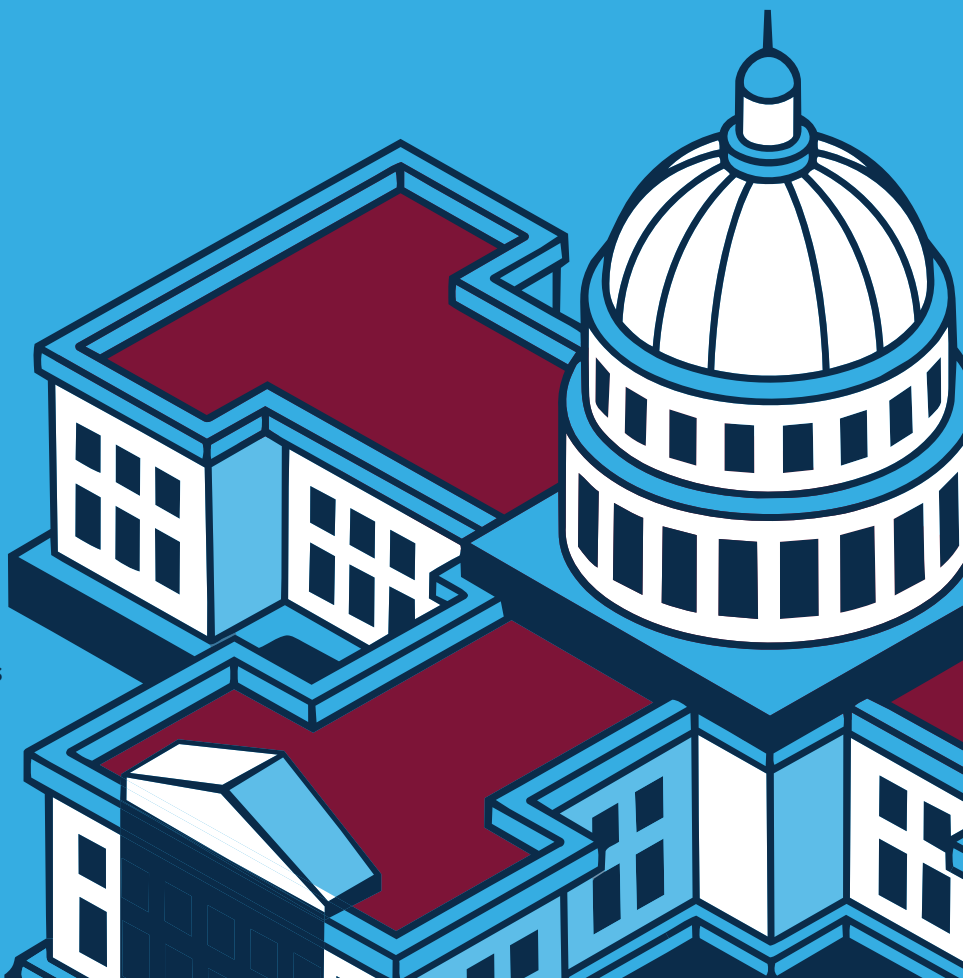
equalityfederation

U.S. PLHIV CAUCUS

# HIV Policy Campaign Guide

## FOR STATE ADVOCATES

A legislative advocacy campaign guide for advocates working to modernize their state's approach to HIV, with a focus on ending criminalization.



Developed by Equality Federation's Public Health Policy Department in partnership with the U.S. People Living with HIV Caucus.

# CONTENTS

# ABOUT THIS GUIDE

This guide is for state advocates working to modernize their state's approach to HIV, with a focus on ending HIV criminalization. We organized it around the lifecycle of a legislative advocacy campaign, from early assessment to public engagement, and beyond. Each section includes strategic guidance, tools, and real examples from state partners who have done this work.

We developed it together: Equality Federation's Public Health Policy Department in partnership with the U.S. People Living with HIV Caucus. Use what fits your state, adapt what doesn't, and reach out when your organization wants a thought partner.

- Reach out to Equality Federation at **publichealth@equalityfederation.org** for model bill language, materials, and support with strategy.
- Reach out to the U.S. People Living with HIV Caucus at **admin@hivcaucus.org** for MIPA guidance or trainings, or support connecting with HIV Caucus members in your state.

> This guide cannot replace coalition relationships, local knowledge, or work already underway in your state. It is not a substitute for the leadership of people living with HIV, which no document can provide.

## Start with the people most affected.

People living with HIV should help shape this work from the very beginning, including the decision to begin. This principle is known as the **Meaningful Involvement of People with HIV/AIDS, or MIPA.** Meaningful involvement cannot be added once the plan is set. Throughout these sections, you'll see that principle in practice, from who's at the table when you assess capacity to who leads your message and speaks publicly.

## How this guide is organized

| Section | What it helps you do |
|---|---|
| **PART ONE** · Before You Start | Honestly assess what this work requires before you commit. |
| **PART TWO** · Building Your Foundation | Lay the groundwork before anything goes public. |
| **PART THREE** · Mobilizing Support | Engage your community and build visible public pressure. |
| **PART FOUR** · Media | Earn media coverage and shape the public narrative. |

# A Letter to OUR PARTNERS

Dear Colleagues and Allies,

People living with HIV have always been at the forefront of our interconnected movements—for queer and trans liberation, for ending the HIV epidemic, and for community safety outside of the criminal legal system. In this moment of repression and scarcity, our leadership is more precious than ever. We are proud to share a set of materials to help you advocate for decriminalization at the state level, deeply informed by the experiences and wisdom of people living with HIV.

These tools work toward two sets of reinforcing, overlapping goals. Our policy goals include expanding HIV prevention to underserved communities, ending criminal penalties for HIV, and advancing affordable, accessible healthcare—free from the racial disparities that have long denied Black and brown communities equal access. Our communications goals are just as urgent: to redress decades of harmful stereotypes about HIV, and to consistently center the leadership and lived realities of people living with HIV.

We work at the state level because that's where Equality Federation and HIV Caucus members live, work, and fight for equality and justice. State-level practitioners are best positioned to make gains for people living with HIV—and many of these tools are built for reaching state lawmakers, a key audience for HIV policy change, across the political spectrum.

While we have more prevention and treatment options than ever before, the epidemic persists, particularly in communities of color and in the South, because of discriminatory laws, cost barriers, and unequal access to care. The history of HIV is inseparable from the history of racial bias in healthcare. So is its future. We apply a racial justice lens to HIV because we cannot end the epidemic without confronting, head-on, the disparities it has laid bare.

