

The New Voice

O F N E B R A S K A

h e a l t h i s s u e

APRIL

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
			STILL KEEPING THOSE NEW YEARS RESOLUTIONS			START AN EXERCISE PROGRAM
5	6	7	8	9	10	11
PLAY VOLLEY-BALL	WALK TO SCHOOL THIS WEEK		GO FOR A LONG WALK WITH A FRIEND		EAT AN APPLE	
						SAFE SEX IS SMART
12	13	14	15	16	17	18
INCLUDE FRESH FRUIT & VEGETABLES IN YOUR DIET		RIDE YOUR BIKE TODAY		REMEMBER MODERATION		
	WALK TO WORK				PRACTICE SAFE SEX	
19	20	21	22	23	24	25
BEEN JOGGING LATELY?			TAKE THE STAIRS			COOK A VEGETARIAN MEAL TONIGHT
26	27	28	29	30		
	HOW ARE THE SIT-UPS COMING ALONG				MAY ISSUE: BISEXUALITY	
PLAY SAFE						KEEP YOUR HEALTH IN MIND

Our Turn

Views and opinions by *The New Voice* staff.

New Energy Established

There have been many changes since I have become editor of *The New Voice*. We have lost three members of the steering committee, and this type of abrupt change could have really hurt this magazine. Even with the diminishment of our staff and support we will survive.

I'm very excited about the appointment of three new members of the steering committee. I would like the community to welcome Chris Carroll; she will be serving as the associate editor, a space vacated by A.F.S. Chris hopes to get more wimmin involved with articles, and helping to cover wimmin events.

I would also like to welcome back Larry Wiseblood; he will be serving as advertising coordinator, a position which hasn't been filled in over one-and-a-half years. I would also like to welcome John Riley, who will be serving as distribution and subscription coordinator. John is also filling in as recorder until we can fill this position.

I am looking forward to working with these folks. I can tell that this new energy and motivation will strengthen this publication. New people bring new ideas and excitement. I feel these people were good choices. However, I regret to say that we still have some open positions which need to be filled. We are in need of a recorder, as well as an associate editor from Omaha. If anyone is interested in any of these positions, feel free to let any of the steering committee members know and I will meet and talk with you.

--Sandy, Editor

**YOU
MAKE A
DIFFERENCE.**

Corrections

The article "Countering Paul Cameron on Lincoln Cablevision," which appeared in the February 1987 issue of *The New Voice*, appeared originally in the newsletter of the Coalition for Gay and Lesbian Civil Rights.

The response to the letter "Concern About Couples Group" was written by Jim E. and was not a response from *The New Voice*.



The New Voice Needs Your

- ★ *Time*
- ★ *Commitment*
- ★ *Support*
- ★ *Talents*
- ★ *Contributions*
- ★ *Feedback*
- ★ *Articles & Poetry*
- ♥ *Love*

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April 1987

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The New Voice of Nebraska

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Letters

Looked Upon as "Outcasts"

Dear Editor:

Thank you so very much for sending me a copy of *The New Voice*. You asked me to drop you a line or two and to tell you what I thought of your publication. I for one think that your publication is truly a breath of fresh air and I wish you all the luck in the world with it in the future months and years to come! I really enjoyed reading all of the articles in it.

There is one small segment of the gay/lesbian community that is not thought of very much and that is the elderly or handicapped gay or lesbian person. For several years I have been thinking of starting a "penfriend" organization for the elderly or handicapped gay or lesbian who might want to have a penfriend to write to.

I am 48 years of age and I am deaf but my speech is normal but still the gay community in general seems to look upon us as outcasts which I feel is very sad. If you would like to print my letter in your "Letters" section of your wonderful publication, along with my name and address, it is fine with me. I will have a money order in the mail to you in about about two weeks for a subscription because that is when I get paid. Again let me say that I for one think your publication is really great!

Yours very truly,

Skip Cederstrom

Editor's Note: If any *New Voice* readers wish to start a "penfriend" correspondence with Skip Cederstrom, please contact us for his address.



Cover Depicts Men as Sex Objects

Dear *New Voice*:

It's real simple! Most, if not all lesbians, do not want to associate themselves with exploitation of their bodies as sexual objects, which is what the cover of your magazine conveys with such distaste most of the time.

Those issues which feature a lesbian on the cover are done with taste and try to make a certain theme or feeling come through. We don't see ourselves as sex objects to be stared at. I don't blame heterosexuals for "labeling" gays when they see magazines from cover to cover featuring the most ridiculous poses made by naked gay men.

This is such an important concern to me that I will not be renewing my subscription when it expires. Wake up guys. Is that the only way you see yourselves? Sexuality has its place, but it is demeaning to gay men as it is to gay women when displayed on the front cover of your magazine. Your Christmas issue was the worst yet!

--Patricia Hines

Unfair Removal from Court

In looking back over the last fourteen months of my association with the Imperial Court of Nebraska Inc., several things come to mind that I believe must be shared with the community.

In December of 1985, I made the choice to get involved with ICON. I noticed a real lack of support being shown to the women and also to the court. I chose to get involved to try and bridge the gap between the women and the court.

It worked! I was instrumental in helping get a position started that shares equal power with the emperor and empress, which can only be filled by a woman. I also helped write the regulations for filling this position, as well as rewriting the bylaws of the court to be more in line with the goals of today.

For two months, I spent a lot of

time and money in my campaign for this position. As it turned out I was the only woman to run for Athena, which meant I did not have to campaign, just simply show up at coronation. I chose to campaign to show the women that I was working for them as well as the Court. At every benefit I held, I had little to no support from the very people I had chosen to work for. But that did not stop me. At Coronation VI, I was crowned Athena I, and that night I made a promise to myself to try to get more women involved, so that the needs of women could be better recognized and met.

In January of 1987, the Board of Governors of the Imperial Court of Nebraska Inc. chose to revoke my title for what they call lack of participation or "just cause."

Lack of participation to the Court meant lack of attending board meetings and lack of attending Court functions. Although my employment denotes that I work until 9:00 p.m., not to mention the fact that I have a small child who requires my attention, a message has always been delivered to the Board when I could not attend a meeting, and my absences have always been excused.

It simply amazes me that they chose to revoke my title for these reasons. I have only missed two meetings in a row, and I have seen others miss more than I and retain their seat on the Board, until they just didn't bother to call anymore. As far as lack of participation in Court functions, that issue I don't clearly understand either.

Being new to the Court and their methods, I have always asked, what I could do, or what I should do, or what it was that I should be doing. Do you know, to this day, I still don't know! During any fund raising activities, or fund raising shows, I was never asked to help in the organization or participation of these shows. I was just expected to be there.

It also amazes me that the conduct of other member of the Board, which is contrary to the Court's image, is allowed to continue without any repercussions, except for a slap on the hands and being told

not to allow that type of behavior to happen again. It seems that individuals having done greater damage to the Court than "not participating" due to employment still retain their titles. Instead of trying to make compromises, and trying to continue the efforts as a joint organization. I am being set aside like yesterday's leftovers.

Perhaps instead of looking to see who can be removed next, or who is not living up to someone else's standards, the court should be looking more into helping find feasible solutions that will benefit both parties. In my eyes, it is always easier to find a solution to a problem than to simply try to make the problem go away.

Dwelling on what has happened, however, is not the answer. I fought for the betterment of the community long before I had a title and shall continue to do so. I guess that is what makes me different from the rest. I do not need a crown to continue. It's really sad that the Board lacks compassion in these types of matters, because as a whole the court is a good organization, and is striving to make our community better for us all.

I feel no harshness toward the Board of Governors, or toward the elected royalty of Coronation VI, or what is left of the royalty elected. My commitment has not stopped because I am no longer a title holder, it has only gotten stronger. As long as I am a part of the gay community I shall continue the fight, with or without the Imperial Court of Nebraska Inc.

On my Way Out,

--Barb Hook
Former Athena I



Imperial Court Response

In January, 1987, the Board of Governors of the Imperial Court of Nebraska, Inc., chose to revoke Barb Hook's title for lack of attendance and participation. In accordance with Section VI, numbers C4 and C5 of the bylaws of the Imperial Court of Nebraska, Inc., a copy of the bylaws that govern this organization may be obtained by contacting the Secretary of State's office in Lincoln, NE., or may be viewed by attending the regular monthly board meeting, which is open to the public and held on the first Monday evening of every month at 7 p.m. at The Max.

--The Board of Governors
The Imperial Court of Nebraska, Inc.
Richard Brown, President



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Come In And Check Us Out

Local Events

PFlag Sponsors R.A.P. on Homophobia

If you have ever wondered what PFLAG is all about, and you wish your parents or children would get involved, come to this event. You might even bring them, too.

'RAP on Homophobia' is a workshop sponsored by Parents and Friends of Lesbians and Gays Cornhusker, Inc., which will be held at Faith United Methodist Church at 1333 No. 33rd St., Lincoln, on Saturday April 11th. More information and registration forms can be obtained by calling 435-4688, or picking them up at Lambda House. It will last from 8:30 to 3:45, and will include lunch, all for a fee of \$12 in advance (\$15 at the door).

- **Religion** - Religious leaders will respond to the questions: What do you say when someone comes to you and says, "I'm gay," or "I have a gay child?"
- **AIDS** - How has your life been touched by AIDS? The AIDS panel will deal with how AIDS has touched their lives as told by the mother of a man who died of AIDS; a young man who is a volunteer for the Good Samaritan Project (similar to Shanti in Kansas City; a nurse-counselor for a Lincoln alternative test site; and the infection control nurse for the Veteran's Medical Center.
- **Parents** - The featured speaker for Parents will be Elinor Kirby Lewallen, President-Elect of the national PFLAG organization from Denver. She and other panel members will address family issues.

The intent of this workshop is to provide helping professionals, and the public, with an awareness of the issues facing families as they deal

with a homosexual family member, and to provide information about available resources. A further outcome would be the identification of the unmet needs of those families as well as the professionals who deal with them. Dialogue is a necessary first step, and the best way to combat homophobia is for people to meet with one another on a personal basis. Please come and provide your support and input. Homophobia has created a situation in which to be visibly gay is to be at risk. It is hoped that by providing this forum, those in positions to be positively helpful will learn of one another's existence, grow in numbers and continue to network. Parents FLAG urges the attendance of those of you in the gay/lesbian community who are willing to contribute to the greater understanding of these issues. You are needed!

--Jean Durgin-Clinchard
President, PFLAG
Cornhusker Inc.

Metacrats to Perform at Kelly's

There are Democrats, Aristocrats, and Metacrats. What in the heck is a Metacrat? Well, a Metacrat can be found in Lincoln performing in front of audiences, and likes original, upbeat music with some political and social overtones. To put it simply, the Metacrats are a rock band from Lincoln, and they will be performing at Kelly's on April 24 and 25 from 9:30 p.m. until closing.

The band members are Paul Nolan Mattern (songwriting, lyrics, keyboard); Dave Marks (drums, back-up vocals); Mark Harper (vocals, guitar, other instruments with texture); Thom Howard (guitar, other instruments); and Andrew Chisholm (electric bass, other instruments).

The group uses props and sound effects not heard or seen with other bands. I was especially fascinated to learn that the group writes its own music and performs all their own

original tunes. The music had a style all its own. Two of my favorite tunes were called "Andy Warhol" and "Marilyn, Marilyn," which are sure to be popular with gay audiences. Most of the music is upbeat and expressive. The band has fun with its music, and this was demonstrated even during rehearsal.

The Metacrats recently celebrated their first anniversary. The group started from a combined effort of Paul Mattern and Mark Harper. Joining the group later were Andrew Chisholm and Dave Marks. Thom Howard is the newest member of the group. Paul Mattern is the only openly gay member of the band. However, most of the other group members seem comfortable performing at a gay nightclub. Paul had been involved in the Lincoln Gay Action Group several years ago.

The Metacrats have performed at Kelly's before. They have also performed at the Drumstick, Howard Street Tavern, Peru State College, and UNO.

--Larry Wiseblood

Logo Contest for Pride Week/Omaha

Pride Week in Omaha is June 21-27, 1987.

We need a symbol to represent our pride in being gay or lesbian.

If you have an idea for a logo, submit your design for consideration. The creator of the winning design will receive an assortment of gifts from member groups of the Bars and Organizations of Omaha (BOO). Guidelines are as follows:

1. Designs must be no larger than 8 x 11 inches.
2. No more than two colors.
3. Suitable for both T-shirts and buttons.
4. Include name, address and telephone number.



