

Addressing Lesbian AIDS

ugh it is overwhelmingly sexual women who are at who already have HIV infected frequently transmitted by female sexual partners), lesbians up the bulk of female AIDS cases in North America. The strategies for appropriate treatment for women and research into ways to make the blood of any woman an boil, once she has been aware of information that has been suppressed by various means, to governments and medical establishments. Also, although it initially assumed that lesbians are at risk for HIV, current information shows that this is not true.

his is not an article about educating safer sex for lesbians. er, I want to explore some of broader political and lesbian issues that are involved in developing an understanding of epidemic's effect on our community and an appropriate response to it. There's been a lot of about latex gloves and dental is, but very little regarding the underlying issues. (If you've sed out on these rubber raps, tact an AIDS group for more information).

While in the U.S. for the ACT-IV conference and the FDA decade (see *Rites* last issue), I the opportunity to interview nurse Ribble, a nurse at Manhattan's Community Health Project out safer sex for lesbians. She can her presentation with a political rap designed to counter at she and the New York ACT-women's committee believe to an alarmingly racist response by American lesbians to information and misinformation about AIDS and AIDS prevention (AIDS is now largest single cause of death for women aged 24-35 in New York ty). According to Ribble, the notion of a hierarchy of risk categories and the acceptance of this notion by any middle-class white feminists a serious problem. This acceptance has led some white lesbians for instance, reject sexual relationships with women of colour be-

doms on your dildoes if you intend to share them. But there is still a lot of controversy and not much information about vaginal juices. According to Denise Ribble, the fluids produced by a healthy vagina are very unlikely to contain an infectious amount of HIV, but if a woman has any kind of vaginal infection, white blood cells will be present and they are where HIV tends to congregate. Other AIDS workers disagree. Some worry more about the deterioration of vaginal walls due to infection. These differences of opinion are hardly surprising: none of the health workers or activists I talked to are aware of any research studies on the effects of HIV on vaginal secretions or on vaginal tissues.

Saliva, tears, shit, piss and sweat have all been conclusively tested. This, of course, reflects the priorities of governments and medical establishments and is part and parcel of the fact that the U.S. government's Centre for Disease Control has not collected any lesbian specific information since 1984.

This issue became more complex when I discussed it with Theresa Dobko of the AIDS Committee of Toronto. While she didn't disagree with anything Denise Ribble had said, she did expand on some of the issues, particularly those involving lesbian health. Dobko agreed that the possibility of transmitting HIV through vaginal secretions, particularly if there is any kind of vaginal infection or sexually transmitted disease present, is important and must be taken into account in discussions of safer sex. This is particularly important since some infections (and STDs) are common among lesbians, such as yeast, trichomoniasis, gardnarella, chlamydia, herpes, and "non-specific" vaginitis. Gonorrhea, hepatitis-B and syphilis are rarely transmitted through lesbian sex, but there have been infections. Dobko believes that safer sex for lesbians involves talking about and avoiding the transmission of all of these infections. If we are avoiding, for instance, yeast and chlamydia,

What should dykes know?

By now, many lesbians are aware of what some of our riskier sexual practices are, for example that exchanges of blood (including menstrual blood) are quite risky, and that it's a good idea to put con-

New Directions for AIDS ACTION NOW!

IDS ACTION NOW! continues to pressure the government and the medical establishment. In November, about 20 AAN! members went to a conference of AIDS researchers in London, Ontario. Along with people from the AIDS Committee of London, they demonstrated and staged a "Die In." Conference participants met with the demonstrators and agreed with many of their concerns. The rhetoric of the conference at least showed that some researchers are growing more inclined to making treatments more available and to assessing new ways of studying their efficacy.

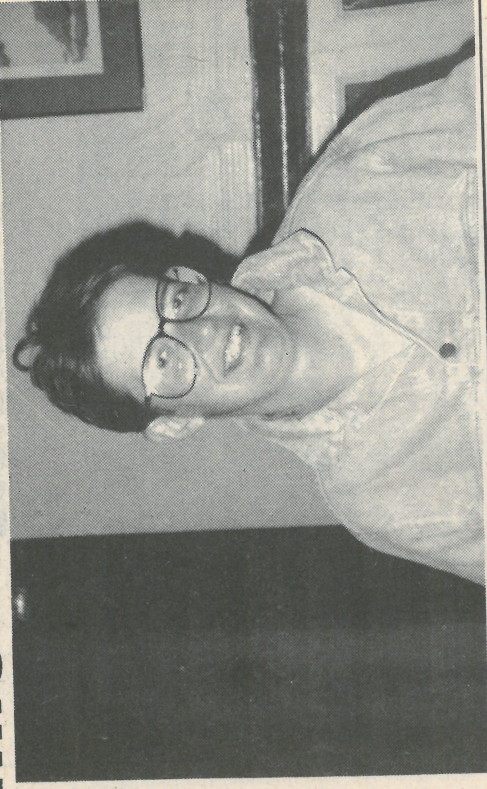
On December 1, World AIDS Day, the Ontario Ministry of Health sponsored a Consensus Conference in Scarborough. Again about a dozen AAN! members were there to remind participants of the demands of People Living With AIDS. Conference organizers seemed quite supportive of AAN! and participants were allowed time to meet with us and hear our

see what he plans to do to live up to his promises at this time. Further reminders or angry demos will occur if he does not push for the lives of People Living With AIDS. We also want the throne speech in March to detail a significant commitment to the AIDS crisis.

