyone and good morning to my Thrivers!!  
00:41:51 Patricia Segura: Patricia Segura, HVTN PM  
00:42:08 Shekinah Rose: 39 years living with HIV/AIDS  
00:42:40 Wakefield Steven: Wakefield, Seattle, Washington, USA  
00:42:54 Darren Lauscher: 39 years as well living with HIV/AIDS  
00:43:02 Jim Pickett: "lifetime thrivers" - such great language - I am stealing it too  
00:43:12 Ronald Johnson: Ronald Johnson, U.S. People Living With HIV Caucus  
00:43:28 Supattra Rungmaitree: Supattra, Bangkok, Thailand  
00:44:12 Barbara Friedland: Barbara Friedland, Population Council, NY, NY  
00:44:20 vuyolwethu magasana: Vuyo, Durban South Africa  
00:44:22 Kevin Herwig: Kevin Herwig, HIV+Hepatitis Policy

Institute, Washington DC USA

00:44:28 Jim Pickett: Replying to "Barbara Friedland, P..."

You made it!

00:44:48 Steven Vargas: Félicitations, peuple de France, pour votre merveilleuse réalisation hier en inscrivant le droit à l'avortement dans votre constitution. Je vous salue!

00:44:50 Barbara Friedland: Replying to "Barbara Friedland, P..."

Decided to come and leave early. :)

00:44:50 Nina Martinez: The problem with lifetime thrivers is that not all lifetime survivors are thriving or even alive.

We have to stop pretending that equity has been reached.

Nina, lifetime survivor.

00:45:14 Jim Pickett: Replying to "Barbara Friedland, P..."

MWAH

00:45:26 victor reyes: Thank you @Nina Martinez for that great point.

00:45:29 Annette Sohn: FYI – info on lifetime survivors from the Well Project: <https://www.thewellproject.org/hiv-information/lifetime-survivors-hiv>

00:46:22 Daniel D. Driffin, DrPH: My physician just brought the statin results up in my appointment last week. I think we have to talk about since changing to an injectable ARV then adding a 'new pill' might not be for me.

00:47:00 Larry Bryant: Replying to "The problem with lif..."

Yesssssss

00:47:21 Jim Pickett: Replying to "The problem with lif..."

great point

00:47:43 Jonathan Ayala: Replying to "The problem with lif..."

Echoing – super great point.

00:48:13 Danielle Campbell: Replying to "My physician just br..."

This!!

00:49:40 Lou Bly Bertine SEMI: Quelles dispositions sont prises pour les personnes du troisième âge sous traitement

00:50:37 Charles Chinguwo: Hi, I'm an AI assistant helping Charles innocent Chinguwo take notes for this meeting. Follow along the transcript here: [https://otter.ai/u/yf3nYIMLrbzPkVnFQ0kLRk7LS7E?utm\\_source=va\\_chat\\_link\\_2](https://otter.ai/u/yf3nYIMLrbzPkVnFQ0kLRk7LS7E?utm_source=va_chat_link_2)

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comments, or action items to anything being said, and get an automatic summary after the meeting.

00:51:06 Nina Martinez: Everyone keeps saying REPRIEVE trial, and it's a trial that is 70% (presumably cis bc we don't recruit trans) men. The cardiovascular risk is different in (cis and maybe trans if studied) women regardless of HIV because of the protective effects of estrogen.

00:51:16 Kennedy Mupeli: Allison and Judy what are your thoughts on PLHIV using Vitamin supplements such as Vit D3 and K2. ?

00:53:31 Nina Martinez: I have been living with HIV for 40 years, am age 40, have gotten the statin push from ID docs, but I have a zero calcium score and 10-year ASCVD risk of 0.5%. My cardiologist says I don't need a statin.

All this to say individuals comprise studies, but we have to be cautious of the ecologic fallacy.

00:53:55 ANDREW TAN: What actions shld we be lobbying for now, considering that as ppl retire & move out of cities, like establishing services & support systems in rural healthcare facilities?

00:56:35 Jim Pickett: I definitely don't want to take a shot every month – I don't need to see my doc 12 times a year!

00:56:47 Jim Pickett: 6 mos sounds better to me

00:57:18 Nina Martinez: Replying to "I definitely don't w..."

Agreed. If I have to go more than 2x a year, I am passing.

00:57:21 victor reyes: Replying to "I definitely don't w..."

