C.U.R.V.E.S.

2nd Annual Grand Corset Celebration

Celebrating the Beauty and Elegance of the Corset
Benefiting the Women’s AIDS Network

San Francisco • September 7-8, 1996
C.U.R.V.E.S.  
(Corseting Union of Romantic Vivacious ElegantS)  
- AEUBYT Systems  - E'Clare Custom Desserts  
- FAD MEGAZine™  - ROMANTASY Boutique  
- Kam and Valerie Leitner (Dressers/Corset Model)

Grand Corset Celebration Sept. 7 - 8  
- SALONS  - RECEPTION  
- FASHION SHOWS  - ENGLISH TEA PARTY  
- PHOTOGRAPHY & CORSET COUTURE EXHIBITS  

All events will take place at  
Clarion Bedford Hotel  
at Union Square

FOR TICKET INFORMATION:  
Call: ROMANTASY  
415.673.3137 Ext. 03  
Fax 415.567.2466  
E-mail: curves@romantasy.com

BROCHURE & EVENT SCHEDULE:  
Send S.A.S.E. To: ROMANTASY  
199 Moulton Street  SF, CA 94123  

11"x 17" POSTERS Available send $10.

WE WISH TO THANK THE FOLLOWING MAJOR SPONSORS:  

Businesses:  
- Abbey Party Rents  - ABSOLUT VODKA  - Calloway and William Hill Wineries, distributed by Southern Wine & Spirits  - Canvass Catering (Clarion Bedford Hotel)  
- Classic Curves, Int'l.  - CUIR Underground Magazine  - Dark Garden Unique Corsetry  
- Elegant Images by Jeanette Vonier  - ETVC  - Joyce's Perfect Fit  - KOFY-WB20 TV/Radio  
- Pt. Reyes Light  - SF Weekly  - SPECTATOR Magazine  - The Pacific Sun

Individuals:  
- Brenda & Phyllis  - Alan Bilbow  - James  - Misty  - Joan Rowe  - Teri Goodson  - Phillip Weicek
The Planetree was an actual tree found in Ancient Greece. It is also a symbol which embraces the principle that people have the power to heal themselves. Long ago, the father of medicine, Hippocrates, would gather his students to sit under the planetree. He taught them to open all of their senses in the practice of medicine. Students were encouraged to explore, and to take on the roles of both patient and healer.

Adapted to the needs of drug-addicted people with HIV, these teachings are particularly relevant. The Planetree component promotes a caring atmosphere of mutual support. Here, clients come to grips with the HIV disease and learn to live with dignity, integrity and sobriety.

If you or someone you know has HIV/AIDS and is in need of substance abuser treatment, please call the Walden House Care Unit at 241-5585.

Walden House, Inc. is a tax-exempt, non-profit human services organization. Walden House does not discriminate on the basis of race, sex, religion, disability, sexual orientation, or ability to pay.
The Walden House Planetree program is dedicated to the ultimate well-being of its clients with HIV/AIDS. At Walden House, the term “recovery” means more than stopping drug abuse. The program works to heal all aspects of a person's life. Through recovery, a person with HIV/AIDS has a better chance at staying healthy and the ability to enjoy life.

Planetree is a component of Walden House which has provided comprehensive drug treatment services to San Francisco Bay Area since 1969. At the core of Walden House is the therapeutic community (TC) treatment emphasis on self-help and peer support. Within the larger Walden House “family,” Planetree concentrates on the medical and emotional issues unique to people with HIV.

Planetree coordinates all of the medical needs of its clients through collaboration with primary health care providers. In addition, the program offers nutritional counseling and innovative alternative healing techniques.

Emotional well-being is fostered in a variety of group and individual therapy settings. Planetree counselors work with clients' families to repair damaged relationships. Most important, the Planetree component provides a caring, supportive atmosphere. Clients are safe to explore the issues underlying their drug abuse and their feelings about living with HIV.

**Social Model Stabilization**

The Walden House Care Unit provides social model stabilization and safe-housing for substance abusers with HIV/AIDS. Clients receive medical care, alternative healing, and mental health services. The Care Unit successfully places most clients into a Bay Area drug treatment program following the stabilization process.

