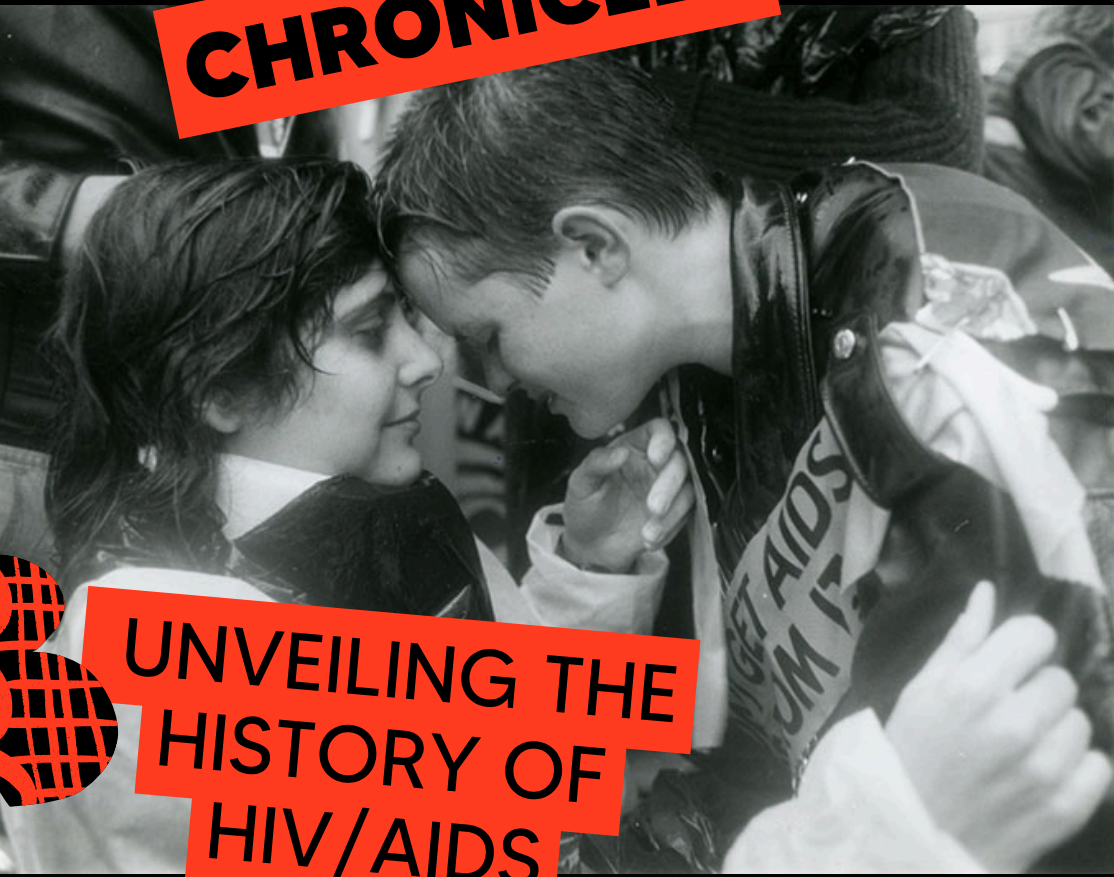


# GEORGIA'S RED RIBBON CHRONICLES



## UNVEILING THE HISTORY OF HIV/AIDS

Georgia Equality's Monthly Youth Zine

#1: August 2024





“Sweet Williams” by Robert Sherer, 2013

HIV+ and HIV- Blood on Paper

The title “Sweet Williams” comes from Robert Sherer’s childhood. His grandmother, an avid gardener, often asked him to help gather flowers from her garden and instructed, “Now, honey, cut down the most beautiful ones first.” Upon reflection, Sherer realised that AIDS was deeply correlated to beauty and sexual attraction. He remembers his many handsome friends and acquaintances who died too early – the Williams, the Billys, the Wills, the Willies – memorialising them in an image drawn in HIV negative and positive blood. Of all his colleague friends, two of whom were named William, only Sherer is still alive.

