



TAKING A CHANCE ON LOVE

If you think

PAM SHAW USED TO shop at Bergdorf Goodman. Not today. Today she passes by cashmere and silk, heads for a makeshift conference room in the store's café, and tells a consortium of journalists that she is the face of AIDS.

You are not going to like this story. This is a straight and upper-middle-class story, and you will not like it if you have luxuriated in the presumption that AIDS happens to "them" and not "us," if you have allowed the silence surrounding women and AIDS to lull you into a false security. In 1992, women comprised 40 percent of the world's HIV-positive population, according to Harvard's International AIDS Center, which estimates that at least 70 percent of *all* AIDS transmissions occur through heterosexual sex. Last year, for the first time, heterosexual sex was the number one cause of transmission for women. But the silence continues, partly derived from the awareness that somewhere in the chain of exposure is a smidgen of bisexuality, prostitution, or drugs. The penis you know and love has been somewhere it shouldn't. Within the six degrees of separation that connect us all, something unsavory has transpired, something not associated with "nice" girls. "It's easy to make this a disease of otherness," says Pam. "Then people >

BY AIMEE LEE BALL

AIDS can't happen to someone

like you, think again



**Irene Snow
(left); Pam
Shaw (right).**

don't have to feel threatened for themselves or their own children."

Pam is thirty. For most of her twenties, she had recurrent yeast infections and a bout with cervical dysplasia that required surgery, but several times, when she asked her gynecologist if she should be tested for HIV, she was told, "Don't be ridiculous. People like you don't get AIDS." Two years ago, the back of her throat developed the appearance of cottage cheese. Her internist took one look and solemnly diagnosed thrush, a yeast infection commonly associated with AIDS and a signal that Pam should be tested.

"He brought the needle to take my blood," she recalls, "and I said, 'Get away from me. You don't know what you're talking about. I'm under a lot of stress, and there are lots of reasons I could have this sort of infection.' It took me two weeks to go get tested, and when the results came back I had my best friend and my mother with me. Everybody thought I was a big hypochondriac, that I was overreacting, but they humored me and came to the doctor's office. I could tell immediately when he said, 'Sit down. . . .'"

The abiding silence dictates that we not ask: How did you get it? Perhaps secrecy is a legacy from the original monolith of victims: gay men. The new victims often don't know the answer. While contacting past boyfriends (a daunting prospect for any woman, even with *good* news), Pam learned that a high school lover, an Ohio man almost a decade older, had committed suicide five years earlier after losing a

lot of weight—a case of "hypoglycemia" and depression, according to his family. "He was the squarest guy I knew," she says. "Very old-fashioned, good to his mother, the perfect first boyfriend in so many ways. I was a virgin when I met him. I have no idea how he got it, and I'll never know the whole story. I'm not even angry at him. Who thought twelve years ago there would be a thing called AIDS?"

In the support group for professional women with AIDS that Pam attends, the virus has cut a wide swath—the youngest member is in her twenties, the oldest in her sixties. "Someone in our group actually forced her doctor to test her because she had seen the Republican and Democratic conventions," says Gale Barrett-Kavanagh, the therapist who takes time out from her job with the Boys & Girls Clubs of America to run the group. "She was listening to Mary Fisher and Elizabeth Glaser, sitting in her living room, thinking, I look like those women. One woman in the group was from Kansas—Miss Cheerleader. Married her high school sweetheart, watched him die, and made it a few years beyond; she was thirty-one. One of the more astonishing women was married twenty years. The level of betrayal I saw in that woman's eyes—her husband suddenly got ill, and when they did an autopsy, guess what they found? Who *was* that? There's no answer. She's talking to a gravestone."

