Criminalization of HIV/AIDS: 
Examining Race, Gender and Sexuality

Nikki Stratigacos*

Abstract

HIV/AIDS Criminalization is a fairly recent phenomenon that often causes conflicts between public health concerns and individual freedoms. Canada has had more criminal trials related to HIV/AIDS exposure than any other country besides the USA. Yet, there is considerable ambiguity on exactly how this health issue has now become a legal issue as well. Is there a systemic bias in how these laws are applied? This article examines the potential for bias along the lines of race, gender and sexuality, in terms of charges laid, verdicts, sentencing, and potential mitigating factors, and also considers stereotypes and media bias in coverage of HIV/AIDS-related trials.

Criminalization assumes the worst about people with HIV, and in doing so, it punishes their vulnerability. It’s a virus, not a crime.

- Edwin Cameron, Justice of Supreme Court of Appeal in South Africa, 2008

As the world continues to struggle with the spread of HIV, governments and organizations have tried new and different ways to approach the problem. In recent years, there has been a sharp increase in criminal charges based on the transmission of HIV, particularly in Canada. The spread of HIV is no longer viewed exclusively as a health problem – it has become a legal problem as well. The number of countries that have explicitly criminalized HIV transmission is rising, and many other countries have found ways to prosecute HIV transmission through their existing legal frameworks (GNP+ and THT, 2005; UNAIDS, Policy Brief, 2008). Canada is one of these countries; aggravated sexual assault appears to be the most common charge, followed by aggravated assault and

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criminal negligence causing harm (Symington, 2009). Canada now holds the dubious distinction of being the first country to convict someone of first-degree murder for sexual transmission of HIV (Bernard, 2010).

Johnson Aziga, a Hamilton-area resident born in Uganda in 1956, was found to have had unprotected sex with thirteen women since 1996. Seven of these women later tested positive for HIV, and two have died from AIDS-related illnesses. The Crown claimed that he did not disclose his HIV-positive status, and according to R v. Cuerrier (1998), failure to disclose is tantamount to fraud which precludes any consent to sexual activity (R v. Cuerrier, 1998). Consequently, Aziga was convicted of ten counts of aggravated assault, one count of attempted aggravated assault, and two counts of first-degree murder. He was sentenced to life imprisonment, without the possibility of parole.

Since the early 90s, somewhere between 75 and 83 charges have been laid in Canada which involved criminal HIV transmission (Symington, 2009; Adam et al, 2008); difficulties in data collection (examined later) make it difficult to determine a precise number of cases. At least 66 people have been charged since the 1998 Cuerrier decision (Adam et al, 2008) and another 33 charges have been filed since 2006 (Symington, 2009). This paper seeks to examine whether or not there has been a clear, visible bias against defendants based on race, gender and/or sexuality? Specifically, have heterosexual, promiscuous black men from certain countries been disproportionately prosecuted for sexual transmission of HIV?

Based on the limited data available, there appears to be an overrepresentation of this particular demographic in HIV transmission trials. This claim is made very cautiously, as the existing data is insufficient to draw any conclusions. The existing
sample size is too small to demonstrate anything but the most tenuous correlations. However, certain factors may increase the appearance of bias, such as incomplete data, strategic prosecutions, poor media representations, and above all else, HIV stigma and stereotypes.

**Difficulties in Collecting Data**

Canada’s lack of specific laws criminalizing HIV transmission poses a serious obstacle to data collection. Without such laws, observers and researchers cannot search for cases violating a specific section of the Criminal Code of Canada. Some of the charges that have been laid (as a result of sexual contact) include: sexual assault or aggravated sexual assault; criminal negligence or criminal negligence causing harm; assault, aggravated assault or assault causing bodily harm; and common nuisance (Canadian HIV/AIDS Legal Network, 2008).

It is important to note the difference between these sex-based charges and other charges involving potential HIV transmission that did not involve sexual contact. These include: uttering threats, or uttering death threats; administering a noxious substance; and on several occasions, attempted murder. In *R v. McKenzie*, an HIV-positive man who intentionally cut his finger before a bar fight, was convicted of attempted murder, and sentenced to three years in prison (Ibid).

