How the Damage From Anti-Abortion Laws Affects People Impacted by HIV

And other surprising ways that abortion rights and HIV are linked.

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Taking cues from the Trump administration's — and VP Mike Pence's, specifically — anti-choice influence on federal policies surrounding sexual and reproductive health, several state legislatures have enacted egregious restrictions on safe and legal abortion care in recent weeks. While these laws differ slightly in specifics, they share a common objective: to purposefully enact unconstitutional anti-abortion legislation in order to force the Supreme Court to reconsider the legality of abortion care as settled in Roe v. Wade. As The Washington Post succinctly states, "the goal is not a law's enaction, but the legal challenges and appeals that could pave a path to the high court and its conservative majority."

Both Georgia and Ohio have passed deceptively named "heartbeat bills," making abortion care illegal in these states once fetal cardiac activity is detected — usually occurring at about five to six weeks of pregnancy, before many people can even know they are pregnant. Georgia's law would sentence physicians providing abortions past this point of cardiac activity-detection to up to ten years in prison. It does not contain any provision excluding pregnant people who terminate pregnancy themselves from prosecution, an unintended consequence of which could be the further criminalization of drug use and subsequent inflammation of the opioid, HIV, and viral hepatitis syndemics.

Mississippi's own six-week abortion ban comes after a previous fifteen-week ban was struck down by a federal district court; that the state is reintroducing a ban, with an even shorter time frame, smacks of defiance and makes clear their Supreme Court-focused ulterior motive. Alabama's law goes even further, banning nearly all abortion care except when the pregnant person's life or health is in danger or in case of fatal fetal anomaly — but notably, not with exceptions for victims of rape or incest. Missouri, Louisiana, South Carolina, West Virginia, Florida, and Texas are all also in the process of passing their own anti-abortion bills.

While HIV and abortion care may not seem related at face value, laws restricting a very common and safe medical procedure are transparent in their underlying intent, one which matters gravely to people living with and affected by HIV: to monitor and stigmatize sexuality, to control others' lives and discourage bodily autonomy, and to give credence to the notion that some expressions of sexuality are acceptable while others are not. Further, criminalization of abortion care will fall

hardest on those already most oppressed among us, a situation which mirrors the disproportionate impact of the HIV epidemic on queer people, people of color, poor people, people in the South, and people living at intersections of these identities. Infringement on personal sexual and reproductive health choices hurts us all, and HIV advocates are in a unique position to use what has been learned in our movement to speak out against this latest rash of criminalization of health care and humanity.

At the time of this writing, abortion care remains legal in all 50 states, with new restrictions not set to be enacted until January 2020 at the earliest. Advocates for choice, and particularly the Black women leading the movement for reproductive justice, are working diligently to stop these unconstitutional laws from going into effect; AIDS United stands firmly in support of them and will continue to work in coalition to protect access to sexual and reproductive health care for all. Continue to check in to AIDS United's Policy Update for the latest on sexual and reproductive health policy affecting people living with and at risk for HIV.

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