

ENDURING 
CARE

DAY
WITH(OUT)
ART **2021**

ENDURING CARE

What does it mean to endure care, and how can care be sustained through decades of crisis?

Life-saving antiretroviral medications brought fundamental changes to HIV care in 1996, but there is still no cure or vaccine for HIV. The virus can now be suppressed to the point of being undetectable and untransmittable, but living with HIV also entails adherence to a regimen of daily medication and regular doctors visits, self-advocacy in the face of bureaucracy, and dealing with stigma and misinformation. *ENDURING CARE* addresses these multiple realities, naming the perseverance of care workers and people living with HIV while also suggesting how medicine and healthcare can be painful, harmful, and difficult to access.

In the video program, we hear from long-term survivors about the side effects and medical issues that can come from decades of HIV medication. We meet queer and trans activists in Mexico who are confronting a corrupt healthcare system that fails to provide life-saving medication to people living with HIV. We witness the bold tactics of Black and brown HIV workers in Philadelphia who call out how AIDS organizations can perpetuate stigma and harm even as they purport to provide care.

In the face of neglect, abuse, and pharmaceutical profiteering, *ENDURING CARE* recasts community organizing, mutual aid, and solidarity as forms of medicine and care. We see the collective vision of a group of HIV+ women in Taiwan who use sound and video to reflect on the stigma and fear they face, hear about young people living with HIV in Puerto Rico making space to connect, and experience the activation of an archive of writing by incarcerated women. Looking back to the 1980s, we learn how public health officials convinced police and news media to support the first government-run needle exchange in the UK. Throughout, we see how artists enact care through creative processes that center collaboration and vulnerability while navigating issues of privacy and visibility.

The artists of *ENDURING CARE* initially proposed their videos in the spring of 2020, in the early months of the coronavirus pandemic and a moment of national reckoning with white supremacy in the US. A jury of activists and artists—Ivy Arce, Jean Carlomusto, Thomas Allen Harris, and Mathew Rodriguez—selected the seven proposals with the intention to re-center the experiences of HIV+ people in

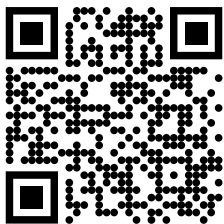
conversations about “ending” the epidemic, which often prioritize PrEP and prevention over the enduring survival and fulfillment of people living with the virus daily.

But as we collectively began to understand COVID as an ongoing, long-term reality throughout 2020, we saw people start to look to long-term survivors and AIDS activists as sources of wisdom and knowledge for surviving and enduring a pandemic. At the same time, we saw a greater focus on grassroots organizing against racist institutions, rising fascism, and exploitative labor systems. Many were experiencing for the first time what structures of mutual aid could feel like, models that have long been cornerstones of Black, brown, Indigenous, queer and trans, and disabled communities.

While the videos of *ENDURING CARE* do not focus on COVID specifically, their themes resonate across both pandemics. In response to systems that seek to limit our imagination around our individual and collective power, *ENDURING CARE* emphasizes our interconnectedness and obligations to one another.

After watching the program, we ask you to consider how your political consciousness has shifted over the past year and a half. How are you aware of your interconnectedness with your community, and what does this mean for your understanding of care? What would a truly affirming system of care look like in your community?

Underlined phrases in this guide indicate links to more information that are available in the digital version. Scan the QR below to access:



This resource guide was created by Theodore Kerr, Blake Paskal, and Kyle Croft, with crucial input from the What Would an HIV Doula Do? collective and students of Kerr’s Fall 2021 class “Life During Memorialization: History and the Ongoing Epidemic of HIV/AIDS in the USA” at the New School.

STEED TAYLOR
I AM... A LONG-TERM AIDS SURVIVOR



Steed Taylor has been living with HIV and AIDS since 1985. In the process of creating his video, Taylor interviewed 42 people who have been living with HIV for 20–40 years, inviting them to reflect on their history and the realities of living with HIV. The video's quick editing highlights similarities and overlaps in these experiences, while also allowing each subject to tell their own stories.

Many participants spoke about facing doctors who provided little to no support and the toll of early, sometimes harmful medications like AZT and interferon. In 1996, a more effective treatment called Highly Active Antiretroviral Therapy (HAART) became available, allowing many people to live longer, though not without side effects. Among the medical complications discussed in the video are facial wasting, fatigue, diarrhea, neuropathy, heart disease, neurologic complications, and HIV-specific cancers.