The Centers for Disease Control recently announced that AIDS is a leading cause of death in women between the ages of twenty-five and forty-four. Not poor women or

minority women or inner-city women—just women. Seventeen percent of those who test positive in Maine are women. *Maine*. George Bush's neighbors. AIDS is the number one cause of death among women in nine major cities, including New Haven and Stamford, Connecticut. In Baltimore, AIDS kills more women than breast cancer or hypertension or anything else. And yet we continue to believe the virus is remote, that women who wear Donna Karan and cook Silver Palate don't get fatal sexually transmitted diseases. "It couldn't, for god's sake, affect my mother," Kavanagh intones, with mock horror. "What could it have to do with my sister, my daughter, my friend? If you have unprotected sex, you're at risk. Get it? It's across the board, and we don't want to see that. You think people wear their history on their lapel? It's absurd."

So you suppose AIDS is hard to get? Irene Snow begs to differ: In her senior year of college, she married a banker and went to work for the Manhattan district attorney's office. A year later, after her husband experienced some balance and walking problems, he was diagnosed with AIDS, the disease having already attacked his spinal cord. The couple had used condoms for birth control on all but a handful of occasions. "Don't let anybody tell you that once is not enough," says Irene. She tested negative when her husband first became ill. Six months later she was HIV-positive, too. She is twenty-nine. (Six months, according to Gay Men's Health Crisis, is the incubation window for HIV antibodies.)

Part of the silence about women and AIDS is puritanical. Irene's former support group jokingly called themselves the Nuts and Sluts, and Gale Barrett-Kavanagh reports examples of black humor in her meetings: "People say, 'I guess now my mother will realize I'm not a virgin.' If you're nineteen, or forty, that's a real issue. I think people tell about their finances with a little more honesty than their sexual history because there is such a judgment, from 'I've only been with two people' to 'Hey, I was a flower child.'" There is no right amount of experience to disclose in a sexual encounter, so people lie, which is why simply asking about a partner's past does not constitute safe sex.

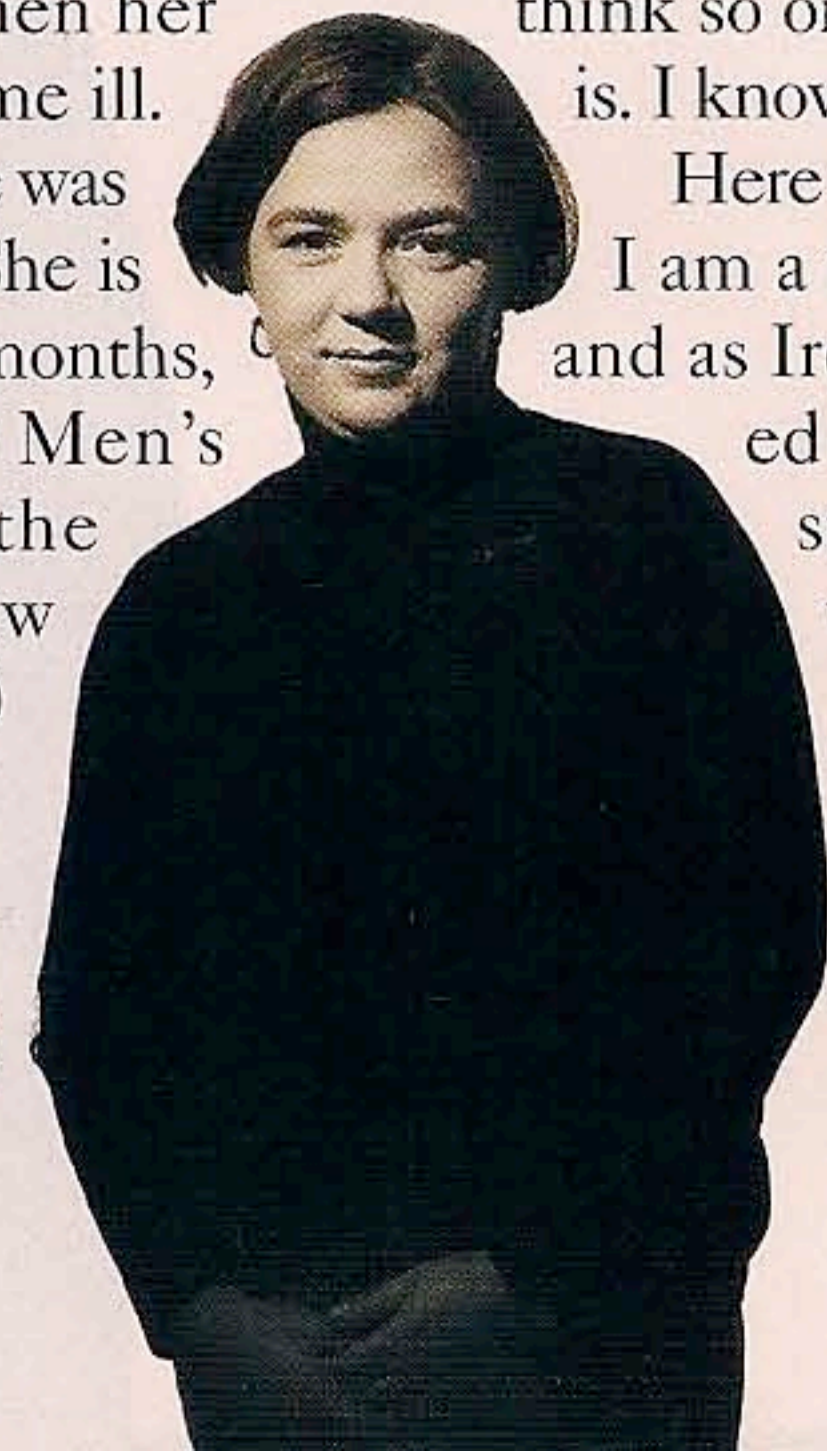
"Promiscuous is always one more partner than the next person," says Irene. "But AIDS is not a social statement. It's some stinking virus that's perverse because you get it in the process of wanting to connect in the most intimate and basic way. In the white community, we don't talk about what puts us at risk, which is male behavior. A white woman's highest risk category is her male sexual partner. I'm a big believer in education, but you can talk to women about negotiating sex and condoms and dental dams, and if they don't believe they're at risk, it won't go anywhere. Women have to understand that it's part of their lives whether they think so or not. I think it is. I know it is."

