

USCHA 2026 in Anaheim

Summary, clinical takeaways, and the closing address

United and Unbreakable: The HIV Movement at 45

Presented by:

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Based on the USCHA 2026 conference summary prepared by J. Caperna and session notes documented by Jason Cuneo, Wanda L. London, and Jerry Turner | SDHIVC Monthly Science Update | October 3, 2026

USCHA 2026 at a glance

30th

annual U.S. Conference on
HIV/AIDS, hosted by NMAC

45

years since the June 5, 1981, CDC
MMWR report that opened the
epidemic

10

years of Undetectable =
Untransmittable (U=U), marked in
NMAC's theme

2,000+

community leaders, clinicians,
advocates and policymakers
expected

~100

exhibitors and organizations in the
exhibit hall

Sept 17-20

Hilton Anaheim, California
(welcome reception Sept 16)

Four Days of Plenaries — United and Unbreakable



Day 1 — Thurs, Sept 17 | Opening Plenary Luncheon

Presented by ViiV Healthcare & NMAC

Theme: “Forward: A Celebration of Forty-Five Years of Movement, Memory & Mission”

Harold J. Phillips, CEO, NMAC — Opening welcome; reaffirmed commitment to a future free from HIV

Rt. Rev. Antonio José Gallardo Lucena, Episcopal Diocese of Los Angeles — Grounding address to thousands of frontline workers and advocates

Jelani Adams, Dancer & Choreographer — Moving expressive performance intertwining movement and memory

Featured: “To Future You, With Love” (ViiV Healthcare) — dance, music, and storytelling spotlighting biomedical breakthroughs and equity



Day 2 — Fri, Sept 18 | “Block Power: Celebration of Community, United in Action”

Presented by Gilead Sciences

Centered on grassroots community mobilization and collective action to fight HIV stigma and expand care

NMAC GMoC Fellows premiered “Step Through History: From Interest to Initiative” — introducing the Interest to Initiative (I to I) Model for community storytelling and advocacy

Sessions on HIV vaccine & cure research and trauma-informed leadership

The Playbook Podcast recorded live episodes highlighting Black women’s health and prevention strategies



Day 3 — Sat, Sept 19 | “All That You Touch, You Change”

Presented by Merck

Debbie Allen, Famed Producer & Director

Jasmine Guy, Actress — discussed the landmark HIV-awareness episode of A Different World

Leisha McKinley-Beach, Founder & CEO, Black Public Health Academy

Campaign launch: Merck’s “Your Hive of Whole Health” — a whole-person health initiative supporting personalized care networks for people living with HIV



Day 4 — Sun, Sept 20 | Closing Plenary: Sunday’s Best

Harold J. Phillips, CEO, NMAC

Dr. Cary L. Goodman — Faith Based Program and Engagement Consultant, The Balm In Gilead, Inc.

Dr. Geri R. Donenberg, Ph.D. — NIH Associate Director for AIDS Research; Director, NIH Office of AIDS Research (OAR)

Speaker Emerita Nancy Pelosi — 52nd Speaker of the House of Representatives — prepared video statement on HIV progress and work remaining

VaShawn Mitchell — Award-Winning Gospel Singer, Songwriter & Producer — closing performance

Themes That Carried Through the Entire Conference

Across four days and every plenary, workshop, and iPoster, five themes emerged consistently:

1. Community Must Remain at the Center

Sustainable HIV programs are most effective when communities are meaningfully involved in designing, implementing, and evaluating services — not merely consulted.

2. Whole-Person Care Is Essential

HIV prevention and treatment cannot be separated from mental health, substance use, housing, stigma, and other social factors affecting people's lives.

3. Data Must Lead to Action

Collecting information is not enough — programs must use data to identify gaps, improve service delivery, and remain accountable to the communities they serve.

4. Strong Partnerships Strengthen Outcomes

Ending the HIV epidemic requires meaningful collaboration across CBOs, healthcare providers, government agencies, researchers, funders, and advocates.

5. Progress Must Be Protected

45 years in, inequities, stigma, and barriers to care remain. Our work must continue with urgency, courage, and collective responsibility.

Nancy Pelosi: a four-decade record on HIV

June 9, 1987

“now we must take leadership of course in the crisis of AIDS”

From her first speech on the House floor, as described on her official site.



