

THE CHICAGO DEPARTMENT OF PUBLIC HEALTH PRESENTS

# HIV AND THE JOURNEY TOWARD ZERO

*Playbill and Discussion Guide*



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# **HIV AND THE JOURNEY TOWARD ZERO**

A **TESSA FILMS** PRODUCTION

IN ASSOCIATION WITH **CHICAGO DEPARTMENT OF PUBLIC HEALTH**

AND **GETTING TO ZERO ILLINOIS**

FEATURING **RAE LEWIS-THORNTON JEFF BERRY SANFORD E. GAYLORD**

**MARTÍN GONZÁLEZ-ROJAS** AND **CAPRICE CARTHANS**

WITH **PEDRO ALONSO SERRANO DAVID ERNESTO MUNAR**

**DR. RENSLOW SHEARER CYNTHIA TUCKER DR. P.H. EVANY TURK**

**TERRY DUDLEY** AND **STORIE DEVEREAUX**

EDITOR **CHRISTINA STUMPF** POST SOUND **MIX KITCHEN** COLORIST **CRAIG LEFFEL**

COMPOSER **JOE GEORGE SHADID** WITH MUSIC BY **SHARON IRVING**

DIRECTOR OF PHOTOGRAPHY **ASHLEY BATTLE** PRODUCTION COORDINATOR **JULIA BARR**

LINE PRODUCER **SARAH MINNIE** EXECUTIVE PRODUCER **LISA MASSEUR**

DIRECTED BY **CHAN C. SMITH**

FROM THE

# CHICAGO DEPARTMENT OF PUBLIC HEALTH

We have cause for continuing hope more than 40 years into the HIV epidemic. A new data report from the Chicago Department of Public Health shows a 26% decrease in new diagnoses since 2016. It's the fewest new cases since 1988 and a crucial moment in the Getting to Zero movement, which aims to end the epidemic by 2030.

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But ending the epidemic means different things to different people. Some are skeptical that ending is possible without addressing myriad social issues that affect priority communities. Meanwhile, long-term survivors have decades of history living with HIV—a history of loss and thriving against the odds that must be honored and uplifted.

With *HIV and the Journey Toward Zero*, we made every effort to thoughtfully consider these varying experiences at every step in our process, from engaging our communities to outreach efforts to film production. We hope our final product serves as a spark for important conversation—and a reminder of what we can all accomplish together.

**David Kern**

*Deputy Commissioner, Syndemic Infectious Disease Bureau*

## FROM THE DIRECTOR

Documentary filmmaking creates a beautiful juxtaposition of lived experiences and cinematic art. As a director, I never know in advance how deeply a project will impact me.

*HIV and the Journey Toward Zero* is one of those projects. The epidemic has been around longer than I've been alive, and I've learned so much in the process of making this documentary. My hope is to dispel some of the myths surrounding HIV, revisit the early years of the epidemic and provide a glimpse into what it will take to get to zero new transmissions.

I also hope to honor the strength and determination not just of the people featured in the film, but that of the people who lived with HIV for weeks, months, years and even decades. I am so honored to share the stories of these incredible and resilient warriors.

**Chan C. Smith**

*Director*



## ABOUT THE DIRECTOR



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***HIV and the Journey Toward Zero*** is directed by the Emmy Award-winning, Chan C. Smith, a Chicagoan and Black queer female filmmaker.

Her work includes narrative filmmaking, documentary, editorial and branded content. Chan has created content for brands such as Nike Chicago, Parents Magazine, the NBA, and the Biden/Harris campaign.

Chan is on a mission to tell stories centered around the human experience. She draws on her experience in journalism and creative storytelling to tell the stories of real people in a way that inspires, informs and invigorates.

## ABOUT THE DOCUMENTARY



***HIV and the Journey Toward Zero*** sparks important conversations around the end of the HIV epidemic. What does “the end” mean for those who have been there from the start, those living with HIV today and those leading the way to an HIV-free future?

