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GLAAD’s origins lie in the fight against AIDS. It was the media’s sensationalized and negative coverage of gay and bisexual men impacted by HIV and AIDS 30 years ago that led community advocates to form a group and fight back. The result is a nearly three-decades-long legacy of challenging injustice in the media for the LGBT community and leveraging the media to change culture.

Advancements in treatment and prevention of HIV and AIDS have come a long way since the virus first appeared in the United States, but in many ways, media coverage of the epidemic has not kept up.

As GLAAD marks its 30th anniversary in 2015, we are launching a renewed and reinvigorated effort to bring attention to this crisis at home and abroad through our programmatic work. We know that great strides have been made, but there is much more to be done.

Just as we fought for accurate coverage of HIV and AIDS in the 1980s, it is equally important today that we ensure fair, accurate, and inclusive stories in the media to build understanding. Without proper reporting and storytelling, the advances we have made are in danger of being slowed or stalled altogether. This guide is intended to provide current, accurate information and resources for journalists to tell the story of HIV and AIDS in the United States, the people living with it, and the fight to eradicate it permanently.

At GLAAD, we believe it is time for America to get real about this crisis once again. It is especially critical, because we now have the tools to end AIDS in the U.S. It is time for the media to improve and increase its coverage of HIV and people living with it. It is time for the entertainment industry to put its red ribbons back on and share the need for testing and prevention. It is time for policy makers to double down on addressing this issue. And it is time for the LGBT community to once again rally around those of us most impacted by this crisis – the transgender community, our youth, and people of color.

Along with GLAAD’s partners at The Elizabeth Taylor AIDS Foundation and AIDS United, who have helped to bring this document to life with us, it is our hope that this guide will help lead the conversation.
Getting Started

The reality of HIV and AIDS has evolved in the United States since it was first brought to public consciousness in the 1980s. While we have seen significant progress on prevention and treatment, public understanding lags and the negative stigma associated with the disease continues not only to be an obstacle to eradication, but impacts the everyday lives of people with HIV.

Consider the facts:

More than 1.2 million people in the United States are living with HIV.1

While 86% of people with HIV are diagnosed and 66% are linked to care, only 37% remain in regular care.2

Gay, bisexual, and other men who have sex with men (MSM) of all races and ethnicities remain the population most profoundly affected by HIV. In 2010, gay and bisexual men accounted for 63% of estimated new HIV infections in the United States and 78% of infections among all newly infected men.3

African Americans continue to experience the most severe burden of HIV, compared with other races and ethnicities.4


1985

Elizabeth Taylor organizes and hosts the first AIDS fundraiser to benefit AIDS Project Los Angeles “Commitment to Life” event. Joining Taylor are entertainment’s biggest names of the time, including Andy Warhol, Bette Midler, Burt Lancaster, Burt Reynolds, Carol Burnett, Cyndi Lauper, Diahann Carroll, Liza Minnelli, Madonna, Rod Stewart, Sammy Davis, Jr., and Shirley MacLaine raising $1.3 million.
While the number of new HIV infections has decreased since the 1980s, new infections have remained at about 50,000 per year for more than a decade.\(^5\)

Advances in HIV prevention and treatment have been rapid and impactful. While we have not yet found a cure for HIV, we have found ways to prevent the virus from growing and spreading. Through treatment, people with HIV are living longer, reducing the chances for transmitting HIV to others, and lowering risk of developing non-HIV related illness. Research demonstrates that a person diagnosed today, who has access to treatment, has every reason to expect to live a normal lifespan. Because of these advancements, ending the epidemic in the U.S. is possible.

Yet, as people living with HIV enjoy longer and fuller lives in the United States, we are hearing fewer of their stories in the media. And all too often, the way the media portrays HIV today stigmatizes those who are living with the virus. Currently, the popular characterization of people with HIV we see, in news media especially, is as potential spreaders of the virus, and in some worst-case scenarios, as predators. The media plays a critical role in telling the story of HIV and AIDS, and it faces the challenge of reporting on prevention without stigmatizing those living with HIV. Indeed, as important as prevention is, according to many experts and advocates, stigma is the greatest driver behind the epidemic. Stigma is what prevents people from taking preventive measures, getting tested, and getting into and staying in treatment. By stigmatizing people with HIV, we are actually making all of society more vulnerable.

GLAAD and our partners on this resource have prepared it for news media outlets to assist in fairly, inclusively, and accurately telling the story of people living with HIV in the United States.

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**TIMELINE: HIV and AIDS Activism in Entertainment**

**1985**

*The Normal Heart*, a largely autobiographical play about Larry Kramer’s HIV activism, debuts Off-Broadway in New York City.

Actor Rock Hudson announces he has AIDS and dies a few months later. Before Rock passes, he pledges $250,000 for his doctor, Michael Gottlieb, and friend, Elizabeth Taylor, to start the National AIDS Research Foundation, which soon after merges with Dr. Mathilde Krim’s AIDS Medical Foundation to become amfAR.
Terminology

Understanding the Difference between HIV and AIDS
It’s important to understand the difference between HIV and AIDS. Accurate reporting on this issue requires that you use the appropriate acronym and not conflate the two.

HIV: HIV is an acronym for “human immunodeficiency virus,” and it is the virus which causes AIDS. HIV attacks and slowly destroys the immune system by entering and destroying the cells that control and support the immune response system. With a weakened immune system, the body becomes more susceptible to many infections and certain cancers, known as opportunistic infections. Do not use “HIV virus,” as it is redundant, since HIV stands for “human immunodeficiency virus.”

AIDS: AIDS is an acronym for “acquired immune deficiency syndrome.” This is the stage of infection that occurs when the immune system is so badly damaged that a person with HIV becomes vulnerable to infections and infection-related cancers called opportunistic illnesses. Do not use the term “AIDS virus.” AIDS is a syndrome and not a virus.

HIV infection/transmission: A person transmits or is infected with HIV, not AIDS. Do not use AIDS carrier, AIDS transmission, or AIDS infection.

HIV prevention: It is better to say “HIV prevention,” because, strictly speaking, prevention deals with the virus, not the syndrome. Do not use “AIDS prevention.”

HIV test: It is accurate to say “HIV test,” which, to be exact, is a test to see if a person’s body has produced HIV antibodies, which means the virus is present. So the technical term would be HIV antibody test, although, in publications for a non-specialist audience, HIV test is acceptable. Do not use “AIDS test,” as there is no such thing. AIDS is defined according to specific medical criteria that identify its symptoms.

HIV exposure/HIV transmission: These are not the same thing. During sexual contact with a person who is HIV-positive, the other partner may or may not be exposed to HIV, but the virus is not transmitted every time someone is exposed to it.

