STATE OF MICHIGAN
IN THE MACOMB COUNTY CIRCUIT COURT

PEOPLE OF THE STATE OF MICHIGAN,

Plaintiff,

v.

Case No.: 09-004960-FH

DANIEL ALLEN,

Hon. Peter J. Maceroni

Defendant.

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AMICUS CURIAE BRIEF OF LAMBDA LEGAL DEFENSE AND EDUCATION FUND, INC., COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES, MICHIGAN POSITIVE ACTION COALITION, AND MICHIGAN PROTECTION AND ADVOCACY SERVICE, INC.

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INTEREST OF *AMICI CURIAE*

The organizations filing this motion consist of three Michigan-based organizations and one national organization, all of which work with and/or advocate on behalf of people living with HIV. *Amici* collectively represent and advocate for the rights of thousands of individuals in Michigan – as well as many more throughout the United States – who are infected with HIV or otherwise affected by the HIV epidemic. Based on their experience and knowledge about HIV transmission and the discrimination and stigma faced by people with HIV, *amici* believe that the fact that Daniel Allen has HIV does not support prosecuting him under Section 750.200i of the Penal Code and that pursuing that charge contributes to public misunderstanding and ungrounded fears about HIV and to harmful stigmatization of people with HIV. Brief descriptions of each *amicus* are set forth in the attached Appendix.

STATEMENT OF FACTS

Daniel Allen, who is reported to have HIV, was involved in an altercation with Winfred Fernandis in Clinton Township on or about October 18, 2009. It is alleged that, *inter alia*, Mr. Allen bit Mr. Fernandis during the altercation.

Mr. Allen has been charged with aggravated assault and assault with intent to maim. In addition, he has been charged with violating MCL § 750.200i, which provides, in part, that:

> A person shall not manufacture, deliver, possess, transport, place, use, or release any of the following for an unlawful purpose:
> (a) A harmful biological substance or a harmful biological device.

MCL § 750.200i((1)(a). Lambda Legal Defense and Education Fund, Inc., Community AIDS Resource and Education Services, Michigan Positive Action Coalition, and

Michigan Protection and Advocacy Service, Inc. submit this *amicus curiae* brief to urge dismissal by this Court of the Section 750.200i charge.

ARGUMENT

Prosecuting Mr. Allen under MCL § 750.200i contributes to public misunderstanding of HIV transmission and thus contributes to the stigmatizing of people with HIV and undermines important public health goals. As explained below, people living with HIV in the United States continue to experience stigma and discrimination. Stigma against people with HIV is fueled by misconceptions about how HIV is transmitted. The actions Mr. Allen allegedly took did not pose a risk of HIV transmission that could conceivably justify charging him with violating Section 750.200i. To continue to prosecute him under that charge contributes to public misunderstanding and ungrounded fears about HIV and to stigmatization of people with HIV, which serves as a barrier to HIV testing and treatment programs.

A. People with HIV Continue to Face Pervasive Stigma and Discrimination in the United States.

The human immunodeficiency virus ("HIV") is a virus that causes illness by interfering with the proper functioning of the human immune system. *E.g.*, Centers for Disease Control & Prevention, *Basic Information About HIV and AIDS*, http://www.cdc.gov/hiv/topics/basic/ (last visited April 18, 2010). Although HIV is the virus that causes acquired immunodeficiency syndrome ("AIDS"), not everyone infected with HIV has AIDS, which is the stage of HIV infection in which the person's immune system is severely damaged. *E.g.*, *id.* The CDC estimates that, as of the end of 2006,

slightly more than one million people in the United States were living with HIV[1] and that, as of the end of 2007, slightly more than half a million people had died from AIDS in this country.[2]

Although more than 25 years have passed since physicians reported the first cases of HIV in the United States, HIV-related stigma continues to be prevalent and well documented.[3] As a result, people with HIV face persistent and alarming bias. *E.g.*, Ronald A. Brooks et al., *Preventing HIV Among Latino and African American Gay and Bisexual Men in a Context of HIV-Related Stigma, Discrimination and Homophobia: Perspectives of Providers*, 19 AIDS Patient Care & STDs 737, 738 (2005) (discussing stigma and referencing 2003 report of American Civil Liberties Union survey finding that HIV stigma has resulted in denials of medical treatment, privacy violations, and refusal of admittance to nursing homes).

