



**Sex Health Alliance
Request for Information**

Due Date: November 1, 2024

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Introduction

In 2022, The Center for HIV Law & Policy (CHLP), AIDS United (AU), and the Williams Institute spearheaded a coalition under the banner of the Sex/Health Alliance (the Alliance) to support a robust, community-led, sustainable movement to end criminalization of consensual sex, race, sexual orientation, and gender identity in the United States. This partnership seeks to collaboratively mobilize financial and technical resources to foster multidisciplinary, community-led coalitions focusing on decriminalization campaigns at the connection of race, sex and sexuality and eliminate laws that criminalize consensual sexual behavior and stigmatized health conditions. The Alliance works to advance our mission by supporting community-based policy and regulatory solutions, political education, cultural expression, and movement building efforts that are driven by and provide material relief to the people persecuted under these laws in the United States.

Purpose

The Alliance is planning stages for its first round of grantmaking; we anticipate mobilizing approximately \$45,000 in cash grants, as well as technical assistance in the Mississippi Delta region (Mississippi, Arkansas, Tennessee, and Louisiana) to advance decriminalization efforts at the state level. Potential grantees could include statewide coalitions that emphasize cross movement collaboration; state-level HIV Advocacy organizations; state-level LGBTQ rights organizations and networks; state-level criminal legal reform initiatives; community legal groups; sex worker networks and organizations; reproductive justice organizations; and grassroots organizations focused on the health equity and racial justice. This includes organizations who have already been involved in HIV decriminalization efforts, or those who are involved in intersectional efforts (e.g. sex work decrim). We anticipate funding these organizations or a range of activities to advance our shared decriminalization framework, including but not limited to: public education and communication campaigns; base-building activities and advocate training; policy analysis and development; general operating support for organizations led by people with lived experience; leadership support and development; engagement of currently or recently incarcerated people as advocates; and cultural and arts based programming that highlights the shared framework on decriminalization.

This Request for Information is the first step in this grantmaking process; responses to this Request will help the Alliance shape its grantmaking strategy, including the number of awards available, goals and objectives for the grant(s), and the state(s) within the Delta that will be reached through our initial efforts. *Responding to this Request for Information is not a guarantee of funding or eligibility for funding in the future. The Alliance is deeply grateful for your time, energy, and response. All respondents will receive a response detailing the Alliance's next steps.*

Background

The United States leads the world in the felony prosecution and imprisonment of people living with HIV, hepatitis, and tuberculosis for consensual behavior with low-to-no risk of transmitting HIV or other communicable diseases. The history of these laws and related prosecutions is rooted in homophobia, classism, racism, and a lack of understanding of infectious diseases' routes, risks, and prevention/treatment realities. Since the early days of the epidemic, government policy has been formed with respect to a media-driven mythology that separates those with "promiscuous" and/or "deviant" sexualities from "HIV's innocent victims."¹ A look at the data and demographics of those convicted under laws and policies that regulate sex reveals that race, sexual orientation, and conditions associated with them (such as HIV) play a role in determinations of who is sexually "dangerous." Tens of thousands of people are arrested *annually* for engaging in consensual sex work even though study after study shows that decriminalizing sex work would be safer for the participants and better for public health.

Likewise, sex workers who are arrested and test positive for HIV face inflated, draconian penalties even if the sex work engaged in had no chance of HIV transmission.² A recent study by the Williams Institute found that since 2011, in Louisiana 100% of people arrested for "intentional exposure of HIV" (a law who's enforcement requires no intent to transmit nor actual transmission ability due to sexual act performed or HIV viral load) were Black.³ Studies in multiple states have consistently found that Black people, cisgender and transgender women, and sex workers are disproportionately impacted by HIV criminal laws and their enforcement.⁴ Even where the laws criminalizing people living with HIV have been reformed or repealed, people previously convicted under them still remain hampered by the collateral consequences caused by any criminal conviction, including being forced to register as a sex offender for engaging in consensual sex.

The Alliance will focus initial grantmaking and technical assistance efforts within in the Mississippi Delta as the region experiences one of the highest HIV diagnosis rates of any non-metropolitan area, as well as the widest racial disparities in HIV diagnoses. These HIV disparities are compounded by high rates of poverty, lack of access to medical care, stigma, as well as criminalization laws that hamper HIV

¹ Washington, H. A. (2006). *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. New York, Doubleday. Erica R. Speakman *Constructing an "HIV-Killer": HIV Non-Disclosure and the Techniques of Vilification*. *Deviant Behavior*. 2017, Vol 38, 392-405.

