History of the Government's Response to HIV in the Sex Industry

HIV and Sex Work - 1st National Conference
Melbourne, 2nd, 3rd April 1996
Geoffrey Fysh, Australian Federation of AIDS Organisations

Historically public health policy has reflected a desire to protect the general community from outbreaks of epidemic disease. Infectious disease can occur within a community such as HIV did in the early 1980s, be initially bound by race, as was the outbreak of small pox in 1881, and be confined to a profession as we saw in the first outbreaks of legionnaires disease. This pattern in initial outbreaks often leads to 'blame' theories concerning the origins of the disease: where the people infected with and affected by the disease are blamed as originators, where as more often then not its a case of being in the wrong place at the wrong time.

These early isolated cases are followed by more serious outbreaks of disease. Where there is usually morbid curiosity about the first isolated cases, this changes to fear and panic as the outbreaks become more widespread. The fear and panic are often fanned by the media, the medical profession and the government authorities, whose response is not always altruistic.

There is always a need for the cause of the epidemic to be known, which can result in a witch hunt for the scapegoat. Interestingly, some diseases are far more emotive than others; scarlet fever, plague, and AIDS all are diseases infused with fear, hysteria and irrationality, while measles, influenza and to a lesser degree small pox are deemed to be common place by medical and government authorities, and the general community.

Scapegoats for the more emotive diseases are more actively sort after. Curiosity about who are the people affected by the epidemic is often articulated by the media. During the Asiatic flu epidemic in 1890, a Sydney newspaper printed lists of people who had caught the disease. Of particular interest to readers of the newspapers were the middle class...
or the famous who had caught influenza.\textsuperscript{1} Parallels can be drawn with reporting of well known people who have HIV infection or who have AIDS, as well as the 'newsworthiness' of reporting on HIV positive sex workers.

An interesting recurrent theme in all epidemics is this search for the scapegoats- those people, communities, races etc who are blamed for first introducing the infectious disease, and are often seen as the propagators of the disease as well. It cannot be stressed too greatly that the contemporary political and social climate has a major influence on the severity of the scapegoating, as well as the selection of the scapegoats themselves.

In the current political climate, anti- sex worker feelings centre on concerns about the "sex worker" life style and being different, and the belief that sexually active sex workers are biologically different to sexually active people generally. Resulting from these beliefs is the conclusion that sex workers are more likely to transmit viruses like HIV than someone who may be engaging in sex with a similar number of partners but where no money or goods change hands.

As we have seen with the HIV/AIDS pandemic world wide, this scapegoating can quickly became engendered in a legislative framework. In the past in Australia, less than innovative health strategies have been utilised such as forced vaccination and quarantine, primarily used against the Chinese and the poor. Households began to hide their sick and infected so as not to garner attention from the health authorities and their own neighbours, probably exacerbating the epidemic disease process. Comparisons can be drawn with the current situations of positive people being 'hidden' in the sex industry.

The following is a brief overview of legislation both new and old dealing with infectious disease, and particularly HIV. The implications for positive people engaging in sex work are obvious.

\textbf{Tasmania}

There is no specific mention of positive people and sex work in Tasmanian legislation. The Tasmanian Government states that the IGCA Legal Working Party report guides the content of their legislation.

Positive sex workers are covered by the Tasmanian HIV/AIDS Preventative Measures Act which covers the legal rights and responsibilities of positive people generally.

Compulsory testing in Certain Cases
10(3) (b) behaves in such a way as to place other persons at risk of becoming infected with HIV, and (c) is likely to continue to behave in such a way.

This clause is possible provision for any positive sex worker to be charged if they continue to work.

Disclosure of Information
19 (g) A dentist, Medical practitioner, Nurse, approved health care worker can request information about a client of a confidential nature including their drug use history, sexual behaviour etc.

Transmission of HIV
Knowingly or recklessly place another person at risk laws exist.
Legal onus on sex workers to inform all their clients if they infected with HIV before the service. Clients must voluntarily accept the risk. This goes both ways - clients must also inform and get consent if they are positive.
Positive people must submit to "appropriate medical and psychological assessment"

If positive people appear to not comply with legal onus placed on them to inform partners (sex or needle sharing) and are possibly placing people at risk then their medical practitioner or approved health care worker may inform their partners of their HIV status.