Equality Federation is proud to work side by side with state partners to make sure LGBTQ+ people can thrive in every community we call home. We encourage you to adapt these tools for your advocacy while centering the voices and experiences of people living with HIV in your state. And, we look forward to expanding and deepening this work together. Please reach out at **publichealth@equalityfederation.org** with questions or ideas.

Together, we can create policy changes that expand access to prevention and care, combat stigma and discrimination, and advance health justice for all.

In solidarity,

**Equality Federation Public Health Policy Department**

Michael Elizabeth

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**U.S. People Living with HIV Caucus**

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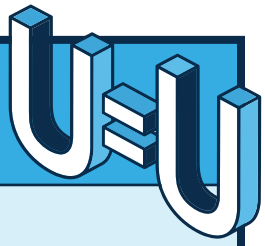
# PART ONE:
## BEFORE YOU START

HIV modernization is winnable, and in most states, it is also a multi-year effort. Before your organization builds a campaign, make sure you are clear-eyed about the case for reform, your own capacity, and the political landscape.

## The Case for Reform

**The science has changed, and the law hasn't kept up.** HIV is now a preventable, manageable, and treatable chronic condition, and people living with HIV can live long, full lives. Someone who maintains an undetectable viral load cannot transmit HIV to their partners, and prevention medications like PrEP and PEP (pre- and post- exposure prophylaxis medications) are highly effective. Most HIV criminalization laws were written in the late 1980s, before these medical and scientific breakthroughs.

### UNDETECTABLE = UNTRANSMITTABLE




People taking medication as prescribed can achieve an undetectable viral load, so they cannot sexually transmit HIV.

**Criminalization works against public health.** Criminalizing HIV doesn't reduce transmission; it discourages the testing, awareness, and treatment that actually end the epidemic. Many state laws don't even require transmission, and people have been charged for things that cannot transmit HIV at all.

**Equity is central, not an add-on.** Prosecutors and police enforce these laws disproportionately against Black people, and Black men in particular, compounding disparities that already run through both healthcare and the criminal legal system. They came out of the same punitive politics that drove the **War on Drugs** and mass incarceration, and the same system enforces them now. The weight falls on the people that the system already targets, Black and Latine communities, LGBTQ+, sex workers, and immigrants, who also face real barriers to prevention and care. Modernizing HIV laws can reduce these disparities and expand healthcare access for the people most affected.

## Capacity Self-Assessment

Be honest about what your organization can contribute and sustain. Consider four areas before you commit:

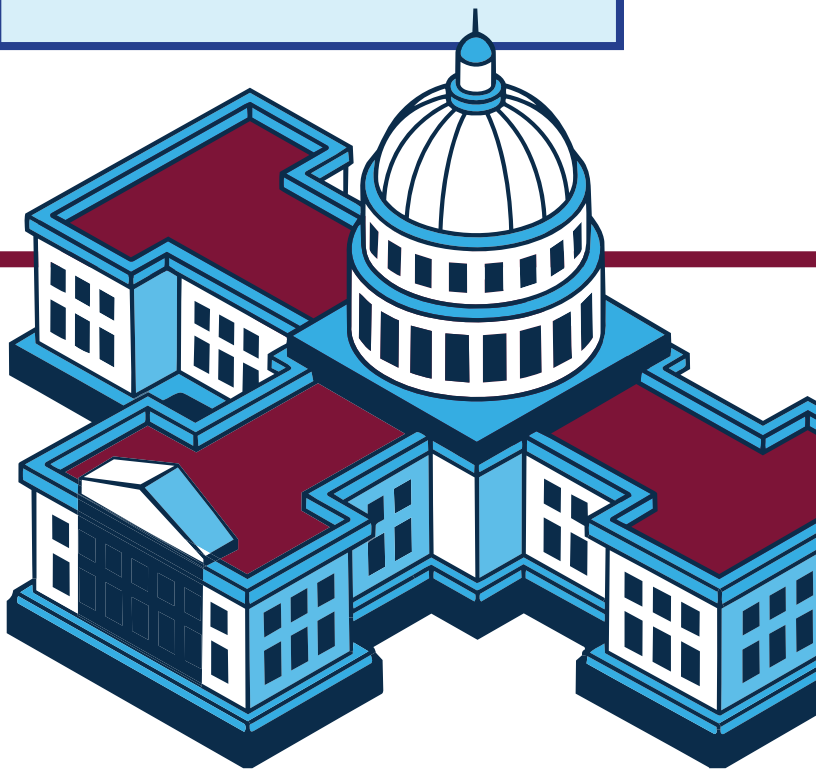
- **STAFF.** Who will carry this day to day? Communications, managing legislator relationships, coalition coordination, and supporting spokespeople are real-time commitments, especially during session.
- **RELATIONSHIPS.** Do you have a legislative champion, or a potential one? Do you have trusted relationships with people living with HIV who can lead and speak?
- **COALITION.** Who else is already working on HIV policy and services in your state? Legal, healthcare, and public health partners, and the broader movement of allied advocates and directly affected communities, all strengthen the effort.
- **FUNDING.** What funding is required, and what's realistic? Some pieces cost money; others mostly cost staff time.

# Understanding Your Political Landscape

Map your terrain before you build a strategy. A simple SWOT (strengths, weaknesses, opportunities, threats) gives your team a shared picture and surfaces risks early.

## SWOT TEMPLATE

| **STRENGTHS** (internal, helpful) | **WEAKNESSES** (internal, harmful) |
|---|---|
| **WHAT INTERNAL ASSETS DO WE HAVE?**<br><br>PLHIV leadership, coalition, a champion, staff capacity, template materials | **WHERE ARE WE STRETCHED?**<br><br>Limited staff capacity, no champion yet, low legislator awareness |
| **OPPORTUNITIES** (external, helpful) | **THREATS** (external, harmful) |
| **WHAT EXTERNAL CONDITIONS HELP?**<br><br>Momentum in other states, awareness moments, favorable committee assignments | **WHAT EXTERNAL FORCES WORK AGAINST US?**<br><br>Organized opposition, a hostile committee chair, districts where “soft on crime” framing is effective |



# MIPA IN PRACTICE:
# A Tool for State Advocates

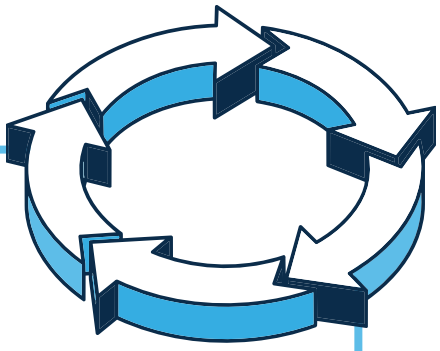
Written by **Robert Suttle** for Equality Federation and the U.S. People Living with HIV Caucus

MIPA stands for the Meaningful Involvement of People with HIV/AIDS, a principle formalized at the 1994 Paris AIDS Summit. It means people living with HIV shape the policies, campaigns, and programs that affect their lives. They are not consulted after the fact. They lead.

