RECOGNIZING THE PRESENT:
A GUIDE TO HIV IN THE 21st CENTURY

by What Would An HIV Doula Do? and Visual AIDS

Nicolas Moufarrege was an artist and writer born in Alexandria, Egypt in 1947, who left his home in Beirut, Lebanon amidst the Lebanese Civil War to live in Paris, France and New York City. He died in 1985 in New York, from AIDS-related complications. A writer and curator as well as a visual artist, he was a beloved voice within the thriving cultural and queer communities of the East Village. Looking back at how artists and activists responded to HIV and AIDS can provide lessons for the present, but can also oversimplify the crisis or perpetuate misconceptions and outdated information—particularly the fallacy that the AIDS crisis is over. This guide attempts to carry on the educational work of activist efforts in the 1980s and 90s by providing thought-provoking, up-to-date, and Queens-based information to help people recognize HIV in the present.
HIV IN QUEENS

The Queens Museum shares Flushing Meadows Corona Park with Arthur Ashe Stadium, which is named after the tennis champion who won three Grand Slam titles, and who died in 1993 of AIDS-related complications. The stadium is a fitting honor to Ashe’s legacy and to Queens, where over 2.3 million people live, including 13,200 people with HIV.

Compared to the other boroughs, Queens is one of the best at connecting newly diagnosed individuals with HIV to treatment and ensuring that they receive the care they need over time to maintain their health. In 2017, 78% of all people living with HIV in Queens had an undetectable viral load (“viral load” refers to the amount of HIV a person has in their bloodstream; an undetectable viral load means better health outcomes for the individual and that HIV cannot be transmitted). Much of the HIV-health related success in Queens can be attributed to the great organizations that work with people living with HIV.

World-wide, men who have sex with men, people who inject drugs, sex workers, cis and trans women, trans men, and gender creative people are burdened more than others with higher rates of HIV diagnosis, and less support.

Among the 400 people diagnosed with HIV in Queens in 2017, a majority were young Black, Latinx, and Hispanic queer men. A variety of Queens based community organizations work to provide these communities with culturally competent connections to medical treatment and social support:

• **AIDS Center of Queens County** is the largest provider of HIV/AIDS services in Queens, with locations in Far Rockaway, Jamaica, and Woodside. They provide testing, care support, and “wraparound” services like helping people apply for food stamps and disability. [acqc.org](http://acqc.org)

• For testing, care and prevention, you can also visit the **New York City Department of Health and Mental Hygiene, Corona Sexual Health Clinic** at 34-33 Junction Blvd, 1st Fl, Jackson Heights
• The Caribbean Equality Project empowers and strengthens the voices of LGBTQ people of Caribbean descent in the New York area. caribbeanequalityproject.org

Statistics on Queens in 2017 for people newly diagnosed with HIV show that a smaller proportion of Latinx, Hispanic, Asian, and Pacific Islander people were linked to care in a timely way, compared to White and Black people. In addition, a smaller proportion of women and transgender people had undetectable viral loads compared to cis men. Organizations in Queens that work against this imbalance include:

• Colectivo Intercultural TRANSgrediendo promotes the cultural and social health of trans* and gender non-conforming people. ourvoicesarefree.org

• Voces Latinas works to reduce the rate of HIV among women in Queens by creating programs that recognize Latinas as the best educators in their community. voceslatinhas.org

Besides gender, race, and sexuality, other factors that can exacerbate the challenges that come with an HIV diagnosis include immigration, domestic violence, poverty, joblessness, homelessness, and a lack of support around drug use. Check out the following organizations doing good work through an intersectional lens:

• Queens Community House is a multi-site, multi-service settlement house that serves the diverse neighborhoods of Queens. qchnc.org

• Lorena Borjas Community Fund helps low-income LGBTQI and gender non-conforming immigrants avoid the collateral consequences associated with criminal convictions, jail time and court appearances. lorenaborjas.org

• Make the Road builds the power of Latinx and working class communities of color to achieve dignity and justice through organizing, policy innovation, transformative education and the provision of survival services. maketheroadny.org
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)