Orders
Persons who are deemed to be not complying with laws re positive people and their obligations can have an order place on them that restricts their movements for up to 28 days or they can be incarcerated subject to the order for up to 28 days.
These orders can be renewed and varied after the 28 days. Isolation orders can be carried out by police through arrest procedures if deemed necessary.
Method of transmission, seriousness of the risk and past and likely future behaviour of the person can affect the order.

Nowhere in the legislation does it lend weight to condom use, or is the evidence of condom use indicated as admissible evidence in a case of someone knowingly or recklessly endangering somebody else.

West Australia
Two pieces of legislation govern HIV positive people and sex work. They are:
The Health Act 1911 (WA)
s.294 in the WA Criminal Code- introduced in 1992 making it an offence to cause a person to have a serious disease.
WA Health Department have developed a policy document titled "Guidelines for the management of HIV infected individuals who knowingly put others at risk of infection", which more directly relates to the issues of Positive people and sex work.

**General Action taken by WA health workers:**
The WA Health Department has a Disease Control Unit/Branch which is a dedicated unit to work with people who knowingly spread HIV. This unit runs a Case Management Program along holistic lines. There is no written policy, but sex workers are not permitted to continue their employment.

If a medical practitioner is concerned about an HIV positive patient and notify the Disease Control Branch, the program provides education and counselling. If the branch receives a public allegation or complaint concerning the worker's actions or behaviour the branch encourage the sex workers to cease their normal employment. Efforts are made by the branch to find such workers alternative employment. Negotiations are conducted on their behalf with other agencies to find suitable employment. Financial assistance in the form of Social security and referrals to the CES are negotiated. Where appropriate referrals to medical services are arranged to assess eligibility for sickness and disability benefits. The person may need psychiatric assessment and treatment where appropriate. Every effort is made to move the sex worker out of the industry.

If this action of education, support and information etc (in conjunction with SIERA) fails the following will occur-pursuant to the relevant legislation (the Health Act 1911 (WA) ss.250-258 and the Criminal Code (WA)

The worker will be issued a written warning and restrictions placed on his/her movements and employment. If necessary a curfew may be applied to the person. If all this fails the person may be isolated (this provision is rarely used). To achieve this the assistance of the police may be enlisted. The sex workers are also referred to SIERA.

**Guidelines for the management of HIV infected individuals who knowingly put others at risk of infection**

**Recalcitrant Definition:**
"A recalcitrant HIV infected individual is a person who knows and understands that they have been infected with HIV, yet continue to engage in activities that expose others to the risk of HIV infection, despite instructions from doctors or other health officials to modify their behaviour"
A Recalcitrant is a person who:
  a) has in the past wilfully and knowingly behaved in such a way as to expose others to risk of infection;

  b) is likely to continue such behaviour in the future

  c) has been counselled extensively on the subject of appropriate and responsible behaviour change, in accordance with the Health department of Western Australia guidelines, but such counselling has been followed by no evidence of success;

  d) poses a significant danger of infection to others

Risk behaviour is defined as unprotected penetrative sex - anal or vaginal, and the sharing of injecting equipment.

Policy states that if a positive person does not inform any likely sexual or injecting equipment sharing partner that they have HIV, and that sharing or penetrative sex occurs, then they have placed their partner at unreasonable risk. This risk is not diminished even if they use condoms or endeavour to clean the injecting equipment between sharing.

Allegations of risk behaviour may be evidenced by one of the following:

  a) Self disclosure

  b) Report by other such as peers

  c) Diagnosis of a sexually transmissible disease contracted after the diagnosis of HIV infection

  d) report of risk behaviour by other health and welfare agencies

  e) The placing of advertisements for the provision of sexual services for money by a HIV infected individual, or other evidence that an HIV infected individual has continued to provide sexual services for money

If there is significant allegation of risk behaviour on the part of a HIV positive person, they may be investigated, their counselling and contact with case managers from the Disease Control Unit of the WA Health Department intensified.

Application can be made through the courts to restrict the behaviour of the "recalcitrant". Evidence that would be standard in a court of law must be provided.
Policy states that there should be capacity in the public health legislation to place restrictions on a "recalcitrant" HIV positive person's living circumstances or employment.

Policy guidelines are similar to legislation already in place in NSW, Tasmania etc. Guidelines for case management of HIV positive people are detailed. The guidelines and processes for managing the perceived public health risk from a HIV positive person are very similar to NSW, Vic etc.