5. All designs submitted become the property of BOO.
6. Designs must be received by May 2, 1987.

Submit designs to:

Bars and Organizations of
Omaha
c/o P.A.C.T.
Box 3683
Omaha, NE. 68103

"Not Just Music" —Nancy Hill

Nancy Hill performed recently at Cherchez la femme. Those unfamiliar with Nancy probably discovered that their expectations weren't high enough. Her rapport with the audience was excellent, as was the cross-section of music offered. Her performance of "Sometimes When We Touch" by Dan Hill typified the evening: a rendition of songs almost forgotten, of times almost forgotten. Recalling the songs Nancy

performed off her newest album, "Not Just Music," isn't difficult. The title comes from the cut "Symphony," which describes a fulfilling long-term relationship by stating, "You're not just music, you're a symphony." A personal favorite off the same album was "Can We Be Two," which spoke of lovers past that our hearts presently hope to embrace as friends.

The evening had many personal touches, some offered by Nancy, others by the presence of Mercedes (a puppy), and the disco lights that didn't quite fit. Hillsound is based in Illinois, as is Nancy Hill. However, for those who missed out, Nancy said she would be in Nebraska again this year. Her albums are available in Omaha and in Lincoln at Dirt Cheap and Pickles.

--C.M. Carroll



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of
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CORONATION VII

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Amethyst at Home

Amethyst performed at Kelly's on Sunday, March 1 to a packed house. Kathy said it best: "It's good to be home." This was the first time that Amethyst has played in one of our local bars since September.

Amethyst captivated the audience with their talent. They played a wide variety of music from country, rhythm & blues, jazz, and rock to reggae. Between all the vocals and Jaci's saxophone solos, the audience just couldn't get enough. Amethyst was so well received that they would have been there all night.

Amethyst played a lot of "new" and "old" tunes, but the reggae really brought out the dancers. Three sets were performed, and between the second and third sets, we were able to experience the talents of Ellen W., a local comedienne who had everyone enchanted.

If you missed this performance, you had best keep an eye out for their next. Amethyst is a band worth your time, so make the time to see their next performance.

--Sandy

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Book Fair



Joan E. Biren



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Judy Grahn, Keynote Poet





UNL's Women's Week a Success

UNL's Women's Week included a variety of events sponsored by the Women's Words and Music Committee from UNL's Women's Resource Center (WRC) and by the University Programming Council (UPC).

Women's Week '87 started March 5 with Judy Grahn, a feminist-lesbian poet, as the keynote speaker. It ended March 13 with a grand finale concert featuring Linda Tillery with Julie Homi on piano and special guest Lucie Blue Tremblay. Other events included: the Coffee House, with five Lincoln women reading their poetry and prose; a book fair sponsored by two bookstores; and crafts, posters and jewelry on sale.

The International Women's Panel was a panel discussion with women from Africa, Australia, Iran, India and Venezuela. Dr. Barbara DiBernard talked about "Feminist Styles of Teaching" on March 11. Also on the 11th, JEB came with her newest multi-image slide show *Out of Bounds: A Lesbian Journey* reviewed elsewhere in this issue.

Women's Week was a success. Many events took place in the evening, enabling women from the community to participate.

All contributions are welcome to the Women's Fund, which finances "controversial" programs -- such as JEB -- which the UPC won't sponsor. The address of the Women's Resource Center is 117 Nebraska Union; UNL; Lincoln, NE. 68588-0453.

--Julie



Crafts and Jewelry



Lucie Blue Tremblay



Twyla Hansen



UNL Women's Week JEB's Slideshow

In her slideshow, *Out of Bounds: A Lesbian Journey*, JEB (Joan E. Biren) pushes the bounds of what a slideshow is all about. It was a part of Women's Week at UNL, shown in the Nebraska Union March 11. She used two programmable dissolving slide projectors; since they were both aimed at one screen, she was able to fade from one picture to another gradually or all at once. By controlling and varying this, she was able to create mood and rhythm. The sequence of photos were planned to make sense logically as well as aesthetically. The theme of the show was to give an overall view of lesbians in a herstorical and cultural sense. Along with slides, JEB provided a narration and a variety of wimmin's music pertaining to the images on-screen (she calls it her lesbian alternative to MTV).

Joan began the show with an ominous, spine-tingling drum beat and slides of a sea shore. She then moved on to drawings of

amazonian figures, witches and witch burnings. Here she began to play around with animation, with various degrees of success. Some of it appeared jerky and jittery. She did succeed in creating the illusion of a flickering, moving fire, however, by flashing back and forth between two slides of the same fire taken a short span of time apart.

After the images of the witches, the show moved on to black and white photos of real-life lesbians from the 1800's and early 1900's. It was truly empowering for me to visually see a portion of my lesbian herstory. JEB then shared her own life with the audience with photos of her during her college years in the 1960's at Mt. Holyoke, her early years as an activist, and appearing before the Supreme Court to fight for abortion rights.

A sizeable part of the show was JEB's own photos of various parades and demonstrations throughout the U.S. Accompanied by the song "Gay and Proud," recorded by

the Berkeley Women's Music Collective, this series of shots can't help but instill hope, pride and a sense of importance into lesbians and gays who see this. The following series of recent headlines from major publications that flash across the screen -- some positive, but mostly negative -- quickly bring the viewer back to the real world of oppressive laws and AIDS.

Joan's slides of present-day lesbians in various settings, mixed with images of the natural world, comprise the rest of the slide show. A photo of two wimmin standing beneath a road sign stating 'AMAZON' raised numerous cheers from the audience. JEB did include photos of nude wimmin, most of which I thought were done in good taste.

Following the slide presentation, JEB had a discussion with the audience. She spoke of her years at an all-wimmin's college and her plans to release a new book this fall (*Eye to Eye: Portraits of Lesbians* was published in 1979). She then gave a speech on lesbian visibility and gave an informal poll. She asked the lesbians (and gay men) in the audience how many of them had caused a heart attack coming out to someone (one woman said someone came down with the flu). She then asked how many had spent hours trying to build up the courage to come out to someone, only to have the person say she or he already knew it (many hands went up).

The event was attended by over 125 people, almost half students, half non-students. I found it ironic that it took place in the room where Paul Cameron gave his "airplane" speech last year. JEB's slide show almost did not occur; we didn't know until days before the event that it was actually going to take place. With money from the Lincoln Legion of Lesbians, the Nebraska Coalition for Gay and Lesbian Rights, and a last-minute donation, the Feminist Action Alliance was able to bring JEB to Lincoln.

--Vicki Jedlicka



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A Torch Song Trilogy

GLSA presented 'A Torch Song Trilogy' on Friday and Saturday evenings, March 6 and 7 at the Student Union Ballroom. The viewer was taken through a wide range of emotions as 'Torch Song' dealt with the issues of gay relationships. The play was superbly presented after a short rehearsal period.



Sophisticated Ladies

Kay Lyn Palmer and Debra Carrington were just a few of the 'Sophisticated Ladies' who performed at Kelly's on March 19. A beautiful 'Art Deco' set added to the elegance of the evening which featured unique and stylish gowns. Routines of comedy were performed by Peaches La Rue and Bridget & Friends. Other performers included Amanda Fox and Sable.

--Larry Wiseblood

Absolutely "The Max"

Bridget and Friends

I got a phone call one day from Larry Wiseblood and he told me he knew of a group of womyn who had this "show," and could I book them at The Max for a *New Voice* Fundraiser? Little did I know that this group of womyn would soon put Omaha on its ear.

Bridget and Friends performed at The Max on February 22, and showed everyone what can happen when a group gets together and lets their talent flow. Innovative, creative, and hilariously funny are but a few words that come to mind when you see Bridget and Friends.

The two M.C.'s for the evening, Buddy Starr and Kim More, were instrumental in the flow of the evening. Between Buddy's Carol Channing and Kim's "straight-faced" dry humor, the evening was a great success. I'm not sure which skit I enjoyed the most: "The California Raisins," "The Pirate Number," "The Damsel in Distress" -- the list goes on. A must-see!

Mardi Gras

On March 3, "Mardi Gras" was held with a "costume" theme. Czarina Mark Castro and Duchess Jennifer Jett were the hosts of this grand affair. Coming in costume was highly suggested, and the community responded. There was everything from a walking pack of "Kool" smokes to an Imperial Court walking parade float. There were three categories in which to enter a costume: male, female, and

miscellaneous. Twenty-six contestants entered, and double that number were also in costume. This proved to be a great success for Czarina Mark and Duchess Jennifer. One of the major backbones of the function was Jeff Wilson (one of the waiters at The Max), who adorned the bar with his masterful artwork. Jeff is a great talent, and Mark and Jennifer want to say, "Thank you, Jeff! You're the best!" CONCERN handed out Mardi Gras beads with pastel condoms attached. Awards were given to best costume, and evidently Velvet got an award for coming in leather. (Judy Garland never looked that good.)

Illusion Roulette

On March 8, the Imperial Court of Nebraska hosted an "Illusion" or "Drag" Roulette. This is where an entertainer is called on stage, and the D.J. puts on some other performer's music. When one considers that many of the performers had been to a birthday party for Gloria all afternoon, and that the show dang-near closed the bar, it isn't surprising to have one performer doing another's song from a prone position. This turned out to be a very interesting show, and one that will benefit the I.C.O.N. Coronation, which will be held June 20 at the Carter Lake Warehouse Ballroom.



Male Strippers

Once again, some of your favorites danced their little "tootsies" off on March 15. Mr. Lustfull, Midnight Delight and Mr. Innocence took the stage, and took it off on stage. Lustfull with his tux, Midnight Delight with the leather biker outfit, and Mr. Innocence with his three-piece suit wowed the crowd as always. Some different talent will be coming soon from Texas. Check it out to see if things from Texas really are bigger and better!

Till next time!

--Vince/Velvet Perry and Jerry Peck



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Bridget and Friends Perform at their Max



Bridget and Friends

Bridget and Friends performed at 'The Max' on February 22 to a large audience packed wall-to-wall. The audience thrilled to their witty adaptations of popular songs, and their fast-moving skits and lip syncs captivated the group.

Health Concerns

Diseases that are Sexually Transmitted

The term "venereal disease" is used for certain infections which are almost always passed on by sexual contact. The microorganisms that cause them usually live in the infected person's genitals, mouth or anus, where they have been put by sexual activity.

To infect another person, the microorganisms usually have to enter the body through an orifice (such as the genital opening, anus or mouth), and sexual activity gives them this chance. The first symptoms of disorder appear on the part of the body that has been in contact with the infected part of the infected person. Some are caused by bacteria, some by viruses, some by other microorganisms. It is important for gay men and lesbians to be aware of the different diseases caused by sexual contact and take whatever precautions are necessary.

Syphilis

Sometimes nicknamed "the pox" or "scab," it is the most serious of sexual infections. The Nebraska State Health Department reports that the number of cases of syphilis in the past few months has been going up at an alarming rate. A representative of the health department visited some local gay bars because of concerns about the increase of cases.

The incubation period is the period from which you catch the infection to the time you show the first signs. With syphilis, this is between nine days and three months (usually three weeks or more). About 1000 germs are typically picked up on infection. After three weeks, they have multiplied to 100-200 million. If the disorder is untreated, they can invade the whole body, eventually causing death.

Syphilis has four stages:

I. Primary Stage: The first symptoms are seen in the parts of the body that have been in contact with

the infected person, such as the genitals, rectum or mouth. A spot occurs and grows into a sore that oozes a colorless fluid (but no blood). The sore feels like a button: round or oval, and about one-half inch across. A week later, the glands in the groin may swell. There is no feeling of illness, and sores heal in a few weeks without treatment.

II. Secondary Stage: Bacteria have spread through the entire body. It may occur right after the primary stage, but usually there is a gap of several weeks. Symptoms may include headaches, loss of appetite, general aches and pains, sickness, and perhaps fever. Also, there are breaks in the skin, and sometimes a dark red rash, lasting for weeks or even months on the back of the legs, front of the arms or face, hands, and feet. Other symptoms can include hair falling out in patches, swollen glands throughout the body, and sores in the mouth, nose, throat or genitals. All symptoms eventually disappear without treatment between three weeks to nine months.

III. Latent Stage: This may last for a few months to 50 years. There are no symptoms. After about two years, the person ceases to be infectious, but presence of the syphilis can still be detected by blood tests.

IV. Tertiary Stage: This occurs in about one-third of people who have not been treated earlier. The disease can now show itself by causing permanent damage to one part of the body. Common are ulcers in the skin and lesions on ligaments, joints or bones. These are painful, but tertiary syphilis is more serious if it attacks the heart, blood vessels, or the nervous system. It can then kill, blind, paralyze, cripple, or render someone insane.

Syphilis is not easy to diagnose. Its symptoms are often mild or indistinctive. Testing sores for bacteria or blood for antibodies is necessary. Neither always works, so repeat tests are important.

Treatment: Recent studies have reaffirmed the effectiveness of peni-

cillin in the treatment of syphilis. For primary, secondary, and latent syphilis, the treatment of choice is benzathine penicillin G. Syphilis in patients allergic to penicillin should be treated with tetracycline or erythromycin in the dose appropriate for the stage of infection.