If a person with HIV regularly takes HIV medication, it can lower the amount of HIV in the blood (the viral load) to an undetectable level. People who are “undetectable” (or whose viral load is suppressed) cannot transmit the virus to others: undetectable = untransmittable. This doesn’t mean the person no longer has HIV. It means that by continuing a treatment plan, a person with HIV can live on their own terms. (Source: Housing Works)

For medical HIV treatment to be effective, people need housing; rest; a place to store medication; food; community support; and legislation in place to ensure safe and equal access to housing, education, work, and justice. Treatment is a form of prevention. If someone living with HIV has an undetectable viral load the virus is non-transmittable.

Transmission of HIV is difficult. The following is needed:

- A person living with the virus, with a detectable viral load, and an exit that allows a bodily fluid (such as cum or blood) to leave the person’s body.

- Another person, not on PrEP, who does not take PEP within 72 hours of possible transmission, and an opening (the rectum or vagina) able to receive the bodily fluid without the virus ever touching air. (HIV dies upon contact with air and water).

Common ways HIV is shared in the US:

1. Having vaginal or anal sex with someone who has HIV without using a condom or taking PrEP or PEP
2. Sharing needles with someone who has HIV.

The virus is NOT transmitted through bug bites, toilet seats, hugging or casual kissing, sharing utensils, water or air, swimming, or blood transfusions (these are tested now).
COMMUNITY CARE

Condoms are highly effective in preventing the sexual transmission of HIV and other sexually transmitted infections (STIs). You can get free condoms and other safer sex products—call 311 or search online at the NYC Health Map.

Pre-exposure Prophylaxis (PrEP), is a daily medicine for HIV-negative people to lower their chances of getting HIV. Ask a medical provider about PrEP. For help getting Medicaid or low-cost insurance, call an NYC Health Department Enroller at 718-953-8234, or call 311.

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. For access in NYC, call the PEP hotline at (844) 373-7692.

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. For needle exchange in Queens, call ACQC Syringe Exchange Coordinator, Erika Vasquez (917) 670-5687, or 311.

Naloxone (Narcan®) is a life saving medication that reverses the effects of opioid overdose. It only works on opioids (heroin, prescription painkillers, fentanyl). To find out where you can get free Naloxone and training, call 311.

If you are HIV negative, you have an important role to play in the ongoing response:
• Help make the world a safe place for people living with HIV to access care, treatment, and testing.
• Help create a culture where people can live with HIV and share their positive status without fear of physical or emotional violence.
• Educate yourself so you are aware of needle exchange, PrEP and PEP, and what it means when someone is undetectable.
• Be aware of the intersectional factors that may influence people living with HIV such as race, gender, sexuality, and geography.
• Reduce AIDSphobia in yourself and within your community.
• Learn and promote the role that condoms and other safe sex strategies can play in preventing HIV and other sexually transmitted infections.
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)

Domestic Violence is a pattern of behaviors used by one partner to maintain power and control over another, usually against a partner in a relationship. Domestic violence includes behaviors that physically harm, threaten, intimidate, or arouse fear in an individual. It can also include emotional abuse and economic deprivation. This can be experienced by partners living with HIV exacerbating issues that come with living with HIV. (Source: The National Domestic Violence Hotline)

HIV Criminalization refers to laws imposed by over 30 states that have made HIV exposure a crime, regardless of condom use, viral load, or actual risk of transmission. (For the laws in your state, visit hivlawandpolicy.org) For people living with HIV, a contentious relationship, a personal misunderstanding, or even a minor infraction of the law can lead to prison sentences of over thirty years, sensationalized media coverage, or registration as a sex offender. (Source: Sero Project)

Immigration is an HIV issue. Inequities in the United States immigration system disproportionately harm HIV-affected people, documented or otherwise, and their families. Isolation and lack of health care impedes HIV testing, treatment, and prevention efforts. Due to current immigration policies, multiple people living with HIV have recently died in ICE detention centers (including trans activists Johana Medina Leon and Roxana Hernandez). (Multiple sources including The Center for HIV Law and Policy)
CREDITS

RECOGNIZING THE PRESENT: A DOULA’S GUIDE TO HIV IN THE 21st CENTURY was created by What Would an HIV Doula Do? with support from the Queens Museum and Visual AIDS, in conjunction with the exhibition Nicolas Moufarrege: Recognize My Sign, organized by CAMH Curator Dean Daderko and coordinated by Queens Museum curator Larissa Harris.

