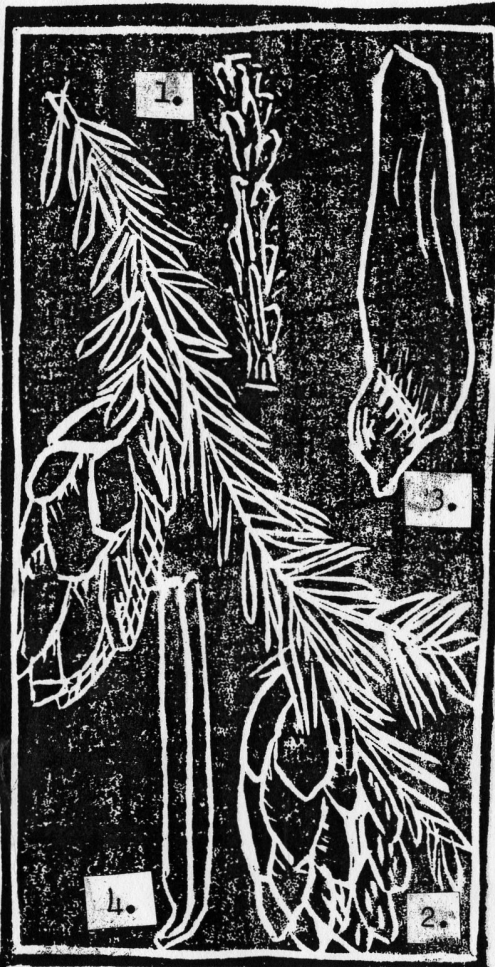


A Sex Positive Zine
on Sexual Health for
Women, Queer, and
Trans People

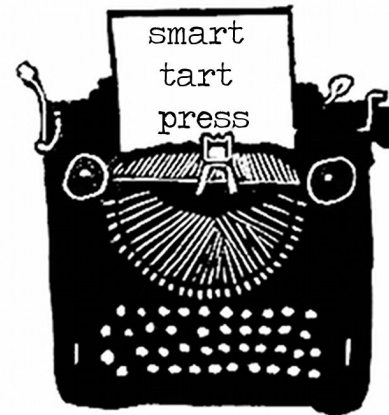


pine trees have sex

Smart Tart Press
1350 66th st.
Berkeley, CA 94702

#1

Smart Tart



Smart Tart is a sex positive zine about sexual health promotion for women, transgender and queer people. Folks of all genders and orientations are welcome to collaborate. The main goals of the zine are:

1. Promote Sexual Health and highlight processes to eliminate barriers to access care.
2. Provide comprehensive sexuality education to a broad base of folks.
3. Provide education and outreach support for folks working in sexual health related fields.
4. Advocate for access to comprehensive Sexual Health services for all throughout their lifespans.
5. Promote and publish research and evaluation in Sexual Health.

We uphold everyone's right to a self-affirming and an enjoyable sexuality. Smart Tart Press

aims to raise awareness on how experiences of trauma, exposure to violence, and unequal access to care increase health disparities among women, transgender and queer people's health.

Sexual health is the experience and ongoing process of physical, environmental, psychological, sociocultural, and spiritual well being related to sexuality. For Sexual Health to be attained and maintained it is necessary that the sexual rights of all people be recognized and upheld.

Topics explored in this issue:

- | | |
|-----------------------|-----------------------------------|
| * Safer Sex | * Sexuality |
| * Gender | * STIs |
| * Sexual Orientation | * Consensual Sex |
| * Structural Violence | * Relationships and Communication |
| * Access to Care | |

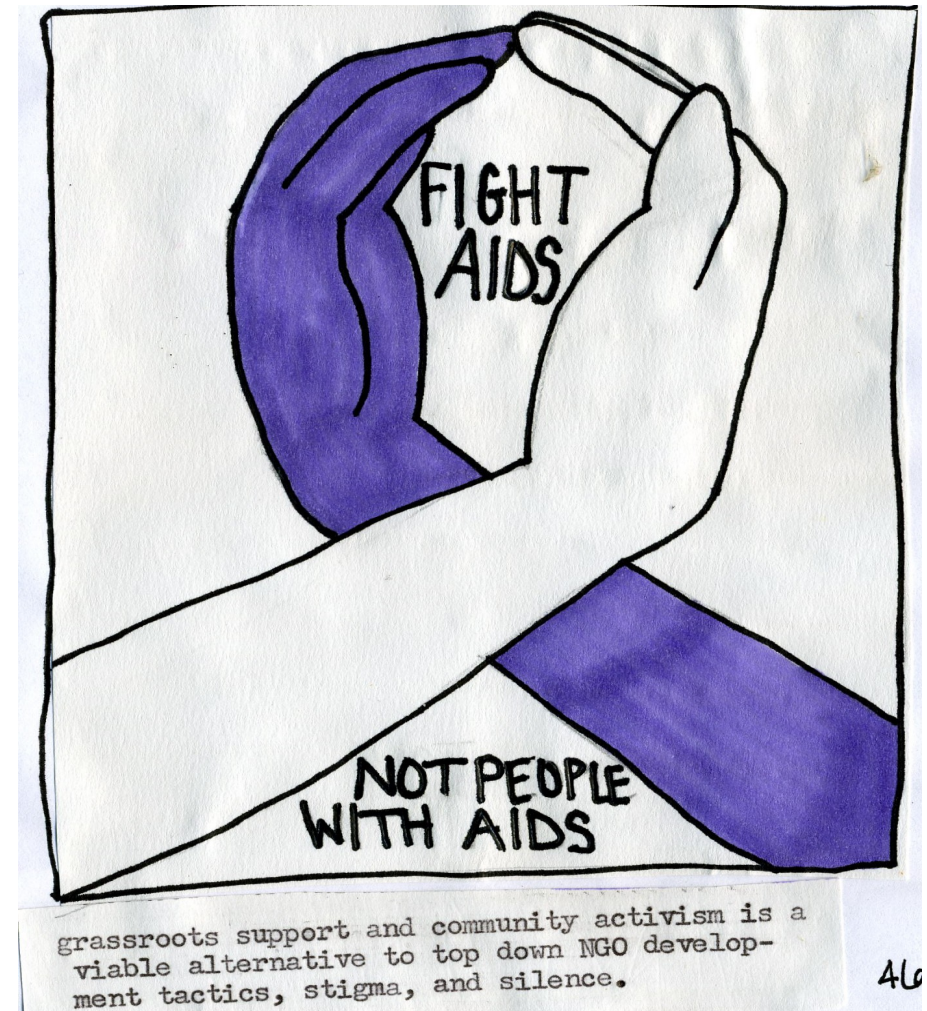
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working_girl1912@riseup.net
<http://smarttartpress.wordpress.com>

DO NOT drink any alcohol drinks for 24 hours (one full day) before taking Flagyl, and for one day after you have finished it. It could make you sick.

* Your sex partner must see the doctor and get treated. If not, they may give the germs back to you, and to others. DO NOT share your pills.

* If you have sex, always use protection. Avoid having sex until you and your sex partners finish treatment.



What can I do if I have Syphilis?

- * If you may be pregnant, tell your doctor.
- * Your sex partners must be examined and treated. If not treated, they can give the infection back to you or infect others.
- * If you have sex, always use a condom. Avoid having sex until you and your partner(s) finish treatment.

17. Trichomonas (also called "TRICK")

Trichomonas is a Sexually Transmitted Infection (STI) caused by protozoan (a type of germ). It infects everyone, but causes more symptoms in a vagina. "Trick" is passed from one person to another during vaginal sex.

How is Trichomonas spread?

- * A yellow-green or gray bubbly fluid from the vagina that may be smelly.
- * Itching or burning on or around sex organs.
- * Pain in the lower part of the abdomen (lower stomach).
- * Pain or burning when peeing.
- * Often there are no signs on a penis.
- * May have fluid from the penis.
- * Rarely, pain or burning when peeing.

How can I avoid getting Trichomonas?

- * Use protection every time when having sex.
- * Talk about STI's before having sex with someone, and plan to use safer sex.

What can I do if I have Trichomonas?

- * Your clinician will give you pills called metronidazole (Flagyl) that will kill the germs that cause Trichomonas.
- * Take all of the pills, even if you feel fine.
- If you may be pregnant, tell your doctor.

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Communicable and Sexually Transmitted Infections
(STIs) and Treatments

1. Bacterial Vaginosis
2. Chancroid
3. Chlamydia
4. Crabs
5. Fungal Infections
6. Gonorrhea
7. Hepatitis A,B,&C
8. Herpes
9. Human Immunodeficiency Virus (HIV)
10. Human Papilloma Virus (HPV)
11. Molluscum Contagiosum
12. Mucopurulent Cervicitis (MPC)
13. NGU
14. Pelvic Inflammatory Disease
15. Scabies
16. Syphilis
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Stage 2: Primary Stage

You get a painless sore on your penis, vagina, mouth or anus, which you may not notice. This sore will go away without treatment, but the germ will still be in your body. You may also have swollen glands in your groin. A blood test will show you are infected. You can spread syphilis easily during this stage of the disease.

Stage 3: Secondary Stage

You may get more sores or skin rashes, especially on your hands and feet in this stage. Without treatment, these symptoms will also go away, but you will still have the infection. Again, a blood test will show you are infected. You can spread syphilis easily during this stage of the infection, also.

Stage 4: Latent Stage

You will not have any symptoms at this stage, but a blood test for syphilis will show you have the infection. The syphilis bacteria will still be in your body and can cause many serious health problems.

Is Syphilis serious?

Yes! If not treated, syphilis can cause brain damage, heart disease, and other long-term health problems.

How is Syphilis treated?

*Your doctor will give you a shot to kill the germ in your body.

* You may need three separate injections, each one week apart. You will need a repeat blood test one week after treatment, and then every month until you are cured.

What do I look for?

- * A rash between fingers, around the waistline, on the torso, around the genital area and on the arms.
- * Intensely itchy rash with tiny scaly blisters.
- * Little things that look like something burrowing just under the skin.
- * Inflamed lesions

How is Scabies Treated?

- * A permethrin cream is applied to every external surface of the body (not the eyes and the mouth).
- * Leave cream on eight to fourteen hours and shower.
- * Reapply in 2 weeks if scabies aren't gone.
- * If you're pregnant or under two months old use precipitates sulfur suspended in petroleum jelly for three days instead (it will suffocate them).
- * Wash all clothes that were in contact with scabies.

16. Syphilis

Syphilis is a Sexually Transmitted Infections caused by a type of bacteria (germ). It can infect everyone. Syphilis can be passed from one person to another during anal, oral, or vaginal sex. It can also be passed from to a baby during pregnancy. It can be transmitted through skin-to-skin contact and does not require exposure to semen or vaginal fluids.

Syphilis goes through four stages of infection:

Stage 1: Incubation

When you first get infected. You have no symptoms at this stage. It may take as long as 90 days for a blood test to show you have the infection.

- Editor's Introduction & Call for Submissions - by Jenny Haley

It is really exciting to have the first issue of Smart Tart out in print! I have been looking forward to sharing with you all the stories, creativity and information between these pages. This has been a collaborative process over the summer with the intention to continue publishing additional issues. The call for submissions has brought together voices from New York, the Bay Area, Sri Lanka, San Diego, Lancaster, New Hampshire, Seattle, Baltimore, and the U.K.

Smart Tart #1 is largely written by women and queers; focusing on their experiences of sexual health. The continuity in voice reflects a response to an open call. Not an intended outcome; though, an interesting and exciting one! Setting out without a specific focus was in an effort to generate diverse interests and open dialog.

Contributions made by all the writers and illustrators provide information that is relevant for everyone. The aim is for each issue to build on the next and hope the distribution of Smart Tart #1 will generate additional interest in the collaboration process among men, trans people and LGBTQI allies (Lesbian, Gay, Bi-Sexual, Transgender, Queer, Questioning, Innersex).

Please remember that while this zine is educational, none of the collaborators on Smart Tart #1 are Sexual Health Professionals, Nurses or Doctors! Smart Tart should not be seen as a comprehensive sexual health guide for diagnosis

or treatment. "Each piece intends to encourage communication and support. Remember that being supportive doesn't mean taking unnecessary risks; our bodies are lovely and let's keep them as healthy as we can," Sarah Tea-Rex.

We all hope you want to learn more about safer sex practices, STIs, your sexual health, and the sexual health of your partners and loved ones. Please seek out a doctor or nurse you feel comfortable discussing this with. Ask a friend if they know of a doctor or nurse, if you haven't found one; check-out a local sexual health clinic; and research and learn on your own.

Call for Submissions:

Smart Tart #2 'Resiliency: We're So Damn Strong!'

Each article for this issue will focus on challenging systems of oppression.

i.e. Racism, Sexism, Classism, Homophobia, Gender Binary, Ageism, Body Norms

Some possible topics to explore:

Sex * History * Erotica and Smut * Sexuality *
Gender * Consensual Sex * Families * Raising
Kids * Structural Violence * Sex Work * Trauma
* Relationships * Birth Control * Abortion *
Gynecology * Herbal Remedies * Environmental
Toxins * Health and Mental Health Care

Submission deadline is the end of Dec. 2010.
Include articles, stories, fiction, poetry, and artwork. Try to keep it under 2000 words.
Artwork and images should be print-ready (300 dpi). Black and white PDF or JPEG files. Send your work snail mail or e-mail.

pills to kill the bacteria that cause PID.

* You may need to stay in the hospital for treatment.

* Be sure to return to the clinic or hospital for all your follow-up appointments, to make sure the infection is getting better.

* Do not have sexual intercourse for at least 2 weeks, to allow your body and sex organs to heal.

* Take hot baths several times a day to speed up your healing.

* Finish all your medications, even if you feel better.

* Tell your sexual partners that they need to be treated. The local Health Department can tell your sexual partners they need to be treated without revealing your name.

What can I do to avoid PID?

* Get an STI check-up if you have had sex without using protection. Try to get a check-up before your next menstrual period (it's easier for bacteria to get up through the cervix during your period).

* Use protection every time you have sex, even if you are using birth control pills to prevent pregnancy. The pills will not protect you from STI infections.

* Using foam and diaphragm for birth control may help because they may keep germs and sperm/semen from getting into the cervix (opening to the womb).