Gonorrhea

Gonorrhea, which is sometimes nicknamed the "clap," has spread very rapidly among young people in recent years. There are over a half million cases reported in the USA every year, and the true figure is probably many times that number.

Like syphilis, gonorrhea is caused by bacteria that thrive in warm, moist linings in the vagina, urethra, rectum or mouth. It is normally passed on by sexual contact and cannot be picked up from contact with objects. Unlike syphilis, the form of sexual contact involved is normally only genital or anal intercourse. Oral contact does not often pass on gonorrhea. Men commonly start showing symptoms within two to ten days after contact, often in three to five days. There is a burning sensation during urination and a white discharge (pus) from the penis. These signs appear in a lucky 85% of those infected -- lucky because the pain makes them seek medical help. The unlucky 15% suffer damage and may spread the disease without knowing it.

Untreated gonorrhea can destroy many body tissues, leaving scars within the vas deferens (men) or ovarian tubes (womyn), causing sterility. Men with long-untreated gonorrhea develop scar tissue in the urethra, which must be penetrated mechanically to allow urine to pass. This is very painful and must be repeated periodically throughout life. Womyn with long-untreated gonorrhea may develop pelvic inflammatory disease (PID), which is both painful and dangerous. It may cause partial obstruction of the ovarian tissues as well as total obstruction and sterility.

...continued

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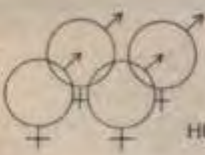
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In womyn, the signs are about the same, but the percentages are reversed: 80 to 85% of those infected don't know it. The discharge may be within the vagina and so unnoticed; the vagina is relatively insensitive to pain, so there is little discomfort unless the urethra becomes infected. You cannot look at yourself or your partner and be sure whether either of you has gonorrhea. However, it is easily diagnosed. Smears are painlessly taken from the penile meatus or uterine cervix, the anus, and the throat, and applied to bacterial culture plates. If the germs are present, they will grow within several days.

Oral-genital and anal-genital intercourse can transmit gonorrhea to the mouth or anus. Oral gonorrhea sometimes leads to hoarseness or a red throat, and gonorrhea can manifest itself in an anal discharge. Anal infections are usually painless, so they become unknown reservoirs for further spread of the disease.

Long-standing gonorrhea can cause heart disease and thus death. It also sometimes leads to blindness and arthritis. A single, massive injection of penicillin usually cures gonorrhea, as does treatment with ampicillin or a recently developed type of penicillin in pill form. However, several highly-resistant strains of gonococci have developed, so retesting after treatment is advisable. Some of these strains are susceptible to other antibiotics, but new strains have appeared that resist all drugs.

Testing for Syphilis and Gonorrhea

Lesbians and gays who have multiple sex partners should be tested for gonorrhea and syphilis on a regular basis. It is recommended that testing be done every three to six months. If you are uncomfortable going to your own private doctor, clinics are available in Omaha and Lincoln at no charge, and they do provide confidential testing.

- **Lincoln**
- Lincoln/Lancaster Health Department
- 2200 St. Mary's Ave., 471-7800
- Hours: Tuesday, 1-3 p.m. and Thursday, 5-7 p.m.
- Donations accepted

- **Omaha**
- Clark Street Clinic
- 1728 N. 22nd St., 444-7750
- Hours: Monday and Thursday, 5-6:30 p.m.; Tuesday and Friday, 2-2:30 p.m.

Hepatitis B

Only recently has the viral disease Hepatitis B been recognized as sexually transmitted. Now it is considered one of the most prevalent such diseases, especially among gay men who practice anal intercourse. Hepatitis B is a serious, sometimes fatal disease of the liver, which is transmitted from person to person by blood or by fluids that the body makes from blood, such as saliva, tears, semen and the like. Hepatitis B causes fever, chills, and long-lasting general discomfort; symptoms may persist for months. In rare cases, the disease is fatal, but the illness is usually self-limiting.

Some doctors, gay men and others at high risk for hepatitis B -- whether by profession or lifestyle -- are already immune to the disease. It is a good thing to have antibodies against hepatitis B virus. Many gay men do: they have acquired them through contact with a small quantity of virus at some time in the past. A vaccine for hepatitis B is available. A series of painless injections contain the non-infectious part of the hepatitis B virus, and allow the body to develop antibodies that will protect against infection in the future. Sexually active gay men and health care professionals should be vaccinated, especially if they have not developed antibodies to the disease.

Genital Herpes

Genital herpes is caused by a virus. The virus enters the body when a person comes into direct contact with someone who is infected and is shedding the virus. Sexual transmission is the most common way this happens. Once the virus is established in the body and an active infection develops, the individual exposed is capable of passing the virus to another person.

Once infected with genital herpes, a person may have recurrences throughout life. Unlike gonorrhea or syphilis, genital herpes is a virus

and cannot be killed by antibiotics such as penicillin. Presently, there is no cure. Best estimates are that at least five million people in this country are infected with genital herpes. This disease is worse for womyn than for men; it may develop in the uterus without their knowledge. Herpes sores on the labia are painful, especially during urination. The herpes virus is suspected of being a causative factor in cervical cancer. It can also infect infants during birth. Approximately two to twenty days after exposure, the first symptoms may be minor rashes or itching in the genital area.

After this, one or more painful blister-like, fluid-filled lesions, sores or clusters of lesions usually develop. Also, swollen lymph glands, fever, aching muscles and a general "sick" feeling may develop. Herpes sores will eventually dry up and disappear, usually within a week to a month. The apparent "spontaneous" cure is, in fact, no cure at all. Even though the symptoms have disappeared, the disease has not. The virus remains alive inside the body. Reoccurring sores resemble their initial appearance, but usually aren't quite as bothersome.

A person with genital herpes is advised not to have sex whenever the genital herpes sores are active, as the sores are active. Medications are available on the market to relieve the pain. But medication can't cure the virus or reduce the time during which sores will appear. Discomfort can be reduced by applying an anesthetic cream (xylocain) or ointment (zinc oxide).

AIDS

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Nebraska AIDS Project

Genital Warts

Genital warts are fairly common and very contagious. They are spread by sexual contact, perhaps caused by a virus, and appear after one to six months' incubation on, in or around the genitals or anus. They are usually cured by repeated use of a resin application. If this fails, they may have to be burned off with chemicals or electricity.

Infections—Crabs

Crabs are human parasites, measuring about one-eighth of an inch long, that infect the pubic hair. Under a magnifying glass, their front extremities look like crab claws. The female lays five or six eggs daily which are firmly attached to the pubic hairs. The crab lice take two blood meals daily, leaving on the skin very small puncture sites that are very itchy. Over a few weeks, or months, these punctures of the skin and the trauma caused by excessive scratching create a very red, irritating rash in the groin area. Although crab lice usually are restricted to the pubic hair, mustaches and body hair may also be infected

in individuals whose infection is untreated for months or years. Crab lice are passed through close physical contact (i.e., bed partners). Diagnosis is made by finding the small white "nits" attached to the base of pubic hairs or by finding an adult louse hiding in the hair itself.

One treatment is using a medical prescription of Kwell Shampoo, in which the infected hair (not eyebrows) is soaked for four to six minutes, rinsed, dried and then combed with a very fine tooth comb to remove the nits. Other non-prescription shampoos are available. Read the directions very carefully. Clothing and bedding should be washed in hot water, and clothing that must be dry-cleaned should not be worn for two weeks, allowing any possible nits to mature and die.

Scabies

Scabies, or "the itch," is caused by a tiny mite, which mainly lives on and around the genitals. The female mite burrows beneath the skin to lay her eggs. Symptoms include itchy lumps and tracks, which be-

come noticeable after four or six weeks' incubation. They can occur between the fingers, buttocks, on wrists and armpits, as well as on the genitals. The itching is worse in warm conditions. Chemicals can be obtained to get rid of the scabies in the exposed areas.

Other Genital Diseases Transmitted Sexually or Non-Sexually

Candidiasis

Candidiasis (monilia, vaginal thrush, "yeast") is caused by yeastlike fungus cells called candida or monilia that are found everywhere in the mouth, vagina or intestines or at least 50 percent of healthy people. If these cells multiply in the vagina or under the foreskin, they produce severe itching and a thick, white "cottage cheese" discharge. Treatment is with fungicidal salves or suppositories.

...continued

ALERT

To Lincoln Voters:

Hank Buis, the commercial building contractor, is now a Lincoln City Council candidate. He is **also** a former **board member** of ISIS, Paul Cameron's **viciously anti-gay** "research" organization. Consider this before casting your ballot in Lincoln's forthcoming primary election.



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Trichomoniasis

This common vaginal infection (also called "trich") is caused by a protozoan called *Trichomonas vaginalis*. The symptoms are itching, a yellow-green discharge (which may stain undergarments) and strong odor. Diagnosis is by microscopic examination of the discharge. Men rarely show signs of trichomoniasis, but they can harbor it under the foreskin and transmit it.

Jock Itch, Panty Itch

This is caused by a fungus (*tinea cruris*) related to those which produce ringworm and athlete's foot. The skin in the genital area may scale, redden, crack and itch severely. The cracks can become infected. Fungicidal powders and salves are available to treat it.

Infectious Mononucleosis

Infectious mononucleosis is a viral disease ("mono," "kissing disease," "glandular fever") which causes fever, headaches, chills, sore throat, swollen lymph glands, weakness and general discomfort. It can be transmitted by deep kissing but also in many other ways. After two to four weeks of rest, vitamins, and a bland but balanced diet, there is usually improvement. However, severe complications can develop, and fatalities occasionally occur.

Cervical Cancer

Cervical cancer is influenced by coitus. There is a reluctance to call it an STD because of the stigma attached to such diseases. Women who start coitus early in life and have many partners are more likely to develop cervical cancer than those who start later and have few partners. Women who don't have coitus never develop cervical cancer. (A study of some 13,000 nuns failed to reveal a single case.)

Non-Specific Urethritis or Nongonococcal Urethritis (NGU)

NGU resembles gonorrhea and is perhaps more common. Its causes are unknown and it can occur without sexual contact. Symptoms may be mild, severe or absent in both sexes; regardless, one can transmit the disease. It responds best to tetracycline.

Chancroid, lymphogranuloma venereum and granuloma inguinale

Because chancroid (soft chancre), lymphogranuloma venereum (LCV, "tropical bubo") and granuloma inguinale (Donovan's disease) are seen in the United States much less often than gonorrhea and syphilis, they are called the minor venereal diseases. These microbial and viral infections cause skin sores or swelling that may or may not be painful. Diagnosis is done by microscopically examining material from lesions. Treatment varies, but sulfa drugs and tetracycline are most often effective.

Prevention and Detection

Worrying about getting a sexual infection is not a healthy attitude. The only way to be sure of not developing a sexual infection is to not have sex. But safeguards can be taken to severely reduce the risks.

1. Be Suspicious. Someone with many partners is obviously exposed more to infection. Many people are unknowing carriers of VD. And "nice" people from "good" homes can give and get it. Picking partners carefully is the most effective and most widely used way to avoid sexually transmitted diseases, as well as reducing the number of partners. Monogamy is becoming more popular and advisable.

2. Take Preventive Measures. Washing the genitals with soap and water before sexual contact helps prevent disease. Washing, douching, and urinating soon afterward also help. Using a condom prevents penile transmissions of diseases. Special products available at pharmacies and some contraceptive foams are also effective. Nonoxynol 9 has been shown to kill some viruses.

3. When In Doubt, Check It Out. Be suspicious of any bump, sore, pain, discharge or discoloration of the genitals, anus or mouth in yourself or your partner. At any inkling of a problem, go to a private physician or public clinic, and be specific about your symptoms and concerns.

4. Fear not. Tests for sexually transmitted diseases are quick, simple and relatively painless. The same is true of treatment.

5. Expand Horizons. Kissing, cuddling, massaging and mutual masturbation have a very low risk of transmitting disease.

6. Eliminate Unhealthy Substances. Reduce or eliminate the use of all street drugs, poppers, alcohol and marijuana, as studies have shown these may impair the body's immune system and your judgment.

7. Healthy and Wise. Maintain your health and well-being by eating well, exercising and getting adequate rest. Cope with stress by learning relaxation techniques. See your physician on a regular basis.



Mass: 7 p.m., 2nd Sunday monthly
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Creighton University Campus

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Gay/Lesbian Information
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68502
475-4697

Wed.-Sat.
8:00 pm-Midnight

AIDS

Acquired Immune Deficiency Syndrome (AIDS) was first identified as a disease in the U.S. in 1981 among gay communities in New York and Los Angeles. AIDS is a fatal, incurable disease that destroys much of the body's immune system, making it unable to resist infection and other disease. There have been 25 cases of AIDS verified in Nebraska. Since AIDS was first detected in the state in 1983, the rate of occurrence has doubled every year. About 85% of AIDS patients studied have had one or both of two rare, opportunistic diseases: pneumocystis carinii pneumonia, a parasitic infection of the lungs, and a type of cancer known as Kaposi's sarcoma.