Bodily fluids that may be responsible for HIV transmission: These are blood, semen, vaginal fluids or secretions, breast milk, amniotic fluid, and pre-ejaculate. It is a good idea to list these for your audience from time to time, rather than just saying “bodily fluids,” as there is widespread misunderstanding about which fluids can and can’t transmit HIV (such as saliva or sweat).

The “Terminology” and “Terms to avoid” sections are adapted with the support of HIV Plus magazine. For more information, visit HIVPlusMag.com or contact editor@hivplusmag.com.
HIV status: There’s nothing wrong with this term, but do not use it as a substitute for “HIV-positive.” Everyone has an HIV status. For some people, that’s positive; for others, it’s negative. “Sero status” can be used interchangeably with “HIV status.” A person may be seropositive or seronegative.

Serodiscordant couple: This is the most widely-used term to describe a couple in which one partner is HIV-positive and the other is HIV-negative. Some clinicians and academics use the term “serodifferential” as well.

Antiretroviral therapy: This involves the use of one or more drugs to keep HIV from replicating (reproducing) in the body. It’s better to spell it out than to use the abbreviations ARV or ART, which can be confusing. Also, the term “highly active antiretroviral therapy,” abbreviated HAART, has become redundant and therefore obsolete. Since antiretroviral therapy generally involves multiple drugs, it’s highly active by definition. The use of the phrase “drug cocktail” has declined greatly because it’s imprecise; likewise, so has “combination therapy.” If you are writing about the use of multiple drugs to treat HIV infection, it’s best to list the drugs involved in the treatment regimen.

Treatment as prevention: This happens when treatment with antiretroviral medication makes the viral load of someone living with HIV so low that there is little or no possibility that he or she will transmit the virus to a sexual partner. The lower the viral load, the less risk of transmission.

Post-exposure prophylaxis (PEP): This involves the administration of antiretroviral drugs after a person may have been exposed to HIV in order to prevent infection. It is administered through a doctor or medical facility (including a hospital ER), must begin within 72 hours of exposure, and involves 2-3 antiretroviral medications taken for 28 days. PEP has been shown to be highly effective if started within 72 hours of exposure. For more information on PEP, see page 12.

Pre-exposure prophylaxis (PrEP): This involves HIV-negative people taking a drug that will protect them against infection. As of this writing (February 2015), the only drug that the Food and Drug Administration (FDA) has approved for this purpose is Truvada, which was previously approved as a drug for HIV treatment. As other drugs may eventually be approved for PrEP, do not use “PrEP” and “Truvada” interchangeably. New federal guidelines recommend that PrEP be considered for people who are HIV-negative and at substantial risk for HIV, including gay and bisexual men who have condomless sex and are not in a mutually monogamous relationship, anyone with an HIV-positive partner, women who have HIV-positive partners and wish to become pregnant, and injection drug users. For more information on PrEP, see page 11.

TIMELINE: HIV and AIDS Activism in Entertainment

1989

Executives in the home video industry band together to form a grassroots foundation, the non-profit Video Industry AIDS Action Committee, now known as the Entertainment AIDS Alliance.
Undetectable viral load: This is the phrase used to describe the level of HIV in a person’s blood when the level is so low that it cannot be measured by available technology. The goal of HIV treatment is to move a person’s viral load down to undetectable levels. A viral load will be declared “undetectable” if there is no virus or so little that it cannot be detected. There is usually a relationship between viral load and the number of CD4 cells in a person with HIV. Typically, if one’s viral load is high, the CD4 count will be low - making a person more vulnerable to opportunistic infections. When a person’s viral load is so low it is undetectable, he or she is extremely unlikely to transmit HIV. Indeed, there is no documented case of sexual transmission of HIV from someone known to be undetectable at the time of sexual contact.

Incidence vs. prevalence: Incidence is the number of new HIV infections that occur during a given period. Prevalence is the number of people living with HIV infection at a given time, such as at the end of a given year. Do not say “incidence rate” or “prevalence rate,” as incidence and prevalence are both rates, so to add “rate” is redundant.

Safer sex: Preferable to “safe sex,” as “safe sex” implies there is zero risk of infection. “Safer sex” means choices can be made to reduce or minimize the possibility of HIV transmission.

Men who have sex with men (MSM): Scientists often use this rather than saying “gay men,” or “gay and bisexual men,” as some men who have sex with men do not identify as gay or bisexual. However, many self-identified gay and bisexual men dislike the MSM description. Base your usage on the context of your article. If it’s on a scientific study, it’s probably best to say men who have sex with men, especially if that is the term used by the researchers. If you are writing about an individual, ask how he would like to be identified.

Injecting drug user: This is preferable to the derogatory and stigmatizing terms “drug addict” or “drug abuser.” It is also preferable to “intravenous drug user,” which may often not be accurate because drugs can be injected subcutaneously or intramuscularly as well.

Sexually transmitted infection (STI): This is preferable to “sexually transmitted disease” or “STD” because a person can have a sexually transmitted infection without symptoms. In addition to HIV, other STIs include syphilis, gonorrhea, Chlamydia, human papillomavirus (HPV), and many others. Do not use the long-outdated term “venereal disease.”

Stephen F. Kolzak dies at the age of 37. He was a successful casting agent who devoted the last part of his life to raising awareness in the entertainment industry about the discrimination faced by gay and HIV-positive people. He was survived by his partner, writer Paul Monette.

GLAAD presents a posthumous award to Stephen F. Kolzak for his efforts to raise awareness about AIDS in Hollywood.
HIV/AIDS: Avoid this term whenever possible. It implies that the two are the same or interchangeable, and they’re not. Everyone who has AIDS has HIV, but not everyone with HIV develops AIDS. Use whichever is applicable in the context of your story, or if it applies to both, use “HIV and AIDS” or “HIV or AIDS.” Sometimes it cannot be avoided when it’s in a direct quote or the name of an organization, but do not use in other circumstances.

Full-blown AIDS: Do not use. A person either has AIDS or does not.

Died of AIDS, death from AIDS, etc.: This is inaccurate. AIDS is a syndrome, that is, a group of illnesses resulting from the weakening of a person’s immune system. It’s better to say a person has died of an AIDS-related illness or complications from having AIDS.

Terminal illness, fatal illness: Do not use these terms when referring to HIV or AIDS, as it is not accurate, due to advances in treatment. HIV and AIDS can be more accurately described as a life-threatening disease when not treated. Also, avoid using sensationalistic terms such as “scourge” or “plague” when referring to HIV and AIDS. (Also, for context, remember there are hundreds of life-threatening illnesses including ulcers, diabetes, flu, and asthma.

