Viral Apartheid: Sexuality and Discrimination Involving HIV

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Introduction

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A 1987 federal government theory of criminalization,[1] which in turn drove 34 U.S. states and two territories to create a bevy of HIV-specific criminal laws, has been as slow acting as the virus itself. This virus of discrimination has slowly undermined the body politic, hanging over the heads of persons living with HIV like a proverbial Sword of Damocles. The string on the sword has broken, and in recent years, the legal revenge has burst forth on the body politic like an unsightly series of pustulant boils on the face of American jurisprudence's Lady Justice.

Ironically, with more people living longer with the virus and science documenting that the very medications that are extending lives are also making people less infectious, American society has shifted into over-drive, criminalizing consensual behavior for those with the virus. Other diseases with similarly lifelong and jeopardizing impacts are not subject to lengthy jail terms and/or additional sanctions.

America is seeing an unprecedented confluence of events that feed and support criminalization. At 30 years into the epidemic, while medicine has been able to control the virus successfully, the rise of anti-science based sex education programs in the U.S. in 1998, combined with the success of anti-retroviral treatments, and topped with a shifting of prevention priority, have moved prevention in America from a personal responsibility of all people to an individual responsibility just of those infected.

The State of HIV Criminalization in the U.S. in 2011

Criminalization is found in two distinct categories. First is the HIV-specific criminal law. These are laws which have been created around the requirement of persons with HIV to disclose their condition prior to engaging in certain behaviors. Some of these laws criminalize needle sharing, but all of them criminalize sexual activity. In some instances, sexual behavior which has little or no ability of transmitting the virus is criminalized.[2] Most fail to delineate an act done to mitigate transmission risks. Some states have gone a step further, criminalizing consensual adult commercial sexuality while being infected with HIV.

This first set of laws was pushed by the 1987 Reagan Commission on the HIV Epidemic. In that report, the Commission recommended that those with HIV have an affirmative responsibility to disclose their infection to sexual and needle sharing partners prior to engaging in behavior which might infect another with the virus. This affirmative duty was also a key responsibility laid out in the seminal 1983 Denver Principles, which was written by those living with HIV. While these were merely recommendations, in 1990, with the passage of the first Ryan White Care Act, states were ordered to certify that there were legal ways to enforce this affirmative duty. This certification requirement drove states to pass HIV-specific laws in order to qualify for the Ryan White funds. Some states, however, refused to pass HIV-specific laws, instead relying on traditional criminal laws.

The second criminalization category involves the use of traditional criminal laws in charging HIV-positive persons. But the laws that are used over-charge the accused. In this category we see HIV-positive persons – or those thought to be HIV positive – charged with attempted murder, bioterrorism and other extreme criminal acts. The prosecutions are based solely on the HIV-positive status of the defendant.

Criminalization has continued to escalate in the United States and Canada, with these two countries having the vast majority of known cases. However, these known cases are thought to be merely the tip of the iceberg, based upon self-reported situations and media reports. No state in the U.S. has a system in place to track and report all such cases. In Michigan, for example, one would need to review manually thousands of police reports involving the "Sex Crime: Other" category. This disparate category can include window peeking, public urination, and HIV disclosure cases.

In addition to the criminalization of specific behaviors, those living with HIV sometimes are required to sign restrictive documents acknowledging the laws and, in many instances, agreeing to forego specific behaviors. One such form in Mississippi forces women to agree not to have children after diagnosis with HIV. In Missouri, refusal to sign a document acknowledging the HIV disclosure laws in that state results in loss of access to the AIDS Drug Assistance Program (ADAP) or medical case management. These programs are federally funded. In Indiana, HIV-positive persons are expected to sign documents that can be interpreted to direct HIV-infected persons to cease unprotected sexual activity and the conception of children.

Unfortunately, the prosecution of those living with HIV, as well as the restriction of their consensual, non-commercial private behaviors have increased dramatically in the U.S. in the past three years. Each prosecution often carries with it tabloid headlines in which the media fails to address all aspects of the case. Many outlets decline to identify the "victims" of disclosure, even though the exposure was consensual. Some outlets ignore the actual threat of transmission, hyping biting as a risk – which has no risk of transmission – as though it has the same transmission risk as sexual intercourse. This is particularly troubling given that the Kaiser Family Foundation reported in June, 2011 that 75 percent of Americans get their information from the media. As a result, the report notes, 25 percent of Americans still believe one can get infected with HIV by sharing a glass with someone who is infected with the virus. The CDC noted in 2010 that the American public had the same level of knowledge about HIV then as it had in 1987 – the year that the Reagan Commission on the HIV Epidemic first recommended criminalization.

