tively high rates of drug use, jail and prison inmates are at a greater risk for contracting AIDS.\textsuperscript{15} The correlation between the risk factors for both AIDS and incarceration has tragic consequences for prisoners and for prison officials alike, but it also presents an opportunity to reach a population at high risk for contracting the HIV virus with HIV/AIDS education and treatment.

The data on lesbians and bisexual women is also surprising. A recent San Francisco/Berkeley women’s survey revealed that the HIV seroprevalence rate was much higher for lesbian and bisexual-identified women than for all women in San Francisco.\textsuperscript{16} The study found no clear evidence of woman-to-woman transmission among the HIV-infected women, but the rates of high risk behavior suggest a potential for continued transmission of HIV in this population.\textsuperscript{17} While lesbians and bisexual women have never been labeled “at risk” for HIV or AIDS, this study indicates the need for targeted prevention programs to address the needs of lesbians and bisexual women.

This symposium addresses how the law can be used to respond to the needs of HIV-positive women. In order to do so, however, legal advocates must first recognize and understand those needs, and listen to the individual stories of women with HIV. The women chosen to speak at “Women and HIV: Breaking the Silence” were asked to discuss different aspects of the HIV pandemic and its effect on women. The following excerpts from our symposium have been selected and edited by the Berkeley Women’s Law Journal.

\textbf{Comments by Rebecca Denison:}$^{\dagger}$

\textit{Living with HIV}

I was asked to share a little bit about my personal story before I discuss some of the broader issues that I see as someone who runs a women’s AIDS organization. I have been HIV-positive for over ten and a half years. I was diagnosed in June, 1990. When I was diagnosed, I had just been admitted to law school. I had paid my deposit, and I was a finalist for a scholarship. I was about two weeks away from starting school, and I had

\textsuperscript{15} \textit{Id.}
\textsuperscript{17} \textit{Surveillance Branch, S. F. Dep’t of Public Health, supra note 16, at 2.}

$^{\dagger}$ Rebecca Denison is the founder and director of WORLD (Women Organized to Respond to Life-threatening Diseases) which is an informational and peer support network for women living with HIV. WORLD publishes a monthly newsletter and distributes a fact sheet on women and AIDS. For more information, contact WORLD at P.O. Box 11535, Oakland, CA 94611 or telephone (510) 658-6930.
just hired my replacement at the small law firm where I worked as a paralegal. I went in for my test results on Saturday, and obviously, since I had just hired my replacement, I was expecting my results to be negative. So when the test came back positive, my life fell apart. As a white woman, I think it is important for me to tell my story, because while the statistics are important, and the statistics tell us that poor people and women and men of color have been disproportionately affected, I think sometimes that makes people who are not in certain categories feel very safe and feel like they don’t have to worry about HIV.

When my test came back positive, I looked at the insurance policy at the firm where I worked, and it clearly stated that you had to work a minimum of twenty hours a week to keep your coverage. I think anyone who has been through their first year of law school knows that having a life-threatening illness that attacks your immune system, and going through the first year of law school, and working twenty hours a week was not a very good idea. I ended up staying at that job. The law school offered to defer my admission, but would not allow me to take a reduced course load. Today, the Americans with Disabilities Act (ADA) requires that institutions provide “reasonable accommodation” for people with disabilities,1 including HIV and AIDS,2 but in 1990, we did not have the ADA. So I had to make a decision. Did I want to be a lawyer? Or did I want to keep my health insurance and improve my chances of getting adequate health care? I chose my health. I could not go to law school, so I started a women’s AIDS organization instead.

It is difficult to talk about the affects of sexism, racism, and classism when they are so pervasive. They have absolutely everything to do with HIV and AIDS, and with why efforts have not addressed women with HIV. Also, the role of violence in women’s lives has a tremendous relationship to AIDS. This can be anything from women who as children were physically, sexually, or emotionally abused, and who turned to drugs to mask out the pain, and as a result became infected through injection drug use, to women who had sex with drug users, or had sex with people to get access to drugs thereby becoming infected. I also know several women who were infected through incest or rape. I have a friend in Missouri who is a lesbian, and she was infected through incest. When she went public as a person with AIDS, she was attacked by the Ku Klux Klan.