Special thanks to Lindsey Berfond, Assistant Curator for Public Programs, Queens Museum. Thank you to all the Queens organizations doing vital work in our communities. Those listed here are just a few of the many working across our city.

Exhibition made possible by support from Claudia Audi, the Lenore G. Tawney Foundation, and Joumana Rizk. Additional support provided by Judi Roaman and Carla Chammas, and Nayla Hadchiti. BOMB Magazine provided media support.

All HIV-related statistics about Queens are from the New York City Department of Health and Mental Hygiene report published November 2018. To learn more about HIV statistics in your area go to AIDSvu.org

Queens Museum is dedicated to presenting the highest quality visual arts and educational programming for people in the New York metropolitan area, and particularly for the residents of Queens, a uniquely diverse, ethnic, cultural, and the international community. queensmuseum.org

Visual AIDS utilizes art to fight AIDS by provoking dialogue, supporting HIV+ artists, and preserving a legacy, because AIDS is not over. visualaids.org

What Would an HIV Doula Do? (WWHIVDD) is a community of people joined in response to the ongoing AIDS Crisis. It understands a doula as someone who holds space during times of transition, and sees HIV as a series of transitions that begins long before being tested or getting a diagnosis, and continues after treatment, and even death. hivdoula.work
I WANT TO BE SEEN. BY YOU. I DON’T WANT TO BE DISMISSED OR FORGOTTEN. I HAVE CHANGED YOUR LIFE. I CAUSE PAIN. I TAKE MOTHERS. BROTHERS. SINGERS. ARTISTS. FRIENDS. AND I AM SORRY. BUT I HAVE ALSO BROUGHT MORE THAN DEATH. MORE THAN PAIN. WITH YOU I HAVE BUILT COMMUNITIES AND LEGACIES, WAYS OF BEING. TOGETHER. IN INTIMACY. IN ANGER. IN LOVE. IN ACTION. IN POLICY. I HAVE IMPACTED HOW WE WORK, LOVE, CARE, MOURN. GET PLEASURE. AND STILL YOU TRY TO PRETEND I AM ONLY IN THE PAST. BUT I AM HERE. AMONG YOU. NOW. AND I AM POWERFUL. I AM RESILIENT. I AM CREATIVE. (AS YOU ARE.) I HAVE LEFT MY MARK. CONDOMS. CLEAN NEEDLES. THE RED RIBBON. UNIVERSAL PRECAUTIONS. PREP. U = U. DIE-INS. THE QUILT. AND I AM NOT DONE. WE HAVE STILL SO MUCH TO DO. TEACH. CURE. YOU TRY TO ERASE ME. TO MAKE ME INVISIBLE. UNDETECTABLE. BUT YOU CAN NOT DISAPPEAR ME. I DON’T WANT WHAT WE HAVE CREATED TO BE DISMISSED OR FORGOTTEN. YOU CAN NOT END ME. WE MUST LEARN TO LIVE WITH ME, BEFORE I CAN BECOME A MEMORY. I WANT YOU TO RECOGNIZE ME IN THE PRESENT.

FRONT COVER
“Another Wave, Still More Savagely Than the First: Lower East Side, 1982” by Nicolas Moufarrege
Arts Magazine, September 1982

BACK COVER
ANOTHER WAVE REMAINS,
What Would an HIV Doula Do?, 2019
(after “Another Wave, Still More Savagely Than the First: Lower East Side, 1982” by Nicolas Moufarrege)