The persistence of stigma for people living with HIV was documented by a recent national survey conducted by the Kaiser Family Foundation. Kaiser Family Foundation, *2009 Survey of Americans on HIV/AIDS: Summary of Findings on the Domestic Epidemic* (April 2009), available at http://www.kff.org/kaiserpolls/upload/7889.pdf. Although HIV cannot be transmitted through casual contact, the Kaiser survey revealed

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[1] CDC, *Basic Statistics: HIV Prevalence Estimate*, http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest (last visited April 18, 2010).
[2] CDC, *Basic Statistics: Deaths of Persons with AIDS*, http://www.cdc.gov/hiv/topics/surveillance/basic.htm#ddaids (last visited April 18, 2010).
[3] *See, e.g.*, Deepa Rao et al., *Stigma, Secrecy, and Discrimination: Ethnic/Racial Differences in the Concerns of People Living with HIV/AIDS*, 12 AIDS & Behav. 265-271 (2008); Peter A. Vanable et al., *Impact of HIV-Related Stigma on Health Behaviors and Psychological Adjustment Among HIV-Positive Men and Women*, 10 AIDS & Behav. 473-482 (2006); Gregory M. Herek, Keith F. Widaman & John P. Capitanio, *When Sex Equals AIDS: Symbolic Stigma and Heterosexual Adults' Inaccurate Beliefs about Sexual Transmission of AIDS*, 52 Soc. Probs. 15-37 (2005); D.A. Lentine et al., *HIV-Related Knowledge and Stigma – United States, 2000*, 49 Morbidity and Mortality Wkly. Rep. 1062-1064 (2000), *available at* http://www.cdc.gov/mmwr/PDF/wk/mm4947.pdf (last visited April 18, 2010).

that only 34 percent of respondents reported that they would be very comfortable with their child having an HIV-positive teacher and only 44 percent reported that they would be very comfortable working with someone who has HIV or AIDS. *Id.* at 21 (Chart 27). The persistence of HIV-related stigma also was noted in a report issued by the federal Office of National AIDS Policy (ONAP) in April 2010. In gathering public input for development of a National AIDS Strategy, ONAP heard from many participants about the importance of addressing stigma in order to achieve the stated national goals of preventing new infections, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities. White House Office of National AIDS Policy, *Community Ideas for Improving the Response to the Domestic HIV Epidemic* (April 2010) at 22, 58, 60, 66, 69, available at http://www.whitehouse.gov/sites/default/files/microsites/ONAP_rpt.pdf.

Stigma can affect people with HIV in every aspect of their lives, including employment, education, housing, insurance, health care, and personal relationships. For example, "HIV-infected persons who fear being stigmatized . . . may experience real or perceived barriers to prevention and other health-care services." D.A. Lentine et al., *HIV-Related Knowledge and Stigma – United States, 2000*, 49 Morbidity and Mortality Wkly. Rep. 1062, 1064 (2000);[4] *see also, e.g.*, Nancy Sohler, Xuan Li & Chianzo Cunningham, *Perceived Discrimination Among Severely Disadvantaged People with HIV Infection*, 122 Pub. Health Reps. 347-355 (2007) (reporting results of survey of individuals with HIV living in transitional housing in New York City, finding that almost one-quarter reported experiencing discrimination in the healthcare system due to their

[4] This document is available at http://www.cdc.gov/mmwr/PDF/wk/mm4947.pdf (last visited April 18, 2010).