Stage one- Counselling, education and support
Individual case workers working with positive people. Where possible, this case worker should come from a service or agency that is already used by the HIV positive person. Efforts should be made to put the HIV positive person in contact with peer based support.

Stage Two- HIV case management panel
A management panel is invoked as a consequence of poor results from stage one. This management panel apart from its responsibilities to further assess and more forcefully guide the HIV positive person away from engaging in risk behaviours, has the responsibility of organising such things as retraining and job placement, income maintenance if they are a sex worker etc.

The panel may send an official letter of warning to the positive person, informing them of the legal powers of the Commissioner of Health, and their ability to isolate/detain them if they continue to place others at risk.

Stage Three- Restriction of Activities
The case management panel may choose to move on to this option, including restriction of the positive person's accommodation arrangements, employment, social activities etc. Currently there is little right of appeal for the positive person.

Stage Four - Isolation
The Panel requests that the Commissioner of Health issues an order to isolate the positive person in question in the interests of public safety. Although stated that the isolation period should be limited, it is not defined exactly in terms of time like NSW, Victoria and Tasmania. This means that there could be extensive periods of isolation for the truly "recalcitrant" positive person.

Home detention and curfews are an option.
If through psychiatric assessment it is determined that a psychiatric condition underlies the positive person's behaviour, then they can be voluntarily or involuntarily committed to a psychiatric institution.

**Criminal Law Amendment Act (No. 2) 1992**

*Part 2 - The Criminal Code: Amendments Relating to Transmission of Diseases*

This is inclusion in criminal law the offence of causing somebody grievous bodily harm by causing them to have a serious disease. Person could be liable to imprisonment for up to 20 years.

**Health Act 1911**

The executive director of Public Health, if authorised by the Minister can delegate to any public health officer the power to......

251 (5) He may in writing order any person whom he has reasonable grounds for believing or whom he suspects to be suffering from or harbouring the organisms of a dangerous infectious disease-

(a) to submit himself to medical examination by such medical officer at such time and at such place as is specified in the order; and

(b) to provide or permit the medical practitioner to take such samples and specimens from that person as may be required by the medical practitioner for the purpose of determining if that person is suffering from that disease or harbouring those organisms, but if the person is under 18 years of age the order shall be served on the parents or guardian of that person who shall authorise the medical officer to do anything necessary to give effect to the order and do all things necessary to ensure that the order is obeyed by that person.

**Compulsory examination and treatment**

307. (1) Whenever the Executive Director, Public Health has received a signed statement in which shall be set forth the full name and address of the informant, which gives the Executive Director, Public Health reason to believe that any person is suffering from venereal disease, or whenever, in any other circumstances, the Executive Director, Public Health has reasonable grounds to suspect that any person is suffering from venereal disease; he may give notice, in writing, to such person requiring him to consult a medical practitioner, and produce to the satisfaction of the Executive Director, Public Health within a time to be specified in the notice, a certificate of such medical practitioner that such person is or is not suffering from the disease, and if such certificate is not produced within the time stated in such notice, or if the Executive Director, Public Health be not satisfied with such certificate he may, by warrant under his hand, authorise any medical officer of health or any 2 medical practitioners to examine such person to ascertain whether such person is suffering from such disease, and the said officer or practitioners
shall have power to examine the person accordingly, and shall report the result of his or their examination to the Executive Director, Public Health in writing.

Provided that where the person to be examined is a female, and the examination is to be by 2 medical practitioners, one of such practitioners shall, if so desired by the person to be examined, be a female medical practitioner, if able and willing to act, and within 32 kilometres of the place where the examination is to be made.

(2) If the report discloses that the person is suffering from any venereal disease in an infectious stage and is in the opinion of the Executive Director, Public Health likely unless detained to infect other persons, the Executive Director, Public Health may be warrant under his hand in the prescribed form, and directed to the prescribed persons, order the person to be apprehended, and to be detained for any period not exceeding 2 weeks in any hospital or other place, and the Executive Director, Public Health may by such warrant order any bacteriological and other examinations and investigations to be made of and in respect of such person.

For all the purposes of this and the succeeding subsections of this section any gaol hospital shall be deemed to be a place of detention. The Executive Director, Public Health may by warrant order any person to whom any such subsection applies-

(a) to be detained in a gaol hospital in the first instance;

(b) to be transferred from a hospital or other place to a gaol hospital.