15. Scabies

Scabies burrows under the skin. It's a mite like parasite spread between anyone who has close physical contact. It usually gets worse at night

- * Pain in the lower back.
- * Fever, chills or vomiting.
- * Unusual bleeding or discharge from the vagina.

Am I at risk for PID?

- * You may be more likely to get PID if you:
- * Had sex with a penis without using a condom (rubber), or diaphragm.
- * Have more than one sex partner in a short time period, or have partners who have more than one sex partner.
- * Douches. This can push germs from the vagina into the cervix, uterus and tubes.
- * Has had PID before.

Does PID pose serious health risks?

Yes! Once bacteria get into the vagina they can stay in the cervix and then cause PID. The bacteria can spread up into the uterus, tubes and then out into the ovaries. If left untreated, PID can lead to several complications, including:

- * Pus in the tubes or an abscess inside the pelvis/lower abdomen.
- * Blocks in the tubes (so you can't get pregnant).
- * Scar tissue in the pelvic organs.
- * Pregnancy in the tube, instead of the uterus (called "ectopic" or "tubal" pregnancy).
- * Life-long pain in the abdomen, especially during sex.
- * Surgery to remove the uterus, tubes and ovaries is needed ("complete hysterectomy").
- * Each time you have get PID the chance of a normal pregnancy is lessened by 15 to 30 percent.

How is PID treated?

- *You will be given a shot in the arm and some

- Good Sex -

by Timothy K McLeod

Community Health Educator

Planned Parenthood of the Great Northwest

Good sexual Health is free wealth, **sexy**, often sweet,

It makes ya feel good 'bout yourself, **sensual**, like a treat. Open, its **communication**, the best equation,

its relaxation, the great Love verse; **lets rehearse**: Good sex is never coerced!

Good Sex is choice, empowerment with strong **voice**, ready to say, play, or delay, "Hey, let's revisit another day" finding pleasure from another measure, sometimes its a **NO**, sometimes sexual health means letting go-

Full of respect, Good sex is **Hot!** Like summer weather, even better...

when **protected**, check it. Understand, pregnancy **planned**, is a sexy plan, as birth control--has a role, for you both,

and if ya not gonna mate or straight, you can still

wait, even, **celebrate**; this Sexy groove--bring latex and luscious lube! Good Sex is a song, heard

true with **emotion**, a romance, a trust dance, a powerful potion!

Good sex has rhythms, break beats and kindness, to feel

is to keep listening, and we, will all find this!!
Good sex!

the germs that cause NGU. It's important to finish your medication so the infection doesn't come back.

What can I do if I have NGU?

- * Your sex partners must be examined and treated. If they aren't treated, then they could give the infection back to you, or others.

- * Even if your test for Chlamydia is negative, it doesn't mean you are free of an infection.

Remember, there are several different germs that can cause NGU.

- * If you think you may have an infection, go to the clinic for a STI check-up. Your partners should get checked also.

14. Pelvic Inflammatory Disease (PID)

Pelvic Inflammatory Disease (PID) is a serious infection usually caused by gonorrhea, Chlamydia or other bacteria. The bacteria are passed during vaginal sex, and go from the vagina through the cervix (opening to the womb), into the uterus (womb), tubes or ovaries. They cause infection, pain and scar tissue. PID is the leading cause of infertility. A penis or dildo can carry the bacteria and unknowingly. Bacteria can also be on a cervix without knowing it. In addition to people getting PID from sharing sex-toys, keeping a tampon in too long, or having anal to vaginal sex without changing the condom or washing the penis or dildo can pass PID.

How do I know if I have PID?

- * There may be no signs of PID.

- * Pain in the abdomen during vaginal sex.

- * Mild or severe pain in the lower abdomen (stomach).

- * If you are pregnant, tell your clinician.
- * Plan ahead. Talk with a new sex partner about MPC or other STI's and the need to use protection before having sex.

13. NGU

Also called Non-gonococcal arthritis and non-specific urethritis. NGU is a Sexually Transmitted Infection (STI) caused by bacteria, such as Chlamydia, mycoplasma, urea plasma or Trichomonas. NGU is passed from one person to another during vaginal, anal, and possibly oral sex.

Is NGU Serious?

Yes, it can be. Like most STI's, NGU is more serious if you have a uterus, tubes and ovaries. It can cause infertility. NGU can also cause PID, pelvic inflammatory disease; a dangerous infection of the uterus, tubes or ovaries. Sometimes NGU may cause an infection of the testicles (balls) and sterility.

What Do I Look For?

- * Pain or swelling around the groin.
 - * Discharge (drip) from the head of the penis, or the anus.
 - * Pain or itching of the head of the penis.
 - * Pain when peeing.
 - * You may have NGU but have no symptoms at all.
- And remember if you have vagina there are no externally visible symptoms.

How can I avoid getting NGU?

Use protection every time you have sex.

How is NGU treated?

Your clinician can give you medicines to kill

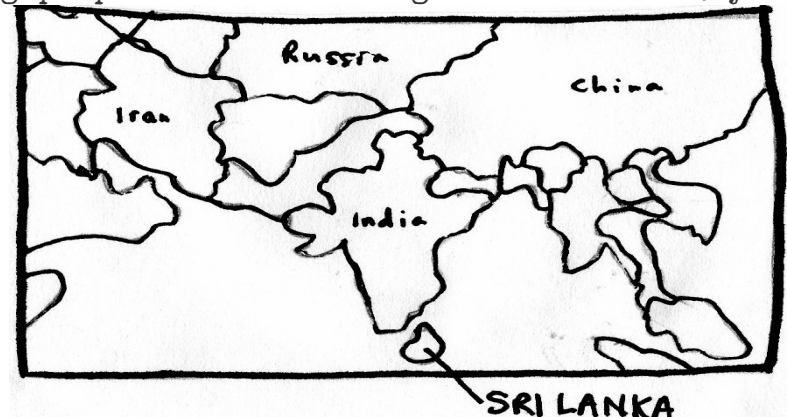
- Bloodstains on Your Wedding Day -
by Revati Chawla
illustrations by Jenny Haley

Did you know that the hymen is named after Hymenaios, who was the Greek god of weddings and marriages?

And do you know what thousands of young women in Sri Lanka are anxious about?

It's virginity.

I work in the areas of HIV and sexual and reproductive health for young persons in Sri Lanka. Sri Lanka, for those of you who are wondering where it is, is a small island off the coast of India we have a total population of about 20 million people. Of this 5.6 million are young people between the ages of 10 and 24 years.



Comprehensive sexuality education has never been

part of the school curriculum, but not for want of trying. HIV prevention education is taught in some schools but it is not systematic or comprehensive. Young people I work with tell me that the information related to sex and sexuality they receive in school is not what they really want to know.

A national survey on emerging issues among adolescents in Sri Lanka done by UNICEF in 2004 found that the age of sexual debut for boys is 15.3 and for girls, 14.4 and that 10% of young people have had homosexual experiences in school. Over the last twenty years, the age of marriage has also risen, from around 18 in 1990 to about 26 years in 2008. This also means there is a large portion of young people who are sexually active but don't necessarily want to start a family.

In attempting to address all of this in some holistic way that actually makes a difference, I found that two things work well: One is peer education and the other is anonymous mass messaging targeting young people. Let me explain a little bit about these two approaches.

Peer education assumes that young people all over the country no matter what their ethnicity or level of education are curious about sex. It also assumes that they do not get the knowledge they seek from elders and teachers. The peer education approach takes into account the fact that young people today receive their sex education from peers. A lot of the information they receive is not accurate and perpetuates stereotypes.

What Do I Look For?

- * A vagina will have no signs of a problem, but you may notice a yellow or green vaginal discharge.
- * MPC can be seen by the clinician during your pelvic exam. Your cervix looks irritated and red.
- * Pus (fluid showing infection) is seen when the clinician looks at your vaginal discharge under the microscope.

Is Treatment Important?

YES! MPC can lead to PID (Pelvic inflammatory disease) and infertility (the loss of the ability to have a baby). If you are pregnant and have MPC, and are not treated you may lose the baby.

How can I avoid getting MPC?

- * Use protection every time you have sex.
- * Check your sex partners for signs of STI's
- * Talk about STI's before having sex with a new partner, and plan to have safer sex.

How is MPC treated?

- * Your doctor will give you medicine to kill the STI bacteria that cause MPC. They are either taken by mouth or are given to you in a shot.
- * The medicines are effective for killing the Chlamydia and gonorrhea bacteria.

What can I do if I have MPC?

- * The pills or shots your clinician gives you will kill the germs that cause MPC. Take all of your pills, even if you feel fine.
- * Tell your sex partners. They must be seen by a clinician and get treatment, even if they have no signs of a disease. Avoid having sex until you and your sex partner finish treatment.

by objects, such as sharing towels or in swimming pools used by people with the Molluscum virus.

How do I know if I have Molluscum?

- * Several smooth, firm, rounded bumps with a dip in the center, that appear on the thighs, sex organs, butt, navel and below the waist.

- * In children and some persons with HIV, the bumps may appear on the face.

- * Bumps may be tan, yellow, gray or pink in color.

How can I avoid getting Molluscum?

- * Use protection every time you have sex.

- * Check your sex partners for signs of STI's.

How is Molluscum treated?

The treatment is liquid nitrogen (a very cold gas) that is put on the bumps to destroy them. You may need to come back to the clinic more than once to get rid of the infection.

What can I do if I have Molluscum?

- * Be sure you see a clinician and keep all your return appointments.

- * If you have sex, always use protection. This may not be 100% effective, but will help if there are bumps on or near the sex organs.

12. Mucopurulent Cervicitis (MPC)

Mucopurulent Cervicitis or MPC, is pus on the cervix (the opening to the womb), caused by infection with Sexually Transmitted Disease bacteria (mostly Chlamydia and gonorrhea germs). These bacteria are spread from one person to another during vaginal sex.



In educating peers, young people are chosen on the basis of their performance in school, not academically, but more extra circular activities, so for example a head prefect would be chosen or the captain of the cricket team. Each group consists of about 25 young people and the program runs over 5 days. A variety of topics are covered including sex, sexuality, gender, STI's, HIV, the reproductive system, and contraception. One issue that has come up time and time again is virginity.

Another strategy we have used is to include messages on sexual and reproductive health in youth magazines in local languages. In one newspaper, a page dedicated to young people, we run a agony aunt column where we encourage people to write in to the paper with their personal problems. Here is an example: "I am a 19 year old girl. I'm getting married in three months to a boy that my parents have found for me. I am bit nervous about the marriage and the customs. Can you tell me how I can know about virginity?"

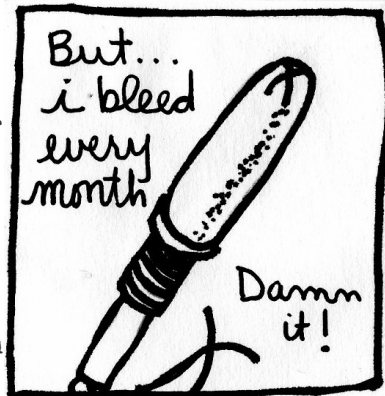
Hearing this from young women, I was intensely disturbed that in the 21st century this sort of thing still happens, women are expected to 'prove' their virginity. This involves having

intercourse on a white sheet, (or on the man's new white 'sarong', worn at the wedding). The sheets are later examined by the bride's in-laws and the bloodstains will decide her fate. If the sheets are clean, there is a problem.

In explaining to young girls about virginity we tell them that virginity refers to whether a person has ever had sexual intercourse. If they have not, they are virgins. The only real way one can know if a person is a virgin is if they tell you. Of course some people associate virginity with the breaking of the hymen in a woman.

People also believe that all women are born with a hymen. (The fact is that about 0.03% of women are born without a hymen.). And as the hymen has perforation anyway, it technically doesn't need to be broken.

In giving this message we also use street theatre or role plays. On the completion of one such play, a male participant, looking very confused, turned to us and said "if you don't bleed, then how will we know?!"



Besides all the scientific information about the hymen and virginity, we tell them the real problem is how *the concept of virginity* is often used as a means of controlling women's sexuality. People holding power over women's lives including parents, older relatives and community leaders, often control how a woman proves if she is a virgin and how important this is in her life as well. This is dangerous

* There is now a prescription cream called 'Imiquimed' which is applied to the infected area three times a week until the warts disappear. A medical provider needs to first diagnose you, and is then able to prescribe the cream.

Will the warts come back?

Warts may return, even after treatment. This is because the virus stays on your skin once you are infected. You can pass the virus to your sex partners during sex, even when you don't have warts you can see.

How can I avoid getting HPV?

* There is a vaccine called Cervarix to prevent against the types of HPV that cause cervical cancer and also a vaccine called Gardasil that can be given to anyone to prevent most HPV wart types. Both vaccines are given to people between the ages 9-26.

* Check yourself often for signs of actual warts; these can be treated. But remember: the wart can be treated, not the virus, which stays on the skin.

* Use condoms, dams and latex gloves every time you have sex. The safer sex practices reduce your risk for getting warts, but they won't guarantee 100% protection. Using protection can also help to prevent other STI's.

11. Molluscum Contagiosum

Molluscum Contagiosum is caused by a virus that is related to chickenpox. Molluscum can be passed from one person to another during sex, and can also be passed by skin-to-skin, nonsexual contact. Molluscum may also be passed

regions of the body. The other HPV related cancers include: vulva, vagina, penis, anus, throat, face/mouth, neck and hands.

How do I know I have HPV?

- * You may have painless wart-like growths on or in your sex organs or around your anus.
- * Warts may vary in size and be bumpy or flat.
- * Often it takes a STI expert to see them.
- * An abnormal pap-smear due to abnormal cell development on the cervix.
- * There is no approved test to screen for penile and anal cancer. So get a yearly anal Pap.

What can I do if I have HPV?

- * Be sure you see a clinician (licensed medical provider).
- * Keep all your return treatment appointments.
- * Your sex partner(s) should also be seen and treated.
- * If you may be pregnant, tell your clinician.
- * If you have sex, it is always a good idea to use a condom, dam and latex gloves to avoid giving the virus to a sex partner or to be expose yourself to other STIs.
- * In 90% of cases the virus clears up on its own.

