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Brandon: [\(00:05\)](#):

Welcome to the sex with Dr. Jess podcast. I'm your co-host Brandon Ware here with my lovely other half. Dr. Jess, how are you?

Jess: [\(00:26\)](#):

Good. I'm so happy to have you back because I was only on my own last week and I promised everyone that Brandon would be back. And that I'd hand you the reins to talk about touching yourself.

Brandon: [\(00:37\)](#):

Well, I'm glad. And I was also wondering where was I last week, but I was busy with work and I am sorry that I missed it. I love these podcasts. I love learning, listening and asking questions.

Jess: [\(00:48\)](#):

I know, I know. Well today I'm going to be handing you the reins, uh, to talk about your experience with the arc wave, but we're also going to be talking about the HIV epidemic and how it can be eradicated. We have the tools to eradicate it. And I was thinking about, you know, when we look back to the eighties, there was so much fear around HIV AIDS and so much misinformation that was fueled by, but also reinforcing of, you know, homophobia and racism and HIV. I remember when I studied social movements in school, uh, HIV was such an important piece of, you know, so many social uprisings at the time. And we had groups like AIDS action now, and I remember studying it. And then now it seems as though it's just kind of taken a back seat in part, because the fear isn't as strong, which is a good thing. We now know that, you know, an HIV diagnosis is not a death sentence, which we saw it as back then. We, and we know that you can live a long, healthy, high quality life being HIV positive, especially if you have access to resources like medications. And we know that quality of life is really now the focus of HIV care, but we also know that like all medical care, it's very stratified by privilege or lack thereof, which means that the health outcomes really vary according to so many factors, whether it's your income, your race, your location, uh, the stigma that kind of atten intensifies along the margins of identity. And so we're going to be talking about this as well. Talking about updates to the research testing, talking about huge updates in treatment and prevention. And we're going to do this in, in detail with Brad Mackley, who is the director of specialty health solutions at Walgreens and a pharmacist as well.

Brandon: [\(02:44\)](#):

It was so interesting to hear you talk about how it has been seen as a, as a death sentence. And I remember being a teenager, and that was obviously one of the big fears was testing positive for HIV. And the only thing that I knew of was you wore a condom. That was what you, what you did. And if you did, if you did test positive, um, that was obviously it was, it was devastating, but I remember magic Johnson and I remember magic Johnson having, you know, really, I don't know what the word is, but progressing through the symptoms, getting treatment and living a really high quality life. And now with the prep program and your partnership with Walgreens, it seems like it's accessible to so many more, whereas before I just associated it with, uh, only the most affluent individuals. So it really interesting to see how it's changed.

Jess: [\(03:34\)](#):

Absolutely. Now, we can't deny that the more money you have, the better medical treatment you received, depending on where you live, but overall health outcomes are higher for people in certain

groups. But I think this is going to be a really interesting discussion, but before we get to that, I did promise that you'd hear from Brandon and his review of a new toy, the arc wave. So this is a pretty revolutionary sex toy. It is a pleasure air toy for the penis. So it uses tiny changes in air pressure to target the sensitive nerve endings and what it promises is a more powerful orgasm. And so this type of stimulation that they use, those little changes in air pressure apparently allows you to target receptors that other technology cannot. So like a vibrator, isn't going to get it in the same way. And so these are called apparently pacinian pleasure receptors, which I'm just starting to learn about. So they're highly sensitive nerve endings that are, uh, located kind of in the frenulum and at the tip of the penis. And they respond really well to changes in air pressure.

Brandon: [\(04:46\)](#):

I like how scientific you make everything because I'm like it tickled my penis and made it feel real good.

Jess: [\(04:51\)](#):

Well, it's, it's interesting because I can't use this toy cause I don't have a penis, but the clitoris and the penis have so much in common. You know, I've spoken many times about the fact that they are derived from the same tissue in utero. They both have a shaft ahead for skin corpora cavernosa, which is that cavernous area that fills with blood to get an erection. They both have spongy tissue. They both get, but clitoral are mostly on the inside. So they may not be as visible. So arc we've basically set out to use this pleasure air technology that targets the pacinian receptors and a really highly concentrated in the clitoris to also target the same receptors in the penis to create more intense orgasms. I would describe the arc wave as a stroker plus. So it's like, okay, this is how I'm going to describe it. It's a small tunnel. Well, not that small. It's a tunnel. And inside it's made of this clean tech silicone that is kind of ridged and you slide your penis inside, you turn it on and you can either kind of stay still against that pleasure air or you can stroke, but you know what I promised, I'd let you talk. So

Brandon: [\(06:07\)](#):

Listen to everything you've said I agree with. I really noticed initially the case, I thought it looked really nice and sleek and modern and very discreet. So if you're worried about having something out, you don't need to worry about it with this.

Jess: [\(06:19\)](#):

You said it looked like a speaker.

