



+Advocacy Training Spring 2022 (Day 2)

Learn more and join our email listserv here:

<http://hivmodernizationmovement.org/> hmm.indiana@gmail.com / <https://www.facebook.com/hmmindiana>

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Welcome, Housekeeping

- Welcome to day two of our training!
- During the training, **everyone will be muted** unless its Q&A time.
- **Use the chat box** to comment and ask questions.
- **Raise your hand**, using the Zoom reaction feature if you would like to ask a question.
- This **meeting is being recorded** but will not be shared. Slides will be emailed to you.
- Daily **agenda** is in your binders.



HMM-Indiana Delegation at AIDSWatch this past week.

Each year AIDSWatch brings together hundreds of people living with HIV and their allies in Washington, D.C., to learn about the latest policy issues, messaging strategy and advocacy tactics to help end the HIV epidemic.

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Housekeeping

Reminder of the **community training guidelines** in your binders.

- ❖ **Commitment.** Attend all sessions in the HMM +Advocate Training Program.
- ❖ **Communicate** with Dr. Carrie in the event of an emergency if you can't attend a session.
- ❖ **Be present.** Keep your camera on, join sessions on time, don't do other things during session.
- ❖ **Be respectful** of your fellow participants and trainers and the diversity we bring.
- ❖ **Respect personal confidentiality.** While you are strongly encouraged to share what you learn from the training, we do ask that you agree to respect personal confidentiality and not share personal details anyone may share during the training.

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Morning Icebreaker



When you were a child, what did you want to be when you grew up?

This time we will popcorn it to someone else!



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Kamaria Laffrey



Kamaria Laffrey (she/her) Living with Black Girl Magic, HIV, and chronic optimism; Kamaria Laffrey serves as Program Director for HIV policy reform with the [Sero Project](#). She conducts trainings with state leaders living with HIV to change their HIV criminalization laws. She is also a spokesperson for the treatment adherence & self-care campaign [Positively Fearless](#) with Janssen and since her diagnosis in 2003, Kamaria has worked to empower others to live beyond the residue of the societal and self-induced stigma of HIV; boldly speaking of life beyond a diagnosis and building a destiny as the founder of the community-based organization, [emPOWERed Legacies](#).

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SERO+

Ending the **HIV** Epidemic
*By Being the Change You Seek
 in a Resistant Community*

for HMM +Advocacy Training 2023

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HOUSEKEEPING

- This session will be recorded and the slides will be available after the training
- Please feel free to use the chat box for any questions or comments
- Please remain on mute to avoid any background noise for the recording
- **Part 1** of this session will be quick paced without discussion
- **Part 2** of this session will be paced out for meaningful dialogue
 - This is intentional and will come together for our collective purpose
- **Part 3** will provide full context and allow for further questions and dialogue

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[Kamaria Laffrey \(she/her\)](#)

- Woman living with HIV for 19 years
- Living with Chronic Optimism & Black Girl Magic for 40 years
- *Founder* of emPOWERed Legacies
- *Co-Managing Director* at the SERO Project
- *Coalition Facilitator* for FL HIV Justice Coalition

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SERO PROJECT centers PLHIV leadership to end HIV criminalization, mass incarceration, racial and social injustice by supporting inclusive PLHIV networks to improve policy outcomes, advance human rights and promote healing justice.

I am not an attorney or medical professional. Please take this webinar as informational and if you or someone you know is experiencing criminalization, or have epidemiology questions, please reach out to a trusted legal support or medical expert. There are PLHIV led organizations that can guide but not guarantee legal representation.

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Hello
my name is

- Name
- Pronouns
- How long have you been an advocate?

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“When asked about advocacy and how long I’ve been an advocate, I inform others that I have been an advocate all my life. I was born an advocate, at birth my way of communicating what I needed was by crying for milk to be fed. I’ve been advocating ever since.”