Another theme of the video is the emotional toll of watching friends, children, and loved ones die while surviving through multiple decades of the AIDS crisis. "I do not invest in friendships anymore," one speaker explains. "It became too painful to be close to people." Emerging from this, viewers understand that living long term with HIV is about more than just the virus. It is also about trauma, stigma, and other social aspects of the pandemic. Taken as a whole, the video provides a very real and honest expression of what it is to survive with HIV and AIDS over many years.

DISCUSS

1. The film brings up heady questions around the relationship between *living with* and *surviving*. Where does one begin, and the other end? What does it mean to survive with a fatal illness? What came up for you as you watched the film, and how was that impacted by your HIV status? How might ideas of survival be different depending on race, class, age, and other identity markers?
2. *ENDURING CARE* seeks to disrupt the assumption that an epidemic can be solved with pharmaceuticals alone. What aspects of the AIDS crisis does this video highlight that can't be solved with medical treatment? How does your experience of the coronavirus pandemic compare or contrast with these issues?

RESOURCES

1. AIDS Survivor Syndrome is a term describing the psychological results of living through the earliest years of the HIV pandemic. Learn more on The Well Project's [Long Term Survivor resource page](#), or by reading Erin Allday's 2016 article [Last Men Standing](#).
2. The term "living with AIDS" came from [The Denver Principles](#), a statement written in 1983 by people with AIDS who refused the term "AIDS victim." In 2020, a group of long-term survivors wrote [The San Francisco Principles](#), outlining the challenges they face and calling for resources related to aging with HIV.
3. In the video, as in life, there is no agreed upon definition of "long term survivor." In the early 1980s, it referred to anyone who lived with an AIDS diagnosis for more than 3 years. Today, it can refer to someone who has lived more than 10 years with a diagnosis, including young adults born with HIV, and/or someone who was diagnosed before HAART was introduced. Read how people within the HIV community feel about the various definitions in this article from [the San Francisco AIDS Foundation](#).

Steed Taylor (he/him) creates art for public spaces and gallery settings, and has exhibited his work throughout the United States.

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 [Steed Taylor](#)

BETO PEREZ *IN THE FUTURE*



Journalist and filmmaker Beto Pérez introduces us to Ana, Melanie, Isis, Peggy, and Betty, members of Tamaulipas Diversidad Vihda Trans AC, an activist community of queer and trans people and sex workers impacted by HIV in the state of Tamaulipas, Mexico. We see them building community and bonds of kinship with each other, and agitating for answers, action, and the medication they need to survive.

In February 2020 the President of Mexico, Andrés Manuel López Obrador, held a press conference to discuss a national shortage of HIV medication. He blamed the issue on corruption, but activists disagreed, arguing that the problem was caused by the government itself. In 2019, the federal government changed the way that it purchases medicine and began defunding community healthcare centers under the guise of fighting corruption. The switch caused serious delays in distributing medicine, leaving hundreds of people without their daily HIV treatment. Despite the president's speech, the drug shortages continue throughout Mexico and have only been compounded by the coronavirus pandemic, as *In the Future* documents.

In the video, when Ana Karen López Quintana visits her local CAPASITS (government-run clinics for AIDS prevention and treatment), she is told that the clinic is out of medicine and that she cannot refill her prescription for antiretroviral treatment. Instead, she is met with bureaucratic platitudes that offer no apology or answer about when the medicine will be available. This unscripted moment reveals the level of self-advocacy that people living with HIV, in Mexico and many other countries, must maintain to access life-sustaining medications.



DISCUSS

1. In the second half of the video, viewers get a chance to hear speeches about the drug shortage by two people: the president of Mexico and activist Ana Karen Lopez Quintana. What is the effect of these two speeches being heard simultaneously?
2. In the video we see Ana, Melanie, Isis, Peggy, and Betty advocating for themselves. Since the beginning of the AIDS crisis, people living with the virus have had to fight for access to life-saving medication. In your life, think about times where you have had to self advocate. What did you do? What were some of the obstacles in your way? What kind of help did you need? Did you get the help you needed? What are the differences and similarities between self advocacy and self care?