High-risk group: Avoid this term, as it implies that risk is contained within a group, therefore stigmatizing that group and making it appear that “the general population” is somehow exempt from risk. It’s better to say “people who engage in high-risk behaviors.” If you have to discuss a group that, for instance, is targeted in an HIV prevention campaign, you could say that group is a “key population vulnerable to HIV.”

Unprotected sex: Do not use. The Centers for Disease Control and Prevention has announced that it will no longer use this term to mean sex without a condom, as protection can come in other forms. Instead, say “sex without a condom,” “condom-free sex,” “condomless sex,” or something similar.

Barebacking: Do not use. This is a sensationalistic term often used to describe sex without a condom, and implying a high risk of HIV transmission. But it also includes condomless sex between persons of the same HIV status, or condomless sex that may not otherwise pose a measurable or significant risk of HIV transmission.

Down Low: A controversial term describing men who have sex with men who publicly identify as heterosexuals and maintain sexual relationships with women, the “Down Low” has become synonymous with sensationalized claims that these men are spreading HIV into “the general population.” Avoid inaccurate claims that the “Down Low” is a phenomenon exclusive to communities of color.

Drug addict/drug abuser: Do not use. See “injecting drug user” above.

Sharing of needles or syringes: Usually, these items are not “shared” by injecting drug users; more often, a person would use a discarded needle or syringe that has been contaminated with HIV. So it’s...
better to say “use of contaminated needles or syringes.”

Include voices of people living with HIV. Often, news coverage silences those who are most impacted by developments in HIV and AIDS issues. Hearing from people living with HIV and AIDS - not just caregivers or researchers - is critically important. Positive change is made when marginalized persons and groups are humanized in the press. Further, it’s important to speak to someone informed about developments and what that means to them. Whenever possible, reach out to the networks of people living with HIV for comment or analysis. The organizations are listed on page 28 of this guide.

Be discerning in whether to run a story that focuses on someone’s HIV status. Some stories, particularly those in which criminalization is involved, may invite sensationalism. Reporters, producers, and editors should ask: Does this story serve a public health purpose? Will this fairly and accurately depict people living with HIV? Does this story increase understanding and decrease stigma? If the answer is no, then the story is likely not worth running.

Is someone’s HIV status relevant to the story? If it’s not immediately relevant to the story, there is no need to include it. If it is relevant, then be sure to use accurate and respectful terminology to discuss a person who is living with HIV.

When interviewing someone with HIV, encourage them to talk about what assets and support structures they had in place to deal with their diagnosis. Access to healthcare, a supportive family and friends, and knowledge about the virus all make living with HIV easier. Provide an opportunity for the subject to name those factors and identify when someone doesn’t have access to those assets.

Consult medical professionals who have knowledge of the current status of HIV research. Not every medical professional has the most current information about HIV prevention and treatment. The science related to HIV treatment and prevention is complicated and changing rapidly. It is important to contact medical experts who can objectively discuss recent advances in treatment, transmission rates, and the latest research.

Challenge politicians and pundits with accurate information about HIV prevention and treatment. Often, pundits will make claims about HIV that aren’t based on fact, often a way to score political points. Don’t let these claims stand; instead, present clear and factual information and note when
Pitfalls To Avoid

inaccuracies are stated.

**Avoid reducing people to their illness.**
Always remember that people with HIV are people first - not a condition or a statistic. People living with HIV live robust, full lives. Personal stories about people living with HIV can help eliminate ignorance about the disease and the stigma associated with it.

**Avoid terms that directly or indirectly pit gay people against others at risk for HIV.** For example, references to “the general population” typically are used to suggest that gay men, bisexuals and/or MSM should be considered separate and apart from broader prevention and treatment strategies.

**Avoid inaccurate sources of HIV diagnosis.** Do not rely on hearsay. If someone’s HIV status is relevant to the story, make sure the source, including law enforcement officials or agencies, knows with certainty the person’s diagnosis.

**Avoid suggesting that simply being gay or bisexual makes one part of a “high-risk group,” or that risk of HIV infection increases simply by having sex with someone of the same sex.** HIV transmission is tied to specific high-risk behaviors that are not exclusive to any one sexual orientation.

**Use the term “Down Low” only to describe men who self-identify that way.** A controversial term describing the phenomenon of MSMs who publicly identify as heterosexuals and maintain sexual relationships with women, the “Down Low” has become synonymous with sensationalized claims that MSM are spreading HIV into “the general population.” Avoid inaccurate claims that the “Down Low” is a phenomenon exclusive to communities of color.

**Avoid the use of outdated or pejorative terminology.** See “Terms to Avoid” on page 8.
IN FOCUS:

PrEP and PEP

With the variety of scientific research that has gone into the prevention and treatment of HIV, the bulk of media attention has gone into PrEP (pre-exposure prophylaxis). Much of the media attention has been focused on myths, rumors, or speculation around the drugs, usage, and implications for the future.

It is important to note that myths and misinformation around PrEP are based on long-existing, harmful stereotypes about the LGBT community, communities of color, and historical stigma attached to HIV. In reporting, media will want to make sure it uses trusted resources that can back up any claims with specific and accurate data.

PrEP is a drug treatment for HIV-negative people that protects against exposure to HIV. In 2012, the federal government recommended that PrEP be prescribed for people who are HIV-negative and at substantial risk of contracting HIV. The only drug approved for this use as of this writing (February 2015) is Truvada, which was previously approved as a treatment for people already living with HIV. As other drugs will eventually be approved for PrEP, avoid using “PrEP” and “Truvada” interchangeably.

Truvada has been effective in clinical trials. According to a study reported at the 6th IAS Conference on HIV Pathogenesis, Treatment, and Prevention, Truvada “reduced new infections among men who have sex with men and transgender women by more than 90 percent.” This study was performed by iPrEx, a network of communication agencies working across the spectrum of industry sectors and practice disciplines. Initially, PrEP was recommended to be taken daily, but the iPrEx study found it to be effective when taken four or more days a week. However, the Centers for Disease Control and Prevention continues to recommend that it is taken daily. Effectiveness is also higher when paired with other HIV-prevention measures, like condom use.

Outlets should keep in mind that PrEP is not the only method to reduce the spread of HIV. Some methods have been around for a long time: regular testing, condom use, access to clean needles, and mutual monogamy, among them. Others are still in development. PrEP should be presented along with other methods to present a complete arsenal of tools for prevention of HIV.

1991

Equity Fights AIDS and Broadway Cares merge to become Broadway Cares/Equity Fights AIDS. The board of trustees of this newly established nonprofit fundraising organization assumes the missions of the previously separate organizations and continues to fund the social service work of The Actors Fund and to award grants three times a year to AIDS service organizations nationwide.
Local and national stories on HIV criminalization have begun showing up with increasing frequency. The story of HIV criminalization is an important one to cover, but specific instances can often be sensationalized. It’s helpful for outlets to understand the background and context behind such laws when faced with specific stories.

