

THE CHICAGO DEPARTMENT OF PUBLIC HEALTH PRESENTS

HIV AND THE JOURNEY TOWARD ZERO

PART III THE CONVERSATION

Playbill and Discussion Guide



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HIV **AND THE** **JOURNEY TOWARD ZERO**

PART III **THE CONVERSATION**

A TESSA FILMS

PRODUCTION IN ASSOCIATION WITH CHICAGO DEPARTMENT OF PUBLIC HEALTH
AND GETTING TO ZERO ILLINOIS

FEATURING CAPRICE CARTHANS TERRY DUDLEY
JOSHUA GATES SANFORD E. GAYLORD RAE LEWIS-THORNTON
MILANI VARELA WITH TIMOTHY JACKSON

DIRECTOR OF PHOTOGRAPHY BJORN AMUNDSEN EDITOR CHRISTINA STUMPF
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DIRECTOR CHAN C. SMITH

FROM THE

CHICAGO DEPARTMENT OF PUBLIC HEALTH

The *HIV and the Journey Toward Zero* docuseries comes to its conclusion with Part III, The Conversation. But our work toward reaching zero new infections by 2030 is far from over.

The next steps in our path forward are illuminated in our cast's intimate discussions. They know what it will take to get to zero: equitable health care; accurate data; and recognition of and support for co-existing concerns.

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Elected officials, government agencies, healthcare institutions, nonprofits, and other changemakers have a responsibility to take these steps seriously and, as cast member Joshua Gates says, “most expeditiously.” As it stands, our journey toward will take longer and be more complicated without changes in the way we support historically marginalized communities.

The *Journey Toward Zero* team — CDPH, Tessa Films, and our partners — encourages you to employ our docuseries in your own HIV advocacy work. At journeytowardzero.com/jointhejourney, you'll find links for streaming the films and tools for hosting film screenings. We believe these stories can continue to build the momentum we need to get to zero.

David Kern

Deputy Commissioner, Syndemic Infectious Disease Bureau

FROM THE DIRECTOR

Over the past few years, God has shown me the greatest thing I could do as a director is listen. Listen to my cast, listen to my crew, listen to my producers. No matter what vision you come to the table with, you have to be open enough to know when and how to pivot.

The *HIV and the Journey Toward Zero* docuseries has taught me so much over the past couple of years, not only about the history and current state of HIV, but about myself as a director. What I can handle, what ideas I should fight for, and what all is possible. I'm so grateful for this journey. More than anything, I am blessed to have the opportunity to share these impactful and important stories with the world.

As I continue to grow, the reach only gets larger and I can truly say that I'm here to shift the minds of the people — or at least offer them a perspective that is different from their own.

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 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



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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 3 of the Emmy Award-nominated series, *The Conversation*, reunites cast members for a series of intergenerational discussions. Watch as they learn from each others’ lived experiences and perspectives, and share their thoughts on the future of HIV.

THE FACES BEHIND THE DOCUMENTARY



TIMOTHY S. JACKSON

HE/HIM/HIS

Timothy S. Jackson currently serves as the Senior Director of Policy & Advocacy for AIDS Foundation Chicago (AFC) where he is responsible for shepherding policy priorities through the state legislative process from bill ideation to implementation. As a Black gay man living with HIV, Timothy's career is deeply rooted in advocating on behalf of people living with and vulnerable to HIV, amplifying their voices and addressing the impact HIV has on the communities where his identities intersect.

A native son of the Deep South, Timothy is a lobbyist, a policy wonk, a foodie, a creative, a man of faith, but most of all, a fierce advocate.

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CAPRICE CARTHANS

SHE/HER/HERS

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

HE/HIM/HIS

Sanford is the founder of Gaylord Consulting, LLC, a Chicago-based public health consulting firm based in Chicago. He is also an actor and writer who has worked onstage, onscreen and behind the scenes. Sanford co-starred in the award-winning, three-part film series **Kevin's Room**, produced by the Chicago Department of Public Health. He was a co-founding member of A Real Read Performance Ensemble and Black Alphabet, the world's oldest and largest Black LGBTQ+ arts organization. Sanford's contributions to the LGBTQ+ community are profiled at ChicagoGayHistory.com and in the Chicago LGBT Hall of Fame.



