

Medical News & Perspectives

Have Tent, Will Do Pop-up HIV Screening

Rita Rubin, MA

Getting tested for HIV during his senior year at Georgetown University spurred Mackenzie Copley to volunteer with screening efforts in the community. A week after he was tested, Copley skipped calculus class to screen people for HIV in front of a Washington, DC, supermarket.

"We were screening about 60 people every day. But we were turning away about 20 uninsured people every day," because a for-profit company was conducting the screening, Copley said.

"I thought that was ridiculous. Those people [uninsured individuals] need to get screened more than anyone else. They have limited access to care. I asked management if we could screen them.

They said no. So 21-year-old me just said, 'You know, I'm going to start a nonprofit and screen everyone.'

That was the genesis of One Tent Health, which in October 2017 began pop-up HIV screenings of Washington, DC, residents in its eponymous 10-foot-by-10-foot white tent. Area college students volunteer to conduct the screenings, and the DC Department of Health (DOH) provides the rapid antibody test kits free of charge.

Copley, who was studying physics and economics, felt that he needed help to launch and manage an HIV screening organization. He asked his friend, David Schaffer, then a student at the University of North Carolina School of Medicine, to cofound One Tent Health. The 2 had met in a science pedagogy course at Georgetown, during which they were surprised to learn that Washington, DC's, HIV infection rate at one time was comparable with that of parts of sub-Saharan Africa.

Copley, now 25 and working full time on One Tent Health, and Dr Schaffer, now 26 and an emergency medicine resident at Massachusetts General Hospital, recently spoke with *JAMA* about their nonprofit, its accomplishments, and its plans to expand. The following is an edited version of that conversation.



[Audio Interview](#)

JAMA: What were some of the obstacles that you had to overcome before you started screening people?

COPLEY: One of the biggest ones was just the amount of time that we had. Medical school takes up a ton of time. I was working about 80 hours a week as an intellectual property litigation consultant. Creating One Tent was kind of like a pipe dream. For years, David and I worked on One Tent from 11 PM until 1 AM because that's when we had available time.

JAMA: David, when Mackenzie approached you with this idea, did you think at first that it was crazy?

DR SCHAFFER: I was certainly skeptical. One of the things that's very different about One Tent is the visibility of it. Typically, HIV screening is happening in some clinic behind many a closed door. There's not a lot of engagement. But, you know, the idea was that we'll be outside of laundromats, CVSs, grocery stores, and just talking to people about this issue and then offering the prevention services. Were people actually going to do this?

When we had our first screening session, we were floored with how much engagement there was.

JAMA: How do you decide where you're going to pitch your tent?

COPLEY: We try to be very strategic. The [DOH] puts out an annual surveillance report. The city is split up into 8 wards, and the surveillance report cuts each of those wards into at least 10 little slices. We find a high-risk slice that does not have a clinic inside of it. Then we look to see where there are grocery stores, convenience stores, laundromats where we could screen. We go out on Wednesdays and partner with the managers of those stores. We ask, "Would it be all right if we did screening outside?" About 85% of managers say yes. We have this long list of stores that we've partnered with so far. Every once in a while, we call them up and say, "Hey, this specific date, could we come screen?"

JAMA: Why does anyone turn you down?

COPLEY: Sometimes corporations restrict what the managers can do. There's a certain grocery store in DC where you can come



once per year, and that's it. We like to go somewhere regularly. That way we start to become trusted in the community.

DR SCHAFFER: The reception has been quite warm. People seem to be aware that there is a big problem with HIV in DC, particularly in the areas where we're interested in screening. Typically, especially when we mention that we are a not-for-profit just trying to do a good service for the community, people seem to be interested in having us around.

JAMA: Where did you get the idea for a tent?

COPLEY: I think the tent actually came once David was on board. There are intense HIPAA (Health Insurance Portability and Accountability Act) violations if we don't have [an enclosed space in which to conduct HIV screening]. A van is an obvious choice. But at the time I was 22, David was 22 or 23. We didn't have 50 grand [for a van] lying around anywhere. Well, what is the cheapest thing that will work? And it was a 10-by-10 canvas tent. The same principle—what is the cheapest, most effective way to do this?—has really permeated our model throughout the entire growth of One Tent.

JAMA: How do you spread the word about screening locations?

COPLEY: We put it out on Twitter. But in the future, we really hope to get a lot of word of mouth going. It's one thing to screen totally random people in high-risk areas. It's another thing if we develop a client base that is connected with us on social media. Every weekend we post where we're going to be. We have social media cards that we give everybody who comes and gets screened. The second side of it is a partnership we just made with *Grindr*. Every Friday they're going to post out to all their DC users where we're going to be screening on Saturday and Sunday.

JAMA: What are the different places you screen?