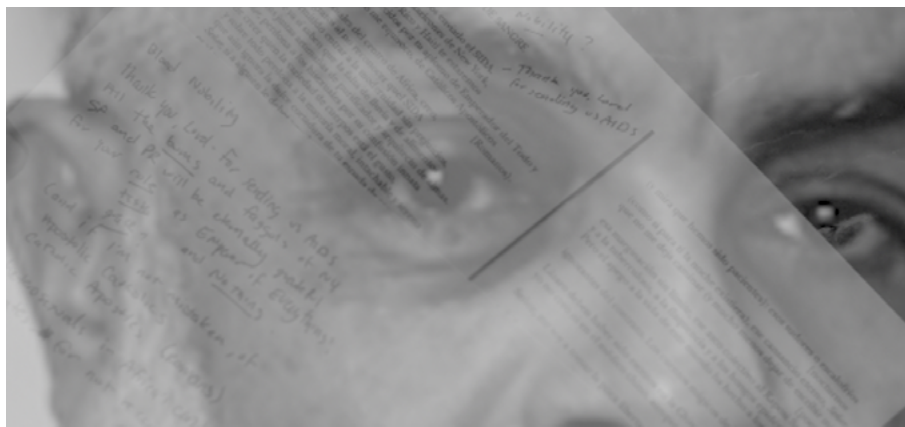
RESOURCES

1. Community-led activism around drug access and equity has been part of the AIDS response for over 30 years. Here are two of many organizations doing the work:
 - a. AID For AIDS: Since 1996, AID FOR AIDS has collected unused, unexpired HIV medication in the US to recycle and redistribute it to people with HIV around the world with no access to treatment. Over 37 million people are living with HIV around the world and about 30% still lack access to treatment.
 - b. Health GAP: an international advocacy organization dedicated to ensuring that all people living with HIV have access to life-saving medicines, that there is sufficient funding to ensure access, and that treatment programs deliver quality care.
2. To stay up to date on the HIV drug shortage in Mexico, read this [open letter](#) by scientists, doctors, and activists in Mexico calling for a paradigm shift in HIV/AIDS care in Mexico, and follow [@TamDiVhidaTrans](#).

Beto Pérez (he/him) is a documentary filmmaker, television producer, and co-founder of the cultural organization Coarco in Tlaxcala, Mexico. He lives with HIV and identifies as *joto*.

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CRISTÓBAL GUERRA
NOBLEZA(S) DE SANGRE



Through reading, re-enactment, translation, and conversation, Cristóbal Guerra revisits the life and work of the late Boricua poet Manuel Ramos Otero (1948–1990). One of the most important gay Puerto Rican writers, Otero's final book of poetry, *Invitación al polvo*, directly addressed AIDS as a political crisis and was deemed "untranslatable" by the writer himself.

In *Nobleza(s) de Sangre*, Otero's words are accompanied by recreated scenes of the writer's studio and hometown of Manatí, drawing on archival images. Bringing the poem into the present, Guerra also offers reflections from Puerto Rican artists and activists living with HIV today, Fernando Sosa, L'Orangelis Thomas Negrón, and William Rivera. Fernando reflects on how the AIDS epidemic in Puerto Rico was shaped by colonialism, with public education campaigns that reinforced racist stereotypes and instilled fear rather than provide information. L'Orangelis and William share about Pangea, a group for young HIV+ adults that provides a space to let go, share knowledge, and build community. All three speakers share an awareness of how the experience of living with HIV and AIDS can be determined by place, and the specific conditions of the epidemic in Puerto Rico.

While Otero's work may be considered untranslatable, what is made clear by listening to Sosa, L'Orangelis, and Rivera, is that his words are still readable, relatable, and worthy of further discussion. What gets lost in translation, becomes clarified within community and conversation.

DISCUSS


1. The video contains various modes of translation and interpretation: we see the poem being translated, Spanish to English subtitles, and less obviously, we see images being reenacted by an actor, and Otero's poem being discussed and brought into the present. It is a reminder that there are many ways to read and understand a text. What does translation mean for you? Do you think that something needs to be translated to be understood?
2. In the video we are reminded that while HIV is a global issue, local context matters. Through Otero's words and Fernando, L'Orangelis, and William's reactions, we get a multi-generational idea of HIV in Puerto Rico. Think about HIV in your surroundings. What are the forces that have shaped the epidemic locally? What are the stories about HIV within your neighborhood, city, country?