(3) If after such detention it shall appear to the Executive Director, Public Health that the person is suffering from any venereal disease in an infectious condition, and that further detention is necessary in the interests of the public, the Executive Director, Public Health may issue his warrant in such form, and directed to such persons as he shall think fit, authorising and requiring the apprehension if necessary of such person and the detention of such person in such place for such time as the Executive Director, Public Health may think fit, and the Executive Director, Public Health may by any such warrant direct that such person shall be subject to any treatment and examination which the Executive Director, Public Health may think necessary in the circumstances.

(4) When any person is subject to detention under this section he may from time to time apply in writing to a judge of the Supreme Court or a resident or police magistrate in the district in which he is detained to be examined by 2 medical practitioners, and thereupon such judge or magistrate shall by order direct any 2 or more medical practitioners
named in the order, one of whom shall be nominated by the patient or some person on his behalf, to examine such person accordingly and report the result of the examination to the judge or magistrate, and every officer or authority in whose custody the person is shall permit the examination. If it appears from such report that all the medical practitioners are unanimously of opinion that the person is cured or is free from venereal disease, or if such report discloses that the person is suffering from venereal disease in an infectious stage, but the Executive Director, Public Health fails to satisfy the judge or magistrate that the person would be likely to infect others unless detained, then the judge or magistrate shall order the release of such person, who shall be liberated from detention accordingly; provided that no application shall be made by a person so detained within 6 calendar months of a prior application having been made by such person.

(5) When any person is subject to examination or detention under the provisions of this section, and is found not to be suffering from venereal disease, or to be suffering from venereal disease but not in an infectious stage, or to be suffering from venereal disease but not likely to infect others, he shall be entitled as of right to inspect any written statement made to the Executive Director, Public Health under subsection (1), and to have a verified copy of every such statement.

(6) This section shall apply to any person undergoing imprisonment, but except in so far as is necessary in order to carry into effect the provisions of this section, the sentence of imprisonment shall not be interfered with; provided that the period of any detention suffered hereunder shall be reckoned as part of the term of imprisonment. If the person still remains liable to serve any portion of the term of imprisonment at the termination of the detention hereunder, the Minister may issue his order to any police officer, directing him to convey the person to the gaol or prison where such person is liable to complete the sentence.

(7) Every warrant issued hereunder may authorise the use of such force as may be necessary to carry it into complete effect, and shall have effect according to its tenor, and all police officers shall on sight of the warrant aid and assist in its execution in so far as they may be requested so to do by any person to whom the warrant is directed.

(8) Any person who contravenes any provision of this section by act or omission or obstructs the carrying into effect of any warrant or order issued thereunder or refuses to do or submit to anything which such person is by this section, or any such warrant or order, required to do or submit to commits an offence.
Victoria

Guidelines on HIV positive people (including sex workers)

Health and Community services has guidelines for the management in Victoria of HIV infected people who are likely to infect others. The Guidelines establish a step like increment in the management of this issue.

Stage one- Counselling Education and Support
Stage two- Formal Request for involvement of the Department of Health and Community Services
Stage three- Letter of Warning
Stage four- Restriction of Movement
Stage five- Isolation

Victorian Health Act 1958 (as amended)

s 120 (1) A person must not knowingly or recklessly infect another person with an infectious disease. The Act has been amended to include HIV as a sexually transmissible infectious disease.

Again an onus is place on the infected person to inform all their partners.

Under special circumstances, the Chief General Manager can order someone to be tested for HIV. Results go to the Chief General Manager. s. 121. If the person is found to be positive, then can be ordered to undergo counselling. Depending on the case the Chief General Manager is empowered to impose restrictions on the persons behaviour or movements. Incremental stages or management are outlined increasing in severity in accordance with the positive persons non compliance with the conditions of the order being outlined to them.

Unlike other similar legislation in other states, the Victorian legislation outlines the rights of appeal for a positive person against the imposition of an order. They can appeal once in the period of the order to the Chief General Manager, or in the case of any other order, once in a 28 day period. The CGM must a decision / take some action on the appeal within five days. The positive person can also appeal to the Supreme Court against an order, who are required to respond urgently.

