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Women and HIV: Breaking the Silence

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Symposium Commentary

Women and HIV:
Breaking the Silence

Introduction

On January 27, 1994, the Berkeley Women’s Law Journal sponsored a forum entitled “Women and HIV: Breaking the Silence” to address the legal and policy issues surrounding gender, race, and class in the AIDS pandemic. In organizing this symposium, the Journal had two goals. First, we wanted to educate ourselves and others about the ways in which gender, race, class, and sexual orientation impact on the experiences of women living with HIV in the United States. Second, we hoped to add to the dialogue between legal service providers and AIDS service providers about the ways the law can be used to address the needs of women living with HIV.

The symposium was called “Breaking the Silence” to call attention to the often overlooked fact that women get AIDS. The number of female cases is rising, and the rate of HIV infection among women is expected to continue rising faster than the rate of infection among men. The World Health Organization estimates that by the year 2000, up to 40 million people worldwide will have been infected with HIV. More than half of these newly infected adults will be women. Despite the increasing number of HIV and AIDS cases among women, women with HIV continue to be ignored and their legal needs continue to go unmet due to the intersectionality of sexism, racism, classism, and homophobia, all of which keep women with HIV invisible.

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In the past decade, the face of the AIDS epidemic in the United States has changed from a disease primarily affecting gay men to one affecting an increasing number of women. Women now account for the greatest increase in the rate of HIV infection of any identifiable group in the country. Thirteen percent of new AIDS cases reported in 1992 were among women, compared with six percent in 1982 and ten percent in 1990. In 1990, AIDS was the sixth leading cause of death among American women aged twenty-five to forty-two. One year later, in 1991, it was the fourth. AIDS has been the leading cause of death among African American women ages fifteen to forty-four in New York and New Jersey since 1988. Today, the majority of U.S. women diagnosed with AIDS are women of color. African American women account for fifty-three percent of the cases, while Hispanic women account for twenty-one percent. These figures are clearly disproportionate to the racial makeup of the American population, and suggest that HIV prevention programs, adequate medical services, and legal assistance must be made more widely available to these populations.

AIDS has become a particular problem within the female prison population. The high incidence of HIV among women prisoners reflects the similarity in risk factors for both HIV infection and incarceration for women—race, poverty, and drug use. Few accurate studies have been published on the rate of HIV or AIDS in incarcerated women, but it is clear that the HIV infection rate for women in prison exceeds that for men. For example, a recent Bureau of Justice Special Report indicates that 3.3% of women prisoners tested in 1991 were HIV-positive, compared to 2.1% of men. An estimated 6.8% of Hispanic women, 3.5% of African American women, and 1.9% of white women were HIV-positive. Because of their compara-

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5 Centers for Disease Control, U.S. Dep't of Health and Human Services, supra note 1, at 9.
6 Centers for Disease Control, U.S. Dep't of Health and Human Services, Acquired Immune Deficiency Syndrome (AIDS) Activity: Cases Reported to the CDC as of December 22, 1988.
8 Richard M. Selik et al., HIV Infection as Leading Cause of Death Among Young Adults in US Cities and States, 269 JAMA 2991 (1993).
11 Centers for Disease Control, U.S. Dep't of Health and Human Services, supra note 1, at 11. The CDC uses the following race/ethnicity categories: White, not Hispanic; Black, not Hispanic; Hispanic; Asian/Pacific Islander; American Indian/Alaska Native.
13 This data represents the rate of infection in U.S. state and federal prisons, in addition to the nation's 503 largest jails. CAROLINE WOLF HARLOW, U.S. DEP'T OF JUSTICE, HIV IN PRISONS AND JAILS 5 (1993).
14 Id.
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.

\begin{center}
\textbf{Comments by Rebecca Denison:†}
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\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} Id.


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

† 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.