

## CMEO Podcast Transcript

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Hello, I'm Dr. Christina Madison. I am a nationally recognized and globally connected residency trained clinical pharmacist with two decades of experience. I've been caring for those affected and infected with an HIV positive status for the past 17 years, and I am so excited to be joined today by Elder Will Francis. Would you like to go ahead and introduce yourself, Will?

**Elder Will Francis:**

Sure. Elder Will Francis, I'm a lead servant at Lives and Souls in Atlanta, and really excited to be here for this most important conversation. We do a lot of work around HIV and other health disparities. I work with those that unhoused, hunger, poverty alleviation, as well as sex trafficking. So, I'm ready to start the conversation.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Amazing. I was just at a conference over the weekend, and one of the things that they mentioned was that there's this connection between housing and HIV ...

**Elder Will Francis:**

Yes, yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... and I just love the fact that you are doing such incredible work.

**Elder Will Francis:**

Thank you. Thank you.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah, so, what we're going to cover in this first webisode is the current status of HIV. What is PrEP? Why education about these topics are so important. So, we're going to start with our first webisode, which is HIV prevention and your health.

**Elder Will Francis:**

Yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

All right. So, let's start off with the basic. What is HIV, and how is HIV and AIDS different?

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**Elder Will Francis:**

Sure. What I find interesting, and, again, in seminary, we really do not touch on HIV at all, right? Outside of seminary, getting engaged in community, we had to really understand a lot about a variety of issues, especially here with HIV. So, human immunodeficiency virus, AIDS, the acquired immunodeficiency syndrome. And it amazes me that a lot of my colleagues will always say the two together, but they are two different things, right? Two very different things. So, let me just deal with, I guess, the HIV piece, right? Still a lot of issues around HIV, how it's transmitted. A lot of people think that it is cured, if you will.

So, when we look at the methods of transmission, modes of transmission, there's really no faith-based education around what it is. We sort of go off of what we think, and I think that's just so important that these conversations take place. But, again, HIV... Can I say causing? You're the doctor here.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah. So, normally what I say is that HIV is the virus and AIDS is the disease that occurs when the virus is not controlled.

**Elder Will Francis:**

Right, because I-

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

That's usually the way that I word it.

**Elder Will Francis:**

Yeah, and I think that was beautifully worded because a lot of times we hear definitions, you know, from public health that are so high level. It's like, we don't get into the weeds like, someone in public health would do, although we're part of the public health sector.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah, it's true. And also you know you mentioned about means of transmission. I think oftentimes folks still have these misnomers that you can get HIV from a toilet seat or from a jacuzzi ...

**Elder Will Francis:**

Water cooler.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... from kissing or from, you know, eating from ...

**Elder Will Francis:**

From prayer in our context.

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**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... the same utensils. Right, exactly. So, I think it's really important to remember that, you know, the virus is transmitted through infected bodily fluids. So, those fluids include blood, seminal fluid, vaginal secretions, rectal fluid.

**Elder Will Francis:**

Right.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

And so, however that can be transmitted, I always say, "A sore is a door," right? So, when we think about ways that HIV can be transmitted, it has to have a way in. So, it can't be from just skin-to-skin contact because there's no break in the skin in order for the virus to get inside. And so, the two main ways that you can get it are from sexual contact and then also from injection with a used needle or an unclean needle.

**Elder Will Francis:**

Right, right

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

So, I think that that's really kind of just like level setting. We start from that and folks can really understand that, you know, especially now that we know U equals U, which means that those who are undetectable are no longer able to transmit the HIV virus sexually to their partners. I think that's also part of this as well. When we think about treatment as prevention and the whole status neutral, when we think about folks, if they test negative, we want to get them connected to care for prevention, but then if they test positive, we also want them in care and undetectable.

**Elder Will Francis:**

You've given us all of the acronyms today. So, U equals U, just break that down one more time. I know what it is, but break it down one more time.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Undetectable equals untransmittable.