Remedying the Problem of HIV Criminalization

Several things would need to happen to remedy the criminalization of those living with HIV. First, educational and media programs would be needed to address the widespread public ignorance about HIV in the U.S. This would need to be followed by a recommitment of federal and state monies to prevention for all Americans, and away from the failed and stigmatizing Prevention for Positives programming currently the focus of federal prevention efforts. And finally, the laws and policies related to HIV criminalization would have to be overturned at the federal and state levels.

While there is a nascent movement to address the HIV criminalization crisis in the United States, there have been more losses than wins in the battle to overturn the laws. Even while activists are working with lawmakers and policymakers to remedy the situation, some states are proceeding with the development and implementation of additional wrong-headed laws. For example, in Nebraska, lawmakers in the spring of 2011 passed legislation called "the Assault with Body Fluids" law. Under this overly broad legislation, if a person with HIV sneezes in the direction of a law enforcement agent, he or she can be charged with a five year felony.

A key area of success, however, has been a concerted effort to address so-called client acknowledgement forms. These documents have been challenged in Michigan, Mississippi, Missouri and Indiana. In all but the last state, policymakers have worked to address onerous provisions and lessen the government-driven stigma of HIV infections. Michigan's Department of Community Health in April 2011 issued a letter noting that these documents contributed to stigma and that they were "neither encouraged nor endorsed" by the state agency. In Missouri, policymakers stopped the use of the documents altogether after they became a public issue. And in Mississippi, a Department of Justice investigation led to an end of that state's documents, which prohibited HIV-positive women from having children.

The nascent movement to address criminalization is

meeting the most success in federal policy drives. In 2010, President Barack Obama released the country's first ever National HIV/AIDS Strategy (NHAS). This document encouraged an end to HIV-specific criminal laws: "In many instances, the continued existence and enforcement of these types of laws run counter to scientific evidence about routes of HIV transmission and may undermine the public health goals of promoting HIV screening and treatment," the report says, after acknowledging the rationale behind passage of such laws. "CDC data and other studies, however, tell us that intentional HIV transmission is atypical and uncommon. A recent research study also found that HIV-specific laws do not influence the behavior of people living with HIV in those states where these laws exist."

In 2011, The President's Advisory Council on HIV/AIDS (PACHA) voted unanimously to make ending HIV criminalization a top NHAS implementation priority. In addition, California Congresswoman Barbara Lee has begun floating federal legislation that would call on states to repeal the HIV-specific criminal laws that are on the books or risk a loss of federal funds.

On a state level, there have been two court rulings of interest in the last 18 months. First is the June 2010 ruling by Macomb County Circuit Court Judge Peter Maceroni. In that ruling, Maceroni dismissed bio-terrorism charges against a gay man who claimed he had bit a neighbor during a brutal anti-gay beating. But Maceroni's ruling holds significant problems, in that he ruled the defendant in the case could not be charged because there was no evidence on the record that the defendant had blood in his mouth at the time of the bite. As a result, his ruling leaves open the opportunity for future prosecutors to charge HIV-positive persons with possession or use of a harmful biological device – the state bio-terror law.

In a second case, in Florida, an appellate court ruled that the state's disclosure law applied solely to HIV-positive persons engaged in heterosexual sex. The court made this decision based on the state's incest law, which is the only place Florida law defines sexual intercourse. As a result, the conviction of a woman who was HIV positive and charged under the Florida law for failing to disclose to her female sex partner was overturned, and the prosecutor in Pinellas County dismissed a case against a gay man.

As the movement against criminalization moves forward, it will be particularly important to follow this progress in relation to the Lee bill in Congress. This legislation, if passed, could do a great deal in turning around the criminalization trend and in restoring the privacy and sexual rights of HIV-positive persons. Additionally, the PACHA resolution will likely have direct and immediate impact on Department of Justice activities and is likely to result in DOJ directives related to HIV criminalization.

In the 34 states and two territories with HIV-specific laws, it is unlikely that we will see significant movement to eradicate these laws until such removals are tied to federal funding. Without a federal drive, which gave birth to these laws in the first place, it is highly unlikely that we will see the states move to eliminate such laws on their own.