² Decriminalize Sex Work (n.d.) *Why Decriminalization of Sex Work*. <https://decriminalizesex.work/why-decriminalization/>

³ Cisneros, N. & Sears, B. (2022). *Enforcement of HIV Criminalization in Louisiana*.

<https://williamsinstitute.law.ucla.edu/wp-content/uploads/HIV-Criminalization-LA-Sep-2022.pdf>

⁴ Example; Hasenbush, H. Wilson, B., Miyashita, A. & Sharp, M. The Williams Inst. Univ. Of Cal. L.a. Sch. Of Law, *Hiv Criminalization And Sex Work In California* (2017), <https://williamsinstitute.law.ucla.edu/wp-content/uploads/HIV-Criminalization-and-Sex-Work-in-California.pdf>.

prevention efforts and discriminate against people living with HIV.^{5,6,7} The concentration of general, HIV-specific, and Hepatitis-specific criminalization laws in the region, as well as the reality of sentencing enhancements, underscore the need for focused efforts to bolster local, statewide, and regional organizing.^{8,9}

Request for Information

Respondent Information – Primary Contact

1. Primary contact name
2. Primary contact title
3. Primary contact phone
4. Primary contact email

Respondent Information – Organizational or Coalition Affiliation

1. Organization or Coalition name
2. Organization address
3. Organization city
4. Organization state
5. Organization zip code
6. Organization website
7. Organization Type (CBO/ASO/faith-based/human rights/clinic or medical provider/legal aid/health department/other _____.)
8. Summarize the organization's mission (two to three sentences)

Request for Information

1. What are the biggest barriers to proceeding with HIV decriminalization in your state?
2. What organizations or individuals, both those who primarily focus on HIV issues and those who do not, are involved in HIV decriminalization in your state?
3. What other intersecting issues do you or your organization work on (e.g. reproductive justice, racial justice, decriminalization of sex work, mass incarceration, sex offender registries, etc.)?
4. How do movement leaders collaborate and work in partnership (e.g. through a coalition, regular meetings)?
5. How are communities most impacted by criminalization meaningfully engaged in your efforts (e.g. Black people, cisgender and transgender women, and sex workers)?
6. What do you aim to accomplish through your efforts over the next 18-24 months?
7. What type of financial and technical assistance resources could best support your efforts over the next 18-24 months (e.g. funding for honorarium, travel or specific technical assistance topics)?

Submission and Timeline

Please [click here](#) to complete the Request for Information through a brief online form. Please

⁵ Sison, N., Yolken, A., Poceta, J., Mena, L., Chan, P. A., Barnes, A., Smith, E., & Nunn, A. (2013). Healthcare provider attitudes, practices, and recommendations for enhancing routine HIV testing and linkage to care in the Mississippi Delta region. *AIDS patient care and STDs*, 27(9), 511–517. <https://doi.org/10.1089/apc.2013.0169>

⁶ Mississippi State Department of Health (2021). *Mississippi's Ending the HIV Epidemic Plan*. <https://healthys.com/msdhsite/static/resources/5116.pdf>

⁷ Mississippi Center for Justice (n.d.) *HIV/AIDS Discrimination and Stigma*. <https://mscenterforjustice.org/work/hiv-aids/>

⁸ CHLP (2022). *Map: HIV Criminalization in the United States, CHLP (updated 2022)*. <https://www.hivlawandpolicy.org/resources/map-hiv-criminalization-united-states-chlp-updated-2022>

⁹ CHLP (2022). *Map: An Overview of States Criminalizing Viral Hepatitis (updated May 2022)*. <https://www.hivlawandpolicy.org/resources/map-overview-states-criminalizing-viral-hepatitis-chlp-updated-may-2022>

complete your response no later than 11:59pm ET on November 1, 2024. The Alliance will follow up with all respondents no later than December 1, 2024. Please direct all questions about this Request for Information to Hannah Norris (hnorris@aidsunited.org).

Thank you for your efforts to reform laws that criminalize consensual sexual behavior, health status, and identity and for taking the time to respond to this Request for Information.