

Office of Equity and Civil Rights
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Bill Report
Bill Version: First Reader

Council Bill 23-0378
 Public Safety and Government Operations

Unlawful Practices - Discrimination Based on Characteristics or Status

Recommendation

The Office of Equity and Civil Rights (OECR) has reviewed Council Bill 23-0378 and **supports a favorable committee report.**

Bill Synopsis

Council Bill 23-0375, introduced on May 1, 2023, seeks to extend certain protections against discrimination to an individual regardless of the individual's HIV or AIDS status, other characteristics or status, or association with individuals with a particular characteristic or status; prohibits the willful use of the incorrect name or pronouns of an individual under certain circumstances; requires a certain notice be posted in certain facilities; and generally relates to discrimination based on an individual's protected status.

HIV Data

HIV Diagnoses - Baltimore City¹

In 2020, there were 177 reported HIV diagnoses in Baltimore City. Data presented below describe HIV diagnoses in Baltimore City, among people age 13 years and older, during 2020.

- **Geographic distribution:** In Baltimore City, six of the 31 ZIP codes accounted for half of HIV diagnoses (89, 50.2%). ZIP codes 21206 and 21218 were tied for the highest number (17, 9.6%) of HIV diagnoses in Baltimore City. The highest rate was in 21225 (65.9).
- **Age:** Persons aged 20-39 years accounted for the highest number (103, 58.2%) of HIV diagnoses and the highest rate (56.5).
- **Sex at Birth:** Males accounted for the highest number (134, 75.7%) of HIV diagnoses. The rate among males was 58.3 and 16.0 among females.
- **Race/Ethnicity:** Non-Hispanic Black people accounted for the highest number (148, 83.6%) and the second highest rate (48.4).
- **Exposure category:** Male-to-male sexual contact accounted for the highest number (96, 54.1%) of diagnoses.

¹ Maryland Department of Health. Baltimore City Annual HIV Epidemiological Profile, 2020; report through June 30, 2021. <https://health.maryland.gov/phpa/OIDEOR/CHSE/SiteAssets/Pages/statistics/Baltimore-City-Annual-HIV-Epidemiological-Profile-2020.pdf>.

People Living with Diagnosed HIV – Baltimore City²

At the end of 2020, there were 10,423 people living with diagnosed HIV in Baltimore City. Data presented below describe people living with diagnosed HIV, aged 13 years and older, in Baltimore City.

- **Geographic distribution**: Six ZIP codes accounted for about half (4,998, 48.0%) of people living with diagnosed HIV in Baltimore City. The 21217 ZIP code accounted for the highest number (985, 9.5%) of people living with diagnosed HIV. The highest rate was in 21201 (3,965.0).
- **Age**: Persons aged 50 years and older accounted for the highest number (6,275, 60.2%) of people living with diagnosed HIV and the highest rate (4,607.6).
- **Sex at Birth**: Males accounted for the highest number (6,870, 65.9%) of people living with diagnosed HIV. The rate among males was 2,990.3 and 1,320.7 among females.
- **Race/Ethnicity**: Non-Hispanic Black of African American people accounted for the highest number (8,648, 83.0%) of the people living with diagnosed HIV and the second highest rate (2,825.4).
- **Exposure Category**: Male-to-male sexual contact accounted for the highest number (3,517, 33.7%) of the total people living with diagnosed HIV.

HIV Disparities in the United States

Nationwide, Black or African American people account for higher proportions of new HIV/AIDS diagnoses and people living with diagnosed HIV/AIDS, compared to other races.³ Despite constituting only 12% of the total U.S. population, Black or African American people account for 40% of diagnosed HIV cases.⁴ A similar disparity exists for Latinx people. Despite constituting only 19% of the total U.S. population, Latinx people account for 24% of diagnosed HIV cases.⁵ This stark contrast underscores the urgent need to address and rectify the disproportionate impact of HIV within the BIPOC community.⁶

HIV Discrimination Protections

Extending protections to individuals to ensure they are not discriminated against based on their HIV or AIDS status is essential for fostering a just and inclusive society. Discrimination against individuals living with HIV or AIDS can have severe consequences, both in terms of their physical and mental well-being. Therefore, it is crucial to address this issue in various domains such as employment and housing.

Employment

People living with HIV or AIDS deserve equitable opportunities in the workplace. Discrimination based on HIV or AIDS status not only violates their basic rights but also hinders their ability to earn a livelihood and contribute to society. This bill contains provisions that prohibit employers, employment agencies, or labor organizations from making employment decisions based on a person's HIV or AIDS status. These protections presently exist for one's race, color, religion,

² Ibid.

³ Centers for Disease Control and Prevention. HIV Surveillance Report, 2020; vol. 33. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance>. Published May 2022.

⁴ Ibid.

⁵ Ibid.

⁶ BIPOC stands for Black, Indigenous, and people of color. Pronounced “bye-pock,” this is a term specific to the United States, intended to center the experiences of Black and Indigenous groups and demonstrate solidarity between communities of color.

national origin, ancestry, marital status, and sexual orientation. This bill extends those protections to people living with HIV or AIDS.

