Of Dykes & Data

If a lesbian gets infected and no one counts her, does she have HIV? Beth Hastie on the hush around girl-to-girl transmission

February 1, 2000 By Beth Hastie

I'm one of those dykes who has to keep an eye on her crotch. I have HIV and HPV (human papilloma virus, a common STD), and I'm a DES daughter. (Daughters of women who took this fertility drug in the 1960s have a high incidence of cervical cancer.) With this triple threat to me and my cervix, I have to get a Pap smear every six months. So when my gynecologist left my gay and lesbian health center, I had to find a new provider right away.

A friend recommended a local women's clinic, which, given the piles of toys in the waiting room, seemed to specialize in obstetrics. I was greeted by a pleasant medical assistant who looked at my chart and measured my weight and blood pressure. Then she asked if I used birth control.

When I told her no, that my partner is a woman, her interest in latex suddenly subsided. Was I practicing safer sex to protect my girlfriend? It didn't occur to her to ask.

The CDC has documented only a handful of cases of woman-to-woman HIV transmission, but that doesn't make me or my HIV negative girlfriend, Sage, feel safe when having sex. We know that HIV is in my vaginal juices and menstrual blood: The risk is real.

Sage and I have practiced safer sex from the start. We've used Saran Wrap, dental dams, Doilies and Lollies—and, believe me, we work to make them sexy. Still, they're hard to hold in place when things get hot, and we end up having less oral sex than we'd like. We've found other things we love doing with our tongues and fingers—like using lubed-up latex gloves for playing with and penetrating each other's vagina and ass.

Maybe it's easier for me to be consistent about safety because that's all I've known, never having slept with women before testing positive. I've never tasted a woman's cum or had a woman's tongue directly on my vagina—this loss makes me incredibly sad. So I'm not saying it's easy. Just easier. Safe sex among lesbians is mostly far more spotty than what Sage and I have been able to manage.

To help change this situation, I do outreach with friends at a local bar's Dyke Night. On these Thursdays, the small space is packed with women, watching football, chatting in clusters or

playing pool until the table is moved aside for dancing. We offer everyone a “fun pack” complete with dam, lube, gloves, condom and resources. Once, a young woman asked me whether it was really worth having sex with latex in the way. I took out my favorite dam and let her feel how silky and thin it was; then I pulled on a glove and lubed it up. She soon promised to give latex a try.

If only it were always that simple. I have no idea how many women actually use the supplies we distribute; I’m sure many don’t. A lot of women are reluctant to admit that they don’t practice safer sex. Many, including me, have been abused or raped and were taught shame and silence around sex from an early age. This can make it very hard to talk about what we do in bed and how we feel about it—even to our partners. Of course, it doesn’t help that HIV risk strikes many lesbians as completely hypothetical, given the total lack of data on transmission between women.

Two decades into this epidemic, there have been dozens of HIV studies published on every kind of sex involving men, but none on risk among women who have sex with women. Not one. Of the more than 100,000 female AIDS cases reported to the CDC through 1998, data on whether the women had sex with women was missing in half the cases—either the doc didn’t ask or the patient didn’t tell.

Finally, however, the Centers for Disease Control and Prevention (CDC) has funded a research project on lesbian HIV transmission. Launched in May 1999, the study was created after the HIV Epidemiology Research Study of HIV Positive Women, or HERS, found that 18 percent of the women reported having sex with women. The project will use a virus-matching technique to identify potential cases of female-to-female transmission. A second, NIH-funded study is looking at lesbian injection-drug users (IDUs) and why their HIV risk is higher than that of female IDUs who are heterosexual.

Now we only have guesswork about lesbian transmission, which is usually equated with no, instead of some, risk, and which denies the reality that, however we were infected, many of us have HIV. I hope these studies will provide some facts—to help women assess their behaviors and to encourage doctors to ask us the right questions.

Until then, I’m doing my part to fight dyke invisibility. Because I was infected through rape by a man, I’m instructed to check the “heterosexual” box on HIV service forms.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/article/Of-Dykes-Data-10538-5037