RESOURCES

1. Want to keep learning about Otero? Read Arnaldo M. Crus-Malavé's article *Transnationalism and Manuel Ramos Otero's "Traveling Theater" of Return*.
2. To read more about AIDS activism in Puerto Rico and the relationship between ACT UP San Juan and the Latina/o Caucus of ACT UP New York, check out this interview with Julian de Mayo and articles by Adriana Garriga López and René Esparza.
3. Learn more about Pangea and L'Orangelis's artwork on her website and the Visual AIDS Artist Registry, and check out her cover story from POZ Magazine.
4. Amid a gap in scholarship about the role of Spanish literature in relation to HIV is Jodie Pary's book *Writing AIDS* (2012) and Lina Meruane's *Viral Voyages* (2014).

Cristóbal Guerra (he/they) is an interdisciplinary artist from Puerto Rico whose work explores ideas of home, el caribe, queerness, and belonging.

 @fairfos

 cristobalguerra.com

DANNY KILBRIDE ***THE MERSEY MODEL***



The Mersey Model is a harm reduction strategy that emerged out of Liverpool in 1986, amid civic tumult and the early days of the city's AIDS pandemic. The model refers to a unique collaboration between public health officials, police, the press, and on-the-ground outreach workers who came together to get clean needles and information to drug users. As part of the model, police agreed to not come near the needle exchange site, the press agreed to not report until the program was up and running, and the people who injected drugs were able to do so safely and on their own terms.

In Danny Kilbride's video we learn about how the model came to be. Professor John Ashton, a public health official who helped institute the innovative model at the time, recalls how he met Glen Margo, a harm reduction advocate living with HIV in San Francisco, and invited him to Liverpool to help train public health officials about AIDS prevention strategies. The idea of a needle exchange, which could provide clean needles to drug users, faced intense political opposition in the US. The Thatcher administration in the UK was similarly conservative, but the idea managed to gain traction in Liverpool.

Within a few years, it was clear that the Mersey Model was working. In 1990, it was estimated that 70% of injecting drug users in Edinburgh, Scotland were living with HIV; in New York, that number was 60%. In Liverpool, less than 0.1% of drug users were positive. Today, the Mersey Model continues to serve as a reference point for what is possible when harm reduction practices are implemented on an urban scale.


DISCUSS


1. In the film we see how the success of the Mersey Model was directly related to the way that the program valued and respected the lives of people who use drugs, prioritizing them over existing laws and drug policies. Do you feel that people who use drugs, maybe yourself included, are respected and valued in your communities? What new possibilities might emerge in your communities if the needs and concerns of people who use drugs were considered?
2. The Mersey Model illustrates how meaningful social change often begins with small groups who prioritize collaboration and understand and hear the needs of others. Have you seen examples of this happening in your own communities in the face of COVID?

RESOURCES

1. To learn more about The Mersey Model from others involved, check out this oral history with Andrew Bennett, Carol Hill, Lyn Matthews, Alan Matthews, and Pat O'Hare.
2. Earlier this year, Visual AIDS and What Would an HIV Doula Do? published the zine *HARM REDUCTION IS NOT A METAPHOR*, which discusses present-day harm reduction practices and shares history about the movement.
3. Harm reduction and needle exchange efforts in the United States continue to struggle against anti-drug laws and policing. In New York City, organizations like VOCAL NY and the LES Harm Reduction Center offer syringe exchange services, but the city has been hesitant to authorize safe injection sites for drug users. To learn more about the history of needle exchange efforts in the US, read Hannah Gold's essay *Bold Fury* and Dont Rhine's essay *Below the Skin: AIDS Activism and the Art of Clean Needles Now*.

Danny Kilbride (he/him) is a community filmmaker based in Liverpool and the founding director at Thinking Film.

 [@thinkingfilm](https://www.instagram.com/thinkingfilm)

 thinkingfilm.co.uk

 [Living With The Stigma Of HIV](https://www.youtube.com/watch?v=LivingWithTheStigmaOfHIV)

KATHERINE CHEAIRS
VOICES AT THE GATE



Artist Katherine Cheairs juxtaposes bucolic landscapes near the Bedford Hills Correctional Facility in New York State with archival texts of women sharing their stories of incarceration and “their calls for human rights, dignity, and access to health care.”