Campaigns to modernize HIV laws are about the lives, freedom, and dignity of people living with HIV. When people living with HIV lead, campaigns are more credible with lawmakers, more accurate about what is at stake, and more accountable to community.

For LGBTQ+ state organizations, MIPA is also how we share power within our own movement instead of speaking for communities we are part of. This tool is for putting that principle into practice across your organization's public health, policy, advocacy, coalition, and training work.

**NOTHING ABOUT US WITHOUT US.**



## Five Practices

1. **Engage early, not after decisions are made.**

   People living with HIV should be included at the beginning of planning, not only after priorities, messaging, or strategies have already been set. Meaningful involvement begins at the agenda-setting stage.

2. **Share power, not just stories.**

   MIPA requires more than inviting people living with HIV to tell personal stories. People living with HIV should have roles in decision-making, strategy development, policy review, advisory structures, training design, and implementation planning.

3. **Compensate and support participation.**

   Your organization should budget for stipends, preparation time, accessibility needs, transportation, childcare, technology, and other supports that make participation possible. Meaningful involvement requires resources, not just invitations.

4. **Protect dignity, confidentiality, and safety.**

   People living with HIV should never be pressured to disclose their status or share personal experiences publicly. Organizations should use clear consent practices for storytelling, media, testimony, training, and public education.

5. **Build feedback and accountability loops.**

   Ask whether involvement was meaningful, what needs to change, and whether people living with HIV can see their insight reflected in decisions, materials, priorities, and outcomes.

## What This Looks Like Across Your Organization

| ROLE/FUNCTION | MIPA PRACTICE |
|---|---|
| **Executive leadership** | Builds MIPA into organizational priorities, partnerships, and accountability |
| **Policy staff** | Includes people living with HIV in policy analysis, testimony prep, and legislative strategy |
| **Communications staff** | Uses person-first, non-stigmatizing language and gets consent before storytelling |
| **Training staff** | Co-designs and co-facilitates learning with people living with HIV |
| **Coalition staff** | Creates accessible, compensated roles for people living with HIV in coalition spaces |
| **Operations staff** | Makes participation possible through stipends, scheduling, accessibility, and follow-up |

## MIPA IN PRACTICE: LOUISIANA

Louisiana Trans Advocates' partnership with the Louisiana Coalition on Criminalization and Health (LCCH) is a clear example of MIPA in practice. Trans advocates intentionally follow the leadership of people living with HIV in LCCH, while using their own legislative and communications expertise to strengthen the coalition's advocacy through trainings, materials, and direct lobbying support. In 2026, that partnership helped pass HB808, which modernized Louisiana's HIV criminalization law.

# PART TWO:
## Building Your Foundation

Before anything goes public, you build the thing that holds a legislative advocacy campaign together: the people. This section is about laying that groundwork, who leads, who you bring in, what you're asking for, and how you'll talk about it, so that when the public phase starts, you're moving from strength rather than scrambling.

## Building Your Coalition

People living with HIV should lead HIV modernization efforts. A strong coalition puts that leadership at the center, alongside the legal and medical experts who can speak to enforcement and to current science. People living with HIV should help shape strategy and message, not just be invited to appear at a hearing.

The strongest coalitions are broad. HIV criminalization sits at the intersection of public health, racial justice, LGBTQ+ equality, and criminal legal reform. Other LGBTQ+ organizations, harm reduction and sex worker advocates, criminal justice reform groups, faith leaders, and directly affected community members all bring reach, credibility, and constituencies. Bring partners in early, and be clear about roles from the start: who leads, who speaks publicly, who holds legislator relationships, and who coordinates.

## Coalition Values Statement

Decide what principles guide the work. Shared values keep our work and our messaging consistent, effective, and disciplined. Here is a starting set to adapt for your own coalition:

- We center the leadership of people living with HIV.
- We lead with public health: testing, treatment, and prevention, not punishment.
- We acknowledge and actively work to dismantle the racism and stigma that shape HIV in this country.
- We are sex-positive and avoid shame.
- We ground our information in current medical science and verified data.

## Model Legislation

Decide early whether you're pursuing a narrow decriminalization bill or a comprehensive approach that also expands PrEP and PEP access. A comprehensive approach can be more effective in moderate or conservative legislatures, since it allows us to lead with the positive scientific and medical breakthroughs that have transformed life for people living with HIV.

You don't have to start from scratch. Other states offer models for what reform can look like:

- **MARYLAND:** full repeal of the HIV criminalization statute
- **OKLAHOMA:** decriminalization paired with expungement
- **TEXAS:** removing HIV as a deadly weapon

## Finding Data for Your State

Good data makes your case concrete. When you cite a percentage, give the real number too ("fewer than 1 in 5," or the actual count) so the impact lands.

Where to look:

**AIDSVu (aidsvu.org)** is currently the most reliable source for state and local HIV prevalence, new diagnoses, and PrEP use, with data broken down by race, age, and sex.

**CDC (www.cdc.gov/hiv-data/index.html)** was long the default source, but its data isn't being kept up to date right now. This also affects the US Department of Health and Human Services' HIV.gov and state health department reports because they rely heavily on the CDC.

**The Center for HIV Law and Policy (hivlawandpolicy.org)** maintains the Sourcebook on state HIV criminal laws, the place to confirm exactly what your statute does and the penalties it carries.

**The Williams Institute (williamsinstitute.law.ucla.edu)** publishes state enforcement studies on HIV criminalization and is the source for disparity figures on who is actually charged.

## Developing Your Message

Effective HIV messaging is values-based and adapted to your state and audience. Across partner campaigns, the throughline is consistent: lead with medical advances and point to what actually keeps people healthy.

