

April 13, 2021

Illinois House of Representatives Judiciary - Criminal Committee
Hearing on HB 1063 HA 1

Chair Slaughter, Vice-Chair Cassidy, and Members of the Committee,

Thank you for the opportunity to provide testimony today. My name is Dr. Cori Blum – I have been working in the field of HIV public health for over 25 years, am an HIV Specialist Family Physician, former HIV/STI Medical Director for the Chicago Department of Public Health, and currently serve as the Medical Director for New Initiatives and the Broadway Youth Center at Howard Brown Health. Howard Brown is the largest LGBTQ health system in the Midwest United States, serving over 38,000 patients across twelve clinic locations throughout Chicago. We serve over 5,000 patients living with HIV, and we provide comprehensive and affirming HIV screening, prevention, and treatment services, as well as behavioral health, support groups, and case management for people living with HIV. At Howard Brown, we are committed to ending the HIV epidemic and ending HIV stigma. **For these reasons, we strongly support HB 1063 HA 1, which would repeal harmful and outdated HIV criminalization laws that work against public health efforts to end the HIV epidemic.**

First, Illinois' HIV criminalization law is outdated given current biomedical advances in HIV treatment and prevention. Many HIV criminalization laws were enacted during the early part of the HIV epidemic in the United States when there was still very little knowledge about HIV and no good treatment options available for people living with HIV. That has not been the case now for many years. With proper treatment, HIV is a very manageable chronic condition, and people living with HIV can live long, healthy, and fulfilling lives.

Not only are HIV criminalization laws outdated, they also undermine proven public health strategies for ending the HIV epidemic. These laws treat HIV differently from all other communicable and chronic diseases by criminalizing people living with HIV for engaging in otherwise legal behavior. This only increases stigma that people living with HIV encounter, which creates additional barriers to getting tested for HIV and disclosing HIV status due to fear of being legally prosecuted. In my experience working in public and community health clinics, I have worked with many patients who have felt so stigmatized by HIV that they avoid getting tested and delay treatment. People may not understand the specifics of this law, and believe that simply testing positive for or living with HIV will put them on a list that identifies them as a criminal.

The Getting to Zero campaign in Illinois¹ prioritizes eliminating HIV stigma because being tested for HIV and knowing one's status is a critical first step to engagement in the HIV continuum of care and, ultimately, viral suppression. Research has shown that people who have an undetectable viral load cannot transmit HIV to others, so testing and treatment are crucial strategies for preventing HIV.² Furthermore, we have proven and effective means of preventing HIV transmission – in addition to existing biomedical and sociobehavioral interventions, we can offer PrEP (Pre-Exposure Prophylaxis) which is highly effective medication taken by HIV-negative people to prevent HIV infection. In contrast, HIV criminalization laws are highly ineffective at preventing HIV transmission, and by increasing stigmatization of people living with HIV, they undermine the work that public health experts and healthcare providers are doing to end the HIV epidemic.

Importantly, HIV criminalization laws perpetuate the public health crisis of systemic racism, especially within the law enforcement and carceral systems. The HIV epidemic in the U.S. disproportionately impacts Black and Latinx people, and rather than improving access to care and reducing transmissions within these communities, HIV criminalization laws further target and harm Black and Latinx people living with HIV. Research has shown that Black and Latinx people are disproportionately arrested and convicted due to HIV criminalization laws compared to their white counterparts.^{3,4} In terms of best practices in public health, we need to be increasing our efforts to engage the most impacted communities in care rather than further harming and stigmatizing them with the threat of legal prosecution.

Thank you again for the opportunity to provide testimony. We strongly support HB 1063 HA 1 as a critical and necessary step in our fight to end HIV stigma, to provide all people living with HIV with affirming and comprehensive care, and to get to zero new HIV transmissions in Illinois.

Sincerely,
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Howard Brown Health

¹ <https://gtzillinois.hiv/gtz-il-plan-executive-summary/>

² CDC. (2020). Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV. Available online at: <https://www.cdc.gov/hiv/pdf/risk/art/cdc-hiv-art-viral-suppression.pdf>

³ Hasenbush A, Miyashita A, Wilson B. (2015). HIV Criminalization in California. The Williams Institute. UCLA School of Law. Available online at: <https://williamsinstitute.law.ucla.edu/publications/hiv-criminalization-ca-penal/>

⁴ Sears B, Goldberg S, Mallory C. (2020). The Criminalization of HIV and Hepatitis B and C in Missouri. The Williams Institute. UCLA School of Law. Available online at: <https://williamsinstitute.law.ucla.edu/publications/hiv-criminalization-mo/>