HIV status). In addition to outright denials of health care, studies have documented denials of equal access to public accommodations such as day care and nursing homes for people living with HIV. *See, e.g.*, Laura M. Bogart et al., *HIV-Related Stigma among People with HIV and their Families: A Qualitative Analysis*, 12 AIDS & Behav. 244, 244-245 (2008) (describing prevalence of HIV discrimination, including in access to school, day care and housing); Brad Sears and Deborah Ho, *HIV Discrimination in Health Care Services in Los Angeles County: The Results of Three Testing Studies* 1-2, Williams Institute, Dec. 1, 2006[5] (reporting that studies conducted from 2003 to 2005 found that 55 percent of obstetricians, 46 percent of skilled nursing facilities, and 26 percent of plastic and cosmetic surgeons in Los Angeles County refused to treat patients living with HIV).

Courts have repeatedly recognized the link between stigma and discrimination experienced by people living with HIV. For example, the federal district court for the Eastern District of New York observed that "HIV-infected persons necessarily struggle with many stresses in their lives, including . . . rejection of friends and family, stigma, and discrimination." *Henrietta D. v. Giuliani*, 119 F. Supp. 2d 181, 186 (E.D.N.Y. 2000), *aff'd*, 331 F.3d 261 (2d Cir. 2003). *See also, e.g., Hauser v. Volusia County Dep't of Corr.*, 872 So. 2d 987, 991-92 (Fla. Dist. Ct. App. 2004) (noting that "[t]he stigmatizing effect of being associated with the AIDS virus is so self-evident as to need no further elaboration."); *Kinzie v. Dallas County Hosp. Dist.*, 239 F. Supp. 2d 618, 639 (N.D. Tex. 2003) (noting that people living with HIV "must deal with the social stigma of

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[5] This document is available at http://escholarship.org/uc/item/1bm2p4gv?query=hiv%20discrimination (last visited April 18, 2010).

being HIV-positive" and "will likely be treated as . . . outcast[s] by many"), *aff'd*, 106 F. App'x 192 (5th Cir. 2003); *Doe v. Chand*, 781 N.E.2d 340, 352 (Ill. App. Ct. 2002) (Welch, J., concurring) (discussing importance of remedies for violations of state HIV confidentiality provisions, which were included in the statute because "the legislature . . . recognized the social stigma that attaches" to individuals known to be infected with HIV, who "are pariahs, treated only slightly better than how people used to treat a leper who escaped from the colony.").

HIV stigma has been linked to "elevated stress, depression, impaired immune response, and high suicide rates among those living with HIV." Katherine R. Waite et al., *Literacy, Social Stigma, and HIV Medication Adherence*, 23 J. Gen. Internal Med. 1367, 1367 (2008); *see also* Janice Y. Bunn et al., *Measurement of Stigma in People with HIV: A Reexamination of the HIV Stigma Scale*, 19 AIDS Educ. & Prev. 198, 198-99 (2007) (fear of stigma has been associated with high-risk sexual behaviors, limited use of HIV services, and delays in HIV testing); Bogart et al., *supra*, at 244 (mothers living with HIV who report experiencing high levels of stigma have lower physical, psychological and social functioning, and high levels of depression). A study reported in 2006 found that experiencing higher levels of HIV stigma directly correlated with having symptoms of depression and/or having received psychiatric care in the previous year and also confirmed the relationship between stigma and treatment nonadherence. Peter A. Vanable et al., *Impact of HIV-Related Stigma on Health Behaviors and Psychological Adjustment Among HIV-Positive Men and Women*, 10 AIDS & Behav. 473, 479-480 (2006).

The public health consequences of HIV stigma are grave. HIV stigma can lead people to avoid getting tested for HIV, refrain from obtaining needed healthcare, or forego taking antiretroviral medications. "A consequence of HIV-related stigma and discrimination is a negative effect on both HIV prevention efforts as well as care for individuals living with HIV." Brooks, *supra*, at 737; *see also* Margaret A. Chesney & Ashley W. Smith, *Critical Delays In HIV Testing and Care: The Potential Role of Stigma*, 42 Am. Behav. Sci. 1158, 1159-1165 (1999) (discussing research relating stigma to delays in seeking HIV testing and care). Studies have found that one reason that people do not get tested is their fear of stigma and discrimination. Vanable et al., *supra*, at 473 (summarizing research). Bias against people living with HIV also can "negatively affect the quality of care provided to HIV-positive individuals." Brooks, *supra*, at 738.