But, using protection is not a 100% protection from the wart virus.

How is HPV treated?

- * A clinician puts a cold liquid chemical on the warts to remove them.
- * You may need to come back more than once to finish the wart treatment.
- * You may need longer treatment if you have HIV.
- * The warts may increase in size and number more quickly. If you are HIV positive, tell your doc.

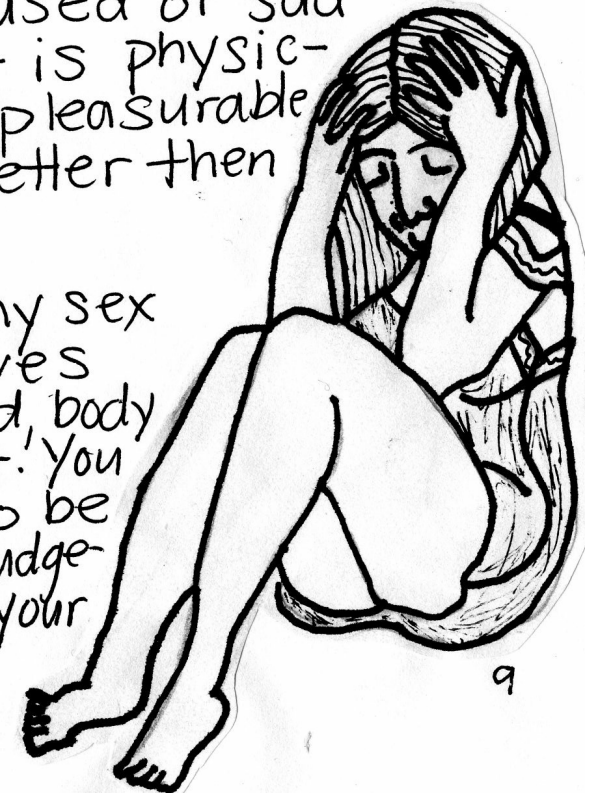
because virginity is then equated with morality. People who have never had sex before marriage are not necessarily better, cleaner or more virtuous human beings than those who have. Virginity has always been used to judge and control women and this is not just or right.

This was the real message we want to give the girls but I wonder, even if they do receive this, how would they deal with the inevitability of wedding night blues.

* to have sex or to not have sex is your choice.

* Sex that makes you feel icky or used or sad or that is physically un-pleasurable is Not better than no sex.

* A healthy sex life involves your mind, body and spirit. You deserve to be free of judgement for your choices.



- Consensual Sex and Relationship Violence -
by Katelyn Elizabeth Carter

Sex is something I enjoy hearing and talking about, especially when it comes to sexual health because I know that a lot of teenagers (and even adults) are not as educated about sex as they should be. I think it's very important, and I really think it's a shame that sex education is overlooked in the school systems. So, I've decided to share with you something personal as well as very important to me.

When I was 17 years old I was raped by my own boyfriend. It was a traumatic experience, although I didn't see it as rape until months later. When I started dating my now ex-boyfriend it was a roller coaster from the start. He was really nice to me, and I was really excited because I knew that that was what I deserved. I hadn't had many serious relationships, so I was on cloud nine that a boy had looked my way.

After a few weeks everything started to change. He became verbally abusive, and eventually he became physically abusive. One day while I was in his living room waiting on him to get ready he called me into his bedroom. I walked through the doorway looking for him, but instead he came up behind me and hit the back of my thighs with his belt. He hit me twice, and instantly I felt blood trickle down my legs and the skin start to throb. I was in too much shock to cry; I just stood there while he laughed at me. He thought it was funny that I was bleeding, and he told me to quit being such a baby. A few weeks later he lit my foot on fire and for some reason I still stuck around.

anti-HIV treatments drugs to a person following an incident, which has resulted in high-risk potential exposure to HIV. Examples include a needle stick injury or, in the case of sex, where a condom has broken during penetrative sex with or where someone has been forced to have vaginal, anal, or oral sex without a condom. There is no guarantee that PEP will be effective in preventing HIV seroconversion. All relevant factors should be discussed with an experienced HIV/AIDS counselor or doctor. It is extremely important to note that PEP is not and should never be a substitute for safe sex.

How can I prevent HIV?

- * Use latex condoms, plastic kitchen wrap, and/or dental dams to avoid exposure to an infected partner's blood, semen, vaginal fluids, or breast milk - for anal, vaginal, and oral sex.

- * Never share needles! If you do choose to share needles, be sure to clean the needle with bleach. (You can not kill Hep C with bleach or alcohol. It can live out side the body in your needle for up to two months).

10. Human Papilloma Virus (HPV)

Or Genital Warts

What can I do if I have HPV?

Genital Warts

The Human Papilloma Virus (HPV) is transmitted by skin-to-skin contact, such as the vaginal lips to the testicles, and the infection does not require the exchange of semen or vaginal fluid. There are a 100 known types of HPV and about 40 that infect the genital region and others can infect the mouth and throat. Some HPV strains can cause warts and cervical cancer. The types of HPV that cause cervical cancer are not the same that can cause warts. Genital warts can pass to the other

final stages (full-blown AIDS), has a very high case fatality rate.

How is HIV transmitted?

HIV is transmitted through unprotected vaginal and anal sex, oral sex, contaminated needles, during pregnancy or birth, and through breast feeding to a baby. HIV attacks and weakens the body's immune system, its natural defense against disease. Chances of transmission are increased when other STI's are present. HIV mainly lives inside cells of the immune system - T4 (lymphocytes and macrophages).

What are HIV symptoms?

Most people will develop a positive HIV antibody test within 3 to 6 months after infection. It may be 6 months to several years after infection with HIV before symptoms appear, although HIV can be passed to others during this time. Early symptoms may be similar to the flu or other common illnesses, including prolonged fever, weight loss, severe tiredness, swollen glands, and severe diarrhea. But many people do not have, or recognize these early symptoms. Because the immune system does not work well, people with HIV can get severe pneumonia, unusual cancers, and other infections.

How is HIV treated?

There is presently no cure for HIV-disease itself, but there are now many medications, which can help prevent HIV from weakening the immune system. These medications have helped keep people alive and strong for many years. There are also medications for some of the infections and complications caused by HIV.

Post-Exposure Prophylaxis (PEP) means giving

The end of our relationship came when he forced anal sex on me. I was very inexperienced with sex when we dated, and I was scared to try new things. While we were having consensual sex, he decided that we would have anal sex. He didn't ask; he just did it. It hurt, and I screamed for him to stop. Eventually he did, but it wasn't because he felt bad. He said I ruined it for him because I wouldn't shut the fuck up. As I sat there crying and unable to get myself together enough to leave, he threw one insult at me after another. He told me how ugly I was, how fat I was, and how I was lucky we were ever together. The sad part about it is I believed him for a long time. I stayed with him for some time after that because over the last few months I had no self confidence. I had somehow convinced myself that I didn't deserve him and that I WAS lucky he gave me the time of day. He was actually the one to break up with me. He told me that he was done with me because he had gotten all he needed from it and that it was time for someone new.

I went to therapy a few months later, not because of what happened but because I was simply not myself. I wasn't smiling or laughing; I was completely miserable, which is unlike me since I am usually happy. I had not connected my relationship to my feeling of helplessness. My therapist was actually a former teacher of mine. I had him for seven psychology classes, and I felt comfortable with him listening to my deepest secrets. After a few sessions we got to my relationship. I shamefully told him about being whipped and even lit on fire. I cried and told him about the anal sex. Trying to be as comforting as possible, he explained to me that I had been raped, and that may be contributing to my sudden depression. I continued counseling

which finally supported me in eating and sleeping regularly. Now, two years later my life is back to normal. I can never forget what happened to me, but now I am healthier and in a relationship for the past year with someone who treats me well.

I cannot express strongly enough that rape is not okay under any circumstances. Any time that something sexual is happening to your body that you do not want or say no to, it is rape. Even if it is in the middle of consensual sex, like mine was, it is rape. Your body belongs to you, and you should never let anyone guilt you into having sex or doing anything sexual if you don't want to.

Rape is traumatic no matter how it happens or who does it, but I think it is more traumatic to be raped by someone that you know and trust because you could never imagine them doing something so horrible to you. Remember whether it is a family member, a friend, or a significant other, it is still rape. If this happens to you, please get away as fast as you can and let someone know. I know that it's embarrassing. If it has happened to you, then I urge you to seek counseling or at least talk to a friend or family member about it. Holding everything in is not good for you. I wish I had gotten counseling sooner and pressed charges. Counseling has helped me so much. I was also tested for STDs after I started counseling when my therapist asked me to do it to be on the safe side. These are things you should do if you are ever found in this situation, whether it's with someone you know or not. Also, please remember there are free clinics and counseling centers most places if money is an issue. The most

away more quickly -- ask your doctor for more information.

- * Treatment is recommended mostly for the first episode, or for people who have HIV.

- * Also, you may feel better if you take aspirin or soak in a warm bath.

- * Keep the sores clean and dry so they will heal more quickly.

- * Wear loose cotton underwear and clothes.

Avoid touching your eyes, unless you wash your hands first.

- * You should inform your sex partners. There is no easy way to tell if they have the virus, but let them know before they are exposed to it.

- * If you have sex, always use protection. This may be helpful, but will not guarantee 100% protection, since sores can be in places the condom, dam, or glove doesn't cover, but is much better than using nothing.

- * When you have a herpes sore on your lip or in your mouth, avoid kissing anyone or having oral sex.

9. Human Immunodeficiency Virus (HIV)

HIV is found in white blood cells and is present in the blood, semen, vaginal fluids, and breast milk of infected persons. HIV is often transmitted at the same time as other STI's, and in much the same ways. STI's that cause genital ulcers (i.e., syphilis, herpes, chancroid) may greatly increase the chance of HIV entering or exiting the body. HIV is not transmitted by "casual contact", such as sharing eating utensils, hugging, touching or other close, nonsexual contact. Only blood-to-blood, sexual fluid contact, and the intake of the fluids HIV is found in (blood, semen, vaginal fluids, and breast milk) allows for transmission. HIV in its

* Most people with herpes do not show any symptoms, but the first time you get herpes, you may get painful sores or blisters at the site of infection - usually either on the mouth, penis, vagina, or anus. You may also feel tired or sick, and get headaches or a fever.

* On a vagina, sores or blisters may occur inside where they can't be easily seen.

* Once you get infected with the herpes virus, it stays in your body for life. You won't have sores all the time, but they may return when you are sick or under stress.

STI experts think herpes can be passed to your sex partner(s) during sex even when the sores aren't present. Sometimes, the virus can be given to a baby during birth, but this is rare.

Is Herpes Serious?

For most people, herpes is just an annoyance and by itself, not a serious infection. However, having herpes sores can increase your chances of getting HIV (the AIDS virus). The sores make it easier for the HIV to enter your bloodstream if you are exposed to HIV during sex. The sores may or may not return. Remember, you may be able to spread the herpes virus even if you don't have sores. Often the outbreaks decrease in severity and frequency over time. When sores are present on your lips or genitals, avoid having sex, because the sores can get irritated and spread. Wash your hands often to prevent spreading herpes to other people and other parts of your body.

What can I do if I have herpes?

* There is no cure for herpes at this time, but treatment is available.

* There is a medicine that may make the sores go

important thing is your health, so please, take care of yourself.

Community United Against Violence (CUAV): Safety Line at (415) 333-HELP (4357) for emotional support, safety planning, and service referrals. CUAV's Safety Line is staffed by a diverse pool of volunteers. You're Queer, We're Here. The Safety Line focuses on creating solutions, not just reacting to crisis.

Rape, Abuse, and Incest National Network (RAINN): National Sexual Assault Hotline 1 (800) 656-HOPE. Calls are anonymous and confidential unless you choose to share personally-identifying information.



Consensual sex is hot! and talking about what you like and don't like is sexy!

- To Be Sexually Assertive -

1. I tell my partner what I like sexually and what I dislike.
2. I say out loud what I want sexually in specific behavioral terms. I demonstrate if necessary.
3. I say yes to my partner when I mean yes and no when I mean no.
4. I affirm that my wants and needs are really important. My partners needs are also important.
5. I am comfortable with the idea of change. Today's yes may become no tomorrow for both my partner and me and vice versa.
6. I can hear my partners no in ways that don't damage my self esteem.
7. I say no in such a way that my partners self esteem isn't diminished.
8. I look for alternatives and compromises when we have disagreements on important issues.

Paraphrased by Rachel from an essay called, 'I thought you didn't mind' by Elizabeth Powell, from "Transforming a Rape Culture" edited by Emilie Buchwald, Pamela Fletcher, and Martha Roth.

snorting and smoking with your own straws and pipes.

* During sex acts like fisting and anal sex which may tear skin always use protection like a condom or a glove (preferably one that is elbow length).

* Use less risky methods to take your drugs, like snorting/smoking with own straws and pipes

* Never share needles! If you can't get a new syringe, consider talking about Hep C with your injection partners. Possibly inject first to reduce exposure.

* Remember using bleach to clean your works and equipment will kill HIV and Hep B but not Hep C.

* Wash your hands thoroughly with soap and water before using your finger to find a vein, or to pick up a cotton. Use sterile water if possible. Otherwise, always use the cleanest water you can find for mixing and injecting drugs and rinsing injection equipment. Shoot your own drugs, if at all possible.

If you are chronically infected with Hepatitis C you may be at an increased risk to die from a Hepatitis A infection. If you have the Hepatitis C virus, vaccination against Hepatitis A is medically necessary.

8. Herpes

A person with herpes can pass it to sex partner(s) when having anal, oral, or vaginal sex. This usually happens when the infected person has sores. Transmission only requires skin-to-skin genital contact. It can be passed without exposure to semen or vaginal fluid. The virus can be passed without sores, too. You can also get it from oral sex, either from the mouth to the sex organs, or from the sex organs to the mouth.

What Do I Look For?

are chronically infected with Hepatitis C over a period of 20-30 years after the initial infection, and liver cancer in 1-5% of these people.

To prevent Hepatitis A:

- * Get vaccinated. (2 shots over 6 months)
- * Be as careful as possible to only eat food prepared under clean conditions.
 - Keep your bathroom separate from your cooking and eating facilities.
- * Wash your hands thoroughly after using the bathroom, and before cooking or eating.
- * Use protection when having sex (with condoms, dental dams, latex gloves), especially when practicing anal sex, combinations of anal and oral sex, or rimming.