***HIV and the Journey Toward Zero*** spotlights the perspective of some of Chicago’s most prominent activists. The film is presented in partnership with the Chicago Department of Public Health, Tessa Films and local community organizations. Join us as we hear from long-term survivors, clinicians, researchers and community leaders—the voices that, together, can make HIV history.

## THE FACES BEHIND THE DOCUMENTARY



### JEFF BERRY

#### HIV ADVOCATE

Since his HIV diagnosis in 1989, Jeff has spent his entire career advocating for people living with HIV/AIDS. He spent more than 30 years working for TPAN and its related publication, Positively Aware. He also co-founded The Reunion Project, the national alliance of long-term HIV survivors.



### CAPRICE CARTHANS

#### TRANS + HIV ADVOCATE

Caprice has worked on HIV and LGBTQ issues for more than 30 years. She is the founder and executive director of Equity Alliance Health Illinois. Caprice is a member of the Board of Directors for the AIDS Foundation of Chicago and past co-chair of the Chicago Area HIV Integrated Services Council. Caprice's dedication to the LGBTQ movement is profiled in "To Survive on this Shore: Photographs and Interviews with Transgender and Gender Nonconforming Older Adults."



### SANFORD E. GAYLORD

#### HIV ADVOCATE

Sanford is an independent public health consultant with more than 25 years experience and leadership in the field of Public Health. He is a co-founding member of Black Alphabet, a Chicago nonprofit that produces the Black Alphabet Film Festival. Sanford co-starred in the award-winning, three-part film series *Kevin's Room*, produced by the Chicago Department of Public Health.



# MARTÍN J. GONZÁLEZ ROJAS

## HIV ADVOCATE

Martín specializes in HIV prevention and care, and has more than 20 years experience providing public health leadership. His expertise includes group facilitation, HIV/STI counseling and testing, implementation of science-based HIV Interventions and grant writing, with a special focus on prevention programs for adult and young gay, bisexual and men who have sex with men (MSM) of color.



# RAE LEWIS-THORNTON

## HIV ADVOCATE

Rae is an Emmy Award-winning AIDS activist and renowned social justice advocate. She received national acclaim for her story of living with HIV/AIDS in Essence magazine's December 1994 issue, and has since been featured in Glamour, O The Oprah Magazine, Woman's Day, Essence, Jet, Ebony, Emerge, Heart and Soul, The Washington Post and The Chicago Tribune. Rae released her memoir, *Unprotected*, in May 2022.



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# TERRY DUDLEY

## BLACK QUEER ADVOCATE

Terry holds extensive knowledge and experience in STI and HIV prevention, testing and treatment among gay, bisexual and men who have sex with men (MSM) and the LGBTQ+ community. Raised on the South Side of Chicago, Terry uses his own experience to understand the needs of queer folks of color, striving to ensure every voice is heard.





## DAVID ERNESTO MUNAR

### HIV POLICY/PREVENTION SPECIALIST

David is the current president and CEO of Howard Brown Health, and has devoted his entire professional career to supporting vulnerable populations through comprehensive care and prevention systems. He draws on both his career experience and perspective as a gay, bilingual Colombian-American man living with HIV. David spent 23 years at the AIDS Foundation of Chicago, where he held several positions including president and CEO.



## PEDRO ALONSO SERRANO MPH, CPH

### HIV PUBLIC HEALTH SCHOLAR

Pedro works with the department of research at the CORE Center of Cook County Health, and as an adjunct professor of clinical investigation at Northwestern University in Chicago. His research interests include minority health and health disparities, with a focus on sexual and gender minorities in the U.S.



## RENSLOW SHERER M.D.

### HIV MEDICAL SPECIALIST

Dr. Sherer has dedicated his career to caring for those living with HIV. He is a professor of infectious disease medicine and director of the International AIDS Training Center at the University of Chicago. He founded Chicago's first HIV clinic at Cook County Hospital in 1982, and co-founded the AIDS Foundation of Chicago in 1985. He has numerous publications on the clinical and social impact of the HIV pandemic and is active in research on HIV prevention, care, model care programs and HIV care in China and Africa.