Racial justice runs through all of this, because the epidemic itself can't be understood or ended without it. In practice, how much you put racial disparities up front may shift with the room—front and center for some audiences, further in for others. But they should never drop out. Let the audience set the volume, not whether the information is in there at all. For example, you may open with medical science, especially for moderate or conservative audiences, as it will be the most effective way in.

The same goes for the words themselves. Even the language in this guide isn't one-size-fits-all. "Public health" lands fine in many rooms but carries baggage in others, where plainer language like "keeping people healthy" or "access to care" works better. Same with "equity." In rooms where "equity" reads as politics, "fairness" or "treating people fairly" carries less charge. Use the words that your audience connects with. Either way, name disparities as the product of stigma, criminalization, and unequal access, so the framing locates the problem in the systems, not the people.

| TERMS TO USE  | TERMS TO AVOID  |
|---|---|
| People living with HIV | Victims<br>HIV-positive<br>Carriers |
| Diagnosed with HIV<br>Transmission of HIV<br>Transmitted HIV | Infected with HIV<br>Disease vector |
| HIV | Only use HIV/AIDS as a general term when the subject matter warrants it.<br>Only use AIDS when referring to someone who has been diagnosed with AIDS.<br>Never use “full-blown AIDS.” |
| Sex more likely to result in HIV or STI transmission<br>Sex without prevention methods<br>Condomless sex | Risky sex<br>Unprotected sex |
| Groups disproportionately affected by HIV<br>Communities facing barriers to HIV prevention and care | High-risk groups |
| Use person-first language:<br>• people who use drugs<br>• people living with HIV | Drug user<br>Drug addict<br>HIV patient |

## Sample Messaging

The sample one-pagers that follow build from the base talking points, but are tailored for different audiences. The first leads with racial equity for a legislative Black caucus, the second with medical science and bipartisan precedent for conservative legislators.

Sample

### TALKING POINTS

# VALUES-BASED MESSAGES:

Modernize Our State's Approach to HIV

#### SHARE ADVANCEMENTS IN TREATMENT AND PREVENTION

- Thanks to remarkable scientific advancements, HIV is a preventable, manageable, and treatable chronic disease.
- People living with HIV who have access to treatment can live long, fulfilling lives.
- A person on treatment who maintains an undetectable viral load cannot transmit HIV to their sexual partners.

#### SHOW THE IMPACTS OF STIGMA AND DISCRIMINATION

- Despite scientific advances, many people have an outdated understanding of HIV because of decades of stigma and outdated laws.
- Stigma, racism, and discrimination create barriers to care, particularly for Black people, Latine people, and LGBTQ+ people.

#### SHARE POLICY SOLUTIONS THAT EMPOWER COMMUNITIES

- Modernizing our approach to HIV brings us closer to ending the epidemic and strengthens our communities.
- Legislators can expand access to testing, prevention, and treatment, and end the criminalization of people living with HIV.
- Our state can make a difference by updating the harmful law that stigmatizes and punishes people living with HIV.

#### END THE CRIMINALIZATION OF PEOPLE LIVING WITH HIV

- Having a virus should not be a crime. These outdated penalties increase stigma and have no public health benefit.
- The law is enforced disproportionately against Black people, and Black men in particular.
- Punishing people living with HIV discourages testing and treatment.
- Many states have modernized or repealed these laws with bipartisan support. [**State/We**] should join them.

**BLACK CAUCUS** ONE-PAGER COPY | Maryland

Sample

# **ENDING THE HIV EPIDEMIC** in Black Communities through Prevention and Modernization

## THE ISSUE

Maryland's outdated HIV criminal penalties increase stigma and discrimination and have no public health benefit. HIV has been a preventable, treatable chronic condition for years, yet prevention medications like PrEP and PEP still aren't reaching the Marylanders who need them.

There are roughly 36,700 people living with HIV in Maryland. In 2021, **74.4%** of Marylanders living with diagnosed HIV were Black, and only about **17%** of people who could benefit from PrEP had access to it.

## THE SOLUTION

- Remove outdated, discriminatory criminal penalties that run counter to CDC and expert recommendations.
- Allow people who would benefit from PrEP and PEP to access the medication at a pharmacy without an initial doctor visit.
- Help pharmacists connect patients to ongoing preventive care, testing, and support

## BEING BLACK AND LIVING WITH HIV IS NOT A CRIME

No one should face punishment solely because of their HIV status. In Maryland, this can mean up to 3 years in prison and a $2,500 fine, even when someone disclosed their status, is virally suppressed, or used prevention tools. These laws fall hardest on Black communities: Black men are **14%** of the state's population and **44%** of people living with HIV, but **68%** of HIV-related arrests. Criminal penalties also do nothing to end the epidemic. A 2017 CDC study found no link between HIV diagnosis rates and the existence of criminal exposure laws.

ONE-PAGER COPY | Arkansas

Sample

# MODERNIZING ARKANSAS'S HIV LAWS: Aligning Policy with Medical Science

**THE PROBLEM: OUTDATED LAWS FROM A DIFFERENT ERA**

Arkansas's HIV criminal laws were enacted in 1989, when little was known about HIV treatment and prevention. Having a virus should not be a crime, but people living with HIV can face up to 30 years in prison, even when no transmission occurs and even when prevention methods are used.

**"[The old laws] were based on faulty assumptions about science, and it's no fault of the legislature at the time, it's just all they knew."**

— Republican Rep. Phil Christofanelli, Missouri

**THE SCIENCE HAS CHANGED**

HIV is now a preventable, manageable, treatable chronic condition. People taking medication as prescribed can reach an undetectable viral load and cannot sexually transmit HIV, and prevention medications like PrEP reduce transmission risk by about **99%**.

**UNEVEN ENFORCEMENT**

Arkansas's HIV criminal laws are disproportionately enforced against Black Arkansans, who make up **15%** of the state's population but **48%** of HIV-related arrests. In some counties, enforcement is concentrated in ways inconsistent with where people living with HIV actually live.

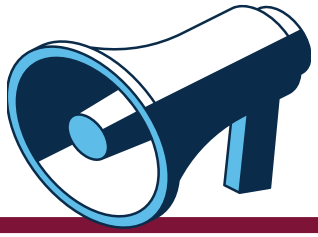
**CONSERVATIVE STATES ARE ALREADY LEADING**

At least **12 states** have modernized their HIV laws in the last decade, with strong Republican support: Missouri (**97%** of Republicans), Georgia (**98%**), Kentucky (**97%**), Indiana (**96%**), and Tennessee (**87%**) all voted to modernize.

