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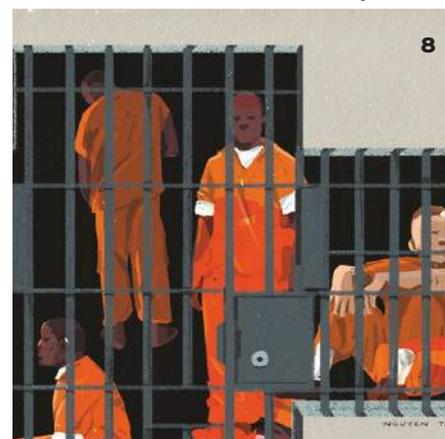
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HIV AT 40

DR. ANTHONY FAUCI

on the early days of another pandemic

BY ANDREW DAVIS

Dr. Anthony Fauci has been called “America’s doctor”—and with good reason. His face and advice regarding COVID have seemingly been omnipresent since the virus affected the masses early in 2020.

However, decades before the word “coronavirus” became known to the public, the current director of the U.S. National Institute of Allergy and Infectious Diseases (NIAID)/chief medical advisor to the president was on the forefront in the scientific battle against another emerging pandemic: HIV/AIDS. (In fact, it was because of HIV/AIDS that Fauci has advised every president since Ronald Reagan, who was chief executive when this disease devastated so many in the 1980s.)

Windy City Times talked with Fauci about the early days of the HIV/AIDS pandemic—but the conversation started with a question about his current condition.

Windy City Times: After seemingly being the face of COVID medical advice for the past year, how are you physically and mentally?

Dr. Anthony Fauci: You know, it’s been interesting, Andrew. It’s been a surrealistic year. I have not had a day off in 15 months, and it’s almost like you’re in a zone. You know how basketball players make all those shots and they say you’re in a zone—like with Michael Jordan?

WCT: Yeah. They also called it being “unconscious.”

Fauci: Exactly. That’s the way it is now with me. The work we’re doing is so important and there’s so much suffering that you don’t think about anything else than doing something about it. You don’t dwell on the fact that you’re tired or need sleep—you just do it.

When this is over—and that will happen at some point—we’re going to look back and ask, “How the hell did we do that?”

WCT: Regarding HIV, take me back to when you first heard about AIDS, in 1981.

Fauci: It’s totally embedded in my mind because I’ve thought about it and lived it over and over again.

I was sitting in my office at the NIH [National Institutes of Health] clinical center, where my laboratory was at the time. It was the first week of June in 1981, and I saw the MMWR [The Morbidity and Mortality Weekly Report], which described this extraordinary and interesting report of fine young men—and, curiously, all gay men—who were previously well but developed this condition called pneumocystis pneumonia.

Now, at the time, I had been at the NIH for nine years and I had been board-certified in infectious diseases, clinical immunology and internal medicine. I was the infection-diseases consultant, with several of my colleagues, at the clinic. We used to see cancer patients who were immunosuppressed with chemotherapy, and several of them would get pneumocystis, so right away I knew that [those with AIDS] had to be severely immunosuppressed. I thought that it had to be a fluke or maybe some drug they were taking, like poppers.

One month later, in the first week of July, what I believe was the transforming event in my career happened—when I got the second MMWR. That one described 26 young men who were all gay. They weren’t just from Los Angeles; they were also from San Francisco and New York [City], and they presented pneumocystis as well as other opportunistic infections. That’s when I got goosebumps because I realized this was a new disease and it was sexually transmitted. Then I thought

about it for a while: I’m an immunologist, and this is an infectious disease without a name or etiology—because it’s 1981—but if what I think is going to happen actually happens, it’s going to explode not just in the gay community, but throughout the world.

I decided to change the direction of my career later that summer, and I was on a pretty steep pathway toward a very successful career in immunology and infectious diseases. I remember that my mentors asked, “What are you doing? You’re throwing away this incredibly promising career. Why are you studying this disease that’s a fluke? It’s going to go away.” And I said, “It’s not going to go away.” I even wrote a paper at the end of 1981 (and it was published in 1982). I said, “Anyone who thinks this disease is automatically going to disappear doesn’t really know what they’re talking about.” Unfortunately, that was one of the most prophetic things I’ve ever [stated].

Then, as the years went by, things got worse and worse—and my career got enveloped in studying this strange disease. In 1984, when the position of NIAID director became available—a job I still have, 37 years later—I realized the impact I could have because I could put a major emphasis on AIDS.

WCT: But you, and President Reagan, did get some blowback from the LGBTQ community.

Fauci: Oh, yeah—and it was pretty clear why. I was one of the few people who was out there and very visible, talking about increasing support. I would go into the community and was on TV and the radio. So I became the face of the federal government. So activists said, “We’re not part of the dialogue. We want our concerns addressed.”

Nobody in the scientific community was paying attention to them. So in order to get atten-

tion—in what I thought was a smart move—[the activists] became very confrontational and provocative, and made me a target because I was a federal person. Larry Kramer called me a murderer and an incompetent idiot—and they certainly got my attention.

What I did was get past the theatrics and confrontations, and start to listen to what they said. And once I started to listen, it made perfect sense. I’m talking with you on the phone and I’m almost at the conference room where I first invited them in, in the late ‘80s. They went gradually from totally attacking me to developing a cordial relationship to having a collaboration. Now, 37 years later, some of those activists are my best friends. [Laughs] It’s been an interesting evolution.

WCT: Did you think the world would be marking the 40th anniversary of HIV/AIDS with no cure or vaccine?

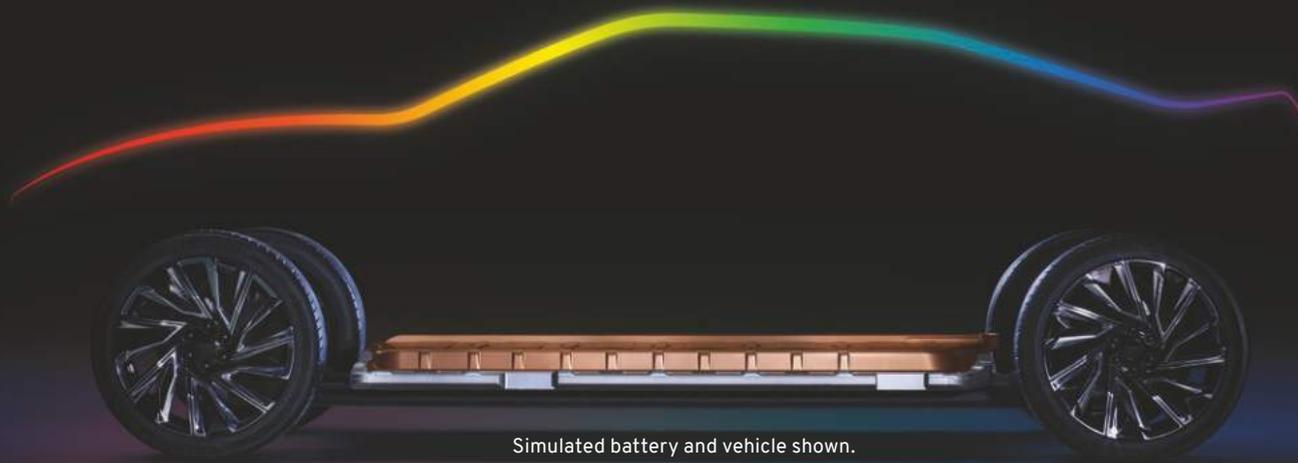
Fauci: I erred in my estimation in two ways. I thought we’d have a vaccine much sooner. But I never thought we’d have such spectacular therapies, where you could treat somebody with a single pill for the rest of their lives. Not only can levels be brought so low that they’re undetectable and people can live lives that are practically normal, but it can be practically impossible for them to transmit the virus to someone else.

So I underestimated how well we would do with therapy, but I overestimated the situation with the vaccine because, at that time, we didn’t realize the virus has this spectacular ability to integrate itself into the genome of the cell. Once it does that, you can’t get rid of it. When the body doesn’t want to make a good response against HIV, it’s hard to make a vaccine against it. So, it’s been very interesting.



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ERIE FAMILY HEALTH CENTER:

Focused on helping at-risk communities

BY ANDREW DAVIS

HIV/AIDS disproportionately affects Black communities—with Black gay and bisexual Black men and Black trans women being the most affected population than any other group in the country. More specifically, one in two Black MSM (men who have sex with men) will be diagnosed with HIV in their lifetime, as compared to one in four Latino MSM and one in 11 white MSM.

Recognizing these racial differences, especially among Black communities, Erie Family Health Centers view the HIV epidemic as a social issue as well as a healthcare issue. Among other things, Erie Family has employed the Lending Hands for Life (LHL) program to help those living with HIV/AIDS—or those who are at risk—live healthy lives and reduce the number of transmissions in Chicago..

Windy City Times talked with the center's Dr. Santina Wheat and LHL case manager Christian Biggers about the program and HIV/AIDS, in general.

Windy City Times: I wanted to start with something general. Did you think HIV/AIDS would be around for 40 years—and there would be no cure or vaccine?

Dr. Santina Wheat: I think not. I thought that we would have a vaccine or cure by now. That being said, I have been pleasantly surprised—from

my time from medical school until now, caring for patients with HIV—that we have is much better [than before]. It's much more manageable.

I feel like I have conversations with people who say, "It's not like what you saw in the movies, or when we were younger." I do wish we were further along, though, and had a cure or vaccine. Christian Biggers: I can agree with what Dr. Wheat said. I do know, from stories I've heard from people doing ART [antiretroviral therapy], that what they have today is a lot better than what they had. You don't hear about side effects any more. Then, when you have the time and resources to truly educate people, you can see the difference.

WCT: Have you noticed a more casual attitude about HIV/AIDS, as compared to a few years ago, in part because new treatments are available?

CB: For me, with the clients I encounter, I don't see people have a more nonchalant attitude about it. That's partially due to stigmas. There are more commercials that educate people, but there still are stigmas associated with the virus.

DSW: I would add that when someone is diagnosed, that person takes it very seriously. However, I would say [regarding] my patients who are not living with HIV, I am somewhat surprised



Erie Family Health Centers' Lending Hands for Life team. Courtesy of Erie Family Health Centers

that they are a little bit more casual than I would like them to be. I do feel like I've seen a rise in a lack of concern with [HIV-negative] people.

WCT: It's definitely disconcerting that minorities are disproportionately affected by HIV/AIDS.

CB: It is pretty sad, just because of the poor access to care, especially in Black and Brown communities.

DSW: The CDC says that one in two Black men who have sex with men will be diagnosed in their lifetime, so it's a huge distinction. It certainly hurts my heart, as a Black woman, to see the differences.

WCT: Stigma and healthcare access are major factors, as you've mentioned. Are there any others that account for the disparities in the numbers?

CB: I would say overall resources, which tie into education and food resources. There are theories that people face that could put them in vulnerable conditions.

DSW: I don't think that it could be said enough that there is systemic racism, and that systemic injustices occur. Those make things much more challenging for some communities than others. And it's just impossible to talk about any sort of health inequity without talking about things like access to healthcare, access to education. Getting information on how to protect one's self is different because of how our society is set up.

WCT: Lending Hands for Life has been around since 1989. What does the program entail?

CB: Our program is actually broken down in various ways. We focus on HIV, hep C and PrEP. I'm able to do the rapid HIV test, so I'm able to educate clients who come in. We can educate on PrEP if they're negative as well as the necessary steps if they are positive—and they should know they're going to have a support system, regardless of the result.

As well as education, outreach is very important, even if the client doesn't belong to one case manager. We want to make sure they know that we care, and that they take their medication and get to their medical appointments as well. We take a deep dive to access any barriers they may face, such as housing disparities; if you're homeless and sleeping on the [subway], the last thing you're going to worry about is your medication—so we try to provide proper resources.

We listen to clients so they feel supported, and sometimes they feel so comfortable they call us to see how we're doing. Sometimes they check on us more than we check on them.

DSW: All of the things Christian said are spot-on. Another aspect is that we are primary care-focused, so when patients or clients come to us I tell them that I can take care of them—and their families. That way, they don't have to feel like they're going someplace different than their friends or families. And we're able to provide care for patients with and without insurance. But I feel the most important thing is that, although HIV is manageable, there are patients with other conditions, such as high blood pressure. This place focuses on their entire health.

WCT: And how has the program had to pivot during the COVID pandemic?

DSW: I think the most obvious way has been with the way we provide care. For patients who did not need to come in, we changed to telehealth; for some of them, that was great because they didn't have to drive for results. Our teams had shifted a little bit: Initially, at some sites we were trying to separate patients who potentially had COVID from those who didn't—but that was earlier; now, we're able to provide more flexibility.

We've really looked at what we're able to do virtually—what doesn't require patients to come in.

CB: To piggyback on what Dr. Wheat said, the telehealth appointments have made things so much easier for clients. Before COVID, it was hard to get certain people in because of their work schedules; the telehealth appointments made things easier. Case managers also were willing to come on site to help clients who had certain needs.

WCT: What do you feel are key similarities between the COVID and HIV/AIDS pandemics?

CB: Touching on what Dr. Wheat said earlier, I'd say racial disparities and racial inequity in healthcare are [common to both]. Looking at the numbers of those who've received the vaccine and the numbers of those with HIV, I'd say there's a correlation.

DSW: I agree. I feel like the COVID pandemic was not as easy to potentially push aside, as the HIV/AIDS pandemic might have been. Because of

that, I think we've seen a different groundswell of movement with COVID. You asked me about not having a vaccine for HIV/AIDS—but, on the flip side, how is it that we have a vaccine for COVID already?

I struggle with this one. I agree with Christian in that we've seen the disparities hold true. We've seen some positives, like people coming together to fight COVID.

I think it's interesting how information has changed. We used to say certain things about HIV that we don't now. That evolution is the same with COVID—although, obviously, on a much more rapid basis.