## CYNTHIA TUCKER DR.P.H.

### HIV PREVENTION SPECIALIST

Dr. Tucker is senior vice president of prevention and community partnerships at AIDS Foundation Chicago. A doctor of public health, she has worked in HIV for more than 20 years. Dr. Tucker has been an invaluable leader for the organization's prevention initiatives, capacity building and corrections case management and reentry initiatives.



## EVANY TURK

### HIV ADVOCATE

Evany found her calling after being diagnosed with HIV in 2001 at age 24. Evany struggled with depression for several years, and even became homeless for a short time. Thankfully, therapy helped her overcome her stigma-induced trauma. Evany turned her pain into passion. For the past 15 years, this proud mother of two has worked in the community to proactively prevent the spread of HIV, and inspire those who have acquired HIV (or any STI) to live their best life with authenticity, dignity and a supreme sense of self-worth.



ABOUT THE

# CHICAGO DEPARTMENT OF PUBLIC HEALTH

Chicagoans' health needs are diverse, just like our communities. CDPH is dedicated to working continuously in partnership with community members, organizations and health care providers to promote the best public health practices for the prevention, treatment and care of HIV. The department also promotes the highest-quality services for the Chicagoans' health and wellbeing.

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**LEARN MORE**

[Chicago.gov/city/en/depts/cdph.html](https://chicago.gov/city/en/depts/cdph.html)

Download the 2022 HIV + STI Data Report at the QR code to the right.



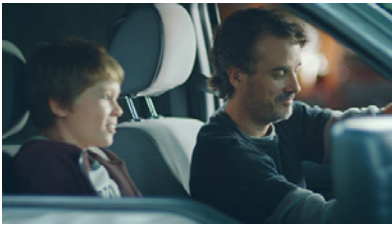
## ABOUT

## TESSA FILMS

*HIV and the Journey Toward Zero* is produced by Tessa Films, a woman-owned production company that offers a diverse, talented set of directors with roots in the Midwest. Tessa's roster of top-tier talent and ability to create original award-winning content have put obscure brands on the map and made well-known brands stand out.



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**TESSA**

LEARN MORE

[tessafilms.com](http://tessafilms.com)







# DISCUSSION GUIDE

## USING THIS GUIDE

*HIV and the Journey Toward Zero* raises a variety of questions and explores a spectrum of themes related to the HIV epidemic. It's not just a record of shared and individual experiences—it's a tool for keeping the HIV conversation going.

The resources gathered in the following pages are designed to help you engage in meaningful discussions with family, friends, classmates, colleagues, and communities after viewing the film. We've designed most questions to resonate with most audiences, but some suggestions are best suited for specific situations.

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*HIV and the Journey Toward Zero* reveals aspects of the HIV epidemic that may be inspiring, surprising, and sometimes difficult—all in a context that leads toward empathy and hope.

What makes marginalized groups visible can also make them vulnerable. That's why we strongly recommend event leaders read our glossary, language recommendations and other related online resources. Create a space that is safe for everyone to share, and remind people they are in dialogue, not a debate. Listening will be as important as sharing.

## DISCUSSION PROMPTS

### OPENING QUESTIONS

- In a word (literally, a single word or phrase), how did seeing this film make you feel? *(This can work well for small or medium sized groups as a quick go-round, to take the temperature of the room).*
- What would the end of the HIV epidemic mean to you?
- Describe a moment or scene in the film that you found particularly affirming, challenging, intriguing, or moving. What was it about that scene that was especially compelling for you?
- What did you learn about the HIV epidemic that wasn't taught to you in school, by your family or by society?
- If you could ask anyone in the film a single question, whom would you ask and what would you want to know?

Share your thoughts on the film and submit a question for our discussion panel. Scan the QR code at right to fill out our brief survey.