**Background:**
The term “HIV criminalization” refers to the inappropriate use of a person’s HIV-positive status in a criminal prosecution, typically under an HIV-specific criminal statute or as heightened charges or punishments under general assault, prostitution, or other statutes. As of 2014, 34 states have laws that specifically criminalize HIV exposure (not transmission) through consensual sex, needle-sharing, spitting, and biting.8

HIV-specific criminalization laws typically do not differentiate between sex with and without condoms, or require actual transmission of HIV or proof of intent to transmit HIV. Some states do not have HIV-specific laws, but instead utilize general criminal laws, like attempted murder or assault, to prosecute HIV-positive people. In many states, non-disclosure is considered a “sex crime” and those convicted must register as sex offenders.

In March of 2014, researchers reported interim results of the multinational PARTnERS study, which examined serodiscordant couples who reported not using condoms, PrEP, or PEP, and in which the HIV-positive partner was on suppressive antiretroviral therapy. After two years of study, no one with an undetectable viral load transmitted HIV to their partners. Many HIV criminalization statutes, however, do not recognize the concept of “undetectable viral loads,” an indication that the laws have not caught up with the scientific and medical advancements around HIV treatment.

Most of those laws were passed in the late 1980s and early 1990s; some of them were based on model legislation proposed by the right-wing think tank American Legislative Exchange Council (ALEC).

Criminalization under HIV exposure laws is a significant structural factor that deters individuals from accessing HIV testing and perpetuates stigma. HIV criminalization is based on outdated and erroneous beliefs about the routes, risks and consequences of HIV transmission. Public health professionals, including the American Medical Association and the HIV Medicine Association, oppose HIV-specific criminal statutes because they may discourage persons at risk from getting tested for HIV, and make those who do test positive less trusted by public health officials and less willing to cooperate with public health measures. HIV criminalization perpetuates unwarranted stigma and treats HIV differently from other sexually-transmitted infections, which if left untreated, can also inflict serious harm or even kill.9

One high profile case of HIV criminalization involved Nick Rhoades, an HIV-positive Iowan who in 2008 was arrested after a single encounter with another man, during which they used a condom. The other man did not test positive for HIV, but Rhoades was convicted and sentenced to 25 years in prison and was required to register as a sex offender. In June of 2014, the Iowa Supreme Court set aside the conviction. A week before the conviction was set aside, Rhoades had his GPS monitoring bracelet removed in a ceremony at the HIV is Not a Crime conference at Grinnell College in Iowa.

The U.S. Justice Department has issued guidelines, suggesting elimination of HIV-specific criminal laws, except in the case of sexual assault or when there is evidence that “clearly demonstrates” the person’s intent was to transmit the virus.

In July 2014, Iowa became the first state in the nation to modernize its HIV criminal statute, removing those convicted under the previous law from the sex offender registry. That same month, the Department of Justice called upon states to eliminate or reform antiquated laws which criminalize conduct by HIV-positive individuals that would be legal if they were not HIV-positive or did not know their status.

It has been found that sexual partners of HIV-positive women commonly use these laws as tools of harassment. Moreover, HIV transmission laws dangerously feed into this nexus of disparities for blacks and Latinos, conflating the much-needed HIV prevention and care sector with the criminal justice system and often using public health officials as tools of criminalization. 10


**TIMELINE: HIV and AIDS Activism in Entertainment**

**1993**

Bob Caviano, a respected music manager, reveals that he has AIDS in a moving editorial in Billboard magazine and challenges the music industry to take action. Several high-level music industry executives heed his call and form Lifebeat.

The Elton John AIDS Foundation is established to support innovative HIV and AIDS prevention, education programs, direct care and support services to people living with HIV and AIDS.
For Reporting:
When reporting on HIV criminalization laws, be clear about the difference between perceived exposure and transmission. During sexual contact with a person who is HIV-positive, the other partner may be exposed to HIV, but the virus is not transmitted every time someone is exposed to it. In many cases, no transmission takes place.

Often, media coverage implies transmission has occurred. Sometimes these laws are even described as “laws that criminalize the transmission of HIV,” but in reality, people are often prosecuted under these laws even if no transmission has taken place. Significant numbers have been prosecuted for HIV-related crimes with undetectable viral loads.

When reporting on HIV criminal charges or investigations, media should inquire into the specific allegations of consensual adult sexual activity involving HIV criminalization. Such reporting can increase stigma against people living with HIV.

When dealing with HIV criminalization cases involving adult consensual, noncommercial sexual activity, the term “victim” should not be used. Rather, the term that should be used is “complaining witness.” Unless the complaining witness is a minor or there is an allegation of sexual assault, the complaining witness should not be shrouded from identification.

Media should also inquire into the specific allegations of consensual adult noncommercial sexual activity involving HIV criminalization. For example: What sexual activity is specifically alleged? Is the accused on medications? Is the viral load of the accused known? What is the relationship between complaining witness and accused? This last one includes a search in the court records for protective orders and police reports involving domestic violence between the complaining witness and the accused. Too often, this aspect is ignored, which is dangerous because it undermines the complexity of the seropositive individual and the context of the case. What does fear do to an individual who is already marginalized? This needs to be examined as deeply as every other aspect of the case.

1993

1994
GLAAD honors Sidney Sheinberg with the Vanguard Award for his efforts to fight homophobia and AIDSphobia in Hollywood.
IN FOCUS:
GAY AND BISEXUAL MEN

From the earliest days of HIV and AIDS, gay and bisexual men have been the hardest-hit group in the United States, and that remains true today. Gay and bisexual men account for more than half of the 1.2 million people living with HIV in the United States\(^{11}\), and while gay men reportedly make up just 2% of the U.S. population, they account for 55% of all AIDS deaths since the epidemic’s beginning.\(^{12}\)

A 2011 study in 20 U.S. cities found that 18% of gay or bisexual men had HIV. That’s about one in six men. Of these men, 33% did not know they had HIV.\(^{13}\) One must consider how pervasive the stigmas surrounding gay and bisexual seropositive people are in order to understand this lack of awareness.

One significant impediment in HIV prevention and treatment for gay and bisexual men is the lack of attention on HIV by healthcare providers. 56% of gay and bisexual men say that a doctor has never recommended they get tested for HIV, and 61% say they rarely or never discuss HIV when they visit their doctor. Lack of communication with doctors may be a barrier to more men getting tested: almost half say they’ve never discussed their sexual orientation with a doctor, and three in ten say they don’t feel comfortable discussing sexual behaviors with health professionals. As a result, less than one out of three gay men were tested for HIV in 2013.