Here is a confession: I am a tactile person, and as Irene and I parted company on a street corner, I was so moved by her story >

IRENE SNOW:

"It's a very crowded bed—I was married, a good girl, and I still

got this."



SCREWING WITH REALITY

A conversation with Mary Ann Leeper, Ph.D., developer of the Reality female condom

In New York City (my home), the leading cause of death among female heterosexuals (my team) between the ages of twenty-five and forty-four (my range) is AIDS. I have tested negative and continued to worry. I have cringed at the notion of that all-important third-date exchange of medical histories. And I have stood helplessly by as people I love have succumbed. Given all this, it would seem that the prospect of a relatively safe and effective way to arm oneself in the war against AIDS would be—if not cause for celebration—at least cause to stop viewing life as a fragile bit of luck in a world based on chance. But at the risk of sounding squeamish and ungrateful: What took so long? And is this really the best we can do?

Q: The device is made of polyurethane, is that correct?

MARY ANN LEEPER: Yes. It's a strong plastic, but it's very thin. And it transfers heat, so that once it's inside, it reaches body temperature.

Q: What does sex feel like?

MAL: As measured in our long-term clinical study, between 50 and 60 percent of couples say sex is the same, about 10 to 15 percent say it's better, and 10 percent say it's diminished.

Q: Do those who say it's better attribute that to the psychological impact of not fearing AIDS?

MAL: No.

Q: Then why? The condom covers the clitoris, right?

MAL: But it can also stimulate it. Plus, for some women, it increases the stimulation inside.

Q: And for men?

MAL: Eighty to 85 percent prefer it to the male condom because they don't feel that tight rubber thing around their penis. Of the 15 percent who don't like it, the reason is usually [aesthetic]: They don't like that something extends outside the vagina.