WCT: Also, with HIV/AIDS back in the '80s, there was a much slower reaction. It took [then-President] Ronald Reagan years to even say the word "AIDS."

DSW: Yes—and it was about who it touched [gay men] in the beginning. Of course, COVID hit everybody so quickly.

WCT: Is there anything you wanted to add?

DSW: We're really trying to look at ways to change health inequities. We're trying to make sure we reach everyone. We want everyone to live their healthiest life possible.

CB: I agree. Just seeing how efficiently providers and case managers communicate with one another is just mind-blowing. I was definitely not expecting the relationships to be as strong as they are. You can see the passion people have here when it comes to serving their clients.

For more on Erie Family Health Centers, visit ErieFamilyHealth.org.



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WHEN CRIME GOES VIRAL



Activists say Illinois's law that makes it illegal to expose others to HIV is racist and homophobic. Now they're close to changing it.

BY ADAM RHODES

In early 2016, Jimmy Amutavi had what he considered a happy life.

More than a decade had passed since he first emigrated to the U.S. from Kenya with dreams of being a personal trainer. Amutavi had settled

down with his wife and young son in Evanston and was renting space at a nearby gym where the lifelong fitness fanatic gave private lessons.

But Amutavi's ties to the gym went beyond business.

Amutavi says he got a voicemail message from a Skokie police detective in 2016 saying there

was a warrant out for his arrest. The detective alleged the personal trainer had exposed three women he had sex with to HIV without their knowledge. One of them was a woman he'd met at the gym with whom he'd had a relationship.

Amutavi remembers feeling like his life was over.

"I was just floating there," Amutavi says. "I didn't know anything. It was as if someone had drugged me, and I was a zombie."

He surrendered to police custody in October 2016, but maintained his innocence.

Amutavi claims that when he ended his relationship with the woman, she retaliated by contacting his clients and disclosing his HIV status. Two other women, who Amutavi had also slept with, then agreed to press charges as well, he says. In addition, his lawyer tells the Reader and Injustice Watch that Amutavi's principal accuser allegedly violated health privacy laws to obtain Amutavi's private medical information through her job at a local hospital, which gave her access to those records. Phone calls and e-mails to the woman were not returned.

The Cook County State's Attorney's Office charged Amutavi with three counts of criminal transmission of HIV, each count punishable by up to seven years in prison. Prosecutors alleged Amutavi had intentionally hidden his HIV status from the three women, and through condomless sex, had put them at risk of contracting the virus themselves.

Prosecutors dropped the charges in April 2017 under then-newly elected Cook County State's Attorney Kim Foxx's office.

"Jon saved my life," Amutavi says of his attorney, Jon F. Erickson. "He gave me a lot of peace, and he assured me that we were gonna beat this."

One of the problems with the state's case against Amutavi was that there was virtually no way for him to transmit the virus because he takes medicine to treat and suppress the HIV in his body.

Illinois's HIV criminalization law makes it illegal for a person living with HIV to have condomless sex without first disclosing their HIV status to their sexual partners. The law also makes it illegal for someone to donate blood, semen, tissue, or organs, or to share non-sterile drug paraphernalia, such as needles, if they have HIV and don't first disclose that to the recipient. The law can and has been applied even if transmission of HIV does not occur.

Amutavi is one of the dozens of people charged in Cook County under the controversial law that Illinois lawmakers passed in the late 1980s at the height of the HIV/AIDS crisis. Scores of critics say policies like Illinois's are a dangerous and misguided attempt at stopping the spread of HIV and punish people for merely living with the virus while potentially allowing vengeful lovers to weaponize the law against people living with HIV. Activists pushing to repeal the law say it's a product of the overwhelmingly homophobic panic of that era and disproportionately impacts Black and Brown people.

A 2020 Chicago HIV surveillance report found that non-Hispanic Black people accounted for half of all people living with HIV, as well as the most frequently diagnosed population, in Chicago in 2019. Black men who have sex with men are also most at risk for contracting HIV.

"You can't really legislate around stigma," says Aisha Davis, director of policy at AIDS Foundation Chicago. "Then, when you add to that the implications around race, around gender, identi-

ty, around just the perception of someone when they've been charged with this, it means that Black and Latinx folks are going to be targeted even more."

Cook County hasn't prosecuted anyone under the statute since 2016. Still, the law remains on the books and within prosecutors' discretion.

Critics are also quick to point out that the law ignores the proliferation of pre-exposure prophylaxis, landmark HIV prevention drugs commonly known as PrEP, which have been found to be almost 99 percent effective. Activists and public health officials alike say the law also ignores the fact that, as the CDC states, people like Amutavi who are living with HIV and have been regularly taking treatment have virtually no risk of transmitting the virus, even without a condom. And like when the law was first up for debate, many today say the law punishes people for living with an incurable virus.

The law targets people "with the specific intent" to withhold their HIV status and spread the virus to their partners. But critics say that intent is difficult if not impossible to prove, and can be easily fabricated.

In June 2017, Amutavi obtained an order of protection for his family against the woman who allegedly accessed Amutavi's medical records. The petition alleges that over a yearlong period beginning in June 2016, the woman keyed Amutavi's car and verbally harassed him, his wife, and young son. However, Amutavi and his family declined to press charges, prioritizing fighting the charges against him.

But even after the county dropped the HIV charges against Amutavi, they still followed him, at least briefly. He applied to clear his record of the charges, but that application was denied in June 2018 by then-Cook County Assistant State's Attorney Michael Falagario. The form-letter denial states that "the people's interest in maintaining the records outweigh petitioner's need for expungement." Falagario wrote "multiple charges involving criminal transmission of HIV" as additional reasoning to deny the expungement petition before signing his name.

Court officials later expunged Amutavi's record in late July 2018 after, Erickson says, they were "educated" about his case.

But Amutavi, now in his 50s, says he still bears the emotional and psychological scars and the real-world consequences from his case. After news organizations like the Chicago Tribune, Seattle Times, and the Associated Press publicized the allegations against him, Amutavi says he lost all of his clients. He left his passion for personal training behind as a result. (He asked the Reader and Injustice Watch not to name his current employer out of fear of harassment from his principal accuser, which he says continues.)

He gets emotional talking about the case and is fiercely private about his personal information out of fear that the woman he broke up with will continue to harass him and his family. Therapy has helped him deal with the anxiety, depression, and PTSD he says he carries from the ordeal. There are good days, he says, when his shame and guilt subside, "but the bad days are still there."

"Every once in a while, I'm reminded of, you know, all of this," he says.

He also says he worries about how the charges, or news coverage about them, will impact his son, now ten years old. Internet searches of Amutavi's name call up his mugshot and the numerous articles about the allegations against him. But news about his exoneration nearly a year later is scant.

"I struggle with this thought, you know, my son googling me," Amutavi says. "And I worry how this might affect him one day."

Amutavi's case, and the damage it caused him and his family, are far from unique.

The Chicago Reader and Injustice Watch examined the law's origins in Illinois, how prosecutors have leveraged it in Cook County, and its impacts on people charged. Our investigation is part of The Circuit, a courts data project led by Injustice Watch and the Better Government Association, in partnership with civic tech consulting firm DataMade.

Early charges under the law indeed reflect critics' concerns about racism and homophobic AIDS panic, but so do recent prosecutions. As part of this investigation, we reviewed court records and used news clippings to dig up charges and track down attorneys, activists, and people charged.

An analysis of Cook County court data by The Circuit shows that Black men make up more than two-thirds of the people charged under this law; and across gender lines 75 percent of those charged are Black.

Court data shows that between 1990 and 2016, the Cook County State's Attorney's Office charged at least 60 people with criminal transmission of HIV. Prosecutors themselves put that number closer to 80 people during that time frame, and the discrepancy could come from myriad places. In our analysis, we eliminated names and cases that appeared to be related or duplicates. Some cases, like the one against Amutavi, could have been expunged or sealed.

The data also shows that prosecutors added HIV transmission charges in nearly 30 cases alleging criminal or aggravated sexual abuse or assault, almost half of the HIV transmission charges we found. Prosecutors have charged 15 people solely with criminal transmission of HIV, half of whom have pleaded guilty. And though prosecutors dropped roughly a third of all HIV-related charges, at least 20 people in the county have been convicted of criminal transmission of HIV since 1989.

The first Cook County State's Attorney to charge someone with criminal transmission of HIV after the law passed in 1989 was Cecil A. Partee, a Democrat who was appointed to replace Richard M. Daley after Daley was elected mayor of Chicago. Partee was the first Black person to serve as the county's top prosecutor, and Cook County wouldn't elect a second until Kim Foxx, another Democrat, won the post in 2016. Partee's tenure was short-lived though, ended by Republican Jack O'Malley in a November 1990 special election.

Court data shows that Partee prosecuted two people under the law. One was a Black man charged in 1990 with criminal sexual assault, criminal HIV transmission, and unlawful restraint. He pled guilty to the latter charge while prosecutors dropped the sex-related claims against him.

Circuit Court judge Margaret Stanton McBride, now an Illinois appellate judge, sentenced the man to one year in prison in 1991. We couldn't find out much more than that; privacy laws restrict access to the case file, and we couldn't find contact info for the defendant or any news stories about the case.

However, Partee's other prosecution made more headlines—and stoked critics' fears about the HIV law's disparate application. The case began with the March 1990 arrest of Olivia St. John, a Black transgender woman who an August 1990 Chicago Tribune article reported as the defendant in the county's "first AIDS biting case."

Prosecutors alleged that St. John bit and scratched two police officers as they tried locking her up at a north-side police station after cops found her breaking car windows, according to the article. A representative for the state's attorney's office at the time told the newspaper that prosecutors approved the charges before conferring with medical experts but dropped the charges after they couldn't prove that HIV can be transmitted through saliva.

The Centers for Disease Control and Prevention reports that possible HIV transmission from a bite is almost impossible.

Court records about the case show that St. John was initially charged with two counts of criminal transmission of HIV and four counts of aggravated battery. St. John pleaded guilty to a single aggravated battery count in October 1990, and Judge Howard T. Savage sentenced her to three years in the Illinois Department of Corrections. Court records use male gender markers for St. John, who the Tribune reports identifies as a woman, though the article used male gender markers as well.

It's all but certain that St. John was sent to a men's prison in the state, despite being a woman. The American Civil Liberties Union is currently suing the state's department of corrections, alleging the agency fails to properly care for trans people in its custody.

The 1990 Tribune article about St. John's case also uses offensive, outdated, transphobic language to describe her.

Bill McMillan, a member of the Chicago chapter of ACT UP, the historic HIV/AIDS-focused activist group, is quoted in the 1990 article as saying St. John's arrest was "based on racism, homophobia and AIDS panic." ACT UP famously forced the government, and the public, to confront the reality of the virus in the early days of the AIDS crisis under President Ronald Reagan. The grassroots group was founded in New York City in 1987, two years before Illinois passed its HIV criminalization law.

McMillan told the Reader and Injustice Watch that cases like St. John's were all too common. He says he doesn't blame St. John for biting and scratching the officers.

"They were pretty brutal with us, pretty brutal with a lot of people," he says. "She was probably fighting for her life."

McMillan, who now lives in Palm Springs, says he was diagnosed with HIV in 1983, when the virus was known as GRID, or Gay Related Immune Deficiency. He says Illinois's HIV criminalization law, and others like it around the country, came

at a particularly difficult time in the AIDS crisis when thousands were dying due in large part to a federal government that sought to let them perish.

"I was afraid," McMillan says. "I think we were all afraid. And we were outraged. It just was another attack on us, you know?"

"When they passed that law, it added insult to injury. And it just really affected my self-esteem, affected my mental health, affected my emotional feelings."

Prosecutors couldn't prove that St. John could have even transmitted the virus through scratching and spitting in 1990. But that didn't stop Cook County from bringing charges against other people based on similarly bad science.

In one case, from December 2000, a man living with HIV was charged under the law after allegedly spitting blood at officers while being arrested during a domestic disturbance, records show. In November 2011, police in Oak Park charged a man with criminal transmission of HIV after he allegedly bit an officer on the thumb during an arrest and broke the skin.

Many cases also center on ex-lovers who call the police alleging that their partners hid their HIV status.

In one 1993 case, a woman was charged with attempted murder and criminal transmission of HIV after she didn't tell her husband she was living with the virus. Prosecutors explained the attempted murder charge in court documents by alleging that exposing her husband to HIV was "a substantial step toward the commission of first degree murder."

In a motion to dismiss, the woman and her attorneys argued that the law was vague and violated her due process rights. Her motion was eventually denied and she pleaded guilty to criminal transmission of HIV. In 1994, Cook County judge Richard E. Neville barred her from having unprotected sex of any kind for four years as part of her probation.

She was later found to have violated her probation after she gave birth to a child.

More recently, in 2013, Cicero police officer John Savage was charged by Cook County prosecutors after a sexual partner learned he had HIV and called the police, according to news reports of his arrest. But, like Amutavi, Savage posed virtually no risk of transmitting the virus, leaders from groups including Lambda Legal, AIDS Foundation Chicago, and the ACLU of Illinois say.

Savage ultimately pleaded guilty to a lesser charge the following year; activists say prosecutors routinely stack charges in order to secure convictions, while HIV-specific charges often go unchallenged. The Chicago Tribune recently reported that Savage eventually left law enforcement and the state of Illinois after his case was over. He could not be reached for comment.

But even amid a wave of progressive district attorneys being elected across the country, prosecutors still have little incentive to speak out against these laws or stop prosecuting these charges outright, says Kenyon Farrow, co-executive director of Partners for Dignity & Rights, previously known as the National Economic and Social Rights Initiative.

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“District attorneys often have bigger political ambitions, and how they make their mark to run for mayors, governors, federal offices is by their record of how many people they prosecuted,” he says.