To prevent Hepatitis B:

- * Get vaccinated. (3 shots over 5-6 months)
- Use protection when having sex (with condoms, dental dams, latex gloves).
- * Use safer injection practices.
 - * Use less risky methods to take your drugs, like snorting and smoking with your own straws and pipes.
 - * Get vaccinated.

To prevent Hepatitis C:

- * There is no vaccine for Hep C.
- * Use protection when having sex (even though Hepatitis C is not commonly spread sexually, many people choose to practice safer sex to reduce the risk) Hep. C and the virus can live outside the body for up to two months on sex toys, toothbrushes, razors etc.

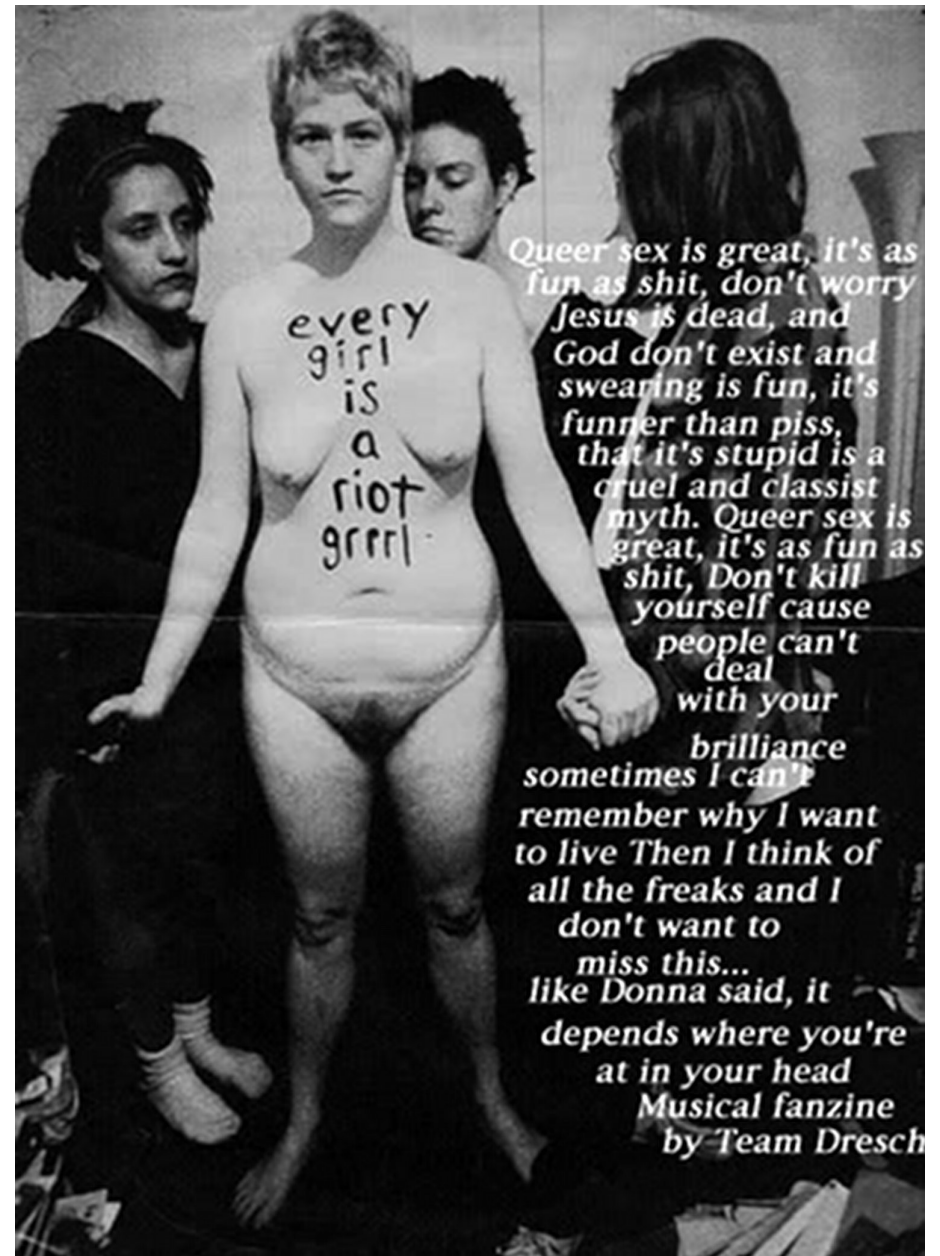


photo collage by Metal Unicorn

- easy -
by Daphne Gottlieb

Airplane. Alley.
Amusement park. Arm chair.

Back seat. Balcony.
Bathroom. Bar.

Bar bathroom. Bar stool.
Bath house. Beach.

Bus. Car hood.
Changing room. Church.

Concert. Couch.
Doorframe. Dormitory.

Dressing room. Elevator.
Field. Fire escape.

Floor. Frat house.
Front lawn. Front seat.

Futon. Garage.
Hallway. Hammock.

Hotel room. Hot tub.
Kitchen counter. Lake.

Living room rug. Loading dock.
Loveseat. Meadow.

Movie theater. Nightclub.
Office. Park.

Parking garage. Parking lot.
Recliner. Rest stop.

and you can still infect others. Only about 1% of people who get HBV die, and most people recover completely from Hepatitis B within about 6 months. These people are said to have had acute Hepatitis B. However, about 5-10% of people who get Hepatitis B remain capable of spreading the virus for the rest of their lives and can develop chronic liver disease.

Hepatitis C (HCV) is another virus found in blood and mostly transmitted through blood to blood contact. It is usually spread by sharing syringes or infected water when injecting. It can also be spread by sharing other injection equipment (like cottons and cookers) and, perhaps, snorting or smoking devices (like straws or crack pipes). Non-sterile tattooing and body piercing equipment can transmit the virus. Remember, alcohol and bleach don't kill Hep C. Sometimes Hepatitis C can be transmitted to a fetus in the womb. It may also be possible to get it from razors and toothbrushes shared with someone who has the virus.

Hepatitis C can be transmitted through sexual contact like fisting or any activity that involves tearing or cutting of the skin. Only a very few people with Hepatitis C develop the usual symptoms of jaundice, fever, and flu-like symptoms that can last up to six weeks, right after getting infected. Others only discover they're infected several years later when they get sick and testing confirms they have the virus. A large percentage of people (75-85%) with Hepatitis C never clear the virus out of their system. These people can continue to infect others, and are said to be "chronically infected". Most studies have reported that cirrhosis develops in 10-20% of the people who

immediately after anal sex. In either case, the virus can be transmitted by tiny amounts of feces that you can't see. Almost everyone infected with Hepatitis A recovers completely in about 4 to 8 weeks. You may have no symptoms, or you may suffer from nausea, vomiting, jaundice (yellow skin and/or eyes), diarrhea, and/or an extreme lack of energy.

Hepatitis A is rarely dangerous, unless you also have Hepatitis C. When you have active Hepatitis A, you can pass the virus on to another person—even if you have no symptoms. Once you recover, you can't spread Hepatitis A and you're immune to getting it again. This is because your immune system develops antibodies that are able to fight off future exposures to Hepatitis A.

Hepatitis B (HBV) is caused by a virus found in blood, semen (cum), vaginal fluids, breast milk, and saliva (spit). It is spread by sharing syringes or infected water when injecting. It can also be spread by sharing other injection equipment (like cottons and cookers) and, perhaps, snorting or smoking devices (like straws or crack pipes). Hepatitis B is transmitted sexually with a person infected with Hepatitis B involving the above fluids. Hepatitis B can be transmitted to a fetus in the womb, or to a infant during or after birth. And because it is so easily transmitted through body fluids, Hepatitis B is sometimes spread through sharing things such as toothbrushes and razors.

When you are infected with Hepatitis B the sickness may start gradually, usually lasting a month or two. Sometimes you may not know you're infected because you don't look or feel sick: the virus can remain active within your system,

Roof. Shower.
Sofa. Swings.

Staircase. Stockroom.
Swimming pool. Table.

Taxicab. Train.
Truck bed. Ten-man tent.

- Apples and Oranges -
by Liz Demi Green

When I was 16, I went on a mental trip.

*I was convinced that if I ate oranges,
everyone would know I liked girls. But if I*

chose an apple instead, I would land only in

boys' beds. But this wasn't acid— this was

psychosis. So I wrote this —

for every queer who spent their teenage years in

fear,

and especially for the ones like me, raised

* If you have more than one sex partner, consider getting an exam for STI's.

7. Hepatitis A, B & C

Hepatitis means "inflammation of the liver". It is usually caused by one of three viruses: Hepatitis A, B, or C. The effects of each virus are different, but in some cases viral Hepatitis can lead to cirrhosis (scarring) of the liver, eventually causing serious, life-threatening disease, and even liver cancer. Although less common, Hepatitis can also be caused by heavy long-term alcohol use, some medicines, and illnesses passed down from your biological parents.

The liver keeps your body functioning smoothly. It helps digest food and get rid of toxins and other things foreign to your body (like drugs!). When the liver gets so damaged that it can't work properly, a transplant may be your only medical option. Liver transplants are difficult, expensive and hard to get. Even after a transplant, Hepatitis C may sometimes re-appear in your new liver.

This is why preventing Hepatitis, and, if you're infected, early detection and care that keeps your liver from being seriously damaged, is so important!

Hepatitis A (HAV) is caused by a virus found in feces (shit). You can get Hepatitis A if you have contact with infected feces. The most common way this happens is through swallowing contaminated food or water. You can also get it through sexual acts like rimming (licking someone's asshole) or sucking a penis or dildo

- * Unusual bleeding from the vagina, or the anus.
- * Pain or swelling around the groin/vulva area.
- * Pain or itching of the head of the penis.
- * Swelling of the penis.
- * Pain when peeing.
- * Sore throat.
- * Lower abdominal pain.
- * Pain when having sex.

Is Treatment Important?

Yes! If you have gonorrhea and you are not treated quickly, you could become sterile (unable to produce children) regardless of sex organs. PID (pelvic inflammatory disease), a dangerous pelvic infection in vagina, is a common result of untreated gonorrhea infection.

How is Gonorrhea Treated?

- * Your doctor will give you medicine to kill the germ in your body. Take all of the pills you are given, even if you feel better. If you may be pregnant, be sure to tell your doctor.
- * Your sex partner(s) must be examined and treated.
- * If not treated, they can give the infection back to you, or infect others.
- * If you have sex, always use protection. Avoid having sex until you and your partner(s) have completed treatment.
- * Plan ahead. Talk with a new sex partner about gonorrhea or other STI's and the need to use protection before having sex.

How Do I Avoid Getting Gonorrhea?

- * Use condoms, dams and latex gloves every time when having sex.
 - See a doctor if you or your partner(s) have any sign or gonorrhea

on the buckle of the Bible belt, who felt their yearning splinter like a broken mirror: I want both!

Apples and oranges...

But by now it seems painfully obvious to me what I should have done:

Come out, join the fun!

So I moved to San Francisco. And the minute I landed north of the Mason-Dixon line, I went south...

of a girl's panty line. But somewhere between

*my thighs— Still— is that Oklahoma teen
whispering—*

*I'm sorry! I didn't mean to! I want— The
drama club king, drunk on Applejack. I want
only his fierce funny laughter and none of
that...soft flute player, trilling her tongue
across the passion of her breath— and oh if
that were only my neck...but I certainly can't
hold both of you inside my hopechest—*

No

I must choose...between apples and oranges.

I can't take a girl for a whirl and make a

loss cotton underwear and tights.

* Dry your body off well after bathing. Use a blow dryer between your legs while foreskin of penis is pulled back/vagina lips are slightly spread apart.

* Medications called "anti-fungals" can be purchased at a drugstore: Tinactin, Micatin, Lotrimin. They come in cream or powder. Use them twice a day and continue using them for two weeks after the rash has gone away. If these medicines are not helping, return to the clinic for another exam.

* You can buy over-the-counter vaginal cream to insert into the vagina. Try to use them before sleeping to prevent leakage. They may not work if you have sex after inserting the cream. There is now also a one-day pill, which must be prescribed by a medical provider.

Don't try to diagnose yourself. These infections can occasionally look very much like syphilis (another more serious sexually transmitted infection).

6. Gonorrhea

Gonorrhea (gon-or-e-uh) is a Sexually Transmitted disease caused by a type of bacteria. Gonorrhea can infect you, your sex partners and children. It is passed from one person to another during penetrative and oral sex. Gonorrhea can also be passed during childbirth. You can have gonorrhea and not know it! Even without symptoms, gonorrhea can cause serious health problems.

What Do I Look For?

* Discharge (drip) from the head of the penis, vagina or the anus.

You can get them from the same place you got them so do what you can to treat and clean

How do I avoid getting Crabs?

* A condom or dam/latex barrier covering the infected area can help prevent getting crabs

5. Fungal Infections

Fungus infections are caused by a group of organisms that normally live on the skin, but multiply to cause problems under certain conditions. Fungus can infect the skin in and around sex organs. Sometimes they grow in number and become a bother, especially in areas of the body that are warm and moist, such as between the legs, and under the breasts. Fungal infections are made worse by sweat, friction, tight underwear or wearing spandex and bike shorts, and wearing multi-layers of clothes covering moist body areas. Also, fungal infections may be worse in hot weather. Fungal infections are not usually sexually transmitted.

What do I look for?

* Red spots, itching, or white patches on the head of the penis, between the legs and on the butt, caused by yeast.

* A white cottage cheese like vaginal discharge, and itchiness.

* Patches on the testicles.

* Itchy spots on the skin of the chest, back, trunk of the body, in the groin/vulva area, and between the legs.

* Brown, tan, or red scaly patches that may have crusting or bumpy edges.

How is fungus treated?

* Get plenty of air to the rash.