Housing

According to the Centers for Disease Control (CDC), “people experiencing homelessness or housing instability have higher rates of HIV and mental health disorders than people with stable housing.”⁷ In 2020, 17% of people living with diagnosed HIV experienced homelessness or unstable housing.⁸ People experiencing homelessness or housing instability are more likely to engage in activities associated with increased chances of HIV acquisition or transmission, including substance use, injection drug use, and having multiple sex partners. All are factors that can also contribute to higher rates of sexually transmitted infections (STIs) and hepatitis.⁹

Data shows that people experiencing homelessness or housing instability are less likely to report having tested for HIV in the past year or ever, compared to people with stable housing.¹⁰ One study found that gay and bisexual men experiencing homelessness are over 15 times more likely to delay HIV testing than those with stable housing.¹¹ Additionally, people experiencing homelessness and living with diagnosed HIV are less likely to receive and adhere to antiretroviral therapy (ART), compared with people who have stable housing.

Ensuring access to safe and affordable housing for individuals living with HIV or AIDS is vital for both their personal well-being and the overall health and wellness of the City of Baltimore. When people living with HIV or AIDS have secure housing, it provides them with stability and a supportive environment necessary for their physical and mental health. Moreover, providing safe housing for individuals with HIV or AIDS has broader societal benefits. It helps reduce homelessness and associated risks, such as exposure to violence, substance abuse, and mental health issues. Stable housing reduces the burden on emergency healthcare services, as individuals are more likely to receive consistent care and management of their condition. This, in turn, contributes to a healthier community by minimizing the transmission of the virus and promoting overall public health.

Additionally, access to safe and affordable housing fosters social inclusion and reduces stigma surrounding HIV or AIDS. When people have a place they can call home, they are more likely to engage in community activities, build supportive networks, and participate in educational and employment opportunities. This integration enhances their quality of life and contributes to the vibrancy and diversity of the City of Baltimore.

By protecting access to safe and affordable housing for people living with HIV or AIDS, the City of Baltimore demonstrates its commitment to equity, social justice, civil and human rights. It recognizes that housing is a fundamental need and a key determinant of health.

⁷ Aidala A, Cross JE, Stall R, Harre D, Sumartojo E. Housing status and HIV risk behaviors: implications for prevention and policy. *AIDS Behav* 2005;9(3):251-65.

⁸ <https://www.cdc.gov/hiv/pdf/policies/data/cdc-hiv-issue-brief-housing.pdf>

⁹ Ibid.

¹⁰ Morrell KR, Pichon LC, Chapple-McGruder T, et al. Prevalence and Correlates of HIV-Risk Behaviors among Homeless Adults in a Southern City. *Journal of Health Disparities Research and Practice* 2014;7(1).

¹¹ Nelson KM, Thiede H, Hawes SE, et al. [Why the wait? Delayed HIV diagnosis among men who have sex with men](#). *J Urban Health* 2010;87(4):642-55 in HUD. [HIV Care Continuum: The Connection Between Housing and Improved Outcomes Along the HIV Care Continuum](#).

Prohibiting the Willful Use of Incorrect Name or Pronouns

The willful disregard of one's preferred pronouns and intentional use of one's incorrect pronouns can have harmful effects on individuals and contributes to a culture of inequity, disrespect, and invalidation. Pronouns are an essential part of a person's identity, and are vital to one's feeling of belonging and inclusion. Therefore, when someone intentionally uses another's incorrect pronouns, it disregards their identity and denies their right to self-expression.

One of the primary reasons why this behavior is harmful is that it invalidates a person's identity. Gender identity is deeply personal and fundamental to an individual's sense of self. When someone willfully uses incorrect pronouns, they are essentially denying and disregarding the identity of that person. This can lead to feelings of exclusion, marginalization, and emotional distress. It perpetuates a hostile environment where individuals are not acknowledged and respected for who they truly are.

Moreover, intentionally misusing someone's pronouns communicates a lack of respect and empathy. It demonstrates a disregard for the experiences and struggles that individuals with marginalized identities often face. By refusing to use the correct pronouns, a person is effectively asserting their own beliefs and preferences above the rights and dignity of another person. This behavior fosters a culture of intolerance and perpetuates harmful stereotypes and prejudices.

Additionally, the willful use of incorrect pronouns can have a profound impact on an individual's mental and emotional well-being. Being mis-gendered can evoke feelings of anxiety, depression, and dysphoria, particularly for transgender and gender nonconforming individuals. It can trigger a sense of disconnection from oneself and create a constant reminder of society's failure to recognize and validate their identity. These psychological effects can be detrimental to an individual's self-esteem, confidence, and overall mental health.

Using someone's correct pronouns is a basic act of respect and recognition. Respecting someone's pronouns demonstrates an acknowledgment of their identity, their autonomy, and their right to define themselves. It fosters a culture of inclusivity, understanding, and acceptance, where everyone's identity is affirmed and valued.

By contrast, willfully using someone's incorrect pronouns perpetuates discrimination and reinforces harmful power dynamics. It undermines efforts to create safe and inclusive spaces for all individuals, irrespective of their identity. Recognizing the harm caused by the willful use of incorrect pronouns is a crucial step in promoting a more equitable and respectful society, where everyone can live authentically and without fear of invalidation.

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