**Elder Will Francis:**

Again, I'm playing that one today. That's my role.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Playing devil's advocate. So, that means that ...

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**Elder Will Francis:**

Right. Undetectable means what?

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

It means that there is so few virus in your blood, so when we take what's called a viral load, we check your blood. It's about a teaspoon of blood, and we look to see if there's virus inside that teaspoon of blood. And that, typically when it's so small that we can't detect it means that there's less than 50 copies, so that's what's considered to be undetectable.

**Elder Will Francis:**

Yeah, 'cause I know a lot of my colleagues think that once you get an HIV diagnosis, that's a death sentence. And like you said, if you are undetectable, you are untransmittable. That means that people are living longer lives, right, and actually thriving with HIV. So, I think that's important for my colleagues to hear today, especially when we think about how we can serve, care and minister for those that are living with HIV.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah, and also knowing that if you have an HIV diagnosis, that doesn't automatically mean that you have AIDS. So, I think that, again, going back to the fact that those are mutually exclusive and they're not the same thing. So, you can't have AIDS without having HIV, but you can have the virus without having the disease.

**Elder Will Francis:**

Right.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

So, I want to make sure that those are separate as well.

**Elder Will Francis:**

Yes, yes. Yeah, there's a lot of confusion about that.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

I just wanted to maybe talk a little bit about just general sexual health and wellness. Because I always say that your sexual health is related to your overall health and wellness and how that ties into HIV prevention.

**Elder Will Francis:**

Sure, sure. So, it's always interesting when we have the sex conversation in faith-based settings, right? Very uncomfortable conversations to have. And I've asked colleagues, like, is this a conversation that the church needs to have? And I personally feel it is a conversation that needs to be had. I think a lot of times as leaders, we separate ourselves from the communities that we serve. So, a lot of churches that we've been fortunate to do HIV testing at have issues with condom distribution or discussion about condom use. Well, as a faith leader, I've

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done some pretty big things, right? It is a conversation that we have to have, and I think it really works well around the conversation of sexual health, not only for our young people because for some reason we think that sex is only, only being had, you know, by young people.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Untrue, untrue.

**Elder Will Francis:**

Exactly, right?

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Our elder folks are more seasoned, our legacies, that's what I like to call them. Our legacies are out there-

**Elder Will Francis:**

Exactly.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... enjoying each other's company.

**Elder Will Francis:**

Right, I say we need to have conversations with Mother Cialis, Mother Levitra and Mother Viagra, because those conversations are definitely targeted towards the plus-fifty and making sure that we understand sexual health holistically, right? A lot of my colleagues would say, "Well, you know, that's why we need to preach abstinence." And those that do, hey, it needs to be a comprehensive conversation because of what we are seeing in community. Young girls are not having vaginal sex, they're having oral and anal sex, still getting sexually transmitted infections (STIs) exposure to HIV, but yet they are considered virgins, right? So, this is why I think the conversation around comprehensive sex education has to be had. And that's with our men, with our women, with our young people, with our seniors. And I really do think faith-based settings are ideal because we really could do it as a Bible study if you want to. Because I thought somewhere in the sacred text there's conversations about sex, but I may be mistaken.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Of the flesh, right?

**Elder Will Francis:**

Exactly.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

I think that's how they mentioned it.

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**Elder Will Francis:**

Right.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

I'm not a biblical scholar, but I'm pretty sure-

**Elder Will Francis:**

One vacation Bible School, believe me, it's in there.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

I've been, I've been.

**Elder Will Francis:**

Me too. Me too.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah. I just, I think it, ... I mean, it's so important to understand that these conversations need to be where the people are.

**Elder Will Francis:**

Yes, yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

And faith-based communities and the church is the perfect place to have this because it's a place of safety, and that's what we want. We want people to feel safe. They want people to feel like that they can be honored and heard and affirmed and not feel like they'll be judged or stigmatized. So, the more we make it part of the regular conversation, the better it is for us moving forward because if those conversations aren't being had in the school or in the home ...