What’s more is that most gay and bisexual men are often not aware of current treatment recommendations for those who are HIV-positive, or of the latest developments in reducing new infections, due to poor publicity and discrimination. For example, only about 26% know about PrEP. 14

Gay and bisexual men of color are more likely than those who identify as white to say HIV/AIDS is a significant issue for them personally (64% versus 42%) and that they are personally concerned about becoming infected (53% versus 28%).15


15 Ibid.

1996

Actress Judith Light chairs the ceremony to unfurl the AIDS Quilt in Washington, D.C. At the Lincoln Memorial, tens of thousands of people holding candles extinguish as they say the names of loved who have passed from AIDS at the request of Elizabeth Taylor who led the evening’s vigil.

1997

Elizabeth Taylor wins the Screen Actors Guild Lifetime Achievement Award for Humanitarian Service for her HIV and AIDS activism.

IN FOCUS:
HIV AND COMMUNITIES OF COLOR

Much of the coverage and storytelling around HIV and AIDS has centered on the experiences of gay white men. Often underreported are the experience and the advocacy from communities of color. Journalists have a variety of possibilities to explore the complexity and nuance within each community as it understands and relates to HIV. Listening to authentic voices from within each community is particularly important.

African American
African Americans are the racial/ethnic group most affected by HIV. African Americans make up only 12% of the U.S. population, yet make up 44% of the HIV-positive population. According to the CDC, in 2010, the greatest number of new HIV infections (4,800) among MSM occurred in young black/African American MSM aged 13–24. Young black MSM accounted for 45% of new HIV infections among black MSM and 55% of new HIV infections among young MSM overall. The estimated rate of new HIV infections for African American men (103.6/100,000 population) was 7 times that of white men, twice that of Latino men, and nearly three times that of African American women. African American women accounted for 6,100 (29%) of the estimated new HIV infections among all adult and adolescent African Americans.16

When covering stories about young black men who may be at risk of contracting HIV, be aware that they are often sensationalized. The CDC study that gives us the HIV rates among Black men also stated that African-American MSM tend to have fewer partners, are less likely to do IV drugs, and are no more likely to have anal intercourse than other gay men. The media tends to focus on the poverty and disenfranchisement of black people, leaving out details of the robust lives of people of color. This makes it dangerously easy to perpetuate stigmas. The CDC identified such stigma, as well as a lack of awareness of HIV status, as factors that contribute to the HIV rate among the African-American population.

TIMELINE: HIV and AIDS Activism in Entertainment

2000

Elizabeth Taylor accepts a GLAAD Media Award, saying, “When gay people stopped being human beings and started becoming the enemy, I knew somebody had to do something.”
There is a rich history of African American gay men engaging in HIV activism, which should be accounted for in the media narrative. February 7 of each year is designated National Black HIV/AIDS Awareness Day to focus attention on HIV in blacks and African Americans. Organizations like The Black AIDS Institute and the Counter Narrative Project provide work at the intersection of the African-American community, HIV advocacy, and LGBT community building.

**Latino**

Latinos are also disproportionately affected by HIV, facing three times the HIV infection rates as whites. They represent 16% of the population but accounted for 20% of people living with HIV in 2011.  

October 15 has been designated by the Latino Commission on AIDS (LOCA), the Hispanic Federation and many other organizations as Latino HIV/AIDS Awareness Day. The day is designated to build capacity for non-profit organizations doing HIV advocacy, raise awareness among Latino/Hispanic communities, promote HIV testing and provide HIV prevention information and access to care.

Outlets could focus on cultural factors that influence HIV rates among Latinos, including immigrant status, cultural stigma, and discrimination around HIV in the Latino population. Other possible leads include socioeconomic factors such as poverty, language barriers, and limited access to healthcare for the Latino population.

**American Indians and Alaska Natives**

American Indians and Alaska Natives (AI/AN) are impacted by HIV proportional to their US population size, with lower rates than in blacks/African Americans and Hispanics/Latinos, but higher rates than in Asians and whites. However, of all races/ethnicities, AI/ANs had the highest percentages of diagnosed HIV infections due to injection drug use.  

Stories on HIV could explore prevention challenges, such as cultural and language diversity among tribes, mistrust of government and its healthcare facilities, and culturally based stigma and confidentiality concerns, especially among gay and bisexual men living in rural communities or on reservations.

National Native HIV/AIDS Awareness Day is observed on the first day of spring each year.

**Asian American**

Despite growth of the Asian population in the United States, the number of HIV diagnoses among Asians has remained stable. Overall, Asians continue to account for only 2% of new HIV infections in the United States and dependent areas. However, more than one-third of Asians develop AIDS within a relatively short time after being diagnosed, indicating that Asians may not be receiving adequate care and treatment quickly. Traditional Asian cultures may contribute to stigma against testing and treatment for HIV. May 19 is designated as National Asian and Pacific Islander HIV/AIDS Awareness Day.

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Reliable data for the HIV rates is not readily available, due to the fact that there is not a uniform data collection protocol in place for transgender people. In 2010, more than half of the HIV testing events among transgender people occurred at non-healthcare facilities (55.1%). According to the CDC, a review of studies of HIV infection in countries with data available for transgender people estimated that HIV prevalence for transgender women was nearly 50 times as high as for other adults.

Transgender women are 34 times more likely to have HIV than other women. Findings from a meta-analysis of 29 published studies showed that 27.7% of transgender women tested positive for HIV infection (4 studies), but when testing was not part of the study, only 11.8% of transgender women self-reported having HIV (18 studies). In one study, 73% of the transgender women who tested HIV-positive were unaware of their status. Higher percentages of newly identified HIV-positive test results were found among black/African American transgender women (56.3%) than among white (16.7%) or Latino (16.1%) transgender women.

Compared to transgender women, transgender men’s sexual health has been understudied. However, there is evidence of risk among the subgroup of transgender gay men. One study showed that a majority of transgender men did not use condoms consistently during receptive sex with non-trans male partners. It is important that these statistics are used to frame a reality, not further stigmatize transgender people.

It is also important to recognize disparities within the transgender population. Among transgender people in 2010, the highest percentages of newly identified HIV-positive test results were among racial and ethnic minorities: blacks and African American transgender people comprised 4.1% of newly identified HIV-positive test results, followed by Latinos (3.0%), American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders (both 2.0%), and whites (1.0%).

One major factor is the discrimination transgender individuals can face from healthcare providers. The discrimination manifests in myriad ways: misrecognition of the individual’s gender identity, stigmatizing treatment of care-seeking patients, refusal to prescribe preventative medication, etc. Healthcare is often denied to trans people due to misinformation and bias. Most health insurance policies and programs specifically exclude transgender people from accessing care. This discrimination leads to less access to HIV prevention, treatment, and lower reporting of HIV statistics.