In Cook County, prosecutors varied in how frequently they brought HIV-related charges. Former state’s attorney O’Malley prosecuted 19 cases from 1992 to 1996, an average of nearly five cases a year. His successor, Dick Devine, initiated 24 cases from 1997 to 2008, an average of about two cases a year. Anita Alvarez prosecuted 16 cases from 2010 until 2016, about three cases a year and closer to O’Malley’s rate.

O’Malley, Devine, and Alvarez did not respond to multiple requests for comment by presstime.

Roughly five months before Amutavi was charged, Alvarez told the Windy City Times in what was considered a landmark statement at the time that the state’s HIV criminalization law “makes no sense and is clearly out of date and out of line with modern science.” But that didn’t deter her office from filing charges under the law.

Alvarez’s office filed charges under the HIV criminalization law in May 2016, two months after her comments, and again the following November, according to court data.

Amutavi was arrested that October. Erickson, his attorney, alleges that Alvarez’s office conducted a sloppy investigation into the allegations against Amutavi before the arrest.

Amutavi and his attorney both claim the principal woman who had accused him was well aware of his HIV status when she reported him to the police, and only found two other accusers after she went through his phone.

Amutavi was one of the last people Cook County officials say they have charged under the law. The origins of the measure, which was passed in 1989 during the height of the HIV/AIDS epidemic in the United States and the panic that ensued, is crucial, and is reflected in the law itself.

Just two years before former Illinois state representative Penny Pullen, a Republican from Park Ridge, introduced the state’s HIV criminalization bill in 1989, President Ronald Reagan tapped her for a spot on his Presidential Commission on HIV/AIDS.

Pullen was first elected in 1977 to represent the 55th District, which at the time comprised suburbs north and west of Chicago, including Des Plaines, Park Ridge, and part of Niles. She spent 16 years in the Illinois House, eventually rising to the rank of assistant minority leader, and made a name for herself in Springfield sponsoring many controversial HIV/AIDS-related bills.

One such bill became a short-lived law, passed in 1987, requiring people to be tested for HIV before getting marriage licenses. The law earned national criticism and lasted for 21 months before being repealed by the state legislature in September 1989.

Illinois’s HIV criminalization law came during a particularly critical time of the HIV/AIDS crisis in the U.S. Just two years before House Bill 1871 was passed by the state legislature, the U.S. Food and Drug Administration approved the toxic drug azidothymidine, originally a failed attempt at

cancer treatment, as the first drug to fight HIV/AIDS. There were 100,000 reported AIDS cases in the country at the time Illinois’s law passed, according to the U.S. Department of Health & Human Services.

The state legislature eventually passed both a House and Senate version of the HIV criminalization bill, though the latter was vetoed out of redundancy. Though the bills received significant support at the time, they also had some staunch critics, according to legislative transcripts. One of the most vocal critics was representative Ellis B. Levin, a Democrat.

“What we have here is a bill that basically says, let’s discriminate against people who are sick,” Levin said on the House floor in June 1989. “Let’s make it a crime to be sick . . . you know, at some point you need to say enough is enough.”

In support of the bill, however, state representative Ron Stephens, a Republican, called it “absolutely ridiculous” to oppose Pullen’s bill following Levin’s testimony.

“We’re not talking about a common cold here, representative,” Stephens said in response to Levin. “We’re talking about a disease that kills. Why don’t you just understand that once and for

“YOU CAN’T REALLY LEGISLATE AROUND STIGMA,” SAYS AISHA DAVIS, DIRECTOR OF POLICY AT AIDS FOUNDATION CHICAGO. “THEN, WHEN YOU ADD TO THAT THE IMPLICATIONS AROUND RACE, AROUND GENDER, IDENTITY, AROUND JUST THE PERCEPTION OF SOMEONE WHEN THEY’VE BEEN CHARGED WITH THIS, IT MEANS THAT BLACK AND LATINX FOLKS ARE GOING TO BE TARGETED EVEN MORE.”

all? Quit the demagoguery on the issue.”

Then-representative Ed Petka also testified in support of the Senate version. During his testimony, Petka conjured sensational images of gay men living with HIV biting officers during arrests, claims he said he heard from a Chicago police officer he was close friends with.

Pullen was also involved with the influential American Legislative Exchange Council (ALEC), an ultraconservative nonprofit of lawmakers and business leaders that sends model legislation to state governments across the country, alongside her state House seat and her role on Reagan’s AIDS commission. And as Trevor Hoppe wrote in his 2017 book *Punishing Disease: HIV and the Criminalization of Sickness*, Pullen used her role at ALEC in particular to spread her influence on AIDS policy.

“She’s not the end all be all, but she has this

really instrumental place in history,” says Hoppe, an assistant sociology professor at the University of North Carolina at Greensboro. “There’s no one else who really played a similar kind of role in specifically promoting HIV criminal statutes.”

Pullen did not respond to multiple requests for comment.

The same year Pullen introduced House Bill 1871, ALEC released a report on AIDS policy, Hoppe wrote. The report included model legislation on topics including public education, partner notification, mandatory screening of incarcerated people, and HIV criminalization.

The organization’s version of an HIV criminalization statute was nearly identical to Pullen’s bill in Illinois, and was first proposed by Pullen during testimony before ALEC’s AIDS working group, Hoppe wrote.

But the influence of Illinois’s law didn’t just extend to ALEC. Hoppe wrote that lawmakers in Nevada turned to House Bill 1871 when drafting their own HIV criminalization statute. Alaska lawmakers similarly conferred with officials in Illinois when taking up their law.

The Illinois Supreme Court rejected a constitutional challenge to the law in early 1994. The

meaning or application.”

In 2012, the Illinois state legislature amended the HIV criminalization law to specifically require that the intent to transmit the virus be present, an effort to assuage activists pushing for reform. But critics like Davis, AIDS Foundation Chicago’s policy director, say the change does little to reform the law because of the difficulty in proving intent.

And now, more than 30 years after Pullen’s law was first passed in Illinois, prosecutors across the country continue to pursue cases under similar laws.

The Center for HIV Law and Policy reports that, as of last July, 28 states now have HIV-specific criminal laws and eight states have applicable sentencing enhancements. Additionally, 25 states have also used general criminal laws to prosecute people living with HIV.

Scott Schoettes, director of Lambda Legal’s HIV Project, has challenged a number of HIV-centered convictions across the country.

In 2012, he helped win a ruling from New York’s highest court that the saliva of a man living with HIV could not be considered a “dangerous instrument” under state law. The ruling vacated an aggravated assault conviction against David Plunkett over a 2006 incident in which he bit a police officer. At the time of his release, he had served half of a ten-year sentence.

In 2014, Schoettes helped exonerate Nick Rhoades, who had been sentenced to 25 years in Iowa prison in 2008 for not disclosing his HIV status to a sexual partner even though they had protected sex. As part of that sentence, he was also required to register as a sex offender. After Rhoades’s sentence was shortened to probation, Schoettes took over his case and successfully fought to have his conviction overturned.

Schoettes is quick to point out that alongside HIV-specific criminal statutes, people living with HIV are also frequently prosecuted under general criminal laws, including Plunkett. This, Schoettes says, makes the repeal of HIV-specific statutes less effective if those efforts don’t also address those general criminal laws.

Alongside the allegations themselves, Schoettes says the accompanying attention can be damaging as well. But unlike the era when these laws were passed, news coverage of contemporary allegations now live forever on the Internet, as do mugshots and oftentimes private medical information.

And as the news media cover these charges, defendants are often portrayed as malicious disease spreaders and not, as they often are, victims of stigma and circumstance, their once-private medical information now on display.

Farrow, of Partners for Dignity & Rights, says he sees such articles come up across the nation at least once a week.

“[These articles] are almost always framed around, ‘This person is a kind of pariah who is out here trying to infect other people,’” says Farrow, who also recently worked as a senior editor at HIV/AIDS-focused publication *The Body*.

Tami Haught is the managing director of Sero Project, which aims to repeal HIV criminalization bills nationwide. She says her late husband, who was diagnosed with AIDS in 1993, struggled sig-

nificantly with fear that her family would force her to file charges against him under Iowa's since-reformed HIV criminalization law. She says he eventually suffered a mental breakdown.

Haught has been living with HIV for more than 27 years, and says her late husband eventually died of pneumonia, kidney failure, and complications related to AIDS. But she says the other causes of his death—like stigma, shame, and fear—are much harder to diagnose.

Haught spoke before the Iowa state legislature in 2013 and 2014 and helped update the state's HIV statute. In 2014, Iowa updated its statute to scrap a 25-year prison sentence and to allow for a tiered sentencing system, including felonies and misdemeanors, depending on the situation.

Haught says she knows of situations in which HIV criminalization laws have been used to trap people living with HIV in abusive relationships.

"These laws were put on the books to protect women," Haught says. "And actually women are at the greatest risk of prosecution or domestic violence or manipulation because of these laws, and their partners using these laws to keep them trapped."

Alongside Iowa, a handful of other states have also updated their HIV-related criminal statutes in various ways.

Most recently, in early April, Virginia updated its HIV-specific laws to require a heavier burden of proof regarding intent and actual transmission of the virus. However, state law still makes it a felony to intentionally transmit HIV, dubbed "infected sexual battery."

In late 2018, Michigan updated its HIV disclosure law to exempt from prosecution people living with HIV who are on treatment and are virally suppressed. In 2017, California downgraded from a felony to a misdemeanor knowingly exposing a sexual partner to HIV and reduced the possible prison term from three to eight years to six months.

Colorado, in 2016, repealed two of its HIV criminalization laws and significantly modified a third.

Farrow, of Partners for Dignity & Rights, particularly criticized reforms that only exempt from prosecution people who are virally suppressed, pointing to significant health disparities in the United States.

"There's kind of this false notion that everybody has equal access to HIV care, and it's just not true," he says.

And here in Illinois, it's now in the governor's hands to repeal the state's HIV criminalization law.

Until recently, Amutavi's mugshot was the first thing that appeared when searching his name on the Internet. But some news organizations, including the Chicago Tribune, have begun to offer ways for people to apply to have their mugshots taken down—finally understanding the harms caused by publishing mugshots without context.

After I heard that the Tribune offered this, I urged Amutavi to reach out. His mugshot has since been scrubbed from the Trib's website. But articles about the charges against him remain, again limiting his ability to move on completely.

If a group of state legislators has their way, however, there won't be any more charges under

the law ever again.

In February 2021, Illinois state senator Sen. Robert Peters sponsored a bill to amend the 2012 criminal code to completely repeal the HIV criminalization statute and amend other HIV-related statutes. The bill recently passed both chambers of the Illinois General Assembly and awaits the governor's signature.

In an interview with the Reader and Injustice Watch, Peters says he was motivated to introduce the bill after activists approached him from the Illinois HIV Action Alliance, a coalition launched in June 2019 to end HIV criminalization in the state. He called the law and others like it the intersection of anti-Black racism and "gay panic."

"When you combine those sort of systemic prejudices with a system of incarceration that's built on top of that, you get laws like these that don't do anything for anybody," Peters says.

Just months before Illinois HIV Action Alliance went public, members sent a letter to Attorney General Kwame Raoul in March 2019 asking him to issue a formal written opinion interpreting the statute to require specific intent to transmit HIV.

"During your campaign, you spoke passionately of your long-standing commitment to criminal justice reform," the letter states. "As part of that promise, we urge you to prioritize ending unjust prosecutions of people living with HIV."

Since Peters's bill was introduced, nearly three dozen legislators, including the recently appointed Mike Simmons, Illinois's first openly gay state senator, signed on as co-sponsors. Peters says he's hopeful the bill will get the governor's signature, crediting in particular the Black, queer organizers who led the charge against the original HIV criminalization law. But he admits that even now, decades into the fight against HIV/AIDS, progress has its limits.

"When we have floor debates, I would not be surprised if we hear some similar statements that were made in the past, brought up again," Peters says, referring to the inflammatory remarks by 86th General Assembly members who debated the original law in 1989. "And I think that it's gonna be disgusting, and nasty, but that is not the majority of voices, I believe, in our chamber and under the dome."

But even if Peters's law passes, relief for people previously charged under the law, like Amutavi, is limited. He left a fulfilling career, had his name, face, and HIV status spread all across the country. The ordeal had irreversible impacts on him, and his family.

And despite all he has endured, maybe even in spite of it all, Amutavi looks ahead with purpose. I asked him if had anything to say to the woman who led the allegations against him.

"She didn't bury me," he says. "She planted me."

Additional reporting and research by Adeshina Emmanuel, Injustice Watch.

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HOWARD BROWN HEALTH

looks ahead to post-pandemic Chicago

BY MATT SIMONETTE

As more Chicagoans get vaccinated against the COVID-19 infection, officials at Howard Brown Health (Howard Brown) are preparing their responses to a health landscape that will likely be much different from what it was before the pandemic.

"We were able to form a pretty urgent response to the pandemic, one that was informed by decades of responding to HIV," said Howard Brown President and CEO David Munar. "We're proud to have contributed to the epidemiology, COVID-testing, contact-tracing and now vaccinations and education."

Like many health providers, Howard Brown saw a surge of interest from patients eager to receive their COVID vaccinations earlier this year.

"A lot of vaccination efforts are going to be integrated into primary care, and it will be a struggle to persuade the half of the population who

hasn't received one to accept it," Munar said. "But I think we're going to see more 'normalized' delivery of vaccines. ... We're also going to start attending to the health needs in our health portfolios in a more robust way."

Munar speculated that a timeframe lasting as long as the pandemic itself—about 18-24 months—would likely be necessary to return healthcare service-delivery to "baseline 2019 levels."

He added, "We have evidence that a number of our patients who were on PrEP in 2019 are not on PrEP now. As for STIs, testing rates have declined and positivity rates have increased. The pandemic is directly affecting health equity by the disparities it's driving among some populations. It's also having a negative effect on good health. We're going to be recovering from COVID for a while, but the recovery from the crisis is also going to take a while to get back to where we were responding to HIV and [chronic conditions] like hypertension, diabetes, asthma and other chronic conditions."