Brandon: [\(06:21\)](#):

I thought it was a speaker. Almost. It looks like a Bose speaker or something like that. That would just be charging on the side of your night table, which is kinda cool. Um, th the thing that struck me initially was in that tunnel that you described the it's ridged. So in initially I thought it actually felt if it felt like the inside wall of vagina, which I'm sure it was meant to F to, to replicate, but that was really, really cool. And then of course, you've got this pleasure air technology, uh, location within that tunnel. So you start by, always preface, like you say, use lube, right. And when I was using it at first, I thought, how do I do I just put my penis in here and do I stroke? Do I just let it sit in there on the pleasure air, you know, location, but, um, after a little bit of playing around and let's be honest, you can't really go wrong. You're, you're pleasing yourself. So once you start stroking and you let that pleasure air, uh, device actually target the frenulum, it feels great. And what was most surprising to me was that when I actually climax, because I was using it as a stroker, I had the pleasure air, um, dispenser, opening, I guess yeah.

Opening at the base of my penis. So when I orgasm, it was so much more intense because it was actually pulsing. It felt like a pulsing at the base, which was really, really good. Is that super descriptive for you?

Jess: [\(07:58\)](#):

So I want to just go back. So you, it's a, I guess, a tunnel, you put your penis in it and then kind of at the near the top of the tunnel on the underside, there's an extra kind of opening where those changes in air pressure occur. Is that a fair way to describe? And so the frenulum of your penis, which is the small connective tissue that connects the four skin to the penis is on that underside basically where the head meets the shaft. So it's, it's intended to kind of be on the frenulum beyond the head, but you're saying you actually shoved your penis right through.

Brandon: [\(08:35\)](#):

I started using it. I didn't know. I was like, okay, this is a stroker. So put some lube on it. Uh, turned it on. It started playing around with the settings at first, which was really cool because they have so many different settings. It can be, you know, low to very, very high, depending on the intensity that you want it.

Jess: [\(08:48\)](#):

How intense did you use it?

Brandon: [\(08:51\)](#):

I started the lowest work my way up to the highest. And then I actually found for me, it was just below, uh, the, or just above, rather the lowest setting because I found it to be enough that it provided that extra sensation and pleasure, but also was thinking that as I was using it, you could, you could bring yourself close to climax and then slowly kind of pull away from that pleasure air piece, which was just really interesting. So, you know, the more you use it, the more I use it, the more comfortable you get with, uh, perhaps increasing your pleasure, but I'm going to tell you, it was fun to play with. I thought at first it might be a little bit cumbersome just because if you're normally masturbating, you're just using your hand, but you have a device in your hand, that's using that you're using as a stroker. So, um, again, it's a, win-win, you're using something that's adding another element of pleasure that is going to be really, really difficult to replicate. Like with any other Fleshlight, it's going to be hard to kind of replicate that, that sucking motion or that sucking sensation, which is what that piece is meant to do. It kind of felt like second to, you know, for me, I know that it's supposed to feel like sucking, but again, for me it felt so specifically.

Jess: [\(10:04\)](#):

I mean, it's, whatever you feel.

Brandon: [\(10:07\)](#):

More of a pulsing sensation than I did. And the pulsing was, was nice and very different from like a vibration that you'd feel on like a ring or anything else that you might, or that I've used in the past.

Jess: [\(10:18\)](#):

Yeah. So you tend to, if you do use a toy, use that vibrating ring the pivot. So how is this different?

Brandon: ([10:26](#)):

Well, the pivot literally pivots around or the base of your penis, right? So if you leave it in, it's in the position where the, uh, the vibrating portion is over your balls, it's going to give you that stimulation more. So for the person with the penis, um, if you rotate it up, you continue, I would continue to benefit from those pulsing or that vibrating sensation, but it pushes on your partner and gives them an added level of stimulus. So the difference was really just kind of where I felt the vibrations and more of, uh, of, uh, of a, kind of more traditional, it's hard to describe what the pulsing feels like in the arc wave. Um, but I would say that the pivot is more of that traditional vibration, whereas this really has, um, a pulsing sucking.

Jess: ([11:13](#)):

So does the orgasm feel different?

Brandon: ([11:16](#)):

Well, as I was saying, when I orgasms, I just so happen to have had pushed the stroker all the way down so that

Jess: ([11:23](#)):

Like how, because I'm looking at it, you must have really jammed it in your box jammer

Brandon: ([11:29](#)):

As a stroker. And the, a, that pleasure or piece is meant to be up near the top of your penis, right. When that frenulum, so you could just put it there and let it sit there and then orgasm. And that would feel great, but because I was using it and I guess got carried away, I had it at the base or further down, I guess. Yeah. I mean, it didn't have another base, but I had it further down my penis and like that me a very unexpected surprise. Just, I don't know how to describe the feeling just because I was Oregon having an orgasm, but it was like, in addition to the normal, fantastic feeling of having an orgasm, you're also having this pulsing sensation that was happening halfway down your penis. So it was very, very different. Imagine having an orgasm as somebody's sucking or playing with ha um, halfway down your penis, it's just different. It's not something that I think most people think like, you know what, when I, when I, when I have an orgasm, I want you to pleasure this part of my penis. So for me, it was just like a total accident and it was a wonderful accident.