In many cases, the transmission of HIV is not the primary reason for criminal charges. Often, it is seen as an aggravating factor, rather than a determinative one. In cases involving rape or physical assault, the defendant would have been charged
regardless. The occurrence of (or mere potential for) HIV transmission results in more severe charges.

The sheer volume of cases involving any of the above charges made it almost impossible to track all HIV-related cases. Service organizations are forced to rely on sporadic newspaper articles or occasionally-reported verdicts which cite a previous case. Often, the media covers only the most sensational cases; therefore, less-dramatic trials don’t always show up in statistics (Symington, 2009).

Even when data on HIV transmission trials can be uncovered, the information is not always complete. Information on the defendant and complainant’s gender is available (enabling researchers to speculate on sexual orientation) but the defendant’s ethnicity or nationality is not always mentioned (ibid) unless relevant to the court case.

**Ethnicity as Evidence**

Certain strains of HIV are relatively unique to specific regions of the world. If the Crown can demonstrate that the accused party has the same specific strain of HIV as the complainant does, this can significantly improve the chances of conviction. By proving a connection between the complainant’s HIV strain and the defendant’s ethnicity or nation of origin, the Crown can eliminate the possibility that the complainant could have acquired HIV from another source.

This prosecutorial strategy is illustrated in the case of Charles Ssenyonga who immigrated to Canada from Uganda in 1983, and moved to London, Ontario, in 1987. In early 1989, a nurse at the London-Middlesex Health Unit informed him that several local HIV-positive women had named him as a contact, and he was tested for HIV at the
hospital. His test came back positive for a unique strain of HIV which was extremely rare in the London-Middlesex area. Despite being ordered by the hospital not to engage in penetrative sex, Ssenyonga had unprotected sex with a number of women between 1989 and 1991. Three of those women later tested positive for the same unique strain of HIV. He was subsequently charged with common nuisance, administering of a noxious substance, aggravated sexual assault, and criminal negligence causing bodily harm (Pickard et al, 2002).

Ssenyonga was charged in 1991, but court delays prevented the trial from taking place until 1993. The first three charges were dismissed: the common nuisance charge because it did not represent a danger to the health and safety of “the public” (Canadian HIV/AIDS Legal Network, 2008) and the administering of a noxious substance charge because there was no evidence he could have known with “substantial certainty” that HIV would be transmitted (Ibid). The aggravated sexual assault charge was found invalid because the sex was deemed “consensual” (a concept which was refuted by the S.C.C. in Cuerrier) and Ssenyonga stood trial on the charge of criminal negligence causing bodily harm. His verdict was to be delivered on August 4, 1993, but Ssenyonga died of an AIDS-related illness on July 20 and Justice McDermot elected not to render a verdict (Pickard et al, 2002).

**Stereotype or Strategy?**

Though he was not the first person to be charged for sexual HIV transmission, Ssenyonga’s case was the first to be widely-reported by the media. HIV/AIDS had been on the radar for nearly a decade and certainly there were cases where newly-HIV-positive
people knew exactly how they acquired it. But there were a number of factors that made Ssenyonga’s case more prone to prosecution. The first factor was the rarity of his strain, which made him easily identifiable to Public Health officials (Ibid). As the number of women testing for this specific strain continued to increase rapidly – some reports claimed he had transmitted HIV to at least seventeen women (Dunphy, 2007) it became obvious that he was connected to the spread of this strain. This also made it much easier for the Crown to prove his responsibility.

Racism may have also been a factor, as many of the women connected to Ssenyonga were white. Long-held prejudices against interracial sex, along with stereotypes about Black sexuality and promiscuity, also led to a change in attitude towards AIDS. HIV had long been associated with homosexuality and drug use; the transmission of HIV to the women of the “straight, White, middle-class majority” from a Black Ugandan immigrant was met with anger and thinly-veiled hatred (Miller, 2005). Ssenyonga was labeled as “Canada’s most notorious AIDS Criminal” (Ibid) and was absolutely vilified in the court of public opinion.

