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# LESBIANS AIDS

by Nisa Donnelly

WHEN IT COMES TO AIDS, lesbians are the safest, sexually active group in the country. No woman has ever reported contracting the deadly disease from sex contact with another woman, and the reason may be as simple as anatomy or as complex as how well a virus can survive in women's bodily fluids. Researchers are beginning to believe it may be a combination of many factors.

The vagina is designed to expand and contract, to slough off infection, the walls are thick and difficult to tear, unlike rectal tissue which is fragile and tears easily. Anal intercourse is believed to be a prime method of transmitting Acquired Immune Deficiency Syndrome (AIDS) throughout the gay male population. Since the AIDS virus, HTLV-III, flourishes in blood and semen, researchers believe the disease is best transmitted when the virus has a direct route into the blood stream, such as semen carrying the virus entering a tear in the rectal lining.

"We will see lesbian cases of AIDS more likely due to drug use than to sexual behavior. Of the seven cases of AIDS among lesbians reported to the Center for Disease Control (CDC, the federal health organization that is monitoring the AIDS epidemic in this country), six had a history of IV drug abuse, and the seventh has received a blood transfusion from a person later found to have the HTLV-III virus," explains Dr. Judith Cohen, an epidemiologist who is studying AIDS and women.

Research is only just beginning on how well the virus lives in menstrual blood or vaginal and cervical secretions, and no one will speculate on what that might ultimately show, but if AIDS acts like gonorrhea, and researchers believe it may, women run a far greater risk of getting the disease from intercourse with men than men do from sexual contact with women. And woman to woman? Those chances are even less.

Because so little is known about AIDS and women, researchers are still looking to other sexually

transmitted diseases for clues. Only a few AIDS virus cultures exist that have been grown in women's bodily fluids, more are being grown, but there are few labs in the country that even grow the AIDS cultures. That work is tedious, time consuming and expensive. And when it comes to AIDS research, women are at the bottom of the list.

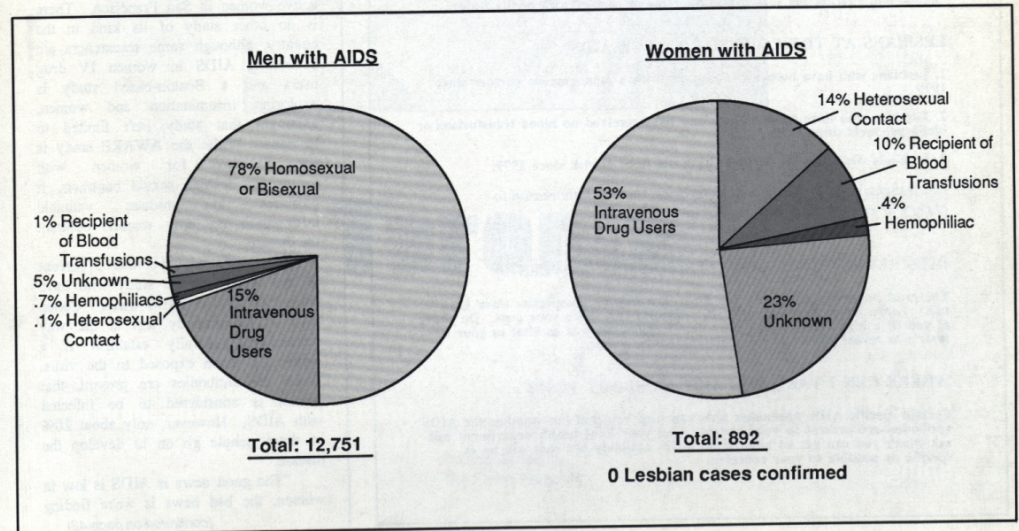
Only about 7 percent of the 14,000 persons in this country diagnosed with AIDS are women and about half of those contracted the disease from intravenous drug use. No one knows exactly how many lesbians have actually been diagnosed with AIDS, the almost always fatal disease that weakens the body's immune system until it can no longer fight off other infections. Only when pressed will AIDS experts even hazard a guess - perhaps 5 percent or less of the 1,000 women who have been diagnosed since 1979 - and most of the cases of lesbians with AIDS are being attributed to intravenous drug use. The other cases apparently have no known cause.