* Try wearing boxer shorts instead of briefs and

*boy my toy because that would destroy...the
from picture.*

*And I know it sounds trite, a broken record from
1995, but I have had eleven years of movement
away from that red dirt, and I'm telling you:*

the dirty blood dust left a film on my

*skin. A tornado took hold of my mind, and
said: you'll never be the same again.*

*Competing desires pulled me in bipolar
directions, and the weathervane spun like a*

*journey, like a lesson. And all I can say now
to these memories, these flashes...is to
kiss. their. wind. and watch them
fall
into dust, into ashes.*

*Because an Oklahoma storm can tear the
roof off your house. And an Oklahoma
town can rip you in two.*

*But the air is so much sweeter after that storm
is through.*

And it's true, my breakdown was not a hate

* See a doctor if you or your partner(s) have any signs of Chlamydia.

* If you have more than one sex partner, consider getting an exam for STI's.

4. Crabs

Crabs, or Pubic Lice aren't an STI but, can be contracted while cuddling or during sexual activity. They are parasitic insects and under a microscope look similar to a crab. Found in pubic hairs these tiny little insects live and feed on human blood. Generally crabs live in the pubic area around the penis, vagina and anus but sometimes in armpits or beards. You can get crabs from infested bedlinen or clothes too.

What do I look for?

* Irritation and itching

* Tiny white/yellowish or grey flecks on pubic hair (eggs)

* Small brown flecks (crab poop)

* Crabs to the naked eye look like flakes of skin and be a grey to reddish color

How is Crabs Treated?

* First kill the crabs with an over the counter drug Lice cream or Lice shampoo for head lice. Read the directions and apply carefully it's toxic stuff.

* After application wash and dry all bedding and clothing that has been in contact with the crabs.

* Next kill the eggs of the lice by removing them from your pubic hairs with either a small comb, your nails, something similar, or shaving it all off.

- Repeat every 7 to 10 days until they're gone.

groin/vulva, head of the penis and vagina.

- * Discharge (drip) from the head of the penis, vagina or the anus.

- * Pain when peeing.

- * Unusual bleeding from the vagina, or the anus.

- * Pain when having sex.

Many people do not have any symptoms. Anyone can have Chlamydia and not know it! Even without symptoms, Chlamydia can cause serious health problems. See your doctor regularly if you are sexually active, to be tested for Chlamydia and other STI'S.

Is Treatment Important?

Yes! If you have Chlamydia and you are not treated quickly, you could become sterile/infertile. PID (pelvic inflammatory disease), a dangerous pelvic infection in and around the vagina, is a common result of untreated Chlamydia infection.

How is Chlamydia Treated?

- * Your doctor will give you medicine to kill the germ in your body. Take all of the pills you are given, even if you feel better. If you may be pregnant, be sure to tell your doctor.

- * Your sex partner(s) must be examined and treated. If not treated, they can give the infection back to you, or infect others.

- * If you have sex, always use a condom, dam and latex gloves for vaginal, anal, and oral sex.

- * Avoid having sex until you and your partner(s) have completed treatment.

- * Plan ahead. Talk with a new sex partner about Chlamydia or other STI's and the need to use protection before having sex.

How Do I Avoid Getting Chlamydia?

- * Use protection every time when having sex.

crime. It wasn't my body left crucified in a Wyoming field.

But in a town where crosses are taller than water towers, without the lord as

my shepherd, I could not walk out of the valley of doubt into a calmer plain of existence without first falling headlong into a nightmare

madness that stretched my soul across a fence.

And it took Haldol, it took Zoloft...

No!

*It took poetry. It took punk rock. It
took Sylvia Plath, Kathleen
Hanna, and a hot Jewish dyke from
Connecticut. It took years before I
could stand on this stage and
act. out. now. and call. out.
proud.*

*Because when I tasted the apple, I didn't
taste sin...*

- * Ask and check out your sex partners full genital area to see if they have sores or discharge and on or around the sex organs.
- * Talk about chancroid and other STI's before having sex with a new partner.

Is Treatment Important?

Yes! If not treated, the painful sores can grow and spread to other parts of the body. The open sores produced by chancroid make it easier to catch other STI's and even HIV, the AIDS virus.

What can I do if I have chancroid?

- * Antibiotics (pills or shots) your doctor gives you will kill the germ that causes chancroid. Take all of your pills, even if you feel better. If you may be pregnant, tell your doctor.
- * Your sex partner(s) must be examined and treated. If not treated, they can give the infection back to you, or infect others.
- * If you have sex, always use protection. Avoid having sex until you and your partner(s) finish treatment.
- * Plan ahead. Talk with a new sex partner about chancroid or other STI's and the need to use protection before having sex.

3. Chlamydia

Chlamydia (cla-mid-ee-ah) is a Sexually Transmitted disease caused by a type of bacteria (germ). Chlamydia can infect sexual partners and children. It is passed from one person to another during vaginal, anal and oral sex. Chlamydia can also be passed to a baby during birth, causing serious eye infections and lung disease.

What Do I Look For?

- Pain, itching and swelling around the

grinding. STI experts don't know if B.V. can be passed by a dildo or penis but use a condom every time you have sex to be safer.

* Do not douche (rinse vagina with water or other liquid)! Douching may increase the B.V. bacteria in the vagina. It also kills the good bacteria that help keep the vagina healthy.

How is B.V. treated?

A medicine called metronidazole (flagyl) is used to kill the B.V. germs. You will be using a vaginal cream or taking pills for one week, or you may be given several pills to take at one time. Do not drink any beer, wine or other alcohol drinks for 24 hours (one full day) before you start taking flagyl, and for 1 day after you take it.

2. Chancroid

Chancroid is a Sexually Transmitted Disease caused by a type of bacteria (germ). It can infect everyones genitals. Chancroid can be passed from one person to another during anal, oral, or vaginal sex.

What do I look for?

* Painful sores on, inside or around the penis, vagina or anus.

* Pain or swelling in the groin/vulva area.

* Pain when peeing.

* Pain when having bowel movements.

* Sometimes sores can be found on the breast, fingers, thighs or in the mouth.

How do I avoid getting chancroid?

* Use condoms, dams and latex gloves every time when having sex.

*And when I swallowed an orange slice,
my hunger was satisfied.*

*So I know now whatever state I'm in, it
doesn't matter if it's
South, North, West, or East
When I see fruit
I see a feast.*

- Queer Female & Lesbian Health -
by sari

The health of queer females & lesbians is typically overlooked. This is due largely to cultural barriers such as a disapproving political climate, religious and moral beliefs, and having an overall marginalized status in society. Social discrimination manifests in the lives of queer females and lesbians on multiple levels. Below is a list of some of these areas. In an effort to inform us about the differences between hetero female health and queer female/lesbian health; these impacts are expanded on to highlight particular issues faced in the greater medical community.

issue: insurance providers

what it impacts: a queer/lesbian female may fear disclosing information about her sexuality or the identity of her partner(s) out of fear that she will be discriminated against when it comes to the quality of treatment and the comfort of doctors and nurses. she may be concerned as to whether or not the organization supports providing care for a member of the LGBTQQI community. comprehensive care is compromised when she's not able to be open with her provider

issue: socioeconomic status

what it impacts: because long-term same-sex partners do not have legal access to health benefits related to marriage or cohabitation, a q/l female might not even have access to insurance, much less adequate coverage. larger out-of-pocket expenses push q/l females to only

- Communicable & Sexually
Transmitted Infections
(STI's), HIV and Treatments -

exerted from the St. James Infirmary,
Occupational Health; and Safety Manual and Our
Bodies, Ourselves

1. Bacterial Vaginosis

Also called "Gardnerella," or just "B.V."

Bacterial Vaginosis is an infection in the vagina caused by an overgrowth of normally occurring 'good' vaginal bacteria. It can pass between two vaginas and less commonly by a penis or dildo to a vagina. It may smell worse if exposed to semen.

How do I know if I have B.V.?

A vagina may have any of the following symptoms:

- * Gray, yellow or white smelly discharge or in underwear.
- * May be itchy
- * No symptoms but your doctor may find B.V. While looking at vaginal fluid under the microscope.

Is Bacterial Vaginosis a serious problem?

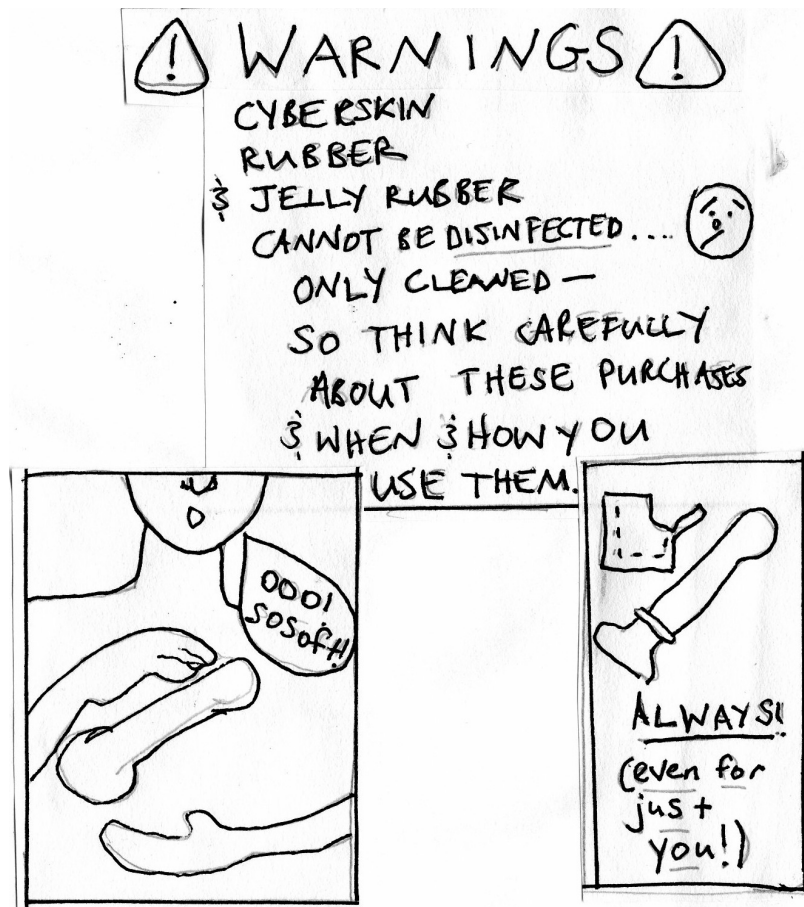
If the B.V. is not treated, it can cause problems such as:

- * Problems with childbirth.
- * Pelvic inflammatory disease (PID), a serious infection of the sex organs that can lead to infertility.
- * Infection after an abortion.

How do I avoid getting B.V.?

- * The best way to help prevent the spreading of B.V. Is to not swap vagina fluids via rubbing or

ascertain whether any irritation is occurring. Using an applicator insert half to a full applicator of spermicide well into the vagina spreading it all over with the fingers, being careful not to scratch the lining of the vagina with fingernails or jewelry.



(This is in part excerpted from: St. James Infirmary, Occupational Health and Safety Manual 2nd Edition; Our Bodies, OurSelves)

seek medical attention when absolutely necessary, thus resulting in lowered rates of preemptive and preventative care, such as breast exams, pap smears, and mammograms. by putting off regular check ups (and not seeking alternative forms of care), exasperated health problems can surface later in life; including back problems, chronic fatigue, and digestive disorders.

issue: sexual health beliefs

what it impacts: even though many q/l females may be at lesser risk for STIs , q/l females are still at risk! especially for hpv, herpes, and hepatitis b. testing for all STI's and HIV is recommended, a community clinic can provide this service free or at sliding scale. comprehensive sex education however, is rarely offered in schools and is typically heteronormative. it tends to focus on heterosexual safe sex practices and contraceptives. an underlying focus on male condoms, birth control pills, emergency contraceptives (like plan b), and spermicides. these do not adequately aid q/l females in safer sex!

issue: substance (ab)use

what it impacts: lesbians report greater usage of alcohol, illicit drugs, and cigarettes than their heterosexual female counterparts. this has been reported as largely a coping strategy for q/l females associated with stigmas and discrimination, and can lead to more complicated health problems such as cardiovascular disease, lung cancer, cervical cancer, and breast cancer. beginning to view substance use in a context of structural heterosexism can lead to the formation of targeted treatment programs and an increased

understanding of the effects of homophobia on behavioral, emotional, and mental processes; but importantly this understanding is essential to support the empowerment of q/l females in regaining power over what happens in their own lives.

issue: (in)visibility in research

what it impacts: research on q/l female health is severely underfunded due to the invisibility of the groups in mainstream research projects concerning health. this has lead "women's health" to actually mean "heterosexual female health" or "reproductive health" and thus negate environmental factors and the lived experiences of q/l females. without their representation in scientific studies, their voices are lost and are seen as individual cases instead of as a collective group with their own particular needs and characteristics.

issue: heterosexist views on intimate partner violence

what it impacts: because we consistently frame domestic violence and partner assault in terms of heterosexual relationships and a masculine/feminine power dichotomy, q/l females are not adequately explored as being affected by intimate partner violence. lack of both formal (shelters) and informal (family and friends) resources may keep a q/l female from seeking help. they may also resist telling others about their situation due to shame from being assaulted or feeling like the perpetrator is the only person that cares for them. low report rates for relationship violence between q/l

great job of cleansing itself naturally with normal secretions (fluids). Recent studies show that women who douche seem to get more PID (infection of uterus, tubes, ovaries) or BV (Bacterial Vaginosis) infections.

'Feminine hygiene' sprays, powders and wipes are not necessary. Mild soaps (like Dove) and warm water are the best cleaners for the outside lips of your vagina. Don't use very hot water or antibacterial/ deodorant soap. Your vaginal tissue is very sensitive.

What is a good way to clean the anus?

Washing the anal region before and after anal sex reduces the amount of bacteria that can be transmitted from partner to partner. Enemas can be used to clean the anus, but overuse can destroy the normal, healthy balance of bacteria in the lower intestine.

Spermicides --

Spermicidal foams and creams are designed to prevent pregnancy by destroying the sperm with which they come in contact. Nonoxynol-9 - a major ingredient in many spermicides may prevent transmission of STI's such as Chlamydia, gonorrhea and herpes by killing sperm and infectious cells in the vaginal tract. But over the last ten years there has been a growing body of evidence to suggest that frequent and regular use of nonoxynol-9 may lead to genital irritation, vaginal and cervical ulcers and recurring yeast infections. These conditions may actually result in a greater exposure risk for STI's.