- Stacy Jennings,



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PURPOSE

- To discover and discuss what influences our personal core beliefs that help inform the issues we align or don't align with.
- To put intention into our agreeing or disagreeing with information we receive.
- To take a deeper dive in affirming individuals even in movement spaces where we don't always agree with strategies or methods in place.
- To acknowledge the difficulties that occur and understand the decisions made when demands aren't being met.
- To know why you believe what you believe and **own** it!

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HIV IS NOT A CRIME

HIV Is Not a Crime, 2011 Film by Sean Strub, Edit by Leo Herrera/HomoChic



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HOW TO PARTICIPATE TODAY

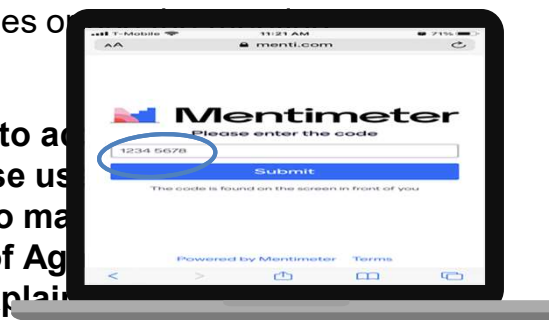
USING MENTIMETER www.menti.com

Enter the code when prompted

You will not be able to advance beyond the screen displayed until the presenter does

If prompted to post a typed response you can do this multiple times or use the room chat

If you are unable to access Mentimeter, please use the chat feature to make your responses of Agree or Disagree as explained



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ICONS TO USE

You will see the following icons on various slides within Menti.com.

This helps you participate anonymously unless otherwise prompted to share openly.



affirm



agree



disagree

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PRACTICE

- Go to www.menti.com on your device
- Enter the code **1341 7205**
- Tap the **heart** to affirm that you do see the same page on your device that is being shared by the presenter
- Select your option of thumbs up or down based on your immediate reaction to the statement on the screen

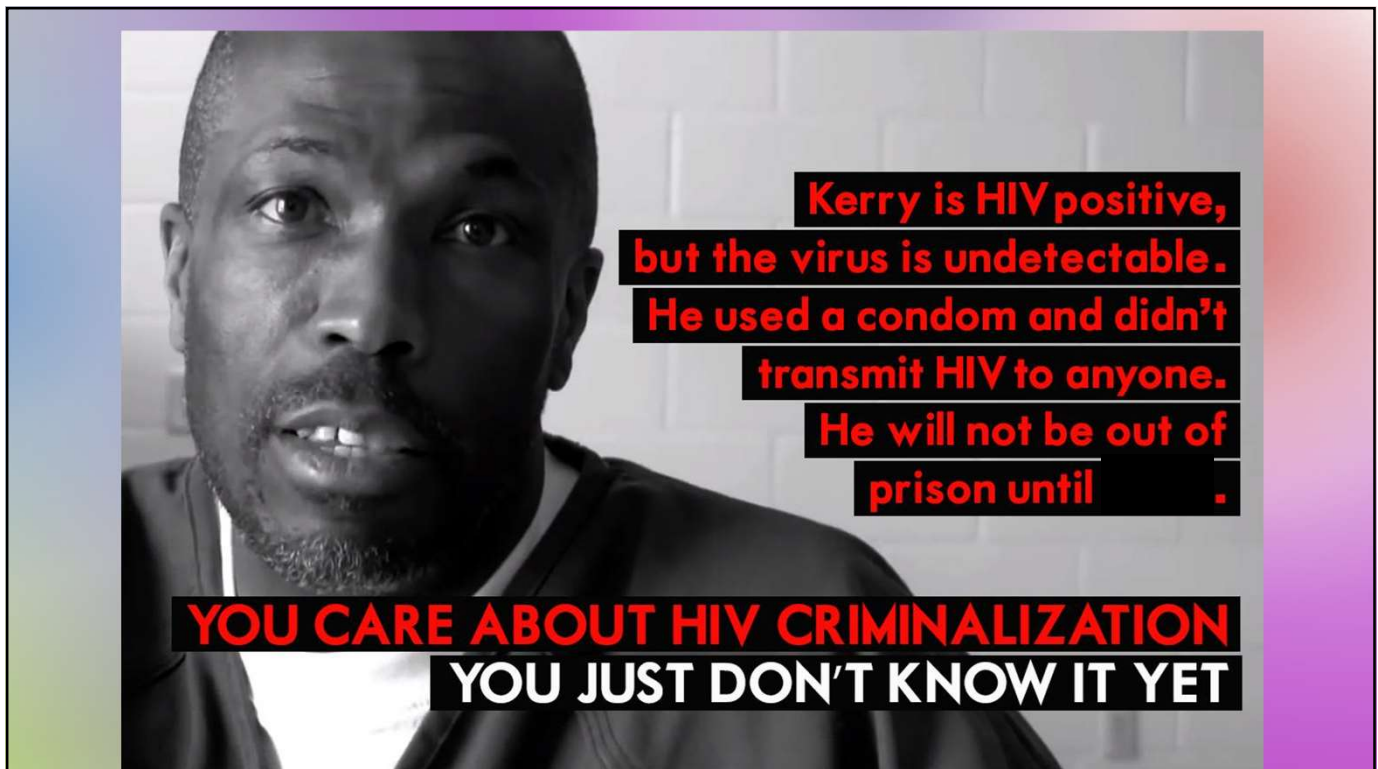
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SILENT BRAVERY STATEMENT