Evidence strongly suggests that AIDS is transmitted through direct contact with body fluids such as blood or semen passed during intimate sexual activity, through the sharing of needles, and rarely through the transfer of blood products.

The mortality rate is high. Over 80% of diagnosed cases have died within two years after the appearance of symptoms. Seventy to 75% of AIDS cases diagnosed nationally are gay or bisexual men.

AIDS is not spread by sharing households, meals, or toilet facilities. Nor is it spread through such acts of affection as kissing and hugging, or through contact with books and other items used by an AIDS patient. Although the AIDS virus has been found in saliva and tears, there is no evidence that exposure to either has resulted in transmission of the disease. AIDS is not spread through air or water and cannot be spread by coughing or sneezing. Outside the body, the AIDS virus is very fragile.

According to the Centers for Disease Control (CDC), each of three criteria must be present for a person to be diagnosed as having AIDS. Tests must show:

1. The presence of a reliably diagnosed disease, at least moderately predictive of cellular immune deficiency. Kaposi's sarcoma, or any one of several other rare cancers, or one of the opportunistic in-

fections, or one of a growing number of conditions must be accepted as evidence for immune deficiency. Some persons may have more than one of the conditions at the same time, but only one is necessary for diagnosis.

2. Evidence of HTLV-III virus exposure. Currently, a positive HTLV-III antibody blood test is the most common test used.

3. The presence of either a decreased actual number of T-Helper cells in the blood; or a low ratio of T-Helper to T-Suppressor cells, found when the white cells are sorted.

A person who satisfied only category 2 and 3 does not have AIDS. That person has a different disease caused by the HTLV-III virus, known as AIDS-related complex, or ARC.

Symptoms

Many of the early symptoms of AIDS or ARC are similar to those of common illnesses, such as the flu. What distinguishes AIDS is the severity and duration of the symptoms. Of particular importance are:

1. Persistent, excessive tiredness for no apparent reason.
2. Recurring fevers, chills or night sweats.
3. Unexplained weight loss of more than ten pounds.
4. Persistent enlargement of the lymph nodes (glands) in the neck, armpits, or groin.
5. Sore throat that does not go away, or white spots or patches in the mouth.
6. Frequent dry cough, without having a cold or the flu, especially if you have trouble catching your breath.
7. Easy bruising or unexplained bleeding from any part of the body.
8. Persistent diarrhea.
9. Pink or purple bumps or blotches on the skin.

The presence of one or more of these symptoms for two weeks or more indicates the need for medical evaluation; never hesitate to see a health care provider for examination.

AIDS Related Complex (ARC)

Infection with the HTLV-III virus does not always cause disease. It may cause no disease at all, AIDS, or the AIDS-related complex (ARC). Persons with ARC have been exposed to the AIDS virus and it has set up infection. These persons are sick. Their lymph glands in the neck, under the arms, and all through the body swell up for months. They may feel sick and fatigued; have fever; be awakened from sleep by profuse sweating; lose weight without trying; and experience other symptoms of illness. Although present estimates vary, most experts agree that less than one-half of persons with ARC will develop AIDS. Presumably, ARC represents an effort by the person's immune system to mobilize and fight off the AIDS virus.

A Positive HTLV-III (HIV) Antibody Test

The HTLV-III (HIV) antibody was designed so that blood banks could destroy blood donated by persons with evidence of infection by the HTLV-III virus. The ELISA test, as it's called, is super-sensitive; although it's supposed to detect antibodies present in the blood as a result of infection by HTLV-III virus at some time, some false-positive results occur. A positive HTLV-III antibody test, by itself, does not mean that someone has the virus in their body; or it may not. A positive HTLV-III antibody test means only that a person was exposed to enough HTLV-III virus to develop measurable antibodies.

The decision to have the antibody test taken should be based on confidentiality, as well as careful interpretation of what the results mean. Persons who are antibody positive should consider themselves potential carriers of the virus, and should refrain from risky sexual practices.



Asymptomatic Carriers

The vast majority of persons infected with the HTLV-III virus, and able to pass it to others, have no symptoms at all. They can expose others to the virus without knowing it. Attempting to avoid having sex with persons who appear "sick" is not an effective way to avoid AIDS virus infection.

Remember that the AIDS virus reproduces with T-Helper cells. Because it gradually kills off these cells, the sicker a person is, the fewer cells this person has. Therefore, the most dangerous person to have sex with may be an apparently healthy person, who may have more of the HTLV-III virus.

How to Use a Condom

Condoms are easy to use. But some careful attention can maximize your pleasure and protection. Rubbers generally fail because of incorrect use. They rarely leak or break due to faulty manufacture. Be prepared! Keep a convenient supply of condoms next to your bed for every-time use. Take some with you on a hot date. Use condoms every time you have anal or oral sex.

- * Open the package carefully. Tearing or long fingernails can damage the rubber. Don't test rubbers by inflating them or stretching them.

- * Keep your penis free of grease and lube for best "holding power." A generous dab of water-based lubricant in the tip of the condom will greatly increase sensation without slippage.

- * Gently press the air out of the receptacle tip before putting on the condom. Air bubbles can cause condoms to break. Plain-ended rubbers require about a half-inch free at the tip to catch the sperm.

- * Unroll the condom so that it covers the entire erect penis. If uncircumcized, pull back the foreskin before covering the head with the condom. Fitting an erect penis with a condom is best, but if the penis is soft, be sure to unroll the entire condom down to the base as

the penis hardens. Smooth the condom to eliminate any air bubbles.

- * Use plenty of water-based lubricant. Do not use oil-based lubricants or saliva.

- * Hold onto the base of the condom after ejaculating to avoid spilling the sperm or losing the rubber inside your partner. With-

draw gently.

- * Throw away used rubbers. Condoms should not be used more than once. Never go from one person to another before washing yourself well and changing rubbers.

- * Practice makes perfect. Experiment and talk with your partner to make condoms a sexy and exciting experience.

Nebraska AIDS Statistics

(obtained from the State Health Department on March 18, 1987)

1983	1	Hispanic	1
1984	2	American Indian	1
1985	7	Homosexual/Bisexual	19
1986	14	Homosexual/IV Drug User	1
1987 (Jan. & Feb.)	1	Blood Transfusions	3
Total Cases	25	IV Drug Users	2
Men	23	Youngest	25
Women	2	Oldest	69
White	19	Omaha & Lincoln	22
Black	4	Rural/Small Cities	3
		Number of Deaths	19

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You Can Get AIDS from Someone Who is Infected with the AIDS Virus:

- If you have vaginal or anal intercourse without a rubber.
- If you shoot up drugs with someone else's needles, "works," "rig," or "tools."
- If you have mouth to anus contact or hand in anus contact.
- If you swallow urine, semen or feces or allow them in your mouth.
- If you received contaminated blood from a blood transfusion between 1979 and 1985.
- If you use internally someone else's sex toys that are not clean or that are shared during sex play.
- If you engage in internal watersports.
- If you engage in fisting or rimming.

It May be Possible to Get AIDS from Someone Infected with the AIDS Virus:

- If you swallow fluid from the vagina.
- If you have vaginal/anal intercourse with a condom and it breaks during sex.
- If you have oral sex and stop before the man climaxes (pre-seminal fluid contains the virus).
- If you French kiss.
- If you masturbate on open or broken skin.



You Cannot Get AIDS

- From shaking hands, hugging, social kissing, crying, sneezing or coughing.
- From swimming pools, hot tubs, restaurants, elevators, or the air.
- From sharing drinking glasses or straws, silverware or dishes.
- From toilet seats, door knobs, typewriters, or telephones.
- From body massages, masturbation, body rubbing, dry humping, or light S&M play (no bleeding).
- From donating blood.
- From external watersports (no open sores or broken skin).

People of Color

AIDS is striking people of color. It is not limited to gay white men. In fact, two out of five Americans with AIDS are Black, Latino, Asian, American Indian, and other People of Color. Among women with AIDS, half are Black and one in five are Latino. More than four out of five U.S. children with AIDS are from the above groups. (Source: Third World AIDS Advisory Task Force)

Lesbians and AIDS

Approximately seven percent of the people with AIDS in the U.S. are women; 50 percent of these women are Black, 23 percent are Hispanics, and 26% are Caucasians. Lesbians are not at high risk of contacting or transmitting the AIDS virus at this time unless they use I.V. drugs or have unsafe sexual contact with people in high risk groups. Lesbians who may be at risk are those who:

- share needles or any other paraphernalia if using I.V. drugs. This is the single most important risk category for lesbians.

Lesbians are also at risk by having had intimate contact with:

- people who use I.V. drugs.
- men who have multiple sex partners.
- people of either sex whose sexual histories are unknown.
- people who are hemophiliac,

or who have received blood transfusions or blood products between 1979 and 1985.

Further, lesbians may be at risk if they:

- have used semen for insemination from a donor in a high risk group who is known to be antibody positive, or whose risk status is unknown.
- have received blood transfusions or blood products between 1979 and 1985.

Safe Sex Guidelines for Lesbians at Risk

These guidelines are intended for those lesbians who have reason to believe they may be infected with the AIDS virus or whose activities may place them at risk. If either woman may be carrying the virus, she should not allow her menstrual

blood, vaginal secretions, urine, feces, or breast milk to enter her partner's body through the mouth, rectum, vagina or broken skin.

Safe Sex Practices For Lesbians At Risk

- massage, hugging
- social (dry) kissing
- body-to-body rubbing
- voyeurism, exhibitionism, fantasy
- masturbation
- vibrators

Possibly Safe Sex Practices For Lesbians At Risk

- oral-genital contact (cunnilingus) using a thin piece of latex between the vulva and tongue
- hand/finger-to-genital contact, vaginal or anal penetration with fingers using a disposable

...continued

COMMUNITY RETREAT

for leaders and interested persons

Friday, May 18th
5:30 p.m. — 10 p.m.

Sponsored by the Coalition

First United Methodist Church
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Reservations Required

Call N.C.L.U. at 476-8091

- latex glove or finger cots
- French (wet) kissing
- external urine contact
- anal-oral contact (rimming) with a latex barrier

Unsafe Sex Practices For Lesbians At Risk

- unprotected cunnilingus (especially during menstruation)
- unprotected hand/finger-to-vagina or anus contact, especially if you have cuts on the hands
- sharing needles (I.V. needles, skin piercing needles)
- blood contact of any kind, including menstrual blood and sharing I.V. needles
- urine or feces in mouth or vagina
- unprotected anal-oral contact (rimming)
- sharing sex toys that have contact with body fluids

Text by Women's AIDS Network; production and distribution by San Francisco AIDS Foundation.

Nebraska AIDS Project Serves Nebraska with Toll-Free Number

The Nebraska AIDS Project has several dedicated volunteers who provide information and referrals to individuals who have questions and concerns about AIDS. The organization also provides information to help people who have AIDS and their families to receive the help they need. The organization can put callers in touch with physicians, psychiatrists, psychologists, social workers, clergy and lawyers. The line also will provide information on steps that can be taken to reduce the risk of exposure to AIDS.

Nebraska residents outside of Omaha can reach the service by calling 1-800-782-AIDS. The service is available to Omaha residents at 342-4233. Volunteers are needed to help the organization. Call 342-4233 or write P.O. Box 3512, Omaha, if you are interested in becoming a volunteer.

1-800-782-AIDS

Vegetarianism: A Lifestyle

Vegetarianism is more than just not eating meat, just as homosexuality is more than sex with one of the same sex. For many individuals vegetarianism is an expression of moral and spiritual beliefs. For others, a vegan or near-vegan diet is a preventative measure in a world where incidences of cancer, diabetes and other diseases are on the rise.

Practically: A commitment of time is required if one wishes to be a healthy vegetarian. Time must be delegated to cultivating a base of knowledge about vegetarianism.

It is simple. Advantages are present in a balanced vegan diet, disadvantages in the unbalanced diet. Balance includes recognizing and supplementing the loss of B-12 and calcium when one's diet excludes dairy products. Problems -- from a high incidence of dental disease to osteoporosis -- could develop in time. Getting enough calories is essential to every vegetarian. Protein deficiencies can develop with too low of a caloric intake.

Advantages are preventative in nature. Studies of groups prone to health-conscious vegetarianism show a fifty to seventy percent lower rate of cancer. Incidences of heart disease are less for vegetarians, as high cholesterol foods aren't present.

Preparation of the "vegetables, whole grains, and legumes," which such a diet calls for, requires more than twenty minutes. A thorough discussion of why such time seems unavailable to many of us, along with the spiritual and emotional advantages of taking such time, is put forth in *The New Laurel's Kitchen*. This book contains complete nutritional information, along with an abundance of tantalizing recipes.

Religiously: Seventh Day Adventists, along with Jewish peoples, point to the Old Testament for support of a vegetarian lifestyle. A complex statement of the creatures one should or shouldn't eat is contained in Leviticus, chapter two, in the Bible.

