

WRI ISSUE BRIEF:

Implications of Federal and State Policy on HIV Research and Services for Women Living with and Vulnerable to HIV

September 12, 2024

This issue brief reports on The Well Project's 2024 Women's Research Initiative on HIV/AIDS (WRI) Meeting (March 21-24, 2024)

HIV research and service provision in the United States have always been affected by the policy environment. However, recent legal and policy changes are poised to have a particularly deleterious impact on women living with and vulnerable to HIV. This issue brief outlines key aspects and potential implications of these developments in four key areas – HIV criminalization; abortion; gender-affirming care; and affirmative action/diversity, equity, and inclusion (DEI) programming – and makes recommendations for mitigating their injurious effects.



HIV Criminalization

HIV criminalization laws were initiated early in the HIV pandemic, with the intent of discouraging the spread of HIV, but they were never based in science and do not reflect current knowledge **about HIV.** While laws criminalizing HIV are not new, they can serve as an example of the way policy can have unintended consequences for women living with and vulnerable to HIV. They disproportionately target Black, Indigenous, and other people of color, especially cis and trans women, gay and bisexual men, people who use drugs, sex workers, and immigrants.¹ In addition, there is no evidence that criminalizing HIV exposure promotes HIV disclosure² or reduces new HIV diagnoses.³ Rather, harmful consequences of HIV criminalization include:

- Incarceration
- ▶ Perpetuation of stigma and increased risk of violence for women living with HIV⁴
- ▶ Decreased HIV testing among vulnerable women⁵
- Threats of action by Child Protective Services (CPS) against women living with HIV who breastfeed⁶

Gathering Information Ensuring Privacy

Data and privacy concerns arise across all these policy areas. The need for data to inform research and care conflicts with the risks of surveillance, particularly in an era increasingly defined by these punitive policies, the vulnerability of digital data, and fears about personal data being subpoenaed. This tension significantly impacts HIV research.



Abortion

Since the Supreme Court's 2022 Dobbs v. Jackson decision eliminated the constitutional right to abortion, 22 states have severely limited or outlawed abortion. These restrictions have profound implications for HIV research and service provision, including:

- Reduced participation in HIV research due to pregnancy-related inclusion/exclusion criteria⁷
- ▶ Increased stringency of Institutional Review Boards (IRBs) for abortion-related research⁸
- Potential delays or halts in research on dual prevention efforts and multi-purpose prevention technologies that combine contraception and HIV prevention tools

Reproductive health clinic closures resulting from these bans limit access to sexual and reproductive healthcare, including testing for HIV and sexually transmitted infections (STIs) and pre-exposure prophylaxis (PrEP). This overburdens providers in states where abortion remains legal, further restricting access to preventive care. It also limits where HIV research can be conducted.⁹

These laws also place financial burdens on women with limited resources who now must travel to regions where abortion remains legal; they may also face legal repercussions for doing so.

Gender-Affirming Care

In recent years, 25 states have moved to ban or restrict access to gender-affirming care (support and treatment that aligns individuals' outward, physical traits with their gender identity), affecting minors, and in some cases adults, despite strong support for this care among major US medical associations.¹⁰ These laws vary but commonly include:

- Professional and criminal penalties for providers, parents, teachers, and counselors
- Charges for aiding access to gender-affirming care
- ▶ Defining support for gender-affirming care as child abuse¹¹

HIV research involving people of trans experience is essential for quality HIV services. These restrictions severely impact the ability to conduct vital research in trans communities by outlawing the care many depend upon and restricting the geographic areas in which they can participate in research. Lack of gender-affirming care affects mental health¹² and consistent HIV medication adherence,¹³ resulting in higher viral loads, poorer health outcomes, and diminished quality of life. Further, these laws stoke fear among and discrimination against people of trans experience, which have direct consequences on access to care.¹⁴ Every one of these issues is rooted in surveillance and control, limiting who gets to decide what happens to their body and what options they have for their future."