**Elder Will Francis:**

Right.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... it's being had, at least in the church setting, and then they have gotten some of the education that they need.

**Elder Will Francis:**

And I think it's an ideal conversation to have with men to have with women. But then I think about the marriage counseling that we do. Right. Definitely a conversation. There's a chapter in all of the marriage counseling books that talks about sex, right, but it doesn't really go anywhere that you could really use just that portion of your

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marriage counseling to open up that conversation. And even, you know, HIV STI testing within the church-based setting, I think is really... we are the original community-based organization, right? And nine times out of 10 before people will call the Department of Public Health or Board of Health, they're going to call the church for resources and information, and we really need to get informed.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Absolutely. So, I just wanted to, I know we've talked about, you know, what's the difference between HIV and AIDS. We've talked about transmission, we've talked about the importance of sexual health. I want to kind of just dive into a little bit more detail of like what we have as far as HIV prevention tools.

**Elder Will Francis:**

Right.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

So, obviously the abstinence only is one way, but that may not be the best tool for everyone. So, when we think about-

**Elder Will Francis:**

So, can we clarify something?

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yes, yes, yes.

**Elder Will Francis:**

Are all STIs through intercourse?

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Oh, that's a great comment. So, there are some sexually transmitted infections that can be transmitted through skin-to-skin contact. So, one of those is HPV. You can also get skin-to-skin contact with syphilis. So, syphilis if you come in contact with the syphilitic sore. And then also HSV, which is herpes simplex virus. So, all three of those can be transmitted just from skin-to-skin contact. But most of the bacterial STIs that we think about traditionally, which is like chlamydia, gonorrhea, those are transmitted through sexual contact, whether that's oral, vaginal or anal intercourse.

**Elder Will Francis:**

Yes, so, I just wanted to put that out there that, you know, we got to do education as well as prevention. So, thank you.

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**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Absolutely. I tell folks all the time, like, if you decide to just, you know, do what we call outer course, you can still get something ...

**Elder Will Francis:**

Hello.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... which is basically this heavy petting and skin-to-skin contact with genitals.

**Elder Will Francis:**

Yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

No penetration. You can still get something.

**Elder Will Francis:**

Right, right.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah. All right. So, just wanted to kind of review some of the different HIV prevention strategies. So, we've got PrEP, which I think a lot of folks know about, but then we also have PEP. So, I want to kind of like parse the two.

**Elder Will Francis:**

Okay. What does PrEP stand for? Because again, I'm just thinking about-

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

I'm about to go through it.

**Elder Will Francis:**

Thank you, thank you.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

So, we've got pre-exposure prophylaxis (PrEP), which means it's something that you can either take on an as-needed basis or on demand. You can take it once daily, or we have a long-acting injectable that can be taken for HIV prevention before you engage in sexual contact. And then we have PEP, which is post-exposure prophylaxis, which is something that you would take after a sexual encounter or potentially having exposure to infected bodily fluids like through an infected needle. And that can be taken within 72 hours of that exposure in order to prevent you from being infected with HIV.



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**Elder Will Francis:**

You use scientific breakthroughs with PrEP and PEP. So, excited to, excited to hear, hear that. So, what about availability and affordability? Is that something that is readily available if I call my doctor?

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

So, that's a great question. First and foremost, I would say everybody is eligible for PrEP as well as for PEP if you have an exposure. So, you contact your primary care provider, they should be able to offer you that service. And, again, going back to who should be tested for HIV, anyone between the ages of 13 to 64 should be tested at least once in their lifetime. And then depending on your, depending on if you've tested positive for a sexually transmitted infection, we also recommend that you have more frequent testing in order to make sure that we're, you know, that we're not missing an opportunity to diagnose if you have an STI. Because we know when you have an STI, you're two to five times more likely to get and give an STI, which includes HIV.