Jess: ([12:37](#)):

Okay. So I have a question. Do you feel as though you could leave it perfectly still and have an orgasm from the, I guess, stimulation of those pacinian receptors on the underside of your penis, or would you always want to move it? The reason I'm well, let me answer first and I'll tell you why I'm asking.

Brandon: ([12:53](#)):

I mean, I liked the idea of using it as a stroker. I I'm open to definitely try and get and seeing if that works too, just letting it sit there, but I would continue to use it as a stroker.

Jess: ([13:04](#)):

I'm wondering about a couple of different options here. So for people, for example, who want to last longer or learn to exercise more control over,

Brandon: ([13:13](#)):

Definitely. I could see you, um, putting that pleasure air on your front end, frenulum, building up, like, feeling that, okay. I feel an orgasm coming on and then stroking. So that, that pleasure air is not on the most sensitive part or for me the most sensitive part of my penis. So you move it away and then you learn the control, right? You learn that sensation that you feel like you're going to hit the point of no return, and then you move it back onto the frenulum again. And so with that practice, I could see how you're edging or really working towards controlling your. Yeah, definitely.

Jess: ([13:52](#)):

All right. So you're not super experienced with it yet, so you need to try it again and maybe report back.

Brandon: ([13:57](#)):

It's it's really unfortunate. I'm just going to have to keep, you know, experimenting with this.

Jess: ([14:00](#)):

Can I ask you a question just because I'm personally curious, how long did it take, I know you were timing yourself, but did, was it quicker or slower or

Brandon: ([14:08](#)):

This time was really representative of how long it might take. It was probably only four or five minutes, but because I was, which is a long time, but I was, I was playing around with it. Like, I think under normal circumstances, I am a creature of like, not convenience or habit, but it's like, okay, if let's say you're away and traveling and I want to get off, I'm just going to get off quickly. I don't find, I enjoy the buildup. So with this though, I took more time just to play around with it and figure out what I didn't in. Like, so let's call it five minutes, but I'm sure I can get my time down, should cut that time easily and easily.

Jess: ([14:47](#)):

And so would, would we use it together because we haven't yet?

Brandon: ([14:54](#)):

Yeah, we could definitely use it together. I mean, it could be a part of foreplay. It could be a part of I'm just trying to think. Um, I mean, it doesn't even have to be foreplay, could be sex in itself. Uh, I could see, yes. You could definitely use that.

Jess: ([15:07](#)):

Would you want me to manipulate it on you?

Brandon: ([15:10](#)):

Yeah Of course. I mean, also you can have fun and play with it. Right? You could do the same thing like that. You're staring down the tunnel of it right now.

Jess: ([15:17](#)):

I fully am. I'm putting it up to my eye and staring down the barrel.

Brandon: ([15:20](#)):

So play around with your partner where they're bringing you, they're bringing you closer to orgasm and then taking it away. You know what I mean? They're, they're stroking it on different parts of your penis and seeing what you do. And don't like,

Jess: ([15:31](#)):

You liked that you liked that edging. Like even I noticed when you were having sex, you like, even though we don't necessarily call it that you like kind of getting up and then pulling back.

Brandon: ([15:40](#)):

Yeah. Yeah, I do. And I mean, I've been doing it for a long time without really recognizing what I was doing, where you get to a point, you just say, okay, let's just take a minute, try to breathe for 10 or 20 seconds and then get back at it. And then I know that there've been days when you're like, okay, enough already. Let's just be done here. No, but I can tell from your body, you're like, I'm done. I was done a long time ago. Yeah. Yeah. So it was definitely a very pleasurable look forward to doing more research. Um, if any other companies would like to provide me with toys, I'm happy to do market research for you.

Jess: ([16:17](#)):

Okay. Well, yeah. Send it to him. Cause I have a lot, I got a lot to deal with. My mailbox is full. Well, thanks babe. Thanks for sharing your experience. You feel okay?

Brandon: ([16:27](#)):

Whew. A little sweaty and a little nervous there.

Jess: ([16:31](#)):

Oh, next time we can try it together and kind of see how I would use it. So how I can mess it up. Well, I just want to say one thing that even though that opening that's intended for the frenulum is intended for like, just around the head, you were using it a lot deeper than that, because the top of it allows for you to kind of push in cause it's nice and stuff. So I was just thinking that there must be so many other uses that we can play with rather than kind of like, what do they call it? Off-label uses.