In terms of legal strategy, the number of women connected to Ssenyonga provided the Crown with a much stronger case, as there were more witnesses to draw upon, as well as the specific nature of his HIV strain. The crown took advantage of these factors, which changed the debate from a health issue to a legal issue.

Finally, there was a subtle shift in attitude towards HIV-positive people. During the preceding decade, the public viewed people with HIV as being personally responsible for acquiring the virus and believed that their lifestyles had led them to their end. But the Ssenyonga case changed this view into a binary classification of “innocent victims of the
“virus” vs. “guilty carriers of the plague” (Miller, 2005). The combination of his irresponsible behaviour, unique strain of HIV, and the ease with which he could be marginalized made his prosecution especially desirable and easy.

The question to be examined is, was Ssenyonga’s trial the first in a series of biased prosecutions targeting certain groups?

**Data Analysis – Race, Gender & Sexuality**

It would be irresponsible to draw any major conclusions from these cases given the limited data available. However, by examining 33 cases since 2006, it may be possible to detect weak correlations in the information, which may be explored at another time. By identifying race, gender and class among those charged for HIV-related crimes, future comparisons with official reports issued by the Ministry of Health may yield some results.

First, one must clarify the definitions for the selected categories. Race includes ethnicity, as well as country of origin and/or migrant status. Gender is only expressed in male or female terms; none of the 33 cases since 2006, (and only one from before 1999) specifically refer to any trans-identified defendants. Finally, sexuality is viewed in terms of behaviours, rather than identity. A variety of factors will be examined; gender of partner, promiscuity, sex work where applicable, and HIV-status of complainant. All available information has been provided by Alison Symington, Senior Policy Analyst for the Canadian HIV/AIDS Legal Network. The information she has provided has not yet been published, which is one limitation of this analysis.
Demographics of 33 HIV-transmission cases since 2006

Table 1.1 – Race and Gender of Defendants

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Native</th>
<th>Asian</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>8</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>0</td>
<td>1*</td>
<td>1*</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
<td>1*</td>
<td>1*</td>
<td>11</td>
<td>33</td>
</tr>
</tbody>
</table>

*Also identified as sex workers

Table 1.2 – Migrant Status of Black Defendants

<table>
<thead>
<tr>
<th></th>
<th>African</th>
<th>Caribbean</th>
<th>USA</th>
<th>Unknown or Canadian-born</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 1.3 – Race of Male Defendant* and Gender of Complainant(s)

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Complainant(s)</td>
<td>4</td>
<td>10</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Male Complainant(s)</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>10</td>
<td>8</td>
<td>26</td>
</tr>
</tbody>
</table>

*In every case involving a female defendant, the complainant was male.

As we can see from Table 1.1 and 1.2, there are some weak associations that can be seen. Black male defendants make up 10 of the 33 cases, and 7 of the 10 are immigrants. The 5 African immigrants include Aziga (from Uganda) and T.M. (from
Zimbabwe) and three others are from unknown African countries. The exact nationality of the Caribbean immigrant, O.A. is unknown, and the Black immigrant from the USA, H.M. is from Florida.

Table 1.3 shows that all cases involving Black defendants involve female complainants and the only cases of male complainants are against White/unknown men. Similarly, there are no female complainants against female defendants; this is most likely a reflection of the minimal risk for HIV transmission among women who have sex with women (WSW). The only two women who were identified as racial minorities were also identified as sex workers.

From the limited data, it appears that Black men have only been prosecuted for exposing women to HIV, while only White/unknown men have been prosecuted for MSM sexual behaviours. However, there are additional factors which need to be examined as well.

