

THE CHICAGO DEPARTMENT OF PUBLIC HEALTH PRESENTS

HIV **AND THE** JOURNEY TOWARD ZERO

PART II **THE LEGACY**

Playbill and Discussion Guide



TABLE OF CONTENTS

PLAYBILL

From the Chicago Department of Public Health	4
From the Director	5
About the Director	6
About the Documentary.....	7
The Faces Behind the Documentary	8
About the Chicago Department of Public Health.....	10
About Tessa Films	11

DISCUSSION GUIDE

Using this Guide	14
Discussion Prompts.....	15
Follow Along as you Watch.....	16
Group or Panel Discussion Questions	22
For Reference: Glossary and Definitions.....	24
For Reference: Terms to Avoid.....	28
For Reference: Pronoun Best Practices	29
For Reference: HIV Education and Resources	30

HIV AND THE JOURNEY TOWARD ZERO

PART II THE LEGACY

A TESSA FILMS PRODUCTION

IN ASSOCIATION WITH CHICAGO DEPARTMENT OF PUBLIC HEALTH

AND GETTING TO ZERO ILLINOIS

FEATURING TERRY DUDLEY JOSHUA GATES

KARMA MUNEZ AND MILANI VARELA

WITH CAROLE COLLIER AND DOMINIQUE SAVAGE

EDITOR CHRISTINA STUMPF POST SOUND MIX KITCHEN

COLORIST CALVIN BELLAS WITH MUSIC BY SLANG MUSIC GROUP

ADDITIONAL MUSIC BY MUSICBED AND AUDIO JUNGLE

PRODUCTION COORDINATOR JULIA BARR PRODUCER ALEXIS JAWORSKI

EXECUTIVE PRODUCER LISA MASSEUR

DIRECTOR/DIRECTOR OF PHOTOGRAPHY CHAN C. SMITH

FROM THE CHICAGO DEPARTMENT OF PUBLIC HEALTH

In 2021, CDPH established the Syndemic Infectious Disease Bureau, uniting our response to HIV, STI, viral hepatitis and TB. Mpox was added in 2022. Syndemic describes synergistically interacting epidemics, or epidemics that influence one another (generally in a detrimental way) and that occur within the same populations who face shared social challenges.

4

The co-occurring concerns explored in *HIV and the Journey Toward Zero: The Legacy* underscore the importance of a syndemic approach. While the Getting to Zero movement aims to end new HIV transmissions by 2030, we must recognize that HIV does not exist in isolation. Co-existing concerns like mental health challenges; substance use disorders; access to food, housing, health care, and employment; trauma; and more can only be approached through a lens of equity if we are to successfully achieve zero new transmissions.

While *The Legacy* highlights these crucial challenges, it also uplifts the resiliency and persistence of our cast members, and the power of their united, supportive communities. It's through their bravery and commitment that we will continue our progress toward zero.

David Kern

Deputy Commissioner, Syndemic Infectious Disease Bureau

FROM THE DIRECTOR

Early in *HIV and the Journey Toward Zero: The Legacy*, cast member Terry Dudley tells us, “I try to always bring my ears to every conversation before I bring my mouth.” It’s a great expression that I hope viewers can also embody — bringing their ears and open minds to the experiences captured in our second installment.

I’m proud to give audiences an ear to the LGBTQ+ community and offer an unfiltered perspective on the realities facing our younger generation. This group will be the one to put plans into action and bring people along on the journey. They’ll continue the work of the older generation, but getting to zero by 2030 will require them following their own path to tackle barriers and inequities.

I hope audiences come away from *The Legacy* understanding that HIV is still very much a huge topic, especially in the LGBTQ+ community. It hasn’t gone away, and it won’t go away, unless everybody comes together.

Chan C. Smith
Director

ABOUT THE DIRECTOR



6

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

Her work includes narrative filmmaking, documentary, editorial and branded content. Chan works with brands and studios including HBO, FX Networks, Amazon Studios, Paramount, Nike Chicago, 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



7

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?

Part 2 of the series, *The Legacy*, follows the everyday lives of younger advocates, people living with HIV and those maintaining an HIV-negative status. This next generation of leaders is at the beginning of their journey, and they offer a frank perspective on the realities and misconceptions shaping their world and the future.

THE FACES BEHIND THE DOCUMENTARY



TERRY DUDLEY

HE/HIM/HIS

Terry is a Black queer activist with extensive knowledge and experience in STI and HIV prevention, testing and treatment among men who have sex with men (MSM) and the LGBTQ+ community. He is currently a public policy student at the University of Illinois Chicago, and hopes to teach HIV history and culture and to equip people to better serve our communities. Terry was raised on the South Side of Chicago and applies his own experience to understanding other queer folks of color, striving to ensure every voice is heard.