Brandon: ([17:02](#)):

Well, I mean, even just spinning the device around with enough lube, you could use that, that pleasure error piece you could rotate around in different parts of the penis. So anyway, yeah, lots you could do and lots, lots of fun you could have with it,

Jess: ([17:16](#)):

Just to clarify, we're talking about the Arcwave Ion, their first toy that has come out. And it's really interesting the way they've done this and the way they've done the research around it. So I'm excited. I mean, I don't get to really try it, try it, but I'm excited to learn more and be a part of the process. So thanks, babe. My pleasure, literally my pleasure. And just a reminder, if you are interested in the arc wave ion, it is of course, available online@arcwave.com. It is a R C so arc wave.com. And you can save with Dr. Jess D R J E S S save a few dollars and also let them know that you heard about the arc. Why arc wave ion here from Mr. Brandon, where you heard Brendan's 10 minute description and it was great.

Yeah. Post that in the promo code people. All right. Dr. Jess use the code. All right, moving on. We are going to be talking about our main topic today, and that is HIV AIDS in terms of updates, testing, treatment prevention, and more with pharmacists, Brad McClay, uh, the director of specialty health solutions at Walgreens. Welcome. And thanks so much for joining us today, Brad, how, how are you managing as a pharmacist during this global pandemic the first and hopefully, hopefully only of our lifetime.

Brad: [\(18:43\)](#):

Yeah. Thank you so much for having me. I'm actually doing pretty well. It's been a very interesting time for all of us. Um, but as a pharmacist myself, you know, it's really been an opportunity for us to continue to focus on how we can take care of patients, especially when it comes to, uh, HIV epidemic in the middle of a pandemic. And so it's really allowed us to be creative and make sure that we really keep patients at the forefront of everything that we're doing as pharmacists.

Jess: [\(19:11\)](#):

Now, in your current role, you oversee Walgreens, HIV treatment and prevention efforts. And you're involved in the trainings that Walgreens pharmacy teams undergo in order to provide the compassionate and confidential care that you offer. And this of course involves a huge range of cultural competencies and dealing with de-stigmatization. But I'd like to start from the beginning for folks. I think many of us can use a refresher. I have to say that many people in my field actually started in the field of HIV and HIV education and prevention I did. And when I announced this partnership with Walgreens, so many people came out and said, Oh yeah, I actually started with an aid service organization. So, but for many of us, it has been years since we've worked directly with AIDS service organizations. So I'd love to get, uh, a refresher and just start right from the beginning. If you can talk to us a little bit about what HIV is and what AIDS is.

Brad: [\(20:10\)](#):

Yeah. Um, you know, it's quite interesting. It's been, uh, an epidemic that the United States at least has been fighting for about the past 40 years. So HIV itself is human immunodeficiency virus. So it's a virus that attacks the immune system and really tries to that virus tries to replicate. And in doing that, then it can essentially destroy the immune system. Well, in advanced cases, that's when HIV progresses to AIDS. If in fact it's left untreated. And so, you know, really over the past 40 years, we've, we've learned a lot. We've learned that it is something that we can actually end. We can end the HIV epidemic through various different prevention measures, um, whether it's prep or treatment as prevention. But, um, it's been an interesting journey. One that we've made a lot of progress on. However, it's also a journey that we still have a long ways to go. So really making sure that any individual that is currently living with HIV can potentially know their status and then get in the treatment. And then also individuals that may be at risk for acquiring HIV, that they actually have a way to, uh, protect themselves as well and protect their immune system. So when we're talking about HIV and AIDS specifically, it's really a matter of the immune system and making sure that we can protect them as best as possible. So then we can fight off all kinds of other infection. Wow.

Jess: [\(21:45\)](#):

Now, when we differentiate between HIV and AIDS, what is the likelihood, I don't know if we have this data that a person living with HIV will be diagnosed with AIDS in the United States.

Brad: (21:57):

That can be a complex question because part of it's going to be a matter of when an individual actually gets into treatment. And the reason that I say that it's complex is because if an individual is on HIV treatment, no patient living with HIV, that's actually on antiretroviral therapy, then that patients may actually never progress into AIDS. Uh, one of the things that we've seen that recently through various different campaigns, U equals U or treatment as prevention is one of those, is that a patient actually living with HIV that has their viral load suppressed through antiretroviral therapy, then that patient, um, will have a, uh, will not be able to transmit HIV to another individual. And their viral loads also suppressed so much so that the virus is not replicating with them, their immune system any longer, therefore they won't progress to AIDS. Now, if an individual is not into treatment, then you will have more likely to progress into AIDS. But again, the complex nature of that question is really around whether or not a patient is on, on treatment or in treatment. Um, and then how that can actually protect that individual.

