Wild, wet and well

By Tannis Atkinson

With condoms being touted as *the* answer for safer sex, a chance to discuss women and AIDS in a feminist context was much needed . On June 13, about 85 women gathered in Toronto for Wild, Wet and Well, a workshop sponsored by the AIDS Committee of Toronto as part of AIDS Awareness Week. This the first workshop of its kind in Ontario. Led by lesbian feminists Theresa Dobko and Yvette Perreault, the three-hour session was packed full of information and fun.

Dobko and Perreault presented us with guidelines for the workshop: confidentiality; no right or wrong answers; comments were to be from the speaker's point of view; and women were to have the option of passing when called upon for comment. The workshop's goal was to cover the sexual reality of *all* women (lesbian, bi and straight, vanilla and s/m) without passing judgment on any activities.

Before the workshop began, Theresa asked whether there were any police officers in the room. At a time when we need to explore alternatives to the ole' heterosexual in-out, there is increasing repression towards alternatives, such as those non-book "obscene publications" otherwise known as dildoes. Ironically, the much-needed exploration of safe, erotic options for women could easily have been endangered by the Morality Squad.

What is a feminist look at AIDS? Yvette set the context by stressing how important it is that we *not* turn back from accepting and loving our bodies, that we move forward from what we already know about what we like.

A feminist look at AIDS means putting women back in the picture. In mainstream AIDS propaganda, "bodily fluids" are identified as risky. Sometimes this mystical term is clarified further and said to be blood and semen. What about women's "fluids"? "Vaginal secretions" were identified at the workshop. I think we need to find more and better names!! "Cum" doesn't do it for me. Nor, needless to say, does "vaginal secretions". "Wetness is too vague. "Cream", as in "I licked her cream off my fingers", is just not explicitly sexual enough. Any suggestions?

A feminist look at AIDS also means we need to be aware of how we as women are being targetted in the fight against AIDS. Yvette pointed out that more women than men currently buy condoms, and asked us all to take note of condom ads: who are they aimed at? Yet again women are being told that other people's health is part of our "natural", "nurturing" role. Meanwhile, we have to be getting what we want and need sexually. Women seem to be at some advantage in dealing with safer sex: the concept of taking responsibility for our sexual acts is *not* new to us.

The emphasis on condoms also means that other things are being ignored, most notably women's sexuality. However, we soon learned that condoms (and other latex products) do have a place in our lives, whatever our sexual practices.

To test or not to test, that is the question that most women consider when they begin to think about AIDS in the context of their own life and sexual history. But this is not a test to be taken lightly. The test used most frequently in Canada (Elisa) tests for antibodies to the AIDS virus. A very sensitive test, it gives false positive readings more often for women's blood than for men's. The test indicates, when it does give an accurate reading, whether there are antibodies in your blood, which does not necessarily mean that you will develop AIDS. Nor does it measure whether you have the virus, as the incubation period can be very long. A test for the virus itself is being developed and should be available within 6 to 18 months. Theresa and Yvette advised anyone considering taking the test to speak to the local AIDS committee and get counselling on the implications of doing so. The frequency of false positives, combined with the mandatory reporting of blood which tests positive, makes the test a very dubious proposition indeed for women.

The workshop stressed that the best safeguard, whether or not you think you have been exposed to the AIDS virus, is to practice safer sex. What is it?

A big part of safer sex is making it a part of everyday, everylay life. In the workshop's first half, we were given the medical facts and the basic tenets of safer sex practices (see box). The second half of the workshop was devoted to exploring how we felt about AIDS. This gave us—the first time for some—a chance to consider how AIDS affected us, and to begin to describe what safer sex is.

- Does safer sex really mean that latex is the only way?
- Are there alternatives to those . . . enterprising dating services which certify each potential mate virus-free?
- What does safer sex have to do with me?

For this section of the workshop, we broke into five smaller groups. We chose to have groups of like persuasions (lesbian, straight and bisexual). The first task of the group was to describe how AIDS and safer sex made us feel, the second was to collectively invent a safer sex fantasy.

Confusion, anger and fear were common feelings expressed by women in all groups.

CONFUSION: how does this affect me/ am I at risk/ is what I usually do risky/ how do I broach the subject with sexual partners/ will talking about it cool us both off in the way that the insertion of a diaphragm and foam often does or did?

CAUGHT LOOKING-VASTA IMAGES

ANGER: how could this be happening/ why did my friend die/ why does AIDS make me afraid of sex/ how could that guy refuse to wear a condom because he was worried it might imply he was gay?

FEAR: what if I am a carrier/ what if my lover(s) die of AIDS/ does this mean sex is dirty/ might I sleep with someone who will intentionally infect me?

Out of this discussion we affirmed the need to use safer sex as exploration, as a positive alternative—especially at this time when the mainstream media is asserting that AIDS has made gays put their clothes on in droves. We need to say no, we're finding safer ways and continuing to play. We need to be able to talk about what safer sex for women is, and not be censored!

The second group activity was to collectively invent a safer sex fantasy. The size of the groups (10 to 15) made this awkward for some, fantasizing with strangers was not conducive for others and the amount of time was too short for still others. In my group the fantasy was a hastily assembled pile of sex toys, all used within easy reach of soap and running water.

These fantasies were but a mechanical prelude to considering how and when to broach the subject of safer sex with partners. Theresa and Yvette described "hot" situations and asked how we would deal with them.

