

FOREWORD

On February 21-22, 1997, the *Duke Journal of Gender Law & Policy* invited a broad collection of individuals—persons living with HIV, distinguished scholars, practitioners, social scientists, government officials, and HIV activists—to attend a conference at Duke University entitled *HIV Law & Policy: Ensuring Gender-Equitable Reform*. The panelists debated the legal, policy, and social forces surrounding gender issues that currently shape the AIDS epidemic in the United States. The articles in this symposium issue continue that debate and expand upon the discussions begun at the conference.

From the very beginning of the epidemic, AIDS, as manifested in women, was never simply another disease to be eradicated by medical science. Instead, it has served as the catalyst for frank discussion about many of the difficult social issues facing women in the United States and around the world in the late twentieth century: homophobia, sexuality, poverty, racism, and the role modern medicine plays in an increasingly global society. All of these issues still need to be confronted, as the HIV infection rate for women continues to soar around the globe. In this country, new drug therapies are increasing the life expectancies for many women who live with HIV and AIDS. Simultaneously, however, the successes of these drugs are creating thorny new legal and social issues, such as: how can the average woman afford the exorbitant pricetags that accompany these drugs; when is a woman living with HIV considered disabled for the purpose of qualifying for benefits; and what are the financial ramifications for an HIV-positive woman receiving disability compensation who wishes to return to work. More globally, how are the advances against AIDS in the developed nations affecting the developing countries of the world? Should scarce resources be devoted to drug research when the price of the drugs precludes nearly all but the extremely wealthy from obtaining access to them? How will the torrent of AIDS cases on the horizon in southeast Asia and in the countries of the former Soviet Union affect the global community?

In the United States, where AIDS originally was thought to be a disease affecting only gay men and intravenous drug users, women are currently the fastest growing population with the disease;¹ yet scant attention has been paid to the implications of AIDS for women, including the ways in which AIDS transcends ethnic, social, racial, generational, and economic boundaries. The articles in this volume, submitted by seven of the conference's participants, focus on several areas of critical importance concerning the ways in which women specifically are affected by HIV: partner notification, gender-equitable access to clinical trials,

1. See CENTERS FOR DISEASE CONTROL & PREVENTION, U.S. DEP'T OF HEALTH & HUMAN SERVS., No. 2, HIV/AIDS SURVEILLANCE REPORT 5 (1996) (noting that in 1996, women represented 20% of adults reported with AIDS, which was greater than the proportion in any previous year).

the implications of the new Medicaid changes, and the challenges of providing effective legal services to women living with HIV. The eighth article was contributed by a law student and examines the legal issues surrounding the mandatory HIV testing of pregnant women. The *Journal* presents its fifth volume in the hope that the articles contained herein will spark further discussion and will play an important role in shaping the future of HIV law and policy.

The *Duke Journal of Gender Law & Policy* is indebted to the tireless work of Stacey Friedman, the conference coordinator, who brought the panelists to Duke from across the country and whose extraordinary efforts made the conference a resounding success. The *Journal* is deeply grateful to all of the conference participants for their contributions to the ongoing effort to shape the direction of future research and to promote new dialogues that will engender broader understanding of the complexities of this disease and its social ramifications.