AAN! is now deciding what steps are necessary to bring our demands to success. A Town Hall meeting on AIDS is planned for January 31, 1989 at the YM-YWCA in Toronto to ask the community where we should go next. Do we need to be more radical? Do we need civil disobedience on a vast scale? Or are there other ways to bring about changes so that PLWAs can get the treatment they deserve? Please write AIDS ACTION NOW! at Box 325, 253 College Street, Toronto, M5T 1R5 or call 591-8489 (Information line) or the Public Action Committee at 968-9096 and ask for Brent. Your ideas count and could help save lives.

Brent Southin

Misinformation



Theresa Dobko of the AIDS Committee of Toronto.

we will also be avoiding HIV.

Dobko does suggest that lesbians use latex when appropriate. She recommends cutting the top and bottom off a non-lubricated condom and slitting it carefully down the side in lieu of dental dams, since the dams are thick, difficult to come by, more expensive than condoms, and have not been tested as barriers to STDs. She believes that latex is a must for a one-night stand or a first time, when sexual histories and risk assessments are unlikely to be discussed. Noting that our knowledge of what is safe or unsafe is still incomplete, Dobko said that both partners should think about their general health at the time that safer sex is being negotiated. This means checking for infections and also checking how open each of you is to being infected, eg. do you have cuts on your hands or mouth or chapped lips. She advises women to get to know their monthly cycles—when they are most lubricated, when they are tightest. These variations are natural and women should use a water-based lubricant during drier times to avoid tearing tissues. Dobko also emphasized that if a woman develops an STD of any kind, all of her sexual partners will need to deal with it. She strongly advised that any woman who has a discharge, or itching and burning symptoms which don't go away with the usual treatments (whether self-help or physician administered), should

physician administered), should have a full-range screening for STDs since the presence of one infection can often mask another.

All of this is relatively easy to cope with in a city like Toronto where we are fortunate to have Hassle Free and other clinics, as well as many feminist health practitioners. But there are many places where lesbians must remain closeted, even to their doctors, and the homophobia generated by the AIDS crisis has only worsened this problem. Furthermore, the medical profession as a whole is notoriously misogynist and feminist literature is rife with horror stories of women with HIV or other STDs whose conditions are ignored ("it's all in your head") or misdiagnosed as they become serious.

There are many other issues involved in developing an understanding of what the AIDS epidemic means to lesbians. It is apparent that we will have to rely not on governments and doctors (though we have to get from them what we can), but on ourselves and our allies in the women's and AIDS movements to develop the self-help structures and political strategies we need to beat this epidemic.

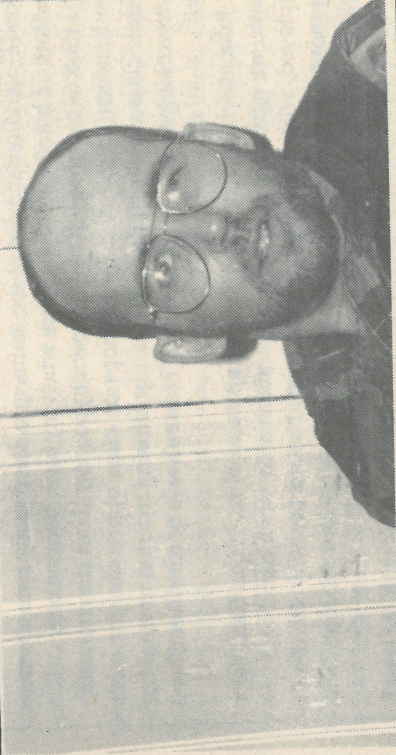
Ron Lentz fought his firing at a Toronto hospital and won.

Activist Nurse Dies

TORONTO—Ron Lentz, a nurse who had gained notoriety for winning his fight for reinstatement at Toronto Western Hospital, died at his home here on December 25.

Lentz, who was fired from his nursing position after only three weeks on the job, took his case to the Ontario Human Rights Commission believing he had been discriminated against because he had AIDS (see *Rites* vol.4, no.9 and vol.5, no.4). Before the OHRC had

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Celest Natale

made its inquiry, however, Lentz was able to agree to a reinstatement settlement with the hospital. The case remains significant in that it was the first AIDS-related matter to be taken up by the Commission.

Lentz was a founder of the Ontario AIDS Federation/Toronto AIDS Drop-In Centre, and acted as the volunteer director of clinical services until deteriorating health forced him to resign last October.

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