The Centers for Disease Control and Prevention's strategic plan for HIV prevention for the years 2007 to 2010 recognized the continuing importance of interventions to reduce both HIV stigma and discrimination, noting the need "to change the community perceptions that inhibit those at risk from seeking early HIV diagnosis and treatment and adopting healthy behaviors that prevent the spread of HIV." Centers for Disease Control and Prevention, *HIV Prevention Strategic Plan: Extended Through 2010* 12-13 (Oct. 2007), *available at*

http://www.cdc.gov/hiv/resources/reports/psp/pdf/psp.pdf (last visited April 18, 2010). Individuals from many parts of the country recently informed the federal Office of National AIDS policy that HIV stigma deters some people from getting tested – which poses a risk that people are infected without realizing it and therefore are infecting others and failing to get treatment. It was also reported that HIV stigma deters some people

who know they have HIV from seeking health care – thus risking deterioration in their health. White House Office of National AIDS Policy, *supra*, at 23, 34, 52, 54, 59, 65. For these reasons, reducing HIV stigma has "been acknowledged in nursing and the public health sector in general as imperative for primary and secondary prevention of HIV, and for engagement in primary care to reduce HIV-related morbidity and mortality." Aaron G. Buseh et al., *Relationship of Symptoms, Perceived Health, and Stigma With Quality of Life Among Urban HIV-Infected African American Men*, 25 Public Health Nursing 409, 416 (2008).

B. Ignorance About Modes of HIV Transmission Is Widespread and Fuels Stigma and Discrimination Against People With HIV.

The continuing public health effort to stem the spread of HIV focuses both on getting treatment to those with HIV and preventing the spread of HIV infection. These efforts are aided by increasing public awareness of the uncontroverted fact that there are very limited routes of HIV transmission. Increasing the public's understanding of HIV transmission also reduces the stigma associated with HIV and discrimination against people with HIV. Misinformation dangerously hinders progress towards this goal.

In furtherance of its public health mission, the CDC has developed educational materials that summarize the state of knowledge about HIV, drawing on information from, *inter alia*, medical and scientific research, epidemiologic studies, and surveillance data. *See* CDC, *CDC Responds to HIV/AIDS*, www.cdc.gov/hiv/aboutDHAP.htm. As the CDC explains, it

> is committed to providing the scientific community and the public with accurate and objective information about HIV infection and AIDS. It is vital that clear information on HIV infection and AIDS be readily available to help prevent further transmission of the virus and to allay fears and prejudices caused by misinformation.

CDC, *HIV and Its Transmission* (July 1999), *available at* http://www.cdc.gov/hiv/resources/factsheets/PDF/transmission.pdf (emphasis omitted). The information provided by public health authorities such as the CDC is entitled to great weight when courts consider issues involving HIV and its transmission. *Bragdon v. Abbott*, 524 U.S. 624, 650 (1998) (stating that, in assessing matters such as the risks of being infected by HIV, "the views of public health authorities, such as the U.S. Public Health Service, CDC, and the National Institutes of Health, are of special weight and authority.").

The ways that HIV can be transmitted "have been clearly identified" for many years (CDC, *HIV and Its Transmission*, *supra*), and the consensus of the medical, scientific, and public health communities is that HIV can be transmitted in one of the following ways:

(1) by sexual contact (anal, vaginal, or oral) with someone who has HIV;

(2) by sharing infected needles or injection equipment with someone who has HIV;

(3) by transmission of HIV from a mother with HIV to her infant *in utero*, during delivery or through breast feeding; or

(4) by receiving transfusions of blood or blood clotting factors which contain HIV.

E.g., CDC, *HIV and Its Transmission*, *supra;* CDC, *Questions and Answers: How Is HIV Passed from One Person to Another?*, http://www.cdc.gov/hiv/resources/qa/transmission.htm (last visited April 18, 2010).

Every reported HIV infection that suggests some other route of transmission has been thoroughly investigated by public health officials, yet "*[n]o additional routes of transmission have been recorded.*" CDC, *HIV and Its Transmission, supra* (emphasis in original).