So, regular screening and testing just should be part of your overall health and wellness and your sexual health and wellness plan.

**Elder Will Francis:**

Yeah.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

And so, I think everyone should have access to this, not just going to a "HIV clinic" or an "infectious disease clinic" because I think that that's very stigmatizing.

**Elder Will Francis:**

Yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

And a lot of folks don't want to go to a place that has HIV or infectious disease in the ...

**Elder Will Francis:**

But we do health fairs all the time, so we should ...

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah, exactly. So, they should be part of normal health and wellness ...

**Elder Will Francis:**

Yes, yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... and normal screenings. So, should have access to that.

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## **Elder Will Francis:**

I fully agree. Yeah, I fully agree. I think any health fair just like we're doing blood pressure and glucose and vision screening should be doing HIV education as well as screening as well.

## **Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah, and there's a ... and if you're not sure if your provider offers you the services, you can use websites like PrEP Me, Please PrEP Me, or prep.org. And you can find, it's a PrEP locator, so you can type in your zip code and you can find out who's providing PrEP in your area. So, that's also another way to get access to PrEP. And then I still want to just mention patient assistance programs. So, most of the manufacturers that make the HIV prevention medication, so, we've got two oral and one injectable product, have patient assistance programs that will help you to be able to pay for your medication if you don't currently have insurance or have limited insurance coverage.

## **Elder Will Francis:**

That's good. That's good.

## **Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yes. Unfortunately, we did have a federal program called Ready Set PrEP, but unfortunately that ended at the end of July, which was very disheartening. I just found that out that the program ended just this past July.

## **Elder Will Francis:**

Right. And we really need our leaders to know about these type of programs. I mean, we get hit up with a lot of, you know, health information, but not enough around HIV and STIs. And I think that's important to tap into those type of websites that, like you just gave and making sure that we have that information readily accessible for community as well as our congregants.

## **Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah. And I also think that it's really important to understand that when somebody wants to be on PrEP that they should be provided with PrEP ...

## **Elder Will Francis:**

I agree.

## **Christina M. Madison, PharmD, FCCP, AAHIVP:**

... no questions asked, right? And then also that there needs to be this, like, we need to dispel this myth that only folks that are "promiscuous" or gay men or men who have sex with men or same gender loving couples need to be on PrEP, because I think we did a really good job of getting that community, you know, around awareness and why they should be on prevention. But what we're missing is that we have, you know, heterosexual, cisgender women that are becoming infected with HIV, and it's from male and female partnerships. It's not from same gender loving partnerships. So, everyone is eligible for PrEP, it's not just those

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who are, you know, have “multiple partners.” And I think that, you know, the thought process that HIV is not a big, as big of a deal in the heterosexual community is not true, and that PrEP is safe, it's effective. It can be used during pregnancy ...

**Elder Will Francis:**

Yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... it's not going to cause you any harm, and really it's there to protect your overall health and wellness.

**Elder Will Francis:**

Yeah, so important. You threw another term that my colleagues may not understand, cisgender.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Oh, yes. So, someone who is biologically female.

**Elder Will Francis:**

Yep, yep.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

And if it's cis, it just means your sex assigned at birth.

**Elder Will Francis:**

Yep. Thank you. And I think there's a lot of misnomers and a lot of stigma as well as self-stigma just around HIV because you don't really hear HIV discussed as you said in the heterosexual content especially with heterosexual women. It does seem to be tainted a lot of times, whether it's media, sometimes even the campaigns that we see. But really just based on what we talked about earlier, if you are sexual, having sex, have not been tested, then HIV is something that, like you said, at least one test I say per year, you know, from, you said 13 to 64?

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yep. That's the current Centers for Disease Control and Prevention (CDC) recommendation. I think it should be expanded.