There are also more subtle ways in which sexual power differentials affect women. I know of a case where a woman was forced to reveal her HIV status to her co-workers and clients because her abusive partner was

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using the threat of disclosure to keep her in the relationship. Also, many women are uninfected and want to stay uninfected, but they are afraid to bring up safe sex in their relationships with men. They fear violence, they fear being labeled promiscuous, or they fear losing the person they love.

I want to talk a little bit more about the social discrimination that people experience. When I tested positive, my friends and co-workers already had information about HIV and felt compassion for infected people. My family was very supportive, I had a secure job, and my husband had a job. All of these circumstances made it safe for me to reveal my HIV status. Sometimes people make a big deal about the fact that I came out, but for me it was a luxury, it was a privilege. I have had the opportunity to come out and not be ostracized. For women in communities without the same access to information, it is a very different story.

Many women I know are forced to remain silent about their HIV status. They do it for themselves and for their children. These are women who may be personally willing to take the risk of disclosing their HIV status, but they are not willing to make their children pay the price for it. They are afraid of what will happen to their children at school. They are afraid that their kids will not be able to get into day care. They are afraid that the neighbors will not let their kids play together anymore. We can change all the laws in the world, but that will not necessarily change the fact that if you are a mother and you have HIV, the neighbors may not let your kids have a social life anymore.

There is also discrimination in the workplace. I know that the Americans with Disabilities Act covers people with HIV and AIDS, but that simply will not help everyone. I have a friend who is a child care provider. When she decided to reveal her HIV status to the parents of the children in her care, they all said they supported her and they would be there to help her. They had very progressive things to say, but when they went home and thought about it, all the parents pulled their children out of her day care. This woman was successful and healthy, but she still lost her source of employment.

Finally, I want to discuss the impact of our immigration laws on women with HIV. There is a U.S. law that bars people with HIV from immigrating to this country regardless of their reason for leaving their home countries. In some cases, a waiver is available, but this is discretionary. I have another friend who is African who married an American man. They had a child together. He was very abusive. He refused to petition for her to obtain U.S. residency and to secure her legal status. When she decided to leave him, he threatened to disclose her HIV status to the immigration authorities. Now this woman is going through divorce proceedings under

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3 Id.
the constant fear that she will be deported. She also does not know how she will survive financially, since she doesn’t have the right to work legally in this country. She would happily go back to Africa, except that she has an American-born child and she does not want to give him up. She knows that if she asks a judge for custody of the child and requests permission to take him to Africa, the court will not side with a woman with AIDS from Africa. And I think she is probably right.

Comments by Crystal Mason:†

**HIV-Positive Women in Prison**

I am going to start by explaining why I work with women prisoners with AIDS. When I moved here to San Francisco, I got involved with ACT-UP San Francisco. But even before I joined ACT-UP, I believed that people, especially women, have the right to information and the right to health care. We all deserve the opportunity to live a good life, but this is something that many women are denied, particularly women with HIV and AIDS. I also believe that women should have the opportunity to create institutions that work for them. But this, too, is denied to women with HIV and AIDS because they often come from low-income, politically-disempowered communities. People like Rebecca² are starting to create these needed institutions which address HIV in women, but overall, such efforts are virtually unheard of. For women in prison, such institutional support is a dream that has not been realized, and may never be realized unless we do something about it.

Right now, I work primarily with a prison in Chowchilla, which is a women’s facility in central California. The prison holds over 3700 women. It is the largest women’s prison in the world. The women prisoners I work with reflect the demographics of the women on the outside who are HIV-positive. They are mostly African American and other women of color. The majority are poor, and many of them come from backgrounds of sexual, emotional, and physical abuse. Many of them come from families that people would call dysfunctional, but dysfunctional because they are poor and because they have not had access to help. A large number of incarcerated women are also clinically depressed, and have been clinically depressed for some time. This depression is one of the reasons why these women self-medicate by taking drugs, or smoking crack, or shooting up. But getting help for these problems is difficult. Mental health facilities in

† Crystal Mason is a caseworker at the San Francisco AIDS Foundation. She works with women and children, specializing in issues affecting incarcerated women.

1 ACT-UP stands for AIDS Coalition to Unleash Power.

2 See Comments by Rebecca Denison, Living with HIV, supra.