Q: Well, I've got to say, it's a serious turnoff for me, too. How do you get used to that?

MAL: There are pluses and minuses. It extends so that you don't have skin touching skin. That's when you get little abrasions—and when bacteria and viruses transfer between partners. The minus is that we didn't grow up knowing about a female con-

dom and what it looks like. So this is a whole new psychology.

Women put it in almost as part of the sex act. So they have to play a more active role. You can come home from the movies, put this in, and then start foreplay, even two hours ahead of time—but it's still immediate to the sex act. And that takes getting used to.

Q: I hear it squeaks.

MAL: It squeaks if there's not enough lubricant for the size of the penis. Which is why we package extra lubricant with the device.

Q: Should this be used as a dental dam for oral sex?

MAL: Some women use it. They like it better than a dental dam because it doesn't have that rubbery taste. Truthfully, I've used it only for heterosexual, vaginal intercourse.

Q: What's the rate of pregnancy for this condom?

MAL: When used properly, the failure rate is between 4.0 and 4.6 percent over the course of a year.

Q: Is it difficult to use properly? How complicated is insertion?

MAL: Women say it is much easier than a diaphragm. Seventy-six percent reported that they had no problems inserting it the first time, and 93 percent said they had no problems the second time.

Q: At about \$2.50 per condom, are you concerned about people reusing them?

MAL: My guess is that there probably will be some reuse, even though we caution against it. But women who choose this device have already made the decision that they don't want to get AIDS, herpes, or chlamydia, so I think they'll be responsible enough to use it as directed.

Q: How do you respond to women who say, "This was the one thing the man could do. This was his responsibility, and now we're getting stuck with the condom, too."

MAL: That's right. This is something that you have to do for yourself. The question is whether you want to protect yourself against sexually transmitted diseases—that's the bottom line. When it comes to our own health, we're the only ones who are responsible. —LISA KOGAN

Mary Ann Leeper is president of the female health division of Wisconsin Pharmacal Company, distributor of the Reality condom.

and her presence that I kept touching her arm, censoring myself just short of a hug, which seemed inappropriate for a stranger. Then, as I walked away, I had this tiny, fleeting urge to wash my hands. I kept telling myself, "Stupid, stupid, stupid," but the instinct was there, a vestige of old ignorance, before we knew that the virus was not passed along through casual contact. Ironically, Pam Shaw was a friend of Alison Gertz, another daughter of Park Avenue privilege, whose recent AIDS death was much ballyhooed as evidence that "nice girls" were not immune, and Pam admits that when she was told the numbing news about her own HIV test, one of her first thoughts was, *Oh, my god, I probably got it from Ali because I drank out of her glass.*

The notion that AIDS is hard to get is a double-edged sword. It makes mincemeat of foolish ideas about toilet seats. But the chimera that it is hard to get AIDS through *sex* allows you to continue irresponsible behavior, to forget that you are not really in bed with one man but with anybody either of you has ever slept with in the age of noninnocence. "It's a very crowded bed," says Irene. "I was married, and I was a good girl, and I still got this." She acknowledges that some people in the restaurant where we met would undoubtedly have left if they'd known an HIV-positive woman was in their midst. The truth is that people with AIDS are sitting next to us in restaurants—and serving our meals and cutting our hair >

PAM SHAW:

"I was told, 'Don't be ridiculous, people like you don't get AIDS.'"



and auditing our income taxes and, yes, they are sleeping with us. Everything we know about the transmission of this disease tells us the only risky scenario is that last one.

I am interviewing young women with AIDS, and everything sounds inane: "Great view," I say, walking into the apartment of Andrea Smith (not her real name). I am talking about the skyline and I am thinking, How can this be happening to you? You're too much like me.