8



JOSHUA GATES

HE/HIM/HIS

Joshua is a Black gay man and a native Chicagoan. While he continues growing and learning, Joshua has proudly overcome the stigmas of homelessness and his HIV+ status during his personal journey. He is passionate about helping young Black men prioritize themselves, and feels that communities need to offer resources and support to this important group.

KARMA MUNEZ

HE/HIM/HIS OR KARMA

Karma joined *HIV and the Journey Toward Zero: The Legacy* to share his experience maintaining his HIV-negative status. He is a Black HIV advocate and healthcare professional who uses his work in the ballroom community to build trusting relationships and talk to folks about HIV and health. Karma has been a part of the ballroom scene for more than 10 years, and currently serves as the Legendary Mother of the House of Gorgeous Gucci.



9

MILANI VARELA

SHE/HER/HERS (IN DRAG)

HE/HIM/HIS (OUT OF DRAG)

Milani is an Afro-Latinx, gender-nonconforming drag performer and activist who served as the mother of the House of Ninja for 10 years. She is the lead navigator for Essential Support Services at CALOR-AHF and an ambassador for CDC's "Let's Stop HIV Together" program. Milani was crowned Miss Diosa Latina USA Plus 2023 and uses beauty pageants as a platform to expand her work in HIV prevention.



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.

10



LEARN MORE

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

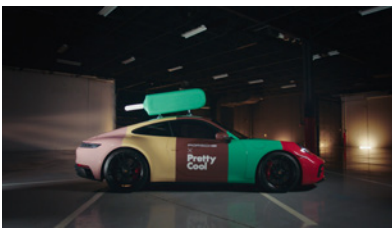
Download the 2022 HIV + STI Data Report at the QR code to the right.



ABOUT

TESSA FILMS

HIV and the Journey Toward Zero: The Legacy The Legacy is produced by Tessa Films, a woman-owned production company based in Chicago. Founded by Lisa Masseur in 2018, Tessa is known for putting diverse, up-and-coming talent on the map, and dynamic content on your feed. In addition to commercials and branded videos, Tessa Films has produced a wide array of notable long-form projects, including pilots, short films and documentaries.

**TESSA****LEARN MORE**tessafilms.com

DISCUSSION GUIDE

13

USING THIS GUIDE

HIV and the Journey Toward Zero: The Legacy 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.

14

HIV and the Journey Toward Zero: The Legacy 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; educating young people



ARTISTIC & PERSONAL EXPRESSION

Finding and creating community; self love and acceptance; duality and personality



FAMILY & CHOSEN FAMILY

Love and acceptance; stigma and fear; support systems; leading and learning by example



HIV SCREENING & DIAGNOSIS

Reacting to a personal diagnosis; revealing your diagnosis; trauma and mental health



LIVING WITH HIV TODAY

The will to live and self-care; relationships and intimacy; external and self-stigmatization



TREATMENT & PREVENTION

Evolving treatment options; prevention strategies; PrEP; barriers to access and care



GETTING TO ZERO

The movement; implications; racial disparities

16



00:45

Milani hides his sewing mistakes on the inside while working on a sparkly costume. He compares her process to mental health—"being beautiful and glamorous on the outside and sometimes not being OK on the inside."

How can art and self expression help us cope during tough times? How can presenting a strong exterior hold us back from getting the help we need?

**4:15**

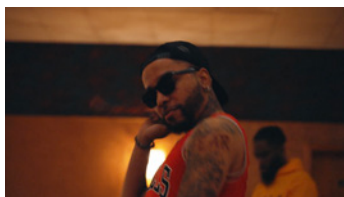
Terry identifies as Black and queer, and has a bubbly, friendly personality. “I feel like a shy person, but you ask anybody and that’s never been who I am.”

Are there parts of your personality that you keep just for yourself, that others don’t experience? Why do you think this happens?

**4:30**

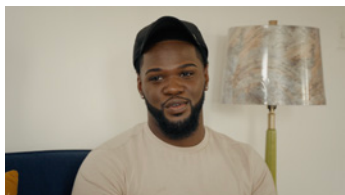
Terry and his best friend, Carole, talk about the first time they met in high school. They each remember his coming out to her differently, but both remember an instant trust and connection.

Do you have people in your life who you bonded with immediately? What drew you to them? How did they make you feel?

**6:05**

Karma is active in several different communities. He is an artist, participates in ballroom and runway, and we also see him singing in church.

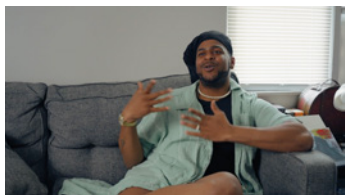
How do you find support and belonging in various communities in your life? Do you feel like each one supports a different part of you, or are you supported as a whole person by each one?