I go 2x a year and still feel like I go to often. Lol

00:57:31 Jim Pickett: Replying to "I definitely don't w..."

YES – that part

00:57:56 Jim Pickett: Replying to "I definitely don't w..."

It is such a burden

00:58:03 Jim Pickett: Thanks for all the great comments and questions in the chat. Please consider raising your hand as well to join in on camera ;)

00:58:05 Jeff Berry: Injectables are not for everyone, so it's great to see the once weekly oral being developed, and there are other orals in development. We need to continue to advocate for a variety of delivery methods and formulations for treatment and prevention.

00:58:38 Daniel D. Driffin, DrPH: Replying to "Injectables are not ..."

I'm on a weekly vitamin d pill and it is so hit and miss.

00:58:40 victor reyes: It would be nice if you're able to go to a local CVS to get the shot administered.

00:58:40 JD Davids: Replying to "Injectables are not ..."  
So true!

00:59:10 Jim Pickett: I desperately want to have better sleep!!  
00:59:32 Jeff Berry: Replying to "Injectables are not ..."  
@Daniel D. Driffin, DrPH ❤️  
00:59:47 Darren Lauscher: Replying to "I definitely don't w..."

It might not be your doctor, more likely a nurse or even a pharmacist. The reality is our doctors are hard to see and increasing our visit rate will overwhelm them. Lots of administrative challenges to work through.

00:59:52 JD Davids: Many more people have sleep irregularities now due to Long COVID – it is a common symptom including intense insomnia that doesn't respond to traditional sleep hygiene

01:00:20 Nina Martinez: Insomnia in HIV was new news to me, but then again I am unexpectedly early perimenopausal, and insomnia is part of that blessing in aging as a lifetime survivor.

01:00:39 JD Davids: People with HIV who have had sleep changes any time over last 4 years might want to consider that it's from COVID and look into Long COVID peer and clinical support

01:00:41 Jim Pickett: Replying to "I definitely don't w..."

Well, I don't want to go to the clinic to see anyone 12 times a year! NO thank you

01:00:54 Daniel D. Driffin, DrPH: Replying to "I definitely don't w..."

I'm on bimonthly. I don't see my physician during injections. I still see him three times a year though and we communicate through our web portal if I need anything.

01:01:30 JD Davids: And trans people who do not ID as men or women

01:01:33 Jim Pickett: the less I can engage with the health care system the better

01:01:53 Nina Martinez: Replying to "People with HIV who ..."

Mine is definitely loss of estrogen and solitary kidney that is working for two.

01:02:14 Barbara Jungwirth: On the implementation front: any thoughts about adherence to a once-weekly pill? For many people, it may be easier to incorporate medications into a daily routine, rather than remembering to take the pill once a week.

01:02:20 Krishen Samuel: Replying to "People with HIV who ..."

Thanks for mentioning this JD!

01:02:25 JD Davids: Replying to "People with HIV who ..."  
@Nina Martinez has anything helped ?

01:02:59 Jim Pickett: Raise your hand to join the convo with your beautiful voice and face

01:04:13 Daniel D. Driffin, DrPH: Sleep is really

important. I think since COVID I've had the oddest sleep schedule. Mindfulness activities have helped but that is a subscription based service. I wonder if insurance (even Ryan White being mindful of US populations) would or should pay for it.

01:06:00 Nina Martinez: Replying to "People with HIV who ..."

I need to ask about an estrogen patch (some kind of add back therapy) and maybe cut off fluids near bedtime.

01:06:35 JD Davids: I can't unmute but can anyone speak to yesterday's data about Covid and long COVID in PLHIV?

01:07:12 Jeff Berry: Replying to "Sleep is really impo..."

Great point, Daniel. I use a subscription based service to reduce alcohol consumption which also includes a mindfulness component. Alcohol disrupts the sleep cycle big time.

01:07:57 Nina Martinez: Replying to "Sleep is really impo..."

That's why Margarita Breakfast Club needs to come back (we already up) 😊

01:08:03 Krishen Samuel: Shared and informed decision making is so crucial. I'm under 40, and have been living with HIV for 15 years. I don't 'need' a statin yet, but have chatted to my provider about it. I don't feel ready to start taking it right now. However, REPRIEVE has certainly added a sense of urgency to start taking statins (which in itself can be anxiety inducing).

