Addressing Lesbian AIDS Misinformation

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Although it is overwhelmingly heterosexual women who are at risk or who already have HIV infection (frequently transmitted by their male sexual partners), lesbians make up the bulk of female AIDS activists in North America. The struggles for appropriate treatments for women and research into patterns of HIV transmission are enough to make the blood of any woman boil, once she has been made aware of information that has been suppressed by various means, thanks to governments and medical establishments. Also, although it was initially assumed that lesbians are not at risk for HIV, current information shows that this is not true.

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

While in the U.S. for the ACT-NOW conference and the FDA Blockade (see *Rites* last issue), I had the opportunity to interview Denise Ribble, a nurse at Manhattan's Community Health Project about safer sex for lesbians. She began her presentation with a political rap designed to counter what she and the New York ACT-UP women's committee believe to be an alarmingly racist response by American lesbians to information and misinformation about AIDS and AIDS prevention (AIDS is now the largest single cause of death for women aged 24-35 in New York City). According to Ribble, the notion of a hierarchy of risk categories and the acceptance of this notion by many middle-class white feminists is a serious problem. This acceptance has led some white lesbians to, for instance, reject sexual relationships with women of colour because of the incorrect and racist assumption that it is lesbians of colour who are most likely to have used IV drugs.

Unfortunately, this kind of misinformation has been repeated misinforms the reader that "vaginal intercourse is not as dangerous as anal intercourse, which should probably be avoided."

Although *oob* did publish a lengthy and critical letter from the NY ACT-UP women's committee in their October issue, they accompanied it with a statement from the authors of the original article, restating their original contentions.

In contrast, Ribble emphasizes that it is what you actually have done, not how you define yourself (or are defined by society), that counts. Lesbians are at risk for HIV infection if they have used IV drugs and shared works, or if they have fucked with men, without condoms, during the last ten years. A great many of us have engaged in one or the other of these activities and, contrary to what those in power would like us to believe, they have nothing at all to do with race, class, age, geographical location, or educational level. These activities make discussion of our actual experiences critical. They are why those articles on eroticizing safer sex for lesbians are important.

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 condoms 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 estab-

the possibility of transmitting HIV through vaginal secretions, particularly if there is any kind of vaginal infection or sexually transmissible 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, 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 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.

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Unfortunately, this kind of misinformation has been repeated and expanded on in some feminist publications. A glaring example was an article titled "AIDS: Between Rubber and Reason" in the April 1988 issue of *off our backs*. Among other things, this article promotes the notion of using "risk groups", rather than the actual practices of the individuals involved, as a tool for risk assessment. It also pretty much ignores the danger of passing HIV through vaginal

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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

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, we will also be avoiding HIV.

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