Table 2.1 – Race of Male Defendants, Migrant, one/more of Female Complainants

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black, Immigrant</th>
<th>Black, non-Immigrant</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Female Complainant</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Multiple Female Complainants</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6</strong></td>
<td><strong>7</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

Table 2.2 – Outcome of Trials with Male Defendants and Male Complainants

<table>
<thead>
<tr>
<th>Initials &amp; Age</th>
<th>Charge(s)</th>
<th>Sentence</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.H. 40 Years old</td>
<td>Aggravated Sexual Assault</td>
<td>0 – Case Dismissed</td>
<td>Complainant – sex “mod-high risk”</td>
</tr>
<tr>
<td>Initials &amp; Age</td>
<td>Charge(s)</td>
<td>Sentence</td>
<td>Details</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>T.M. 34</td>
<td>Aggravated Sexual Assault (8 Counts)</td>
<td>Guilty 7 years</td>
<td>From Zimbabwe, several complainants, none tested positive</td>
</tr>
<tr>
<td>O.A. 39</td>
<td>Aggravated Sexual Assault, sexual assault, criminal negligence causing bodily harm, administering a noxious substance</td>
<td>Guilty 5 years</td>
<td>Caribbean, complainant HIV positive, claimed he used “date rape drug”</td>
</tr>
<tr>
<td>“Winnipeg Man,” 35</td>
<td>Aggravated Assault (2 counts)</td>
<td>Guilty, 8 years + deportation</td>
<td>Complainants negative for HIV, one who was 17 when they had sex</td>
</tr>
<tr>
<td>H.M. 26</td>
<td>Aggravated Sexual Assault (2 counts)</td>
<td>Guilty, 40 months</td>
<td>Formerly from Florida w/crim record, four complainants (all neg)</td>
</tr>
<tr>
<td>C.M. (W) 28</td>
<td>Aggravated Sexual Assault (6 counts), invitation to sexual touching, interference</td>
<td>Guilty, 14 years</td>
<td>Multiple complainants, some as young as 12 years old</td>
</tr>
<tr>
<td>C.M (B) Unknown</td>
<td>Aggravated Sexual Assault, (4 counts)</td>
<td>Ongoing</td>
<td>4 complainants, one tested positive for HIV</td>
</tr>
</tbody>
</table>
Table 2.4 – Outcome of Trials with Female Defendants and Male Complainants

<table>
<thead>
<tr>
<th>Initials &amp; Age</th>
<th>Charge(s)</th>
<th>Sentence</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.P.W. 27</td>
<td>Aggravated Assault</td>
<td>Ongoing</td>
<td>Native, sex worker, Complainant now HIV +</td>
</tr>
<tr>
<td>T.L. 39</td>
<td>Aggravated Sexual Assault</td>
<td>Not Guilty</td>
<td>Complainant HIV – Judge found complainant was not credible</td>
</tr>
<tr>
<td>R.S.C 26</td>
<td>Sexual Assault</td>
<td>Ongoing</td>
<td>Police say may be more complainants</td>
</tr>
<tr>
<td>J.M. Unknown</td>
<td>Aggravated Assault, Breach of Probation</td>
<td>Charge Withdrawn</td>
<td>Insisted on condom use, Crown dropped charges after 3 years</td>
</tr>
<tr>
<td>S.I. Unknown</td>
<td>Aggravated assault, Criminal negligence causing harm</td>
<td>Guilty, 3 years + deportation</td>
<td>Thai exotic dancer, complainant was her husband who is now HIV +</td>
</tr>
<tr>
<td>L. D. 32</td>
<td>Aggravated sexual assault, criminal negligence causing harm</td>
<td>Guilty, 4 years</td>
<td>Former sex worker, did not disclose to man who helped her leave the sex trade</td>
</tr>
<tr>
<td>D.C. unknown</td>
<td>Aggravated assault, sexual assault</td>
<td>Guilty, 1 yr Com service</td>
<td>Claimed condom was used, but found guilty anyway</td>
</tr>
</tbody>
</table>