01:09:01 Steven Vargas: @Barbara Jungwirth, I anticipate a weekly dose would be rolled into weekly habits or rituals, like watching cartoons on Saturday mornings, or going to church on a Sunday. The day the weekly activity takes place becomes the day to take a pill.

01:09:15 Jim Pickett: I am on board for a weekly pill - gimme gimme gimme

01:09:58 Jim Pickett: even where injectables are "available" there is a huge question about ACCESS

01:10:13 Krishen Samuel: And equitable access specifically...

01:10:43 Kennedy Mupeli: We have no global consensus and guidelines on the management of HIV and aging. Our healthcare system and policies in Africa are not providing for HIV and aging support programs. What can we do as aging activists to push this agenda into global agenda?

01:10:46 Danielle Campbell: Backwards!

01:10:58 Steven Vargas: @Jim Pickett, same here. Injections means more visits, so it's a no for me...plus I don't like shots.

01:11:24 Danielle Campbell: Yes @Judith Currier

01:11:40 Jacque Wambui: Wow interesting note on development !

01:11:58 Daniel D. Driffin, DrPH: Toolbox of Treatment and Prevention

01:12:23 Lobna Gaayeb: See here the aidsmap article about CARES study of CAB+RPV in LMICs: <https://www.aidsmap.com/news/mar-2024/injectable-treatment-just-effective-standard-hiv-combination-africa>

01:12:24 Nina Martinez: Replying to "Shared and informed ..."

If folks painted a brush for everyone based on studies we'd be on injectables, Wellbutrin, zoledronic acid, and statins. And that's blatantly going to be an access problem.

01:13:05 Jacque Wambui: Replying to "See here the aidsmap..."



01:13:22 Daniel D. Driffin, DrPH: Replying to "Shared and informed ..."

My provider also highlights diet and exercise is still always important in these conversations.

01:13:27 Lobna Gaayeb: Did you know about this database for long-acting therapeutics? <https://lapal.medicinespatentpool.org/>

01:13:28 Krishen Samuel: Replying to "Shared and informed ..."

Indeed, this is an important point. But sometimes, there's a feeling that in order to thrive and have a good quality of life, we NEED to be on all those.

01:13:36 Karine Dube: We will also need more therapeutic options for people with both HIV and HBV. Wondering if Judy could explain briefly.

01:14:01 Nina Martinez: Replying to "Shared and informed ..."

I think ableism drives a lot of this urgency, including diet and exercise.

01:14:17 Jeff Berry: Jim is there an update on the statement that was going to be made at the conference about people who walked out during the Martin Delaney presentation?

01:14:18 Lobna Gaayeb: The landscape tab is very interesting as it displays clinical trials timelines for some medicines (such as CAB and LEN) and the national filings of the drugs

01:14:21 Krishen Samuel: Replying to "Shared and informed ..."

Thanks for raising that Nina!

01:14:35 Larry Bryant: Replying to "Shared and informed ..."

There already is an access 'problem' correct? Access to healthy treatment options (even access to the unhealthy treatment options), access to information, access to the experience and expertise that can provide the correct information,

01:14:41 victor reyes: Is it mandatory to have to get the injectable at the clinic? I think the idea of going to a hospital monthly sounds like a lot. If it were able to get it sent to a local pharmacy or access it would be ideal.

01:15:27 Nina Martinez: Replying to "Shared and informed ..."

Right. If the correct thing to do was the easy thing to do, we'd be doing all that.

01:15:36 Mitchell Warren: Such rich conversation – thank

all three of you! I really appreciate the importance both Judy and Allison are making of planning R&D AND Delivery in parallel and not sequentially This is true whether for treatment or prevention, and really is the difference between developing biomedical OPTIONS and delivering feasible CHOICES (which is where it is all about the people, systems, programs, etc. end not just the product).

01:15:49 Krishen Samuel: Replying to "Shared and informed ..."

Most certainly. I think access to information is a big one. I often tell my doctor about recent study results...

01:15:53 Allison Agwu: Replying to "Is it mandatory to h..."

These things are being worked out, very good point

01:16:22 victor reyes: Great points Jim

01:17:29 Jim Pickett: Replying to "Jim is there an upda..."

A statement will come out today Jeff!

01:17:47 Jeff Berry: Replying to "Jim is there an upda..."

Thanks!

01:18:04 Jim Pickett: Replying to "Jim is there an upda..."