Before we begin our conversation, it is important that we acknowledge that the subject matter discussed may contain sensitive subjects for some of us; including sexual assault, prosecution based on HIV status and other forms of violence. These are difficult conversations and this space honors the respect to value every individual life experience and right to both privacy and non-participation in any part of our discussion.

This is a safe and brave space.

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part one

A series of statements will be read with no context. Each statement is up to your own interpretation and understanding. We will read each statement two times, wait for interactive responses as explained in the previous slides, then move quickly to the next statement. There are a total of 7 statements. When we complete all 7, we will revisit the statements, but please for now provide your reaction to them of AGREE OR DISAGREE. These statements *are not* to be taken as a true or false but whether you agree or disagree.

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Go to [menti.com](https://www.menti.com)

Code: 1341 7205



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part two

We are going to take a collective and intentional breath.

No, really. Pause and breathe.

Deep breathe & then debrief.

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DISCUSSION

What statements resonated with you most? Let's hear one another and go through them again.

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STATEMENTS

1. A law that targets any person living with HIV, targets all people living with HIV.
2. Sex workers would be less vulnerable to HIV laws if they're required to take PrEP.
3. Racial justice should be the center point of HIV criminalization dialogue.
4. In cases of rape/sexual assault, if HIV transmission occurs, sentencing should be enhanced.
5. Removing penalties for PLHIV who are virally suppressed is a successful approach in criminalization reform.
6. Proof of malicious intent should be required in cases of HIV transmission.

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part three

Let's talk through what came up for you and any reactions you may have had to this exercise. You can provide your feedback via the slide you see on your device for Mentimeter, via the chat or you may come off mute and share.

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HIV IS NOT A CRIME

THE IMPACT HIV CRIMINALIZATION HAS ON COMMUNITY

- Goes beyond the courtroom
- Intersects w/ racism, classism, and bigotry
- Does not protect or improve public health
- Controls and enforces marginalization of women, POC, TGNC folks, LGBTQ+ communities, sex workers, immigrant/migrant communities, and people living in poverty to name a few

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HIV IS NOT A CRIME

WHAT PROSECUTION CAN LOOK LIKE:

- Media sensationalism and loss of privacy (whether convicted or not)
- Felony convictions
- Up to 30 years in prison
- Sex offender status (some states)
- Difficulty finding employment and housing
- Threat of losing one's children
- Loss of rights to vote, travel, and choose where one lives
- Vulnerability to violence and vigilantism

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HIV IS NOT A CRIME

WHY HIV CRIMINALIZATION IS WRONG

- Works against public health.
- Stigmatizes people living with HIV.
- Undermines the health, safety and dignity of people living with HIV.
- *A racial justice issue that perpetually discriminates against already marginalized communities, especially communities impacted by HIV.*
- NOT aligned with current HIV science (U=U).