If a spermicide is used, you should monitor to

and squeezing it out using vaginal muscle exertion.

* Fingers can be used to scoop out any remaining excess semen or fluids. However, care must be taken to avoid scratching the lining of the vagina with fingernails or jewelry. Remove excess semen or fluids from the anus by sitting down on the toilet and bearing down. Fingers should not be used in the anus.

* The Morning After pill, or other emergency contraception can be used to prevent pregnancy.

* Seek care at a clinic or emergency room ASAP (within 72 hours).

* Medication is available if you think you have been exposed to HIV or other STI's. Seek care at a clinic or emergency room ASAP. For an HIV exposure, antiretrovirals (anti-HIV meds) are typically given for a month. For an STI exposure many drugs can be prescribed for quick treatment.

If a condom or dam breaks or slips during oral sex:

* The receptive partner should spit out any semen or vagina/anal fluids and rinse their mouth with a chlorhexidine-based mouthwash, a diluted tea-tree oil mixture, or Betadine. They should not brush or floss their teeth or eat for at least an hour afterwards.

Douching --

Douching is the process of rinsing out the vagina or anus with a variety of store products, vinegar, baking soda and many other preparations.

What is a good way to clean the vagina?

Don't douche with anything. The vagina does a

couples may be due to fear of prejudiced treatment once others are involved as well.



resource:

Virginia K. Weisz: "Social Justice Considerations for Lesbian and Bisexual Women's Health Care"

Abstract:

Lesbian and bisexual women share much with heterosexual women such as the desire to parent and the risk for partner violence. However, these women have unique risks associated with heavy alcohol use, smoking, obesity, and nulliparity. As nurses become increasingly aware of the need for social justice advocacy for marginalized groups, they are in a good position to advocate for lesbian and bisexual women and to bring visibility to their poor treatment in the health care setting.

- Queers have it Weird at the Doctor -
by Hannah Forsberg
illustrations by Jenny Haley

For my last year at Mills College I did my final research paper on queer people's experiences accessing sexual healthcare. It began when I had a hunch that maybe we, as queers, get different treatment in the doctor's office when we start talking about sex and sexuality. And, that hunch began when I had a real awkward experience at a Planned Parenthood when a clinician assumed I'd been sleeping with a man. She phrased her questions in a way that assumed that because I was having sex, I must need birth control. When I told her that: Yes, I was having sex but, no I did not need birth control, she seemed confused. So I was forced to say:



She immediately reeled back and apologized for making the assumption I was having sex with a

penis or dildo prior to rolling the condom on it.

This will feel better and prevent breakage too.

- * Make sure that the condom has been put on properly squeeze the tip of the condom while unrolling it onto an erect penis or dildo, completely down to the base.

- * Before starting, ensure that a variety of sizes and types of condoms and water-based lubricants are close at hand.

- * Regularly check the condom when more than five to ten minutes has passed (re-lubrication is a good excuse to use to stop and check/change the condom).

- * Become familiar with what a condom breaking and a broken condom feels like - possibly by discussing it with other's who have experienced it or try it out with yourself using your dildo.

--In the event of a condom or dam breaking or clipping, regardless if ejaculation has occurred or not, there is the potential for the exchange of body fluids in either direction between the two partners.

**If you realize the condom or dam broke, you should ensure the following steps are carried out. **

During vaginal or anal sex:

- * Stop immediately.

- * The insertive partner should withdraw holding the condom on at the base of the penis or dildo.

- * Urinate to clear the urethra and wash the genital area thoroughly, particularly under the foreskin if present.

- * The receptive partner should remove excess semen and fluids from the vagina by squatting

Condom, Dam, and Latex Glove breakage is most likely to occur for the following reasons:

- * It has passed its expiration date or has been stored incorrectly. Condoms and dams must be stored in a dry, cool and dark area. The condom, Dam, or latex glove is torn or damaged by a fingernail or jewelry during application or use.

- * Insufficient lubricant has been used particularly in anal sex or just before menstruation when the vagina can be drier than usual. Lubricant should be reapplied on the outside of the condom as needed.

- * Oil-based lubricant has been used. Only water-based lubricant should be used with condoms and dams.

- * If the sexual act is of particularly long duration

Condom slippage may occur:

- * If the insertive partner does not have the condom rolled on all the way to the base of the penis or dildo.

- * If the insertive partner fails to hold on to the end of the condom at the base of the penis or dildo while withdrawing.

- * If the insertive partner's penis or dildo is semi-erect or flaccid.

- * If the insertive partner's penis or dildo is small and/or thin, or flared.

- * During sexual acts of particularly long duration.

To avoid condom breakage and slippage you should:

- * Apply a small amount of lube to the tip of the

man. I felt super awkward and could only manage to reassure her with a "yeah, yeah, that's fine. It's okay." But, it really bugged me and made me wonder- why did I have to out myself like that? Do lots of people deal with situations like that? And, shit, what else do queers have to deal with when trying to access sexual healthcare?

Anyway, that lead to my research project- I interviewed 10 queer (which I'm using as an umbrella term to encompass all non-heterosexual identities for the sake of being concise) people about their access to sexual healthcare. Originally, I thought it would be interesting to look at the ways in which queers are assumed to be heterosexual because dominant culture has a very limited reference point for anything outside of being straight or heterosexual. I came to find that this is only one issue that some of us deal with and that many other issues also affect our access to respectful, inclusive, and comprehensive healthcare.

The people I interviewed talked about many different experiences they had when accessing sexual healthcare- their experiences ranged from awesome to frustrating, objectifying to empowering. It was awesome to hear that a lot of the people I spoke to had at least one positive experience. For example, Angelina, who identifies as a queer female and high femme, mentioned a doctor she was able to openly talk about her queer sexual history with,

She was like swinging 60s, clearly a child of like hippy generation. I'm like, "Oh, good!" (laughing), "We can talk about this." And she was like, "Well, do you sleep with women? Do you sleep with men?"

"Well, both, generally women but sometimes..." She was really cool... Its been really lucky to have such great people to talk to."

While it was awesome that many people have had positive experiences, they often also had had negative experiences at other points in their lives, or acknowledged larger problems they see within the health care system and culture as it stands. Barriers to accessing sexual health care were a large theme that encompassed problems specific to one person, to larger themes that many people mentioned. While issues like affording good healthcare and impersonal relationships between doctors and patients were brought up, people also made specific reference to barriers they faced uniquely, as queer people. Almost everyone I spoke with mentioned experiences that were negative for them, as queer people, accessing sexual healthcare.

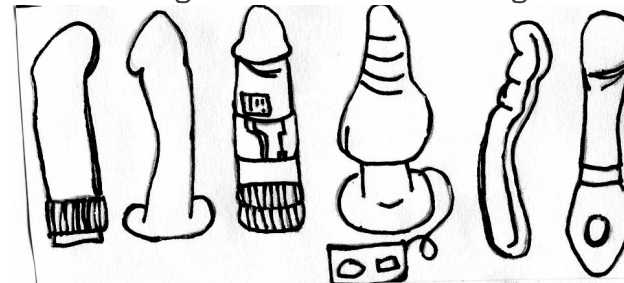
As it turned out, I wasn't alone in my negative experience of having to out myself to the doctor, a few people I interviewed also had similar experiences. Nik(a) Rad reflected on a specific doctor's visit where she had to repeatedly tell them she slept with women, not men:

It made it feel like it was an assumption that if you're a sexually active woman then that means you'd be having sex with men. And even if you weren't having sex with men at that time, you had had or would be having sex with men. I mean, I can

isopropyl rubbing alcohol solution will disinfect toys that

come into contact with body fluids.

* Nylon can be washed with a mild detergent in the washing machine.



Some important details & facts to remember about your
SEX TOYS

Non-Porous Materials	Porous Materials
<i>safer</i> <ul style="list-style-type: none"> • Silicone • Glass • Pyrex • Stainless steel 	<i>use a condom</i> <ul style="list-style-type: none"> • Jelly Rubber • Cyberskin • Soft vinyl • Hard Plastic • Acrylic and • Leather • Vinyl • Nylon

SEX TOYS

for 2 minutes to disinfect or run through your dishwasher.
 *Wash glass toys with soap and water. Do not expose glass to extreme temperatures.
 * Soft Vinyl and Hard plastic are cleaned using a soapy cloth and warm water.
 * Clean acrylic toys with soap and warm water.
 * Leather and Vinyl are cleaned the same way. Wipe with a damp soapy cloth. Do not soak. Wiping down with a 70%



understand why you would think that but not now a days. Yeah, doesn't make sense, I was just like, "Why am I being questioned about this?"

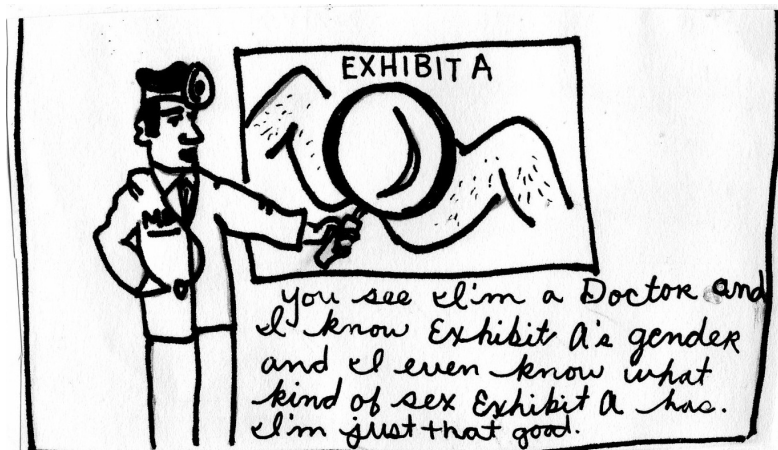
Krista also talked about having to out herself as a queer person with transgender partners,

Usually there's your intake form that you have to fill out and that's like, "Check this box or this box," and you're like, "I'm in the box that doesn't exist." I mean, often I'll check that I date men and women, which is not true, well... it's true to me, but I know from a health, biological point of view that the women box should be checked, but I'm with trans partners I've definitely had the pregnancy talk where it's like, "No, you don't understand. Really, I'm not..." And that's been weird.

Of the female bodied or cis-gendered women I interviewed who sleep with other women, many mentioned they had often been told they had no need for sexual healthcare at all. Jo-El talked about her experience:

Nobody would ever do any type of STD testing until I realized not that long ago, "Wait a minute, I need to be asking for this." People seem to think that it's impossible for two women to transmit an STD I don't think they know what they're talking about.

This particular barrier seems to be specific to cis-gendered women who have sex with cis-gendered women, which I think is interesting. I only ended



up talking to one cis-gendered guy, who also happened to be the only person who spoke about a positive experience at a queer-centered healthcare center, specifically for gay men. While a couple clinics for queer and trans people do exist in the Bay Area, it was interesting that no women I spoke to had been to a clinic specifically for queer women. For one, I think that it doesn't exist in the first place, but that in itself is interesting. Queer women, who are often perceived to not need sexual health services to begin with, seem to be less catered to in this field, despite the fact that queer women clearly face barriers accessing respectful, quality care.

Another issue that came up was the doctor's general lack of knowledge about transgender issues and realities. Sonya put it simply, "The one thing you can't tell your physician is, "Oh, sometimes I sleep with trans men." It's not worth it because they care about vaginas and penises which is for better or for worse." This sentiment that doctors have no interest or information about the complexities of gender

* Rubber and acrylic sex toys may be cleaned

using antibacterial soap and water. Rubber absorbs more dirt than acrylic so you should use a condom too.

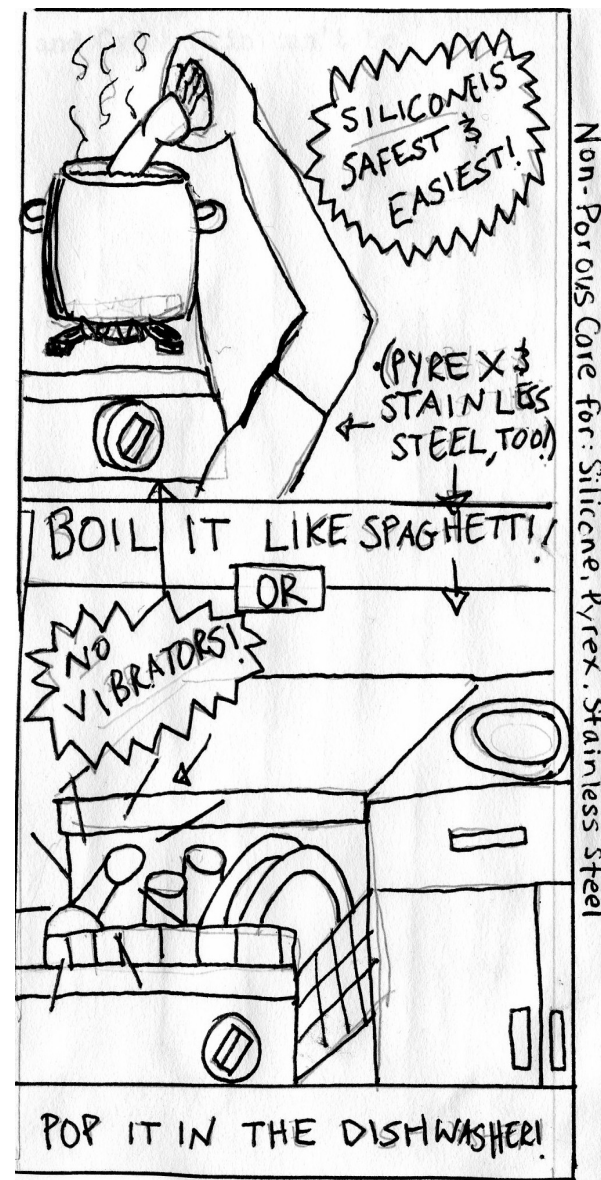
* Jelly-Rubber and Cyber Skin can't be disinfected.