HOPWA

Housing Opportunities for Persons With AIDS



Ryan White

Strengthened the HIV/AIDS Program



Medicaid

Helped expand coverage



PEPFAR and Global Fund

Protected and expanded U.S. investment



Affordable Care Act

Ended pre-existing-condition discrimination



Memorial

AIDS Memorial Quilt and National AIDS Memorial Grove

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SDHIVC at USCHA 2026: Four Posters

Invisible in the Room, Absent Two Years Running, Community-Identified Priorities, and Invisible in the Data

Four posters, one argument from the SDHIVC Team



Poster 310

Invisible in the Room

Local data on WLWH and the local women's health agenda

W. London, J. Lothridge, J. Caperna



Poster 312

Absent Two Years Running

How community abstracts put HIV on UCSD's women's health agenda

N. Turki, E. Wu, W. London, and colleagues



Poster #315

Community-identified priorities

Four research priorities voiced by women living with HIV in San Diego

E. Wu, N. Turki, W. London, and colleagues



Poster 356

Invisible in the Data

Women of color with HIV across California's counties: a surveillance landscape

J. Cuneo, N. Turki, E. Wu, W. London and colleagues

Shared thesis: Women of color living with HIV are missing from research agendas, women's health programs and county data. Community-authored evidence is how SDHIVC gets them counted.

Invisible in the Room: WLWH and women's health

47%

of new diagnoses among U.S. women are Black women, who are 13% of women (CDC 2022)

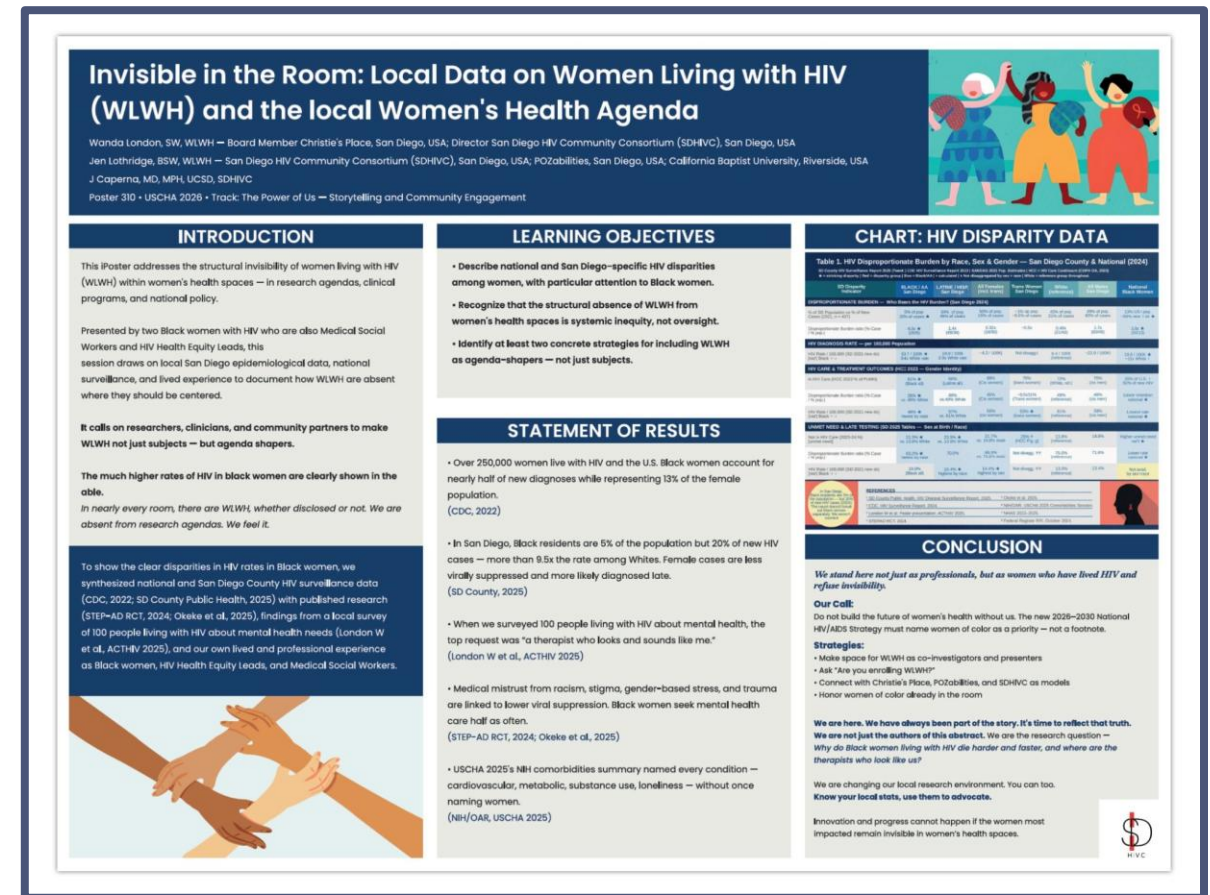
20%

of San Diego's new HIV cases are Black residents, who are 5% of the population

“A therapist who looks and sounds like me”

The top request when 100 people with HIV were surveyed about mental health needs.