Jess: (23:13):

I guess we have to talk about some of the factors that support people in getting on treatment, right? And this would be related to access to income, to, you know, even just access to information. And so when you talk about treatment as prevention, I'd like to chat about that because 10 years ago, when I was working with AIDS service organizations, that was relatively new language. And so can you explain what that means? Getting the viral load so low that it's not transmittable that a zero viral load, is that an undetectable viral load? What does that look like? So the viral load, meaning the level of virus I presume it's in, is it in serum? Is it in, how are you testing it?

Brad: (23:57):

It is. It's a very good question. And when I was talking about a lot of progress is made, that's been one of the areas that there has been a lot of progress. So one of the things that we know now is that if a patient is on antiretroviral therapy, their viral load is suppressed. It doesn't have to be at zero. However, if it is suppressed the serum viral load, if it is suppressed enough, then that will essentially be undetectable on a lab lab exam. And so patients that are living with HIV are going to go through routine lab tests to make sure that that viral load is suppressed. And if it's suppressed enough, then that patient will not be able to transmit HIV to another individual. And this has really been groundbreaking in terms of you equals you are untransmissible are undetectable equals on transmittable because we also see the way that this can actually play into ending the HIV epidemic treatment as prevention. So we suppress that viral load that individual cannot transmit HIV to another individual. Therefore you're not going to have additional individuals that are going to be infected with HIV.

Brandon: (25:11):

Uh, Brad, I have a question for you. Is it possible for a person to, um, move back and forth between having HIV and having AIDS? Like, can you, can, can the virus progress back and forth between those two States, if you will.

Brad: (25:29):

It's not really a matter of the virus per, um, progressing. It's really a matter of that individuals CD four count. And so would probably be a question for, uh, an infectious disease physician. However, I will tell you that when it comes to HIV, trigger them progressing into AIDS, it's really a matter of that individuals, CD four counts. Um, but yeah, I think that that's probably more of a question for an infectious disease

physician when it comes to that, but most often it's, it's really centered around that CD four or count for patients.

Jess: ([26:07](#)):

Fair enough. Fair enough. So you're talking about treatment as prevention. So if I am HIV positive, I can be on meds that can get my viral load. So detectable that I'm not going to transmit it to somebody else, but there's the flip side of that. If my partner is HIV negative, we also have new options that certainly weren't around. When I first started working in this field, they were just really in research stages. And one of those is prep. So pre exposure prophylaxis and folks have heard me talk about this on the podcast in the past. So this is, and you know, Brad can correct any misinformation. This is a daily pill that I would take as somebody who is HIV negative to reduce the risk of having the virus transmitted to me. And when I looked into the research, it says it's over 99% effective to reduce the risk of transmission and sexual activity. I think the efficacy is a bit lower for shared needles and other other practices that can potentially transmit HIV. Uh, but I'm really curious about how prep works in the body. So how does the medication work to reduce transmission to me?

Brad: ([27:15](#)):

Yeah. Great question. And you are exactly correct. Really when we're talking about HIV prevention, we have multiple tools at our disposal now. So as we were just talking about treatment as prevention, that is one way that we can actually help in the HIV epidemic. But in addition to that, we have pre-exposure prophylaxis currently. There's basically two different medications that can be used, uh, for pre-exposure prophylaxis. It is recommended that patients take this medication on a daily basis. And really the reason for that is to ensure that there's enough drug in the body that prevents HIV from replicating. And so, as we discussed earlier, HIV is trying to, um, take up or get taken up into the immune system, into some of the cells of the immune system and specifically the, the defense mechanisms of our body. And one of the things that this pre-exposure prophylaxis is going to do, it's really going to prevent that virus from continuing to replicate in a, uh, in a healthy individual. Uh, and then if it cannot replicate, then it can, it can not infect additional, uh, cells, or it can't basically take up into our make, um, make a home within the immune system of the body. And so just quite plainly, if you think of other medications that we take from a preventative standpoint, malaria, for instance, if an individual is going to go into a, an area that maybe, um, I have a high incidence of malaria, then you can take medications to prevent you from contracting malaria. Well, same thing with HIV. If we take that, we have that medication in our system and continuing to take it on a daily basis and really, uh, can provide that protection for that individual in the event that they may be exposed to HIV.

Speaker 3 ([29:11](#)):

And so I have a question about serodiscordant partners, so where one partner is positive and the other partner is negative. Do you see partners where let's say they're monogamous? Okay. Just to make it, um, clear. So if I'm positive and Brandon's negative, and I am taking antiretrovirals to get my viral load super, super low and undetectable, would he also consider, would Brandon my sexual partner also consider taking prep as a precautionary measure, do people at, I don't know, want to use the word double up, but that's my, you know, lay person's term.