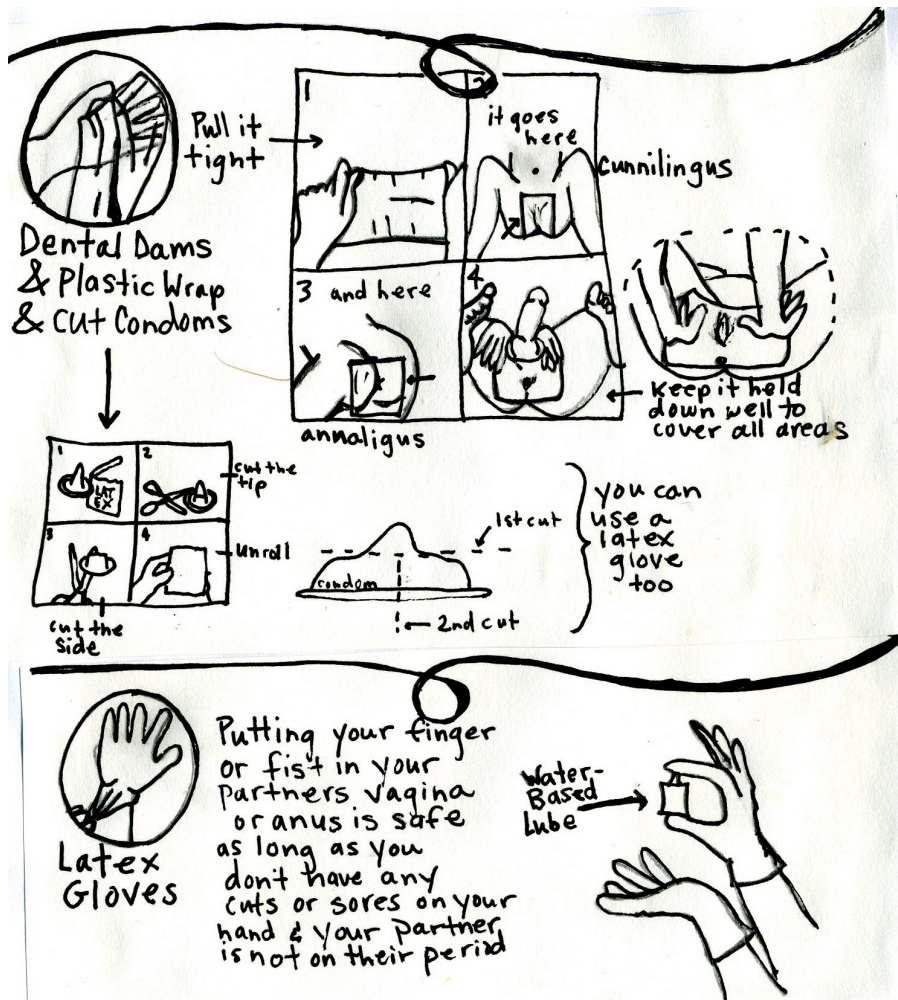
* Plastic battery operated sex toys should not be soaked in water take out the batteries - use anti-bacterial wipes to clean.

* Phthalates in plastics may be a hazard to your health.

* Boil, soak in bleach and water solution, or place stainless steel toys in the dishwasher.

* Silicon and Pyrex toys can be boiled in water





*In situations where more than two people are involved in a sexual act - threesomes for example - it is necessary to ensure that vibrators, dildos, and so on are not used by one person and then another without being cleaned, disinfected and having a new condom put on first. This also applies to when using your hand(s) always use a new glove. And use a new condom when going anus to vagina or anus to mouth.

identity was a pretty common theme.



In the end of the interviews, I asked each person about their ideal sexual healthcare situation and almost everyone specifically mentioned that they wanted queer-friendly (being included and respected in a diverse environment) or queer-centered (focused on only queer sexual health issues) sexual healthcare. Nik(a) Rad wished:

there were more queer centered health care places, like if I wanted to go some place and I would know there would be queer doctors and there would only be queer people there. I would like it to be queer-centered so I wouldn't have to explain things. Or when I went I get new information I would like the doctor to educate me, I would love for his medical degree to actually influence me in some way.

Krista said she wants:

A place where the people who work there, no matter how they personally identify, to understand queer sex and queer sexuality and some of the issues that come up around that. I don't want to be asked about pregnancy issues. But

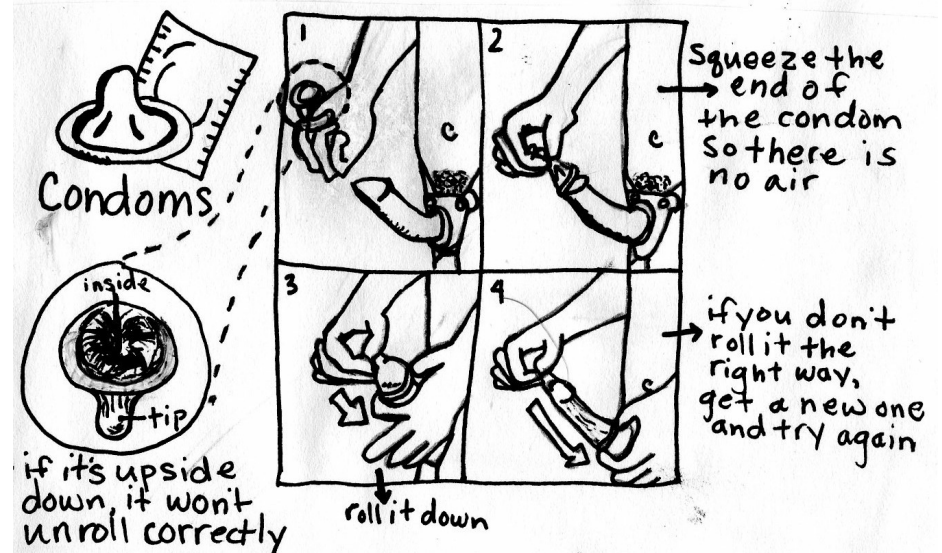
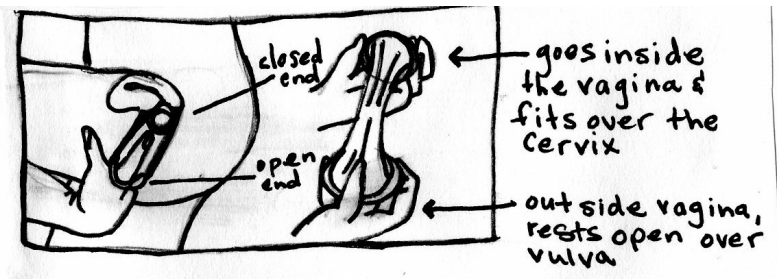
talking very real and frankly about what are common ways that STDs can get spread by lesbians, what are sexual practices that are different. If you have really hard rough sex and gets fisted a lot... you might have different things happening in and to your reproductive organs. So, somebody who knows and understands our sexual practices and how we can be healthy and safe as possible and provides are in a non-judgmental way A place that understands transgender issues (8).

Health care providers have a lot of potential to provide crucial information and support or to further alienate and disrespect queer people. Despite the fact that we're supposed to go there to get care for our bodies, it's extremely common to feel ignored and intimidated by medical professional, no matter what your sexual identity. And if your sexuality, sexual practices, and/or gender identity are not reflected in the mainstream norms then it may be even harder to talk about important and personal information, especially if the opportunity to identify our sexualities or our sexual partners is not part of the given routine.

What strikes me about this issue is how much potential these situations have to either be empowering, positive and educational, or uncomfortable, alienating and intimidating. These situations we find ourselves in while accessing sexual healthcare should provide information and support, not create self-consciousness and shame. The stakes are high, so our expectations, and realities, of sexual

Safer sex techniques:

- * Always use protection.
- * Wash hands with soap and water before engaging in any sexual activity and after the disposal of condoms, dams, latex gloves or handling of sex toys with another person's body fluids.
- * Condoms, dams and latex gloves must never be reused.
- * Sex toys must be covered with a new condom for each partner and between partners.
- * The condom must be removed and discarded after each use and the equipment cleaned and then disinfected.



- Safer Sex and Hygiene -
by Jenny Haley
illustrations by Jenny Haley
and Liz Demi Green

Safer sex education often relies on assumptions about our bodies and genders that may not relate to how we see, understand and describe our own bodies. It is important for us to think critically about the ways we discuss our own and others bodies and genders.

Everyone's genitals are different, there are no two alike, and people use different words to describe them. Commonly used terms or assumptions about someone's genitalia does not tell you about their gender and knowing their gender does not tell you their genitalia or what kind of sex they have. The best way to know what words to use is to ask your sex partner(s) what they call their body parts. This can be a sexy conversation and a part of foreplay. Be creative. Learning about your partner(s) body is exciting! And exploring your body is too!

In this section types of sex aren't discussed rather; key fluids, membranes, openings and body parts that can be sites for transmitting STIs. Information about safer sex practices and how to the most effectively use supplies such as how to use condoms, dental dams (dams), latex gloves, and clean your sex toys.

For continuity, throughout this section I do use common terms for internal and external sex organs: penis, vagina, anus, groin/vulva area, testis, ovaries, cervix, tubes and also breasts and dildo.

health care should be higher.



It is extremely important health care professionals provide a safe and caring environment for all queers to converse about health-related behaviors, including sexual histories and practices.

- Sexy, Hot and Safe: Sexually Active
and STI Positive -
By Sarah Tea-Rex

We were making out in bed together. She stopped and looked away for a second, then looked back to my eyes. She was thinking about how we would discuss STIs* before things went any further. All that was on my mind was sexy make outs and maybe-mores.

Then she spoke up.

Until this moment I had never discussed STIs with a partner before having sex with them. I am a cisgender** woman who had only slept with folks who had vaginas and I'd assumed that partners would tell me if they had any STIs, that my type of queer sex had really low health risks, and that safer sex products are really only for the heteros and gay dudes. Talking about STIs had not really seemed all that relevant to me.

She told me she had HPV*** and it's possible to spread, even between cisgender women.

She hoped this wouldn't put me off.

But, hey, girl's still sexy! I went to get an STI check myself. Despite being fairly certain I hadn't contracted anything since my last test it seemed only fair for me to be able to confirm my STI status with her and not pose any health risks unknowingly. While I was being checked out- feet in stirrups, legs wide open- I asked my doctor about HPV. I told the doctor my partner had it and I wanted to know ways I could have sex with her and still be safe.

- HPV Comic Facts & Resources -
(cont.) by Rachel Nichole

* Condoms don't prevent the spread of HPV skin-to-skin transmission. But female condoms can work better.

* Your immune system can clear up HPV before you get cancer (eat less sugar & processed food, more mushrooms, echinacea, goldenseal, fresh & wild produce)

* Cigarettes are really bad for you cervix. Stop smoking so your body can clear it up.

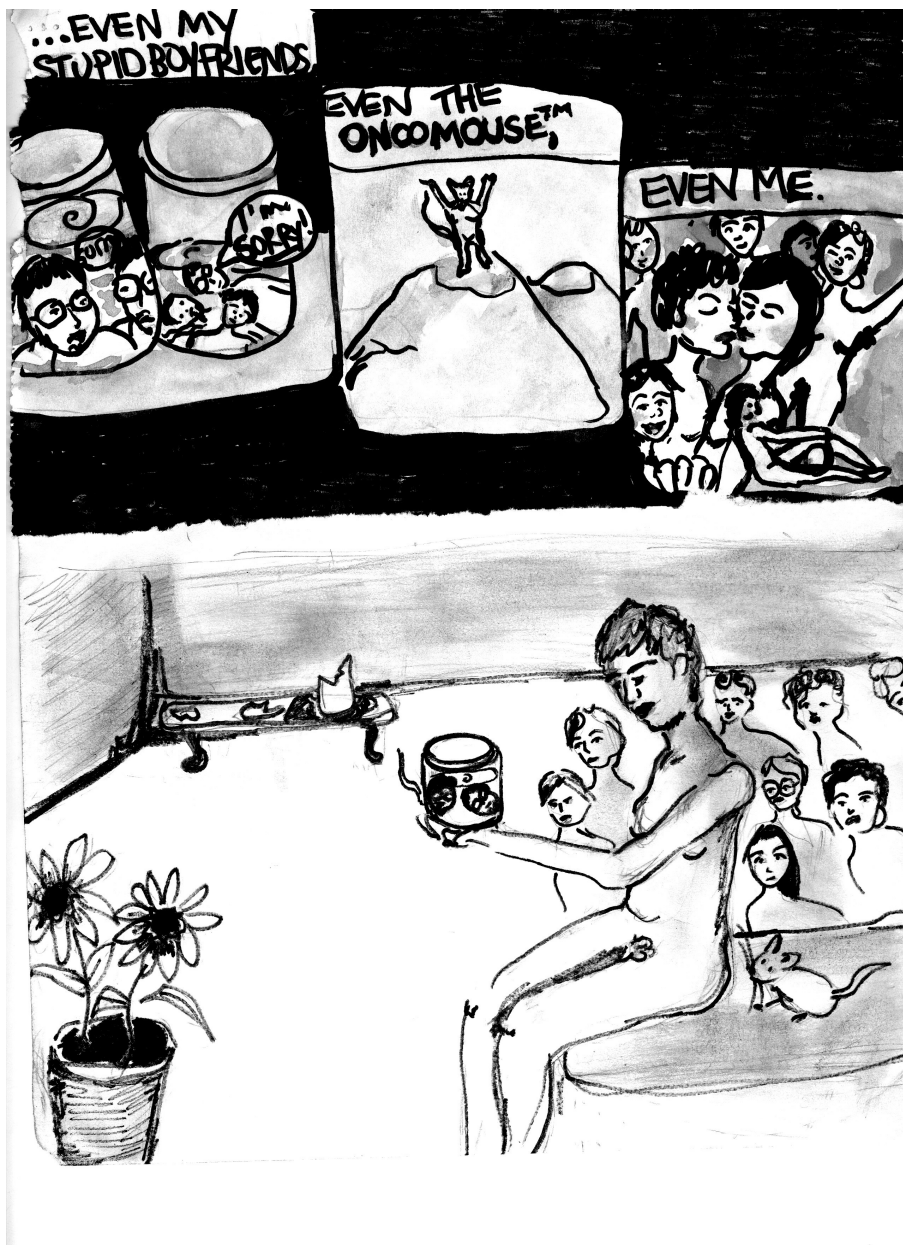
* The female vaccine is free in NYC if you choose to get it. NO free male vaccine yet.