Howard Brown officials have also noted an uptick in mental-health issues among its clientele, including anxiety, depression and suicidal ideation, thanks to the isolation and economic devastation many patients experienced.

"In a crisis such as the pandemic, nothing else can flourish," Munar said.

But the forced restructuring during the pandemic has at least raised possibilities for improvements to health care delivery in numerous realms. Telehealth visits, for example eased burdens on patients for whom making a trip to a doctor's office is difficult.

"[Telehealth] has allowed us to make care more convenient for those with cyber-access," Munar said. Howard Brown also mailed clients safer-sex kits, as well as kits to screen for HIV. Staff members were available via telehealth connections to walk clients through the HIV screening process.

But for patients lacking online resources, telehealth communication is a moot point and service-delivery to them remains an issue.

"The pace of change has really been a lot to assume," said Munar. "I know we're not alone, and a lot of organizations are going through that, but we're really been feeling it."

He also suspects that the pandemic will set back the state's Getting to Zero efforts, in which Howard Brown participates, in "very dramatic ways."

The Getting to Zero initiative would reduce new HIV transmissions in Illinois through a combination of strategies, among them easing PrEP

and PEP access as well as access to treatments that reduce viral loads for persons living with HIV.

"A lot of people have not been back to the clinic who are living with HIV, so we think [the pandemic] has affected adherence," Munar said. "Treatment has been more difficult for some people, and it has probably been widening disparities."

Howard Brown Health was founded in 1974, ostensibly as a resource for education, testing and treatment for sexually transmitted diseases among gay men. That mission evolved dramatically as the organization began serving individuals with HIV/AIDS in the '80s. The organization

became a Federally Qualified Health Center in 2014 and began expanding its geographic reach in subsequent years.

Even as the pandemic raged through much of 2020, Howard Brown proceeded with new projects, among them a standalone facility that will allow its Broadway Youth Center agency to have its own building for the first time (see sidebar) and a community center on the South Side for which state Rep. Lamont Robinson (D-Chicago) has been a prominent advocate. Munar said to expect more details on the South Side facility in the months ahead.

Munar said, "We've been working with Pride Action Tank on a needs assessment, which is complete, and the reports will soon be released. We've really mined the assessment, which was driven by responses from some 400 LGBTQ South Siders to determine priorities and programming. The rest of the year we will have a whole series of announcements."

The next steps will be determining a location and collaborating with other agencies to plan the building.

"We think that will be an opportunity to expand services directly and with partners," Munar said. "That project is still several years out, but we're going to be doing a lot of work on it this year."

New BYC being readied for 2021 opening

Work continues on Howard Brown Health's (Howard Brown) new 20,000 square-foot Broadway Youth Center (BYC) facility at 1053 W. Irving Park Rd.

BYC has spent years looking for a permanent home. After launching in Lake View, it encountered opposition from residents in various locations, ultimately settling in its longtime location at 4009 N. Broadway in 2014.

Construction on the building will be finalized in July and BYC will move in August, according to Howard Brown President and CEO David Munar.

"We're going to be phasing in services in the months of August and September, but we're still figuring out the timeline," said Munar.

Howard Brown attempted a few years back to combine BYC facilities with its primary Sheridan Road location, but the logistics there also did not pan out. The new location has been in development for about four years, and will include primary-health services, among other features.

"We're very excited," Munar added. "It's a permanent home for the program, and it will afford two floors of clinical services for primary-care and walk-in STI services, and two floors for social-services."

The five-story facility will also have a dedicated floor for BYC staff, a first for the agency, and a commercial kitchen and shower facilities.

"It's going to expand our capacity," Munar said. "Right now, we're serving about 2,500 young people a year, and this will raise the cap to about 4,500. In the clinic it will be even more. ... Once the building opens, it will allow us to see more people and, through the service lines, we'll be expanding the work force by about 20 positions. It's a significant commitment to the needs of LGBTQ youth."

Photo by Tracy Baim



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PRIDE JOURNEY: PALM SPRINGS

BY JOEY AMATO

Palm Springs is my happy place. The city and the surrounding area provide me with the perfect mix of relaxation and entertainment. Having been to Palm Springs numerous times prior to this visit, I wanted to partake in things that I have never tried before, most notably a full body massage at El Morocco Inn & Spa, but we will get to that later.

After checking in to Triangle Inn, a lovely mid-century modern gay guesthouse located just one mile from the Arenas Road district, I decided to unwind from my flight and take it easy by the pool. I struck up a wonderful conversation with another guest from Los Angeles who was in town for the weekend. Apparently, Palm Springs is his happy place as well. Everyone I encountered at the clothing-optional resort was very friendly and eager to give advice on the hottest spots to visit during my stay.

I decided to head to Cathedral City for happy hour. Before Palm Springs became the gay mecca of today, Cathedral City was the epicenter of LGBTQ culture in the desert. The area is home to an array of nightlife establishments including The Barracks, AMP Sports Lounge and One Eleven Bar, a beautifully decorated space which on the evening of my visit was celebrating female voices of the 80s. I sipped a delicious Espresso Rum-tini while grooving to music from Whitney, Madonna and Tina.

The time change was hitting me hard, so I decided to retire early to my room at Triangle Inn and when I say room, I mean something closer to a 1-bedroom apartment. The suite contained a full living room, dining room and kitchen, in addition to a king size bed and large walk-in shower.

Triangle Inn usually offers a continental breakfast to guests but current COVID restrictions didn't allow them to provide that during my stay, so I grabbed breakfast the next morning at a cute LGBTQ-owned restaurant called Sunshine Café. I don't normally eat a heavy breakfast but when I saw the Banana Nut Pancakes on the menu, I knew I had to at least give them a try. The extra calories were definitely worth it.

Today was my Zen day in the desert and I heard about this wonderful shop creating organic skin care products called The Body Deli. The business uses raw and organic superfoods to create their products which range from facial moisturizers and scrubs to hair shampoo and conditioner. I sampled a few products while there and you can

actually smell the freshness of the foods they use to create the products. The store offers a variety of travel-size skincare kits that are perfect for those out-of-towners looking to bring home some product.

My next destination was El Morocco Inn & Spa, located in the town of Desert Hot Springs, known for the mineral properties in its water. I decided to indulge myself with a two-hour Moroccan Mystical Ritual, which begins with dry brushing to stimulate the lymphatic and circulatory system and provide exfoliation. My body was then covered in organic Rhassoul clay from the Atlas Mountains. As I lay on the massage table, the clay began to harden, and I felt like I was wrapped in a cocoon. At times it was a bit uncomfortable,

but I knew the end result would be wonderful. I was then asked to jump in the shower to rinse the clay off my body before the Moroccan Rain massage began. This is a process of using a raindrop technique to apply seven different essential oils along the spine, which all aid in detoxification.

Feeling refreshed, I was ready to enjoy a night on the town. I met up with my friend Brad Fuhr, who publishes the Gay Desert Guide, a one-stop-spot for everything you need to know about LGBTQ culture and nightlife in the Palm Springs area. We enjoyed dinner at Trio, one of my favorite restaurants in the city. I began my meal with the roasted beet salad and then ordered the fish special, while Brad went for the pesto crusted King salmon served over squash and angel hair pasta. Consistency is key and you can never go wrong with a meal at Trio.

No visit to Palm Springs would be complete without partying on Arenas Road, the LGBTQ cultural and nightlife hub of the city. Coincidentally, the owner of Hunter's was in town (there is also a Hunter's in Wilton Manors, Florida). Mark Hunter and I had met briefly in Florida many years ago and spent the evening reconnecting. We had such a good time chatting that before I knew it, midnight had rolled around, and it was time for bed. I know what you're thinking, midnight is early, but I was still suffering from jet lag and had a full schedule of activities to get to the following day.

I woke up early to visit multiple public art

exhibitions around the downtown area. The days were really starting to heat up and it topped 100 degrees the day prior, so I wanted to get to the art before the heat became unbearable. There are many art displays and murals around the Palm Springs Art Museum that are worth checking out.

If you happen to be in town on a Sunday evening, there is no better place to be than Oscar's for their world-famous T-Dance. The iconic party takes place every Sunday from 4-8pm and recently began again after almost a year-long hiatus. I was told people from around the world visit Palm Springs specifically to attend T-Dance at Oscar's.

Of course, dancing will make you hungry, so for your final meal in the desert, head to Roly China Fusion, a multi-level space which also hosts a weekly Drag Brunch on Sunday. While there, you must try the Lobster Dumplings, which are served in a delicious truffle butter broth with shitake mushrooms and napa cabbage. It was one of the best dishes I've had in Palm Springs.

Palm Springs Pride Festival is scheduled to take place this year on Nov. 6-7. After a year off, I'm sure it will be a very festive occasion. Start making plans early as reservations at Palm Springs' numerous guest houses tend to sell out during this time. If you have never been to Palm Springs, I'm sure you'll find it to be your happy place too. To learn more, visit www.visitgreaterpalmsprings.com and to book your Palm Springs gaycation, visit www.Orbitz.com/pride.



The historic Triangle Inn.
Joey Amato

Essential tips for your COVID-FREE TRAVEL

BY JEFF GUARACINO

COVID-19 will make travel a bit more complicated this summer. Going to Europe? Taking a cruise? Visiting Hawaii, San Juan or St. Lucia? Or maybe you are planning a road trip? The rules for traveling responsibly during COVID vary greatly. Be ready to encounter a patchwork of confusing rules and requirements this summer.

Depending on what you choose to do for your well-earned escape, it is going to be necessary to educate yourself on what to expect; how to travel by the rules; and be ready to prove you have a negative COVID-19 test (and it may cost you to prove it!). Trust, prepping for your trip in advance will pay off. Your health, safety, peace of mind and fun is an important part of the travel experience.

Here are five essential tips for to ensure you have a fabulous summer getaway:

—**Research before booking your trip.** Before you book your trip, be sure to understand how COVID-19 has changed the experience. Nearly everything about travel has changed due to COVID-19. Hotels, airplanes, trains, theme parks, destinations and resorts all have modified safety precautions in place. The good news is that you will likely find less crowds, more space and enhanced cleaning. You may also find limited services such as curfews with bars and restaurants closing early. A drive trip within the United States likely will find less restrictions compared to an island trip.

—**Make reservations and buy tickets in advance.** Before leaving for your trip, you should book your restaurant reservations and reserve your tickets to a museum or attraction. While you might not like having to plan out your vacation in advance, you will likely find it hard to do all the things you want to do by waiting. COVID-19 means capacity restrictions, so there is limited availability especially on weekends and during peak periods. You can always make changes when you are there.

—**When flying, give yourself extra time at the airport.** Many stores and food establishments may still be closed or have limited service, so it will take longer to buy food and drink. Most airlines have also eliminated beverage and snack service in coach, so be ready to “Bring Your Own.” If you are used to flying First Class, be ready for a curtailed (i.e. downgraded) experience as well.

—**Stay at a trusted hotel.** Staying at a hotel is perhaps one of the most important travel decisions you will make. Most hotels have developed

respected cleaning protocols to keep you and their employees safe. Among the hotel industry's leaders is The Four Seasons. The Four Seasons has developed “Lead With Care” that includes both obvious hotel guest protocols and enhanced procedures behind-the-scenes including employee trainings. The Four Seasons also developed an app that provides guests with the high-standard customer service the luxury chain is known for while providing guests with privacy and limiting interactions with the team. COVID-19 has increased the costs for many hotels so it is important to stay with a trusted brand that you can count on to deliver on the safety measures promised.

—**Provide proof of a negative COVID test.** The most complicated and expensive part of COVID-free travel will be meeting a requirement, if needed, to prove you have a negative COVID test. Hawaii, San Juan, cruise ships and other travel experiences are requiring that travelers prove their COVID negative upon arrival at the destination or before starting your trip. Some

destinations even require a mid-trip test to prove, again, that you are still COVID-negative. Hawaii implemented a program that requires travelers to the islands to use a ‘trusted partner’ (so you can’t use any test and vaccinations are not accepted). You must create an account at travel.hawaii.gov, download an app, and submit results upon arrival from a COVID test within 72 hours of arrival from a trust partner. Coming from Philadelphia through Chicago, that means I had to order an expensive test from American Airlines that was sent to me by UPS, The test included a virtual call to prove my identity and a virtual assistant to show me how to properly take the nasal smear. Within a day of sending my test back via UPS, I had my results. I printed out my negative test, uploaded my results and also downloaded the QR code to my phone. Aloha! Are you negative? Mahalo.

Jeff Guaracino is the author of two books on LGBT travel, a syndicated travel columnist and a tourism executive with more than two decades in the industry.



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BULL HORN



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Creating space for trans and nonbinary POC

As told to Jamie Ludwig

Bone Reader (Choya Webb): Molasses came to be because Zola saw many Black trans people not being visible in club space in Chicago, and more importantly, not taking care of themselves in terms of developing resources and arming themselves. She felt like there was potential for a group of Black, trans, and genderfluid people to come together and make that possible, and she saw figures in the nightlife scene that were able to do that. It coalesced one night at Berlin, but it really came together when Zola brought Lucy and I together to talk about having a club night. After that first night we recognized the power that we needed to tap into—namely Cae Monae—and now it's coalesced into several different modes of making this work possible beyond club nights.

Lucy Stool: At first we didn't actually know exactly which direction it was going to go or how we were going to do it, but we knew that we were very powerful together and that we could make a lasting change in the community by teaming up. We noticed that there weren't enough Black trans people in power or in control of nightlife. You see a lot of people being called in to work or entertain, but not being put into positions that would empower them, or let them control events they've been asked to put together. That was one of our biggest goals: to be able to celebrate Black and Brown trans people in a way that Northalsted doesn't usually do.