Voices at the Gate activates a collection of writing by incarcerated women, inviting collaborators to breathe new life into poems and essays found in prisoner’s newsletters and other archival sources from the 1990s. As we see trees, rock, and water, we hear the words of Cynthia R., Martiza G., Cynthia Ru., and Rosie A. The longest passage is from Katrina Haslip, read in the present day by harm reductionist and activist Tamara Oyola Santiago. Haslip was a Black woman living with HIV who was instrumental in creating safe harbours for other women living with the virus while incarcerated at Bedford Hills. She worked to create ACE (AIDS Counseling and Education), a collective that provided support and community for women living with HIV in prison and upon their release.

Cheairs begins the documentary inviting viewers to consider the complex relationship land has with the prison. The video is a suggestion that land is not just in physical proximity to the facility, it is also an archive, different from the institutions where Cheairs found the women’s words. The landscape bears witness and holds memories and truth.


DISCUSS

1. We seldom hear of the creative and activist contributions from people held in prison. *Voices at the Gate* disrupts that silence. How did this video change your perception of prison and the accomplishments of people in prison?
2. Think about why the artist chose to represent the landscapes surrounding Bedford Hills. How do these images contrast with the idea of a prison? As part of this attention, Cheairs draws attention to gates: in the title, mentioning the gates of the Bedford Hills facility in her opening text, and then later training her camera on an open gate in the field. As a viewer what do gates make you think of? How might gates relate to prison, HIV, archives, and community? How does access to ideas, imagination, and information open up possibilities of freedom?

RESOURCES

1. What happens when we center HIV history around Black women's experience and contributions to AIDS activism? This question is asked by [Metanoia Online](#), an interactive website based on an exhibition curated by Katherine Cheairs, Alexandra Juhasz, Theodore (ted) Kerr, and Jawanza Williams.
2. The film is dedicated to Katrina Haslip, Joann Walker, and Rusti Miller Hill, all formerly incarcerated Black women living with HIV who were activists, helping other women living with HIV inside and outside of jail. Their legacy lives on. Check out [Turn It Up: Staying Strong Inside](#), a magazine for people who are incarcerated.
3. Want to know more about how and why Katrina Haslip and others fought to have the definition of AIDS changed to include women? Read ["Women Don't Get AIDS, They Just Die From It": Memory, Classification, and the Campaign to Change the Definition of AIDS](#) by Alexis Shotwell

Katherine "Kat" Cheairs (she/her) is a filmmaker, educator, activist, and community artist based in New York.

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J TRIANGULAR AND THE WOMEN'S VIDEO SUPPORT PROJECT 滴水希望 (HOPE DROPS)



The Women's Video Support Project is a collaborative project initiated by artist J Triangular with three women living with HIV in Taiwan: Annie Mami, Lu De, and Victoria. J provided their collaborators with digital camcorders, analog tape recorders, and 35mm still cameras. Through a series of workshops the group worked to create footage that evoked their experiences living with HIV. Together, they collectively edited their material into a video titled 滴水希望 (Hope Drops). The title relates to the image of water, present throughout the video, symbolically suggesting cleansing, transformation, and possibility.

Through voiceover, the three women speak about coming to terms with their status. Several of the women reflect on how their diagnosis was a pivotal moment that changed their understanding of the world and HIV itself. They express concern about living in a country where a person living with HIV can face 5-12 years in prison if they are accused of not disclosing their status. They speak about the stress of being a mother and the fear of transmitting HIV to their child. Part of the care that the women provide to each other is to find ways to depict intimate and personal experiences without revealing their faces or other information that could put them at risk, a means to protect themselves, each other, and their loved ones.

DISCUSS

1. Anonymity is often framed in terms of fear and safety. In the video, we see the women making art, doing karaoke, finding support in their friendships, all while maintaining their privacy. How can anonymity be about safety, but also empowerment? Freedom? Consider this in comparison with other videos in the program, like Steed Taylor's *I Am... a Long-Term Survivor*.
2. In the video, one of the women says, "Life is created by countless accidents." Think about this quote in relation to your own life. Does it resonate? Is it a framework that is helpful for you? How might this idea of accident enable us to make sense of the successes and struggles we have in our lives?