## FOLLOW ALONG AS YOU WATCH

### THEMES



#### ADVOCACY & EDUCATION

Amplifying voices, needs and the cause; fighting misconceptions; promoting equality



#### HIV DIAGNOSIS

Reacting to a personal diagnosis; reacting to a loved one's diagnosis; revealing your diagnosis



#### HIV TODAY

Modern experience; continuing the conversation; honoring and reflecting on the past



#### LIVING WITH HIV

Faith; the will to live; mental health; relationships + intimacy



#### STIGMA

How stigmas have evolved; stigmatized minorities within HIV+ populations



#### TRANS ISSUES

Stigma; treatment; transphobia



#### TREATMENT & PREVENTION

Lack of treatment or efficacy; evolving treatment options; prevention strategies; PrEP



#### GETTING TO ZERO

The movement; implications

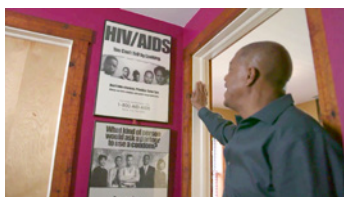
18



4:20

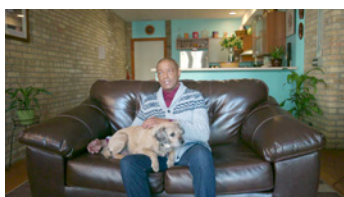
When Jeff moved to Chicago in 1981, the epidemic hadn't really hit the city yet. Chicago was part of what we called "the second wave of cities."

**How did your own experience with the HIV epidemic inform your response to the COVID-19 pandemic?**

**7:00**

Sanford started his career as an artist and in the field of HIV by appearing in an HIV-testing campaign. “[This poster] was out actually before I verbally ‘came out’ [as HIV-positive],” he says.

**Recall a time when you’ve shared difficult news with people you trust. How did they react, and how did that reaction affect you?**

**8:35**

Sanford was diagnosed with HIV in 1989. “My life shattered with that phone call,” he says. “Some friends at that time treated me differently.” Later, Rae shares her own “ugly” experience being diagnosed as a heterosexual woman.

**Why do you think deeper stigmas develop within already-stigmatized groups, like HIV+ people? Why do the stigmatized turn against others in their group?**

**11:25**

Dr. Sherer was fresh to the medical profession when HIV hit Chicago, and co-founded the city’s first HIV clinic. “One of the things we did early was integrate prevention and care,” he says. “We developed a service that would go around and talk to people about transmission and how they could prevent exposure.”

**How do you think empathy factors into physical/mental health and care?  
How could being trauma-informed and focusing on equity make a difference?**



**14:40**

With the emergence of triple-combination therapy in 1995, HIV was no longer an automatic death sentence. “We had to change the paradigm from ‘no, we’re not trying to get you to death with dignity. We’re trying to get you to a normal lifespan,’” David says.

**How have you handled news that changed the course of your life, either positive or negative? Have you ever grappled with “survivor’s guilt”?**



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**16:30**

Even though people on medication have an undetectable viral load, they still experience effects like “inflammaging,” or premature aging. Sanford estimates he’s 10-15 years older inside due to inflammaging-related organ damage.

**What are the benefits of medical adherence for people living with HIV or those prescribed PrEP?**



**17:20**

Rae’s book explores her “unprotected and vulnerable” childhood, and how it shaped her life. She quotes Dr. Thema Byrant-Davis: “A history of trauma teaches you to apologize for your wounds. Healing is about unlearning the lies.”

**What are some strategies that you or those close to you have used to cope with trauma? (Some ideas may include journaling, therapy or support groups.)**



**23:00**

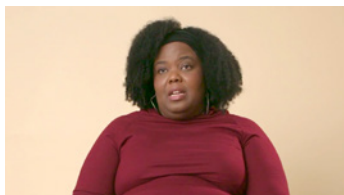
Martín felt his close-knit Latino family was unlikely to be comfortable with his status as an HIV-positive gay man. “I basically set out to do something which I thought was rather impossible, which was present the best image of someone living with HIV/AIDS” he says.

**What do we lose when we alter the way we present to survive or fit in?  
How can we celebrate unexpected benefits, like finding a community?**

**23:45**

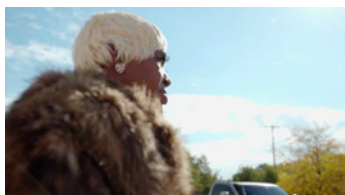
Stigmas around HIV can become deeply internalized, Dr. Tucker says, “[The idea] that you did something wrong to cause yourself to have HIV.” This crisis goes hand in hand with fighting the virus itself. “It’s about education and training, it’s about understanding, and it’s about accepting all people,” she says.