7:00

Joshua is 22, and says that he's slowly figuring out life as a 20-something. He describes himself as "a little bit lost, but we on a journey to get better."

Picture a time when you felt overwhelmed or lost in your life. How did you find your way? What would you tell yourself at that age?

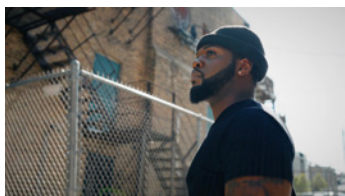


18

8:05

Teenagers can find support from their families, but those relationships can also be fraught. Terry grew up with a loving uncle who he could be himself around. He later learned that his uncle was gay and died of AIDS, and Terry's mother struggled when her son came out.

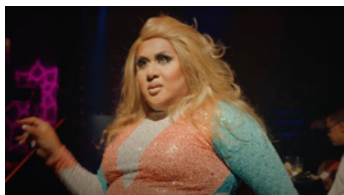
How have you navigated complex family relationships? What does it feel like when older relatives relate to you through a lens of their past experience?



9:45

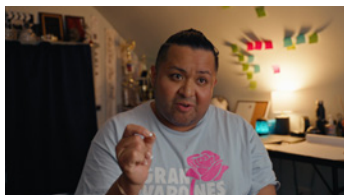
Joshua realized he was gay at 13. He revamped his personal definition of how a man should be, but other people in his life refused to accept it and forced their opinions on him. "You cannot protect something you do not accept, so I never really felt protected," he says. He turned to anger to cope.

How have you reacted in situations where you felt misunderstood or mistreated?

**12:00**

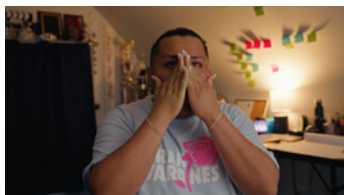
Drag is much more than an art form for Milani and Karma. They both found a chosen family within the community, and still use drag as an opportunity for advocacy and health education. “Doing drag gave me a voice—it gave me a platform,” Milani says.

How can you make space to talk about important topics within the communities in your life?

**18:00**

After 10 years of working in HIV prevention, Milani tested positive. He felt like he had betrayed his community. “I wasn’t scared of dying, I was scared of what people would think about me,” he says. But a friend reassured Milani—“just because you’re HIV positive now is not gonna erase all the work that you’ve done.”

It’s easy to hold yourself to an impossible standard—especially when you know a lot about a topic. What are some ways we can learn to give ourselves grace?

**19:30**

After his HIV diagnosis, Milani became depressed and later realized the harm his alcohol use was causing. “I want people to know that even us as leaders in the community—people who help people—also need help themselves,” he says.

How can we change the misconception that needing help is a sign of weakness?

How can we create safe spaces and relationships that allow people to ask for help?



21:45

Joshua didn't have a lot of knowledge about HIV—including prevention and PrEP—before his diagnosis at age 19. "You don't really want to know until it comes to your doorstep," he says.

Why does it feel easier to ignore something we fear instead of learning about it? What can we gain from facing our fears?

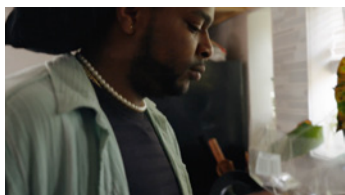


20

24:45

Any time Karma is considering a sexual relationship, he gets screened — and he advocates for couples screening. "If we're going to be doing this whole dating thing, we should be comfortable getting screened together," he says. Earlier, Milani laments the lack of automatic primary care screening for HIV and STIs.

Would you be comfortable getting screened with a partner? Why or why not? What personal or societal stigmas might be affecting your answer?



35:00

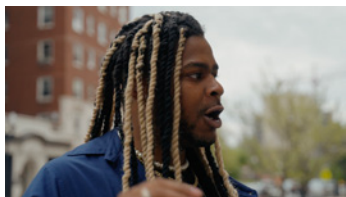
People cope with an HIV diagnosis in different ways. Terry talks about two friends who have fallen out of care because they feel like they lack a safe space. "They out here living, but [HIV care isn't] important to them," he says.

What do you do when you know someone who needs help, but doesn't want it?

**36:15**

Over a meal, Terry and Joshua share their hopes for how things can change for young people. They mourn what HIV has done to the Black community, and agree that proactive health care would make a crucial difference. “If a lot of [Black boys] start prioritizing themselves, we could do so much,” Joshua says.

Is it difficult to prioritize yourself? Why do you think that is? Can you recall a moment, large or small, when you prioritized yourself? How did it affect your life?



21

43:00

Getting to Zero is a complex reality because of inequitable access to HIV education, prevention methods, treatment and even basic human needs like housing, food and employment. In the final segment of the film, our cast challenges viewers to take a realistic look at Getting to Zero.