RESOURCES

1. J Triangular worked closely with two AIDS organizations in Taiwan to invite women to participate in the Women's Video Support Project: [Harmony Home](#) and [Lourdes Foundation](#). Hear more from Harmony Home founder Nicole Yang in [this video by J](#).
2. Pregnant people with HIV are often robbed of treatment and care choices and seen more as a conduit of potential transmission to their children than as people with agency and rights. But a [2019 report out of Taiwan](#) confirms what activists and parents with HIV have known through experience: when prenatal care is provided, mother to child transmission reduces to basically 0%. To learn more about pregnancy, and HIV in the 21st century, check out [Understanding U=U for Women Living with HIV](#), a community brief written by Jessica Whitbread and L'Orangelis Thomas for the International Council of AIDS Service Organizations.
3. 73 countries have laws that criminalize HIV non-disclosure, exposure, or transmission. Learn "more about HIV Criminalization in Taiwan and around the world by searching the HIV Justice Network's [Global HIV Criminalization Database](#).

J Triangular (she/her) is an experimental filmmaker, multimedia poet, and curator born in Colombia and based in Taiwan.

 [@jtriangular](#)  [jtriangular.com](#)  [THE WHOLE WORLD IS WATCHING](#)

ABDUL-ALIY A. MUHAMMAD AND URIAH BUSSEY **#MEDSTRIKE: CONFRONTING THE NON-PROFIT INDUSTRIAL COMPLEX**



On April 21, 2017, Abdul-Aliy A. Muhammad initiated a medication strike, refusing to take their daily HIV medication as a form of protest against the leadership of the Mazzoni Center, a Philadelphia-based LGBTQ+ health clinic. Muhammad's strike came with a clear demand: that CEO Nurit Shein resign from her role immediately. Just three days later, Shein stepped down.

Her resignation was not only forced by the med-strike but also by activism and organizing from Mazzoni staff members and the Black and Brown Workers Cooperative (BBWC), a labor organizing collective from Philadelphia. Shein's leadership had fostered a culture that suppressed the voices and leadership of Black and brown staff and allowed workplace transphobia to go unchecked. She had also permitted former medical director Robert Winn to remain in his role, despite years of sexual misconduct allegations.

In *#Medstrike*, we see footage of Muhammad leading a series of direct actions against the Mazzoni Center. We also hear interviews with Inahs Akilah, founder of the BBWC, and Louie Ortiz-Fonseca, founder of Gran Varones, who reflect on the protest's long term impacts beyond the removal of Shein. They both address the toxic whiteness and power hierarchies plaguing many nonprofits that profess to offer care, while "literally profiting off the blood of the community." Akilah acknowledges the liberatory power of the med strike as an act that encouraged them to access their own bodily autonomy. Muhammad's act exemplifies the radical potential of an individual and community to reclaim and shift power away from institutions that often appear untouchable.

DISCUSS

1. In the video, Muhammad reflects on what the med strike revealed about how people perceive them as a person with HIV. "It taught me that people who become HIV positive... aren't able to make decisions about their body, because if we were able, we wouldn't have contracted HIV." The stigmatizing idea that HIV is a consequence of bad or immoral choices is pervasive, even within the field of HIV work. What happens when we face stigma and judgment from the institutions that are meant to care for and heal us?
2. Many AIDS organizations that began as grassroots community efforts have grown into large, multi-million dollar organizations with corporate structures. The "non-profit industrial complex" is a term used to describe how many non-profits prioritize relationships with private funders over the wellbeing of their staff and the needs of their communities. How does this definition relate to Akilah's statement that the Mazzoni Center is "literally profiting off the blood of the community"?

RESOURCES

1. To hear more from Abdul-Aliy A. Muhammad about their medication strike and the autonomy of people with HIV, read their articles *When I Refused My HIV Medication as Protest, Uncomfortable Truths Emerged* and *Grindr of Gears; An App for the Surveillance State*.
2. In 1999, activist Zackie Achmat staged a medication strike to protest the inaccessibility of lifesaving HIV medication in South Africa. Learn more about Zackie Achmat and his work with the Treatment Action Campaign [here](#).
3. To read more about the non-profit industrial complex, watch the video series *Queer Dreams and Nonprofit Blues* by Dean Spade and Hope Dector and read the anthology *The Revolution Will Not Be Funded* by INCITE!.

Abdul-Aliy A. Muhammad (they/them) is a Philadelphia-born writer, organizer, and co-founder of the Black and Brown Workers Cooperative.

 [MxAbdulAliy](#)

 [MxAbdulAliy](#)

Uriah Bussey (they/them) is a non-binary archival visual artist and educator from Cobbs Creek, Philly.