## A BETTER APPROACH, ALIGNED WITH OUR VALUES

Modernizing Arkansas's laws would align them with current medical science, reduce stigma so people are encouraged to know their status, and expand access to proven prevention. Smart policy rests on current science and reflects shared values of fairness, dignity, and limited government intrusion into private medical decisions.

# PART THREE:
## Mobilizing Support



Once your foundation is set, your supporters are the force legislators can feel, through their inboxes, packed hearing rooms, and phone calls from constituents. The tools here are about activating the people who already agree with you and giving them easy, specific ways to act in the moments that count.

## Sample Communications Plan

A full communications strategy builds and expands as the session progresses, running steadily throughout and concentrating around the moments that matter. The plan below is condensed from a real multi-phase campaign.

| PHASE | CORE COMMUNICATIONS WORK |
|---|---|
| **Pre-session** (spring–summer) | Debrief last session; build/update talking points, fact sheets, and one-pagers. |
| **Pre-session** (late summer–fall) | Build a spokesperson list with partners; create testimony and letter to the editor (LTE) templates; plan launch event. |
| **Pre-session** (late fall) | Spokesperson prep; LTE/testimony workshops; media briefing; legislator briefings; launch supporter email and social media. |
| **Session opens** (Jan-Feb) | Launch event with media alert and press release; launch action alert; place first op-ed. |
| **Mid-session** (Feb-April) | Hearing speaker prep; HIV Is Not a Crime Awareness Day (Feb 28) event; targeted LTEs in key districts. |
| **Late session** (May - June) | Place second op-ed; rapid-response press releases on votes; end-of-session recap. |

## Action Alerts

Action alerts turn supporters into a source of public pressure. Timing is everything. An alert works when it asks people to act at a moment that actually matters to a legislator: ahead of a committee hearing, before a key floor vote, or when a bill needs a visible show of support to keep moving. Save alerts for key moments, and tie each one to a specific, time-bound ask ("your senator votes Thursday") rather than a general call. A handful of well-timed alerts across a session can be more effective than repetitive weekly messages. The sample below shows a complete package you can adapt.

Sample

### ACTION ALERT PACKAGE

## TAKE ACTION:
## Modernize Our State's HIV Laws

#### 1. SUPPORTER EMAIL

**Subject:**
Take action to modernize our HIV law

**Pre-header:**
Tell your legislator that having a virus is not a crime

Dear **[First Name]**,

Thanks to remarkable medical advances, people living with HIV can live long, fulfilling lives. Yet our state's outdated law continues to stigmatize and punish people for having a virus, while barriers to prevention leave too many people without the tools they need.

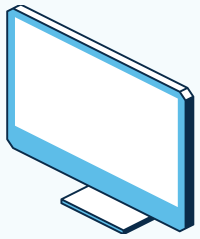
For years, our community has worked to modernize our state's approach to HIV. Help us tell legislators we won't back down until our state ends the law that criminalizes people living with HIV, expands access to prevention like PrEP and PEP, and strengthens support for testing and treatment.

**TELL YOUR LEGISLATORS TO ACT**

Your voice matters. Together, we can help our state move toward a future where having a virus is not a crime, and everyone can access the care they need.

In solidarity,
**[Name, Title, Organization]**

### 2. ACTION LANDING PAGE



**Headline:**
Having a Virus is Not a Crime

**Sub-header:**
Tell legislators: modernize our HIV laws and save lives

Did you know HIV is treatable and preventable thanks to medical advances? Yet our outdated law still punishes people living with HIV and creates barriers to care. Use the form below to tell legislators it's time to modernize our law.

### 3. MESSAGE TO LEGISLATORS

**Subject:**
Vote YES on **[Bill Number]** to support HIV modernization

**Sub-header:**
Tell legislators: modernize our HIV laws and save lives

Dear **[Senator/Delegate Last Name]**,

I urge you to support modernizing our state's approach to HIV by passing **[Bill Number]**. Thanks to medical advances, HIV is now preventable and treatable, yet our outdated law continues to punish people for knowing their status while barriers to prevention persist.

**[Editable:** *Share why this matters to you. Has HIV touched your life or your community? Are you concerned about access to prevention or fair treatment in your community? Your story matters.***]**

Having a virus should not be a crime. Please support **[Bill Number]** to end criminalization and expand access to prevention and care.

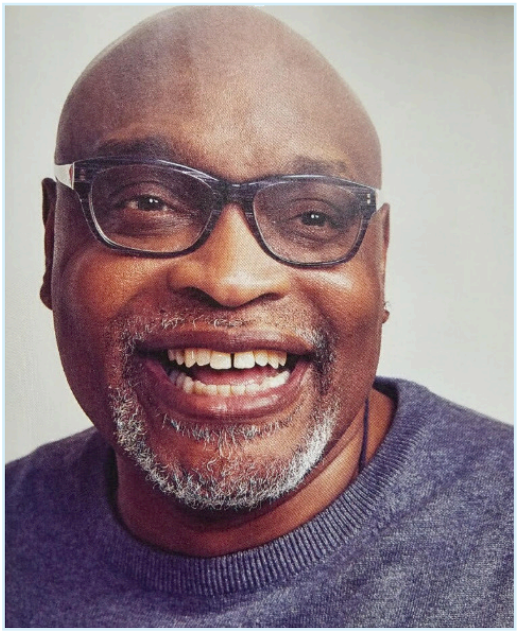
Sincerely,
**[Name, Address]**

## Testimony

Personal testimony from people living with HIV and engaged advocates is incredibly powerful. Your job is to identify, prepare, and support spokespeople. Offer one-on-one prep, share a template, and make sure speakers know what to expect, including basic logistics like testimony deadlines and hearing room numbers.

Example

# TESTIMONY OF CARLTON R. SMITH TO THE MARYLAND LEGISLATURE



Carlton R. Smith, known as "The Duchess," was a Black LGBTQ+ HIV/AIDS activist based in Baltimore. Diagnosed with HIV in 1986 at just 21 years old, Smith dedicated his life to advocating for marginalized communities, especially Black, LGBTQ+, and HIV-affected individuals. He co-founded Blaq Equity Baltimore, served on the Community Participatory Advisory Board at Johns Hopkins University Center for AIDS Research, and chaired the Ryan White Planning Council. Smith also served as a deacon at Unity Fellowship Church of Baltimore, seamlessly blending his commitment to social justice with his faith.