The call: name WLWH as co-investigators, ask “Are you enrolling WLWH?”, connect with local models (Christie's Place, POZabilities, SDHIVC), and name women of color in the 2026–2030 National HIV/AIDS Strategy.



Poster 310 as displayed (image from the supplied report)

Source: Poster 310 abstract text and poster image (supplied); CDC 2022, San Diego County Public Health 2025, London et al. ACTHIV 2025, as cited on the poster.

Absent Two Years Running: from absence to a seat



UCSD Women's Health Symposium

May 2026

The 2nd annual symposium covers menopause, cardiovascular aging and reproductive health. No HIV-specific topics.



Two abstracts submitted and accepted

Community response

SDHIVC, guided by the Denver Principles, submits community-authored abstracts: the first HIV submissions in the symposium's history.



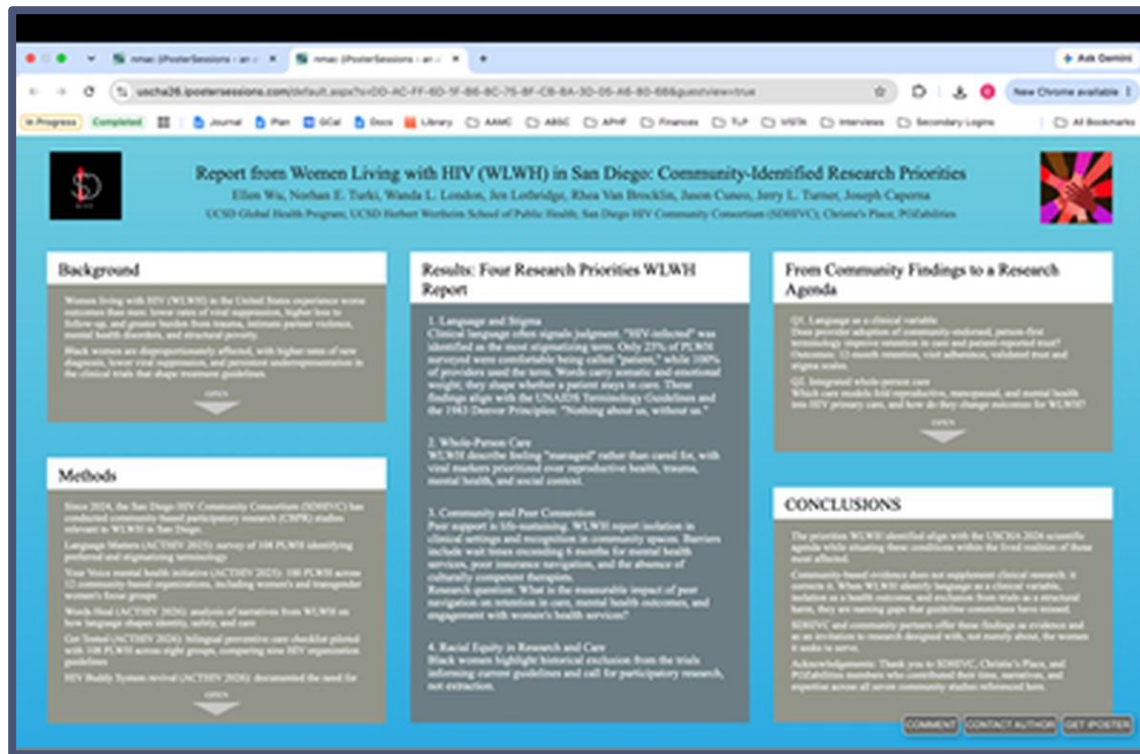
UCSD commits to HIV programming in 2027

Outcome

Leadership acknowledged the gap and committed to including HIV programming next year, a documented result of community evidence.

The two abstracts: Invisible in the Room, and the first inventory of UCSD's four decades of WLWH-centered research. **Model:** the displayed iPoster frames it as three steps: identify the gap, build community evidence, enter the academic space.

Community-identified research priorities



Screenshot of the iPoster view. Low resolution; please send the full poster.

Studies named in Poster 312: Language Matters (108 PLWH), Words Heal (20 WLWH), Your Voice mental health initiative, Get Tested checklist, HIV Buddy System revival.



Language and stigma

Clinical language can itself stigmatize



Whole-person care

Care that sees the whole woman, not the virus



Community and peer connection

Peer support as core to engagement



Racial equity in research

Include Black women as agenda shapers

Built on five community studies, led by WLWH

Source: Screenshot of the iPoster (supplied, low resolution); Poster 312 submission for the study list. Numbers on the poster could not be read from the screenshot.

