Lesbians and AIDS

made available as the first step

towards ensuring lesbians safety

demic, when AIDS was inaccu-

rately termed GRID (Gay Related

Immunodeficiency) and deemed

by some as divine retribution on

gay men, lesbians became per-

ceived as "God's chosen people"

to New York City last year to an

AIDS hospice. There he met over

30 diagnosed HIV positive lesbi-

ans, over half of whom had con-

In the early days of the epi-

and mutual trust.

THE / GAY & LESBIAN READER

by Brenda Barnes

I'm sick of being told I'm not at risk for contracting the Human Immunodeficiency Virus, especially when I know that what I'm hearing is not true.

My concern started on World AIDS Day, Dec. 1, 1989, when I read a pamphlet produced by the Dalhousie University AIDS Committee. The pamphlet was prepared by Health and Welfare Canada from "information" issued by the World Health Organization's Global Program on AIDS. Entitled "10 Points on AIDS for World AIDS Day," it stated, "HIV can be spread by sexual intercourse - from man to woman, from woman to man, and from man to man." The possiblity of woman to woman transmission was not mentioned.

When questioned as to whether this explicit omission constituted misinformation, Dr. Rosemary Gill, Dalhousie University's director of health services and member of Dalhousie's AIDS Committee acknowledged, "It is probably too conservative information." But she maintained, "as far as we know, there are no lesbians who have AIDS."

Gill further stated that to her knowledge, although there is nothing particular to lesbians which would prevent them from getting AIDS, there are simply no documented cases.

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Dalhousie Gazette

Lesley Barnes from the Metro Area Committee on AIDS, who is also a member of the Dalhousie AIDS Committee, added that even though she agreed that it was an oversight, there are no "documented cases" of lesbians transmitting the virus through intimate sexual contact. The World Health Organization is trying to stress the most common manner of transmitting the virus, through blood products, semen and the placenta. "In lesbian relationships," said Barnes, "you would not have those particular

greed that it there are no i'' of lesbians irus through contact. The ganization is nost common ring the virus,

"Women are the fastest growing group of people with AIDS."

modes of transmission in quite the same way with the intensity of the virus."

This appears to be the rationale behind the omission of the information in the pamphlet.

In an otherwise scholarly and informed address, Dr. Walter Schlech, head of epidemiology and infectious disease research at the Victoria General Hospital, and member of the National Advisory council on AIDS, said lesbians do not "seem to be at risk" when he spoke at the New Beginnings Ministry conference at the World Trade and Convention Centre on Jan. 20.

If statements such as these are not challenged, complacency within the lesbian community concerning our personal risks for transmission will be reinforced. Knowledge of the modes of HIV transmission do not always lead to changes in sexual practice, but it is critical that accurate information concerning our risks be trcted the virus merely through intimate contact with their samesex partner.

There are other anecdotal cases involving lesbians and AIDS.

Boston author and AIDS activist Cindy Patton said in January that she knows of several diagnosed HIV-positive lesbians from the Boston area, all infected by their same-sex lovers, who perform "safety nets" — safe sex workshops specifically for lesbians.

Mary Louise Adams, a member of the editorial collective of *Rites*, a Toronto-based national gay and lesbian magazine, is researching women and AIDS-related issues in England. In 1988, whe wrote, "In the spring of 1987, a lesbian and gay newspaper in Toronto printed an article about AIDS support counselling. Buried toward the end of the piece was a brief reference to two local lesbians who had tested positive for HIV, with no mention of how



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it had been transmitted." Documentation be damned.

The problem with those who seek documentation for verification is that they assume lesbian sexual practices are recognized. They further assume that research which specifically studies what lesbians do in bed is being conducted, and that the risk of contracting AIDS through lesbian sex is conclusively documented.

That is a lot to assume when, as recently as last February, Karen Pearlston with Toronto's AIDS Action Now reported in Rites, "none of the health workers or activists I talked to are aware of any research studies on the effects of HIV on vaginal secretions or on vaginal tissues. Saliva, tears, shit, piss and sweat have all been conclusively tested: This, of course, reflects the priorities of governments and medical establishments and is part and parcel of the fact that the U.S. government's Centre for Disease Control has not collected any lesbianspecific information since 1984."

There is still some controversy and not much information about vaginal juices. Denise Ribble, a nurse at Manhattan's Community Health Project says the fluids produced by a healthy vagina are unlikely to contain an infectious amount of HIV, but if a woman has any kind of vaginal infection, white blood cells will be present. That's where HIV tends to congregate.

USA Today and the Washington Post reported anecdotal cases, the uncertainty over vaginal secretions, and reports of the first case of apparent AIDS transmission through oral sex in the United States last January. These reports should indicate to local public health officials the necessity of obtaining and disseminating accurate information - not assumptions made in the absence of documented evidence which firmly states: Yes, this woman contracted HIV solely through oral sex with her same sex partner.

We're still waiting for conclusive studies, yet hoping such evidence will never come to light.

In the meantime, most lesbians should be aware that exchanges of blood (including menstrual blood) are quite risky and putting condoms on sex toys is a good idea if you intend to share them. And be aware that not all women who identify themselves as lesbians have sex only with other women. Some have sex with men and IV drug users. It's what you do rather than how you define yourself that counts.

Theresa Dobko of the AIDS Committee of Toronto suggests lesbians use latex where appropriate. Condoms work better and are cheaper and easier to find than dental dams, which are also thick and have not been tested as barriers to sexually transmitted diseases. Just cut off both ends and slit it up the side to form a latex square.

Dobko believes latex is a must for first times and one night stands when sexual histories and risk assessments are unlikely to be discussed. She says both partners should think about their general health when safer sex is being negotiated. This includes checking for open cuts on hands and mouths, chapped lips and infections. She also advises women to get to know their monthly cycles - when they are most lubricated, when they are tightest. The variations are natural and women should use a water-based lubricant during drier times to avoid tearing of tissues and deterioration of latex. Petroleum products eat through rubber.

Finally she emphasizes that if a woman develops sexually transmitted disease of any kind, all of her sexual partners will have to deal with it. Any woman who has a discharge, or itching and burning symptoms which don't go away with usual treatments should have a full-range screening for STDs since the presence of one infection can sometimes mask another.

Women are the fastest growing group of people with AIDS. An article appearing in *Off Our Backs* (fall, 1987) reported that out of more than 2200 American women diagnosed with AIDS since 1981, 46 had reported sexual contact with women.

Lesbians are at risk. Get educated — don't get AIDS.

Women & AIDS

The Metro Area Committee on AIDS is beginning to focus on the issue of women and AIDS. On February 7, MACAIDS held the first of a series of community workshops aimed at identifying the needs of the women's community in terms of AIDS education and prevention. The next meeting will be on March 21 at 7:30 pm. Women who are interested in attending and wish to know the location can call Karen Pyra or Carolyn Mossman at MACAIDS, 425-4882.