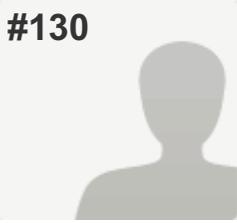


Ending the Epidemic Task Force Recommendation Form

#130



COMPLETE

Collector: Web Link (Web Link)

Started: Wednesday, November 12, 2014 8:19:55 AM

Last Modified: Wednesday, November 12, 2014 9:12:47 AM

Time Spent: 00:52:52

IP Address: 66.9.5.200

PAGE 1

Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Reginald
Last Name	Brown
Affiliation	VOCAL-NY , HIV Is Not A Crime Conference, and Unity Fellowship Church
Email Address	brown.trbrown.reginald4@gmail.com

Q2: Title of your recommendation No condoms as evidence and decriminalization of HIV non-disclosure

Q3: Please provide a description of your proposed recommendation

New York (VOCAL-NY). VOCAL-NY is a statewide grassroots membership organization building power among low-income people affected by HIV/AIDS, the drug war and mass incarceration to create healthy and just communities.

We know that condoms are an important public health tool and that criminalizing them undermines our efforts to promote safe sex practices in our communities. When this criminalization is connected to prostitution, we know that this disproportionately and negatively impacts low-income, LGBTQ, communities of color where folks are commonly sex trading and sex working as well as more commonly profiled as sex workers by law enforcement. We know that there is no part-way solution to this issue; for the purposes of public safety, we need a wholesale decriminalization of condoms that is consistent across the State and inclusive of all prostitution related offenses.

When we maintain condoms as evidence in promoting and trafficking offenses, as the NYPD policy has, we create a powerful deterrent for pimps and traffickers to provide condoms to the people they are exploiting. Once it becomes clear that condoms are a potential element in a case against them, any minimally intelligent and self preserving trafficker or pimp will eliminate their large-scale availability. We are in effect disincentivizing exactly what we want to happen, which is that if people are forcing sexual labor then they in the very least provide some means for the vulnerable people they are exploiting to protect themselves.

Anything less than a comprehensive ban on condoms as evidence prevents harm reduction workers in our communities from the unequivocal promotion of condom possession as a public and individual good. As long as condoms carry weight in criminal proceedings people who engage in sex trading, either by force or by choice. will have questions about whether condoms can be used against them. This is especially true amongst

Ending the Epidemic Task Force Recommendation Form

young people whose involvement is deemed by law to constitute sex trafficking and fear the use of condoms as evidence in promotion or trafficking each other.

It is vitally important that New York City legislators seek an expanded ban against the use of condoms as evidence beyond the newly adopted NYPD policy that prohibits the practice in only a fraction of prostitution related offenses. While we appreciate the NYPD policy as a first step in recognizing the importance of this issue we are also clear that it does not go nearly far enough. We urge you to pass this resolution in support of A.2736/S.1379 a Statewide bill to prohibit the use of condoms as evidence in prostitution and prostitution related trials.

HIV IS NOT A CRIME CONFERENCE aka THE GRINNELL GATHERING

Although New York State has not HIV specific laws, it still criminalizes non-disclosure with "assault with a deadly weapon." David Plunkett a NYS resident had an additional 5 years added to his sentence for spitting on policeman AFTER it was learned that he is HIV+ and did not tell the police officer.

This is wrong on 2 levels. #1 HIV is NOT a deadly disease as it was 30 years ago. #2 (this applies to both condoms as evidence and criminalizing HIV) Condoms and HIV are public health issues, NOT criminal justice issues!! Both of these racist, ignorant and hateful laws dissuade people from doing what they need to do to keep themselves and others healthy. "Take the test, risk arrest." (non-disclosure) Have "too many" condoms get the condoms confiscated and even if returned still dissuades use of the various scientifically and medically proven prevention tools!

The US Justice Department, The U.S. Department of Justice Calls on States to Eliminate or Reform Archaic HIV Criminalization Laws, released a paper in March 2014 stating that the current laws do not reflect the current medical and scientific reality of HIV/AIDS. In addition the Center for HIV Law & Policy released Positive Justice Project Consensus Statement on the Criminalization of HIV in the United States. <http://www.hivlawandpolicy.org/resources/us-department-justice-calls-states-eliminate-or-reform-archaic-hiv-criminalization-laws>

Positive Justice Project/Center for HIV Law and Policy. <http://www.hivlawandpolicy.org/resources/positive-justice-project-consensus-statement-criminalization-hiv-united-states-positive>.

The bottom line is that criminal justice is no place to address public health or any other kind of health!!

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Ending the Epidemic Task Force Recommendation Form

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing policy

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Statutory change required

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

These changes will empower those who want to use all the available tools to protect themselves and not have to be afraid of knowing their status because knowing and not disclosing would subject to criminal prosecution.

Q10: Are there any concerns with implementing this recommendation that should be considered?

They should be implemented sooner rather than later because these decisions are based on medical and scientific facts.

Ending the Epidemic Task Force Recommendation Form

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

What is the estimated costs in live of NOT implementing.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

It will enhance the lives of the people who are marginalized. We are NOT statistics.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Low income people of color. Trans MSM's IDU Injection Drug Users

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Establishing an oversight committee of the people who are directly impacted. I cannot believe that a year after this idea was birthed (I was one of the people who helped formulate what is now the Governor's recommendations that at the NYC listening session there was only ONE male person of color and ZERO trans women of color. Your legitimacy is questionable. There is NO reason for there not to be Trans people of color at the table when their needs are being considered. I know at least 5 front line Trans activists that should have at least been offered the opportunity. I will gladly give your their contact information. It's disgraceful that I can find my sister and brothers, BECAUSE I looked and you have not. Shame on you!!!

Q15: This recommendation was submitted by one of the following Advocate