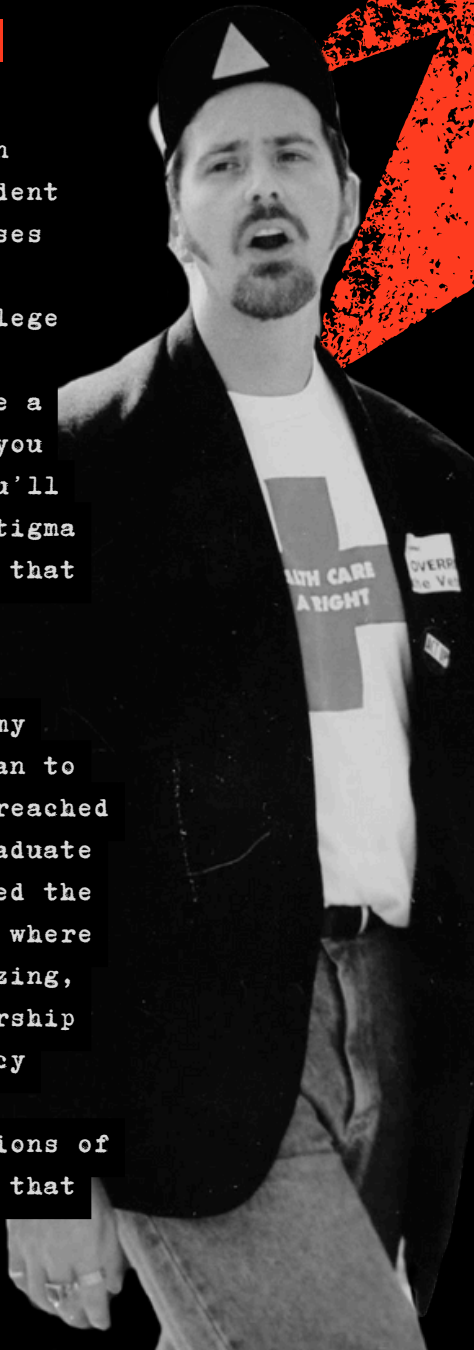
# FORWARD


By Jeff Graham

EXECUTIVE DIRECTOR OF GEORGIA EQUALITY

I started my own journey in HIV advocacy when I was a sophomore in college. My role in our LGBTQ student organization was to speak to classes about my experiences as being an openly gay student in a small college in San Antonio. At almost every presentation, someone would ask me a version of the question: "Why do you choose to be gay when you know you'll die of AIDS?" The ignorance and stigma around HIV were so strong in 1984 that I had no choice but to become an activist.

As the decade progressed, so did my advocacy. Once my own friends began to get sick and some of them die, I reached a point where I dropped out of graduate school, moved to Atlanta and joined the activist group ACT UP. ACT UP was where I learned about grassroots organizing, the necessity of supporting leadership from people most impacted by policy debates and the power of working collectively across the intersections of race, gender, and economic status that is so often used to divide us.





Over the past 40 years of doing this work, I've also realized that HIV advocacy has always been rooted in young advocates' lived experiences and passion. While all people who are sexually active need to know how to prevent HIV and take their sexual health into their own hands, this is especially true for those who are learning about their own sexuality. Too often, even the most well-meaning decision-makers will forget that HIV has always had the biggest impact on people in their late teens and twenties.

Today we have the tools, including amazing scientific advances, to make HIV transmission rare and to give those who are living with HIV the ability to manage their HIV status as a chronic disease. However, until we recognize and follow the leadership of young activists, we'll continue to struggle wondering why more folks don't utilize PrEP or have challenges remaining in care.

• Jeff Graham, 2024

Lou Sullivan was a gay trans man at a time when his sexuality and gender were seen as contradictory—a dual identity that couldn't really exist. He wasn't the first gay trans man, but he became one of the most visible through his writing, activism, public speeches, occasional TV appearances, and dogged networking. He lobbied for the recognition of the existence of gay trans men and to remove sexual orientation from the criteria of gender identity disorder.