While state legislatures may be reluctant to address these laws, policymakers in state and local health departments can address criminalization and the attendant stigma by eliminating client acknowledgement forms. But it is not enough just to eliminate such forms, because states and localities continue to maintain files on each HIV diagnosis. These files could easily be accessed through court orders in order to bring criminal actions against persons living with HIV.

Documenting the Failure of HIV-Specific Laws

A study by Mykhalovskiy published earlier this year found the following in relation to criminalizing HIV non-disclosure: "It emphasizes three key findings: (1) the concept of significant risk poses serious problems to risk communication in HIV counseling and contributes to contradictory advice about disclosure obligations; (2) criminalization discourages PHAs' [People Living with HIV/AIDS] openness about HIV non-disclosure in counseling relationships; and (3) the recontextualization of public health interpretations of significant risk in criminal proceedings can intensify criminalization."[3]

This study is not the only scientific evidence critical of HIV disclosure laws. Professor Carol Galletly and

Professor Steven Pinkerton from the Center for AIDS Intervention Research, at the Medical College of Wisconsin concluded: "HIV disclosure laws, which by-and-large omit any reference to condom use, turn the public health response to HIV upside down by implying that reliance on disclosure is an effective strategy for reducing HIV risk and by weakening efforts to reinforce presumptive condom use as a social norm."[4]

In addition, Burris et al., in a 2007 study published by the Arizona State Law School, reported this conclusion after investigating 490 men who have sex with men and intravenous drug users:

> *People who lived in a state with a criminal law explicitly regulating sexual behavior of the HIV-infected were little different in their self-reported sexual behavior from people in a state without such a law. People who believed the law required the infected to practice safer sex or disclose their status reported being just as risky in their sexual behavior as those who did not. Our data do not support the proposition that passing a law prohibiting unsafe sex or requiring disclosure of infection influences people's normative beliefs about risky sex. Most people in our study believed that it was wrong to expose others to the virus and right to disclose infection to their sexual partners. These convictions were not influenced by the respondents' beliefs about the law or whether they lived in a state with such a law or not. Because law was not significantly influencing sexual behavior, our results also undermine the claim that such laws drive people with and or at risk of HIV away from health services and interventions.*
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> *We failed to refute the null hypothesis that criminal law has no influence on sexual risk behavior. Criminal law is not a clearly useful intervention for promoting disclosure by HIV+ people to their sex partners. Given concerns about possible negative effects of criminal law, such as stigmatization or reluctance to cooperate with health authorities, our findings suggest caution in deploying criminal law as a behavior change intervention for seropositives.*[5]

It is also important to note that the Centers for Disease Control and Prevention in Atlanta has determined that, while 25 percent of the people infected with HIV are unaware of their infections, they are responsible for 70 percent or more of the new infections in the United States. Criminal laws have been identified as a barrier to testing in some studies, as those at risk do not wish to be placed in a felon status category. This in turn feeds unchecked HIV infection, causing higher viral loads and more infectivity in the group of at-risk, untested persons.

Recent studies have found that heterosexual partners on HIV medications have a 96 percent reduction in transmission risk for uninfected partners. Studies have also shown that use of barriers – condoms, dental dams and such – is also significant in reduction of transmission. However, studies on both chemical prevention and barrier prevention in relation to criminal laws do not exist. In fact, in many states where criminalization laws are in effect, such mitigating factors are not considered and often are not allowed as a defense in disclosure cases.

While these studies and others shed light on the issue of criminalization of HIV and non-disclosure, future studies are needed to determine the numbers of prosecutions, the demographics of those charged, the demographics of those convicted, and to review the legal procedures involved in the prosecution of such laws. It would also be beneficial for states to begin tracking HIV-related prosecutions as part of data reported annually to the Department of Justice. Such a move would create a far more transparent system, wherein the depth and scope of the issue could be better identified and addressed.

With the lack of such tracking currently, the only way to follow HIV criminalization is through media reports – which are often poorly written and provide little or no information about the specific behaviors involved with the charges – and self-reporting of situations in which the stigma of being HIV positive is compounded by the stigma and shame of being criminally charged under HIV-specific laws. Such prosecutions inevitably lead to the identification of persons living with HIV, fueling stigma and harassment.