Brad: ([29:46](#)):

Yeah. I think it's a great question. And one that I think couples should have discussions with their physicians around that. The reason for that is that you are exactly correct. If an individual is on

antiretroviral therapy, as we discussed and that patient's viral load is suppressed, then they won't be able to transmit HIV to their partner. One of the things that we have to ensure of is that there's going to be proper adherence to those medications. So if a patient is adherent to their medication and their viral load is suppressed, then essentially there's zero risk of that individual transmitting HIV by another individual. However, we do have to make sure that that patient is adherent to their medication and that their viral load is suppressed in order to provide that protection treatment as prevention.

Jess: ([30:37](#)):

That makes sense. So prep is fairly accessible from what I'm, I've been reading, it's covered by Medicaid, by Medicare, by a program called ready set prep. And I know that you and your pharmacist at Walgreens can help connect people to these programs like ReadySet prep that makes sure that it is, you know, no cost and financially accessible. But what I've been reading is that people aren't very aware of these options. So in your practice, what are you seeing in terms of what holds people back from accessing prep? And I guess HIV care more generally,

Brad: ([31:16](#)):

You know, we've made a lot of progress in the last 40 years, but we still have some significant work to do. I think the biggest thing that we need to do right now is we need to ensure that everyone that is potentially at risk of acquiring HIV actually gets tested for HIV. So HIV testing is very, very important. And the reason for that is because the HIV testing itself will allow an individual to know their HIV status in knowing your status. That actually is very powerful because it allows you to take steps. One, if you are infected with HIV and you don't know it, then it allows you to potentially be able to get into antiretroviral therapy. We do know that one in seven individuals. So approximately 14% of the individuals living with HIV today do not know that they're actually infected with HIV. And again, if they don't know that they are infected, they cannot actually get into therapy and for retroviral therapy. In addition to that, if an individual does not know their status, then they wouldn't be able to get on preventative medications like prep. And the reason for that is because we have to know that an individual, uh, actually has a nonreactive or a negative HIV test in order to be able to prescribe prep. Uh that's because prep itself is not a complete intro retroviral therapy for a patient. So we really need to know that patient's HIV status in order to be able to determine what preventative methods they can take when it comes to protecting themselves. And so I really believe that HIV testing and get getting the word out about HIV testing is so critically important and why Walgreens we've had such a focus on that, especially in our partnership with Kaiser family foundation, greater than AIDS every year, trying to do what we can to increase access to Nat, to, uh, HIV testing on national HIV testing day, the partnership that we've been a part of for the past 11 years. And one that really think that it's a great way to increase education around the importance of HIV testing. Knowing that, that, again, that in knowing your HIV status allows you to have the power to take action, potentially protect yourself, or to get yourself into treatment.

Jess: ([33:45](#)):

And of course, people don't have to wait until June for national HIV testing day. Certainly, you know, as you underscore that alarming number one in seven, who are unaware of our status, it's really a reminder to go and get tested. And so that's the very first step. And if you are, once you get tested, uh, or if you already do know your status, because I know a lot of listeners are very responsible about STI testing, uh, when and who should consider prep. Now I know that folks can walk into any Walgreens pharmacy and asked to speak privately to a pharmacist. I know you offer private rooms for that. I know

that of course, people have been hearing me say that they can go to walgreens.com/prep to learn more. But let's talk about that now, who, who, and when shall we consider prep,

Brad: (34:35):

I think that if individuals are having sex with multiple partners, then that's potentially a risk factor. Now the guidelines itself say that, you know, a patient that would be eligible for prep that needs to have substantial, substantial risk. Now that that can be quite challenging because, you know, how do you define substantial risks? And so, um, really, I think that it's a question for a provider to at least consider and that individual should, should consider if they are eligible for prep, whether or not in it's burning to be based upon their relationship status, the, um, HIV status of their potential partner. You know, again, you would want to know what is the status of that, of your partner and in order to be able to know if you're at risk or not. And so there, there are a lot of unknowns out there because there's a lot of individuals, for instance, this statistic that we just talked about, one in seven, don't actually know the very status. So you would need to have some of those variables taken care. And I do believe that health healthcare professionals can help you to arrive at a conclusion to know if you should actually consider prep or not. But there are multiple different categories of individuals, uh, individuals potentially that, um, use injectable drugs. Then that would be another individual that could, should consider, uh, pre-exposure prophylaxis as well. Okay.

Jess: (36:01):

And there ha there there's so many layers to what you're talking about. So for example, knowing your partner's status, well, how do you know, can you trust, do you even know who your partner is going to be tonight? Right. I know, you know, during the pandemic, in most places, people aren't going out and necessarily, you know, meeting at a bar, but oftentimes we don't know our partner's last name, uh, or even their real name, let alone HIV status. So I think this is a really important conversation. And as you talk about treatment as prevention, so antiretrovirals that can get your viral load down to undetectable or untransmissible, and you talk about prep. So pre-exposure prophylaxis a pill you can take to reduce your risk of getting HIV by 99% during sexual activity. You're making me think that, and I mean, it's not like I've come up with this. I've been reading about this, that these options mean that we have the potential to eliminate this HIV epidemic, the other epidemic that we're facing right now. So I'm sure there's a lot of history to this. I'm sure there are many layers. I'm sure it is rooted in, you know, systemic oppression and a lack of options or a lack of access for many people. But why is HIV still an epidemic if we have the tools to eradicate it?