**Specialized Programs**

The Enhanced Planetree Intervention Component (EPIC) and the Transgender Recovery Program (TRP) are designed to increase both the effectiveness and accessibility of substance abuse and mental health services to HIV+ clients and those at increased risk for becoming so. The EPIC program offers culturally competent, enhanced mental health services to positive or at-risk men of color. The Transgender Recovery Program is designed to provide specialized services to meet the needs of transgender clients in treatment.

**Multiple Diagnosed Program**

This is a 45-day stabilization program for clients diagnosed with mental health, HIV, and history of substance abuse. Clients receive case management, clinical and mental health services. The goal is to stabilize the client, assess their needs and make appropriate referrals.

**Residential Services**

- Social Model Stabilization and Safe Housing
- 90-Day Residential Program
- Integration into Therapeutic Community
- Long-Term Congregate Living
- Vocational Assessment and Training
- Life Skills Training

**Mental Health Services**

- Psychological Assessment
- Psychotherapy
- Family Therapy
- Group Therapy
- HIV Counseling and Education
- HIV Support Groups
- Substance Abuse Treatment and Education

**Comprehensive Health Care**

- Primary Health Care
- Nutritional Counseling
- Relaxation/Stress Reduction
- Acupuncture
- Somatic Therapy
- Herbal Therapy
- Body Work
DEMONSTRATION
WOMEN AND AIDS ACTION ALLIANCE

BREAK THE SILENCE
WOMEN GET AIDS TOO

WHY IS THE CDC SILENT ABOUT WOMEN AND AIDS
The CDC definition of AIDS does not include women. Women cannot get into clinical trials. There is little or no information about the opportunistic infections that affect women. Women who die of AIDS are seldom counted as an AIDS death.

WHY IS THE SOCIAL SECURITY ADMINISTRATION SILENT ABOUT WOMEN AND AIDS.
Women with AIDS lose their jobs and homes waiting to get SSI. The Social Security Administration is not bound to using the CDC's definition of AIDS, but continue to use it to deny women benefits.

WHY IS THE MEDIA SILENT ABOUT WOMEN AND AIDS
Women die 3 to 5 times faster than men. Most women die 6 months after diagnosis. 73% of the documented cases of women with AIDS are women of color.

Join us in a DEMONSTRATION & Civil Disobedience
MONDAY DECEMBER 3
4:30 pm at UN PLAZA. For more info, call: 668-1252
Dear Consumer,

Thank you for making Eros Forward consumer card.

Give the article to a friend.

Forward consumer card to a cashier. At a store where you want safer sex products for women sold.

Thank you for making Eros Veils a success. Per your request they are thinner.

S.F. DPH Releases Studies on Lesbians and AIDS: The News Isn't Good

by Angela Bocage

On Tuesday, October 19, the AIDS Office of the San Francisco Department of Public Health presented two groundbreaking new surveys focusing on women who have sex with women. The two studies, surveying almost 1,000 Bay Area women in all, reveal that HIV seroprevalence among lesbian and bisexual women is an estimated 11 percent — up to three times higher than HIV estimates for women in the population at large — and that a community believing itself to be at little or no risk for HIV is engaging in some very dangerous behaviors.

The first survey, HIV Seroprevalence and Risk Behaviors Among Lesbians and Bisexual Women The 1991 San Francisco AIDS Office Surveillance Branch in collaboration with the Berkeley Department of Human and Social Services and received support from the national Centers for Disease Control and the single investigator Dr. George Lemp sees this as a sign of new willingness at the U.S. to address women's health issues. "We are seeing changes among the CDC staff," he said. "When we suggested studies like this a couple of years ago, they were called unnecessary. They were dismissed. Now, however, they are funded to conduct this study and been very supportive.

The second survey, "Health Behaviors Among Lesbian and Bisexual Women: A Baseline for Health Promotion" conducted by the Prevention Services Branch of the AIDS Office and in part of a series of studies targeting specific communities "knowledge, attitudes, beliefs, and behaviors" was a U.S. health issue that AIDS Office, according to the data from the survey. "It's very important to distinguish between behavior and identity," Tia Martinez, assistant project director for the second study told us. "For example, agreed that the surveys were focused on behavior. "We didn't care what women called themselves. We cared about their behavior."