Case Studies

The Case of Michael Holder, Bay City, MI

Holder went on trial, accused of violating the state's HIV disclosure law in November 2001. Because the case was against a black man accused of failing to disclose his HIV status to a white woman with whom he was having a relationship, the court authorized the use of questionnaires to evaluate prospective jurors. During jury selection, five potential jurors were identified through their juror surveys as having questionable beliefs about inter-racial relationships. As a result, they were put under oath and asked questions by the trial judge.

One juror informed the court in her questionnaire that "black men deal with hate or revenge with violence more so than other races." She also told the judge that non-Caucasians committed more crime. That juror told the judge that these opinions would not impact her view of the case. Another juror informed the court that she "did not care for inter-racial relationships," and that "a person should stay within their own race."

The following survey question was given: "the defendant in this case is a black man who is accused of having sex with a white woman without telling her that he had the HIV virus. Based upon this information, have you already formed an opinion about him and, if so, what is your opinion?" Two of the jurors said that they thought the accused was guilty, with one writing: "Yes. This is a deadly disease. He took her life into his hands by putting her at risk. He's a horny coward." A third juror wrote in her response that if a person was accused of a certain act, her response would be "I would say he is guilty."

"Well, I feel that children would be a mixed breed," another juror told the court in explaining her discomfort with inter-racial relationships. "It's just some — I think they might suffer down the road. Their children would be — don't know if they're — what breed they really are!"

Despite the inter-racial relationship that was at the heart of the case and the statements of pre-judgment, all five jurors were seated in the case of Michigan v. Michael Steven Holder.

Holder's defense attorney and the prosecutor stipulated to the first element of the crime, that Holder knew he was HIV positive. The stipulation was made because investigators had obtained a document signed by Holder in Jackson State Prison in 1993 which not only acknowledged he was HIV positive, but that he was aware of the disclosure law.

Holder's ex-girlfriend had testified in a preliminary hearing in August 2000 and once again during trial that Holder did not inform her of his HIV-positive status. In fact, she claimed, he had denied rumors that he had AIDS.

But then something happened. The night she testified in court, Holder and the ex-girlfriend had a phone conversation that was recorded by the Bay County Jail. During that conversation, Holder told the woman "I hope you know what you did. I just hope you know what you did, you know. That's all I hope. I hope you know, you know, next year or the year after or the year after, you can't take it back and say 'well, I didn't mean to say that', you know. It's — it's done."

The woman went to the prosecutor the next morning and informed her she had lied on the stand. The prosecutor put the woman back on the stand, where she proceeded to tell the jury that in fact, prior to any sexual activity, Holder had informed her he was HIV-positive. Her story directly supported the testimony Holder had given. The prosecutor asked her if she knew that HIV could lead to AIDS, and the woman testified that she did. She acknowledged lying to police investigators and on the stand. The prosecutor argued that the ex-girlfriend's recantation had been coaxed by Holder's phone call from jail.

On Dec. 3, 2001, the jury of 11 white women and one white man — including the five jurors who noted their opposition to inter-racial relationships on their questionnaires — voted to convict Holder of violating the disclosure law. He was sentenced to 10-15 years in prison, three times the recommended sentence. That sentence was reduced in 2003 to 7 1/2 to 15 years because of an appeal to which the state Attorney General's office failed to respond. But Holder's pleas for justice in regard to incompetent counsel were denied by the Michigan Court of Appeals and the Michigan Supreme Court. A writ of Habeas Corpus

filed in federal court was denied.

The Bio-Terrorism Case of Daniel Allen

Another example related to HIV criminalization comes from Michigan as well. In this instance, already mentioned earlier, a gay man was charged with bio-terrorism for biting a neighbor during a fight. Daniel Allen alleges that he bit Winfred Fernandis, Jr. during a gay-bashing incident that was the culmination of years of anti-gay harassment. The fight happened Oct. 18, 2009. Allen was charged at first with assault with intent to maim. But on Nov. 2, during a preliminary hearing in district court, Eric Smith, the Macomb County Prosecutor, added a charge of possession or use of a harmful biological device and a count of assault causing great bodily harm less than murder.