Zola Makeda: There's a feeling of home and belonging that you find with your kin that is unmistakable—a feeling of protection and of value. It's imperative that we have spaces that are led and run and predicated upon Black trans livelihood, preservation, and power, because the spaces that exist do not center us, and do not have us in their mindsets in terms of protecting us.

LS: Black trans women are being killed very often, more often than any other trans people. Here we stand as Black trans people in our community trying to figure out the best way we can go about keeping our sisters alive.

Cae Monae: It's as simple as this: How do you feel around your people? How do white men in suits feel around other white men in suits? Do you feel great? How do lesbian women feel in a room full of other lesbian women? It's almost as simple as like, A plus B equals C. Of course we feel more

empowered around ourselves. Of course when I'm able to look at someone like Zola or Lucy it makes me smile. I see myself and the people that I love within them. When it comes to 'Why is it important to understand the sacredness of protecting Black and Brown trans people?', it's as simple as: Do you not protect those who can't defend themselves? Do you not defend those who are not as easily able to survive?

LS: The self-defense courses sprung out of another tangible way for us to be able to empower our community. Everything kind of fell into place. Thorn Self-Defense Project, who is doing amazing work here, was able to team up with us, and we've had a pretty diverse mix of people show up. We have two different instructors this time around. One is Ms. Toto, who was a drag performer in the city. Her class goes over lots of strength training and simple ways that people can build strength at home, which is very important because a lot of trans people have some reservations about going to the gym, or don't have the resources for it. And our good friend G from Queer Kickboxing Club is teaching how to protect yourself in these awkward situations. G is so good at breaking down everything from your stance, to how to respond, to how loud you need to be, and what to do afterward—literally everything that could save someone's life, or get someone there to help them.

ZM: This summer we're going to be in the parks on the south side of Chicago, in the local community outdoors with Black trans people. We're finding funds for them to perform, and for their artistry. We'll also be collecting money to give back to others who are in need of mutual aid. We're also investigating ways to do more regular events, which will be more like what people are used to seeing in terms of social engagements. We also have a couple of collaboration events coming up that we're really excited to do.

BR: The self-defense series is continuing on through July. Cae Monae just designed some amazing merchandise for us. That's a great way people can support us if they're not comfortable with donating directly, which they should be. If not, we have gorgeous merch they can buy if they're interested in supporting Molasses and rocking that kind of identity.

Molasses is a collective of Chicago artists and activists who've come together to create space and platforms that create opportunity for local Black and Brown transgender and gender-nonconforming people. Through activities such as club nights, self-defense courses, and mutual aid initiatives, Molasses' organizers aim to empower Black and Brown trans people and build community while providing tools that protect and save lives. For more information, visit www.molasseschicago.com.

Bull Horn is an avenue to give wings to the stories that matter most. This series, from Red Bull in partnership with the Chicago Reader, invites guest writers, artists, activists, and community members to share their ideas and amplify timely, crucial topics they feel are important now.



ON THE MOVE

How Chicago's 'gayborhoods' have shifted since 1965

BY BRANDON BRACHTER

Chicago's gayborhoods (LGBTQ+ neighborhoods) and safe spaces have been important to the city's LGBTQ+ rights movement—and saving them post-COVID may be crucial. New research at Georgetown University highlights the importance of these inclusive havens as they've shifted through Chicago since 1965.

The analysis shows many things: the gentrification squeeze from Boystown (Northalsted) to Andersonville, the spread and importance of LGBTQ+ safe spaces post-Stonewall and even a historical tendency for gayborhoods to flourish on the North Side—in up-and-coming upper and middle-class areas boosted by gay-owned businesses.

It also shows gay physical safe spaces don't appear to be ceding to apps and social media.

The historical maps in the research tell a story from downtown to Boystown (Northalsted); Hyde Park to Andersonville; and beyond. They show patterns in the success and obstacles for Chicago's iconic gayborhoods. In both Boystown/Northalsted and Andersonville, for instance, local business owners banded together to form strong alliances.

Today, Chicago is a rare city supporting multiple thriving gayborhoods—but greater LGBTQ+ acceptance and gentrification is threatening to disperse these historical jewels.

First, it's important to spotlight the importance of gayborhoods. Yes, they host Pride Parades, happy hours and specific social services. But in U.S. politics, the research notes geographically-centered voting blocs like gayborhoods have more power. They support collective action and shared history. They promote belonging and visibility.

To map them, the Georgetown research sampled addresses in thousands of periodical listings at the Gerber-Hart Library and Archive in Chicago's Rogers Park—focusing on their stock of LGBTQ+ publications. That included alternative newspapers like Windy City Times, and magazines

with names like Blazing Star, Lavender Woman and Grab. In all, the archival research scanned editions of eleven different periodicals and found 1,085 usable addresses for safe spaces between 1965 and 2015.

The analysis found safe spaces take many forms—from church meeting spots to academic groups; gay-owned businesses and those after the "queer dollar." Bars and clubs, but also grocery stores, tattoo parlors, coffee houses, funeral homes, hardware stores, beauty salons, florists, travel agencies, veterinarians, real estate agents—and on and on.

The result is a set of six maps showing gayborhoods have migrated generally northward in Chicago from 1965 to 2015.



1975 edition of Chicago Gay Crusader at the Gerber-Hart Archive and Library. This was one of the dozens of periodicals researched for a Georgetown University study on Chicago's gayborhoods and safe spaces.

1960s

Chicago, and cities in general, started attracting a lot of single men after World War II. Suburbs started popping up that had zoning labeled “single-family,” with a focus on schools and the traditional nuclear household.

By 1965, the research shows many gay establishments had opened in Chicago. One periodical listed 33 different records, focusing largely on the Loop and stretching into Near North and nearby Towertown (also known as the Old Chicago Water Tower District).

An early incarnation of Boystown/Northalsted popped up at Clark Street and Diversey Parkway.

Andersonville and Rogers Park also showed early developments as LGBTQ+-inclusive areas, while the Hyde Park neighborhood around the University of Chicago represented one of few safe spaces on the South Side mapped in the research.

1970s

Historians document a “Great Gay Migration” into cities after Stonewall.

In Chicago, five periodicals listed 241 safe havens and businesses catering to the Chicago LGBT crowd in June 1975. It was five years after the city hosted its first Pride Parade, and six years

after the Stonewall riots. The early route was downtown—starting in Bughouse Square (which is now Washington Park) in the Near North community, then running down Michigan Avenue to the Civic Center in the Loop.

Perhaps no neighborhood emerges more in the ‘70s than what-would-become Boystown/Northalsted—though the heat map shows most of the activity south of the current gayborhood, and south of Belmont Avenue.

Around this time, urban planners note that gay districts became magnets. LGBTQ+ people flocked to marginal neighborhoods that, often, offered little opposition and cheap housing. Urban design literature pointed to gay neighborhoods as a way for cities to revitalize—along with other members of the creative class—in chic and artists’ neighborhoods.

It was, perhaps, the fuel for gentrification issues in gayborhoods.

1980s

The 1980s was a period of radical change in Chicago’s safe spaces. Many LGBT publications merged, changed or closed. One magazine—Chicago Gay Life—documented 182 LGBT havens in 1985. On the map, Boystown/Northalsted started to outshine downtown as the LGBT move north continued.

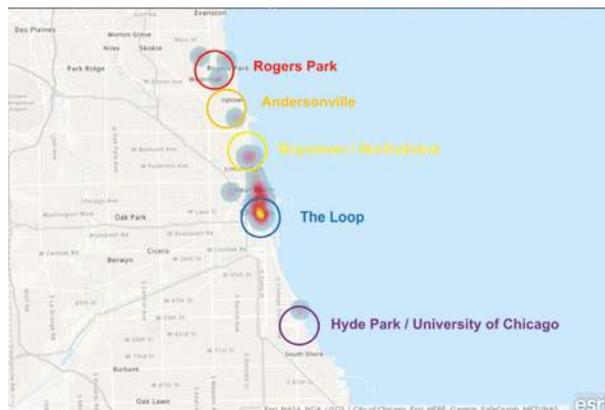
With the backdrop of the AIDS crisis, gayborhoods in other cities suffered, as leaders shuttered gay bath houses and bookstores in an effort to protect public health.

In the early part of the decade, many Chicago LGBT bars had no front-facing entrances—to keep customers safe and threats at bay. Owners discouraged patrons from displaying public affection.

When Sidetrack opened on North Halsted Street in 1982, owner Art Johnston said the average life of a gay bar was two-to-three years. He attributes Boystown/Northalsted’s success and longevity to a group effort by initial gay bars to attract similar businesses. Johnston said owning property there allowed LGBTQ+ businesses to establish a longer presence—while earlier gayborhoods were subject to leases and whims.

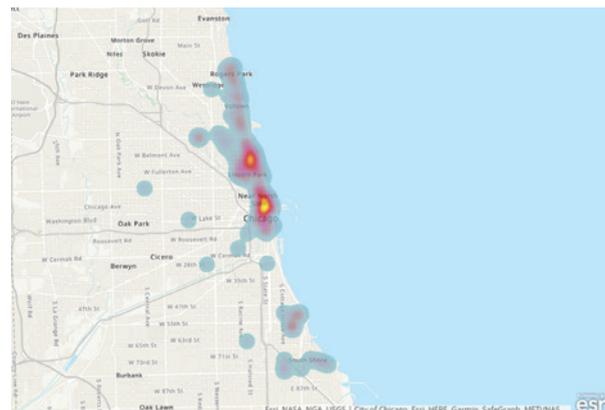
In 1988, the centralized Boystown/Northalsted voting bloc showed its clout when a group of LGBT activists successfully prodded the city to pass a human-rights ordinance. Mayor Richard M. Daley’s office later praised North Halsted Street businesses—and their merchant’s association—for revitalizing the neighborhood.

But, the research points out many gayborhoods become victims of their own gentrifying success. Johnston points out rental stock in Boystown/Northalsted largely converted to condos in the late-’80s—speeding the push of gay residents northward to establish other enclaves like Andersonville and Rogers Park.



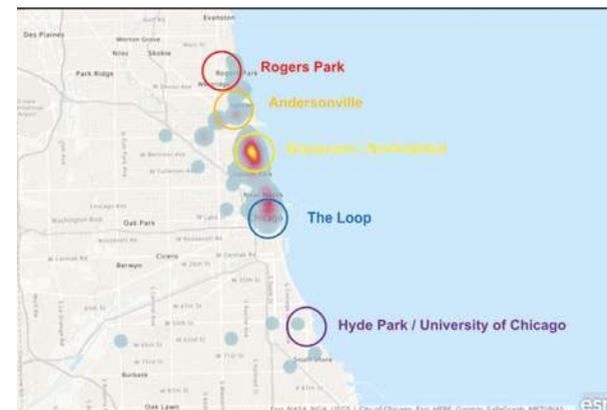
1965 LGBTQ+ Chicago - This map illustrates the prominence of downtown destinations among LGBT populations in 1965. The Georgetown research found 33 records in the 1965 Guild Guide. The Primary hotspot in the ‘60s centered around the Loop and stretched into Near North and nearby “Towertown.” Other blips show furtehr north in East Lakeview (which would later become Boystown/Northalsted), the Andersonville enclave, as well as Rogers Park, the city’s northernmost neighborhood.

Source: Guild Guide



1975 LGBTQ+ Chicago - Six years after New York’s Stonewall uprising, amidst the burgeoning “Great Gay Migration,” what would become Boystown/Northalsted emerges as a hotspot by 1975. The Loop and the stretch between the two neighborhoods remain active, but no Chicago gayborhood changes more between 1965 and 1975 than Boystown/Northalsted. An uptick in LGBT publications rendered a much greater and diverse number of records: 241 locations from June 1975 editions of five periodicals.

Sources: Blazing Star, Chicago Gay Crusader, Chicago Gay Life, The Chicago Gay Directory: Fourth Edition and Lavender Woman



1985 LGBTQ+ Chicago - Chicago’s gayborhood landscape showed a clear shift northward by 1985. Downtown areas like the Loop show less activity, while Boystown/Northalsted continues to grow. Andersonville and Rogers Park represent significant blips, while Hyde Park on the South Side shows resilience among largely non-business and educational activities. Between 1975 and 1985, many Chicago LGBT publications merged, changed or shuttered. The number of records goes down from 241 to 182.

Source: Chicago Gay Life

1990s

There’s a surge in safe space records in the ‘90s—with the 1995 survey mapping 538 records from just two periodicals. On the map, Boystown/Northalsted still dominates, but there’s a noticeable move northward toward Andersonville. The Loop gayborhood continues to fade.

Boystown/Northalsted became the first “officially recognized” gay village in 1997. Partnerships with the City of Chicago and local business guilds flourished to brand and market Boystown/Northalsted with a series of LGBTQ+-themed pylons. The city’s landmark designation report says the streetscape aims to “deliver an overall sense of place that is both safe and inclusive.”

2000s

Andersonville gains momentum on the 2005 map, as the research

plotted 304 records from three separate publications. Boystown/Northalsted remains prominent—if not migrating slightly northward.

The emergence of Andersonville shows a city can support multiple thriving gayborhoods. However, it also highlights the squeeze of gentrification.

The year 2015—perhaps more than any other—shows the contrast between 1965 downtown culture and the LGBT progression north over time.

2010s

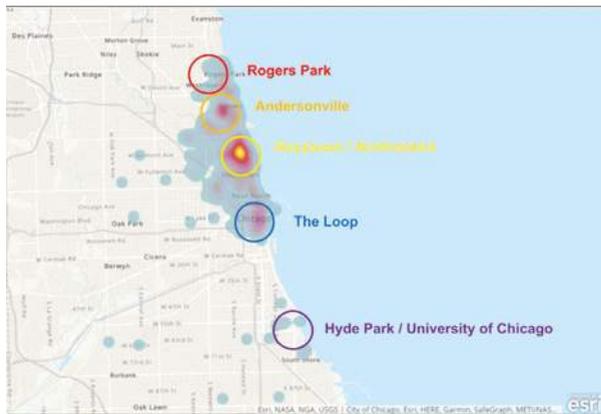
In the age of apps and social media, the research plotted 305 safe space records in 2015 (compared to 304 in 2005). This result may indicate that LGBTQ+ safe spaces aren’t actually closing, but dispersing.