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HIV IS NOT A CRIME

**this is not official legal advice, please consult an attorney if facing HIV criminalization*

HOW DO PLHIV PROTECT THEMSELVES?*

If you've been accused of an HIV related crime, **DO NOT TALK TO** police or investigators

TELL THEM YOU WANT A LAWYER


- Do not acknowledge your HIV status
- Do not provide blood, saliva, or give permission for any medical tests
- Do not sign any documents
- Do not volunteer any information

FIND A LEGAL SUPPORT through Lambda Legal, ACLU, SERO or another hiv friendly trusted source

Implement a Community ASSURANCE plan with case managers & other trusted points of

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Strategies To support proof of Disclosure *

There's no strategy that's ideal or fool-proof, but the following can give peace of mind to a PLHIV navigating disclosure to their partner:


- Disclosure agreement form/contract
- Email & Social Media Interactions - Screenshot! Print! Send to trust source!
- Introduce your Provider to your Partner**
- Witnesses
- Document and include the date!

**this is not official legal advice, please consult an attorney if facing HIV criminalization*



HIGHLIGHTS OF OTHERS IN THE WORK

- [HIV Justice Worldwide](#)
- [REPEAL Act](#)
- [AIDSWatch](#)
- [HIV Is Not A Crime Training Academy](#)
- [Health Not Prisons Collective](#)
- **Federal Partners**



- ▶ **Health Equity**
- PrEP Uptake
- Private-Public Sector Partnerships
- Access to Mental Health Services
- Modernization of HIV Criminalization Law

Office of National AIDS Policy recently aligned their 5 priorities with the White House Administration and included the modernization and repeal of HIV criminalization laws.



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About Us



The Health Not Prisons Collective (the Collective) is an intersectional national initiative launched in 2020 by Counter Narrative Project (CNP), the Positive Women's Network – USA (PWN), Sero Project, Transgender Law Center (TLC), and the U.S. Caucus of People Living with HIV (the HIV Caucus) — longtime collaborators led by, and accountable to, communities most affected by HIV criminalization in the United States.

Our strategy incorporates education and training; grassroots and grasstops organizing; policy analysis and advocacy; legal intervention; and narrative change designed to shift discourses about HIV, risk, blame, responsibility, and the role of the carceral state, including detention, centering racial and gender justice.

Read more about us at <https://www.pwn-usa.org/issues/the-health-not-prisons-collective/>

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The US People Living with
HIV Caucus presents:

DEMANDING BETTER
AN HIV FEDERAL POLICY AGENDA
BY PEOPLE LIVING WITH HIV

bit.ly/PeoplesHIVPlan



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U.S. People Living with HIV Caucus

- Comprised of organizations, networks or client groups of people living with HIV, and independent advocates living with HIV.
- Believes in and is predicated upon the principles of self-empowerment and self-determination.



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PLHIV Networks

- Organized groups created, led by, and accountable to PLHIV in the U.S.

**NATIONAL
WORKING
POSITIVE
COALITION**



SERO+



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What is Demanding Better?

A call for the federal response to HIV to uplift the dignity, human rights, and wellness of all people living with HIV in the U.S.

- After 40 years, the domestic HIV epidemic continues to be driven by social determinants and structural inequities.
 - Racism
 - Gender inequities
 - Homophobia and transphobia
 - Poverty

Biomedical tools are necessary but not sufficient to overcome barriers to ending the epidemic.

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What is Demanding Better?

- A clear roadmap for the administration and Congress to achieve the goal of ending the epidemic and improving quality of life for people living with HIV.
- Comprehensive but not exhaustive -- a living document.