From the Community Educator Scholars and community advocates – stay tuned ;)

01:19:15 Julie Patterson: Replying to "Jim is there an upda..."



01:19:40 Aisuluu Bolotbaeva: Replying to "Jim is there an upda..."

@Jim Pickett❤️

01:20:06 victor reyes: Why aren't there more DOT programs or facilities? I think having a one-stop shop/facility for people receiving all kinds of care needs a place to get medication and bond with others. Taking medication is so isolating, and from my experience, going to DOT with friends was a big step in my being adherent.

01:20:08 Jim Pickett: Replying to "Is it mandatory to h..."

I have pharmacy within 5 minutes walk of my home – but no way would I want to go there for shots in an ongoing way – always a long line, always under staffed – also a no thank you

01:21:13 Jim Pickett: Replying to "Why aren't there mor..."

Nice idea

01:22:43 Barbara Friedland: AGREE!!! there is so little on women (I thought I was just being hypersensitive...)

01:23:11 Jeff Taylor: ^^^^^^^^^^^^^^^^^\

01:23:50 Nina Martinez: Table 1 tells a story. So does the author list.

01:24:46 Udom Likhitwonnawut: Great points, Aisuluu. Access to affordable is always a big problem for middle income countries – we are not rich enough to get trade name medicines and not poor enough to get benefit for voluntary licensing.

01:24:56 Danielle Campbell: Replying to "AGREE!!! there is s..."

a far too commonly accepted issue within research.

01:25:00 Jim Pickett: "when it comes to the animals, come on"

01:25:07 Nina Martinez: All trans folks are historically excluded from studies.

01:25:14 Jeff Taylor: In terms of representative demographics, we also need ensure we have sufficient representation of people over 65 who experience the most comorbidity. Most participants tend to be 40–60, which doesn't serve us well as our HIV population continues to age

01:25:30 Jeff Taylor: ALL gender-nonconforming folks

01:25:41 Barbara Friedland: Transmen are woefully underrepresented....

01:25:44 Jim Pickett: combining trans women and gay men is SUCH A MESS ..... and thank you for uplifting TRANSMEN

01:25:56 Nina Martinez: Get trans and NGC folks on your study team and they will figure that out for you.

01:26:09 Shekinah Rose: Yes we need to increase trans inclusivity

01:26:09 Jim Pickett: Replying to "Get trans and NGC fo..."

BINGO

01:26:38 victor reyes: There needs to be an app or portal that can be accessible to HIV+ folks to sign up for trials, research, etc, in real-time and give more opportunities for us to become more proactive in research.

01:26:39 Daniel D. Driffin, DrPH: "Hardly reached!" That is it!

01:26:43 Jim Pickett: trans men are often not included in prevention studies – cuz its just "too complicated"

01:26:49 Shekinah Rose: Medical distrust is a barrier!

01:27:26 Nina Martinez: The doxyPEP trial in Seattle/SF is case in point how author list (cis women) determines who is in Table 1 (8% trans women)

01:27:38 JD Davids: Check out the No Data No More manifesto on trans inclusion in hiv prevention research from AVAC!

01:27:40 Krishen Samuel: The enrollment vs. exclusion part is really important when it comes to trans and non-binary communities. Also, researchers using the words 'men' and 'women' when some participants identify as non-binary is a form of misgendering.

01:27:44 Mitchell Warren: Thank you @Allison Agwu – from "hard to reach" to "hardly reached", and the burden to reach needs to be on the systems and programs, and not on the individuals not



reached.

01:27:53 Jeff Taylor: IAS may be a better venue than CROI for addressing programmatic issues around aging

01:28:31 Mitchell Warren: Replying to "Check out the No Dat..."

Thanks, JD! The manifesto is at <https://avac.org/resource/report/no-data-no-more-manifesto-to-align-hiv-prevention-research-with-trans-and-gender-diverse-realities/>

01:28:36 Larry Bryant: Replying to "Thank you @Allison A..."

!!!!

01:28:46 JD Davids: Replying to "trans men are often ..."  
lol I'm complicated

01:29:07 Jeff Berry: Replying to "IAS may be a better ..."  
Yes, there will be a lot of activities at IAS around HIV and aging

01:29:19 Jim Pickett: This has been such an awesome session - we will be closing out in a few minutes - thank you for such a rich discussion

01:29:26 Jeff Taylor: Replying to "trans men are often ..."