Chicago still shows two prominent gayborhoods in 2015: Northalsted and Andersonville, although hot spots in both appear to fade. The research suggests assimilation bringing happy hours and LGBTQ+ folks to places farther north and west in neighborhoods like Wicker Park and Rogers Park.

The map also indicates Boystown/Northalsted—which once stretched toward Fullerton—now fades at Belmont, a shift a few blocks northward. Ald. Tom Tunney’s office noted, in the research, Northalsted’s shifting from a residential district to an entertainment destination.

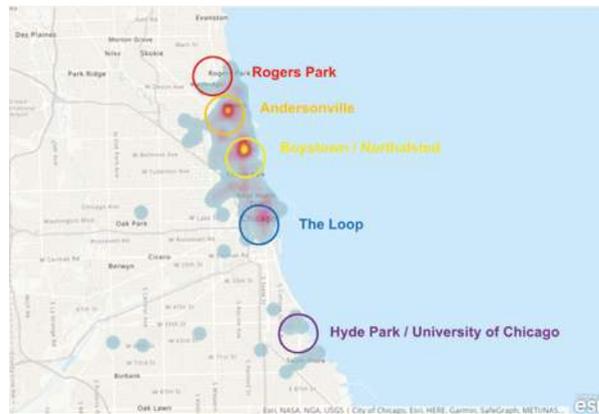
Several businesses have also moved from Northalsted to Andersonville—or opened second locations there.

Areas to the north, like Edgewater and Rogers Park, seem to be gaining, perhaps benefitting from LGBTQ+ folks displaced northward by housing prices.



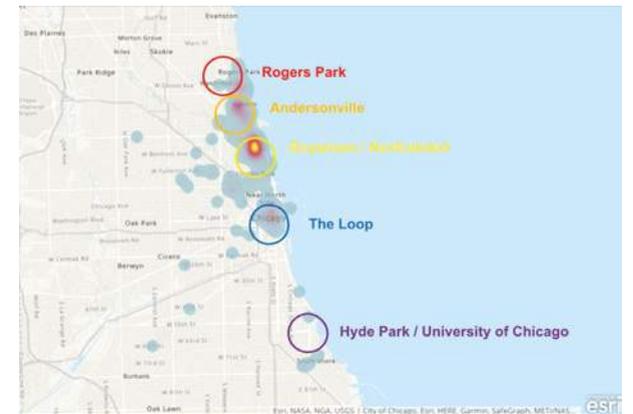
1995 LGBTQ+ Chicago - An astounding 538 records illustrate a surge in the “Gay Nineties.” Geographically, Boystown/Northalsted still dominates, but figures show a continued move northward, with Andersonville starting to emerge in the Edgewater and Uptown neighborhoods. Hyde Park and Rogers Park remain significant and largely consistent from 1965 through 1995. The Loop and other downtown locations continue to show less prominence compared to 1965.

Sources: Outlines, Windy City Times



2005 LGBTQ+ Chicago - The snapshot in 2005 shows Andersonville gaining heat, while Boystown/Northalsted remains prominent, if perhaps more geographically restricted. This year—perhaps more than any year—shows the contrast between 1965 Downtown culture and the LGBT progression north over time. The push northward, anecdotally shared among LGBT residents, illustrates perfectly by comparing 2005 to 1965. The 304 records from 2005 skew heavily further north than 1965’s downtown hotspot.

Sources: Identity, Nightspots, Windy City Times



2015 LGBTQ+ Chicago - Despite a similar number of records as 2005 (305), the LGBT heat map dims somewhat by 2015. Boystown/Northalsted and Andersonville remain clear activity centers and places like Rogers Park and Wicker Park see upticks, but one could theorize minor LGBT activity center dispersal. Social acceptance, assimilation and digital hangouts could be explanations. Northalsted’s hotspot largely blunts south of Belmont Avenue, a clear shift from 1995 where it extended toward Fullerton.

Sources: Grab, Nightspots, Windy City Times

The Georgetown research discusses a long history of gentrification impacting gayborhoods. And Chicago is a great example of it. Often, the analysis suggests, queer folks are first to revitalize, then get pushed out by less radical corporate interests.

Researchers also theorize gayborhoods are dispersing because of greater social acceptance and assimilation. Critics say LGBTQ+ individuals are losing their safe spaces to consumerism.

The folks who stay in these most commercial of gayborhoods tend to be upper and middle-class, white and partnered. This directly contrasts with the communities who need gayborhoods the most—the disenfranchised and marginalized, young folks, trans people and queer POC. In the 2000s there were several reports that some Boystown/Northalsted bars tried to detract people of color by requiring multiple forms of identification.

The important thing, research suggests, is to save local gayborhoods. They’re important, politically and socially—and they’re facing challenges from multiple fronts.

This research took place during the COVID-19 lockdowns of 2020, when gay bars and safe spaces closed for months. The impact of this lapse in nightlife and street culture will take years to measure.

Sidetrack’s Art Johnston says Chicago’s Northalsted and Andersonville hubs remain the most successful gay districts in the United States, and he has sharp optimism when asked if they’ll thrive in the future.

Given the past, the research suggests, losing their political clout and shared LGBTQ+ history may be detrimental to these neighborhoods and the LGBTQ+ community overall.

Brandon Brachter has 15 years’ experience as an urban, environmental and transportation planner. He currently serves with a federal agency in Washington, D.C., and conducted this research as part of Georgetown University’s Urban and Regional Planning program. Brachter attributes his love for LGBTQ+ safe spaces to growing up in a small Ohio Valley city. As a former resident of Andersonville, Chicago remains his favorite city.

blb97@georgetown.edu

For complete story maps, visit <https://georgetownuniv.maps.arcgis.com/apps/MapSeries/index.html?appid=2765ebc8b6ac471fac57d45da5a1b955>

WINDY CITY TIMES AT 35

By Tracy Baim and Kirk Williamson

A collection of covers from *Windy City Times*, *Outlines*, *Nightlines*, *BLACKlines*, *En La Vida* and more



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JODY WATLEY:

PR photo courtesy of Pamela Broussard



Conversation with a musical icon

BY ANDREW DAVIS

Singer Jody Watley has been many things during her illustrious career, including an activist, fashion plate—but, most certainly, a musician. Among her many achievements in that latter area are a Grammy win; a Lifetime Achievement Award from Billboard magazine; and numerous hits (on her own and as well as with group Shalamar), including “Looking for a New Love,” “Real Love” and “Still a Thrill.”

During a recent, wide-ranging talk with Windy City Times, Watley—who most recently came out with the dance hit “The Healing” last year—discussed everything (and everyone) from her new ambassador role to George Michael to the TV show *Soul Train* (which she once danced on, as a regular) to HIV/AIDS activism—but the conversation started with COVID vaccinations.

Windy City Times: We were supposed to talk recently, but things were postponed because you got a COVID vaccination. How are you doing, and how was the experience?

Jody Watley: Yeah, I got my first dose, and it was Moderna. Once I got the appointment, it was a pretty easy process. The only after-effect I had was a super-sore arm—like someone had punched me in it. I was warned, “Don’t get it in the arm you use,” and I’m right-handed. Plus, I’m a tosser and turner [when I sleep], so I had to protect that arm. Plus, I had a low-grade headache. Other than that, within the next two days, it was like I hadn’t even had it.

Tell your readers: Don’t be scared. [Laughs] Go get your vaccine. I haven’t even had a flu shot. Chris Rock said something: “People will take a Tylenol or Advil when they have a headache. When you read the ingredients, do you know what stuff is?”

I’m going to continue the masking for some time, “serving eyes,” with the lashes poking it.

WCT: I like that term—“serving eyes.” [Watley laughs.] I’m going to use that from now on!

JW: [Continues laughing] “Serving eyes!” But I haven’t traveled in a year and a half, but with this ambassadorship, I hope to take a trip soon. But with Chicago, you can drive to the lake and back, and that’s a trip. [Laughs]

But, going back to the masks, I’m going to continue to wear one. If you don’t want to, try Instacart. They come right to your door! [Interviewer and Watley laugh.]

WCT: As you mentioned, you’re now the ambassador of the National Museum of African American Music. Congratulations on that! What do your duties involve?

JW: Thank you—it’s an honor. My duties involve bringing attention to the museum in charming ways [laughs] and encouraging people to support the museum. It really is a museum for all ages. Even if you can’t get to Nashville, there are so many virtual experiences. There is another component, but I’m allowed to say what it is—yet—but it’s very exciting.

They chose me also because of my style that’s ongoing, with the rap/R&B collection and the streetwear. My impact on music made me a choice for this honor. Right now and, I believe, through the summer, there’s a digital Jumbotron with me on it—and I love it! [Laughs] I have to get this second shot so I can see it in person.

WCT: And you mentioned your style. Who are your style icons?

JW: My first style icons were actually my mother and father. My dad was always in a custom suit, and he was very flamboyant. He was probably the first person I saw who color-blocked, with his lime-green suit, shirt, shoes; he also had Nehru suits, importing fabric from India. My mom was the first person I saw in donut sleeves—before Diana Ross, it was my mother.

And my mom would always get Harper’s Bazaar. In addition to being studious, I loved fashion and models. Also, Diana Ross and the Supremes were very elegant to me—and I loved Grace Jones. She had and has her own thing. When I came out as a solo artist, I was very adamant with the label that I didn’t want to look like anyone else; I wanted to be Jody Watley. I was wearing Gaultier before Gaultier was famous; I was also wearing streetwear—although now it’s called “vintage” because it sounds nicer. You could be fly and fabulous, and you didn’t have to be rich.

To this day, people will mention to me the Chanel belt in the

“Some Kind of Lover” video—and I had that with a dress and Chucks [Chuck Taylor sneakers]. Nobody else was doing that. The first time I went to Japan, I was influenced by the kids there—and the fact that it’s cool to be different.

My male, female, gay and gender-fluid fans will say all types of things to me on social media, like, “You taught me that it’s okay to be different.” When I see things like that, it really means a lot that, to some people, I represent the freedom to be yourself. I’ve always been a big activist for my [LGBTQ+] fans. It’s about loving yourself and being your authentic self. And don’t worry about everyone liking you; as one of my best friends said, “Girl—not everyone loved Jesus.” It keeps things in perspective.

WCT: You have so many hits—but I discovered a new one: a cover of the Chic hit “I Want Your Love.”

JW: Oh, yeah! That’s from my album *The Makeover*. [Editor’s note: The first single from that album was a cover of Madonna’s “Borderline.”] At the time, I had done a show up in the Bay Area, and I called it “Songs in the Key of My Life.” I just did songs that I loved. “I Want Your Love” is one of my favorite Chic songs; it’s with [producer/musician/Chic member] Bernard Edwards, who produced “Don’t You Want Me and I’m still very friendly with [producer/musician/Chic member] Nile Rodgers, who gave me his blessing and played guitar on it. It was a number-one dance song here in America. I love performing it live.

WCT: You mentioned Bernard Edwards, and he produced a song you did with George Michael on your debut solo album called “Learn to Say No.” Could you tell our readers about that collaboration, and what George was like?

JW: George Michael and I met and became friends when I was living in London. I didn’t have a deal at the time but we had done the Band-Aid charity single (“Do They Know It’s Christmas?”). I asked him if he would do a duet with me if I got a deal, and he agreed. When I met with the labels in America, I wanted them to know that I knew who I was; I was like a ninja or assassin in terms of knowing my focus. George was such a superstar at the time—and no label believed he would do a duet with me. I said, “Trust me. He’s going to do it.”

He chose the song “Learn to Say No.” At the time, Bernard was with the group Power Station, with Robert Palmer, Duran Duran’s John Taylor and Andy Taylor, and Tony Thompson. Tony played drums on “Learn to Say No,” so it has this big sound. The downside was that George’s label wouldn’t allow it to be a single because he was about to drop his duet with Aretha Franklin, “I Knew You Were Waiting (for Me).” But I know it would’ve been a smash—and that video would’ve been so hot! [Laughs]

WCT: That song practically screamed for a video.

JW: Yes! I was so disappointed, and he was, too. It still sounds great, though. George is very missed, and he’s still one of my favorite artists/vocalists/writers. Just beautiful—and such a loss... His music is forever, though—and he is forever. I’m honored to be one of a small group of people who sang with him.

WCT: Windy City Times is doing a series on “HIV at 40.” You’ve been an activist for decades and you’re on the [1990 HIV/AIDS benefit] album *Red Hot + Blue*. Did you think we would be 40 years in and not have a cure/vaccine?

JW: No. It’s really astounding. So many have lost their lives, especially early on, and it was such a taboo subject. When I was asked to do the *Red Hot + Blue* project—which was the first one of its kind—my label didn’t want me to do it. They were worried that people would think I was gay—like that would be the end of the world. And they thought people would think I had AIDS, even though I was just talking about awareness. I could do a whole dissertation on how ridiculous it all was.

I’m not gay and I don’t have HIV—but I can speak about how it’s affecting everyone. I knew so many people who were dying from AIDS. I told them that I would do the album, anyway—and if they wanted to sue me, they’d just have to sue me. I stuck to my guns, and they gave me permission to do it.

Red Hot + Blue has raised millions of dollars, and there are other albums in that *Red Hot* series. The documentary that came out

of that is still worth looking up. And, still, it's a major problem in Third World countries, where they can't afford the medicine.

WCT: One of the people claimed by HIV/AIDS was singer Jermaine Stewart (the 1986 hit "We Don't Have to Take Your Clothes Off"), who died in 1997—and released a song about you, called "Jody." What do you remember about him?

JW: He was one of many I know who died of HIV/AIDS.