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Issue Areas

1. Meaningful Involvement of PLHIV (MIPA)
2. Create a human rights environment for PLHIV
3. Racial and gender disparities
4. Add sex workers and immigrants as priority populations
5. Quality of life for PLHIV

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HIV IS NOT A CRIME

GET INVOLVED

“Ask yourself if you want to make a point or do you want to make change?”

- Donna Red Wing, *One Iowa*

- Join the Sero listserv to connect w/ PLHIV doing the work nationally (media, research, coalition building, trainings, etc.) - info@seroproject.com
- Sign up for the [TransAgenda for Liberation](#)
- Share the [Demanding Better Policy Agenda](#)
- Support HIV Is Not A Crime Awareness Day 2/28!

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Q & A

I am not an attorney or medical professional. Please take this webinar as informational and if you or someone you know is experiencing criminalization, or have epidemiology questions, please reach out to a trusted legal support or medical expert. There are PLHIV led organizations that can guide but not guarantee legal representation.

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THANK YOU!



kamaria.laffrey@seroproject.com

KAMARIA LAFFREY

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**And now let's break for Lunch
Return by 1pm ET**



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Terrell Parker



Terrell Parker (he/him) is a founding member of HMM-Indiana and a proud Black gay professional with 10 years of experience in program development, non-profit management, and fundraising. He began his career in HIV in 2013, piloting a city-wide linkage to care program at Brothers United Inc which was recognized by NASTAD's His Health Project as a national best model. Terrell has served in various leadership roles including serving as interim ED for Brothers United Inc, ED for the Minority Health Coalition of Marion County, and the founding Board President for Indiana Pride of Color. Terrell is also the CEO of the [Black Dream Company](#) and has his own Podcast, "[Terrell Talks](#)". Terrell currently serves as the Manager in the Center to End the Epidemic at NMAC (formerly the [National Minority AIDS Council](#)) and runs their ESCALATE program which aims to end HIV-related stigma in the US.

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**NO HIV
STIGMA**

HIV-related Stigma and Discrimination



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Define HIV-related **Stigma**



HIV and AIDS-related stigma is a complex concept that refers to prejudice, discounting, discrediting and discrimination directed at person perceived to have AIDS or HIV, as well as their partners, friends, families, and communities

Source: Ogden, J., & Nyblade, L. (2005). Common at its Core: HIV-Related Stigma Across Contexts.

HIV-related **Stigma**

- "...evidence suggests that HIV and AIDS-related stigma is far less varied and context specific than may have been imagined."
- "HIV and AIDS have all the characteristics associated with heavily stigmatized medical conditions."

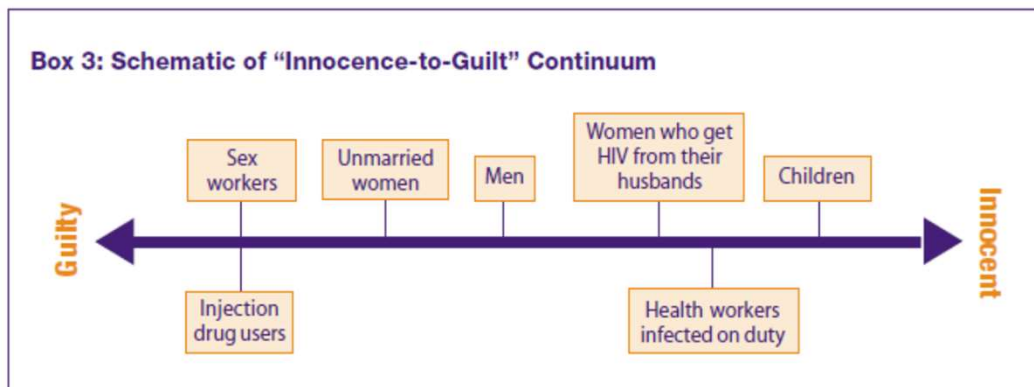
Source: Ogden, J., & Nyblade, L. (2005). Common at its Core: HIV-Related Stigma Across Contexts.