Invisible in the Data: The problem in numbers

47%

5.7x

1 in 54

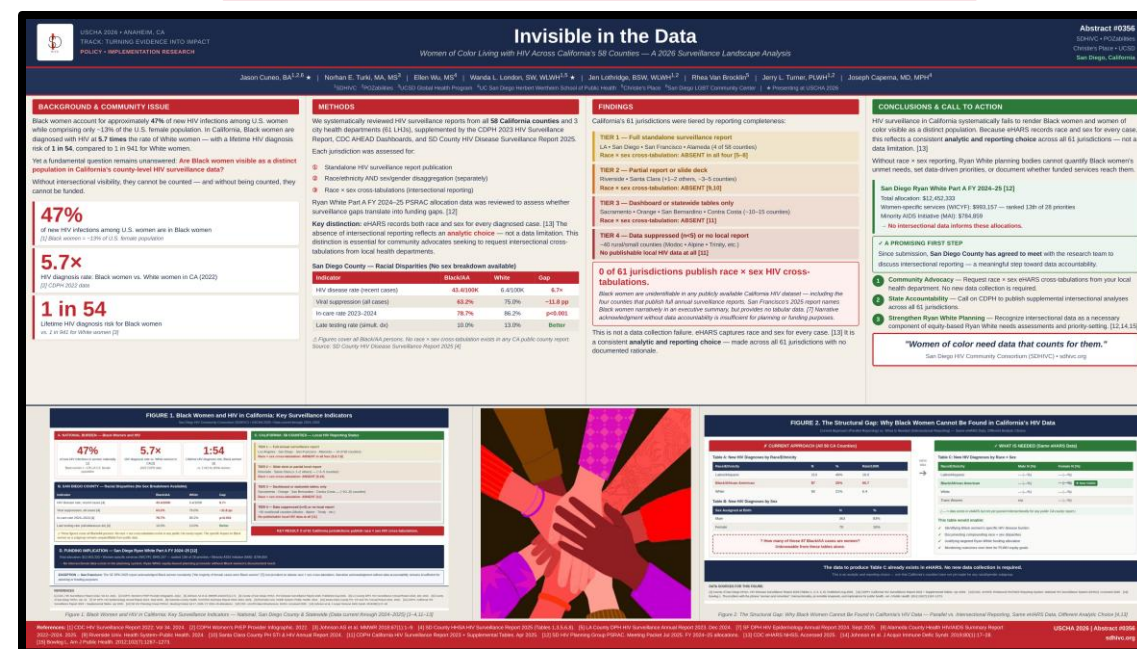
lifetime HIV diagnosis risk
for Black women vs 1 in
941 for White women



San Diego County: Black/African American vs White (any sex)

Indicator	Black/AA	White	Gap
HIV disease rate per 100K	43.4	6.4	6.7×
Virally suppressed	63.2%	75.0%	11.8 pts lower
In care, 2023-24	78.7%	86.2%	p<0.001

Source: Poster 356 image (supplied): CDC 2022; CDPH 2022; San Diego County HIV Disease Surveillance Report 2025.



(Abstract Poster 356)

0 of 61 jurisdictions publish race by sex

Tier 1**Full standalone report**

LA, San Diego, San Francisco, Alameda (4 of 58 counties)

Tier 2**Partial report or slide deck**

Riverside, Santa Clara (about 3 to 5 counties)

Tier 3**Dashboard or statewide tables only**

Sacramento, Orange, San Bernardino, Contra Costa (about 10 to 15)

Tier 4**Suppressed (n<5) or no local report**

About 40 rural and small counties

\$993,157

San Diego Ryan White Part A women-specific services (WICYF), ranked 13th of 28 priorities, out of a \$12,452,033 allocation (FY2024-25)

**First step since submission**

San Diego County agreed to meet on intersectional reporting.

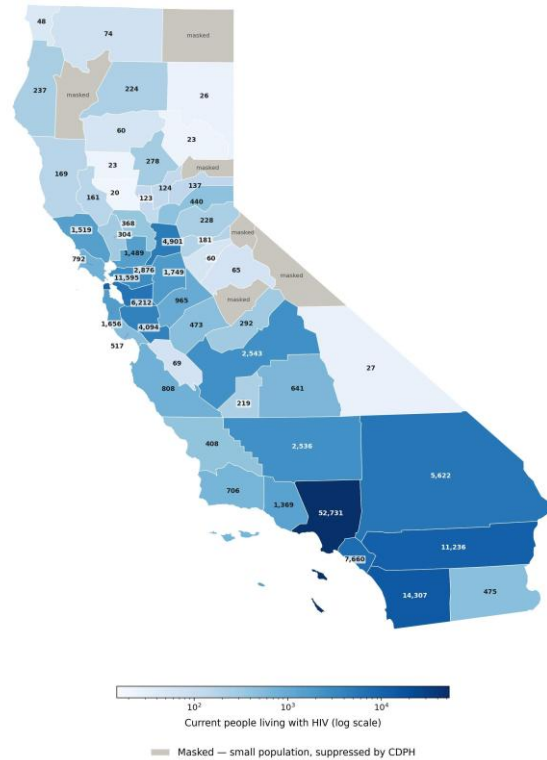
The three asks: community advocacy for race by sex cross-tabs, state accountability from CDPH, and Ryan White planning that uses intersectional data.