He founded FTM International, one of the first organizations specifically for FTM individuals, and his activism and community work was a significant contributor to the rapid growth of the FTM community during the late 1980s.



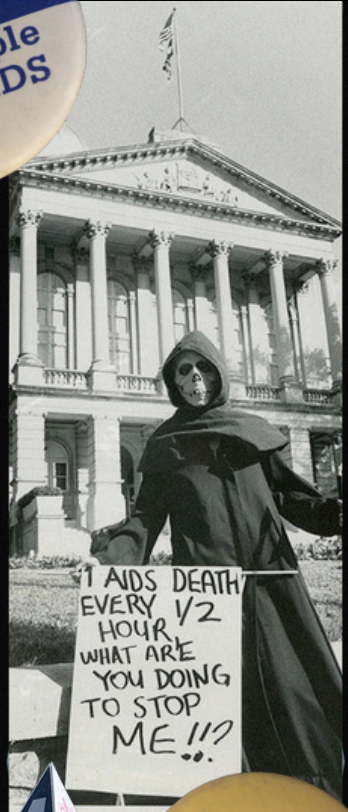
Louis Graydon Sullivan, or Lou Sullivan  
June 16, 1951 – March 2, 1991

“...they've told me so many years that it was impossible for me to live as a gay man, but it looks like I'm gonna die like one.”  
— We Both Laughed In Pleasure: The Selected Diaries of Lou Sullivan

# History of HIV/ AIDS in Georgia



**FIGHT  
AIDS**  
not people  
with AIDS



**KEEP  
YOUR  
LAWS OFF  
MY BODY !**



1 AIDS DEATH  
EVERY 1/2  
HOUR  
WHAT ARE  
YOU DOING  
TO STOP  
ME!!!?

**ACTION=LIFE**

**ATL'S  
HIV+  
30,162  
POPULATION**

STILL STANDS  
IN THE SOUTH  
AS AN EPIDEMIC  
AND AN OBSTACLE  
TO EQUALITY  
AND HUMAN RIGHTS  
FOR THE MOST VULNERABLE  
AND THE MOST MARGINALIZED  
MEMBERS OF SOCIETY  
STOPPING THE VIRUS  
MEANS WE MUST HELP  
EVERYONE, REGARDLESS  
OF RACE, CLASS, GENDER OR IDENTITY

**HEY BUBBA...  
DON'T FORGET  
YOUR RUBBA!**





# History of HIV/AIDS

1981

On June 5th the Centers for Disease Control (CDC) publishes five cases of a rare lung infection – Pneumocystis carinii pneumonia (PCP) – in young, gay men living in Los Angeles. By the time the report was released several of the men had died. The first cases of AIDS is reported in the summer. As most cases were among gay men, the initial title given to the illness was gay-related immunodeficiency (GRID).

1982

Cases of rare illnesses were reported among injection drug users, people receiving blood transfusions, as well as heterosexually-active people resulting in the Task Force to rename the disease to acquired immunodeficiency syndrome (AIDS).

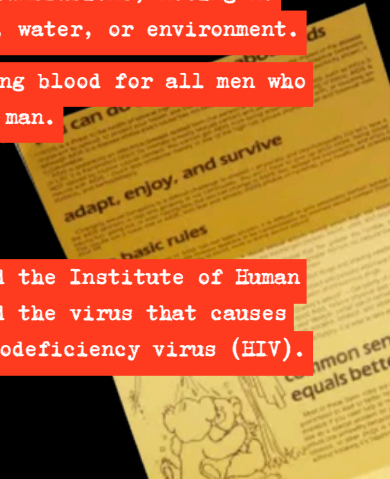
AID Atlanta is founded and currently services as the oldest AIDS Service Organization (ASO) in the Southeast.