Morally: The conditions and processes utilized to produce the fattest

cattle most quickly are found objectionable. Inhumane treatment can occur, including lack of the space, freedom and clean living environment nature intended for her own. The use of DES to promote abnormal growth in these animals also has been linked to cancer in human beings. The big moral question is: Do we have the right to kill animals when we can fulfill our biological needs as completely off the land?

Politically: A conflict emerges as one examines the healing aspect of Feminism in relation to the violence of butchering animals. Jill Johnston, a feminist writer, found the concept of putting a dead organism into a live one as being weird. Connections have also been seen between war, meat-eating and sexism. This is briefly expounded upon in a section of *The Lesbian Reader*.

So many issues surround a choice so many of us haven't made consciously. Heightened awareness often puts one in the uncomfortable position of making a choice. Owning one's lifestyle can mean more than just embracing one's sexuality.

--C.M. Carroll



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Chemical Dependency Unit Opens in Portland

An in-patient chemical dependency unit for gay men and lesbians, the second in the nation and first on the West Coast, has been opened in Portland by a major national health care corporation.

Right Step Recovery Program begins processing its first clients this week into the 32-bed unit which includes a predominantly gay/lesbian management, staff, and treatment plan.

"If lifestyle issues aren't dealt with in depth (and I am speaking here specifically of gay and lesbian lifestyle issues) then the gay or lesbian addict/alcoholic has little chance of staying clean and sober once he or she leaves treatment," said Administrator Christopher Eskeli.

The gay community has traditionally been ignored for its special lifestyle needs and issues by the health care industry. Eskeli said that addressing sexuality, home life, and related social issues like AIDS and discrimination are an integral part of the Right Step approach.

Parent company Republic Health Corporation selected the Portland area for this West Coast pilot program over other more likely locations like San Francisco for several reasons, such as "A large gay lesbian population, a healthy economy, a central location to California, Alaska, Idaho, and the West," said Eskeli.

Republic, the largest privately help health care company in the United States, also owns the Horizon Recovery Centers, Riverside Hospital, and an adolescent treatment center, Riverside East.

"Our staff is composed of the finest medical and clinical professionals available and have come to Right Step from treatment programs all over the United States. We are forming a team dedicated to a unique, quality-oriented chemical dependency program," Eskeli said.

Right Step is located 13 miles from Northwest Portland along the Willamette River in a comfortable, wooded setting.

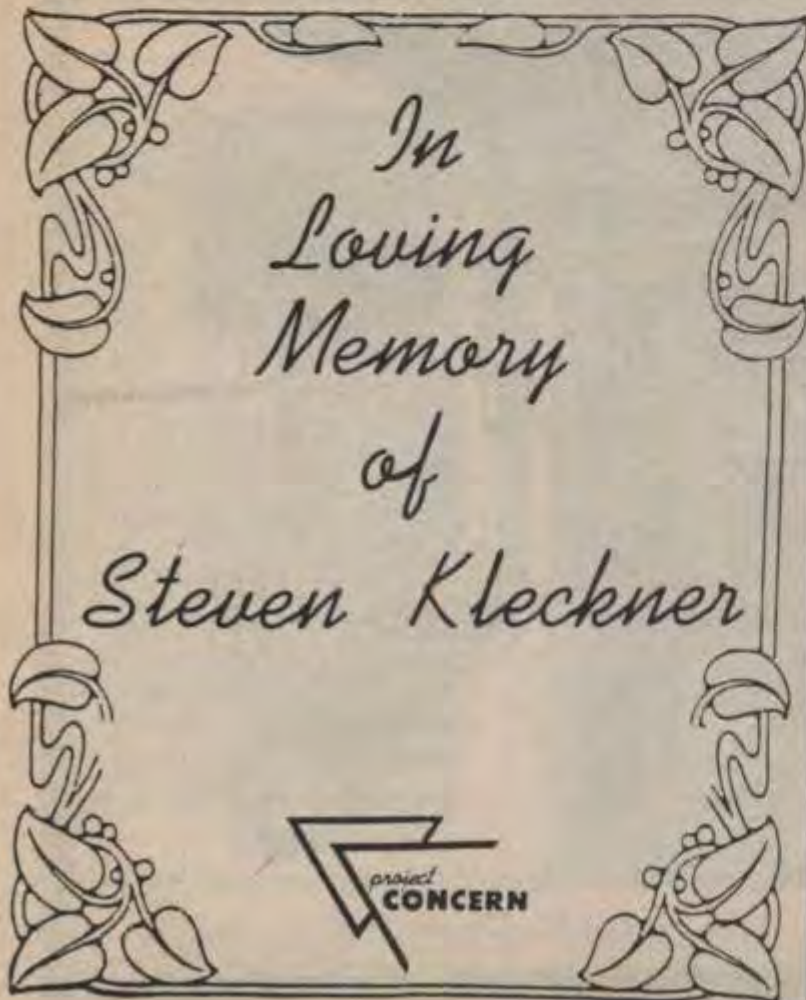
Patients at Right Step go through a 12-step recovery program similar to the Minnesota Model during an approximate 21-day stay at the center. The program provides family treatment with the special needs of alternative gay families in mind. It can include the parental family, gay partner, spouse, or children.

For more information, please contact Dr. Christopher Eskeli, Right Step Recovery Program, 17645 N.W. St. Helen's Road, Portland, OR 97231, or call 1-800-221-9053.

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Health Concerns for Wimmin

Uterine Cancer

While Lesbian womyn are not usually subject to sexually transmitted diseases, they are subject to the uterine cancers that occur among other womyn.

Uterine cancer is the fourth most common cancer among womyn. There are approximately 55,000 new cases a year, but less than 10,000 will result in death. (This is largely due to the development of the Pap test.) Uterine or endometrial cancer, in the lining of the uterus, occurs mostly in womyn over the age of 40. At increased risk are womyn who are overweight, taking hormones, or who are having infertility or ovulation problems. Womyn who have had abnormal bleeding unrelated to menstruation, abnormal vaginal discharge, a hysterectomy for cancer of any of the female organs or a hysterectomy for a benign (non-cancerous) condition should have regular Pap smears -- perhaps more than twice a year, depending on a gynecologist's recommendation.

The Pap test itself, named for Dr. George N. Papanicolaou, is a relatively painless method of examining cells in the body of the uterus and the cervix. A cotton-tipped swab is inserted into the vagina to collect cells in the uterine body and a cervical scraper is used to collect cells in the cervix. The entire procedure takes no more than a minute or so and is no more uncomfortable for most womyn than inserting a tampon.

The collected cells are then examined under a microscope for abnormalities. It is important to note that not all abnormal Pap tests indicate cancer. Pap tests also reveal changes in cells that can lead to cancer. The Pap test may also detect infections and other related cancers.

If the cells on a smear are "dysplastic," meaning they appear immature with abnormal nuclei, there is a chance that these cells will develop later into invasive cervical cancer unless treated. According to the American Cancer Society, "Serious problems can be avoided. The earlier the abnormalities are de-

tected, the more amenable they are to treatment."

Receiving a Pap test and pelvic examination is not the most pleasant experience, but a little discomfort now may prevent much needless pain and anguish later on. More importantly, a Pap test just might save your life.

(Source: "The Pap Test," American Cancer Society, Nebraska Division.)

--AFS

Breast Cancer

While Lesbians may have a lower instance of sexually-transmitted diseases than any other segment of the population, they should realize that they are still susceptible to breast cancer. This cancer strikes over 112,000 American women every year, killing 37,000 annually. In fact, one out of every 11 women will get breast cancer, and women

over the age of 35 are its main targets.

As with every cancer, the key to effective treatment is early detection. Therefore, the Breast Self-Examination (BSE) should be something that every woman does regularly.

Breast Self-Examination

The best time to examine your breasts is about a week after your period; or, if you're past menopause, on the same day each month that is the most convenient for you. The first step of the process is to examine your breasts in the shower. With flat fingers, move gently over every part of the breast: check for lumps, hard knots or thickening (Figure 1).

The second step should be done in front of a mirror. Look at your breasts when your arms are at your

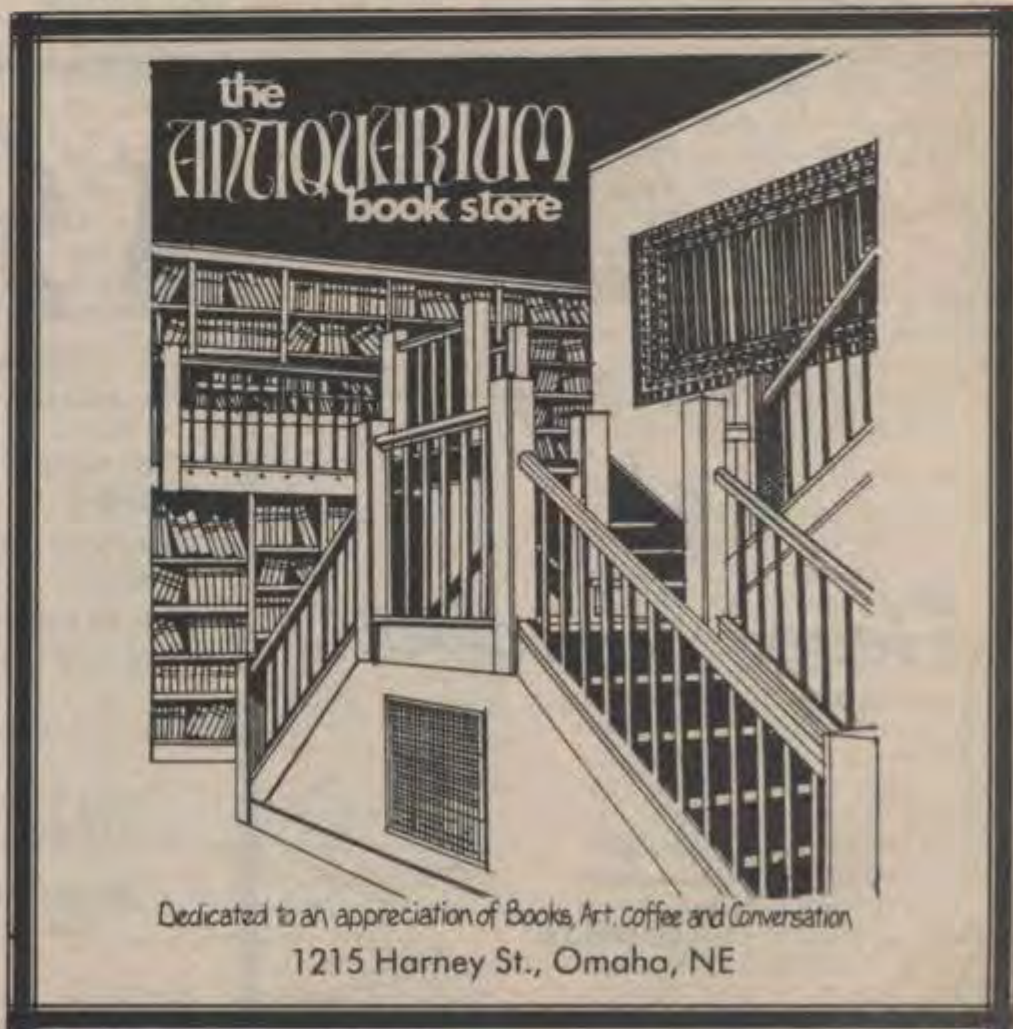




Figure 1

sides and then when they are raised over your head; check for changes in the contour, any swelling, dimpling of skin or changes in the nipple. Then rest your palms on your hips and flex the chest muscles, looking for the same things (Figure 2).

For the third step, place a pillow under your right shoulder and put your right hand behind your head. With the left hand flat, press gently in circular motions, moving clockwise around your breast. Start at the outermost top of your breast and move in circles inward to the nipple until every part of the breast has been examined (Figures 3, 4).



Figure 2

Finally, gently squeeze each nipple to see if there is any discharge. Following these steps will help you detect any signs of breast cancer while it is still relatively easy to deal with.

If anything unusual is found during the BSE, a doctor should examine the problem to suggest further action. Several new tests are available for examining the breasts for cancer. There is, of course, the typical mammonography, which involves

taking an x-ray of the breast. Another technique is transillumination, which involves shining a powerful light through the breast to detect the lump. There is also ultrasonography, which involves making a "picture" of the breast with sound waves. This method is especially valuable for identifying a fluid-filled lump. Thermography, which detects tissues that are warmer than normal, is not as specific but can be used to compare tissues in the breast over a period of time, since it has no negative effect on the body. This method has also been incorporated into portable monitoring devices which are valuable for women at high risk; these women can monitor themselves without visiting a doctor constantly. The final non-invasive diagnostic test is the chaphanography which, like the transilluminator, shines a light through the breast. The image can be filmed and transmitted by a television camera for use in second opinions and future comparison.