Race by sex cross-tabulation: absent in every tier

The statewide picture behind the poster

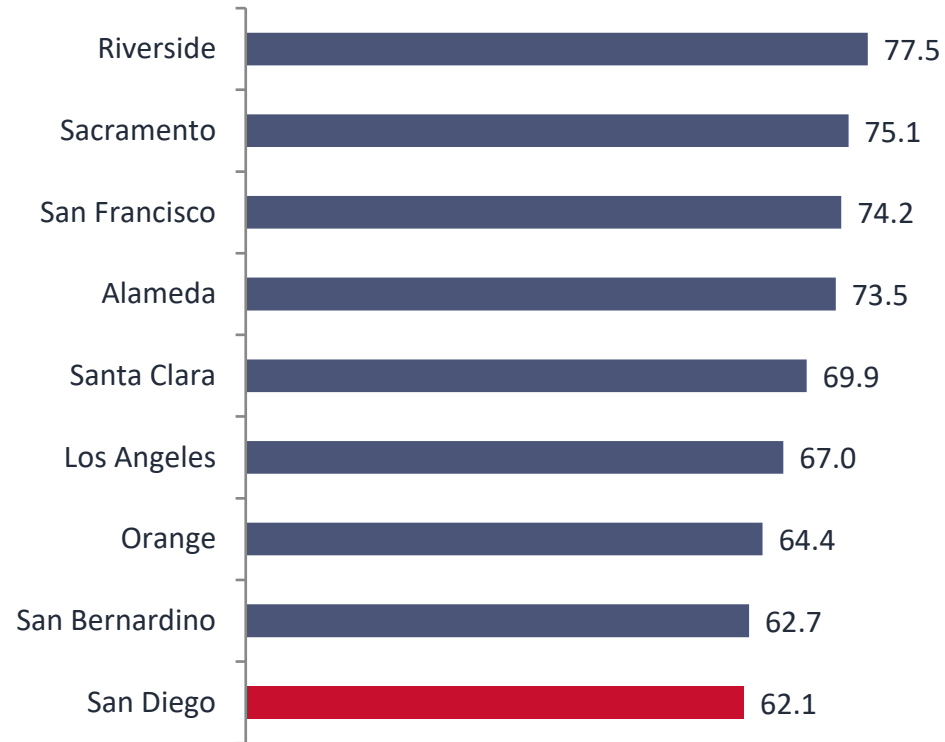
People living with diagnosed HIV, by California county

Source: 2024 California HIV Surveillance Report (CDPH) — current residents; gray = masked (small population)



Source: California Department of Public Health, Office of AIDS — California HIV Surveillance Report, 2024 edition (data year 2024).
Figures are current residents living with diagnosed HIV as of year-end 2024, by county of residence. Berkeley, Long Beach, and Pasadena are reported by CDPH as subsets of Alameda and Los Angeles Counties and are not shown separately here. Compiled via AI-assisted research.

Virally suppressed, % of people with diagnosed HIV
(CDPH 2024)



143,254

people living with diagnosed HIV
in California, year-end 2023

6

counties masked by CDPH for
small populations: not zero

Source: Invisible in the Data full report (Figure 1; Report II, CDPH Table 2c/2d, 2024 edition).

Invisible in the Room — Covered by Infectious Disease Advisor



Infectious Disease Advisor covered SDHIVC research at USCHA 2026

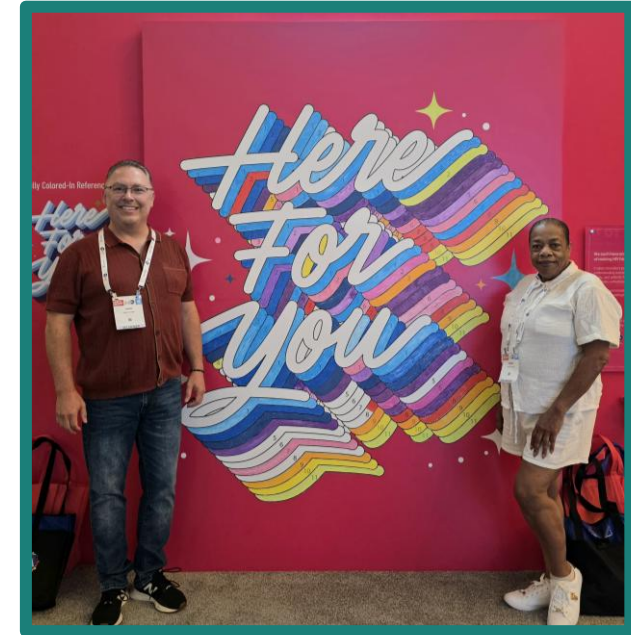
- *"Innovation and progress cannot happen if the women most impacted remain invisible in women's health spaces."*