1983


The CDC's Task Force concluded AIDS was a blood borne infectious disease passed during sex, sharing needles, and blood transfusions; noting no evidence of transmission via casual contact, food, water, or environment.

The FDA he agency imposes a lifetime ban on donating blood for all men who have ever had sex with another man.

1984



Researchers at the Pasteur Institute in France and the Institute of Human Virology at the University of Maryland identified the virus that causes AIDS – what would, in 1986, be titled “human immunodeficiency virus (HIV).



## 1985

The Food and Drug Administration (FDA) approved the first test to screen for HIV antibodies— the body produces antibodies as part of its response to fight disease. Blood banks begin screening supplies for HIV antibodies.

Ryan White becomes a national figure and HIV spokesperson when his Indiana middle school blocks him from attending due to his status.

## 1987

AZT becomes the first drug used to treat and prevent HIV/AIDS.

Congress passes the Helms Amendment that barred the use of federal dollars to “promote or encourage...homosexual activities,” which prevented the Centers for Disease Control from funding efforts targeting a highly impacted community.

ACT UP (AIDS Coalition to Unleash Power) forms its first chapter in New York City to mobilize affected communities and supporters to encourage private and public institutions to address HIV/AIDS.

## 1988

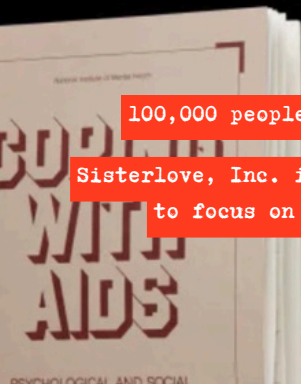
The first needle exchange programs are set up in Tacoma, WA as well as San Francisco, CA to help prevent HIV infections among injection drug users. The U.S. Congress passed a ban on the use of federal funds for needles exchange programs based on the idea they promote drug use.



## 1989

100,000 people are reported to have died from AIDS-related causes.

Sisterlove, Inc. is founded as the first and oldest organization in Georgia to focus on the needs of women living with and at risk for HIV.



## 1990

Ryan White dies and several months later, U.S. Congress passed the Ryan White CARE Act, providing millions of dollars for the care and treatment of people living with HIV/AIDS.

Congress passes the Americans with Disabilities Act (ADA), which makes discrimination against people living with or thought to be infected with HIV (as well as host of other diseases) against the law.

## 1991

The U.S. Congress passes the Housing Opportunities for People Living with AIDS Act (HOPWA), which provides money to states and cities to provide housing for people living with HIV/AIDS

The CDC updates the definition of AIDS to include more illnesses specific to women and injection drug users.

## 1994

The FDA approves the first oral HIV antibody test. AIDS became the leading cause of death for all Americans ages 25-44 years old

Pedro Zamora appears on MTV's "The Real World," one of the first openly-HIV positive and openly-gay people on TV; he dies from AIDS-related causes later in the year. An activist, he contributes to national relations with Cuba, changes the public narrative of HIV/AIDS and more.

## 1995

The FDA approves a class of medication, protease inhibitors, that will revolutionize HIV treatment. 500,000 people in the U.S. are reported to be HIV+.



Pedro Zamora, February 29, 1972–November 11, 1994

## 1996

Combinations of anti-retroviral therapy (ART) – treating people living with HIV with three medications – becomes the standard in treating HIV.

AIDS is no longer the leading cause of death for those aged 25–44, except among African Americans.

Newly diagnosed cases drop for the first time since 1981.

In October, all 38,000 coffin-sized panels of the AIDS Memorial Quilt are displayed for the last time; it blankets the entire National Mall (146 acres) in Washington, DC.