"Woman, generally speaking,

have not been exposed to repeated bouts of gonorrhea or other sexually transmitted diseases that damage the body's immune system, as have many gay and bisexual men," Cohen says. "They also are, as a group, healthier than drug users, who may have had repeated bouts with hepatitis and infections that also damage the immune system."

"One thing we're looking at is if you can find the AIDS virus in women, does it grow well in healthy women, women who otherwise would not have damaged their immune systems? Even if women have the virus, they may not have as much. From studies of other viruses, we know that if you meet the virus once, your chances of developing the disease are not as great. You either have to have prolonged or repeated exposure to the virus or be in a health situation where the virus has a better chance to develop - such as already having a compromised immune system from another disease."

If that's the case, then why are so many women worried? Because no one knows for sure how or if



# SAFE SEX GUIDELINES FOR LESBIANS AT HIGH RISK

Most lesbians do not have a high risk of contracting or transmitting the AIDS virus at this time. But for lesbians who fit into one of the "high risk" groups, your chances of contracting or transmitting the disease are just as serious as any other man, woman, or child who fall into the following high risk categories.

## LESBIANS AT THE HIGHEST RISK FOR AIDS

1. Lesbians who share needles or any other paraphernalia (spoons, works, syringes) when using IV drugs. This is the single most important risk category for lesbians.
2. Lesbians who have had sexual contact with:
  - men who have been actively gay or bisexual since 1979,
  - people of either sex whose sexual histories are unknown,
  - people who use IV drugs,
  - people who are hemophiliac, or who have received blood transfusions between 1979-1985.
3. Lesbians who have received blood transfusions or blood products between 1979 and 1985.

Until there is more concrete evidence about women, AIDS, and transmission, AIDS experts are advising lesbians who believe that they run a real risk of either contracting or transmitting the disease to follow safe sex guidelines:

**Safe Sex Lesbian Practices:** massage, tribadism (body to body rubbing), social kissing, voyeurism, masturbation, sex toys that are not shared or are cleaned and dried thoroughly between each partner's use, S/M activities that do not involve exchanging bodily fluids, and virtually any other activity that does not require sharing or contact with bodily fluids.

**Possibly Safe Sex Lesbian Practices:** cunnilingus with a latex barrier (such as dental dams, a thin square of latex available from dental supply houses), genital or anal contact with hands or fingers while wearing surgical latex gloves, genital or anal contact with hands or fingers when neither partner has cuts, scratches, or sores on their hands or genitals, french kissing, and external water sports.

**Unsafe Sex Lesbian Practices:** unprotected cunnilingus (especially during menstruation since menstrual blood is currently considered to be the same as any other type of blood), any type of blood exchange, oral/anal contact, unprotected hand/vagina or hand/anal contact, urine or feces in the mouth or vagina, and sharing sex toys that have come in contact with bodily fluids.

## LESBIANS AT THE LOWEST RISK FOR AIDS

1. Lesbians who have been monogamous with a monogamous partner since 1979.
2. Lesbians who have been celibate and have received no blood transfusions or blood products since 1979.
3. Lesbians whose sexual partners have not been at risk since 1979.

*For lesbians who fit the low-risk categories, there is little reason to change or cease any of your regular sexual activities.*

## RISK REDUCTION GUIDELINES FOR NEW LOVERS

The most important thing you can do with a new or prospective lover is to talk. Learn about your new partner's history, and share your own. Do either of you fit a high risk description? Your responsibility is as vital as your new lover's to reveal important information about exposure.

## WHERE CAN I TAKE THE AIDS ANTIBODY TEST?

Certain specific AIDS antibodies tests can help you find out whether the AIDS antibodies are present in your system. Call your local health department and ask where you can get an anonymous AIDS antibody test that will be as specific as possible to your concerns.

women sexually transmit AIDS and that's what at least one group of women researchers is scrambling to find out.

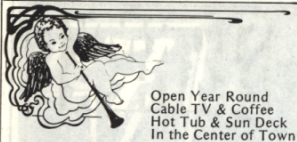
San Francisco General Hospital is considered one of the leading hospitals in the country for AIDS research and care. It is here, tucked into the catacombs of the hospital compound, that the AWARE Project has its offices where researchers like Cohen are based. AWARE (Association for Women's AIDS Research and Education) is one of the few organizations in the world exclusively devoted to finding out more about women and AIDS. In the past six months, two major studies have come out of AWARE -- one on women, sexual transmission and AIDS, the other on lesbians who have inseminated. Both studies are too new to offer any concrete evidence, but each offers hope of providing some answers about women and this disease.