Root Causes of HIV-related Stigma

- Knowledge
 - Lack of knowledge leads to fear
 - Fear-based messaging complicates prevention and care
- Morality
 - The “karma” effect
 - Good things happen to good people
 - Innocence-Guilt Continuum

Source: Ogden, J., & Nyblade, L. (2005). Common at its Core: HIV-Related Stigma Across Contexts.

Innocence to Guilt Continuum



Source: Ogden, J., & Nyblade, L. (2005). Common at its Core: HIV-Related Stigma Across Contexts.

Forms of HIV-related stigma in **Health Care Facilities**

- Refusing to provide treatment
- Gossip or verbal abuse
- Differential treatment
- Marking files or clothing of patients or isolating them
- Forcing diagnostic testing on people
- Disclosing someone's HIV status
- Excessive use of barrier precautions

Source: Ogden, J., & Nyblade, L. (2005). Common at its Core: HIV-Related Stigma Across Contexts.



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Forms of HIV-related stigma in **Community**

- Gossip
- Speculation
- Health Reads
- Social Media Bullying
- Publicly disclosing someone's HIV status
- The need to "warn" friends / peers
- Lack of family support
- Isolation
- Cohersion

Source: Ogden, J., & Nyblade, L. (2005). Common at its Core: HIV-Related Stigma Across Contexts.



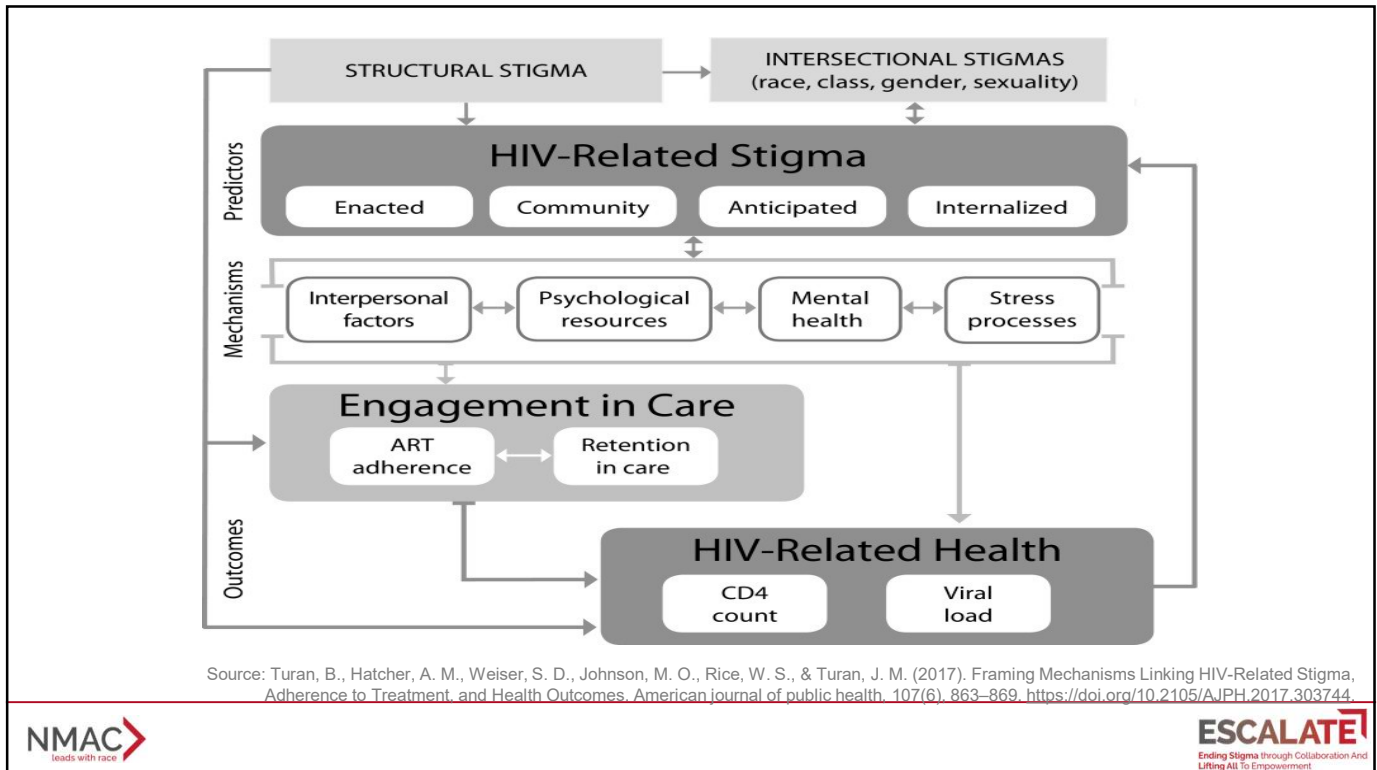
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Question