**How can you change your thinking once stigmas become internalized?**

**25:20**

Evany was the “good girl,” and worried her family would ostracize her due to her HIV status. She immediately became depressed. “I often say, when you get an HIV diagnosis, you automatically get a mental health diagnosis,” she says.

**How does a person’s physical condition influence their mental health?  
How does a person’s mental condition influence their physical health?**



**31:00**

Caprice is the eighth of 23 children, and was supported by her mother when she came out at age 11. But later, she experienced major healthcare discrepancies as a trans woman.

**How are people affected by a world where they're both accepted and dismissed?**



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**35:00**

"[An individual's] ability to be successful clinically depends on them having stability in their lives," David says. This includes a safe place to live, transportation, food and mental health support.

**How should all levels of government, and our communities, support this model of whole-person care? What actions can we take on an individual level?**



**36:00**

The stigma around HIV hasn't disappeared, but conversations evolve as we gain information and treatments. Particularly, "the advent of PrEP helped us ... [have] frank and open and candid discussions around sex and behavior," Jeff says.

**Why do you think PrEP is so effective as a gateway to HIV conversations?**

**36:15**

In the early days of HIV, prevention strategies were largely focused on abstinence. “[That’s] fine for a day or a week or however long someone could hold out,” Dr. Sherer says. “But people need intimacy, and it was very important that we help people remain sexually active and intimate.”

**In today’s climate, people often struggle to see another point of view, and realize what’s realistic for one person isn’t for another. How can we work to change that?**

**37:45**

Our documentary subjects have a wide variety of reactions to the concept of “Getting to Zero”:

“I hope I live to see it,” Sanford says. “It would mean mission accomplished. It would mean a lot of trauma compounded by stigma will not have to happen to another human being.”

“I plan for tomorrow,” Caprice says. “I don’t know what ‘zero’ looks like.”

“Until there’s a cure, we cannot end HIV,” Evany says.

“It’ll be wonderful when we get to zero, or when we find a cure for HIV,” Jeff says. “But the work doesn’t stop there.”

**What does “Getting to Zero” mean to you? How will we address the injustices surrounding the epidemic, including ongoing social issues? How will the identities and lives of those involved in the fight change once we “get to zero”?**



**43:05**

Our documentary subjects meet with a new generation of HIV activists to discuss the experience. While Rae notes that Terry's generation is her idea of "heaven," Pedro expresses the dangers of lowering our guard to HIV/AIDS. "[We] have a society of Generation Z and younger that are not familiar with this experience," he says.

**How can current and future generations honor the history of HIV/AIDS and still commit to doing all that's necessary to "get to zero"?**



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## GROUP OR PANEL

# DISCUSSION QUESTIONS

Various cast members may participate in group or panel discussions related to *HIV and the Journey Toward Zero*. The questions presented here are designed to spark your own curiosity and personal questions.

What would you like to learn from those who have been there from the start, those living with HIV today and those leading the way to an HIV-free future?

## BASIC QUESTIONS

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- Why is a documentary on this subject important?
- What does “ending” HIV mean to you?
- What does it mean to end the epidemic?
- How do we get there?
- Who needs to watch this documentary?
- What’s your vision of what this documentary accomplishes?
- What is the most important things that you shared within the documentary? (Based on your individual perspective/what you personally learned from this project/what you want people to know.)



## PAST

- [For relevant cast members] If you could talk to yourself at the age you were diagnosed, what do you wish you could've told yourself then?
- How have medications and prevention technologies changed since the 1980s, and what still needs work for the future?

## PRESENT

- What advice or perspective have you shared with someone diagnosed with HIV in the modern era?
- What are the greatest community needs as we approach the potential end of the HIV epidemic? How do we increase access to food, care and employment?
- Did you experience similarities or triggers during the COVID-19 pandemic and recent Monkeypox outbreak? Can you share your coping mechanisms?