Prostitution Control Act 1994

19. Permitting a prostitute infected with a disease to work in a brothel etc.

Onus is placed on operators to know the health status of the workers and disallow any infected with an infectious disease from working. defence exists if operators can prove that the workers submit to monthly sexual health checks.

20. Prostitute working while infected with a disease
Against the law to work if you know you are infected with a sexually transmitted disease. A defence exists in a court of law if the sex worker can prove that they were undergoing monthly sexual health checks to determine the status.

Queensland

Prostitution Amendment Act (1992) s48 states that it is an offence to knowingly infect another with a notifiable disease, which covers HIV/AIDS and Hepatitis C. An onus is placed on the positive person to inform all prospective sex and needle sharing partners of their condition, and that person must then freely consent to have sex or share injecting equipment with them.

The Queensland Health Department has developed a "Protocol for Management of HIV Infected People whose Behaviour Constitutes a Public Health Risk". This document is yet to be publicly released and in 10 years such a protocol never has been enacted in Queensland. It is an incremental five stage protocol similar to others existing in NSW, Tasmania, Victoria and Western Australia.

South Australia

No specific legislation or policies concerned with HIV positive sex workers.

Public and Environmental Health Act 1987 has sections which deal with controlled notifiable diseases, and the act is complimented by guidelines for managing people who place others at risk for HIV infection.

Under the SA Act, the requirement is that people with a controlled notifiable disease take all reasonable measures to prevent transmission of diseases to others. There is no requirement for positive people to inform their sexual/sharing partners. Therefore theoretically if a positive sex worker was always having safe sex, it could be argued that they are acting in accordance with the law. This has not been legally tested however.

According to the 1987 Act, a court order is needed to detain a person, but no order is required to restrict their movement for a short term (subject to review by a magistrate)

Guidelines place an emphasis that the HIV positive status of the person in question must be known and not rumoured, as well as serious concerns and evidence that unsafe sex is occurring with their partners. Emphasis on case by case management.

South Australian Guidelines for the Management in South Australia of people who knowingly place others at risk of HIV Infection

Sex worker groups not consulted in developing the guidelines Incremental staged continuum of measures like other states (four Stages)
Stage one- Counselling, Education and Support

Stage Two- Formal Request for the Involvement of the SA Health Commission
More intensive management - panel can be established to manage the case. The person in question can have a community advocate present on this panel. The panel may decide that a letter of warning needs to be sent to the person in question if they have serious concerns.

Stage Three- Restriction of Movement and or Activities
The Health Commission may direct the person to reside at a certain place, change their work practices and or place themselves under the supervision of a person designated by the Health Commission. This direction can only be overturned by a magistrate.

Stage Four- Detention
Last resort- detention of a person at a suitable place of "quarantine" for no more than 72 hours unless the commission applies for extension which is granted by the reviewing magistrate. Person can be detained for no more than 6 months without the authorisation of a supreme court judge.

Appeal process
Initially, the person can apply to a magistrate to review the decision, then if still not happy with the decision they can make appeal to the supreme court against the decision of the magistrate.

Australian Capital Territory
Public Health (Infectious and Notifiable Diseases) Regulation
AIDS is a notifiable disease, but HIV is not listed as an "Infectious Disease".

Prostitution Act 1992
Act includes offences relating to STDs which includes HIV. Operators can be charged for failing to take reasonable steps to stop HIV positive sex workers from providing sexual services as part of the operators business.
It is illegal for sex workers and clients who know they have HIV to buy or sell sexual services. It is also illegal to use medical examination records as prove of freedom from infection- onus on operators to ensure this does not happen.

Condom use is upheld by law- onus on workers, clients and operators to ensure condom use occurs with all oral, vaginal and anal penetrative sexual services.
Northern Territory

Notifiable Diseases Act 1981
Amended in 1988 to include "HIV Infection Groups 1-4" as notifiable diseases

Under the Act, a HIV positive person or a person suspected of having HIV must supply to a medical practitioner or medical officer names and addresses of possible contacts

A medical officer may serve the HIV positive person in writing with a notice directing them to carry out measures necessary for treatment or to prevent the possible transmission of HIV.

A HIV positive person served with this notice may appeal to a magistrate

Incremental stages of management like other states—leading to detention/isolation.

HIV transmission is not a public health offence in NT.