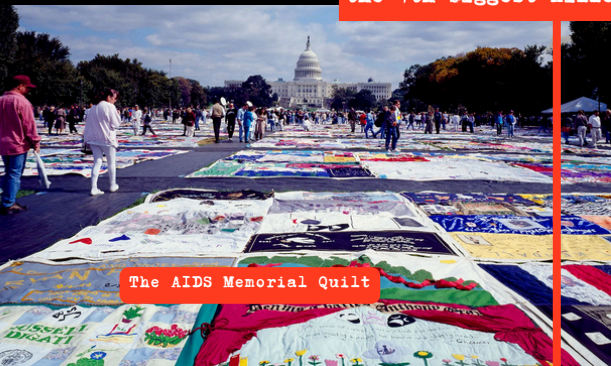
## 1997

Deaths from AIDS-related causes drop by 47%. UNAIDS (the Joint United Nations Programme on AIDS) estimates 30 million people are living with HIV and 16,000 people are infected every day.

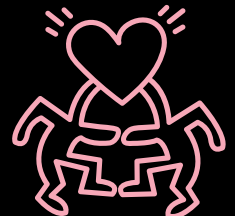
## 1998

The CDC reports that African Americans account for 49% of AIDS-related deaths. The Congressional Black Caucus (CBC) puts forth a “Call to Action,” and requests the President and Surgeon General declare HIV/AIDS a “State of Emergency” in the African American community.

In 1999, the World Health Organization announced that HIV/AIDS had become the 4th biggest killer worldwide.



The AIDS Memorial Quilt





2001

February 7, 2001: the first National Black HIV/AIDS Awareness Day



2002

2002, worldwide, 10 million young people age 15-24 and almost 3 million children under age 15 were living with HIV.

The Food and Drug Administration approved the first rapid HIV diagnostic test kit with a 99.6 percent accuracy in as little as 20 minutes.



2003

The U.S. Centers for Disease Control and Prevention (CDC) calculate that 27,000 of the estimated 40,000 new infections that occur each year in the U.S. result from transmission by individuals who do not know they are infected.

The development and use of oral fluid samples with a rapid HIV diagnostic test kit that provides the result in approximately 20 minutes is approved for use.



2009

President Obama states he is lifting the HIV travel and immigration ban beginning in January 2010.



2013

UNAIDS reports AIDS-related deaths are down 30 percent globally since their peak in 2005.



2014

A study found that no HIV-positive partner undergoing antiretroviral therapy and had an undetectable viral load had transmitted HIV.

## 2015

Cuba becomes the first country in the world to eliminate mother-to-child transmission of HIV and syphilis.

In response to an HIV outbreak in Indiana, which is linked to people injecting drugs, Congress lifts restrictions that prevented states and localities from spending Federal funds for needle exchange programs.

The Food and Drug Administration (FDA) approves the first rapid HIV diagnostic test kit with a 99.6% accuracy in as little as 20 minutes.

## 2016



Pharmacy researchers report finding that those assigned female at birth need daily doses of the antiviral medication emtricitabine-tenofovir to prevent HIV infection, while those assigned male at birth only need two doses per week due to differences in how the drug accumulates in tissue.

## 2020

CDC publishes a new study showing that the age-adjusted rate of HIV-related deaths among people with HIV in the U.S. fell by nearly half from 2010-2017. Much of the reduction was likely due to early testing and diagnoses, and helping them gain access to and stay on lifesaving treatment.

## 2021

CDC publishes updated HIV PrEP guidelines to increase PrEP use among all people who could benefit.

Results from the HPTN 052 trial show that early initiation of anti-retroviral treatment (ART) reduces the risk of HIV transmission by 96% among discordant couples – where one partner is HIV+ and the other is not.

## 2023

FDA updates its blood donor eligibility guidance, ending longstanding discriminatory policies that excluded gay and bisexual people from donating blood while maintaining safeguards to protect recipients of blood products.

# HIV Myths & Facts

"I'm HIV-positive. My life is over."

FACT: In the early years, when the disease was epidemic and no treatment was available, the death rate from AIDS was extremely high. But today's drugs allow people who have HIV or AIDS to live much longer, normal, and productive lives. If you start drug treatment right away and take it correctly, you may live as long as you would have without the virus.