DR SCHAFFER: We do a lot of screening outside of grocery and convenience stores, right in people's community. Another place that we really love screening is in laundromats. Because if you think about it, you put quarters in when you go to the laundromat and for 60 minutes you're just stuck there. There's nothing to do. We go up and say, "Hey, we're doing

free HIV screening, it only takes 15 minutes, it's right outside." The reception's been very warm.

We're in DC and the winter isn't long but it does exist. We want to do screening inside because volunteers don't want to do screening outside and people don't want to get screened outside when it's cold out. We've solved that by partnering with DC Public Libraries. There are 26, and 13 of them are in high-risk zones. We're going to do screening inside the libraries in those little study rooms.

JAMA: What is One Tent Health's relationship with the DC DOH and local AIDS service organizations?

DR SCHAFFER: We are a separate entity, but we work very closely with [the DOH]. We are frequently in contact with the DOH regarding events, data, etc. Linkage to care is really important for us. One Tent's not providing medical services, treatment, antiretroviral therapy, etc. We work closely with other organizations like *Whitman-Walker Health* and *Mary's Center* to get patients linked in. What's the point of doing all this screening if the people that we screen don't get treated for HIV? We try to do same-day linkage. And they'll be seen without an appointment, no questions asked, to get started on a formal confirmatory diagnosis as well as treatment.

COPLEY: In May I was lucky enough to get on to the city's Health and HIV commission. The government co-chair approved me to go to the *US Conference on AIDS* [in Orlando in September]. It was wonderful being around so many people who are just finding out about One Tent and what we do. And the DOH recently approved us to get some money because we have so many volunteers coming in that we need to get a second and a third tent.

JAMA: Who are the volunteers doing the screening?

COPLEY: Those volunteers come from 6 different schools. They come from Howard, Georgetown, GW (George Washington University). Then this semester we added UDC, University of District of Columbia; UMD, the University of Maryland, and American University. We had 300 volunteers two weeks ago. As of this morning we have 491. And we expect in 2 weeks to have 600 or 700 volunteers. That's why we needed more equipment because we

have so many kids who want to do HIV screenings, so many people who someday will be medical professionals having conversations about sexual health and getting comfortable in spaces that they wouldn't otherwise be in. Nothing would work without them. They're what helps drive the cost down. They're why we're going to be able to screen multiple sites every weekend day.

JAMA: How many people has One Tent Health screened so far and how many have been positive?

DR SCHAFFER: We have screened around 300 people. Obviously that N is a little small for us to start calculating statistics about positives, etc. I can tell you we have had several positives. We haven't done any kind of formal analysis yet, but we've been really pleased in terms of the demographics. A good percentage of the people that we screen have never been screened before. Also, a large percentage had at least one major risk factor for HIV.

JAMA: Do you want to expand beyond DC?

COPLEY: We want to be in about 6 cities in the next 3 years. But shorter-term, PG County's health department reached out to us. That's Prince George's County, where risk is really high, prevalence is really high. It's a great spot for us to be. University of Maryland is right there. They have about 40 500 students. Prince George's Community College has 44 000 students—a ton of potential volunteers there. Because PG County's in Maryland, all [our] licenses will apply in Baltimore as well. We're thinking about being in Baltimore at the beginning of next academic year.

JAMA: One Tent Health is a nonprofit, but do you have any plans eventually to monetize it?

COPLEY: We brought on a fantastic COO (chief operating officer), Lindsey Sawczuk. She was a former One Tent volunteer. She's covering all the screening right now. It's freed up our time to focus on fundraising, because for a long time we've been self-funded. We got a small amount of donations, about \$6000, after *Washingtonian* [magazine] wrote an article about us. But apart from that, One Tent has brought in no money. We've paid no salary to anyone. Thankfully, ever since I got to

go full time on fundraising and board creation, we've had a lot of success there. And we just heard from Gilead, the makers of PrEP (the preexposure prophylaxis drug *Truvada*), that they're going to give us a grant. David was walking dogs for a little while to make money. And even this past Friday and Saturday, I was working as a barback (bartender's assistant) until 3 AM at a rum bar. We'll have salary [from One Tent Health] pretty soon.

JAMA: David, did your work on One Tent Health influence you as far as what specialty you wanted to pursue?

DR SCHAFFER: I think it certainly played a role. My work with One Tent goes back before I had decided on emergency medicine. I think part of what drew me to emergency medicine as a career is that it can be just as much about being an advocate for the local community as it

is about treating emergency medical conditions. And that part about advocacy is a lot of what got me interested in One Tent. So right now, I am practicing emergency medicine as a resident, and I'm also working with One Tent, and I care about both very, very much, and I'm planning on staying on top of both for the foreseeable future. ■

Note: Source references are available through embedded hyperlinks in the article text online.