Smith's attorneys argued that an appeals court ruling in Michigan v. Odom supported their claim of the biological device charge. That charge was the result of Allen's admission that he is HIV positive, and the law is part of the state's terrorism laws. The Odom ruling dealt with a prisoner in the Michigan Department of Corrections who was co-infected with both HIV and Hepatitis B. He was involved in a fight in the prison, and as guards removed him, he spit blood and saliva at the guards. The circuit court, when sentencing Odom, found that he had used a weapon in the case and that added to Odom's sentence. Odom appealed. But the Appeals Court ruled that HIV-infected blood is in fact a weapon. Curiously, the court was silent about Hepatitis B, even though the Circuit Court had ruled that it too was part of the weapon.

In the prosecutor's view, because Allen was HIV positive and he bit Fernandis, Allen was a harmful biological device. In a June 2010 ruling by Macomb County Circuit Court Judge Peter Maceroni, Smith's claim was shot down. However, the ruling was made because Maceroni noted that there was no evidence that Allen was bleeding at the time of the assault, not because being HIV positive was not, in and of itself, automatically placing a person with HIV in the category of being in possession of a harmful biological device. This ruling has the potential to force HIV-positive persons to face terror charges in the future if they are bleeding.

Ultimately, Allen pled guilty to one count of assault with intent to maim and received probation.

The Iowa Case Against Nick Clayton Rhoades

A third instance that shows the negative impact of HIV criminalization comes from Iowa. In 2009, Nick Clayton Rhoades was charged under Iowa's HIV Criminal Transmission law – which, despite its title, criminalizes the failure to disclose one's HIV-positive status – for a one-time sex hook-up with another man in 2008. Rhoades was convicted and sentenced to 25 years in prison with lifetime probation. In addition, Rhoades was ordered to register as a sex offender. While Rhoades' time in prison was quickly reduced, he remains on probation and continues to have to register as a sex offender. As a result of his sex offender status, Rhoades is required to submit to quarterly polygraph examinations, where he is subjected to questions about sex with children – something he was not accused of or charged with. In addition, Rhoades has to agree to allow law enforcement to examine his computer and the computers of his parents, with whom he lives, anytime the law enforcement officials desire to do so. Rhoades' case made national headlines and drew attention to the issue of criminalization in a way that the laws have not been scrutinized in the past.

The Florida Man Charged with Criminal Transmission of HIV, Although He Was Not Infected

And finally, one need not actually be infected with HIV to be charged under HIV criminal laws. Take for instance the case in June of 2011 where Broward County Florida Sheriff officials charged a man with shoplifting and criminal transmission of HIV. The man allegedly attempted to bite law enforcement officials when he was being arrested for a shoplifting charge. He allegedly said that he is HIV positive or has AIDS.

But an HIV test performed on the man once he was in jail determined that the man was not infected with HIV. The charge was dropped, but Broward County law enforcement had already released his name and identified him as being HIV positive. The man is now subject to the harassment and stigma of being HIV positive even though he is not infected.

This Florida case points to an ethical concern in relation to HIV criminalization cases that has yet to be discussed at length for those in journalism: is it appropriate to identify by name persons charged with HIV-related crimes? In some instances, such as the case of a woman in Mt. Pleasant Michigan, news outlets reported the name of the woman accused of failing to disclose her HIV-positive status to a sex partner. This partner had been with the woman on and off for a year, according to court records. The sex was consensual. But when he found out she is HIV positive, he filed criminal charges against the woman. The prosecution and the media did not identify the victim, saying he was "embarrassed" about the situation.

An ethicist for the Poynter Institute, a media consulting agency in Florida, said that identifying one party in an HIV criminalization case but not the other was a violation of the basic rules of ethics. The ethicist said that either both or neither should be identified in the media and noted that in refusing to identify the victim, the media create a perception that feeds HIV stigma – that being HIV positive is something of which one should be ashamed. That stigma often leads those infected with HIV to fail to disclose their status to sexual partners.

Each of these cases highlights the stigma of living with HIV and the challenges one can face in the criminal justice system. Biases can affect the juries, judges, prosecutors and defense attorneys. As indicated above, these biases can result from ignorance about HIV infection.