## FUTURE

- For long-term participants in the fight against HIV: What would “the end” mean for your career and sense of identity and community?
- How can communities and providers take to mitigate LGBTQ+ and elder/senior social isolation and improve their mental, physical, financial and spiritual health?

## FOR REFERENCE

# GLOSSARY + DEFINITIONS

### **ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)**

A disease of the immune system due to infection with HIV. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection.

### **ACQUIRED (SECONDARY) RESISTANCE**

When a drug-resistant strain of HIV emerges while a person is on antiretroviral therapy (ART) for the treatment of HIV infection.

### **ANTIRETROVIRAL THERAPY (ART)**

The daily use of a combination of HIV medicines (called an HIV regimen) to treat HIV infection. A person's initial HIV regimen generally includes three antiretroviral (ARV) drugs from at least two different HIV drug classes.

### **AUTOIMMUNE DISORDER**

A condition that occurs when the immune system mistakenly attacks and destroys healthy body tissue. Autoimmune disorders may be caused by drugs used to treat opportunistic infections.

### **B LYMPHOCYTE (B CELL)**

A type of lymphocyte. B lymphocytes (B cells) produce antibodies to help the body fight infection.

### **DISCORDANT (MIXED-STATUS) COUPLE**

A couple in which one partner has a sexually transmitted disease (STD), such as HIV, while the other partner does not.

### **ENDEMIC**

When a disease occurs frequently and at a predictable rate in a specific location or population. For example, HIV-2 is endemic to West Africa.

### **EPIDEMIC**

A widespread outbreak of a disease in a large number of individuals over a particular period of time either in a given area or among a specific group of people.

**FIRST-LINE THERAPY**

A treatment that is accepted as best for the initial treatment of a condition or disease. The recommended first-line HIV treatment regimens include antiretroviral (ARV) drugs that are safe, effective, and convenient for most people with HIV who have never taken ARVs before.

**HEALTH EQUITY**

The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

**HIV**

The virus that causes AIDS, which is the most advanced stage of HIV infection. HIV is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and vaginal fluids, or from a mother who has HIV to her child during pregnancy, labor and delivery, or breastfeeding (through breast milk).

**HIV CONTINUUM OF CARE**

The steps or stages of medical treatment for HIV. The continuum of care begins when someone receives an HIV diagnosis, and includes finding the right health care, starting antiretroviral therapy (ART), adhering to treatment, and staying in care. The ultimate goal of the continuum of care is virological suppression. The continuum of care can also refer to a model used by epidemiologists and other health care professionals to monitor the success of HIV-related programs and to identify and address gaps in HIV-related services. This model measures linkage to care, retention in care, and sustained viral suppression among people with HIV.

**HIV CRIMINALIZATION LAWS**

Under existing laws in most states, the action taken by people with HIV can be criminalized for potentially exposing others to HIV. Actual transmission or intent to transmit HIV is not usually required. Thirty-five states criminalize actions taken by people with HIV through HIV-or STD-specific laws, while 14 states criminalize actions that have a negligible or low risk of transmitting HIV, such as spitting, biting, and oral sex.

## FOR REFERENCE

# GLOSSARY + DEFINITIONS

### IMMUNE RESPONSE

Actions of the immune system to defend the body against bacteria, viruses, or other substances that the body recognizes as foreign and harmful.

### IMMUNOCOMPROMISED

When the body is unable to produce an adequate immune response. A person may be immunocompromised because of a disease or an infection, such as HIV, or as the result of treatment with drugs or radiation.

### IMMUNOSUPPRESSION

When the body's ability to mount an immune response to fight infections or disease is reduced. Immunosuppression may be caused by certain diseases, such as HIV, or by radiotherapy or chemotherapy. Immunosuppression may also be deliberately induced by drugs used to prevent rejection of transplanted organs.