Brad: (37:15):

Yeah, that's a great question. It's a question that I think about quite frequently, to be honest with you. And I think that we are at a time where we really need to get the word out about ending the HIV epidemic. It's not too often that we have a chance within our lifetime to actually end an epidemic. And right now, during the, during a pandemic, it's very important for us to not lose sight of the epidemic. So if we can get the word out about HIV testing, if we can increase the amount of individuals that are aware of their HIV status, and then make sure that we are doing the awareness that we need to do, and the advocacy for patients to be able to access both antiretrovirals, as well as pre-exposure prophylaxis, then we will be able to actually end this HIV epidemic. And I believe that we have Walgreens are in a great position. You know, 78% of the Americans, uh, of Americans live within five miles of a Walgreens pharmacy. And I believe that we have a great opportunity right now to really get the word out that in the event that people have questions about is prep right for me, or what do I do about HIV testing or

where can I get my medications? How can I afford my medications, various questions like that, that they should go into a Walgreens pharmacy or pick up the phone, or even address those questions through our pharmacy chat? Because the important thing is, is that individuals that believe that they may be at risk, they should at least inquire about that. They should consider HIV testing. They should consider pre-exposure prophylaxis and the various ways that they can protect themselves. One of the things that I think that the pandemic has taught us is that we all play a role in that we all have an opportunity to protect us and protect the communities that we live in, uh, whether it's through wearing face masks and various others, um, the same applies to HIV. We all can play a part, whether it's an educating, whether it's in getting an HIV test or asking questions about is prep, right? For me, I believe that we all play a role. And if we all do that, then we can all help to end the HIV epidemic. And I do believe, and I'm very, very hopeful that we can actually see this epidemic come to an end during our lifetimes,

Jess: [\(39:38\)](#):

You know, and what you're really doing is normalizing and encouraging these types of conversations. Uh, you know, here obviously, but also in pharmacy, I don't think people naturally think of, you know, going to a pharmacist first. I think oftentimes we think of going to a doctor and there can be barriers of course, to going to a doctor, whether it's a matter of time or coverage. Uh, I'm, I'm very interested, however, in the chat feature online. So I do not like talking on the phone. Um, it really stresses me out to make a phone call. I think a lot of people, I don't know if it's true that a lot of younger people, but many of us have anxiety even around phone calls, although I've never really labeled it that, uh, how does the pharmacy chat work? Is it real time? Is it like, is it all the time? Uh, how can we access that if we want to chat, because for me, if I can chat with my fingers and not my mouth, I'm going to do that.

Brad: [\(40:28\)](#):

Sure. Yes, it is. It is a resource that we have at Walgreens it's available 24 seven. Uh, the great part about that is, you know, you, you never know when you're going to have a question, you may be at two o'clock in the morning and want to ask a question and, uh, the resources available to you. So it is real time. We do have pharmacists that are able to answer questions. It is private, it's confidential, it's secure, and it, it does remain anonymous. And so if individuals have questions about, Hey, what, tell me about rowdy set prep, or tell me about pre-exposure prophylaxis. Then it does actually provide that platform for individuals to be able to ask their questions without having to pick up the phone, because the phone, they may have to wait on, wait on the phone, or someone may not be available 24 seven, but our opportunities do exist for that pharmacy chat, 24 seven through our walgreens.com platform.

Brandon: [\(41:24\)](#):

You know, Brad, I just want to highlight that just really wanted to drive home the point that she enjoys texting. And that she's much younger than me. I find it so efficient to make a phone call. Maybe it's because my texting skills aren't on point, but she, I think I see her laughing at me and smiling and she's like, yeah, it's because I'm so much younger than you. So the chat feature is something that she would definitely use.