Although some people continue to fear that HIV can be transmitted in other ways, "no scientific evidence to support any of these fears has been found." *Id.* Countering these irrational fears – which both result in stigma for people living with HIV and interfere with public health efforts – has been a priority of public health officials from the early years of the epidemic to the present. In 1988, the U.S. Surgeon General sent a brochure to *every household* in the United States, seeking to educate the public regarding the actual routes of HIV transmission and to dispel any lingering, unfounded fears that contact with body fluids such as sweat and saliva could lead to infection. *See* U.S. Dep't of Health and Human Servs. ("HHS"), *Understanding AIDS: A Message from the Surgeon General*, HHS Publication No. (CDC) HHS-88-8404 (1988), *available at* http://profiles.nlm.nih.gov/QQ/B/D/R/L/_/qqbdrl.pdf; *Glick v. Henderson*, 855 F.2d 536, 539 n. 1 (8th Cir. 1988) (quoting the 1988 message from the Surgeon General and noting that it was sent to "every household in this nation because of its importance"). That brochure stated, *inter alia*:

> No matter what you may have heard, the AIDS virus is hard to get and is easily avoided.
> You won't just "catch" AIDS like a cold or flu because the virus is a different type. The AIDS virus is transmitted through sexual intercourse, the sharing of drug needles, or to babies of infected mothers before or during birth.
> **You won't get the AIDS virus through everyday contact** with the people around you in school, in the workplace, at parties, child care centers, or stores.
> * * *

> **You won't get AIDS from saliva, sweat, tears, urine or a bowel movement.**
> **You won't get AIDS from a kiss.**
> * * *
> It can't be passed by using a glass or eating utensils that someone else has used.

HHS, *supra*, at 3 (emphasis in original). The information currently on government websites continues to seek to refute the same unfounded fears addressed by the Surgeon General in 1988. *See, e.g.*, CDC, *Q & A: How Is HIV Passed from One Person to Another?*, *supra*; CDC, *HIV and Its Transmission*, *supra*.

Despite such public education efforts, ignorance about how HIV is and is not transmitted is still widespread in this country. "Large segments of the public remain uneducated about HIV and how it is transmitted," which promotes fear and antipathy that can "often translate into biased and discriminatory actions." Katherine R. Waite et al., *supra*, at 1367 (2008). The 2009 national survey conducted by the Kaiser Family Foundation revealed that misconceptions about how HIV is transmitted "continue to persist more than 25 years into the epidemic." Kaiser Family Foundation, *supra*, at 4. In fact, the survey found that "levels of knowledge about HIV transmission have not improved since 1987." *Id.* at 4-5. Approximately one-third of the survey respondents (34 percent) harbored at least one misconception about HIV transmission. *Id.* at 4, 21 (Chart 28). For example, 27 percent of respondents did not know that HIV cannot be transmitted through sharing a drinking glass; 17 percent did not know that HIV cannot be transmitted by touching a toilet seat; and 14 percent did not know that HIV cannot be transmitted by swimming in a pool with someone who has HIV. *Id.* The percent of respondents who incorrectly believed that HIV can be transmitted by sharing a drinking

glass or who did not know whether it could actually *increased* between 2006 and 2009 (from 22 to 27 percent). *Id.* at 5, 22 (Chart 29).

The Kaiser survey also demonstrated the linkage between misconceptions about HIV transmission and stigma against people living with HIV. People who incorrectly believed that certain activities posed a risk for HIV transmission were likely to say they would be uncomfortable working with someone who has HIV or with having their food prepared by someone with HIV. *Id.* at 5, 23 (Chart 31).

C. Prosecuting Mr. Allen Under Section 750.200i Contributes to Ignorance About Modes of HIV Transmission and Stigma Against People With HIV.