"There is no question that women are getting AIDS. But if women transmitted the disease as effectively as they seem to be getting it, we'd be seeing more women-to-men transmission cases and these have been far fewer than cases of men transmitting the disease to women," explains Cohen. Statistically, the CDC lists only 15 men who say they got AIDS from women, but 124 women have contracted the disease from sexual contact with men.

Since last summer, AWARE has been interviewing hundreds of sexually active women in San Francisco. There is no other study of its kind in the country, although some researchers are examining AIDS in women IV drug users and a Boston-based study is exploring insemination and women, although that study isn't limited to lesbians. While the AWARE study is not designed for women with exclusively lesbian sexual contracts, it promises to produce valuable information on how women contract the disease.

"We've found fewer than 5 percent of the women in the study who have antibodies to the AIDS virus," Cohen says. The antibody test is the way researchers generally establish if a person has been exposed to the virus. When the antibodies are present, that person is considered to be infected with AIDS. However, only about 20% of those people go on to develop the disease.

"The good news is AIDS is low in women, the bad news is we're finding  
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women carrying the virus in each risk group," Cohen says. The AWARE study is examining women in sexual relationships with men who are in risk groups (gay, bisexual, IV drug users or hemophiliac); women with several anonymous male sex partners; and women working in the sex industry whose business involves exchanging bodily fluids.

AIDS is a disease clouded by speculation and questions. Experts agree, though, that women who run the greatest risk for developing AIDS are those who are IV drug users and share needles, who have sexual contact with men in risk groups, who have inseminated since 1980, or who had blood transfusions before 1984 when blood banks began screening for the virus. Women who fall in none of these groups are considered safe. Still many women are frightened and often it's a groundless fear.

They're called the worried well; people who have no basis to believe they've been exposed to AIDS but who are irrationally afraid. AWARE Project workers advise these women to look at their overall lifestyle, their general health and try to approach the idea of AIDS with reason.

At the other end of the spectrum are the women who are genuinely at risk for developing AIDS or its companion, AIDS-Related Complex (ARC). It's believed for every woman AIDS patient, there are nine more women suffering from ARC, which is actually a variety of serious diseases that do not actually fall into the AIDS category. Many ARC patients are later diagnosed with AIDS.

For women with AIDS antibodies, the AIDS Foundation and the AWARE Project have designed a set of safe-sex guidelines (see box). The safe sex guidelines are for women who don't know their sexual partners well or who believe they or their partners have been exposed to AIDS.

Other AIDS experts, like Dr. Nancy Shaw of the San Francisco AIDS Foundation, point to situations that could put lesbians at risk.

"We would like to believe lesbians are safe. We know we're at low risk and that has caused some women to view AIDS as a vacuum or a void that doesn't affect them. These women don't see themselves as someone who could potentially be affected by AIDS. But the fact is, while we all understand well the devastation of AIDS, we just don't know much about how we could get it," Shaw says.

In California, where a woman prison inmate died from AIDS which she had contracted from IV drug use, none of the women inmates with whom she had sexual contact while in prison showed antibodies to the AIDS virus. But, researchers caution, there is no evidence that women with the AIDS virus could not transmit it to other women by cunnilingus, rimming or inserting fingers or hands into the vagina or rectum, especially if there are cuts on the hands or in the mouth. And menstrual blood is currently considered, like all other blood, to be an excellent host for the virus.

Follow-up studies on sex partners of AIDS patients are rare. The Lesbian Insemination Project, the first study of its kind, will evaluate 400 Northern California lesbians who have inseminated since 1980. Any women who are antibody positive may also have their lovers and children tested so more can be learned about how the disease moves from woman to woman or to children.

Cheri Pies, coordinator of the study, which is jointly sponsored by AWARE and the University of California at Berkeley, expects the number of antibody positive women to be low. "There are no reported cases of women who are sexual partners of women who have inseminated and who are antibody positive, who have shown symptoms of AIDS," she says.