Jess: [\(41:48\)](#):

Well, I also really appreciate that late night option because I find that for many of us these days, our anxiety is kind of coming to a head at night. Like during the day we're busy, we're working, we're doing all the things. We're getting our exercise. But at night I've been feeling a little bit more anxious. Last night was a night, for example, where I had a little bit of trouble sleeping. It wasn't a huge deal. I

eventually fell asleep and still got a good night's sleep, a decent night's sleep. But, uh, you know, that sometimes it can be really tough in the eight to four for people. Uh, first of all, who worked different hours and for folks with anxiety,

Brad: [\(42:22\)](#):

I completely agree. And having been a pharmacist for quite some time now I've been with Walgreens for 21 years. My, my entire professional career is with Walgreens. And one of the things that, uh, I do appreciate is the needs of our patients. And so having lived that for quite some time, really taking it upon myself and take great pride in the fact of what our, what our patients need from us, uh, that requires us listening and then producing resources that can actually help them. And so it's one of the things that I've done over the course of my career is really trying to figure out what exactly a patient's needs. So asking questions, and then also trying to meet the needs exactly where patients are. So you're exactly right when it comes to pharmacy chat, we have to make sure that an option is available to patients at all hours of the day. Uh, it used to be, uh, used to work as an overnight pharmacist and, uh, would work, would work, uh, in the, in the early morning hours in many patients would call me at the, at those times of have various questions. Well, the same thing that the pharmacy got reason why we need to have that option available because you never know when a patient may have questions. You don't want to wait around until a business exactly. To be open in order to be able to address the questions or concerns that an individual or a patient has.

Jess: [\(43:46\)](#):

Absolutely. Well, thank you so much for, for the work you're doing for sharing your insights, highly encouraged people to head on over to [walgreens.com/prep](https://www.walgreens.com/prep). That's [walgreens.com/p R E P](https://www.walgreens.com/prep) to learn more and to consider, you know, getting tested right away, if you're not aware of your status. And if you are aware of your status to consider your options and use the tools at your disposal and do connect with your pharmacist, again, you can walk into any Walgreens where you can chat online to ask them what your options are, especially for no cost low cost options, because obviously these things need to be accessible to all. And, uh, I appreciate Brad that you're giving us hope that we can be a part of eliminating eliminating an unnecessary in this lifetime. So thank you so much for your time today.

Brad: [\(44:35\)](#):

Thank you so much. I greatly appreciate the opportunity to just to be able to share about the work that we are able to do, and really think that it is an opportunity for all of us to come together for all of us to play a part in helping to end the HIV epidemic. So thank you again so much for you for your time and appreciate the opportunity.

Jess: [\(44:51\)](#):

Thank you. You know, Brandon, when we, when we think about de-stigmatizing around HIV AIDS around safer sex, around sexual health testing, I really, I feel like we're on the precipice here in 2021, because we are now having really specific conversations about safety in light of COVID and the pandemic, right? We're now talking about where you're going to meet, where you're comfortable meeting, how much distance do you need, will you be wearing masks, will you be indoors or outdoors? And I think that these conversations of safe regarding safety that we're approaching with so much, I think sensitivity and openness and nuance and specificity, if we can have both of those things at once, I'm really hoping that that translates into conversations around safer sex, right? If we can talk about wearing masks, can we talk about barrier options like condoms, if we can talk about, you know, how far we want to sit apart or

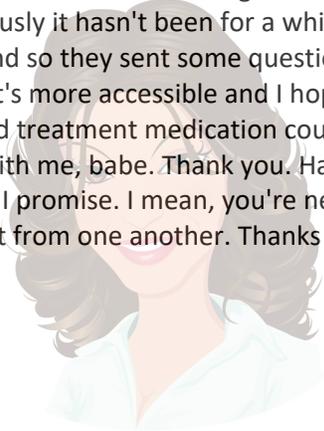
whether we want to be sitting outdoors or indoors, can we also talk about what our boundaries are with regard to safer sex, whether that's physical or emotional. So I'm really hopeful that some of these more open conversations from COVID overflow into the sexual health realm.

Brandon: ([46:09](#)):

Yeah. I mean, it was, it was enlightening. I mean, there's a lot of information that Brad provided today. And then, uh, you know, you've provided me over the years about, uh, HIV and AIDS education and information that, well, I mean the idea that we can really control and even end, this is massive. And I reflect back on when I was younger, you know, the ability to go into a pharmacy and to have a conversation with somebody and get the information to protect yourself or to protect myself is incredible. Like, I just remember it being such a, there's so much stigma associated with it and all of these have been broken down over the years. And with this, it just seems like such a huge leap.

Jess: ([46:52](#)):

Yeah, absolutely. I really think back again, my early days of working in this field and how much things have changed. So I'm really appreciative to have had this update, hope people will absolutely get tested and share this information. I was chatting with someone the other day who attends sex parties regularly. And obviously it hasn't been for a while now, but they were, they, they saw my Instagram story about prep. And so they sent some questions. Wow. And yeah, so it's, you know, it's, I'm really happy to hear that it's more accessible and I hope people will take advantage of accessible testing and confidential care and treatment medication counseling. So we're gonna wrap that up today. Thanks so much for chatting with me, babe. Thank you. Happy to be back so happy to have you back. Don't be away again. I won't, I promise. I mean, you're never actually away from me that must've been the 45 minute break we got from one another. Thanks for listening folks. Wherever you're at, have a great one.



DR JESS