Findings and Limitations

At first glance, there appears to be a bias in how HIV transmission trials are handled. There are more guilty verdicts for Black heterosexual immigrant men who are especially promiscuous, the sentences also seem to be heavier in those cases. But a closer look reveals a number of confounding variables. In several of those cases, there are other laws being broken as well: sex with minors, date rape, previous criminal behaviour, etc. Based on this extra information, it is hard to conclude that this demographic has been targeted for HIV criminalization alone, at least, at a rate that is disproportionately higher.
The information on the MSM group reveals some interesting contrasts. The defendants tend to be somewhat older, and since many trials are still ongoing, it is hard to determine bias one way or the other. But the non HIV-related charges are not as extensive (with the exception of D.M., who allegedly molested a 7-year-old boy) and seem fairly recent; despite extensive research, there was no evidence of any previous cases. So, there does not appear to be any clear bias against the MSM group.

The female demographic does seem to suggest bias against sex workers, though the sample size is too small to draw any real conclusions. There are fewer charges in this group, and lack the same confounding variables as with the men. It seems that HIV transmission is an aggravating factor in other cases, but in this demographic, the charges appear based entirely on HIV exposure. Interestingly, there are no cases of mother-to-child HIV transmission, nor any involving contaminated breast milk. It is not clear if a woman can be charged for HIV transmission that occurs in utero; the legal standing of an unborn fetus would seem to preclude this (Canadian HIV/AIDS Legal Network, 2002). Though breast milk can contain HIV, there are no cases where a woman has been charged for transmitting HIV in this manner (Symington, 2009).

Bias in Reporting, Rather than Charges

It is worth noting that the demographic with the most detailed information available was the one that matched Charles Ssenyonga’s profile exactly: Black, promiscuous, heterosexual immigrant men from HIV-endemic countries. Other cases did not always mention race or ethnic background, but the impact of Ssenyonga could mean that men who fit the stereotype are more likely to be reported as such; for those that don’t
match the profile, their details are often not included. The reporters do not simply see bias – they create it.

Here are a few examples of some of more sensationalistic news articles:

CNN.com: The first person ever convicted in Idaho of knowingly spreading the HIV virus is facing new charges for the same offense...

MSNBC.com: 2 Dutch men have been found guilty of injecting 14 with HIV at a sex party. All 14 victims tested positive after being drugged, assaulted and injected with a needle filled with HIV-contaminated blood...
(http://www.msnbc.msn.com/id/27681660/wid/11915773?GT1=31037#storyContinued)

NYTimes.com: A homeless man who spit in the mouth and eye of a police officer and then taunted him, saying he was HIV-positive, was sentenced to 35 years in prison for harassing a public servant with a deadly weapon: his saliva...
(http://www.nytimes.com/2008/05/16/us/16spit.html?_r=1&ref=health)

Stories like these reinforce stigma against HIV-positive people. When Charles Ssenyonga and Johnson Aziga are plastered all over the news every night, it’s inevitable that stereotypes will continue to entrench themselves in people’s minds, and the idea of the “AIDS Criminal” becomes harder and harder to eliminate.

**Stigma**

According to the Centre for Infectious Disease Prevention and Control, there are between 46,000 and 66,000 people in Canada living with HIV/AIDS including 3,700 to 5,700 people from HIV-endemic countries, which represents approximately 7-10%
A report by Juan Lui and Robert Remis (2004) clearly shows that HIV infections are steadily increasing for people of African and Caribbean descent, more so than any other demographic. Again, this number is highest among people from HIV-endemic countries, but not because they’re importing the disease. Contrary to the Ssenyonga stereotype, up to 60% of people from HIV-endemic countries don’t bring HIV with them; they acquire it here (Remis and Whittingham, 1999).

This results in a powerful stigma connecting HIV/AIDS to people from HIV-endemic regions, primarily Africa and the Caribbean. Many members of these communities feel that HIV is painted as a “Black/African disease” (ACCHO, 2006). Stigmatization, discrimination and silence serve to discourage people’s willingness to get tested (Robertson, 2007) which is absolutely critical to efforts to slow and stop the disease, because as many as to 30% of HIV-positive don’t even know that they’re positive (http://www.phac-aspc.gc.ca/publicat/epiu-aepi/epi-1205/2-eng.php).

