

## #EndBadHIVLaws Video Guide

*Interested in learning more about HIV criminalization in the United States? Use this video guide for more about this critical issue disproportionately affecting lesbian, gay, bisexual, and transgender (LGBT) communities, especially LGBT communities of color.*

### #1 – HIV CRIMINALIZATION LAWS ARE ROOTED IN IGNORANCE RATHER THAN SCIENCE.

HIV criminalization is part of a long history of LGBT discrimination in the United States. Strong anti-LGBT bias as well as HIV prejudice and ignorance led to the emergence of HIV criminalization laws in the mid-to-late 1980s.

During this period, [some people called for drastic measures](#) such as tattooing and quarantining people living with HIV (PLWH). Some social conservatives even called for all gay people to be quarantined. While calls for quarantines and tattooing did not gain broad support, in 1987, the rise of highly sensationalized stories of PLWH deliberately infecting others – like the ([now admittedly fabricated](#)) story of ‘Patient Zero’ in Randy Shilts’ *And the Band Played On* – caused a significant stir.

This wave of HIV panic led to the proliferation of HIV criminalization laws. By 1988, 15 states had passed HIV criminalization laws. And, in 1990, Congress passed the Ryan White CARE Act (RWCA), which [included an amendment](#) that required states to certify they had the ability to prosecute PLWH accused of intentionally spreading the virus. Although this requirement in the RWCA was removed from subsequent re-enactments, it provided an added incentive and the Congressional “seal of approval” for state legislatures that enacted HIV-specific criminal laws, none of which in fact actually required transmission, and very few of which even required the intent to do so.

*To learn more about the history of HIV criminalization laws, [click here](#).*

### #2 – EFFECTIVE HIV MEDICATIONS MAKE IT SIGNIFICANTLY EASIER TO TREAT OR PREVENT HIV.

Extraordinary progress in HIV treatment science has changed what it means to be a person living with HIV. Unfortunately, public understanding has lagged far behind.

While HIV medications were difficult to take at the beginning of the HIV & AIDS epidemic, scientists have since created medications that have fewer side effects and are easier and safer to use. [Treatment today](#) usually takes the form of antiretroviral therapy (ART), which involves a combination of two or more different anti-HIV drugs.

The benefits of HIV treatment cannot be overstated. PLWH who start and remain on treatment can [expect to lead long and healthy lives](#). They are also significantly less likely to develop AIDS or experience other negative health outcomes. [Research](#) also suggests that PLWH who achieve an undetectable viral load by way of treatment can reduce the likelihood of passing HIV onto a partner by at least 96%. In fact, Dr. Alison Rodger, a prominent HIV researcher at the University College London, [described the odds](#) as approximately “zero.”

We’ve also expanded the number of HIV prevention strategies available to HIV-negative individuals. In addition to correct and consistent condom use, HIV-negative individuals at substantial risk of contracting HIV can utilize [Pre-Exposure Prophylaxis](#) (PrEP). PrEP is a once-daily pill regimen that has been proven to significantly reduce the likelihood of HIV acquisition.

*To learn more about HIV prevention and treatment options, [click here](#).*

### **#3 – HIV CRIMINALIZATION LAWS DON’T HELP END THE SPREAD OF HIV.**

The Centers for Disease Control and Prevention (CDC) [recommend](#) that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine healthcare, and that some people (e.g., sexually active men who have sex with men, transgender women) get tested more often. But HIV criminalization laws work against this goal by discouraging people from knowing their HIV status, since they’re only legally liable if they do. This is especially concerning given the fact that [1 in 8 PLWH is unaware](#) of their HIV-positive status.

Additionally, as noted in the newly updated [National HIV & AIDS Strategy](#), “HIV-specific laws do not influence the behavior of [PLWH] in those States where these laws exist.” In other words, HIV criminalization laws do not encourage PLWH to disclose their HIV status. If anything, the opposite appears to be true based on the testimonies of PLWH who have been prosecuted under these laws.

For these reasons, and several others, a diverse array of advocates, medical professionals, and public health experts oppose HIV criminalization and support reform and/or repeal of these laws, including *(cont. on next page)*

- American Civil Liberties Union
- American Medical Association
- American Psychological Association
- Gay and Lesbian Medical Association
- Lambda Legal
- Presidential Advisory Council on HIV and AIDS
- United Nations (UNAIDS & UN Development Project)
- United States Conference of Mayors

*To find out more about the negative impact of criminalization on HIV disclosure, and transmission, [click here](#).*

#### **#4 – THERE ARE ACTUAL, EFFECTIVE WAYS TO STOP THE SPREAD OF HIV.**

There is [no evidence to suggest HIV criminalization laws](#) help lower HIV transmission rates. In fact, many public health experts agree that HIV criminalization laws are counterproductive to HIV prevention efforts, because they further stigma and discourage people from getting tested or treated for HIV.

Fortunately, there are [several effective ways](#) to reduce HIV transmission that do not involve prosecution or incarceration, including

- Trauma-informed, affordable health care
- Affordable and accessible mental health services
- Mass distribution and usage of condoms
- Affordable and accessible PrEP & Post-Exposure Prophylaxis services
- Syringe exchange programs
- Affordable and accessible treatment for sexually transmitted infections
- Comprehensive sexual health education
- Employment and housing stability

In addition to being effective, certain HIV prevention methods, such as needle exchange and condom distribution programs, are significantly cheaper than treating HIV. For example, the [CDC](#) estimates that it costs \$4,000-\$12,000 for a needle exchange program to prevent someone from contracting HIV. This is considerably lower than the estimated \$379,668 it costs to treat someone for HIV over a lifetime.

*To find out more about effective ways to stop the spread of HIV, [click here](#).*

## # 5 – YOU CAN BE A PART OF THE SOLUTION.

It's time for all of us to come together and end bad HIV laws that are helping to fuel this epidemic. You can start by [sharing our video](#) with your friends, families, and social networks.

You can also research whether there is an existing group of people in your state working to address the issue, or look into starting a group of your own. The [Positive Justice Project](#) (PJP) is one network of such people. Check out the [PJP Facebook](#) page to stay current on when meetings about HIV criminalization may be happening in a city near you.

Finally, become an advocate in your own right by:

- Discussing your concerns with the elected officials who represent you
- Hosting a community educational event or forum with support from a local or national advocacy organization, such as the Human Rights Campaign, Center for HIV Law & Policy, and the National Center for Lesbian Rights
- Contact news sources -- TV stations, newspapers, or magazine -- to see if they would be interested in covering a story about HIV criminalization
- Attend local, regional, or national gatherings focused on HIV criminalization, such as the Sero Project's [HIV is Not a Crime Conference](#).

*To find out even more ways you can get involved, [click here](#). Have questions, comments, or concerns about this document? Email [foundation@hrc.org](mailto:foundation@hrc.org).*