For more information on how to respectfully and accurately report on the transgender community, please visit GLAAD’s Media Reference Guide sections on transgender terminology and In Focus: Covering the Transgender Community.

20 HIV and AIDS Activism in Entertainment

The Normal Heart is revived in Los Angeles and London and again Off-Broadway.
**IN FOCUS:**

**HIV AND THE AFFORDABLE CARE ACT**

**Coverage for HIV Prevention and Treatment**

Prior to the ACA, many people living with HIV or other chronic health conditions experienced obstacles in getting health coverage, were dropped from coverage, or avoided seeking coverage for fear of being denied. Now insurers are prohibited from cancelling or rescinding coverage because of pre-existing health conditions, including HIV, and can no longer impose lifetime caps on insurance benefits.

Under the ACA, most new health insurance plans must cover certain recommended preventive services—including HIV testing for everyone ages 15 to 65, and for people of other ages at increased risk—without additional cost-sharing, such as copays or deductibles. Since one in six people living with HIV in the U.S. are unaware of their infection, improving access to HIV testing will help more people learn their status so they can be connected to care and treatment.

The ACA expands cultural competency training for healthcare providers to deliver culturally competent care to populations heavily impacted by HIV. One example is the National LGBT Health Education Center. This center helps healthcare organizations better address the needs of LGBT individuals, including needs for HIV prevention, testing, and treatment.

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The Affordable Care Act (ACA) has been examined thoroughly by the media since President Obama signed it into law in 2010. The law set into place a national effort to help ensure Americans have secure, stable, and affordable health insurance, and included better access to healthcare coverage and more health insurance options for people living with HIV and AIDS. 22


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U2 singer Bono and Bobby Shriver launch Product (RED) to raise money from businesses to buy AIDS drugs for people in Africa unable to afford them. Product (RED) has an ongoing relationship with a number of iconic global brands that sell (RED) products and donate a percentage of the profits directly to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
Medicare and Medicaid

Medicaid is the largest payer for HIV care in the United States, and the expansion of Medicaid to low-income childless adults is particularly important for those most affected by the HIV epidemic. Further, in states that opt for Medicaid expansion, people living with HIV who meet the income threshold will no longer have to wait for an AIDS diagnosis in order to become eligible for Medicaid. Additionally, because of the ACA, AIDS Drug Assistance Program benefits are now considered as contributions toward Medicare Part D's True out-of-pocket spending limit.

Affordable Care Act and the National HIV/AIDS Strategy

One key recommendation of the National HIV/AIDS Strategy is to increase the number and diversity of available providers of clinical care and related services for people living with HIV, many of whom live in underserved communities. Because of the ACA, the National Health Service Corps is providing loans and scholarships to more doctors, nurses, and other healthcare providers, a critical healthcare workforce expansion to better serve vulnerable populations.

The ACA has also made a major investment in expanding the network of community health centers that are partners in implementing the National HIV/AIDS Strategy. Grants and technical assistance efforts help health centers develop their capacity to provide comprehensive HIV care, especially in minority communities.

Spotlight on Elizabeth Taylor

Elizabeth Taylor’s film career spanned more than six decades. Beginning as a child star with MGM, she became one of the world’s greatest screen actresses. Among her multiple Academy Awards is the Jean Hersholt Humanitarian Award for her outstanding commitment to the AIDS cause. Ms. Taylor effortlessly kept the public fascinated beyond her screen presence – by her incandescent beauty, her courage, her humor, her business acumen, and her humanitarian spirit.

Even before her close friend Rock Hudson died in 1985 following his battle with HIV and AIDS, the legendary actress, businesswoman, and fearless activist had started her work to raise awareness. She was one of the first celebrities to do so at a time when few would even acknowledge the disease. Ms. Taylor devoted her time consistently and generously.

Her passion and commitment to the cause helped raise hundreds of millions of dollars through amfAR which she co-founded with Dr. Michael Gottlieb and Dr. Mathilde Krim. Once treatments were being developed and people began to live with the disease, she established The Elizabeth Taylor AIDS Foundation (ETAF) in 1991. ETAF’s focus is to support organizations delivering direct care and services to people living with HIV and AIDS. The organization also provides and supports programs of education to the public regarding HIV and AIDS and its prevention.

Elizabeth Taylor was a fierce advocate in Washington DC and on the global stage. In 1986, Elizabeth Taylor testified before Congress on behalf of the Ryan White Bill to plead for a funding increase for emergency AIDS care in areas hardest hit by the epidemic. Four years later, Taylor was once again at the heels of Congress testifying to urge passage of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990. After 7 years of not making a speech about the AIDS crisis, Ms. Taylor persuaded President Reagan to finally do so in 1987.

Ms. Taylor addressed the United Nation and traveled the globe to engage world leaders in the cause. She has been awarded the highest honors for her global leadership from England, Spain, and France and the U.S. President’s Citizens Medal, presented by President Clinton.

In March 2011 at the age of 79, the world mourned the loss of Elizabeth Taylor, but her legacy and work continue through the efforts of The Elizabeth Taylor AIDS Foundation.

Elizabeth Taylor made arrangements for her Foundation to go on in perpetuity by leaving 25% of her name and likeness royalties to ETAF. To better carry out Ms. Taylor’s vision of helping those who are most disenfranchised within the HIV/AIDS community worldwide, ETAF has hired its first Managing Director, Joel Goldman. Elizabeth Taylor’s grandchildren and great-grandchildren are working with ETAF as Ambassadors to honor their grandmother’s memory.
In GLAAD's 2014 Studio Responsibility Index, the only major studio film with an HIV-themed storyline (Tyler Perry’s Temptation: Confessions of a Marriage Counselor) depicted HIV as a disease one gets for "sinning."  

Outlets may wish to explore how the characterization of HIV-positive characters has evolved over the course of the last 30 years or the representation of HIV-positive characters versus the demographic makeup of the population living with HIV.

HIV-positive characters in entertainment

Today, there are few HIV-positive characters in mainstream scripted entertainment. Entertainment attention rose as information about the virus gained mainstream attention, but has dropped off significantly in recent years. In 2014, in the Where We Are on TV report, which analyzes the overall diversity of primetime scripted series regulars on broadcast for the upcoming TV season, GLAAD found no HIV-positive characters in scripted television. At the time of this writing, the only HIV-positive characters on scripted television are in the HBO show, Looking, and ABC’s How To Get Away With Murder.

TIMELINE: HIV and AIDS Activism in Entertainment

2007

The Charlize Theron Africa Outreach Project is created by Charlize Theron to provide support to HIV and AIDS organizations through direct grants, networking, and spotlighting the power of their work.
Television:

In soap operas, the character Dawn Rollo, from Another World was the first HIV-positive character to be introduced in a daytime soap opera in the United States. Later, General Hospital presented the world with the first HIV+ couple in American soap opera history in 1995.