* Men can rarely get prostate cancer.

Common Plants	Anti-Inflammatory	Anti-Viral
garlic		X
mint & lemon balm	X	X
grapes		X
echilacea and goldenseal		X
licorice, ginger		X
reading zines free on zinelibrary.info:		
* HPV Zine by the Down There Health Collective		
* Consent Zine by Cindy Crabby/Doris		
* One women's fight to die her own way by N'Drea		
* Edible, Medical & Unitarian Plants by yggdrasil distro		
free on indybay.org		
* Hot Pantz: DIY Gynecology		

beautifulcervix.com

<http://www.fwhc.org/health/selfcare.htm>



One vulva per hand (a.k.a. if my hand is touching her vulva, it shouldn't later touch my own vulva and vice versa)! Wash hands thoroughly afterwards! Latex gloves, too, are good! Dental dams/condoms reduce risk of spreading infection for oral sex, but there's a fairly high risk margin still. Sex toys are a go- just keep one vulva per toy and wash 'em well! Keep practicing safer sex, getting checks, and communicating openly, all was the doc's recommendation.

Knowing her HPV status didn't put me off at all- we had sex and, as far as I'm aware, I am still STI free. Her openness and honesty totally won my adoration. It takes courage to reveal something like that to a partner, to risk feeling judged or worry about being rejected.

I know quite a few people who have told me that they are STI positive who went through, or are still in, a point when they felt like they could not or should not be sexually active. Wonderful and hot people who are made to feel dirty, undesirable, or sexually inadequate. But an STI test can't determine how sexy we are and it can't determine how much pleasure we give or receive in the future. There is no STI in existence that prevents people from being sexual with each other, and nobody is ever 100% safe from contracting an STI, even if they are abstinent.

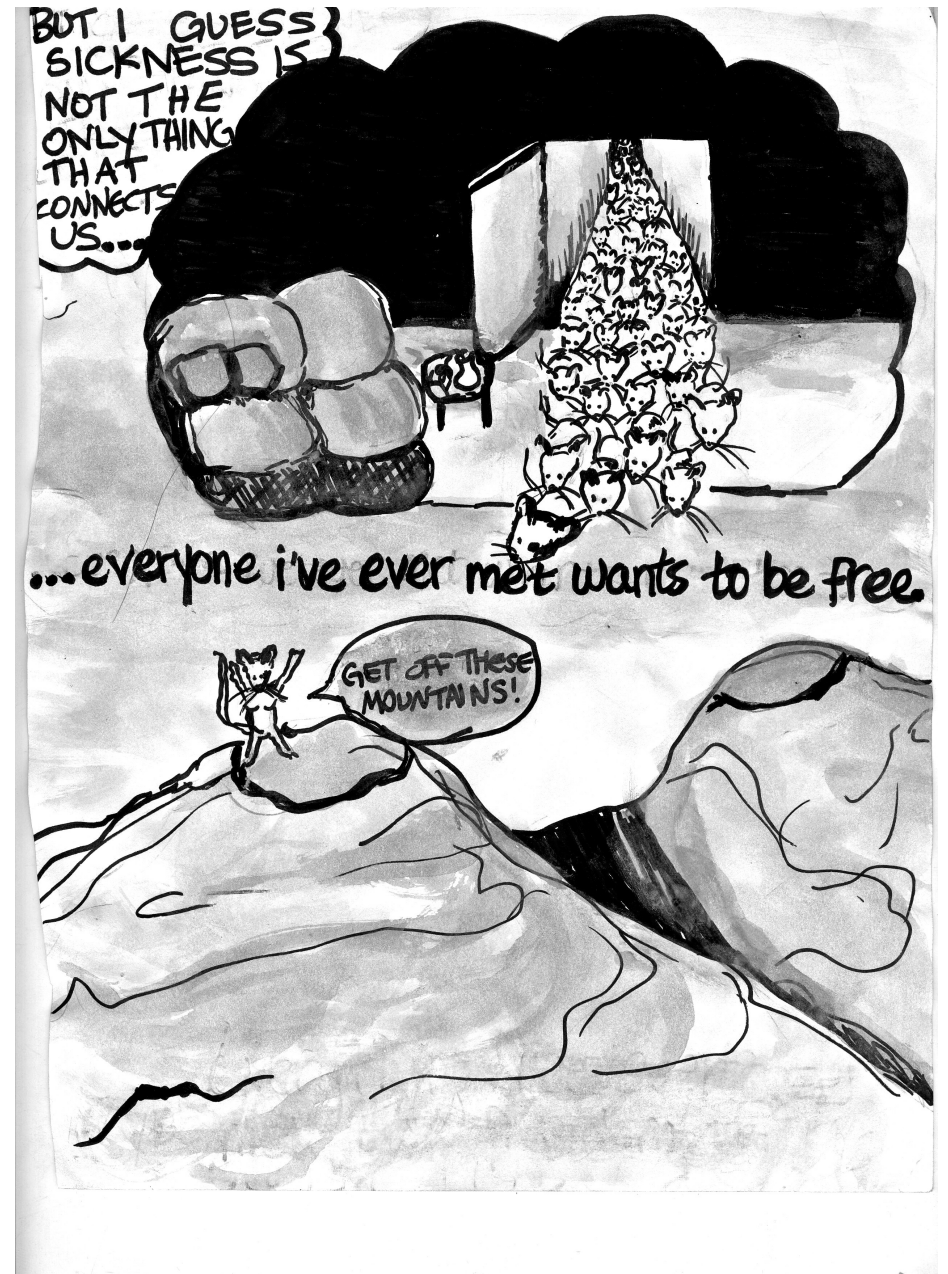
We need to work towards keeping ourselves informed and proactive enough to sensibly reduce these risks while still having fun. The ways we are sexual needs to be negotiated: using some body parts, safer sex products and/or toys, not using others, or using them in more creative ways. We don't even need to be having 'sex' to be sexy, there's so many means of affection that can

turn us on. Whatever our STI status, these are all things that need to be discussed.

Often sexual health discourse is focused on prevention. Scare tactics are so commonly misused to encourage 'healthier lifestyle choices' (a concept which, along with many other problems, also can contribute towards self-blame and ostracizing of people with STIs). STI prevention is spoon fed to us as if the only way we will get the message is if we are terrified of the be-all-and-end-all of infection. It's forgotten that in all of this, when we talk about how 1 in 3 people have _ _ _ _ or 1 in 10 have _ _ _ _ , that for some of us we already are that 1 in 3 or that 1 in 10 and prevention is already too late. How are we going to support people who already have an infection, especially when, as is evidenced by the statistics, they are so many of us?

Demonizing STIs and those who have them can cause STI positive people to internalize negative messages about themselves, people to avoid being sexual with them, people who are uninformed about the possibility of getting treatment, people who are afraid of the repercussions of getting tested, and to consequentially shut the door on open communication.

We need to communicate. We need to support everyone as a totally essential part to combating STIs. I want to see more materials, discussions and campaigns portraying STI folks like they are hot and they are sexy. The message needs to be that safer sex doesn't mean sex exclusively with people who are 'clear'. Safer sex means being informed and being careful.





Nowadays before I have sex with someone I always discuss STIs and I make sure my partner knows, whatever their status, I will still desire them. STIs are just one piece of our sexual selves and the more we can come to view this positively, to discuss it openly, the more we will all reap the benefits and the pleasures.

*STI is short for Sexually Transmitted Infection and is the more commonly favoured term than STD (Sexually Transmitted Disease) as it covers a broader range of infections and most infections can be treated.

** "Cisgender" is a term used to describe people who are raised from birth as a gender they continue to identify with. In other words, a non-trans person.

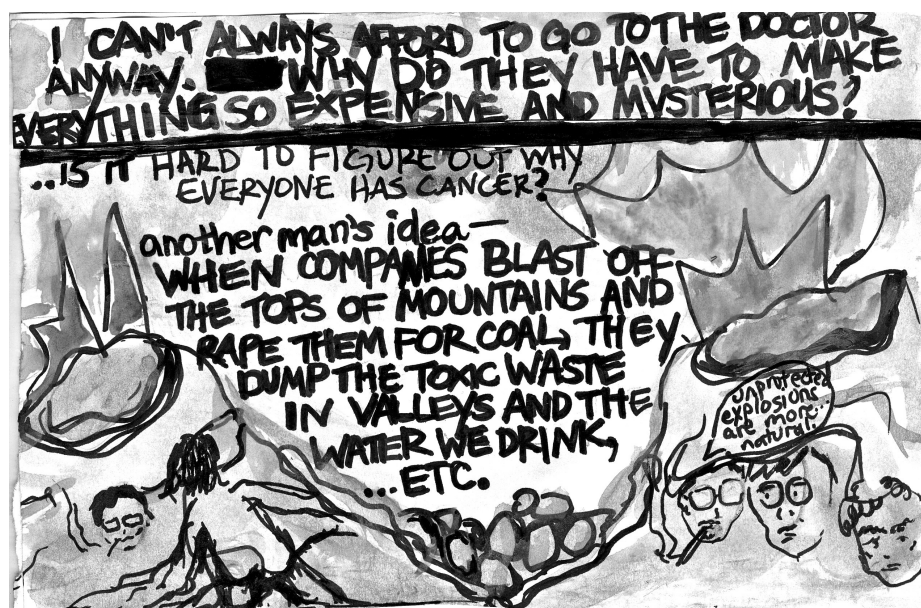
***HPV stands for Human Papilloma Virus, in the context of sexual health it can lead to genital warts or in some cases to cervical cancer. It's one of the most common STIs in Western countries.

- Questions and Answers on
Structural Violence and HIV/AIDS -
an interview with Janie Simmons, Ed.D.,
the Principal Investigator and Ethnographer at
the National Development and
Research Institutes (NDRI)
by Jenny Haley

Q1. In the development of youth specific curriculum on sexual health to engage learning about the relationship between HIV transmission and social forces such as poverty and gender inequality. What resources do you recommend for health promoters collaborating in the development of such a curriculum and what advice can you provide?

Certainly highlighting the differential between HIV rates in young men and young women, globally, would be important. Then ask, why are young women (and girls), infected at much higher rates than boys and young men? In the U.S, a similar picture emerges when young Black women are compared to young Latina and white women. I also think curricula should be designed to engage the social theories that youth already have because these social theories circulate in their communities. Young people already have a sense of how the world works and doesn't for them and their communities.

It is important to engage these theories in discussions about HIV risk and sexual health. It is also important to introduce youth in the U.S. to young people around the world





(through the internet, for example) who are engaged with preventing HIV, fighting stigma and otherwise advocating for the rights and well-being of people living with HIV and AIDS.

Q2. Prevention activities require attacking AIDS-related stigma and the scapegoating of sex workers, gays, and other groups. When working with specific groups at risk for HIV infection, what considerations need to be at the forefront to address stigma and blame?

Three things come to mind (1) HIV is a disease; (2) HIV prevalence determines to a large extent who will become infected; and, (3) scapegoating is a social and historical phenomenon that requires explanation in it's own right. Blacks in the U.S., for example, do not participate in more risky behaviors than whites but, as a group, they bear the brunt of infections. The risk of having sex without a condom in a community with high HIV prevalence is very different than the risk of having sex without a condom in a low prevalence community.

I think this basic concept is not well understood. It also applies to social groups with high prevalence. And that's when it is especially important to emphasize that HIV is a disease. Comparing HIV with a disease like cancer, which at one time was also more feared and stigmatized, helps to place HIV/AIDS stigma in perspective. Similarly, discussing the history of stigmatization, why it happens and why particular groups are more stigmatized and are blamed more than others is key.

Finally, addressing the process of stigma and blame itself how we are all, as humans, prone to this activity and how, specifically, HIV/AIDS stigma is especially damaging to those

most infected and affected by HIV/AIDS can go a long way in humanizing those most afflicted.

Q3. On improving the array of services available to women and all persons with AIDS, safe housing and access to resources are primary factors in prolonging the lives of people living with AIDS. How can advocates for community members who are HIV positive or living with AIDS best combat misinformation among service providers about health disparities among these groups being primarily based on race, gender or sexual orientation?

Through education and action. The National AIDS Housing Coalition, for example, has led the fight for housing as a human right and shown through research that housing improves health outcomes for people living with HIV and reduces infections. The Coalition works to end stigma, homelessness, housing instability and poverty. Partners such as Housing Works empowers people living with HIV and AIDS and their supporters to take action in local, national and international arenas. The right to live with dignity is one that most people can understand witnessing and taking part in the struggle to secure this basic human right helps us all go beyond the abstractions of "race, gender and sexual orientation."

In addition, when service providers and others see that programs actually work, they are more likely to support them and to stop blaming the people who need the support these programs provide. The PACT (Prevention and Access to Care and Treatment) program, adapted from Partner's in Health's Haitian project, has demonstrated success in providing targeted in-home and





community-based services to HIV positive patients who have not been able to adhere to their medication regimens. The program has been so successful that it is being replicated in many locations throughout the U.S.

Q4. An important point has been made that efforts focused on AIDS, must include efforts to empower poor women, help them gain control over their own lives-- control of lives as related to control of land, systems of production, and the formal and legal structures in which lives are enmeshed. What is a good model or project which reflects these efforts toward empowerment as control of one's life?

Control of one's life when living in gut-wrenching poverty, often in the midst of war, tyranny and imposed chaos, means food, healthcare, housing and safety first, for oneself and one's family. In our world, none of these necessities are accorded the status of human rights. AIDS is one window into these inequalities, often gendered but not always.

Consider the plight, for example, of the millions of orphaned children in Africa. The Stephen Lewis Foundation has found ways to support grandmothers caring for their children in many of the most hard-hit areas of sub-Saharan Africa. More than 250 grandmothers groups across Canada (and the U.S. too, I believe) provide resources.

Last year grandmothers from Canada met with grandmothers in Swaziland. They came up with the "Manzine Statement" which calls for pensions, property rights and social supports for Africans, especially older women who are providing for their (and others) grandchildren. Grassroots organizations like these cannot make up for the

lack of monetary support promised but not delivered by the G8 and other nations, but they do provide vital hope and support to many and demonstrate how grassroots efforts can and should be supported.

- HPV Comic -
by Rachel Nichole