This is a little difficult for me because Jermaine and I weren't friends when he passed. Someone told me that because I wasn't friends with him, I shouldn't speak about him. So I'll just say that he was a great artist and everyone loves "Clothes Off," and he had one of the best blow-dry bob haircuts of all time. [Laughs] Jermaine was certainly a character in many ways. It was still a loss, even though we weren't friends.

WCT: Switching gears, in this age of reboots, should they bring back Soul Train? [Watley was a dancer on the show in the 1970s before finding success as a vocalist in the group Shalamar.]

JW: No! I'm not big on bringing stuff back. Some things should just be left in their eras. The show that Don Cornelius created was magical for its era because there was no other show that showcased R&B and hip-hop. It's like when Arsenio Hall had his show; I loved it because you could perform and you could interview. You go on TikTok; it's kinda like Soul Train for this generation. A new dance show would have to fit this era; Soul Train was for that era. Just because

you can bring something back doesn't mean you should. [Laughs]

WCT: So true. We talked about COVID at the start. With this year of COVID and the racial awakening some people have had, what have you learned about yourself?

JW: Interesting... Though I'm in the public eye, I've pretty much been a loner most of my life. I'm very comfortable being quarantined and on my own. [Both laugh.] I've learned how to keep myself busy, entrepreneurially, with my home line—I've loved candles since I was in junior-high school. I've learned that, no matter your circumstance, you have to take what you have; what we have now is what we make of life now. With everyone, I think that should be the takeaway.

I'm comfortable in my own skin and with my own company. Social connection is part of being human—but it's good to, as my mother would say, "go somewhere and sit down." [Both laugh.] Making the best of things is important, but I didn't need the pandemic to remind me of that, although some people did.

Also, I learned it's nice to have some social distance, so stay six feet back! [Laughs]

WCT: More, if possible...

JW: Exactly! You don't need to be up on me when I'm making a transaction. [Both laugh.]

WCT: Thank you for your time. You're the musical assassin who serves eyes.

JW: Yes—I love that!

Jody Watley's official website is <https://jodywatley.net/>.



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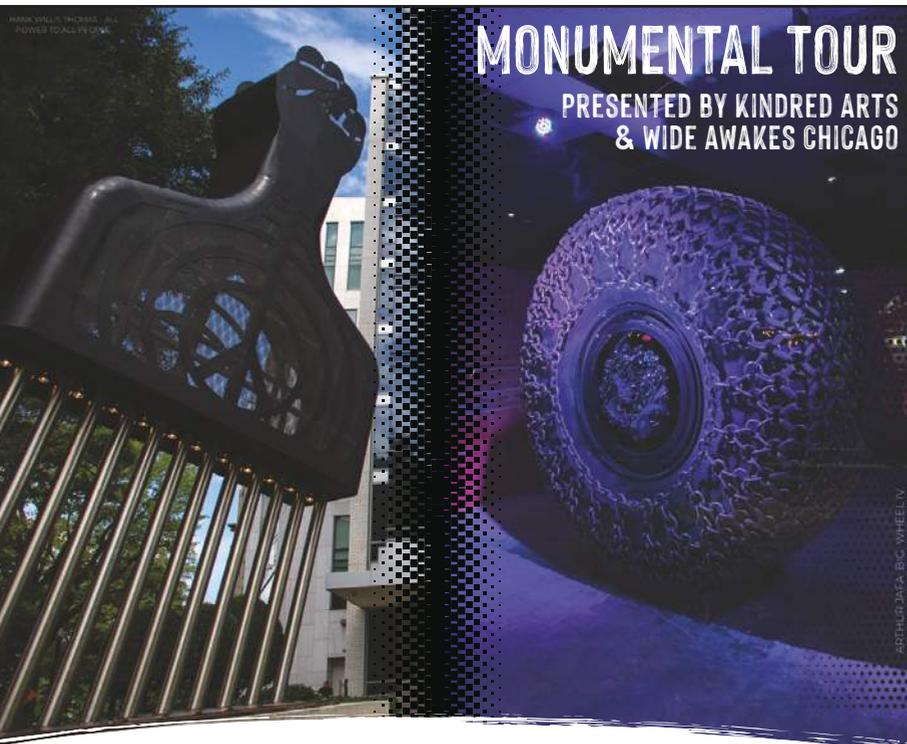
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While a simple “they/them” seems to mystify some and has been used as a cudgel by others, for those who want to better understand the importance of pronouns when it comes to gender expression, or for those who need support and are still figuring themselves out, and even those within the LGBTQIA community that might think they have the right terminology down pat, there is *The Pronoun Lowdown: Demystifying and Celebrating Gender Diversity* by Nevo Zisin.

Zisin, an Australian trans educator, activist and author, gives us a timely and delightful look at their journey to self-realization as a non-binary, queer person who presents as a combination of masculine and feminine. Their unapologetic exploration into pronouns is a laugh-out-loud, touching and culturally reverent educational experience, covering historical context, issues that impact the community, easy to understand guidance, a handy glossary and global resources.

WCT: What was it like first coming out as queer and trans, at the time, in your small, Jewish community in Melbourne?

Nevo Zisin: I would say that there was a big dissonance between my first coming out and my second one. I come out every couple of years to keep everyone interested.

WCT: Keep them on their toes.

NZ: Coming out as a lesbian in my small, Jewish community, I was definitely one of few, but I think people were a bit more switched on to what that version of queerness looked like. My mom said, “I’m fine with you being a lesbian as long as the girls that you date are Jewish.” Mostly just funny instances and some light adjustments.

WCT: What about in school where you started your activism?

NZ: My school was generally quite good. I went to a private Jewish school that happened to have a queer-straight alliance at the time. The year above me was pretty queer and pretty loud about it, which was amazing, and that kind of allowed me to come out more easily. I felt quite supported in my school in that sense, but I definitely earned myself a reputation as the angry lesbian feminist.

WCT: And when you came out as trans?

NZ: When I came out as trans, I think people thought it was an extension of that “angry lesbian feminism.” It’s so funny to talk about it now because, even though it was just in 2013, the cultural landscape was completely different. Like there was just no trans representation whatsoever.

WCT: Openly, not very much.

NZ: I didn’t see anything on TV, in books or movies. And the only ones I did, the trans person was sexually assaulted and murdered. That was the only imagining I had for my future, which is not exactly something to craft your life around. So, I have a lot of empathy, as much as it is difficult for me, for some of my family members and how they navigated that. Because they really just had no idea, they had no education.

WCT: So, the second coming out was harder.

NZ: Coming out as trans was just a very different experience than coming out as a lesbian. I experienced a lot of blaming and anger from my mom in particular. I think it’s less like disappointment in the person themselves but much

more mourning of the expectations that you had of them, which was never really true or legitimate either.

WCT: You do professional development workshops in both schools and companies around transgender identity. What kind of response do you generally receive?

NZ: For the most part there’s a positive response, because if a company is already to the point of booking me, then they’re already onside somewhat. You can tell straight away, because my educational principle goes primarily for humor. I think that when people are uncomfortable about a topic and then they get to laugh about it, then they get to just kind of breathe.

WCT: That’s a good way to connect.

NZ: People are very intimidated by these topics and very scared to get it wrong. Or it’s all just a bit too much for them. If people don’t laugh at my jokes in the beginning, then I know I’m in for a hard journey.

WCT: How do you protect yourself in instances where it can be negative?

NZ: It’s less what I do to protect myself in the space and more what I do to protect myself outside of it. When I walk into the space, I’m not on my high horse like, “Just Google it.” I’m there as an educator, I’m not there just as a trans or a marginalized person. I’m there to help them on their learning journey.

WCT: Right.

NZ: I think it’s really important to do that because I wasn’t assigned “woke” or didn’t understand intersectional politics at birth. In fact, it was a lot of the labor of Black trans women and

incredible thinkers that led me there. I am the amalgamation of many life-shaping experiences. Extending that patience to other people is something I can offer, especially if I can recuperate outside of work with the money I’ve earned to get therapy, to do yoga, and to do all of the other community care stuff that I require.

WCT: Yes, that’s important.

NZ: I just remind myself that the people who aren’t onside at all are not my demographic. I’m not actually there to convert bigots into allies, I’m there to get the people who are already onside to feel empowered to stand up further and the people who are part of the community to feel more supported. I’m not here to justify my existence and to beg people to be an ally.

WCT: What was the catalyst for writing this book?

NZ: I continued to get misgendered quite a lot after my first book [*Finding Nevo: How I Confused Everyone*] and it felt like a personal failing. So, I was like, guess we need another book that’s going to be just on pronouns. I got contacted by a publisher to write it, but it was something that I was thinking about. This is maybe more relevant for the Australian context, but it feels like pronouns are the next kind of Everest after marriage equality. I think pronouns, in a similar way, are a vehicle to more equal rights; but it’s certainly not the end point in any way.

WCT: Interesting thought.

NZ: At the end of the day, I don’t think homeless trans youth care so much about what pronouns are being used when they could be handed the keys to stable housing. There are much more

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Continued from page 25

important issues we need to be working on, especially with all of the anti-trans legislation that's coming through the US at the moment. Pronouns are, in some way, the least of our worries. But it also seems like an easy fix.

WCT: One would think.

NZ: One would think, yeah. Being misgendered, and I speak about this in the book, is like a death by a thousand paper cuts. It's the epitome of microaggression, where every day this is happening fifty times. I hear it and I know this world doesn't exist for me, it's not built for me, I don't belong and I guess I should just leave. And that is why there is such high suicidality statistics within our community.

WCT: Right.

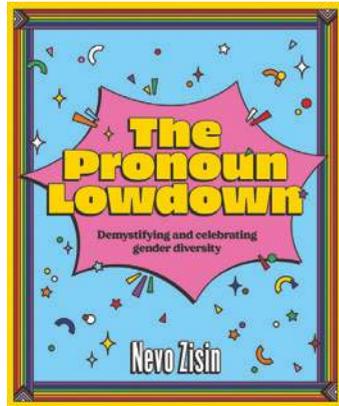
NZ: That's not incidental and this stuff isn't political correctness gone mad or a left-wing fad. It is like suicide prevention, community care and community nourishment. When you get gendered correctly every day, it has a profound impact on your sense of self and your place in the world.

WCT: Affirming, for sure.

NZ: What I was also really interested in was looking at a bit more of the historical, linguistic and social context in which pronouns have arrived. What I've also found—and this is not to give myself a pat on the back at all, because I'm sure there are lots of things I could have worked on more—I think a lot of the trans guide books I have seen are just incredibly whitewashed and don't have intersectional or even just nonbinary lenses.

WCT: That's crucial to recognize.

NZ: I read an incredible book that I owe a lot to called *Decolonizing Trans/gender 101* [by b. binaohan], and it's basically like a full length call out of another trans book and why it's colonized and white in its thinking. I learned so much from that book that really shook me. A real goal of



mine was to hold that in my heart because, obviously, I'm not a unique thinker on this topic and none of the things are unique thoughts: they have come from indigenous and First Nations populations around the world and from so many different understandings of gender embedded in our society.

WCT: In talking about the harmful anti-trans bills moving forward right now, with sports being the new bathroom "issue," what gives you hope in this space?

NZ: It's a kind of fluctuation that we're experiencing, because we're moving from a period of invisibility where trans people have been in the shadows into hypervisibility where everyone knows about us, where we are out, proud, loud and here, and the backlash is completely tsunami-like. Young people are growing up much more aware of how the world feels about trans people than they ever would have before. It's kind of this really interesting rock and a hard place situation where there's many pros, but also, this is deeply painful and difficult.

WCT: For sure.

NZ: I think what gives me a hope time and time again is young people. I don't believe that they are the future, I believe they are the present. I mean obviously they're the future as well, but I think we really invalidate the power of their voices and activism if we always say that they're future people because they're not adults. They're full people who have full beliefs, principles and activism; they're not completely jaded yet so they have a little bit more energy. And they're so politically engaged.

WCT: Agree.

NZ: I have a lot of hope around the visibility of trans politics and how much we've done in the last few years. When I watch Disclosure on Netflix, it just really blew me away how far we've come in the last few years, and how much I feel like I'm part of the last generation of trans people to grow up without trans representation. That feels so profound. You can't imagine your future if you can't see it anywhere.

WCT: What's next for you?

NZ: I love the work that I do, I feel very grateful and I think I'm good at it. I think I make people feel comfortable with something that they're not comfortable with. I do that for all of the trans people out there so that they don't have to do that educational work, you know? The idea that my books could be a resource and that young people who are still grappling with their gender don't have to be educators is absolutely the dream, because I would have really valued that.

WCT: Yes, being who you needed at the time.

NZ: I'd really love to continue doing that work and I would love to spread into an international context, as well. To come to the US and do some work and training there, and engage with other activists. I'm writing a middle grade novel at the moment with my creative partner. It's about two non-binary young people who have always felt different. Not because they're trans but because they have superpowers. So, it's very cute, very wholesome and I really enjoy doing that. I also run a free writing group for trans and gender-diverse young people every fortnight.

WCT: Where can we find you and where can we find your book?

NZ: You can find me on the Internet. I'm a millennial, so I have all the things...my website, NevoZisin.com, Facebook, Instagram. I'm very open to receiving questions or messages. The book is available in the US and all over the world now, which is very exciting. It should be at Barnes & Noble, and ideally at your local bookshop. And if it's not there, it would also be great if you requested it.



IMAGE CREDIT: Yannis Tsarouchis. *The Offering and Two Winged Men*. 1965. © Yannis Tsarouchis Foundation. This exhibition is organized by the Yannis Tsarouchis Foundation, Athens, and made possible by Alphawood Foundation Chicago.

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Mayor Lightfoot helps break ground at AIDS Garden Chicago

On June 2, various local officials, including Chicago Mayor Lori Lightfoot, helped break ground at the AIDS Garden Chicago—the city’s first public park to memorialize the early days of Chicago’s HIV epidemic, and to honor those who continue to fight against the disease.