Headline: Women Living With HIV Face Gaps in Research and Clinical Care

Published: September 20, 2026 | infectiousdiseaseadvisor.com

- ▶ More than 250,000 women in the U.S. are living with HIV
- ▶ Black women = 13% of women, but account for nearly half of new HIV diagnoses
- ▶ San Diego: Black residents ~5% of the county but 20% of new HIV cases
 - ▶ *Black residents diagnosed at a rate more than 9.5× that of White residents (county data)*
- ▶ Female patients: lower viral suppression + higher rates of late diagnosis
- ▶ Top mental health request from 100 PLWH surveyed: a therapist with a similar racial and cultural background
 - ▶ Call: involve WLWH as co-researchers; assess enrollment; collaborate with community orgs; recognize lived expertise

Reference: London W, Cuneo J. Abstract 356. Presented at USCHA 2026, September 18, 2026, Anaheim, CA.



About the San Diego data

Note: The article cites a 9.5× Black vs. White HIV rate for San Diego. Poster 356 (Invisible in the Data), presented by Jason Cuneo and Wanda London, cites 6.7× (43.4 vs. 6.4 per 100K) from the San Diego County HIV Disease Surveillance Report 2025. Both are valid — they measure different years and comparison groups. Use 6.7× when referencing Poster 356 data.

Testing: close the gap between guideline and practice



The gap

A Track 7 workshop (M. Keith Rawlings, MD) examines the distance between CDC routine-testing recommendations and what happens in clinics, with disparities by age, race, gender and geography. It flags Black and Hispanic communities and the South.



Automating the offer

Dignity Health (Henderson, NV) and Emory posters describe EHR-driven opt-out screening in emergency departments. The pitch: clinician-driven testing reflects inertia, time pressure and outdated risk stereotypes, and misses women, older adults and minoritized groups.



Background guidance

CDC recommends routine, opt-out HIV screening for ages 13 to 64 in health care settings, and USPSTF recommends screening from ages 15 to 65. Neither depends on an individual risk assessment.

Practice implication (deck author): make HIV screening a default order in routine panels, then audit who is and is not tested by age, race, gender and ZIP code.

Twice-yearly lenacapavir PrEP: efficacy holds

0 and 1

new HIV infections in the PURPOSE 1 and PURPOSE 2 open-label extensions

95%+

of eligible participants chose to stay on or switch to lenacapavir

96% / 92%

on-schedule injections through week 52 (PURPOSE 1 / PURPOSE 2)

More from the same data

- No new safety signals; safety matched the randomized phases and did not differ for people who switched from daily oral PrEP
- Once-monthly oral MK-8527 modeled at about \$15 per person per year at scale; dapivirine ring and 90-day ring in development
- Real-world cabotegravir data still show strong effectiveness, with open questions on late injections and testing

New tablet: Bixlenvo (bictegravir/lenacapavir)



What was approved

- Once-daily single tablet, bictegravir 75 mg / lenacapavir 50 mg
- For virologically suppressed adults with HIV, including those on complex regimens who cannot take existing single tablets
- Two-day initiation dose with Sunlenca (lenacapavir), then one tablet daily
- Not approved by any regulator outside the U.S.
- Company describes it as the smallest single-tablet regimen

93% / 91%

suppressed at week 48,
bictegravir/lenacapavir vs
bictegravir/FTC/TAF (ARTISTRY-2,
noninferior)

1% / 1%

with HIV-1 RNA of 50 copies/mL
or more in each arm

Cautions from the label coverage

- Contraindicated with dofetilide and strong CYP3A inducers
- Strong CYP3A and UGT1A1 inhibitors can raise exposure
- Monitor viral load closely in pregnancy (lower bictegravir exposure)

Women and HIV: syndemic care and postpartum gaps

74%

of new HIV diagnoses among women in 2024 were Black and Latina women



Postpartum support

Survey found gaps in care continuity, peer support and culturally sensitive education; clinicians focus on the baby.



Infant feeding

RISE framework (56-study scoping review) targets inconsistent practice as guidance on informed infant feeding evolves.