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RAE LEWIS-THORNTON

SHE/HER/HERS

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.





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.



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.



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.

LEARN MORE

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

Use the QR code to download the 2022 HIV + STI Data Report.



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ABOUT

TESSA FILMS

HIV and the Journey Toward Zero 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.

LEARN MORE

tessafilms.com

TESSA

DISCUSSION GUIDE

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USING THIS GUIDE

HIV and the Journey Toward Zero: The Conversation 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: The Conversation 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?

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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



GETTING TO ZERO

The movement; implications; racial disparities



HIV TODAY

The modern experience; continuing the conversation; honoring and reflecting on the past; comparisons to COVID-19 pandemic



INTERGENERATIONAL EXPERIENCES

Learning from one another; ageism, biases + assumptions



PREVENTION & CARE

Evolving treatments; prevention strategies; barriers to access and care; long-term survival; mental health + substance use



STIGMA

How stigmas have evolved; stigmatized minorities within HIV+ populations



TRANS ISSUES

Stigma; treatment; transphobia + inequities

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HIV
TODAY



INTERGENERATIONAL
EXPERIENCES

2:20

At the beginning of the HIV/AIDS epidemic, many of today's long-term survivors could not imagine being alive today. "As a 39-year survivor, it's interesting to know what 'new school' looks like today," Caprice tells Milani.

Recount a time you've overcome a huge obstacle in your own life. What is your relationship with that time in your life? What has surprised you?

**3:05**

LGBTQ+ and HIV/AIDS history is often passed down through oral history. “One thing that stands out to me a lot is there is still this stigma attached to HIV, and it’s because people don’t know the history of HIV,” Terry tells Sanford.

Documentaries are one way we turn lived experiences into historical record. How else can we ensure LGBTQ+ and HIV/AIDS history lives?



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4:30

Rae was diagnosed with HIV at age 24 after living through a traumatic childhood. Her transition to AIDS sparked a spiritual crisis. “God said to me, in those quiet moments, ‘I carried you this far, don’t you think I can handle AIDS?’” she says.

What are your sources of strength in a crisis? Do you find it internally, through yourself, or externally through family, friends, faith, or other community?

**5:38**

While HIV is a 40-year epidemic, and COVID-19 only emerged in 2020, neither remains at the forefront of most minds. “The challenge is that people are tired of HIV. They’re over it, just like they’re over COVID,” Sanford tells Terry.

How can you approach a topic when people have moved on/are “over it”?



ADVOCACY
& EDUCATION



INTER-
GENERATIONAL
EXPERIENCES



PREVENTION
& CARE

6:20

Survival rates were low at the time Rae transitioned to AIDS. “One of the things I had to ask myself was, how long I want to live or how soon I want to die,” she says. She decided she wanted to live — which meant a fierce battle for survival.

How can you support or advocate for those who need help, even when you don't fully understand their struggle? How do you want others to do the same for you?



ADVOCACY
& EDUCATION



GETTING
TO ZERO



TRANS
ISSUES



PREVENTION
& CARE

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7:25

Demographic data often dictates funding and availability of resources. But data collection often isn't representative of trans people. It's a trickle-down effect, Caprice tells Milani — if data-collection frameworks don't change, neither will the services or resources.

How can systems work with the communities they serve to create change?



ADVOCACY
& EDUCATION



PREVENTION
& CARE

10:55

Joshua wants more support from the old-school survivors so the younger generation can see the end of the epidemic. “You're going to keep seeing the same cases, the same faces, the people are going to keep dying,” he tells Rae.

What are some barriers to breaking the cycle of HIV/AIDS?

**12:30**

In Part II of Journey Toward Zero, we learned about Milani's struggles with mental health and substance use, and she continues to be vocal about both subjects. "We don't talk about it all the time," she tells Caprice of LGBTQ+ and Latinx people. "A lot of us are embarrassed to even bring it up."