GLOSSARY

ANTI-RACISM is defined as the work of actively opposing racism by advocating for changes in political, economic, and social life, in opposition to individual racist behaviors and impacts. (Source: Race Forward)

HARM REDUCTION refers to strategies that aim to reduce the harms associated with activities deemed by the culture to be dangerous, such as sex and taking drugs. The contemporary concept of harm reduction emerged in the early 1980s at the beginning of the HIV epidemic when healthcare workers started to provide clean syringes to people who inject drugs rather than solely trying to achieve abstinence. Other examples of harm reduction include condoms, PrEP, seat belts and Narcan, which is a life saving medication that reverses the effects of opioid overdose. It only works on opioids (heroin, prescription painkillers, fentanyl). (Multiple sources including Avert.org)

HIV CRIMINALIZATION refers to laws that punish perceived or potential HIV exposure and alleged nondisclosure of HIV status prior to sexual contact (including acts such as biting or spitting that cannot transmit HIV). HIV criminalization has resulted in sentences up to thirty years and sometimes requires sex offender registration, often in instances where no HIV transmission occurred or was even likely or possible. (source: AIDS Watch)

HUMAN IMMUNODEFICIENCY VIRUS (HIV) is a virus that attacks the body's immune system, reducing the number of CD4 cells (T cells), making people more vulnerable to other infections or cancers. If not treated, HIV can lead to AIDS (acquired immunodeficiency syndrome). People are diagnosed with AIDS when their CD4 cell count drops below 200 cells/mm or if they develop certain types of illnesses. (Source: Centers for Disease Control)

INTERSECTIONALITY "is a lens through which you can see where power comes from and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things." (Source: Kimberlé Crenshaw)

NEEDLE / SYRINGE EXCHANGE is a process where people exchange used needles for new needles. Needle exchange is an example of harm reduction, which focuses on reducing harm, rather than enforcing abstinence.

NON-PROFIT INDUSTRIAL COMPLEX is a system of relationships between the State (or local and federal governments), the owning classes, foundations, and non-profit/NGO social service and social justice organizations that results in the surveillance, control, derailment, and everyday management of political movements. The state uses non-profits to: monitor and control social justice movements; divert public monies into private hands through foundations; manage and control dissent in order to make the world safe for capitalism; redirect activist energies into career-based modes of organizing instead of mass-based organizing capable of actually transforming society; allow corporations to mask their exploitative and colonial work practices through “philanthropic” work; encourage social movements to model themselves after capitalist structures rather than to challenge them. (source: INCITE!)

PRE-EXPOSURE PROPHYLAXIS (PREP) is a daily medicine for HIV-negative people to lower their chances of getting HIV. To learn more about PrEP, including where you can find it in your area, visit: [PreEPLocator.org](https://prelocator.org)

POST-EXPOSURE PROPHYLAXIS (PEP) is an antiretroviral medicine that greatly reduces chances of transmission if taken within 72 hours of exposure. PEP should be available in all emergency rooms.

STIGMA is a mark of shame or prejudice. People living with HIV experience stigma in many ways, including in their intimate relationships. When something like HIV is stigmatized, it can distort factual information and trigger certain behaviors and attitudes, such as:

- Thinking that people deserve to get HIV because of their choices
- Refusing to provide care or services to a person living with HIV
- Socially isolating a member of a community because they are HIV-positive (Source: Center for Disease Control)

UNDETECTABLE refers to how regularly taking HIV medication can lower the amount of HIV in your blood (aka your viral load) to an undetectable level. People who are undetectable cannot transmit the virus to others. This doesn't mean you no longer have HIV—it means that by continuing your plan of treatment, you can live with HIV by managing your health on your own terms. (Source: Housing Works)

DAY WITH(OUT) ART

In 1989 Visual AIDS presented the first Day Without Art—organizing museums and art institutions nationwide to cover up their artwork, darken their galleries, and even close for the day—to symbolically represent the chilling possibility of a future without art or artists. Since then, Day With(out) Art has grown into a collaborative annual project in which organizations worldwide present exhibitions, screenings and public programs to highlight work by HIV+ artists and artwork addressing current issues around the ongoing AIDS pandemic.

VISUAL AIDS

Founded in 1988, Visual AIDS is the only contemporary arts organization fully committed to HIV prevention and AIDS awareness through producing and presenting visual art projects, while assisting artists living with HIV/AIDS, and preserving the work of artists with HIV/AIDS and the artistic contributions of the AIDS movement.





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