By prosecuting Mr. Allen under the "bioterrorism" statute outlawing use of harmful devices because he has HIV and allegedly bit someone, the state is sending a harmful, inaccurate message regarding HIV transmission – namely, that Mr. Allen's saliva is a "harmful biological substance." The facts do not support such a charge.[6] Prosecution under that criminal statute incorrectly implies that people with HIV are dangerous to be around and that HIV can be transmitted much more easily than is, in fact, the case.

MCL § 750.200i provides, *inter alia*, that it is a felony violation to "manufacture, deliver, possess, transport, place, use or release" a "harmful biological substance" or "harmful biological device" for "an unlawful purpose." MCL. § 750.200i. A "harmful biological substance" is defined to mean "a bacteria, virus, or other microorganism or a toxic substance derived from or produced by an organism that can be used to cause death, injury, or disease in humans, animals, or plants." MCL § 750.200h(g). A "harmful

[6] For additional discussion of this point, see the *Amicus Curiae* Brief of the American Civil Liberties Union Fund of Michigan.

biological device" is defined to mean "a device designed or intended to release a harmful biological substance." MCL § 750.200h(f).

In contrast to the fluids that *can* transmit HIV, "[c]ontact with saliva has *never* been shown to result in transmission of HIV . . . ." CDC, *Questions and Answers: Can HIV be Transmitted by Being Spit on by an HIV-infected Person?*, http://www.cdc.gov/hiv/resources/qa/transmission.htm (last visited April 18, 2010) (emphasis added). For example, although there have been reported exposures of health care workers to saliva from patients with HIV, none of those exposures resulted in HIV transmission. David M. Bell, *Occupational Risk of Human Immunodeficiency Virus Infection in Healthcare Workers: An Overview*, 102 Am J. Med. 9, 12 (1997). Similarly, HIV transmission by saliva has not been demonstrated in any of the epidemiological studies of household contacts of people infected with HIV. *Id.*[7]

The inhibitory substances present in saliva make it highly unlikely that HIV can be transmitted even if a person with HIV who has blood in his or her saliva bites another person, breaking the skin of that person. *E.g.*, Samuel Baron, Joyce Poast & Miles W. Cloyd, *Why Is HIV Rarely Transmitted by Oral Secretions? Saliva Can Disrupt Orally Shed, Infected Leukocytes*, 159 Archives of Internal Med. 303, 307-308 (1999) (reporting

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[7] In fact, saliva contains several components that appear to inhibit HIV. *E.g.*, Shamim H. Kazmi et al., *Comparison of Human Immunodeficiency Virus Type 1-Specific Inhibitory Activities in Saliva and Other Human Mucosal Fluids*, 13 Clinical & Vaccine Immunology 1111, 1115-1116 (2006); Jan G. M. Bolscher et al., *Inhibition of HIV-1 IIIB and Clinical Isolates by Human Parotid, Submandibular, Sublingual and Palatine Saliva*, 110 Eur. J. Oral Sci. 149-156 (2002); Diane C. Shugars & Sharon M. Wahl, *The Role of the Oral Environment in HIV-1 Transmission*, 129 J. Am. Dental Ass'n 851-858 (1998). The inhibitory mechanisms of those components include blocking the growth of HIV, binding to HIV particles, disrupting the integrity of HIV, or attaching to the surface of white blood cells to protect against HIV infection. Bolscher et al., *supra*, at 154; *accord, e.g.*, Kazmi et al., *supra*, at 1115 (reporting that saliva contains "at least three components of different molecular sizes that appear to inhibit HIV-1 activity" and that several different factors, working in synergy, probably account for saliva's inhibitory effect on HIV).

that it has been found that oral shedding of blood during dental treatment of a person with HIV usually does *not* result in the presence of infectious HIV in the person's saliva even though the person's blood contains HIV-infected white blood cells and that saliva has a significant disruptive effect on HIV-infected white blood cells, apparently due to the hypotonicity (relatively lower osmotic pressure); Chris M. Tsoukas et *al.*, *Lack of Transmission of HIV Through Human Bites and Scratches*, 1 J. Acquired Immune Deficiency Syndromes 505-507 (1988) (reporting on study of health care workers bitten by patient who had AIDS and had blood in his saliva, which found no evidence of HIV transmission).