Primetime television has had few main characters who were HIV positive. ER’s Jeanie Boulet, portrayed by Gloria Reuben, was a series regular from seasons 2-6. In season two, it was revealed that Dr. Boulet had contracted HIV from her husband. Queer as Folk spotlighted numerous characters who were HIV-positive, including Ben Bruckner (Robert Gant), Vic Grassi (Jack Wetherall), and Hunter Montgomery (Harris Allan). And later, Brothers and Sisters’ Uncle Saul, played by Ron Rifkin, is one of the few main characters on scripted American television who was HIV-positive.

Several recurring characters living with HIV also appeared on primetime television over the years. The Emmy-winning series St. Elsewhere was the first network television show to feature an HIV-positive character when Dr. Robert Caldwell, portrayed by Mark Harmon, was diagnosed with HIV in 1986. Commander in Chief’s presidential aide Vince Taylor, played by Anthony Azizi, came out as gay and HIV+ following a political scandal. Regarding his character, Azizi said, “Mine is probably the first character of ethnicity to have HIV/AIDS on [major network] television.” Other television programs that have featured HIV-positive characters are thirtysomething, Oz, Nip/Tuck, and The League.

Other shows have tackled storylines that include HIV+ characters in a more isolated sense. Shows that have featured HIV positive characters for only one or two episodes include Designing Women, The Equalizer, Midnight Caller, Life Goes On, The Cosby Show spinoff A Different World, NYPD Blue, Law & Order, and, most recently, Looking.

Film:

Philadelphia (1993) features Tom Hanks in an unparalleled performance as Andrew Beckett, a man fighting for his rights, who convinces a lawyer to represent him in a wrongful-termination suit. Hanks received an Academy Award for his efforts.25

In the critically-acclaimed Precious (2009), the initial revelation that Precious, played by Gabourey Sidibe, is HIV-positive emerges with the news that her abusive father has died of AIDS-related illness. Precious refuses to behave as though her HIV status is a death sentence for her or her family.


Suggested Stories

Criminalization of HIV positive parents and the role HIV status plays in custody cases

A parent’s HIV-positive status should not factor into custody cases unless the parent is sick to the point that it may be hard to care for their child. However, stigma, discrimination, and ignorance still impact guardianship and custody cases for parents, particularly when involved parties are ignorant to how HIV is transmitted.

It is important for journalists to familiarize themselves with anti-discrimination policies and stigma surrounding custody as it pertains to specific cases. Once familiar with the background, questions to explore may include:

- What factors play into the case in question?
- What federal and state laws impact custody in this case? If HIV status is not discussed as a key determinant, how is the case framed, and how might bias and stigma still factor in?

The ACLU answers many questions regarding HIV-positive parents and parenting rights as a part of the Know Your Rights series. This information is pertinent when covering custody cases or other related news stories. Nationally, there are anti-discrimination policies to protect people with HIV or AIDS, including in court. The RAND Corporation published “How Parental HIV Affects Children” that may be helpful. In 2013, Berkeley Journal of Gender, Law, and Justice published a case study entitled “Developments in Custody Options for HIV-Positive Parents” which may be useful for reporting.

The Normal Heart is revived on Broadway, winning the Tony Award for Best Performance by a Featured Actress for Ellen Barkin, Best Performance by a Featured Actor for John Benjamin Hickey, and Best Revival of a Play.

The documentary film How to Survive a Plague documents the beginnings of AIDS activism.

2011

2012
Transgender people and people of color who are engaging in HIV advocacy

As stated in the section on HIV and communities of color, there is a rich history of people of color engaging in HIV activism, but the media rarely covers these positive actions and individuals.

As mentioned in the “HIV and the Transgender Community” section, there are not yet reliable numbers for HIV rates in the transgender community. The Transgender Law Center is launching a new program called Positively Trans, to collect data and advocate for HIV care and prevention in the transgender community.

Kenyon Farrow, US and Global Policy Director at the Treatment Action Group, speaks about the important role of accessible healthcare in the work to eradicate stigma. Kimberly McLeod is a media strategist and founder/editor-in-chief of ELIXHER Magazine who harnesses the media to increase visibility for LGBT people of color, writing about civil rights and black HIV/AIDS awareness among other things.

In August, as part of the “In Their Own Words” series on NBC News, homeless transgender youth of color discussed homelessness, LGBT rights, activism, HIV, and the connection between these factors.

When highlighting transgender people and people of color engaging in advocacy work, be sure to use appropriate terminology, and also to honor the language used by individuals themselves. Questions may include: What is the connection between [various factors]? What motivated you to engage in advocacy work? What do you wish the public would focus on? How do you share information and take steps regarding HIV advocacy?

HIV in the prison system

More than 2 million people are incarcerated in the United States, with men and women of color disproportionately represented in the US correctional system. According to the CDC, in 2008, 1.4% of the total prison population were reported to be living with HIV or AIDS. The rates of confirmed AIDS cases among prisoners is 2.4 times the rate of the general population. Due to a number of societal factors, correctional facilities are often the first place incarcerated men and women are diagnosed with HIV and provided treatment. (It’s worth noting that the vast majority of those who are HIV-positive in prison did not contact the virus while incarcerated.) However, there are challenges associated with the implementation of testing, which isn’t required in all facilities, treatment and prevention programming, and providing connections to support services for formerly incarcerated individuals. While discrimination occurs within facilities regarding HIV status, some institutions also have peer-educator systems to provide support for HIV-positive inmates. The University of California, San Francisco has comprehensive information on HIV and prisons in the United States.

Understanding the dynamics of healthcare and the correctional system in the United States is important in reporting on HIV in prisons. In 2013, Alabama prisons ended segregation for HIV-positive women who were incarcerated.

TIMELINE: HIV and AIDS Activism in Entertainment

2012

The Elizabeth Taylor Human Rights Award is created and presented at The International AIDS Conference (IAC) by the International AIDS Society, amfAR, and ETAF. The award recognizes the efforts of individuals who have achieved major breakthroughs or shown exceptional courage and leadership in their efforts to advocate for human rights in the field of HIV. Sharon Stone presented the first award and Charlize Theron will present the 2016 award at the at the IAC in Durban, South Africa.
after an inmate advocated for herself with help from the ACLU over a 7 year period. USA Today covered the story, providing a comprehensive article which utilized appropriate terminology while reporting on the case and ensuing integration. Further questions to explore might include: What are correctional facilities and healthcare providers doing to address HIV and AIDS in correctional facilities? Where are there cases of incarcerated individuals advocating for themselves and working to better conditions? Where are important connections being made for formerly incarcerated individuals as they transition out of correctional facilities and need continued healthcare?