Among high-risk behaviors practiced among the women surveyed were injection drug use (10.8 percent since 1978), needle sharing (7.4 percent since 1978), and unprotected sex with partners (31 percent reported unprotected sharing of infected needles, and 31 percent reported injecting sharing needles with sexual partners). The incidence of all these high-risk behaviors indicates "a potential for continued transmission of HIV in this population," in the words of the Berkeley/San Francisco report.

According to Lemp, the numbers now are comparable to the relatively low seroprevalence among the gay male community in the late 1970s/early 1980s. "It's uncertain where it will go, and there are differences, for instance of numbers of partners, but we need to address the issues of sex with partners, and injection drug use. And we will have more infections than the currently reported 11 percent in this population.

Melissa Jones called attention to the fact that the population surveyed was relatively well-educated (78.4 percent in the first survey had at least some college, and 61 percent in the second study had a college degree or higher), "Aware of community health resources, but still believe themselves to be at little or no risk and still practiced unsafe behaviors. This further corroborates the need for education more accurately geared to lesbian and bisexual women. Says Jones, "It's important to address people through their identities to get to their behaviors."

Lemp believes that the most effective education comes when information is translated into grassroots awareness. "It's not being a lesbian or bisexual woman, that puts us at risk. It's injecting drugs and having unprotected sex with high-risk partners."

Said Lemp, the National Commission on AIDS has identified "sexual behaviors with gay and bisexual men as important in spreading the epidemic among drug users. It's also espoused by more than 10 percent of the population. For women, we will have more infections than the currently reported 11 percent in this population.""
LAS SOLUCIONES
No hace mucho, a las mujeres jóvenes se les decía: “Guarden su virginidad para su esposo.” Ahora, las mujeres jóvenes sexualmente activas deben de decir a ellas mismas: “Guíe su salud para usted misma.”

Esa no es una meta imaginaria si las mujeres están dispuestas a actuar responsables a toda costa de su propia buena salud, incluyendo la salud reproductiva. Decirle a su compañero que use condón no puede ser tan romántico, pero es mil veces preferable a contagiarse con una enfermedad venérea. Aún las espumas y cremas anticonceptivas proporcionan cierta protección en contra de la bacteria que causa gonorrea.

La mujer no puede hacer nada para cambiar su anatomía o el hecho de que los síntomas de su enfermedad venérea sean tan leves que pasen inadvertidos. Pero ella sí puede evaluar su propio riesgo de infección por alguna enfermedad venérea. En el caso que no se haya presentado que ha estado expuesta a infección, ella puede superar su vergüenza y pedirle a su doctor que le haga un examen específico para averiguar si en realidad tiene alguna enfermedad venérea. Los exámenes para descubrir enfermedades venéreas no son de rutina - tienen que pedirlas. La mujer puede aprender la suficiente con respecto a los síntomas de las enfermedades que han sido clasificadas como enfermedades sexualmente transmisibles como para reconocer cualquier infección obvia en su compañero, y algunas veces, en ella misma. Por esta razón proporcionamos un cuadro de información en el interior de este folleto. Es un resumen del campo de acción, síntomas y consecuencias de las seis enfermedades venéreas más frecuentes. El hecho de que esta información contenga pueda ser la llave de buena salud para una mujeres sexualmente activa.

• Para respuestas a cualquier pregunta que usted tenga, llame sin costo alguno a nuestra línea nacional de emergencia para enfermedades venéreas al teléfono 1-800-982-5883 en California o al teléfono 1-800-227-8922 fuera del estado.

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Este es uno de una serie de folletos en STDs ofrecidos por la Asociación Americana de Salud Social.