9%

of PrEP users were women (NMAC workshop description)



Violence and care

Institute on intimate partner violence and how it affects women's engagement in HIV care and prevention.



Syndemic care

NIH workshop: substance use, mental health, reproductive health and chronic disease interact; services remain siloed.

U=U at ten years: say it every visit

10

years since U=U became a movement message (NMAC theme materials)



Ask Me About U=U (three-hour institute)

Prevention Access Campaign and the FreeLux Project train clinicians, navigators and peers to raise U=U in testing, prevention, treatment and care, using a 3 Moments of U=U flipbook job aid.



Positive Peers app

A free app for young people with HIV with health articles, a U=U tracker, medication reminders and a peer forum; under evaluation in a randomized trial.

Suggested plain-language script (deck author): “When your viral load stays undetectable, you cannot pass HIV to a partner through sex.”

Source: POZ blog NMAC agenda: Ask Me About U=U institute; Positive Peers app workshop.

04

Aging with HIV and Long-Term Care

More than half of people with HIV in the U.S. are now over 50, and care settings are catching up

Aging with HIV by the numbers

1.2M

people living with HIV in the U.S.

~50%

are 50 or older

70%

projected share 50 or older by 2030 (CDC, per USCHA session)

75%

of people with HIV in San Francisco are 50 or older



NMAC's Aging and Older Adults 50+ pathway: 17 sessions

2 institutes, 7 iPosters and 8 workshops on aging with HIV, long-term survivors, sexual health after 50 and inclusive care models.

What the aging sessions covered



Sessions on the program

- **San Francisco model:** guide for aging services built on HIV care
- **Dignity in care settings:** long-term care Bills of Rights (NY, MN, IL) and housing
- **Positive Aging Collaborative:** whole-person aging care within Ryan White
- **Sedentary living:** affinity session on breaking the cycle
- **Sexual health over 50:** AIDS United poster
- **Advocacy bootcamp:** storytelling across older adults and lifetime survivors

Suggested implications (deck author)

- Review pill burden; simplify regimens where eligible (see Bixlenvo slide)
- Check how often physical function and frailty are screened in your clinic
- Ask about activity, isolation and housing
- Include sexual health for patients over 50
- Ask about long-term care preferences early (see the long-term care slides)

What Matters Most — The 4Ms of Aging with HIV



A UCLA HIV clinician presented this geriatric care framework now being applied in HIV clinics:

What Matters

Your goals, values, relationships, independence, and identity. Start here — before labs.

Medication

Pill burden, side effects, interactions. Can your regimen be simplified?

Mentation

Cognition, memory, depression, anxiety. Is your provider checking?

Mobility

Walking, balance, falls, muscle strength. Functional ability matters.

Key message from this session:

Successful aging with HIV is not simply achieving viral suppression — it is living a life that reflects your own goals and values.

Providers often assume they know what is most important (lab values, symptoms). But patients may prioritize something entirely different — family time, independence, or even finding a hearing aid.

Ask your provider: "Can we talk about what matters most to me — not just my labs?"

Sexual Health Does Not Stop At 50

What the data shows:

~10% of new HIV diagnoses
are in people age 55 and older

~1 in 3 older adults diagnosed with HIV
already has AIDS at diagnosis — reflecting years of missed testing

Ageism is a medical problem:
Providers often assume older adults are not sexually active and stop offering HIV tests

Prevention does not stop at 50:
HIV testing, PrEP, STI screening, U=U, and vaccination are all relevant for older adults

What you can do:

STIs are active in older adult populations, including in long-term care settings — testing matters at every age.

If your provider isn't asking about your sexual health —
you can bring it up. It is part of your whole health.

"I'd like to talk about my sexual health today."
That is a complete sentence. You are allowed to say it.

Sexual health is a quality-of-life issue, not a youth issue.

Questions You Have the Right to Ask

About your HIV care:

"Can we talk about what matters most to me — not just my labs?"

"Can my medications be simplified?"

"How is my memory being monitored over time?"

"I want to talk about my sexual health."

About prevention and screening:

"Am I due for STI screening or vaccines?"

"What are my options for PrEP?"

If you are not sure of your HIV status:

HIV testing is routine and confidential — knowing your status is one of the most important things you can do for your health.

You can ask: "Can I get an HIV test today?"

Remember:

Sexual health, brain health, and quality of life are part of HIV care at every age.

You are the expert on your own life — your provider should be asking.

You do not have to wait to be asked. You can bring up any of these topics at your next visit.

SDHIVC can help connect you with providers who understand these needs.

Use your voice on funding:

Ryan White and ADAP are under pressure. Your story matters to elected representatives.

California SB 219: the law for San Diego patients

2017

signed Oct 4, 2017 (Gov. Brown); effective Jan 1, 2018.
Authored by Sen. Scott Wiener.