Known for his friendly demeanor, contagious laughter, and loving heart, Smith passed away in May 2024. He left behind a powerful legacy of advocacy and a vision of liberation and pride for all marginalized communities. In 2025, Maryland repealed its HIV criminalization law, one of Smith's most passionate goals. The bill, signed into law as the **Carlton R. Smith Act**, stands as a lasting tribute to his life and work. The testimony that follows was delivered by Smith in support of an earlier repeal bill during the 2024 session.

To the Chair, Vice Chair, and Members of the House Judiciary Committee,

My name is Carlton R Smith, African American, same gender loving male and my present age is 61. When the Center of Disease Control and Prevention issued its first report on mysterious cluster of the profound immune suppression among gay men in Southern California in June 1981, it was believed that the era of pandemic infectious disease had passed. My testimony begins in March of 1987 after being diagnosed with HIV/AIDS. I received no counseling or testing results from the Army Medical Staff who diagnosed me. Instead, I was informed that I had five years to live if that long.

Ten years later, on July 1997, I was featured in an article by Baltimore Alternative on the topic "The Changing Face of the PWA (People with AIDS) HIV Coalition" interviewed by Natalie Davis as my role as vice chair of this organization. I later joined such organizations as ACT-UP Baltimore with the late John Stuban and the Greater Baltimore HIV Health Service Planning Council under the leadership of Lenny Green. Several months later I became the first PLWHA committee co-chair along with the late Myra Hill for GBHHSPC.

In addition to leadership roles and partnerships in the HIV community I was asked to join the Health Education Resource Organization (HERO) as a member at large and several years later I became the first person with HIV to become president of the board of directors. My advocacy expertise was to provide information, support and guidance on HIV prevention and treatment. I was later employed by Baltimore City Health Department as a community health coordinator to provide support for individuals who had previously missed their appointments and other opportunities for receive support for life enhancement skills.

I don't want to give you any perception that I had a rosy life when I was diagnosed with HIV. I started out my advocacy with such optimism and I thought that it would make a difference, and I and many other people wanted to LIVE. Almost forty years after my first activism, I am continuing the work and am here before you as part of a coalition of advocates and organizations working to remove the stigma of targeted criminalization of people living with HIV.

In many of my conversations with people living with HIV, they've shared they feel unfairly stigmatized by law and society, and because of this they didn't particularly want to seek out treatment options or didn't want others to know their status. Silence does equal Death, especially for stigmatized persons—and many individuals made the transition to their final resting place carrying the burden of stigma and discrimination. Stigma has caused many individuals to not want to be tested, which reduces their ability to change their health status and outcomes.

Personally, I know how lifesaving the care is, and how important it is to overcome that stigma. I began participating in SHARE—"Study to Help the AIDS Research Effort"—at the turn of the century. The name was suggested by one of the men who joined SHARE in 1984. My first SHARE visit was in 2003, which means that I have been in the study for 21 years. As a result, my viral load has been undetectable since 2005, which means that you have been undetectable for 19 years. If you have an undetectable viral load, you cannot transmit HIV.

However—even though I cannot transmit, I could still be criminalized by Maryland's HIV Criminalization Law, because I know my status. As long as it remains in force, § 18-601.1 perpetuates a lifelong threat

of criminalization for every person living with HIV in Maryland who is aware of their status. Repealing § 18-601.1 would remove language that stigmatizes people living with HIV. Repeal would also lower barriers to HIV testing as Maryland responds to the epidemic. Doing so would represent a significant update to state policy, to be in line with lifesaving medical advances that I am living proof of, and it would also help reduce racially disparate and unscientific enforcement practices. I urge you to support this effort and speak about it with your colleagues, and we hope to see you vote in favor of finally repealing § 18-601.1. Once again I thank you for allowing me to share my testimony and my views about this important legislation that can save lives of those living and thriving with HIV with dignity. I urge you to give HB485 a favorable report.

Sincerely Yours,

Carlton R. Smith

## Tough Questions

You will get hard questions. The best defense is preparation. Hard questions are more predictable than they feel in the moment, and almost all of them are versions of a handful you can see coming.

| THE QUESTION | WHAT WORKS |
|---|---|
| **An invented or extreme scenario** | Name it as a hypothetical and pull back to how the law actually gets used. Don't argue the invented scenario on its terms. |
| **"Isn't this soft on crime?"** | **"The law doesn't make communities safer, it makes them less safe. Tying punishment to a diagnosis gives people a reason not to test. And people who don't know their status aren't getting treatment. The thing that actually protects communities is getting people tested and into treatment."** |
| **Real stories of harm** | **"Serious crimes are already prosecutable under laws we already have. Criminalizing HIV adds no protection, only stigma on conduct that's already covered."** |
| **Outdated understanding** | Disrupt it gently and factually. **"HIV has been a manageable, treatable condition for years, and the law should catch up to that."** |

A few things hold across all of them:

- Don’t accept a false premise. Name what’s real, and come back to what the evidence shows.
- Acknowledge the hard thing before you pivot. Going cold or changing the subject can read as evasive. Naming that something is serious makes the rest of your answer credible.
- Don’t repeat false claims even to correct them.

Practice hard questions before the hearing. Run them out loud with a colleague, one person asks the hostile question, the other answers, then switch. The goal isn’t a memorized script, it’s having said the words before you need to say them.