**Elder Will Francis:**

Right. That's our youth ministries. That's our men's, our women's ministry, our worshiping arts ministry, our mother's boards, right, our deacons, our pulpit staff. I mean, that's a good range that we really need to take this conversation more seriously and get educated about what we can do in communities. With, again, us being the first community-based organization, most of us are in areas where HIV newly diagnosed rates are at the high,

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especially metropolitan areas. But even out in the suburbs and rural areas, this is a conversation that we need to have and do our part to end the epidemic.

## **Christina M. Madison, PharmD, FCCP, AAHIVP:**

Yeah, so, just wanted to briefly touch on before we wrap up the discussion for this first webisode is how do you deal with fear of testing? So, folks who don't want to test because they don't want to have a positive result. So, how would you, you know, address that from the faith-based consideration?

## **Elder Will Francis:**

Sure, sure. So, we openly talk about health disparities in general as well as HIV. And I think what is even more important to talk about with testing is a linkage in the care aspect that there are care providers out there as we discuss medications, people that are living a longer life or whatever. So, we never, we never paint HIV as a death sentence. We never paint it as a morality issue, etc. It is part of your overall health and wellness. So, when we are offering blood pressure, glucose and all of those other tests, HIV is not on the north campus where you got to take a bus, you know, two miles on the other side and go into a basement. One thing that I have seen that has been very effective is for the leaders to do HIV testing as part of their Sunday services or whenever they have services on Sunday. Right now, between you and I, since, you know, we're having this private conversation here, we've already done the testing for the pastor in the office. He already knows his status ...

## **Christina M. Madison, PharmD, FCCP, AAHIVP:**

Right.

## **Elder Will Francis:**

... so, no surprises when we get out, you know. in front of the congregants. But, to see their leaders openly talk about HIV, to take HIV testing, to talk about it in sermons, to pray for it correctly, different things of that nature, I really think it has to start with leadership, with them getting educated, and everyone has their role. And I think one way that we can all, you know, participate is opening up our testing events for HIV testing and preventative measures. A lot of pastors don't want condoms handed out, but you would be surprised, the first thing that goes from that table are condoms from congregants that, "Oh, this is for my nephew or my grandson." And I'm just like, "Ma'am, just take the condoms and the lube and just go on about your business."

But they feel, again, because of the stigma that's placed, you know, on it, but we have a very open conversation. We do linkage. So, if you are found to have been impacted by HIV, whether it's the family or the individual, we want to make sure that we have those resources readily available and referrals to websites, to providers in our area, because it's all about community partnerships and alliances.

## **Christina M. Madison, PharmD, FCCP, AAHIVP:**

Well, I couldn't have said it any better. I just wanted to say thank you so much for your time today, Elder Francis. I know that, you know, you have such a unique perspective and point of view, and I just love the work that you're doing and the fact that you are breaking down these stigmas ...

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**Elder Will Francis:**

Yes.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

... and really being there for your congregates. Now, I'm going to ask you to just briefly summarize, kind of, the things that you want folks to take home with them that we've discussed in this webisode.

**Elder Will Francis:**

Sure. I think, one, making sure that we know what HIV and AIDS, because I think language matters, understanding those. The preventative measures as well as the transmission modes, I think is so very key. And I think if we walk away with nothing else, do no harm or at least do no further harm, and that really just goes to conversation that we've had about stigma. A lot of times, things that we say from the pulpit people take to heart, and if we say something like, you know, AIDS of the devil or whatever, that could really be the difference in life and death, you know, for an individual or for that matter, their family. So, I appreciate you all and what you're doing and the work that you have done, and I think it's going to be a great conversation. Then as we say, eyes have not heard nor eyes have seen where this is going to go and how it's going to help so many people globally, I believe, of the faith community. So, thank you.

**Christina M. Madison, PharmD, FCCP, AAHIVP:**

Very well said. Thank you to all of the viewers for watching. And remember, you can find more information and resources at the CME Outfitter HIV Education Hub online at [cmeoutfitters.com](http://cmeoutfitters.com). Take care.