The event took place in front of the garden’s anchor piece, the 30-foot Sculpture.

The 2.5-acre garden is situated on Lake Michigan at the original location of the historic Belmont Rocks, a space where the local gay community gathered between the 1960s and 1990s. The garden’s first phase was completed in late 2019 with the installation of its anchor piece, “Self-Portrait.”

The garden will include “unique areas designed for reflection, education, honor and pride,” according to a press release. Visitors will be guided through a variety of collective garden spaces all providing a sensory nature experience, most notably a Ginkgo Reflection Grove. The Chicago Parks Foundation will soon launch the AIDS Garden Story Archive—a digital quilt of personal shared experiences to be posted on the AIDS Garden Chicago website.

AIDS Garden Chicago is expected to open this fall.

The Chicago Parks Foundation is leading the garden’s fundraising and community conversations. Established in 2013 as the nonprofit partner of Chicago’s parks, the Chicago Parks Foundation operates in a public-private partnership with the Chicago Park District to provide fiscal partnership to foundations, organizations, and individuals who wish to support their parks.

The garden’s partners include Chicago Ald. Tom Tunney, Alphawood Foundation, TAWANI Foundation, Walgreens, Beaumier Donor Advised Family Fund, the Elizabeth Morse Trust and the Chicago Park District in addition to tireless advocacy by the State of Illinois, state Sen. Sara Feigenholtz, Illinois state Rep. Greg Harris, U.S. Rep. Mike Quigley, state Rep. Margaret Croke and former state Rep. Yoni Pizer.

Also involved are AIDS Foundation of Chicago, Center on Halsted, Design Workshop, Friends of the Parks, Howard Brown Health, Keith Haring Foundation, Legacy Project, Mariano’s, The Moth and Rosenthal Fine Art, Inc.



From left: Illinois state Rep. Greg Harris; U.S. Rep. Jan Schakowsky; Illinois state Sen. Sara Feigenholtz; U.S. Rep. Mike Quigley.



From left: Chicago Alderman Tom Tunney greets Mayor Lori Lightfoot; among those pictured here are Lori Cannon and Victor Salvo.



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New book sets the record straight on **ACT UP NEW YORK**

BY MELISSA WASSERMAN

Novelist, playwright, nonfiction writer, journalist, screenwriter, LGBTQ+ rights activist and AIDS historian Sarah Schulman preserves the power of the AIDS Coalition to Unleash Power (ACT UP) while laying everything out about the in her new book, *Let the Record Show: A Political History of ACT UP New York, 1987-1993*.

Schulman, a native New Yorker, started writing at a young age and said it is something that comes naturally.

"I'm really like a natural," said Schulman. "I started when I was 6 years old and maybe because I read the diary of Anne Frank, which was very common in my generation and a lot of girls started writing diaries at that time, like diaries became very common as a result of that book."

Schulman, said it is hard to say when her first taste of activism actually happened.

"I grew up in a Holocaust family and I was raised at a time where children were not protected from information and I was raised with the knowledge that other people had stood by and allowed those events to occur," said Schulman. "I think that had a big impact on me from the beginning."

Schulman was active in the Women's Union when she was a student at University of Chicago from 1976 to 1978. She dropped out and ultimately got a Bachelor of Arts degree from Empire State College.

Her vast activism efforts include being a member of The Committee for Abortion Rights and Against Sterilization Abuse (CARASA) from 1979 to 1982; participating in an early direct action protest in which she and five others, called The Women's Liberation Zap Action Brigade, disrupted an anti-abortion hearing in Congress; being an active member of ACT UP from 1987 to 1992; attending actions at the Food and Drug Administration (FDA), National Institutes of Health (NIH) and Stop the Church; and even being arrested when ACT UP occupied Grand Central Station protesting the First Gulf War. Schulman, along with five other women, co-founded the direct action organization Lesbian Avengers in 1992.

At age 24, she first started observing and writing about AIDS in the early 1980s, working as a city hall reporter for the *New York Native*, a newspaper whose primary audience was gay men.

Having been writing about AIDS for about four years before joining the newly formed ACT UP in July 1987, Schulman was a rank-and-file member of ACT UP until 1992.

Schulman and filmmaker Jim Hubbard co-founded the New York Lesbian and Gay Experimental Film Festival, now called MIX NYC in 1987. Since 2001, the pair have been creating the ACT UP Oral History Project, interviewing 188 surviv-

ing members of ACT UP over a span of about 18 years about their experiences and what it meant to be in ACT UP.

In her 20th book *Let the Record Show*, Schulman wrote, "In recent years the representations of the AIDS Coalition To Unleash Power (ACT UP) and AIDS activism in popular culture have narrowed, almost to the level of caricature."

"We knew from the beginning somebody had to do it, we being Jim Hubbard and I; he's my collaborator, and we tried for years to find someone else to do it," said Schulman of writing *Let the Record Show*. "As time passed, a lot of misrepresentations are getting encased and it just became a desperate situation like somebody had to do it."

While ultimately there were 148 chapters of ACT UP around the world, each acted autonomously. *Let the Record Show* is a look at the individuals who created ACT UP New York, which Schulman said in the book was the "mothership." The study, she wrote, focused exclusively on that community, covering the years 1987 to 1993.

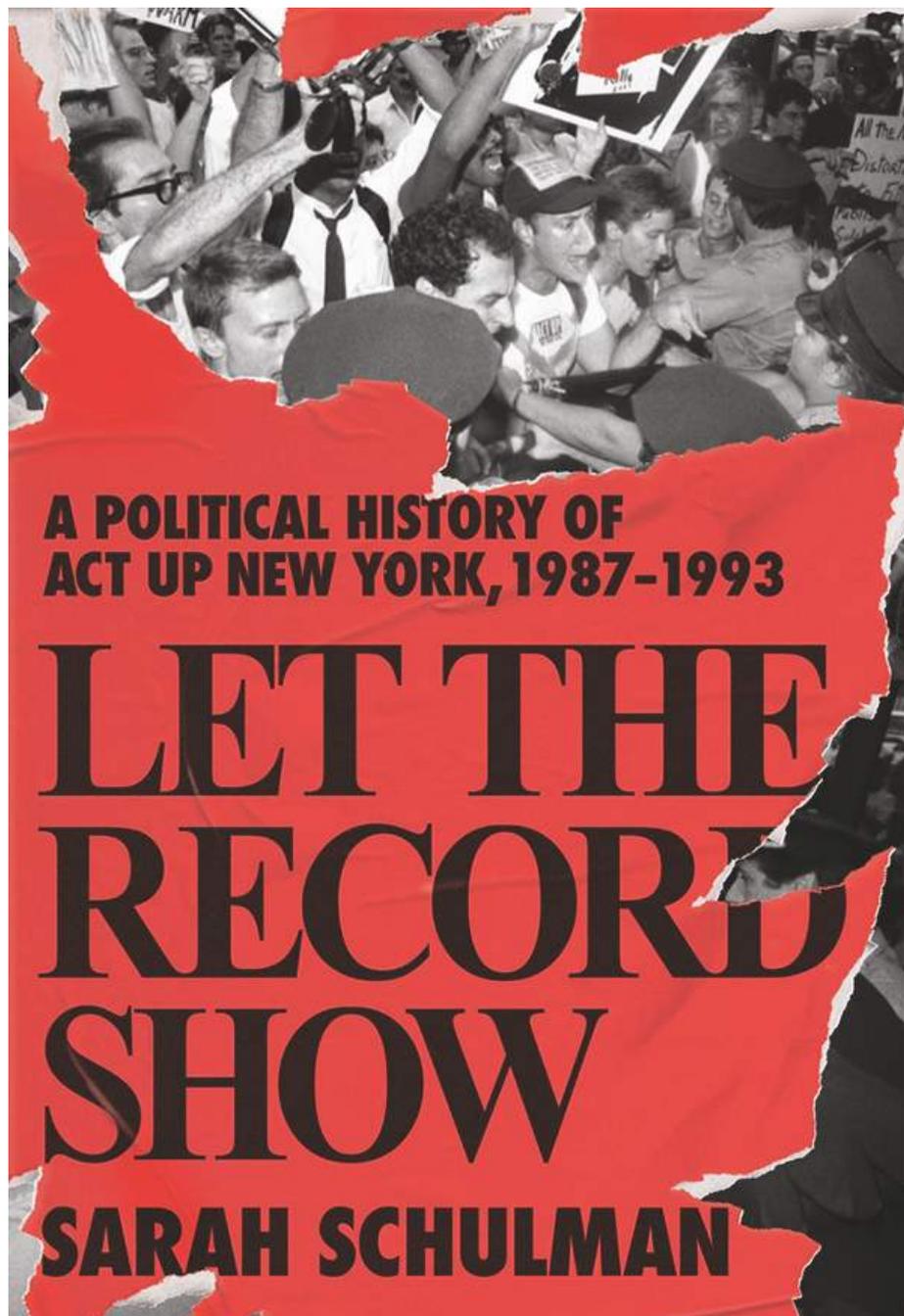
ACT UP New York, she explained in the book, is much larger than its Monday night meetings: "It is a political and emotional history of liaisons, associations, relationships, coalitions, and influences that cumulatively create a crucial reality of successfully transformative struggle under the most dire of circumstances."

Let the Record Show is made up of those interviews and gives readers an honest look at that period of time in history through the eyes of people who lived through it. Schulman said she conducted 188 interviews and tried to use as many as she could, emphasizing the history of ACT UP is the history of a group.

"Movements are actually made up of the people that are in them, not of the leaders," Schulman said. "It's a mistake to tell the history of the movement through individuals because that's not how they work. The purpose of this book is not nostalgia. It's to help activists today be effective and it's very important that people understand that despite the way that information has been misconstrued, the truth is the way you make change in America is through coalition. So I really wanted to get away from this false myth of the hero because it's not helpful for people who are actually trying to accomplish something."

While the book does not read in chronological order, Schulman does provide a timeline at the end of the book, so if people are want to find out more about a particular action or a person they read about, they can refer to the timeline and see what else was happening at the time of the thing that they are focusing on and have more surrounding context.

Schulman described the opening of the book as a type of handbook for today's activists, giving



them a sense of history and a push to think about some important strategies.

"Every movement has mistakes and errors as well as its victories and it doesn't help to cover them up because making mistakes is human," said Schulman. "It doesn't mean what you did was wrong or bad. So, if we get used to understanding that successful movements, heroic people make mistakes and that doesn't detract from who they are or what they've done. If we can accept the more mature and nuanced view of that, we're more likely to build movements that are successful."

Schulman names direct action as one of these important strategies. ACT UP, she said, was a "radical democracy and the only principle of unity was one sentence, which was 'direct action to end the AIDS crisis.'"

"So if what you were doing was direct action

to end the AIDS crisis you could pretty much do anything, but if other people didn't agree with you, they couldn't try to stop you from doing it," Schulman explained. "They just wouldn't do it. That's why there was so much simultaneity of different kinds of approaches going on at the same time. Today we have a tendency toward movements that try to control. They want everyone to have the same strategy or have the same analysis or there's even a culture move for everybody to use the same words. This does not work. Historically these types of movements have never worked, but real leadership allows people to recognize where they're at because people can only be where they're at and try to facilitate them having some kind of authentic and effective response."

Let the Record Show holds many sub-topics within four sections: Political Foundations, Art



Author Sarah Schulman.
Photo by Drew Stevens

theft reaching victory.”

Schulman also listed needle exchange in New York City as an important win—and it is featured in the book.

“ACT UP changed the focus,” said Schulman. “It forced the government and pharmaceutical companies to change the way they research.

“We all have an enduring relationship to AIDS,” Schulman said. “AIDS is with us forever and it changed us in so many different ways and the ways that we view death and the ways that we view illness and the ways we view health. All of that was impacted by aids. There’s an after-life.”

The audience for this book, Schulman said, is people who are interested in how change is made, people interested in history, people who are looking at the parallels between the current health crisis and the patterns of the past and people who are interested in a deep story about regular people who changed the world.

“I just want them to understand that one of the interesting things about ACT UP— because there were so many different kinds of people— is that different kinds of people had to use different strategies to create change because they had different levels of access,” Schulman explained. So, white men who went to Harvard, sit down at a table with white men in a pharmaceutical company and work out something, but women of color who needed to get the definition changes, it took them two years to even get a meeting. Drug users had to get arrested and have a test case to get their issue across...You have to use different social strategies based on who you are and what your access to power is, but anybody can make change. For some people it’s harder and it takes longer and it’s messier because you’re really going against the system, but you can still make change. We had drug addicts and homeless people and prisoners who made a tremendous change working in the AIDS coalition. That’s the message.”

For more information about Let the Record Show: A Political History of Act UP New York, 1987-1993, visit macmillan.com/books/9780374719951.

in the Service of Change, Creating the World You Need to Survive and Desperation. Effective action, members of different races, genders, sexualities, and backgrounds, leadership, battling and beating the Catholic Church and the pharmaceutical industry, art as expression, community, money, poverty, division, mass death among others are covered.

Serving as an example for today’s activists and providing an accurate history, Schulman said ACT UP won such fundamental changes, which are covered in the text.

“Most importantly was changing the government’s official definition of AIDS to include symptoms that only women had,” said Schulman. “This has had incredibly long lasting impacts because at the time women manifested different symptoms than men. The symptoms that women manifested were not listed in the official diagnosis. So, women got AIDS and died and they never got an AIDS diagnosis. So, they couldn’t get benefits, they couldn’t get health care, they couldn’t get anything they needed. They also couldn’t get experimental drugs. Keeping women out of experimental drug trials meant that not only did those women die, but drugs were not tested on women, so changing the definition meant that drugs would be tested on women. So today any woman in the world with HIV who takes an HIV medication benefits from that win by ACT UP because they’re now taking the medication that was tested on women. So that’s really like the far-

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