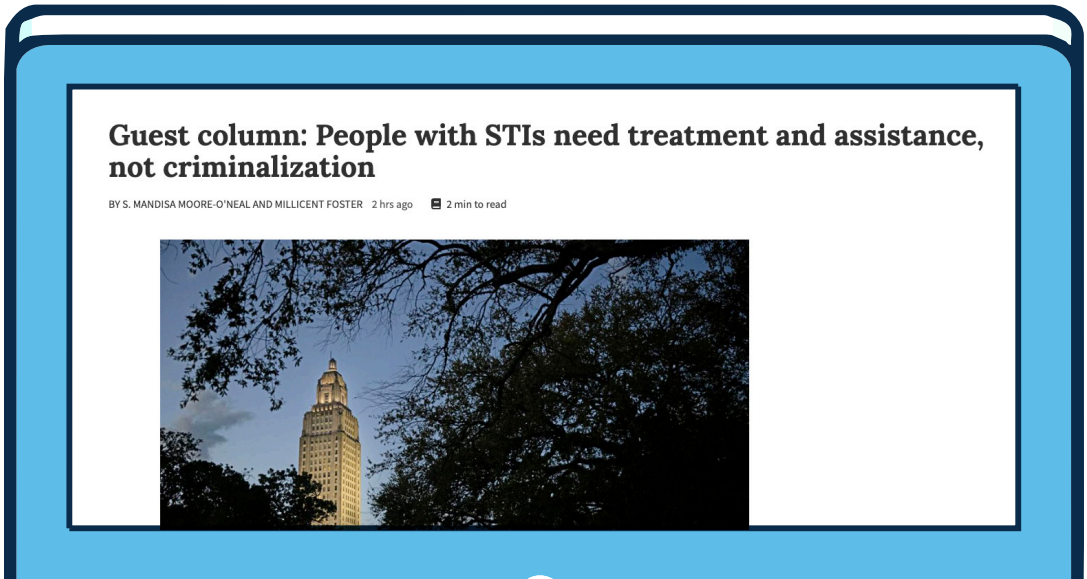
Some scenarios are worth working through with us directly. Reach out, and we’ll prepare with you:

**Equality Federation** | **PublicHealth@equalityfederation.org**

## A TOUGH QUESTION, ANSWERED IN PUBLIC

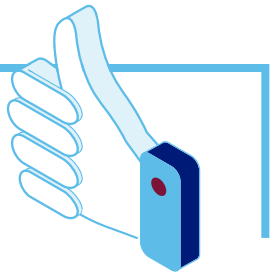
In 2025, Louisiana lawmakers considered House Bill 76, which would have made knowing your STI status grounds for felony charges, regardless of disclosure, protection, or viral suppression. Supporters claimed the bill targeted people who “intentionally spread” STIs. Advocates S. Mandisa Moore-O’Neal and Millicent Foster took that myth apart directly in a guest column in nola.com and The Advocate in July 2025.

Their column is a strong example of meeting a hard question head-on. They explained why disclosure is not always safe, showed who the bill would actually harm, and pointed lawmakers toward real solutions like testing, treatment, and support for survivors. As they wrote, **“Having a health condition should never be a crime. It’s time for Louisiana to lead with care.”**


Guest column: People with STIs need treatment and assistance, not criminalization

BY S. MANDISA MOORE-O'NEAL AND MILLICENT FOSTER 2 hrs ago 2 min to read

## Social Media



You don't need a big following to use social media effectively. For most state legislative campaigns, social media is best for giving your supporters something worth sharing, so their networks carry your message further than you could alone.

A few strategies that work:

**First, protect the people in your content.** The strongest content centers people living with HIV telling their own stories, but disclosure online is personal and permanent. Always get informed consent before sharing someone's story, let people control how they're identified, and never pressure anyone to be the face of a campaign.

**Turn any written material into social content.** Op-eds, LTEs, testimonies, a hearing date, a legislator's supportive quote, a milestone vote—each can be a post. Also, earned media and social media reinforce each other: screenshot the headline and post to your supporters.

**Match the cadence to the session.** Keep your posts steady as session opens, and concentrated around the moments that matter: hearings, votes, and HIV Is Not a Crime Awareness Day (February 28).

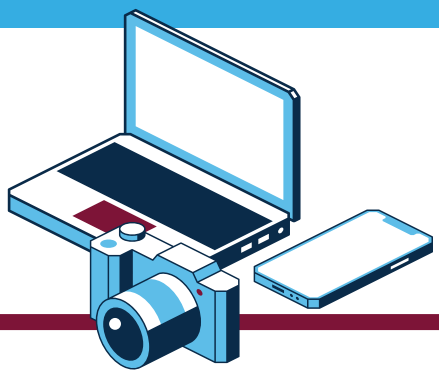
**Most coalition partners and supporters want to help but don't know what to say.** Sample captions, suggested hashtags, and ready-made graphics lower the bar. The community script below is a good example that anyone can record as a video or reel on their phone.

COMMUNITY SCRIPT (:30)
**HAVING A VIRUS IS NOT A CRIME**

**Voice:** warm, direct, trusted local peer.

"Did you know that HIV is treatable and preventable thanks to amazing medical advances? But our state's outdated law still punishes people living with HIV. It doesn't make sense, and Black residents are punished more than others. We can modernize our law, support our friends and family living with HIV, and one day end the HIV epidemic. It's up to us to tell lawmakers: having a virus is not a crime. Join our movement at **[website]**."

# PART FOUR:
## Media



Earned media builds public understanding and signals momentum to legislators. This section covers how you shape the public narrative: building relationships with reporters, and using op-eds, letters to the editor, and press moments to put your story in front of the people you're trying to move.

## Media Relationships

Before session starts, identify which outlets cover health and your statehouse, and build relationships with those reporters early. Inviting reporters to a pre-session briefing can build their knowledge before the news cycle heats up, so coverage is more accurate and informed.

## Press Releases

Use press releases to deliver timely news: a launch event, a hearing, a committee or floor vote, or HIV Is Not A Crime Awareness Day. Lead with the news, keep quotes tight and from credible voices, and consider pointing reporters to **Equality Federation's HIV media guidance**. When your bill's sponsors are willing to go on the record, feature their quotes. A lawmaker making the case can carry more weight with reporters than an advocate saying the same thing, and it signals official backing.

**PRESS RELEASE** | Maryland

Sample

FOR IMMEDIATE RELEASE | January 29, 2025

# MARYLAND BILL ALIGNS HIV LAW WITH MODERN MEDICAL SCIENCE

ANNAPOLIS, Md.– People living with HIV are asking Maryland lawmakers to modernize the state's approach to the virus by passing comprehensive legislation to end criminalization and expand access to prevention tools this week in Annapolis. The reform, SB 356, would align state policy with modern medical science and remove barriers to life-saving care.

"Having a virus should not be a crime," said Melanie Reese, executive director of Older Women Embracing Life, who testified in support of reforming the state law. "Thanks to remarkable medical advances, HIV is preventable and treatable. Yet Maryland's outdated laws continue to punish people living with HIV and create barriers to care. This will help ensure everyone can access the prevention and treatment they need."