Andrea is a forty-year-old lawyer who can see out the windows of her Brooklyn Heights home to the Wall Street tower where she will never return to her job. Seven years ago, working a rigorous schedule in commercial and maritime finance, she couldn't shake a high fever. Her parents took her to a hospital near the Long Island neighborhood where she'd grown up, and she was startled to learn she had viral meningitis. In the hospital, she complained about an inability to get food down, and a test showed *Candida esophagitis*—a fungal yeast infection (more advanced than thrush, which is the same infection in the mouth) that's considered an AIDS-defining illness because the fungus normally would have been killed off before reaching the esophagus. "Today it would alarm any doctor that there was an immunity problem," says Andrea, "but at that point, my being a middle-class white female, it didn't cause any bells to go off. I was treated for it, I felt better, and I was discharged."

Over the next year, she was just never right. She had swollen glands, her hair was falling out, and her skin

erupted in rashes. She went from doctor to doctor, until a specialist in infectious diseases suggested an AIDS test. "I wasn't even worried," she recalls. "While I was running around to doctors, I'd mentioned it a few times—'What about this AIDS thing?'—and everyone sort of pooh-poohed me. I told my sister that I had been tested, and she insisted on coming with me when I got the results. I thought she was being an alarmist, because she had to take the day off from work and I was so convinced it was going to be negative."

It wasn't. Andrea suspects she was infected by a college boyfriend who, she later discovered, was bisexual—she last saw him in 1976, and she became ill in 1986. The two men she was then dating disappeared after hearing her news. "I'm sure they cared whether or not I became ill and whether or not I would die," she says, "but they never let me know that. I know there are HIV-positive women who have found men willing to deal with that, but my experience with any man I've told has been the same classic reaction: supportive when they're face to face with me, and then never to be heard from again." She's also heard other women with AIDS talk about "optimistic outlooks" and "long-term survival," but three years ago she had Burkitt's lymphoma (often an HIV-related cancer), and last year she had PCP (an AIDS-related pneumonia), and this year she lost twenty-five pounds that she cannot gain back. "I've been so sick on a number of occasions that it's a miracle I'm still here," she says. "I no longer view this as a chronic, manage-

able illness. I've sort of resigned myself to the inevitability of the disease and have been slowly getting my estate in order."

Even Andrea's friends, radicalized by the incursion of AIDS into their microcosm, evince classic heterosexual denial. "They know I'm positive, they know it can happen, and I don't think they're using condoms," she says. "The first time they're with someone, they might, and then they sort of stop." Women who have the balls to run million-dollar companies are too embarrassed to buy condoms. ("They should see how embarrassing it is to be very sick," declares Pam Shaw, "with all the stuff they do to you.") Women are traditionally held responsible for the emotional climate of relationships, and now we have to take this on, too. If we manage to buy the damn things, present them at the appropriate bedside moment, and then encounter any resistance ("Oh, baby," he coos, "I want to be inside you, nothing between us"), we capitulate. All good intentions fall apart at the thought of mint-flavored latex and dental dams.

Most of us go through life courting certain hazards, based on tastes and judgments that are personal, individual, and arbitrary. We decide to sunbathe or skydive according to some internal risk/benefit calculation, and denial in the pursuit of pleasure is strong. Women have always done some foolhardy things to get or keep a man: slathering toxic poultices on our scalps for blond hair, careening off spike heels that give us great legs along with stress fractures, sticking straight pins into eyelashes

that are clumped together with gloppy mascara—perhaps at fifty-five miles per hour. Our eyes. Our irreplaceable, one-set-per-customer eyes. So now, AIDS. Simple physiology explains men's reluctance to use condoms: With them, men are in more danger of losing sensation. Without them, women are in more danger of being infected—our tissue is softer, more susceptible to tearing, and, to be blunt, their stuff goes into us, not the other way around. "There's the never-happen-to-me thing working," says Andrea, "and at the same time the heat-of-the-moment thing. Put the two together, and maybe you have next-morning regret, but sometimes that's too late."