**HIV in the military**

Civilians who wish to join the United States military are ineligible and disqualified if they test positive for HIV. According to the Department of Defense, every two years, active military personnel are screened for HIV. If they test positive, they are evaluated intensively to determine whether they are “fit for duty.” Additionally, the Department of Defense is attempting to reduce new HIV infections through education and training and increasing access to healthcare for HIV positive personnel, in coordination with the White House National HIV and AIDS Strategy. In 2013, fewer recruits tested positive for HIV than in any year since the Pentagon began pre-service screening in 1985. There continues to be a negative stigma surrounding HIV in the military which is exacerbated by the presumption that HIV positive service members also identify as LGBT. Reporting on HIV in the military must not make the same association or presumption.

**The intersection between HIV and other issues**

HIV is often present, and sometimes a major factor, in other stories. One item that many HIV and AIDS advocates mention is that the issue is one that tends to unite people from very diverse backgrounds and lives. By slicing a story in a way that looks at HIV as a factor, outlets can provide a new angle on an existing story. Examples include:

- Information about whether and how HIV prevention and treatment can be included in stories about the Affordable Care Act.
- Economic stories about the expenses that everyday people face can include factors about the cost of treatment for HIV.
- Women’s issues, including reproductive health, can include prevention and treatment for HIV.

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The film *Dallas Buyers Club* tells the true story of Ron Woodroof, who seeks out alternative therapies and smuggles unapproved drugs into the U.S. from wherever he can find them. The film earned three academy awards, including best actor for Matthew McConaughey and best supporting actor for Jared Leto.

The Normal Heart is adapted into a film for HBO.

CBS’s *Big Brother* Season 8 winner, Dick Donato shares his HIV+ status on VH1’s *Couples Therapy*.
RESOURCES FOR ADDITIONAL INFORMATION

ORGANIZATIONS

The Elizabeth Taylor AIDS Foundation
www.elizabethtayloraidsfoundation.org
Foundation created by Elizabeth Taylor to raise funds and awareness to fight the spread of HIV and AIDS, and to provide assistance for those living with the virus.

AIDS United
www.aidsunited.org
Seeking an end to the AIDS epidemic through strategic grantmaking, capacity building, policy/advocacy, technical assistance and formative research.

Sero Project
www.seroproject.com
Criminal prosecutions of people with HIV for non-disclosure of their HIV status, potential or perceived HIV exposure or HIV transmission. Good resource for people living with HIV.

GMHC (founded as Gay Men’s Health Crisis)
www.gmhc.org
HIV/AIDS prevention, care and advocacy.

Greater Than AIDS
www.greaterthan.org
Public information response focused on the U.S. domestic HIV/AIDS epidemic, particularly to communities and people move affected.

Global Network of People Living with HIV/AIDS
www.gnpplus.net
Good resource for people living with HIV in a global context.

Global Network of People Living with HIV in North America
www.gnpna.org
Good resource for people living with HIV.

United States People Living with HIV Caucus
www.hivcaucus.org
Good resource for people living with HIV.

Positive Women’s Network USA
pwnusa.wordpress.com
Intersection between HIV and socio-economic or gender issues. Good resource for people living with HIV.

National Minority AIDS Council
www.nmac.org
Coalition of faith based and community based organizations as well as AIDS Service organizations advocating and delivering HIV/AIDS services in communities of color nationwide.

Counter Narrative Project
www.thecounternarrative.org
The intersection between HIV and Black gay men.

Black AIDS Institute
www.blackaids.org
Expertise on HIV and AIDS among the African-American population.

Asian Pacific Islander Wellness Center
www.apiwewellness.org
Expertise on HIV and AIDS in Asian and Pacific Islander communities.

Global Forum on MSM & HIV
www.msmgf.org
Global network of advocates and experts in health, human rights, research, and policy.

Positively Trans
A new program to provide accurate information on HIV in the transgender community.

Center for HIV Law and Policy
www.hivlawandpolicy.org
National legal and policy center working to reduce the impact of HIV on vulnerable and marginalized communities and to secure the human rights of people affected by HIV.

American Foundation for AIDS Research (amfAR)
www.amfar.org
Funding for HIV and AIDS research.

Centers for Disease Control and Prevention Division of HIV/AIDS Prevention
www.cdc.gov/hiv
Preventing HIV infection and reducing the incidence of HIV-related illness and death through campaigns, surveillance, programs, and research.

PUBLICATIONS

HIV Plus Magazine
www.hivplusmag.com
Covering treatment, prevention, testing, stigma, research and resources for those just diagnosed.

POZ Magazine
www.poz.com
Serving the community of people living with and those affected by HIV/AIDS.

The People Living with HIV Stigma Index
www.stigmaindex.org
A tool that measures and detects changing trends in relation to stigma and discrimination experienced by people living with HIV.

The Body
www.TheBody.com
Uses the Web to lower barriers between patients and clinicians, demystify HIV/AIDS and its treatment, improves the quality of life for all people living with HIV/AIDS, and foster community through human connection.

My Fabulous Disease
www.marksking.com
First person account and commentary from an HIV positive gay man in recovery from drug addiction.

I’m Still Josh
www.imstilljosh.com
First person blog that serves as a hub for social media activity and activism related to HIV.

2015

The HBO series Looking is one of two scripted television series to feature a recurring character who is HIV-positive, played by Daniel Franzese.
GLAAD’s ASSISTANCE
For more information, help, and guidance, please contact GLAAD. We can put you in contact with the above organizations and spokespeople, provide resources, facts and ideas to tell the stories of people living with HIV.

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A SPECIAL THANKS TO THE FOLLOWING, WHO CONTRIBUTED CONTENT OR CONSULTED IN THE CREATION OF THIS GUIDE:


Also a special thanks to GLAAD interns Effy Donovan, Dena Lagomarsino, and Michaela Krejčova.
ABOUT GLAAD

GLAAD rewrites the script for LGBT equality. As a dynamic media force, GLAAD tackles tough issues to shape the narrative and provoke dialogue that leads to cultural change. GLAAD protects all that has been accomplished and creates a world where everyone can live the life they love.

glaad.org

ABOUT AIDS UNITED

AIDS United’s mission is to end the AIDS epidemic in the United States. We seek to fulfill our mission through strategic grant making, capacity building, policy/advocacy, technical assistance and formative research.

aidsunited.org

ABOUT THE ELIZABETH TAYLOR AIDS FOUNDATION

The Elizabeth Taylor AIDS Foundation supports organizations delivering direct care and services to people living with HIV/AIDS, and supports organizations that provide education to the public regarding HIV and AIDS and its prevention. ETAF supports existing organizations and entities that have exhibited integrity in managing their operations along with the knowledge and ability to expediently provide services or achieve other designated goals.

ETAF.org