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### LGBTQ

Acronym for lesbian, gay, bisexual, transgender, and queer. The Q generally stands for queer when LGBTQ organizations, leaders, and media use the acronym. In settings offering support for youth, it can also stand for questioning. LGBT and LGBTQ+ are also used, with the + added in recognition of all non-straight, non-cisgender identities. Both are acceptable, as are other versions of this acronym. The term "gay community" should be avoided, as it does not accurately reflect the diversity of the community. Rather, LGBTQ community or LGBTQ+ community are recommended.

### MEN WHO HAVE SEX WITH MEN (MSM)

Men who report sexual contact with other men and men who report sexual contact with both men and women, whether or not they identify as "gay."

### MULTI-DRUG RESISTANCE

Resistance to one or more drugs that occurs as a result of previous exposure to a similar drug. For example, HIV resistance to one nonnucleoside reverse transcriptase inhibitor (NNRTI) drug may produce resistance to all drugs in the NNRTI drug class, including drugs never used. Excluding all drugs in a drug class from an HIV regimen (class sparing) is a strategy used to prevent cross resistance.

**PALLIATIVE CARE**

Care to alleviate the physical and psychological symptoms of disease or the undesirable effects of treatment. The goal of palliative care is not to cure disease but to make the person more comfortable and improve the person's quality of life. Palliative care may be given at any stage of a disease.

**POST-EXPOSURE PROPHYLAXIS (PEP)**

Short-term treatment started as soon as possible after high-risk exposure to an infectious agent, such as HIV, hepatitis B virus (HBV), or hepatitis C virus (HCV). The purpose of post-exposure prophylaxis (PEP) is to reduce the risk of infection.

**PRE-EXPOSURE PROPHYLAXIS (PREP)**

Medicine that reduces an individual's chances of getting HIV from sex or injection drug use.

**SOCIAL DETERMINANTS OF HEALTH**

The complex, integrated, and overlapping social structures and economic systems that include the social environment, physical environment, and health services; structural and societal factors that are responsible for most health inequities. SDH are shaped by the distribution of money, power and resources at global, national, and local levels, which are themselves influenced by policy choices. Five determinants of population health are generally recognized in the scientific literature: biology and genetics (e.g., sex), individual behavior (e.g., alcohol or injection drug-use, unprotected sex, smoking), social environment (e.g., discrimination, income, education level, marital status), physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems]), and health services (e.g., access to and quality of care, insurance status).

**UNDETECTABLE VIRAL LOAD**

When the amount of HIV in the blood is too low to be detected with a viral load test. A person's viral load is "durably undetectable" when it remains undetectable for at least 6 months after a first undetectable test result. Antiretroviral (ARV) drugs may reduce a person's viral load to an undetectable level; however, some HIV, in the form of latent HIV reservoirs, remains inside cells and body tissues.

## FOR REFERENCE

# TERMS TO AVOID

For a full list of stigmatizing language, people-first language and other tools, visit [gtzillinois.hiv](http://gtzillinois.hiv) and download the style and messaging guide.

### **HIV OR AIDS PATIENT, AIDS ORPHAN POSITIVES/HIVERS, AIDS OR HIV CARRIER**

Never use HIV or AIDS as an adjective. Use **person living with HIV** instead.

### **HIV CONSUMER**

Various organizations and health facilities may refer to clients living with HIV who have their own insurance or are covered by the Ryan White Program as “consumers.” Calling someone a consumer others them; use **client** or **patient**.

### **PROMISCUOUS**

This is a value judgment and should be avoided. **Sexual activities and behavior should be described in specifics**, and **only when that is helpful context** for the overall story/situation.

### **QUEER**

This adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual. Typically, for those who only identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting and/or fraught with cultural connotations they feel don't apply to them. Many people identify as both queer and another sexual orientation. Once considered a pejorative term, **queer has been reclaimed by some LGBT people** to describe themselves; **however, it is not a universally accepted term, even within the LGBT community**. When Q is seen at the end of LGBT, it typically means queer.

### **SAFE SEX**

No type of sex with a partner can be guaranteed 100% safe. **Safer sex** refers to actions to lower our risk — and partners' risk — of sexually transmitted infections.