If it is discovered that the cyst is filled with fluid, a needle aspiration can be done, which involves drawing the fluid out to be analyzed for the presence of cancer.

If cancer is highly suspected, or if the lump is solid, a surgical biopsy can be done to remove the lump for analysis. At this time it is highly recommended that the tissue be tested to see if it is receptive to estrogen or progesterone (hormones). This information is important in deciding on treatment method if the tissue is cancerous.



Figure 3

If cancer is discovered, there are several options; each should be discussed thoroughly with the doctor. These treatments include different

degrees of mastectomy -- from a lumpectomy, which simply removes the malignant lump, to a classical radical mastectomy, which removes the breast, pectoral muscles and the nodes in the armpit. Chemotherapy (treatment with anti-cancer drugs) is also beginning to be used extensively. However, since there are over 15 different kinds of cancer and infinite types of women, this is a highly individualized treatment based on the hormone test and other characteristics of the patient. Radiation is also being used, but it is typically confined to cases where the cancer has spread and the doctor is attempting to halt it.



Figure 4

If a mastectomy is done, there are several options for reconstruction. If breast tissue is left, implants of saline and silicon can be used to give the breast shape. If the mastectomy is radical, plastic surgery can be performed to reconstruct the breast. Here again, this is something to be decided between the individual and her doctor.

Overall, breast cancer is something that should be dealt with promptly but not haphazardly. Don't hesitate to get second opinions on methods of treatment, because a slight delay in decision-making usually will not make the situation worse. Further information is available from the American Cancer Society or the Women's Breast Cancer Advisory Council. A Cancer Information Service also can be contacted by calling 1-800-4-CANCER.

If you suspect you have cancer, don't panic and don't hesitate to check it out. If you ignore it, it will get worse.

(Source: American Cancer Society)

--Jodi

Local Organizations

Lambda House Initiates Emergency Fund

Have you ever been broke, hungry, sick -- nowhere to go, no one to ask for help? Will you ever be in need of medical care, a prescription with no money to pay for it? Some of us are in this state NOW and Lambda House is being asked to offer assistance to persons who need help -- food, medical care, temporary housing, and reassurance that life is still good and the people in it, caring. We as a community have come to feel that we have an exclusive franchise on concern and caring, and as a result, we have become callous to the needs of our own. At times like these, gays and lesbians have to turn to the larger community and beg for the assistance they once assumed would come to them from friends and family. The dream bubble has burst. We are not coming forward to help; we are turning tail and re-furnishing our closets!

Lambda House is instituting an emergency, one-time medical care fund for use when hospitals deny treatment because of lack of ability to pay. Perhaps you were not aware that if you are under 19, your parents' pledge to pay the bill is required if you are to receive emergency room treatment. One of the members of Third Culture has volunteered to initiate a revolving loan fund for emergency needs such as food and transportation. Lambda House has already given, and will continue to give short-term emergency housing to persons who have no ability to pay and need time to find work or round up resources. But these funds are very limited (medical emergency \$65, food, etc., \$170). They will not go far and they will be abused, as all such helpful efforts are. The gay community has its share of free-loaders and con artists. Nevertheless, we are asked for help, and concern demands that we meet needs, even if we are being taken advantage of, unknowingly.

We need your help -- now and in the future -- when all our resources may be overrun with the cost of AIDS-related issues. Please plan for Lambda House needs as part of your charitable giving. We are not tax deductible (being gay never has been), but we do serve persons you know, persons referred to us by gays and lesbians who are concerned about other gays and lesbians.

Five dollars will house one person for one night. Where else can you find a warm place, with a comfortable bed, for the same price?

Think about a regular support donation: \$5 each month (the price of a meal). Ten dollars will keep the house supplied with toilet paper, paper towels, Kleenex. Offer your assistance to someone in need of medical help: \$10 to the medical fund, or \$20 to the revolving loan fund. That twenty could go a long way, over and over again! Could you match what you pay for cigarettes each month (\$12)? One hundred dollars will pay the gas/electricity; \$50 comes close to pay the phone bill. If you can't give money, you can give the value of your help to maintain the house, on the cleaning crew, the management volunteer staff, house counseling, or librarian. Professional services are expensive. You can save the cost of lawn and garbage removal with a volunteer trip to the dump when needed. Lambda House is our chance to honor the universal expectation of hospitality so long held out by the gay-lesbian community to our own.

If you are interested in serving in more immediate ways, come to the Saturday House Meetings (2:00 p.m.) and become a part of the house management team. You are needed! Come and be a part of it! Call Gideon (472-1205) and please leave a message if no one is there.

--Pat Wall

Resources Available in Lincoln

Resources available in the larger community to all persons include:

Medical care, emergency room services for persons over 19 years of age, when needed. Go to the emergency room and explain you have no means of payment, but that you are welfare eligible and you will apply to the Department of Social Services within 72 hours and ask them to pay the bill. (Remember, you **MUST** do just that and make an application for emergency services, and do it *before* 2:30 p.m.)

Food Stamps: go to the Department of Social Services and ask for "expedited" services -- enough stamps to get food for a day or two. (Remember, there are no services available after 4:30 p.m., weekends, holidays or the last two days of the month.)

The Social Services are very good about giving assistance within their guidelines.

Other medical care can be obtained through Open Door Clinic (Lincoln General Hospital) where evaluations can be obtained and referrals made. Call for an appointment.

City Mission has a physician (clinic) for indigents on Thursday afternoons.

The Health Department has a clinic for emergency needs. It will prescribe prescriptions but cannot authorize payment for them.

Please explore these possibilities before exhausting Lambda House's limited and precious resources.

If you are concerned and would like to be a part of the development of AIDS-related services in Lincoln for the Lincoln Gay/Lesbian Community, please call 474-1205 and leave your name and a phone number.



Imperial Court News

Campaigning for the Court

With Coronation VII just around the corner, I'll take this opportunity to address those thinking about running for Emperor, Empress or Athena of the Imperial Court of Nebraska.

It is easy to plan a campaign. It is easy to campaign, to fulfill the term is another story. Expectations are made. Many have ideas of what should be done. Many are not there to help get those things done. Like so many of our organizations, a few get the job done. Each year the Imperial Court is frustrated by promises made by those "many," because so often the promises are not kept or are forgotten.

Those considering running must make a commitment with themselves to represent Nebraska. You must commit to making the Imperial Court something viable, a working organization to help make our community a better place to be gay. I cannot express how much

you will have to do -- alone. You will run up against brick walls, you will be blamed, you will be frustrated.

The good part: I have been the most likely of Emperors. I have made friends, found strength in others and confidence in myself. When Labor Day was over I was satisfied; when Food for Thought, Toys for Tots, and other holiday activities were completed, I was happy. I was happy and satisfied because I had chosen people I could trust, depend on and believe in to serve the court as "royal" family.

My year has been a realization that Together We Can. The Imperial Court has been successful in uniting ourselves with our community. These efforts were not made by one person or one organization, but with the help and understanding of many. These are foundation blocks from which we can continue to build a united community.

So, those of you considering a campaign, take heed; you must be

true to yourselves and our community as to why you are undertaking this challenge. Consider well, because you may get that chance to serve your community as their elected representative. Good Luck.

--Sincerely yours,
Pat Phalen
Emperor VI

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love one another."—John 15:12

Rev. Jan D. Kross, Pastor/420 So. 24th
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Phone (402) 345-2563

New Partner

Kelly's and Cherchez la femme would like to welcome Joe Swanda back to Lincoln's gay and lesbian community. As of March 3, Joe bought Barb's part interest in the two bars.

Joe has been very active in Denver's gay and lesbian community and has a lot of energy to give to Lincoln's.

Kelly and Joe will continue to offer the same friendly service while remodeling some of the facilities. Come in, have a drink, meet Joe, and say hello to all of your old friends at Cherchez and Kelly's.

Legal Briefs

AIDS and the Law

This article partially surveys recent legal developments in regard to AIDS. If you have your own legal problem, consult an attorney. The UNL Gay and Lesbian Resource Center maintains a list of attorneys who are sensitive to the special needs of readers of this magazine.

Employment

Persons with AIDS who are "otherwise qualified" to work are now clearly protected under federal statutes which prohibit discrimination in any program that receives federal financial assistance. Last month the United States Supreme Court decided *School Board of Nassau County, Florida v. Arline*, which involved an elementary school teacher who had tuberculosis. The Court held that people with tuberculosis, a contagious disease, were protected by the Rehabilitation Act of 1973.

The Rehabilitation Act of 1973, as amended, prohibits discrimination in employment on the basis of handicap by federal contractors and recipients of federal assistance. The Act also applies to the federal government as an employer itself. The Act defines handicapped individuals to include persons "otherwise qualified" to work but having a physical

or mental impairment which substantially limits one or more of that person's major life activities, or those who are regarded as having such an impairment.

Not only does the Act prohibit discrimination, it requires employers to reasonably accommodate the handicapped person where it would not cause the employer undue hardship. Reasonable accommodation relevant to persons with AIDS may include job restructuring, part-time or modified work schedules, or assignment to another position with comparable pay.

Housing

A major victory was won in the New York case *Yorkshire Towers Company v. Harpster*, 510 N.Y.S. 2d 976 (1986). The Civil Court of the City of New York decided that three surviving lovers of persons who died from AIDS-related illnesses were the legal equivalent of a surviving spouse who outlived their marriage partner. When each person died, the landlords had attempted to evict the surviving lovers. The court looked to the New York City Administrative Code, which prohibits discrimination in housing on the basis of sexual identity, and ruled that the surviving lovers could not be evicted, but were each entitled to renewal leases in their own names.

Insurance

AIDS also poses challenges for the insurance industry, a special area of sensitivity and importance for Nebraska. In *Kentucky Cent. Life Insurance Company v. Webster*, 651 F. Supp. 935 (N.D. Ala. 1986), a federal district court in Alabama found that the executor of an estate of a man diagnosed with Kaposi's sarcoma was entitled to the face amount of a life insurance policy. This ruling was delivered in spite of the fact that the man had discovered the life-threatening disease common in persons with AIDS between the date he applied for the insurance policy and the date the policy was delivered. The insurance policy issued to the man did not contain a sound health provision,

which would have required him to notify the insurer of any change in his health condition between the application and the delivery of the policy.

Legal Scholarship

A law professor at the University of Nebraska School of Law advocated last year that the entire population of the United States be tested for antibodies to the AIDS virus (Duncan, *Public Policy and the AIDS Epidemic*, *A Journal of Contemporary Health Law and Policy* 169 [1986]). Prof. Duncan's two and a half page commentary was sharply criticized upon its publication, but a ninety-three page response was published only last month to counter the UNL professor's call for national testing. The article, "AIDS: Testing Democracy -- Irrational Responses to the Public Health Crisis and the Need for Privacy in Serologic Testing," is co-authored by Prof.s Michael Closen and Susan Marie Connor of the John Marshall Law School, Dr. Howard Kaufman, and Mark Wojcik, and appears in the Privacy Edition of *The John Marshall Law Review*. Copies of the issue, if unavailable in your local law library, are available for five dollars from *The John Marshall Law Review*, 315 S. Plymouth Court, Chicago, IL 60604.

Another article published last month is from Donald H.J. Hermann, a Prof. of Law and Philosophy and Director of the Health Law Institute of DePaul University in Chicago. His article, "AIDS: Malpractice and Transmission Liability," appears in volume 58 of the *University of Colorado Law Review*. Prof. Hermann's comprehensive article is an excellent foundational work in the developing area of liability for the sexual transmission of AIDS and medical malpractice in diagnosing AIDS.

Still another article published last month is "International Travel Restrictions and the AIDS Epidemic," written by Prof. Leonard Nelson in volume 81 of the *American Journal of International Law*. Noting that some countries have adopted or

considered adopting HIV antibody screening for visitors, Prof. Nelson overlooks substantial medical evidence on established modes of transmitting HIV and wrongly concludes that there may be justification to restrict international travel. He also calls for an international educational campaign and increased assistance to developing nations for coping with the disease.

Finally, an article published last month in volume 23 of the *San Diego Law Review* by Prof. Ali Kahn reviews the United States Supreme Court decision *Bowers v. Hardwick*. In "Invasion of Sexual Privacy," Prof. Kahn argues that *Hardwick's* case presented a simple right to privacy issue, which the Court twisted into a moral one. His article concludes that gays were singled out for moral condemnation at the expense of a fundamental liberty.

--Mark Wojcik

The Legal Eagle

These legal highlights are being provided for informational purposes only. They are not intended to be exhaustive of current case law, and are not to be substituted for legal advice. We will try to present you with interesting excerpts of court rulings on a regular basis, if there are enough gay/lesbian/AIDS related issues provided through our legal channels.