Moving Forward

> *Moving the process forward in addressing these laws will require more than HIV-specific organizations stepping up to the plate. Various organizations, such as the National Association for the Advancement of Colored People (NAACP), the Human Rights Campaign, the National Gay and Lesbian Task Force and more, need to come together and address the crisis as not only a health crisis, particularly as it applies to men of color who have sex with men, but also as a crisis in criminalizing people of color.*

The path forward for addressing HIV criminalization is a three-prong process. It will require a re-evaluation of the way in which health care professionals, public health agents and agencies, prevention experts and the media use language to talk about HIV and the risks of transmission. Despite a decade of health experts calling HIV a manageable disease and attempts to normalize HIV testing, these efforts have failed to reach the broader public. As the Kaiser Family Foundation report clearly shows, ignorance and stigma still reign in the United States in relation to HIV. Until education succeeds and ignorance is defeated, addressing HIV criminalization will continue to be an uphill battle.

Second, HIV-related prosecutions need to be challenged in court. The accuracy of genetic testing in identifying directional infection remains in serious question, and the failure of the courts and law enforcement to understand the issues associated with criminalization will continue to stigmatize HIV. This will also continue to allow those who assume that they are HIV negative to decline to take the HIV test and allow them to place responsibility for their sexual health on other persons. The courts, by allowing HIV criminalization, in effect remove this personal responsibility.

Finally, in order to address HIV criminalization issues, our prevention programs need to be re-evaluated. The majority of HIV prevention programming focuses on "Prevention for Positives." While P4P in theory includes identifying HIV infections, in reality it addresses only those living with HIV. During a briefing on the 30 years of the epidemic by the CDC in June 2011, an official told members of the press that P4P was a funding priority and would remain so for the foreseeable future, because it is easier to reach 1.1 million people in the U.S. believed to be infected with HIV than it is to reach every American. This policy is shortsighted and results in primary prevention being sero-sorting – based in all likelihood on faulty knowledge.

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Colored People (NAACP), the Human Rights Campaign, the National Gay and Lesbian Task Force and more, need to come together and address the crisis as not only a health crisis, particularly as it applies to men of color who have sex with men, but also as a crisis in criminalizing people of color. Of the cases identified above, two of the defendants were men of color, and, anecdotally, people of color and women – particularly commercial sex workers – are more likely to be charged with HIV crimes.

The Small but Growing Anti-Criminalization Movement

The criminalization of HIV is facing a small but growing movement of criticism. This is lead, in part, by the Center for HIV Law and Policy's Positive Justice Project. This project involves a coalition of people with HIV, activist organizations, government agencies and more. It has released a comprehensive evaluation of legal issues in all 50 states, and it is a regular voice when HIV criminalization cases arise in the U.S.

The ACLU has started getting involved in litigation, such as the HIV-as-Terrorism case involving Daniel Allen in Macomb, Michigan. And there is, of course, Lambda Legal's HIV program, which has also filed amicus briefs in a variety of cases.

But even with these groups involved, the movement is small and underfunded. It is also facing a withering opposition by those who believe that legislating morality is an appropriate action. This opposition plays on the uninformed opinions of many, making HIV-specific criminalization sound like a key tool in the prevention toolbox. They ignore the scientific facts related to HIV transmission, treatment and social stigma and play on the fears of an American public informed about HIV not through education and fact, but through hyped up media reports that fail to address even the most basic realities of HIV transmission probabilities.

The issue of criminalization grows from an American fear of HIV, of sexuality, of drug use and of death. Sadly, this fear continues to grip the nation, making realistic change very difficult, leaving those infected with HIV in the unenviable position of being discriminated against, facing tremendous stigma and isolation over intimacy, or choosing intimacy over fear. It is a Sophie's Choice no American should face.

Notes

1 The first official government sanction of criminalization can be found in the 1987 President Reagan's Commission on the HIV Epidemic. In that document, commissioners opine that those infected with HIV had an affirmative duty to disclose their status to sexual and needle sharing partners before engaging in those behaviors which could result in transmission of the virus. It was codified in the Ryan White CARE Act of 1990, with a requirement that all 50 states, and the territories, certify that they had the legal ability to force criminal charges for those persons who violated the "affirmative duty," created by the Reagan Commission. All of the states and territories had certified this by 2000.

2 For instance, Missouri makes it a crime to bite another while HIV-positive. In Michigan, use of sex toys and any sexual penetration "however slight," is criminalized.

3 "The problem of "significant risk": Exploring the public health impact of criminalizing HIV non-disclosure," Eric Mykhalovskiy. Social Science and Medicine, 2011.

4 http://www.aidsmap.com/US-criminal-HIV-disclosure-laws-may-do-more-harm-than-good/page/1424402/

5 http://papers.ssrn.com/sol3/papers.cfm?abstract_id=977274