### **TO CATCH AIDS, TO CONTRACT AIDS, TO CATCH HIV**

Instead, use **an AIDS diagnosis, developed AIDS, to contract HIV** instead.

### **VICTIM, INNOCENT VICTIM, SUFFERER, CONTAMINATED OR INFECTED**

Never use the term “infected” about a person. Say **person living with HIV**.



## FOR REFERENCE

# PRONOUN BEST PRACTICES

**Always use a transgender person's chosen name, regardless of whether it corresponds to legal documents.**

If someone tells you their name is Bill, you're not going to go out of your way to call them William just because that's what's on their state ID. Many transgender people are able to obtain a legal name change from a court. However, some transgender people face barriers to legal name changes or simply don't want to change their name on legal documents. They should be afforded the same respect for their name as anyone else who uses a name other than their birth name (e.g., celebrities).

**Ask, don't assume.**

It's best practice to ask pronouns of everyone to assure that you will only be referring to people as they want to be referred. Offer your own first to get the ball rolling. Simply say, "I use he/him/his pronouns. What pronouns do you use?"

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**Some people use the singular pronouns they/them/their/theirs.**

This is more recently widely accepted by style guides as grammatically correct. For example: "Chris excelled in their position, so the company gave them a promotion. They begin their new role next week."

**If it is not possible to ask someone which pronoun they use, use the pronoun consistent with the person's appearance and gender expression or use the singular they.**

For example, if a person wears a dress and uses the name Susan, she/her/hers pronouns are usually appropriate. Or it is also acceptable to use the singular they when you don't wish to assign a gender. For example: "Every individual should be able to express their gender in a way that is comfortable for them."

## FOR REFERENCE

# HIV EDUCATION + RESOURCES

### GETTING TO ZERO ILLINOIS

A statewide initiative to end the HIV epidemic by 2030, coordinated by AIDS Foundation Chicago and the Illinois and Chicago departments of public health.

[gtzillinois.hiv](http://gtzillinois.hiv)

### GETTING TO ZERO ILLINOIS: DASHBOARD

A data dashboard to help users track progress toward the goals and strategies found in the Getting to Zero Illinois plan.

[dashboard.gtzillinois.hiv](http://dashboard.gtzillinois.hiv)

### CENTERS FOR DISEASE CONTROL HIV HOMEPAGE

Access to the latest HIV data, prevention science, program resources and policy updates.

[cdc.gov/hiv](http://cdc.gov/hiv)

### CHICAGO DEPT. OF PUBLIC HEALTH

Citywide guidance, services and strategies related to HIV and STI prevention.

[www.Chicago.gov/city/en/depts/cdph/provdrs/health\\_services/svcs/hiv-sti-prevention.html](http://www.Chicago.gov/city/en/depts/cdph/provdrs/health_services/svcs/hiv-sti-prevention.html)

### ILLINOIS DEPT. OF PUBLIC HEALTH

Statewide surveillance of information about new and existing cases of HIV, with the goal of offering a comprehensive picture.

[dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance.html](http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance.html)

**NATIONAL HIV/AIDS STRATEGY (2022-25)**

A federal roadmap to ending the U.S. HIV epidemic by 2030, including a 75% reduction in new infections by 2025.

[www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025](https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025)

**POSITIVELY AWARE MAGAZINE**

The national HIV treatment journal of TPAN, an organization serving individuals of all identities living with and vulnerable to HIV, with the highest quality of equitable care and resources to promote health and well-being.

[positivelyaware.com](https://positivelyaware.com)

**PRE-EXPOSURE PROPHYLAXIS**

Learn more about PrEP, including where and how to access medication.

[www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis](https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis)

**TIMELINE OF HIV AND AIDS**

A lot has changed about HIV and AIDS in the past 40 years. Learn more about key moments in the U.S.

[www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline](https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline)

**UNDETECTABLE= UNTRANSMITTABLE**

10 things to know about viral suppression, including what it means to be “undetectable.”

[www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression](https://www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression)

[JOURNEYTOWARDZERO.COM](http://JOURNEYTOWARDZERO.COM)