Prostitution Regulation Act 1992

Illegal to use medical examination records as prove of freedom from infection—onus on sex workers and operators to ensure this does not happen

New South Wales

Public Health Orders

A public health order must require the person to whom it applies to do any one or more of the following:

a) Refrain from specified conduct
b) Undergo specified treatment
c) Undergo counselling by a specified person or by one or more persons belonging to a specified class of persons
d) Submit to the supervision of a specified person or one or more persons belonging to a specified class of persons
e) Undergo specified treatment and be detained at a specified place while undergoing the treatment
f) Be detained at a specified place where the order is in force

The HIV positive person can appeal to the district or supreme court on a matter of law or against a decision of a district court to continue a public health order.

NSW Public Health Act 1991

A person who knows they suffer from a sexually transmissible medical condition (which includes HIV) is guilty of an offence if they have sexual intercourse with a person unless before intercourse takes place, the other person has:

- Been informed of the risk of contracting the condition from the person with whom intercourse is proposed
- Voluntarily accepted the risk
The owner / occupier of a building or place who knowingly allows somebody with a sexually transmissible medical condition to sex work on those premises also commits an offence.

The legal definition of sexual intercourse is: "sexual connection by the introduction into the vagina, anus or mouth of a person of any part of the penis of another person, or cunnilingus".

Conclusions
The processes of scapegoating are certainly still with us today in the AIDS pandemic, and differ depending on geography, social and political climate, and according to cultural norms. Whole communities or groups are blamed, triggering a hunt for an individual if possible who can assume collective guilt for sexuality, race, socio-economic status, gender, profession etc. This has been particularly evident in Australia with two categories of HIV positive people - sex workers and people with histories of mental illness.

It is also unavoidable that epidemics are always political events. As in any political event, the media assumes a powerful and not necessarily comprehensive position in both reporting events, and as a tool to influence popular opinion. While unbiased reporting can occur in epidemics, it is usually the sensationalist or alarmist reports splashed in the large circulation newspapers and covered in personality based current affairs television shows that grab the attention of the public. Often the media triggers old rather than new assumptions and fears about disease and contagion, such as the need for isolation and quarantining.

The media response to AIDS has been incredibly varied, ranging from straightforward factual reporting, through alarmist and fear based stories about dangerous contagion and personal suffering, to blatantly dishonest propaganda against any minority group who are not viewed as normal by (patriarchal) society. We have also seen attempts by the media to give us the human face of AIDS in varying degrees of guilt; Suzie the martyr, innocent little Eve and wicked Sharlene.

Australian States and Territories looked to history for direction in response to the current AIDS pandemic. Most currently utilise constructive strategies developed in the last 100 years of epidemics, however, AIDS is unique in many ways. It struck at a time in history when common popular belief was that epidemics were a thing of the past, made redundant by the advances we had made in medical science. For some of the younger generations, epidemic disease is not a part of their consciousness. So to be faced with a biological catastrophe of the dimensions we are currently facing given the climate of pseudo-security regarding infectious disease in the late 20th century is extremely
challenging on many levels. Health authorities have had to rethink the realities of infectious disease outbreaks in epidemic proportions.

AIDS presents for Australians many unique social and political challenges. To quote Allan M. Brandt from his chapter in AIDS: The Burden of History:

"AIDS makes explicit a central tension in our polity: the premium we place on the rights of the individual to fundamental civil liberties versus the notion of the public good and the role of the state in assuring public welfare." 2

Personal freedom suffers greatly during outbreaks of infectious disease. Prostitutes, deemed unclean by the state, often make up the numbers of persons quarantined or isolated during epidemics. 3 This personal freedom appears to be being impinged upon again in some states of Australia in response to the HIV epidemic. HIV positive sex workers are not afforded the same rights as other HIV positive people, and this is evident in legislation and policy that specifically names HIV positive sex workers as a threat to public health.

It does not appear that we have learned from examples like the Australian smallpox epidemic in 1881 that fear of contagion in combination with harsh containment policies and penalties only serves to drive people at risk of infection away from points of contact where they can receive factual information, medical care and support.

While we continue to make HIV positive sex workers invisible through legislation, we continue to uphold discriminatory attitudes towards them. Actively deciding to marginalise and stigmatise a HIV positive population who are in need of the same support and care that all HIV positive people deserve is the promotion of illness rather than wellness.

---
