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“Look Before You Lick”

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One evening, earlier this year, I found myself in a room full of mostly lesbian-identified women staring at a power point presentation full of pictures of STD infected vaginas. Being a queer person myself, I'd spent a good amount of time with the vagina, but I'd never seen anything like this before. Picture a 10-foot-tall vagina covered with genital warts (HPV) or Herpes and/or leaking some gray or yellowish discharge. NOT SEXY! I began to have the feeling that if I looked at someone long enough, I might catch Herpes. While my personal vow that evening to never have sex ever again did not last long, I did leave with a new and lasting understanding of STD's, high risk behaviors, and safer-sex practices.

In honor of African-American HIV/AIDS Awareness Day, ZAMI (Atlanta's premiere organization for lesbians of African descent www.ZAMI.org) sponsored an event on "Lesbian Sex in the Age of STD's". ZAMI brought together three local experts on HIV and STD transmission to educate and dispel mythology about STD's in the lesbian community.

A quick note about language and gender: As a person who does not identify as either a lesbian or a woman, I feel compelled to clarify some things from the beginning. While the information provided in the presentation was catered to lesbian-identified women, all of the information also applies to any female-born person (a person assigned a female identity at birth) having sex with any other female-born person, and would not necessarily apply to a male-born person in spite of their current identity. In other words, this information could apply to transmen (if he is having sex with another female-born person) and female-born genderqueer folks (who are having sex with other female-born people), but not transwomen (even if she identifies as a lesbian and is having sex with other lesbian-identified women). For more information about trans health and/or gender language, see www.callen-lorde.org or www.srlp.org.

The Facts:

Dr. Miriam Phields, from the Center for Disease Control and Prevention, began the evening by presenting the following WSW (women who have sex with women) statistics: There are no statistics, because this group is not being studied. According to the federal government, to fall into the WSW category, a woman must never have been or have ever had sex with an injectable drug user, must not be a hemophiliac, and must not have had sex with a man since 1979. Given these criteria, studying this population is difficult, if not impossible, and so there is very little data about WSW transmission. This lack of data presents a huge problem because, according to Dr. Phields, data "is a cornerstone of prevention of HIV and STD's", and without data we're each left to determine our own risk.

Unfortunately, this often leaves WSW believing they aren't at risk for STD's, and engaging in high risk sex behavior without protection. According to Dr. Edith Biggers, "We think of ourselves in terms of

risk groups, as opposed to risky behaviors”, and so we aren’t getting tested for HIV and STD’s and practicing safer-sex like we should. “As lesbians, we really have not been studied adequately,” she stated, and so there is little information about potential transmission of STD’s through oral sex, sex toys, etc. We all need to “stop and look before we lick.”

The Danger:

Here’s what we do know: Information about WSW transmission is based largely on case reports, not studies, and can be divided into 3 risk categories: definitely, probably, and completely unknown.

Definitely: Trichomoniasis, Pubic Lice, Scabies, Herpes, HIV, Hepatitis A, and Hepatitis B can definitely be transmitted between female-born people through sexual activity. The first documented case report of WSW transmission of HIV was in 1986.

Probably: Human Papillomavirus (HPV)/ Genital Warts, Bacterial Vaginosis (BV), Gonorrhea, Pelvic Inflammatory Disease (PID), and Chlamydia are probably all transmitted between female-born people, but there is no research documenting prevalence and risk.

Unknown: Syphilis, Yeast, and Hepatitis C are all theoretically transmittable between female-born people, but none have been studied. Yeast is not considered an STD in heterosexual sex.

While there is little concrete information available, based upon the ways that these STD’s are transmitted in heterosexual and gay-male sex, it makes sense that all of these STD’s can be transmitted between female-born people. Virtually any time bodily fluids are exchanged, (vaginal fluid, blood, saliva, urine, feces, breast milk) there is a risk for transmission. It is up to each of us to monitor ourselves and our sexual partners for STD’s regularly. We must all take the time to learn what our bodies look like, so we can know when something looks abnormal on ourselves or our sexual partners.

The most up-to-date and comprehensive information about WSW transmission of STD’s can be found at www.lesbianstd.com.

The Good Stuff:

To end the evening’s presentation, Tonia Poteat, from Grady Health System lead a conversation about healthy, erotic, lesbian sex. “It’s healthy for lesbians to realize that we have full and robust sexual lives,” Tonia stated. “Often when people talk about lesbian sex they talk about oral sex like that’s all that two women can do together, but clearly that’s not the case.”

In a room of approximately 75 women, the following lesbian sex acts were identified in less than three minutes – fingering, frottage, grinding, rimming (anal licking), oral sex, fisting, toys (dildos, vibrators, nipple clamps, anal plugs, blindfolds, handcuffs, etc), kissing, strap-on sex, biting, S/M, tit-fucking, spanking, tying-up, and golden showers/water sports. According to Tonia, WSW must recognize that there is a “continuum of risk” with sex acts, and we must make choices about the level of risk each of us is willing to take. Once we identify the risk involved with our favorite behaviors, we can then take action to make them safer. Condoms on toys, gloves or finger-cots on the hand, and dental dams on the vagina can all greatly reduce the risk of WSW transmission of STD’s.

For more information on ways to make WSW sex safer, check out www.lesbianstd.com.

The Moral of the Story:

First, this is an appeal to health care providers to get better educated about WSW sex acts and potential transmission of STD’s. While the statistics are not available, common sense and caring is. WSW are engaging in every type of sex that heterosexuals and gay men are engaging in, minus the semen. Women’s health clinics, in particular, owe it to their clients to have all the information and ask all of the appropriate questions in a way that feels informed, not voyeuristic. Butch-identified women and

transmen are significantly less likely to obtain regular gynecological exams, primarily due to the shame and embarrassment we feel when our gynecologists interrogate us as if we're aliens from another planet. Health care providers can serve as the first source of STD information for WSW, but more information and training is needed.

Secondly, this is not a "what you don't know can't hurt you" situation. In this case, what we don't know can, will, and certainly already is causing our community great harm. As women, queers, lesbians, people of color, trans, and gender-variant people, we already know that we cannot count on the government for protection, and this situation is no different. We cannot wait for the CDC or the federal government to decide our lives and our health are worth protecting. We must begin to protect ourselves. We can celebrate our fabulous, beautiful, sexual, selves with safety. We are worth protecting.