Details are from the supplied summary; confirm against the bill text before giving legal guidance.



Where it applies

Skilled nursing facilities, residential care facilities for the elderly (assisted living) and other long-term care settings statewide.



What it bars

Denial of admission, involuntary transfer, discharge or eviction, and refusal to use a resident's name or pronouns, based on orientation, gender identity or expression, or HIV status.



What facilities must do

Post a nondiscrimination notice and keep complaint and recordkeeping procedures.



Where residents complain

The State Long-Term Care Ombudsman.

The FY2027 federal budget picture

Eliminated

CDC HIV prevention funding in the FY2027 request

\$2.5B

requested for Ryan White: \$74 million (3%) below FY2026 enacted

\$300M

single line for hepatitis, STI and TB, \$70 million below FY2026



Structural changes proposed

Ryan White would move from HRSA to a proposed Administration for Healthy America. Congress rejected the same agency proposal and the same CDC changes when they appeared in the FY2026 request.



What advocates are asking Congress for

Ryan White at \$3.130B (+\$559.4M, including +\$193.6M for Ending the HIV Epidemic and +\$175M for ADAP) and rejection of the proposed elimination of Part F. The appropriations outcome is not yet known.

ADAP under strain: what is already happening

\$900M

ADAP funding, unchanged since 2013

5 states

had tightened ADAP eligibility and disenrolled patients by Feb 2026

+73%

modeled rise in new HIV cases if Ryan White were lost (CROI 2026)



State budgets

KFF reports constrained state budgets pushing states to restrict HIV drug access through Ryan White, a return to tools last used widely in the early 2000s.



At USCHA

A state-advocacy workshop on Medicaid and ADAP changes hears from a Florida advocate on navigating the ADAP crisis.

NIH: Commitment Heard — and a Threat Unfolding in Real Time

What we heard at the closing plenary:

Dr. Geri R. Donenberg, Ph.D., NIH Associate Director for AIDS Research and Director of the NIH Office of AIDS Research (OAR), spoke at the September 20 closing plenary — reaffirming NIH's commitment to HIV research and the communities it serves.

What we learned during the conference:

While gathered in Anaheim, news broke of federal moves to restructure and potentially take control of NIH. For those of us in HIV work, this is not abstract:

- ▶ NIH-funded research is the backbone of treatment advances, clinical trials, and prevention science that have kept people alive for decades.
- ▶ Clinical trials currently underway for HIV cure research, long-acting treatment, and prevention tools depend on NIH funding.
- ▶ Any restructuring that disrupts the NIH Office of AIDS Research (OAR) directly threatens the pipeline of HIV science.

What this means for us:

We are watching this closely.

Community voices belong in this conversation — especially the voices of people living with HIV who depend on NIH-funded research for their survival.

SDHIVC will monitor developments and bring updates to this body.

Dr. Geri R. Donenberg, Ph.D.

NIH Associate Director for AIDS Research

Director, NIH Office of AIDS Research (OAR)

Closing Plenary Speaker, USCHA 2026 — September 20, 2026

A Moment That Stays With You — The AIDS Memorial Quilt



Among the most meaningful moments of USCHA 2026 was standing before the panels of the AIDS Memorial Quilt on display at the conference.

Each panel is a name. A life. A person who was loved, who fought, who deserved more time.

Seeing Marsha P. Johnson's panel — a Black transgender woman, a survivor, an icon who never stopped advocating for those who were told they didn't matter — was a reminder of who built this movement and at what cost.

The Quilt is grief and gratitude and history you can feel. It is a reminder of why this work is not optional.

"It always comes back to the people — the ones we honor, the ones we've lost, the ones we carry forward in this work."

— Jason Cuneo, USCHA 2026

The AIDS Memorial Quilt

First displayed on the National Mall in Washington D.C. on October 11, 1987 — 40 years ago.

Each 3x6-foot panel represents one person lost to AIDS.

The Names Project Foundation maintains the Quilt as the largest ongoing community arts project in the world.



What You Can Do — Starting Today



Stay current on STI screening and vaccines

STI rates remain active in all age groups. Ask if you're due for STI screening and vaccines. | If you don't know your HIV status: ask your provider, "Can I get an HIV test today?" — it's routine and covered.



Know U=U

When your viral load is undetectable, you cannot transmit HIV through sex.



Ask about PrEP options

Daily pills and long-acting injections every 6 months are both available.



Ask about simplifying your medications

If you take multiple pills daily, ask whether a single-tablet regimen is an option.



Know your California rights

California SB 219 protects your rights in any long-term care setting.



Use your voice on funding

Strengthen Ryan White Planning — contact your representatives. Ask us how.