Pregnancy, though, is double-edged. Women with the AIDS virus can transmit the disease to their unborn children and pregnancy naturally suppresses the body's immune system, placing not only the mother but her child at risk. "The mother can carry the antibody and transmit the virus to her child before it is born. So the child runs the risk of being born antibody positive and of having a higher risk of developing AIDS in the first few years of life," Cohen explains. All babies are born with immature immune systems and, consequently, can develop AIDS faster than adults.

The AIDS virus lives and moves through bodily fluids -- blood, semen, tears, saliva, urine and, researchers assume, in vaginal, cervical and breast secretions, female ejaculate, and breast milk. But the AIDS virus is apparently as fragile as it is deadly. It doesn't live well outside the body, is not transmitted by sneezing or from routine, non-intimate contact with infected persons.

It is not yet known is how well the virus lives in female bodily fluids and it may be a long time before there are any concrete answers. The reason for the

delay is, in a large part, economic.

In a country where radical mastectomies are routine, unnecessary hysterectomies are commonplace and premenstrual syndrome wasn't even in the medical textbooks until recently, funds to research women and AIDS have been tragically limited. Millions of dollars are committed to AIDS research in the United States, millions more have been spent on caring for persons with the disease. Yet, the federal government has consistently dragged its feet in providing what researchers and AIDS advocates feel is needed to find expedient answers, new treatment or a possible cure. Almost none of the money appropriated to AIDS research is targeted to programs for women. That, coupled with the relatively small number of women affected by AIDS, hampers the search for answers.

Lesbians continue to raise hard questions for which there are no immediate answers. Beyond the obvious links of sharing IV needles and sexual contact with men in risk categories, the answers are muddled. The reality is, no one seems to know how the lesbian community will ultimately be affected.

"We as lesbians want to know. We want to better understand if the virus exists in vaginal secretions, how it is transmitted, if it is transmitted. We want to look at women who are antibody positive and study their sexual partners to determine if this can be transmitted sexually. We want to better understand if our sexual practices as lesbians are safe or unsafe," Pies said.

Controversy surrounds the AIDS antibody test. There are valid fears of backlash against persons who are antibody positive. But there are some test sites that allow participants to remain anonymous. Shaw advocates that women who have reason to believe they have been exposed to the AIDS virus should take the test at a setting that allows participants to remain anonymous. Local health departments and AIDS support organizations can advise women where anonymous tests are being given in their area.

"I think a lesbian who has good reason to be concerned should know whether or not she has been exposed to AIDS. I think of it in terms of responsibility and transmission," she explains. "I would want to know if I carried the likelihood of infecting someone else with this disease so that I could take precautions."

AIDS is a new disease, one researchers know little about. While women are caught on the fringe of the epidemic, there are more answers now

than there were even a few months ago. In the coming months, as the new studies on women and AIDS are completed, even more information will be available. Unfortunately, the answers do not come as hard or as fast as the questions.

From the worried well to women at risk who deny that they stand a chance of developing AIDS, there must be realistic and rational assessment of the issue.

"I feel we have to continue to educate each other in order to reduce the amount of anxiety and alarm this issue creates," Pies explains. "Only through calm assessment are we going to be able to have any power."

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it hotter for her. Now, we still don't do it very often, but it isn't such a big deal either. We turned one another on to other kinds of sex that keep me very happy."

Regardless of personal preference, oral sex is a normal, healthy and safe activity. For much of the lesbian population, it is an incredibly potent and erotic sexual experience as well.

(PENIS continued from page 41)

girlfriend, her cousin Clarisse, her best friend from high school, Judith, Claudette, Kate and Jane. They all came to a big party at Shelley's house where they got high and drank beer and ate lasagna, and when they all felt fine, Ann put a giant piece of white paper on the wall. By committee, they reconstructed Ann's cunt from memory. Some people had been more attentive than others, but they were all willing to make the effort. After a few hours and a couple of arguments as to the color tone and how many wrinkles on the left side, they finished the blueprints. "Pussy prints", the figure skater from Iowa City called them.

The following Monday Ann went in for surgery, reflecting on the time she had spent with her penis. When you're different, you really have to think about things. You have a lot of information about how the mainstream lives, but they don't know much about you. They also don't know that they don't know, which they don't. Ann wanted one thing, to be a whole woman again. She never wanted to be mutilated by being cut off from herself, and she knew that would be a hard thing to overcome, but Ann was willing to try.



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