Does anyone have other examples of HIV-related stigma or discrimination they have witnessed or experienced?

How Stigma Leads to **Sickness**





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Strategies to Address Stigma

- “Provision of information” consisted of teaching participants about the condition itself or about stigma, its manifestations, and its effect on health.
- “Skills-building activities” involved creating opportunities for healthcare providers to develop the appropriate skills to work directly with the stigmatized group.
- “Participatory learning” approaches required participants (health facility staff or clients or both) to actively engage in the intervention.

Source: Turan, B., Hatcher, A. M., Weiser, S. D., Johnson, M. O., Rice, W. S., & Turan, J. M. (2017). Framing Mechanisms Linking HIV-Related Stigma, Adherence to Treatment, and Health Outcomes. *American journal of public health*, 107(6), 863–869. <https://doi.org/10.2105/AJPH.2017.303744>

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Strategies to Address Stigma

- “Contact with stigmatized group” relied on involving members of the stigmatized group in the delivery of the interventions to develop empathy, humanize the stigmatized individual, and break down stereotypes.
- An “empowerment” approach was used to improve client coping mechanisms to overcome stigma at the health facility level.
- “Structural” or “policy change” approaches included changing policies, providing clinical materials, redress systems, and facility restructuring.

Source: Turan, B., Hatcher, A. M., Weiser, S. D., Johnson, M. O., Rice, W. S., & Turan, J. M. (2017). Framing Mechanisms Linking HIV-Related Stigma, Adherence to Treatment, and Health Outcomes. *American journal of public health*, 107(6), 863–869. <https://doi.org/10.2105/AJPH.2017.303744>



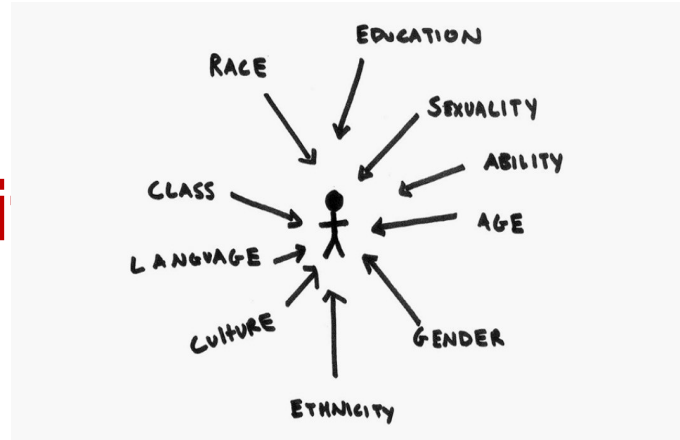
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Questions



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Intersectionali



Intersectionality

- Intersectionality is a term coined in 1989 by American civil rights advocate, Kimberle' Williams Crenshaw, to describe what she saw as failures of the system in responding to domestic violence against poor Black women.
- Intersectionality is a framework for conceptualizing a person, group of people, or social problem as affected by several discriminations and disadvantages. It considers people's overlapping identities and experiences in order to understand the complexity of prejudices they face.

