ALIGN-T1D Language Policy for Communications

Aligned with the Diabetes Language Matters Movement

Questions? *Email us at global@breakthroughT1D.org*

Why this policy exists

Every language choice in ALIGN-T1D communications either advances or undermines two foundational commitments.

Lived expertise *is* expertise. People living with T1D hold irreplaceable knowledge. Not 'patient perspective' — expertise. Their accounts are data. Their analysis is analysis. Communications must position them as knowers and experts, not as subjects or storytellers.

Epistemic justice. Language that strips someone of their standing as a knower causes harm — to that person, and to the alliance's integrity. 'Language' means all communication: words, images, video, captions, and what we choose to show or leave out.

This policy operationalizes ALIGN-T1D's Meaningful Community Engagement Principles in communications. It is grounded in the global Diabetes Language Matters Movement and in the epistemic justice framework of Miranda Fricker (2007).

Six principles

1. Position lived expertise as expertise
Attribute analysis and insight to people with T1D explicitly. Their accounts are data, not illustration.

2. Person-first language as default
Use 'person with T1D' / 'person living with type 1 diabetes.' Follow individual preference where known.

3. No blame, no moral judgment
T1D outcomes are shaped by access, systems, and biology — not willpower. Avoid language that attributes outcomes to individual failure.

4. Name systemic causes explicitly
Don't leave structural barriers implicit. Name them: insulin supply gaps, health system capacity, cost, geographic isolation.

5. LMIC contexts need specific epistemic care
Resist generalization, deficit framing, and saviorist language. Center country expertise. LMIC community knowledge is not inferior.

6. Create space for community language
Use the words people use to describe their own experience. Institutional vocabulary is not always the right translation.

Key guidance: at a glance

Context	Avoid	Prefer
People with T1D	*diabetics; T1D sufferer; victim; these patients*	person/people with T1D; person living with T1D
Knowledge & authority	*shares their story; patient voice; humanizing the data*	analyzes / identifies / demonstrates; lived expertise; expert insight from [name]
Health management	*good/bad control; non-compliant; failed to manage*	glucose levels within/outside target range; faced barriers to [specific protocol]
The access crisis	*children dying needlessly; ALIGN saves lives; beneficiaries*	children dying due to a preventable, systemic failure; ALIGN supports [country]'s efforts
ALIGN's role	*our programs in [country]; we are delivering care to*	ALIGN-T1D's partnership with [country]; supporting [country/partner] to build capacity
Donor & fundraising	*you can save a life; helpless communities; donate to help those who can't help themselves*	invest in country-led solutions; communities demonstrating expertise against structural barriers
Scientific / Index	*disease burden; patients in the study; high-risk populations*	prevalence/scale; people with T1D in the study; populations with limited access to care

The quick test

When a language choice is uncertain, ask:

- Does this position the person with T1D as a knower and expert?
- Does it name the systemic cause accurately?
- Does it use the person's own language where possible?
- Does it credit country and community leadership accurately?

If no to any — revise before publishing.

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