“You can’t talk about Getting to Zero if you don’t talk about the fact that people are homeless,” Terry says.

“We need more health providers that look like us. We need more people in the health departments that look like us,” Milani says.

“We have the numbers that are saying Black and Brown people are the ones who are mostly impacted ... however, we’re not in those areas all the time providing services or knowledge,” Karma says.

What does “Getting to Zero” mean to you? How will we address the social inequities that surrounding the epidemic? How can individuals make a difference, and what do policymakers need to do first?

GROUP OR PANEL

DISCUSSION QUESTIONS

Various cast members may participate in group or panel discussions related to *HIV and the Journey Toward Zero: The Legacy*. 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

22

- 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.)

YOURSELF

- [For relevant cast members] How has your relationship with your HIV+ status changed over time?
- The film explores themes of duality—the way people feel inside versus the face they present to the public. How do you feel about your own duality?

YOUR FAMILY OR CHOSEN FAMILY

- How have people in your chosen family proven themselves trustworthy? How are those relationships different than the ones with your birth family?
- How have you navigated tough conversations with your birth family?

YOUR COMMUNITY

- What messages do people in power most need to hear about access and equity in relation to the HIV epidemic? How do we increase access to food, care and employment?
- How can people find community if they are shy, struggling or otherwise unlikely to seek help?

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.

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.

PART II: DEFINING CULTURE

BALLROOM CULTURE

An artistic community where people walk (compete), perform, dance, lip-sync, and model in categories like beauty, fashion, pageantry and runway. Many ballroom performers belong to “houses” of chosen family members.

DOWN LOW OR DL

Secretive sexual activity between two men who have sex with men.

DRAG

The art of dressing up and performing in a highly stylized way that exaggerates gender; drag queens usually perform an exaggerated presentation of femininity. Drag plays a large role in LGBTQ+ culture, but drag performers do not necessarily identify as the gender they perform.

GOOD JUDY

A very good friend, most often a gay man. Also known as a “friend of Dorothy,” both references to Judy Garland and *The Wizard of Oz*.

TRANSFEMININE/TRANSFEM/TRANSFEMME

A transgender person who has a gender identity that is predominantly feminine. Transfeminine may be used as a standalone identity term or an umbrella term to refer to both binary and non-binary trans women and woman-aligned people assigned male at birth. The masculine equivalent is transmasculine.

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.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The virus that causes AIDS, which is the most advanced stage of HIV infection. HIV is 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).

FOR REFERENCE

GLOSSARY + DEFINITIONS

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.

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.

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.

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 PEP is to reduce the risk of infection.

Sources: National Institutes of Health (NIH), GLAAD, CDC

QUEER: AN EVOLVING TERM

ONCE A SLUR, MANY YOUNG PEOPLE HAVE RECLAIMED THE WORD

This adjective is 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.

Queer was once considered a pejorative term, and in the discussion guide for Part 1 of this documentary series, we listed queer under our Terms to Avoid. However, some of our cast members in Part 2 identify as queer and use the term freely. Best practices and culture are constantly evolving, and this guide represents our best knowledge to date. As with all terminology, *if you're unsure if a person is comfortable with the word "queer," ask.*

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. Five determinants of population health are generally recognized: 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), 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 remains inside cells and body tissues.

Sources: National Institutes of Health (NIH), GLAAD, CDC

FOR REFERENCE

TERMS TO AVOID

For a full list of stigmatizing language, people-first language and other tools, visit gtzillinois.hiv and download the style and messaging guide.

GAY COMMUNITY

This phrase does not accurately represent the diversity of the community. Rather, **LGBTQ community** or **LGBTQ+ community** are recommended.

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.

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 legal name. They should be afforded the same respect 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?"

Some people use the singular pronouns they/them or a unique pronoun.

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." And some people choose their own unique pronouns; for example, Karma's preferred pronoun is "Karma."

Some people have variable pronouns.

Gender is a spectrum, and some people may identify with different genders even within the course of a day. For example, Milani uses she/her pronouns while in drag, and he/him pronouns out of drag.

If it is not possible to ask someone which pronoun they prefer, 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

HIV and the Journey Toward Zero: The Legacy touches on many topics related to the co-occurring challenges of HIV treatment and Getting to Zero. These include equitable access to care, food, employment, housing, health insurance and more.



For more information and resources on these and other HIV-related topics, visit CDPH's HIV Resource Hub online or call 1-844-HUB-4040.

30

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

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

CENTERS FOR DISEASE CONTROL HIV HOMEPAGE

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

cdc.gov/hiv

CHICAGO DEPT. OF PUBLIC HEALTH

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

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

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.

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

PRE-EXPOSURE PROPHYLAXIS

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

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.

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.”

niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression

JOURNEYTOWARDZERO.COM