Some women felt safer sex has to be talked about before anything gets started. One woman said finding out your partner doesn't practice safer sex is like being stuck, naked, with a wo who doesn't like sex toys as mu you do. Is this the long-sought fe equivalent of "blue balls"?* Da call it "blue lips"?

Some women felt you should r to have sex with anyone who wo it safely. This seemed to be partic an issue for women who sleep straight men, as the homophobi rounding AIDS means that st men are often the least able to im what AIDS has to do with them

For those people who can ar consider it, some feel we should lish a symbol which would indica wearer was a person who pra safe sex (such as the safety pi rainbow ribbon adopted alread some gay men in the USA).

The workshop concluded wi thought that whatever you do, safely and make sure your partn too.

Join the chorus! To the happy day tune: "Many happy orgas you/ happy healthy orgasm you . . ."

* For those of you who are unfa with this term, it is a physical disa suffered by "victims" of cocktea

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A GUIDE TO SAFER LESBIAN SEX

If you think that you or your partner may have been at risk of contracting the HIV virus, consider adopting the following safer sex techniques for lesbians:

- Going down on your lover while she is menstruating is very risky; it is less risky at other times. Using a latex barrier reduces any risk enormously. (Latex barriers are not available at present in Britain; you could try using a diaphragm and make sure you keep it the right way round.)
- Oral/anal contact (rimming) is very risky; you could try using a latex barrier to reduce the risk.
- Fist-fucking (putting your fist inside your partner's vagina or anus) is risky, as it usually causes small internal cuts and tears. Using surgical latex gloves reduces the risk. Always use plenty of lubricant.
- Finger-fucking, vaginal and anal, is risky if the active partner has cuts on fingers or cuticles. Using surgical latex gloves reduces the risk. Always ensure that fingernails are cut short and then filed with an emery board. Vaginal penetration during menstruation or any contact with menstrual blood of someone in a high risk group is very unsafe and should be avoided.
- Sharing dildos, vibrators and other sex toys is very risky. Sex toys, if they are not shared, are quite safe. If you must share dildos, use a condom each time they are used on a different partner.
- Enemas and douches often cause small internal cuts and grazes and are not a good idea if you are in a high risk group.
- Watersports (playing with piss) can be risky. Oral/urine contact is definitely risky. Pissing on unbroken skin which is not close to body openings is lower risk, but you should check carefully first, as small cuts and grazes often go unnoticed.
- Scat (playing with shit) is very risky and not a good idea if you are in a high risk group.
- Tattoos and piercing involve drawing blood; therefore always ensure that you go to a reputable tattooist and check that all needles used are sterilised. With regard to piercing: if you can find a professional to do the job, and again ensure that needles used are sterile. D I Y piercing at home is not advisable for a number of reasons, however many women love to fantasise about this, and fantasy, of course, is completely safe.
- Wet kissing, from the data available, appears to be relatively safe, but it can be risky if either partner has cuts or sores on the mouth or gums, so we can't give you the green light on this one.
- Bondage, spanking, whipping and SM practices which do not draw blood or involve an exchange of body fluids are safe.
- Other safe practices include body-rubbing, voyeurism, verbal humiliation, masturbation, guided fantasy, social kissing, wrestling, massage, caressing and virtually anything that doesn't involve an exchange of body fluids!

This guide has been based on the limited information available on woman-to-woman transmission. Medical opinion on this issue changes frequently as new AIDS and HIV data becomes available.

SQUARE PEG

Prudes ignore principles

By François Lachance

The basics of good effective safe-sex campaigns are simple. There are four factors: addressing homophobia, incorporating images of people with AIDS and pragmatic how-to-advice form the core requirements. The fourth is repetition.

These findings stem from studies conducted more than three years ago by a research team at the University of Michigan (Ann Arbour) on 200 gay men. These factors result in actual changes in *behaviour* not just attitudes. Unfortunately this support material for a common sense, no guilt tripping approach to safe-sex ed is not circulated widely enough among healthcare professionals, although this could be accomplished simply through reading a book highly critical of the politics of the profession, Cindy Patton's *Sex and Germs*. The refusal of healthcare workers to extrapolate from these studies, to gain from the experience of gay men, is attributable to ingrained heterosexism. It is the same institutionalized inertia that bars an openly gay presence in "general public" ads.

Homophobia is the prime barrier to safe-sex education. Equal unbiased billing is necessary on all materials produced. More "it's spreading" statements or "it's no longer a gay plague" wishy washy liberal sentiment. AIDS still primarily affects the emotional and medical well-being of gay men and their lovers and their friends and their tricks and . . .

The Quebec committee (MIELS) is way ahead of others in this regard. Its pamphlet is useful for anyone. It names all the combinations of preference. This is not only economical in saving on development and printing costs, it also concretely addresses the very real phenomenon of denial and distancing. AIDS reporting has exclusively the disease to high risk groups. pread homophobia and sex ne attitudes have made it import challenge stereotypes. Unchal opinions about the weirdness sex result in ads which miss the because lacking a credible and p gay presence they allow stereoty be activated and the target au will not see itself at risk. Only more straights begin to see hor human will the safe-sex messa through. Of course that deper gay men coming out.

AIDS has opened closets. The age of PWAs in going public is a underestimated asset of public tion campaigns. Memories or of someone with AIDS is a vital in adopting safe-sex practices. the distancing effect of de undermined.

That the men most succes