AIDS

In Florida, a discovery request by the estate of an AIDS victim for the names and addresses of blood donors was denied. Although acknowledging that the victim did have an interest in obtaining the information, the court concluded that the societal interest in maintaining a strong volunteer blood donation outweighed the victim's interest. *Rasmussen v. South Florida Blood Service, Inc.*

In New York, the Supreme Court held that school officials were not required by law to exclude AIDS children from the classroom, and that automatic exclusion from school of all AIDS children would violate their rights under equal protection and the Rehabilitation Act.

The Court deferred to the health commissioner, in refusing to determine whether the nonexclusion policy was arbitrary or an abuse of discretion. *District 27 Community School Bd. v. Board of Educ. of N.Y.*, 502 N.Y.S. 2d 325 (Sup. Ct. 1986)

--Marti

PFlag Booknotes

Whose Child Cries: Children of Gay Parents Talk About Their Lives by Joe Gantz. Rolling Hills Estates, CA.: Jalmar Press, 1983, paper, \$8.95, 241 pages.

Gantz has transcribed extensive taped interviews with five families and woven them into a coherent account of portions of these families' lives. His introduction is sensitive and to the point, making no effort to claim broad generalizations from his work with these five families. The children and their parents evidently trusted Gantz, for their stories are open and honest. For this reason one has no difficulty in finding this a believable work. These children are unique in the same way that we are all unique, and their responses to their particular circumstances are their own.

Children are sensitive to how the larger society reacts to those in special circumstances. These children, living with parents who are openly gay in the home, are aware of how their world talks about and treats gay people. A quote from Annie, aged eight, sums up the whole issue of homosexuality in a way that tells it like it is. "People who don't even know what gay feels like get mad about it. Some people think it's wrong, and the people who think it's right probably are (right). And some people don't even have a choice. 'Cause when you're it, you don't even know what it feels like when you're not it. So if you're not it and you get to be it -- you'll probably like it." If that is a little complex, you have to remember that this whole area of sexuality is complex.

It's funny how you read a book at one point in your life, and then again later, and find that you are reacting to it quite differently. I

found that I was more impressed by my reading of this book two years ago than I was recently. However, I think that is because I am a little more knowledgeable now and feel cautious about recommending a text that might result in misunderstanding. If readers skip the very excellent Foreword and Introduction, they will have missed the whole focus of the book; and they may be tempted to draw inappropriate generalizations that the author does not intend.

The book is good, the families' stories are unique each to their own set of circumstances. The single most appropriate generalization that would be accurate is stated in the Foreword by Eda J. LeShan: What we learn if we are to survive as a species is that the particular form of loving is of far less consequence than the overall capacity to love and be loved.

--Jean Durgin-Clinchard
PFLAG (Parents & Friends of Lesbians and Gays Cornhusker, Inc.), 435-4688.



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Combating Homophobia

Homophobia hit home once more at the beginning of this year. During January my partner, Pam, and I attended a four-part series of lectures on homophobia, presented at the Methodist church in Hastings. I came away from those four meetings with the feeling that it's a good thing for me to be reminded occasionally of how heterosexuals think and feel about homosexuals. I also came away feeling angry after the final session.

The meetings had been well-presented and I think quite informative to most of the folks in attendance. The only problem I really saw was that more time was needed to get into some more in-depth discussions. The third week's meeting was probably the most helpful to this church-oriented group. Our leader had asked a gay man from Omaha to come and speak on the topic of what the Bible had to say about homosexuals. He spoke and answered questions for the full hour. He gave the group alternate interpretations to those Biblical passages so often used to condemn us. He showed the effect that ancient local customs had on what a particular writer said, customs which do not apply to us today. He demonstrated how one ancient Greek word had at least two possible modern English translations, only one of which was "homosexual." He also made note of how the Bible seems to consistently refer to homosexual acts performed by naturally heterosexual people and takes no account of the feelings of love experienced by gays.

And yet the very next week I saw a man, who happened to be toting a Bible that had to measure 12" x 18" or better, open it to one of the several clearly marked pages and read some quote about homosexuals not inheriting the kingdom of heaven. I spoke up to ask if he'd been listening to the previous week's discussion of alternate interpretations. But he staunchly assured me, patting his Bible, that this was God's holy word as we were meant to know it. I just sat there and bit my tongue. He certainly didn't seem like the kind of fellow to change his mind once he'd already

made it up, no matter what the evidence on the contrary. People who preach their views as the only right interpretation tend to tick me off.

The previous week's discussion fortunately fell upon other ears as well, and some of those ears heard *and* listened. I hope that if our speaker reads this, he will know that the majority of the people I spoke with in Hastings heard him with an open mind. There will always be those, though, who wouldn't change their thinking to save their own hides. People like the man with the 12" x 18" Bible make me frustrated and angry because they refuse to see any way but their own. I'm certainly not meaning that everyone should adopt my way of thinking, or any other particular way, but it would be nice if they could at least do others the courtesy of hearing and considering different viewpoints before rejecting them.

Well, if we center our attention on closed-minded people, we will feel defeated in no time flat. And if gay people want acceptance, we must actively seek out our own victories. Those sessions in Hastings did do some good. Maybe all we accomplished was providing some facts for those folks to hear rather than myths. Jean Durgin-Clinchard of the Lincoln P-FLAG group also spoke and brought with her a suitcase and a boxful of books. I overheard the comment, "I never knew there was so much literature about this topic." Maybe some folks really took to heart the alternate Biblical interpretations. Maybe some of them even thought about homosexuals as human beings rather than as labels.

I feel we need to keep having these kinds of workshops and seminars, or at least offering our help to those who plan and conduct them, until we reach that goal: to have the heterosexual see the homosexual as a person. We have been called queers, faggots, dykes, sickies, perverts, abominations against the Lord. But how often are we called human beings?

The real shame is that there's even a need for such seminars. You know, it's not being gay that's so tough; that part comes naturally to us. It's the way other people treat us that makes our lives difficult. If we were only treated with common human decency, there wouldn't be a problem. But as long as we are viewed unfavorably by society, we cannot hope to be seen as persons instead of oddities.

How many of you have experienced what I call "the great change?" For instance: you're a fine person in the view of you lover's family (or anyone else's view) until they find out you're more than just friends. Suddenly the great change occurs and you become "that thing." Even though they still accept me, my own family finds it a great embarrassment to have a gay relative. They're afraid of others "finding out" and the subsequent way their reputations will be tarnished. They probably wish they could take me back to the store for an exchange. My life-partner's family doesn't want to see me or acknowledge my existence, even though they once shook my hand in greeting. They barely even acknowledge their own daughter anymore.

I heard recently of a twenty-six



year-old woman asking an advice columnist if she should tell her best friend of her lesbianism. The columnist replied, "What is the need to tell?" The need is honesty and truthfulness, the very values our families taught us. The need is human dignity: to be accepted as the persons we are, not as false persons that others may want us to be. The need can even be carried into gay rights and the end of homophobia.

Gay Pride Week is coming again in June. It's the perfect opportunity to show people the truth of who we are. We're folks who laugh and cry, who work and pay taxes, who bleed when we cut ourselves shaving. Gay Pride Week is a time to destroy the myths perpetuated by a homophobic society. Let's show our need for human dignity with our support and attendance at planned events.

--Jean Mortensen

Breaking Up is Hard to Do

As a famous sweat shirt I once saw read, "You have to kiss a lot of frogs before you find your prince (princess)." It is difficult to find true love, and when we do, we usually think that it will last forever. However, relationships break up -- and it is hard as hell, but sometimes it is necessary. One positive aspect of breaking up is that it can be a time to re-examine your expectations in a mate and of a relationship. It is always my hope that the couples I work with will stay together, but that doesn't always happen; I have been impressed with the fact that some couples seemed to get through the breaking up process easier than others did. Here are some simple rules I have learned over the years that help with saying good-bye and getting on with your life.

First of all, many people want to stay friends with their ex, because they loved, cared, enjoyed him/her for a period of time. I have seen many good friendships develop between ex-lovers, but most people went through a period of time when they found it hard to be around each other. This is normal. The first rule, if you are breaking up, is

to do just that! (Remember, if living together didn't work while you were lovers, it probably won't work now.) It is important to set the emotional and physical boundaries soon after the decision to split up. One or both of you need to move out and live in a different house or apartment. Too many times I see couples struggling to live in the same residence and say goodbye to each other. I believe that this approach is not healthy for either party. Problems can arise if you are trying to both live together and leave each other.

Now lets move onto rule number two. This is the most often violated rule, but it is still important. *Don't rush into a new relationship right away.* You need time to grieve the old relationship before saying hello to a new relationship. It may sound strange to talk about grieving a relationship even if you were the one who wanted out, but both parties do grieve. You are saying good-bye to your dreams about and with the other person. Take time to feel the sadness, anger about the lost dreams, depression, feelings of rejections, and the disappointment

about the relationship not working out. This process usually takes from one to three years.

If you choose (and many of us do) to enter a new relationship before you are done grieving, remember that the grieving does not stop, but will continue and will affect your new relationship. This can come out in many ways -- depression without seemingly any cause, irritability, feelings of distance from your new lover at times, and either talking about or thinking about your ex's unpleasant behavior.

The third and last rule (I don't like a lot rules) is *be nice to yourself.* Because breaking up is hard, remember that you are indeed lovable and there will be other relationships. Loss of self esteem is normal during a break up. We are losing part of our identity when we say good-bye to a lover. Being part of a couple is a way of seeing oneself in this society, and breaking up can be seen as a failure. Actually, instead of being considered failures, I think couples who have struggled hard and tried to make a relationship work should be congratulated



when they make a responsible decision to say good-bye instead of staying together and being mutually miserable. Relationships are hard work and they do not all work out. It is necessary sometimes to evaluate the effort you have both put in and you may decide that it is just not going to work.

Until next time.

--Mike Fitzpatrick

Child Custody Materials Available

The Lesbian Rights Project of San Francisco has a wealth of materials available on the issue of child custody for lesbians and gay men. To receive a listing of materials available, contact Emily C. Pratt, Lesbian Rights Project, 1370 Mission Street, 4th Floor, San Francisco, CA 94103, (415) 621-0674.



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474-9962

River of Emotion

"Women are more emotional than men." While certainly there are variations as to the degree that different emotions are expressed by men and women, I believe that most people would generally agree with this statement. Some emotions are also attributed more to one sex than another. Again, while there are always exceptions, anger is usually considered to be more of a male emotion. While many feminists cross the social lines of shoulds and should nots, it's been my experience, and sadly so, that many women do indeed suppress their anger.

I grew up in an alcoholic home and my anger was not validated by any of my family members; as a matter of fact, it was not allowed! Therefore, at various points in my life, I disguised that anger with passivity, guilt, or various other "acceptable" emotions. I did so from the age of seven and finally, twenty-six years later, I allowed myself to recognize and own that anger. I can't tell you how good it feels! It has had a real domino effect on my life, releasing a whole flood of other feelings and emotions that have been lost to me for so very long.

Shortly after all this occurred, I wrote the following poem to my family. If anyone out there can relate to it and possibly grow from it just a little bit, then it will be worth my awareness that the mediocrity of my writing skills are now public knowledge.

River of Emotion

My God, what a relief
to throw out the guilt
and welcome the anger!

I never knew how good anger could
feel.

I never allowed it,
they never allowed it.

I've always been drawn
to the magnitude of a
rushing, gushing river.

She always makes me
feel peaceful and safe.
She shuts out the world.

Now, I wonder if it's not
actually her force and her
power that captivates me.

She slows forth with a vengeance,
over and around and past all
that dares to stand in her way

And those things that foolishly
attempt to prevent her passage
are left altered in her wake.

The rough edges are smoothed
and the surfaces worn away,
exposing the underlying core.

They are either polished and
softened
giving way to their underlying
beauty
or left on the banks of her life's
boundaries.

In any instance, there is change
and that change, whether by
acceptance
or abandonment is growth to the
riverbed.

I have been content to evaluate
my worth by the life-blood I have
provided to those that dwelled
around me.

Well no more my friends! It's time
to be
a river; pulsing with life and rushing
forth
to gather strength, power and
conviction.

Moving ever onward, away from
the
dams of guilt and passivity that
have
held me back and left me stagnant.

I want to travel on through life's
plains of apathy and mountains of
challenge,
merging with that which will fill me
to my capacity.

Accepting the tributaries carrying
that which
creates the totalness, the fullness of
life.

Those things that give us the
strength and wisdom to endure.

They include sadness, grief,
misplaced trust,

pain, humility, rejection, loneliness,
and yes...anger.

These are not usually guests that
we welcome into our souls.

But when they are accepted and
rearranged with patience,
tolerance, understanding and
humor; they can be transformed
into joy, security, self-esteem,
strength and love.

--Lynn Walsh

A Light in the Dark

It started
like a flicker in the darkness
that caught my attention and cu-
riosity.
I had to get near to you
for a better view
but, even with my close proxim-
ity
my objectivity
was still intact.