Leslie Wolfe is outraged that in 1994 we still need a lover's complicity for safety, that we have to ask, propose, suggest, insist—just like in the '50s. As president of the Center for Women Policy Studies in Washington, D.C., Wolfe advocates research funding for what she calls a stealth method for AIDS prevention—"some kind of goop women can put in their vaginas that will kill the virus if it gets near, sort of like nonoxynol-9." This spermicide has been shown to kill the HIV virus in test tubes. "But most women have vaginas, not test tubes. Women are being told to 'use' condoms, and we have absolutely nothing to put them on. We have a prevention method that only men can use." Many health-care professionals acknowledge that family planning became truly successful only when birth control meant methods that *women* could control (and preferably that men didn't know about), but we haven't adapted that >

GALE BARRETT-KAVANAGH: "If you have unprotected sex, you're at risk. Get it?"

experience to disease prevention. Wolfe is not a big fan of the female condom, called Reality, although its manufacturer claims it's doing well in Europe. "Some people are calling it Unreality," says Wolfe. "It's not a method a woman can use in secret because it hangs out, it's got these rings, and it squeaks. And it's not real cheap [about \$2.50]. So I'm fearful that women might reuse it, which would be quite dangerous." But it took more than six years to get FDA approval for even this imperfect method—six years of women being exposed to HIV.

The problem, says Wolfe, is that women have been getting infected with HIV all along, while being ignored or blamed in subtle and insidious ways. Only last year did the CDC expand its definitions of

AIDS-defining conditions to include invasive cervical cancer—no other gynecological symptoms, such as chronic yeast infection, are mentioned. "Most of the data report cases in women of childbearing age," declares Wolfe, "which makes two horrible assumptions: that we only care about women if they might reproduce and that women past childbearing don't have a life, anyway. What if you're a fifty-three-year-old woman who's recently widowed and dating again? Women are seen as victims and vectors. People are more concerned about children than about their mothers—we see it in discussions of welfare, health care, abortion. Elizabeth Glaser, who has done a splendid job of making pediatric AIDS a national issue, is herself infected, which is why her child was, and she doesn't talk about

women. It's very frustrating, but we've all been socialized as women to put ourselves last."

The silence about women means that prevention messages are still tailored to a time when the target audience was homosexual men. "You can't just take a gay man's face and add boobs and have a message that reaches women," says Wolfe. "None of this is easy. If anybody says there are easy answers to help women protect themselves, they're lying or stupid. But our government has wasted hundreds of thousands of dollars on messages that aren't reaching women, and if they don't start right away to do women-focused prevention efforts, we should revolt."

Karen Duncan will be in the infantry. Duncan, a Manhattan marketing executive, co-founded the Wom-

en's National AIDS Resource as a clearinghouse of information, spurred by both personal and populist concerns: As a forty-eight-year-old divorced woman, she is sufficiently alarmed to say, "The next man I sleep with will be the last man I sleep with." And she got tired of waiting: waiting for a virucide, waiting for more women to be included in clinical trials for new drugs, waiting for research funding. To wit: Andrea Smith worked for one of the twenty largest law firms in the country and has no real quibble with the way she was treated—this is not the *Philadelphia* story—but the first reaction of her firm's executive committee was to examine the need for a self-protective AIDS policy (suppose she used the ladies' room and somebody caught it from the toilet seat?) rather than write a large check for research.

Ultimately, of course, we can't trust our lives to business or government or science. "All of us, from the history we bring to whatever event we're in, decide what the risk quotient is going to be for us," says Gale Barrett-Kavanagh. "And god knows we wouldn't want any other person waving a wand to tell us what to do. But I want people to have knowledge. People still decide to smoke. My opinion is: You're an adult—I'm not going to spend a whole lot of time on this, as long as you know. But with AIDS, women don't know. That's still where we are."

Now you know. □

Aimee Lee Ball writes frequently for many national magazines, including New York magazine.

*Natural
Desire...*

*The seamless comfort
and support of Dahlia.
A flattering floral bra
designed to shape
discreetly under all
your fashion looks.*

Le Mystère

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