Source: Kimberle Crenshaw. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.

<https://doi.org/10.2307/1229039>

Tenets of Intersectionality

- Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations
- These interactions occur within a context of connected systems and structures of power.
- Through such processes, interdependent forms of privilege and oppression are shaped by colonialism, imperialism, racism, homophobia, ableism, and patriarchy are created.

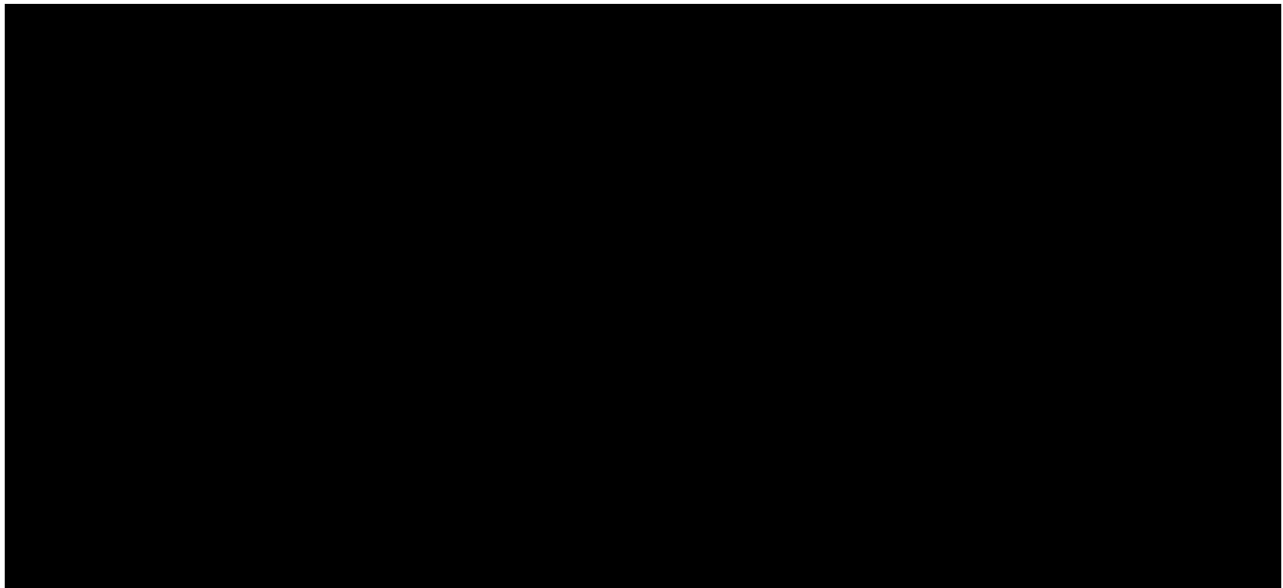
Source: Kimberle Crenshaw. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241–1299.

<https://doi.org/10.2307/1229039>



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The Urgency of Intersectionality



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Questions



How are HIV Stigma and Intersectionality Connected to HIV Criminalization

HIV Criminalization is an intersectional challenge



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CLOSING AND TEMPERATURE CHECK



- 10 **Call 911**
- 9 **Flipping out**
- 8 **EEEEKKKKK**
- 7 **Oh my gosh**
- 6 **A bit over my head**
- 5 **Good stress**
- 4 **Doing great**
- 3 **Relaxed and happy**
- 2 **Smelling the roses**
- 1 **Sweet dreams**



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Next Training Session
Saturday April 1, 10am ET/9am CT
(short day, will end by 1pm)

+Advocacy Training | Spring 2022

Learn more and join our email listserv here:

<http://hivmodernizationmovement.org/> hmm.indiana@gmail.com / <https://www.facebook.com/hmmindiana>