*How can you make space to talk about important topics in your communities?
How can we change the misconception that needing help is a sign of weakness?*

**15:25**

Timothy's first panel question for the older generation: *How long did it take to accept that you would live full, healthy lives?*

"It took me about 30 years after being diagnosed, and I had to stop the lifestyle that I had prior to making a conscious decision to live," Caprice says. She has a chance to create new narratives with grandchildren and nieces and nephews.

"I'm still grappling with survivor's guilt, coupled with, now I'm older, my friends are just older and dying," Sanford says.

"When the second class of medications came, it took a couple more years of wait and see," Rae says. "I just kept doing what I was supposed to do, and shoot, I'm still here!"

Think of a time when you've been given a second chance. How did you move forward? What changes did you make in your life or to the situation?



HIV
TODAY



INTER-
GENERATIONAL
EXPERIENCES



PREVENTION
& CARE

16:10

Four decades into the epidemic, young people today still experience stigma and shame surrounding HIV and sexual identity. “We were brought up with mentors, people that knew that we were different, took us under their wings, and gave us that love and support,” Caprice says. “That’s missing nowadays.”

Do you agree with Caprice that this lack of mentoring exists today? Why has it happened? How can we better identify and step up for others who need support?



ADVOCACY
& EDUCATION



GETTING
TO ZERO



PREVENTION
& CARE

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17:20

Information about HIV prevention and care is instantly accessible online. But, Terry says, disinformation and misunderstanding make it more difficult to connect young people with services. “The conversation needs to be had every day,” Joshua says. “Everybody needs to be a part of the conversation.”

Milani uses her platform as Miss Diosa Latina USA Plus to bring experts and her social media followers into the conversation. She regularly hosts special guests on her Instagram and Facebook Live episodes to discuss topics like HIV stigma and testing.

“I’m here being as real as I can, as real as I am, and just have simple conversations about my own personal journey on being undetectable, on having a substance use disorder, on having mental health issues,” she says. “Even if I can create some type of change in one of my viewers, I’ve done my job.”

What sources do you turn to for reliable healthcare information? Do you use the Internet, social media, your doctor, or another person you trust? How do you verify the accuracy of what you learn, and how do you help correct mis-or disinformation in others?

**18:50**

Immense progress has been made on the journey toward zero — as Sanford says, “where there was no hope, there is hope now.” But we could backslide in the face of complacency and a lack of unity. Caprice and Terry speak to the need for universal messages and support for straight people, gay men and trans people.

“Everybody here is different. Everybody’s path is different. Everybody’s purpose is different. But we all have the same issue and have the same problem, and that means we can all start something together,” Joshua says.

Think about a time when you have found common ground with someone who’s different from you. How did you connect with that person or group?

**24:50**

Old school and new school HIV advocates can start something together by working toward the same goals. That means eliminating competition for resources, leveling the playing field and giving everyone equal access. Someday, Terry says, the work will be different.

“Our fight is gonna be, how we dismantled the systems that are in place right now. And that’s my tomorrow in this work,” he 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 Conversation**. 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?

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BASIC QUESTIONS

- 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.)

YOUR PAST

- What do you wish you could tell yourself at the age you were diagnosed?
- [For old-school cast members.] What surprises you about the way HIV treatment/care/sigmas/communities have or haven't changed since you first were diagnosed?

YOUR PRESENT

- [For each generation of cast members.] What misconception does the other generation have of your HIV experience? What would you like them to know?
- How can each generation help the other thrive and succeed in the journey toward zero new infections?

YOUR FUTURE

- Both generations identified tangible goals throughout the film — improving data collection, eliminating competition for resources and leveling the playing field, among others. What are some steps we each can take toward achieving these goals?
- How can we combat complacency or disinterest around public health issues like HIV, COVID-19, and social determinants of 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.

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.

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).

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.*

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

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.

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?"

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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.

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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

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