"I would know if a loved one had HIV by looking at them!"

FACT: You cannot tell if someone has HIV by looking at them, people can be infected with HIV for up to 10 years or more and still show no symptoms.

"I can get HIV by being around people who are HIV-positive."

FACT: HIV isn't spread through touch, tears, sweat, saliva, or pee. You can't catch it by breathing the same air, touching a toilet seat or door handle, or drinking from a water fountain. You cannot get it by hugging, kissing, or shaking hands. Nor sharing eating utensils or using exercise equipment at a gym. You CAN get it from positive blood, semen, vaginal fluid, or breast milk.

...and NO, mosquitos/other insects cannot transmit HIV/AIDS.

# U=U

## Undetectable=Untransmittable

U=U means that people living with HIV who achieve and maintain an undetectable viral load— the amount of HIV in the blood— by taking and adhering to antiretroviral therapy (ART) as prescribed cannot sexually transmit the virus to others.

HIV is no longer a death sentence, but a manageable chronic condition with treatment options.

**U=U applies to transmission through sex only— but it is still progress!**



The amount of HIV found in body fluids is called viral load. Taking effective HIV treatment (antiretroviral therapy) suppresses the amount of HIV in body fluids.

This reduces viral load. Viral load is measured in units called 'copies' and tests show these results as 'viral copies per millilitre of blood' (copies/mL).

With effective HIV treatment, the number of copies becomes so low that these viral load tests are unable to detect any HIV or can only find a tiny trace.

Doctors call this 'virological suppression' but it is often known as 'having an undetectable viral load' or 'being undetectable'.


### IGNORANCE = FEAR



# The future looks like...


By **Kayla Quimbley**

HIV POLICY MANAGER, GEORGIA EQUALITY




The landscape of HIV activism has evolved significantly over the years, reflecting both progress and ongoing challenges. Politically, we are at a critical juncture where advancements in treatment, prevention, and public awareness have brought us closer to ending the HIV epidemic than ever before. The availability of PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis), alongside highly effective antiretroviral therapies (ART), has transformed HIV from a fatal disease to a manageable chronic condition. However, access to these life-saving treatments remains uneven, particularly among marginalized communities. This disparity is compounded by systemic inequalities in healthcare, education, and economic opportunities, which continue to drive new infections, particularly in underserved areas.

Currently, HIV activism is focused on addressing these disparities. Activists are working to expand Medicaid and other forms of healthcare access, especially in states that have resisted expansion. This is critical because healthcare coverage is one of the most significant barriers to accessing HIV prevention and treatment services.



There is also a growing emphasis on intersectionality within HIV activism, recognizing that issues like racism, homophobia, transphobia, and economic inequality are deeply intertwined with the epidemic. Activists are increasingly advocating for policies that address these broader social determinants of health, pushing for a more holistic approach to ending the epidemic.

In the future, technology and digital activism will play a larger role. Social media educates and mobilizes communities, especially reaching younger generations. Biomedical research advancements, like an HIV vaccine, offer hope, but political support and funding are crucial for accessibility to all.



The future of HIV activism will also require a sustained focus on combating stigma and discrimination, which remain significant barriers to testing, treatment, and prevention. As we move forward, it will be crucial for activists, policymakers, and healthcare providers to work together to create an environment where all individuals feel empowered to take control of their health.

This includes continuing to advocate for comprehensive sex education, harm reduction strategies, and the decriminalization of HIV transmission, all of which are essential to reducing new infections and supporting those living with HIV. While the challenges are significant, the future of HIV activism holds the promise of continued progress toward a more equitable and just response to the epidemic.

# GEORGIA RESOURCES

## Information on U=U

>>Undetectable viral load and HIV transmission<<

>>HIV U=U: Treatment as Prevention<<

## Resource Map for HIV Care and Testing

>>Resource Map<<

## Georgia Equality's HIV Information

>>HERE<<

## So you tested positive for HIV...

>>STOP AND BREATHE!<<



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# Georgia Equality