With time
the flicker grew stronger
as did my attention and wonder
at the source
of the light,
which cast a glimmer in my eye
you asked me why?
It was love!

And now
We glow so strong together
and I know, that never
has it been so very hard
to ever be apart
or, to try to say "goodbye"
at the end of any night
for you light the dark. . .

--P.N.



Classifieds

Healing

Healing AIDS Naturally self-help book by Laurence Badgley, M.D.; survivors' actual programs, nutrition, vitamins, minerals, herbs, acupuncture, homeopathy, mushrooms, healing mind, co-factors, metaphysics, 410 pages, 60 illustrations; write: Human Energy Press, 370 W. San Bruno #D-14, San Bruno, CA 94066.



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Lincoln, NE 68501

Name _____

Address _____

City/State/Zip _____

Mailed discreetly in a plain brown envelope.

Lonely Incarcerated Male Seeks Correspondence

Very lonely 20 year old white male, 5'8", 140 lbs., light brown hair and blue eyes, in prison for at least another nine months, would like to correspond with a sincere man. Age does not matter. Richard Deeds #14946, P.O. Box #607, Carson City NV 89701.

AIDS Vigil

Inter-Faith AIDS Vigil Sunday 5:30 to 6:00 p.m., followed by brief worship service and friendship meal. Call 474-1205 and ask for Gideon.

MCC in Lincoln?

Anyone interested in a Lincoln MCC? Call 474-1205 and ask for Pat.

Need Some TLC

A lonely lesbian is looking for some TLC from another understanding and loving lesbian between 30 and 45. If interested please write and send photo if possible: Diane Brandsteeter, 5904 Henninger Dr. #106, Omaha NE 68104.

Seeks Friendship and Companionship

Warm, shy, sensitive, friendly 32 yr. old male seeks friendship and companionship with others. Likes movies, restaurants, theaters, and horseback riding. Write to Larry B., P.O. Box 6714, Lincoln NE 68506.

Support Group

AIDS, ARC, HIV+ Support Group first and third Wednesdays. Call 474-1205 and ask for Gideon or Pat.

Sports

New Voice Bowling League Standings

1. The Chubbs (25/7)
2. Vanity's Other Halves (20/12)
3. D&J (19/13)
4. Piss & Moan (18/14)
5. Out To Lunch (17/15)
6. Not Too Serious (17/15)
7. 1 + 1 = 0 (15/17)
8. The Farts (14/18)
9. Rotten Apples (11/21)
10. Bye (4)

Community



Publication

The New Voice



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JUNE—GAY PRIDE, POLITICAL ISSUES

JULY—DISABLED GAYS AND LESBIANS

Omaha Bars, Clubs, and Lounges

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The Diamond, 712 South 16th St., 342-9595.
The Max, 1417 Jackson, 346-4110.
The Run, 1715 Leavenworth, 449-8703.
The Stage Door, 1512 Howard St.,

Lincoln Bars, Clubs and Lounges

The Board-Walk, 20th & O, 474-9741.
Cherchez la femme, 200 So. 18th (lower level), 474-9162.
The Club, 116 No. 20th St., 474-5692.
Kelly's, 200 So. 18th, 474-9962.

Gay/Lesbian Resource Directory

Nebraska Statewide

Affirmation of Nebraska. Box 80122, Lincoln 68501. United Methodists for Gay/Lesbian Concerns. Meets alternately in Omaha and Lincoln, second Friday of the month. Phone 476-9913.

Coalition for Gay and Lesbian Civil Rights. Box 94822, Lincoln 68509. Advocacy group which lobbies for lesbian/gay civil rights, provides educational presentations, publishes a newsletter and sponsors cultural and political programs.

Imperial Court of Nebraska. Box 3772, Omaha 68102. Social organization for the advancement of the gay society. Omaha meeting first Monday of each month, except holidays. Phone 733-1924.

Nebraska AIDS Project. Box 3512, Omaha 68103. Center for information, support, and coordination of AIDS related community efforts. Phone Omaha 342-4233 or toll-free statewide, 1-800-782-AIDS.

The New Voice of Nebraska. Box 80819, Lincoln 68501. Monthly magazine serving the gay/lesbian community. Staff meets in Lincoln the first Wednesday of each month. Phone 475-7740 or 345-2181.

UNL Gay/Lesbian Resource Center. Room 342 (Mail: Room 222), Nebraska Union, Lincoln 68588. Hotline: 472-5644. Social activities, AIDS education project, roommate referral, support groups, and library.

Lincoln

Gay/Lesbian Adult Children of Alcoholics. Group meets Sundays. Call 488-3190 for location (late in evening).

Gay/Lesbian Alcoholics Anonymous. Group meets every Tuesday and Friday. Phone AA central office for location, 466-5214.

Capital City Couples. Organization to promote positive aspects of alternative lifestyle relationships, create stability in those relationships, and to share and socialize with other gay couples. Phone 423-1374.

Gay/Lesbian Information and Support Line. Box 94882, Lincoln 68509. Referral and support phone line staffed by peer counselors. Phone 472-4697 in evenings.

Lambda Resource Center. 2845 R St. Meeting rooms, outpatient counseling, group activities. Phone 474-1205.

Lesbian Support Group. Contact Women's Resource Center, Room 117, Nebraska Union, Lincoln 68588. Informal discussion group for lesbians; all womyn welcome. Meets weekly. Phone 472-2597.

Lincoln Legion of Lesbians. Box 30317, Lincoln 68503. Lesbian-feminist collective providing a newsletter, confidential referral, and support groups for lesbians. Sponsors cultural and social programs.

Ministry in Human Sexuality, Inc. Box 80122, Lincoln 68501. Non-profit agency providing counseling, education, and supportive action for those seeking growth and understanding in the areas of sexuality and relationships. J. Benjamin Roe, Executive Director. Phone 476-9913.

New Directions Center. Short term individual counseling, support groups, classes, and workshops dealing with coming out, relationship issues, parenting. Sliding fee scale. Phone 476-2802.

Open Door Ministry. To provide orthodox spiritual counseling to all people in need at no charge. Phone 474-3390.

Parents/Friends of Lesbians and Gays. Box 4374, Lincoln 68501. Support group for parents, friends, and relatives of lesbians/gays. Meets fourth Tuesday of the month. Phone 435-4688.

Third Culture. Non-residential subculture dealing with issues such as coming out, social behavior, the gay lifestyle, suicide, and drug or alcohol abuse. Phone 474-1205 (Pat).

The Wimmin's Show. KZUM Radio 89.5 and 99.3 FM. 12 p.m. - 3 p.m. every Sunday.

Woman's Journal-Advocate. Box 81226, Lincoln 68501. Monthly feminist publication.

Omaha

Gay/Lesbian Alcoholics Anonymous. Group meets weekly. Phone 345-8916.

Dignity of Omaha. Providing common bonds through Mass and meetings for gays and lesbians and their friends. Regular Mass second Sunday of the month, 7 p.m., St. John's lower level. Phone 341-1460 or 345-9426.

Gay Parents Support Group. Support group for gay parents who have children. Phone 553-2308.

Gay/Lesbian Al-Anon. Group meets Fridays at 8:15 p.m. at MCC. Phone 556-9907.

Lutherans Concerned of Omaha. Society of gay Christians and friends together to foster within a church climate of understanding, justice, and reconciliation among all women and men. Phone 592-1209.

Metropolitan Community Church of Omaha. Box 3173, Omaha 68124. Sunday worship at 10:30 a.m. and 7:00 p.m.; Tuesday evening Bible study at 7:30 p.m.; Wednesday Mid-week Program at 7:30 p.m.; Adult Sunday School at 9:10 a.m. Phone 345-2563.

New Voice Bowling League. c/o New Voice of Nebraska, Box 3512, Omaha 68103. Wednesday at 9:15 p.m. Alternative sport at Ames Bowling Center. Phone 345-2181.

Omaha Business and Professional Club. Box 24973, Omaha 68124. Networking organization of business and professional persons. Meets third Wednesday of each month. Phone 345-2966.

PACT (People of All Colors Together). Box 3683, Omaha 68103. A gay/lesbian interracial organization that offers educational, political, and social activities. Phone 895-0865.

Parents/Friends of Lesbians and Gays (P-FLAG). Box 3173, Omaha 68103. Support group for the parents, friends, and relatives of lesbians/gays. Phone 556-7481 (Ruth).

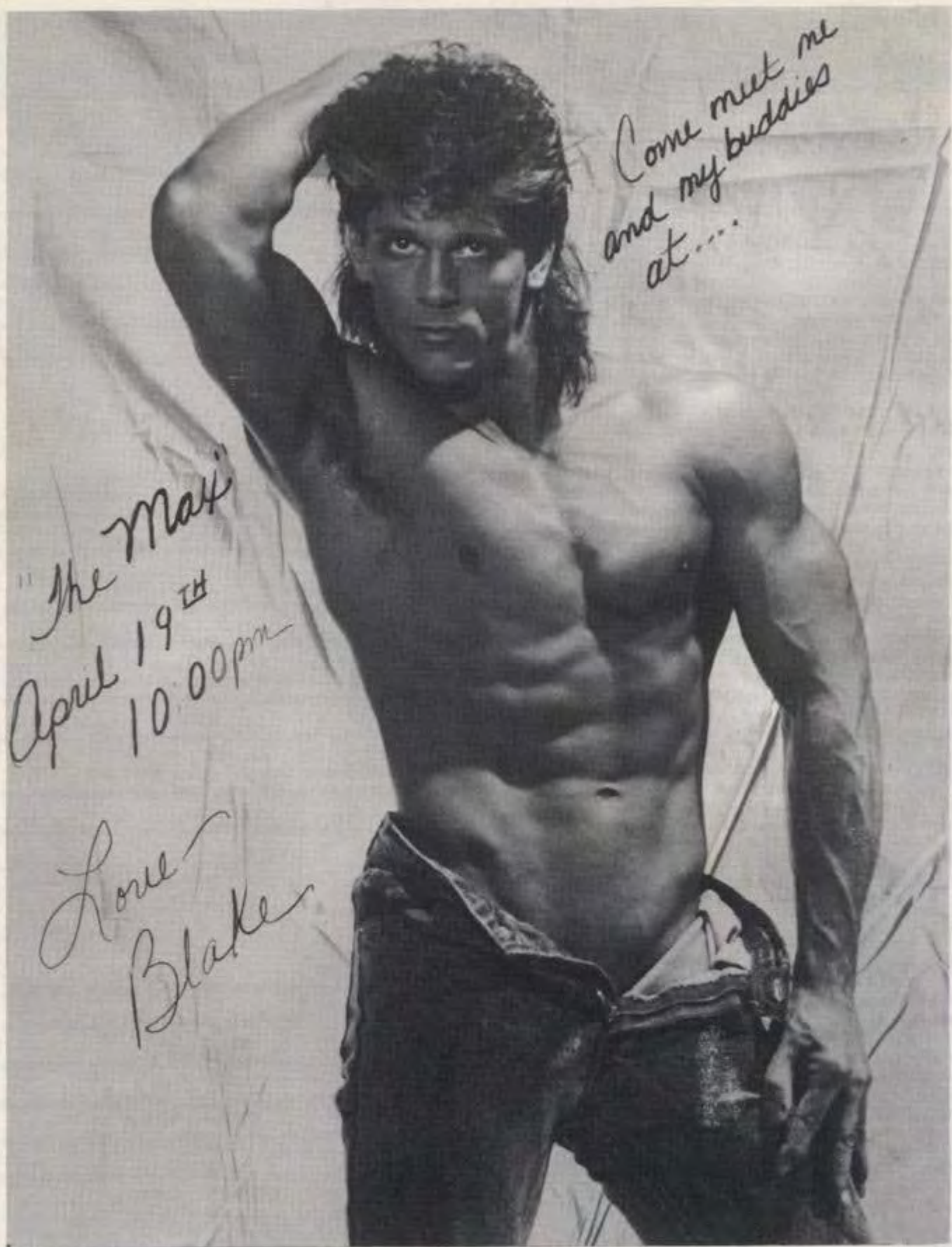
Presbyterians For Lesbian/Gay Concerns. Organization meeting scheduled for February 28. Phone 733-1360 (Cleve).

Project CONCERN. Box 3772, Omaha 68102. AIDS related information. Speakers, brochures, posters, and VCR tapes. Phone 455-3701.

River City Bowling League. c/o Dan V., 2116 N. 16th St. Apt. 12A, Omaha 68110. Sundays at 4:00 p.m. Alternative sport at the Rose Bowl. Phone 344-3821.

River City Mixed Chorus. Box 315, Omaha 68101. Volunteer community chorus for gay/lesbian and gay/lesbian-sensitive men and women with the goal of musical excellence in performance. Rehearsals Monday evenings. Phone 342-4775.

Two-Wheelers of Omaha (TWO) Motorcycle Club. 305 Turner Blvd. #8, Omaha 68131.



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