Charging Mr. Allen under Section 750.200i of the Penal Code seems to clearly imply that, simply because Mr. Allen has HIV, he is dangerous to others if they come into contact with him, his mouth or teeth, or his saliva. The realities of HIV transmission do not support those implications. By charging Mr. Allen under Section 750.200i, the criminal justice system is reinforcing public misconceptions and unfounded fears about HIV transmission. This false message undermines efforts by governmental organizations and others to educate the public about the real routes of HIV infection and what constitutes safe and unsafe behaviors.

Moreover, charging Mr. Allen under Section 750.200i serves to stigmatize people with HIV. By fostering misconceptions and fears about HIV and people who have HIV, this prosecution contributes directly to unjustified and damaging perceptions of people living with HIV.

CONCLUSION

For all of the foregoing reasons, *amicus curiae* Lambda Legal Defense and Education Fund, Inc., Community AIDS Resource and Education Services, Michigan Positive Action Coalition, and Michigan Protection and Advocacy Service, Inc. respectfully urge this Court to dismiss the count against Daniel Allen under MCL § 750.200i.

Respectfully submitted,

April 19, 2010

Respectfully submitted,

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APPENDIX: DESCRIPTIONS OF *AMICI*

Lambda Legal Defense and Education Fund, Inc. ("Lambda Legal") is a national organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people and people living with HIV through impact litigation, education and public policy work. Lambda Legal has been working on behalf of people living with HIV since the very early days of the HIV epidemic. Lambda Legal brought the first HIV discrimination lawsuit in the country – on behalf of a New York City physician who faced eviction because he treated patients with HIV – and has appeared as counsel or *amicus curiae* in scores of cases in state and federal courts, raising the civil rights and liberty interests of people living with HIV. Lambda Legal is well aware that accurate information about HIV and its transmission is vitally necessary to combat and reduce HIV stigma and discrimination.

Community AIDS Resource and Education Services ("CARES") provides health information to the public and provides support to people living with HIV in southwest Michigan. Founded in 1985, CARES is a community-based non-profit organization that serves 11 counties in southwest Michigan. The mission of CARES is to minimize further transmission of HIV and to maximize the quality of life for all people affected by HIV. Services provided by CARES include a prevention team – which provides testing and health education to more than 3,000 people annually who are at high risk of HIV infection – and medical case managers who serve the needs to people living with HIV. CARES understands the vital importance of correct information about HIV transmission and the obstacle that stigma presents in our efforts to improve public health.

Michigan Positive Action Coalition ("MI-POZ") is a group of people living with HIV/AIDS who advocate for themselves and others living with, or at risk for, this disease. MI-POZ's goal is to increase grassroots leadership and participation by persons living with HIV/AIDS in legislative education activities. The organization seeks to inform other PLWH/A's (Persons with HIV or AIDS) and the community at large of legislative and health policy issues which impact HIV prevention and care and act as an independent voice of PLWHA's free from restrictions on PLWHA's speech or activities as an informed, educated and empowered group of citizens. MI-POZ members are knowledgeable about the harms that come from public misunderstanding about how HIV is transmitted and concerned about criminal prosecutions which contribute to such misunderstanding and increase stigma.

Michigan Protection and Advocacy Service, Inc. ("MPAS") is the agency designated by the governor of the State of Michigan to advocate and protect the legal rights of people with disabilities. MPAS works to fulfill its mission by (1) working toward systemic changes that advance the rights of all people with disabilities and (2) advocating for the individual rights of people with disabilities in particular cases that meet its guidelines. Operating out of offices in Lansing, Livonia, and Marquette, MPAS provides a variety of services to people living with disabilities, including people with HIV/AIDS. The organization has experience in all of the following areas: discrimination in education, employment, housing, and public places; abuse and neglect; Social Security benefits; Medicaid, Medicare and other insurance; housing; Vocational Rehabilitation; HIV/AIDS issues; and many other disability-related topics. Through its work on behalf

of people with HIV facing discrimination, MPAS has seen the impact of misguided fears about HIV on the lives of people with HIV.