Trans men are no more complicated than trans women-just underrepresented

01:29:31 Larry Bryant: Replying to "trans men are often ..."

Ummm...

01:29:36 Jim Pickett: Replying to "trans men are often ..."

JD - you are mos def complicated MWAHHHHHHHHHHHHHHHHHHHH

01:29:52 Reena Rajasuriar: Thanks Annette. This is the link to the JIAS Supplement on HIV and Aging

<https://onlinelibrary.wiley.com/toc/17582652/2022/25/S4>

01:30:02 Krishen Samuel: Replying to "Check out the No Dat..."

Here's my aidsmap coverage of that great manifesto: <https://www.aidsmap.com/news/jul-2021/how-can-hiv-research-better-align-realities-transgender-and-gender-diverse-people>

01:30:10 Jim Pickett: Replying to "trans men are often ..."

Jeff - I will share some "too complicated" stories from the prevention world

01:30:13 Jeff Taylor: We also saw hundreds of researchers walk out on that session, sadly

01:30:14 Nina Martinez: Replying to "The doxyPEP trial in..."

You need a study team with cultural competency, and PIs make these hiring decisions. Same input, same output.

01:30:31 JD Davids: Replying to "trans men are often ..."

Just ask my partners hahahaha

01:30:56 Darren Lauscher: Thanks to the presenters and

to my peeps from around the world most amazing conversations and thoughts.

01:31:11 Jeff Taylor: Replying to "trans men are often ..."

@Jim Pickett 🙏

01:31:25 Shekinah Rose: It's a BIG problem

01:31:45 Shekinah Rose: Nothing about us without us

01:32:05 victor reyes: Thank you everyone! Thank you, Annette, Allison, Judith, and Jim!

01:32:11 Nina Martinez: Replying to "Thank you @Allison A..."

Say the truth: they find them hard to connect with

01:32:32 Krishen Samuel: Thanks for a wonderful, informative session.

01:32:48 Olivia G Ford (she/they) - The Well Project:  
Replying to "Thank you @Allison A..."



01:32:54 JD Davids: So much vital truth in the presentation, discussion and chat! Thank you!!

01:32:55 Nina Martinez: Haha tired canary 😊

01:33:01 Steven Vargas: Another great session. Thank you!

01:33:07 Jeff Taylor: Thanks so much Allison & Judy!

01:33:07 Larry Bryant: Either 'not thought about' or 'don't want to think about (them)'...

01:33:13 Nicoletta Policek: Thank you a very informative session

01:33:16 Mitchell Warren: Why and why not! And who and who not!

01:33:33 Arda Karapınar: I'll see those of you who are here in the conference room and the others on CBC tomorrow morning.

I wish everyone a wonderful day ❤️ 🙏

01:33:36 Jeff Taylor: 🙏

01:33:44 Udom Likhitwonnawut: Thank you to the presenter and moderator. Great job!

01:33:49 Jacque Wambui: 🙏🙏🙏🙏

01:33:51 Olivia G Ford (she/they) - The Well Project: Thank you all so much! Awesome conversation on screen and \*chat\*, crucial framing for the whole conference, brilliant folks, all!

01:33:52 Mitchell Warren: You need to get some sleep, Jim!

01:33:59 Rosie Mngqibisa: great session- thank you!

01:33:59 Shekinah Rose: Thank you

01:34:01 Julie Patterson: Have a great day, community educator scholars! Go get them!!

01:34:02 Apostolos Kalogiannis: 🙏

01:34:07 Jeff Berry: Thanks everyone, another great

program!

01:34:10 Moses Supercharger: GREAT PRESENTATIONS SO  
RESOURCEFUL THANK YOU

01:34:13 Higgin Joseph: This conversation has been really  
insightful

01:34:19 Nina Martinez: Replying to "trans men are often ..."

Lol, JD! 😂

01:34:31 Dawn Averitt: Amazing trio! Thank you all!

01:34:36 Larry Bryant: Thank you Dr. Agwu and Dr. Currier!

01:34:37 mario cascio: Thanks to presenters and moderator,  
great conversations

01:35:04 Aisuluu Bolotbaeva: Thank you dear Annette,  
Allison and Judith!

01:35:16 Annette Sohn: Thanks for including this topic in the  
CBCs!

01:35:19 Ronald Johnson: Thanks very much for a good session.