Research shows Maryland's outdated criminal penalties for HIV have devastating impacts:

- Black Marylanders comprise 82% of HIV-related cases while being only 30% of the state's population
- Black men face particularly targeted enforcement, making up 68% of arrests while being only 14% of the population
- Over 27,000 Marylanders could benefit from PrEP, but fewer than 20% can access these life-saving prevention medications

"This law was passed out of fear in 1989 and hasn't been updated to reflect medical science or the needs of our communities," said **Phillip Westry, executive director of FreeState Justice.** "Today, someone can face prison time simply for knowing their HIV status - even when effective treatment means they have an undetectable viral load. Meanwhile, thousands of Marylanders can't access the medications that prevent HIV transmission."

Maryland would join a growing number of states that have modernized their approach to HIV with bipartisan support.

"People living with HIV have been advocating for these common-sense reforms for years," said **Ronald Johnson, chair of US People Living with HIV Caucus and Marylander**. "We won't back down until our state laws reflect modern medical science. It's time for our laws to support public health, not punishment."

A 2024 report detailing stark racial disparities in the enforcement of HIV criminalization laws in Maryland by the Williams Institute is online at **https://williamsinstitute.law.ucla.edu/publications/hiv-crim-md/**

A media guide for reporting on HIV is available online at: **https://eqfed.org/hivmediaguide**

# Letters to the Editor

Letters to the editor (LTE) are high-impact, low-cost, and open to anyone. Where an op-ed puts one or two authoritative voices on the page, LTEs can come from many, signaling grassroots support to legislators, especially in their local papers.

## SUPPORTER LTE GUIDE

Guide for Writing Letters to the Editor on HIV Policy Reform

### Basics

**Length:** 150–250 words.

**Timing:** respond to recent coverage or tie to a relevant event or hearing.

**Tone:** clear, solutions-focused, factual.

**Personal:** share your perspective and connect it to the broader policy goal.

### Structure

**Opening** (1–2 sentences): reference what you're responding to and state your point.

**Key facts** (1–2 sentences): one or two current, verified statistics.

**Personal connection** (optional): why you care.

**Call to action** (1–2 sentences): be specific and solutions-focused.

### Sample opening

"Having a virus should not be a crime, yet our state's outdated HIV law still punishes people simply for knowing their status. Thanks to remarkable medical advances, HIV is now preventable and treatable, but our laws haven't kept up with the science."

### Do / Avoid

**DO:**
keep it concise, use plain language, include your real name and contact info, and stick to one main point.

**AVOID:**
jargon and acronyms, stacking multiple statistics, personal attacks, and unsupported claims.

## Op-Eds

Op-eds let you frame the issue in your own terms. Choose authors with standing and credibility (people living with HIV, respected local voices, a legislative champion, healthcare providers), time placement to key moments, and be strategic about which outlet you choose to reach your intended audiences.

### **OP-ED** (PROGRESSIVE AUDIENCE)

### IT IS PAST TIME TO END THE CRIMINALIZATION OF HIV

Having a virus should not be a crime. Yet people living with HIV can face prosecution and criminal penalties simply for knowing their status. As people who have lived with HIV for decades, we know firsthand that this outdated law fosters stigma and creates barriers to lifesaving healthcare.

This law was passed in 1989, when little was known about the virus. If that seems long ago, it was—cell phones were the size of bricks. So much has changed since then. People living with HIV who maintain an undetectable viral load cannot transmit HIV to their partners, and prevention tools like PrEP and PEP are highly effective. All of this was unheard of when lawmakers responded to HIV with fear.

The law is also enforced along deeply racist lines, used disproportionately against Black residents and Black men in particular, driving incarceration and shame around knowing one's status. People living with HIV need healthcare, not the threat of prison . . .

— Adapted from a published op-ed co-authored by people living with HIV.

# GLOSSARY:

**HIV criminalization**
Laws that impose criminal penalties based on a person's HIV status, often for exposure or nondisclosure, regardless of whether transmission occurred or was even possible.

**MIPA (Meaningful Involvement of People with HIV/AIDS)**
The principle that people living with HIV should help shape advocacy from the start.

**Modernization / decriminalization / repeal**
Modernization is the umbrella term for updating HIV laws; decriminalization removes or reduces criminal penalties; repeal eliminates the statute entirely. Which one a campaign pursues is a state-by-state strategic choice.

**PEP (post-exposure prophylaxis)**
Medication taken after a possible exposure to prevent HIV infection that must be started within 72 hours.

**PrEP (pre-exposure prophylaxis)**
Medication taken by HIV-negative people to prevent infection that is highly effective when taken as prescribed.

**U=U (Undetectable = Untransmittable)**
People taking medication as prescribed can achieve an undetectable viral load so they cannot sexually transmit HIV.

**Viral suppression / undetectable**
When treatment lowers the amount of HIV in the blood so far that it can't be measured by standard tests.

# APPENDIX:

## How to Request Additional Support

Equality Federation's Public Health Policy Department is a resource for member organizations and partners. Reach out to Equality Federation at **PublicHealth@equalityfederation.org** for model bill language, materials, and support with strategy.

Reach out to the US People Living with HIV Caucus at **admin@hivcaucus**.org for additional MIPA guidance or trainings, or support connecting with HIV Caucus members in your state.

## Legislative Tracking

Track HIV-related legislation across states:

- Advancing public health: **https://eqfed.org/PHpro**
- Defending public health: **https://eqfed.org/PHanti**

## Media Guide

A media guide for journalists reporting on HIV is available online at: **https://eqfed.org/hivmediaguide**.

## Acknowledgments and Partners

This guide was developed by Equality Federation's Public Health Policy Department in partnership with the U.S. People Living with HIV Caucus, drawing on materials and campaigns from state partners including **FreeState Justice** (Maryland), **Black Gay Men's Forum** (Arkansas), **Freedom Oklahoma**, **Louisiana Trans Advocates**, and **Transgender Education Network of Texas.** It honors the leadership of people living with HIV across the country, and the legacy of advocates whose work made this progress possible.

Equality Federation is an advocacy accelerator rooted in social justice, building power in our network of state-based LGBTQ+ advocacy organizations.

The United States People Living with HIV Caucus (also known as the HIV Caucus), was formed in 2010 as a national voice for people living with HIV (PLHIV) and includes PLHIV-led groups, organizations and networks, as well as over 400 individual advocates living with HIV across all 50 states.