- TIOMMI LUCKETT, TRANSGENDER LAW CENTER

Affirmative Action and DEI Efforts

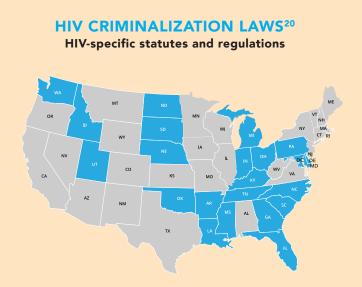
The Supreme Court's 2023 decisions in Students for Fair Admissions (SFFA) v. Harvard and SFFA v. University of North Carolina prohibit race considerations in college admissions, which impacts the diversity of educators, researchers, and providers, including among the HIV workforce. This prohibition is likely to:

- Reduce representation of Black and other underrepresented scientists and physicians¹⁵
- Exacerbate communication and healthcare disparities for Black patients¹⁶
- Reverberate upon DEI programming, as seen in the introduction by more than 30 states of bills to ban or limit these activities
 - This will diminish awareness of ways racial bias compromises healthcare (e.g., Black people being undertreated for pain compared to white counterparts¹⁷)

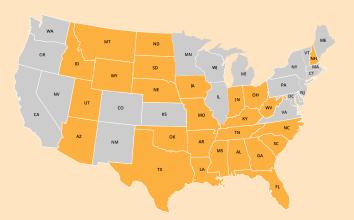
Geographic and Demographic Intersections

Policies in these four areas disproportionately affect women across the same geographic areas where HIV acquisition rates are highest among poor women, Black women, and other women of color. These populations face limited options for traveling or relocating for care, exacerbating already existent disparities. Further, Black women and other women of color are disproportionately affected by policies to restrict access to reproductive healthcare,¹⁸ are disproportionately prosecuted under HIV criminalization laws,¹⁹ and will be affected by the elimination of affirmative action and resulting decrease in providers and researchers of color, as well as the eradication of DEI programs. This geographic focus looks remarkably similar to a map of lynchings in the US in the early part of the 20th century.

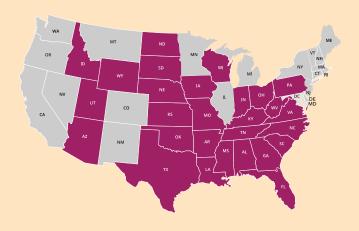




LAWS LIMITING OR BANNING GENDER-AFFIRMING CARE²²



LAWS RESTRICTING OR OUTLAWING ABORTION²¹



STATES THAT HAVE INTRODUCED COLLEGE ANTI-DEI BILLS²³



Recommendations.....

While many efforts are being undertaken within the individual spheres of reproductive health and rights, transgender rights, HIV justice, and institutional DEI leadership to address and mitigate the harms of these policies, few of them specifically address their impact on women living with and vulnerable to HIV. Recommendations to do so include:

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Support communities most affected by these policies

- Develop and strengthen existing networks supporting women living with and vulnerable to HIV across policy areas, such as networks that have been created to increase abortion access.
- Create mentorship models to engage stakeholders, including women living with and vulnerable to HIV and professionals in related fields.

Undertake efforts to amplify awareness

- Educate researchers on the impact of these policies and promote protective measures for study participants.
- Develop a framework to evaluate and quantify the negative impacts of these policies on HIV research.

Optimize data collection

- > Understand and communicate how data are used and protected to minimize harm and maximize impact.
- Identify mechanisms and best practices to conduct policy research that does not require the collection of personal data.

Develop collaborative responses

- Use existing tools such as the Americans with Disabilities Act and the National Institutes of Health's Certificates of Confidentiality to ensure and expand research and care access.
- Develop models of multidisciplinary and multisectoral collaboration by leveraging the format of the WRI to examine issues related to women and HIV through multifactorial lenses.

Conclusion

The combined impact of HIV criminalization, abortion restrictions, bans on gender-affirming care, and the elimination of affirmative action/DEI programming will have a profound impact on access to HIV and sexual and reproductive healthcare services and HIV research among women living with and vulnerable to HIV across the gender spectrum. They will also limit the ability of providers and scientists to conduct programming and research to advance the field. As many of these policies are already in effect, it is crucial to raise awareness about their potential implications and undertake collaborative efforts to mitigate their negative effects and optimize HIV research and care.

Visit the <u>2024 WRI Annual Meeting</u> page to learn more about this meeting and its participants.

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About The Well Project and the Women's Research Initiative on HIV/AIDS (WRI)

The Well Project is a non-profit organization whose mission is to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls across the gender spectrum. Its program, the Women's Research Initiative on HIV/AIDS (WRI), is a multidisciplinary and multisectoral effort dedicated to identifying gaps for women in HIV prevention, treatment, and cure research and policy. For more information, please visit www.thewellproject.org.