**Global Contexts and International Comparisons**

HIV/AIDS is a global problem. Virtually every country in the world has citizens living with HIV within its borders. In 2008, UNAIDS received HIV/AIDS data from 147 of the world’s 192 UN Member States indicating that an estimated 33 million people are HIV-positive (UNAIDS, 2008).

The exact number of countries that criminalize HIV transmission is unknown, but there are some estimates available. Of the 45 signatory States of the European Convention of Human Rights, at least 36 have laws which could be used to prosecute
HIV transmission. For 14 of those countries, there are laws that explicitly define HIV exposure or transmission as a crime, while the others, including Canada, have incorporated HIV transmission into existing laws (GNP+ and THT, 2005).

Criminalization of HIV transmission has spread to Western Africa. Since a “Model Law” was proposed by AWARE-HIV/AIDS in 2004, seven African countries have passed laws criminalizing HIV transmission, and another six nations are developing laws to be implemented shortly (Canadian HIV/AIDS Legal Network. 2008). In the United States, at least 39 states (as well as the US Armed Forces) have prosecuted citizens for HIV transmission and 28 states have explicit HIV-related felonies on their books. With approximately 316 cases (CIRA, 2003) as of 2001, the USA has prosecuted more people for HIV exposure/transmission than any other nation, and is the only country in the world that has charged more people than Canada.

In Canada, the stigma against HIV still radiates, often from unexpected sources. An Ontario Judicial Council, Judge Jon Jo Douglas, ordered an HIV-positive witness to wear a mask in his courtroom, stating that, “The HIV virus will live in a dried state for year after year after year and only needs moisture to reactivate itself” (http://www.thestar.com/News/Ontario/article/298672). He was reprimanded by the Ontario Judicial Council, which recommended that judges have “educations sessions” on HIV/AIDS (http://www.nationalpost.com/related/topics/story.html?id=1161471).

These are the same judges who are charged with determining criminal responsibility for HIV transmission. The Cuerrier decision stated that disclosure should occur in all situations where there is “significant risk of transmission” (Canadian
HIV/AIDS Legal Network, 2002); how can these judges be expected to rule on this when they don’t know the facts?

In the USA, at least 25 HIV-positive people have been charged with HIV-related offenses simply for spitting on someone, which has never resulted in a single case of HIV transmission; nonetheless, at least 10 convictions have been recorded, including one conviction for attempted murder which resulted in life imprisonment (CIRA, 2003). While the USA has a different legal system which is somewhat different than ours, this also demonstrates how misinformation about HIV can have drastic legal consequences for people in any jurisdiction.

Numerous organizations, including the World Health Organization and UNAIDS, have called for the elimination of HIV-transmission laws, because they increase stigma (http://www.ippf.org/NR/rdonlyres/D858DFB2-19CD-4483-AEC9) discourage testing (Burris, 2008) and harm efforts to stop the spread of HIV.

From this analysis, it is clear that more effort is required to reduce HIV stigma and encourage public health efforts against HIV. The perceived bias in criminal trials in Canada suggests that prosecuting people for sexual transmission of HIV appears discriminatory and unbalanced, only serving to propagate negative stereotypes about certain groups. Ultimately, criminalization of sexual HIV transmission serves no one, and the laws and policies currently in place should be re-examined immediately.

References

Publications

23(1-2): 143-259.


Health and Long-Term Care.


Online Articles


Kovach, Gretel C. “Prison for Man With H.I.V. Who Spit on a Police Officer.”
http://www.nytimes.com/2008/05/16/us/16spit.html?_r=1&ref=health

http://www.nationalpost.com/related/topics/story.html?id=1161471


“Woman gets 4 years for not telling sex partner she was HIV positive.” The Canadian Press, www.cp24.com, February 27, 2009.  