Para más información escriba a:

AMERICAN SOCIAL HEALTH ASSOCIATION
200 Sheridan Avenue, Suite 307
Palo Alto, California 94306

PRECIOS EN VOLUMEN: $10.00 por cien o $80.00 por mil

Precauciones para evitar contagiarse, ya que si lo 

adulto, pero pueden ser un gran peligro para un recién 

nacido que se contagia por medio de su madre.

Obviamente, el término “enfermedad venérea” ha 

venido a significar más que solo sífilis y gonorrea. A 

meses más, el conocimiento científico de cómo se 

transmiten estas enfermedades, la lista de 

enfermedades que se transmiten sexualmente ha 

crecido y muchas de estas así llamadas “nuevas” 
enfermedades plantean una amenaza particular a las 
mujeres.

LAS CONSECUENCIAS
Veamos desde otro punto de vista la cantidad asombrosa de siete millones: De las mujeres menores de 30 años de edad, este año por lo menos 100,000 sufrirán de un daño doloroso permanente en sus órganos reproductivos, sean cual sea la gonorrea. Muchas de estas mujeres nunca podrán tener hijos.

Aunque los científicos aún no han establecido un vínculo directo entre los herpes genitales y el cáncer, las mujeres que sufren de herpes genitales son 8 veces más susceptibles de adquirir cáncer de la cervix que aquellas que no tienen herpes genitales. Hay también pruebas similares que demuestran que la infección crónica por tricomonas puede predisponer a la cervix para adquirir cáncer.

Todos los años en los Estados Unidos de 12,000 a 15,000 mujeres embarazadas transmiten estreptococos grupo B a sus fetos. La mitad de estos infantes que sobreviven sufren de daño cerebral, visual y auditivo. También, muchos infantes mueren cada año como resultado de una infección por herpes genitales, transmitida a ellos durante el nacimiento por sus madres contagiadas. Algunas mujeres embarazadas que tienen una infección primaria por herpes genitales sufrirán aborto a causa de esta enfermedad durante los primeros días de embarazo.

Un viacrucis por ciento de todos los casos graves de retraso mental en infantes son causados por el virus citomegalovirus, causante de esta enfermedad. Esta enfermedad es poco conocida, se transmite sexualmente.

A causa de estas y otras consecuencias graves similares, la creciente epidemia de enfermedades venéreas es motivo de gran preocupación. Las enfermedades venéreas son tan comunes como el catarro común; pero a diferencia del catarro, no desaparecen a menos que se reciba tratamiento, y las consecuencias que acarrean pueden ser ya sea alguna enfermedad de por vida, incapacidad o muerte prematura.

EL PROBLEMA

Las enfermedades venéreas plantean muchos problemas para ambos sexos. Pero hay muchas razones por las cuales estos problemas deben ser de interés particular para las mujeres. La primera de todas tiene que ver con las actitudes. Como el alcoholismo, las enfermedades venéreas tradicionalmente han sido parte de la imagen masculina, la cual la sociedad no solamente acepta, sino también la refuerza como prueba de virilidad. Para la mayoría de los hombres, contagiarse con una enfermedad venérea no es cosa del otro mundo.

En cambio no se acepta el que una mujer contraiga alguna enfermedad venérea. Para ella, sólo existe un dilema: Nuestra sociedad tolerante del sexo a través de su mensaje oculto aprueba que una mujer tenga relaciones sexuales con varios compañeros, pero no aprueba que ella se contagiue con alguna enfermedad venérea. A menudo se le culpa por haberse contagiado. Además, a menudo le pide que ella tome ciertas precauciones para evitar contagiarse, ya que si lo hiciera esto indicaría que ella tiene o tiene planeado sus relaciones sexuales, y la sociedad sólo acepta que tenga relaciones sexuales espontáneas a menos que ella esté casada con su compañero.

Por si fuera poco las mujeres además de los problemas de actitud también tienen problemas de anatomía. Los primeros síntomas de una enfermedad venérea, que son externos y regularmente visibles en el hombre, son internos y más difíciles de descubrir en una mujer. Esto le permite al hombre buscar tratamiento inmediato, antes de que la enfermedad pueda causar algún daño. Se descubre hasta que la enfermedad ha progresado al punto de convertirse en una enfermedad crónica, causar esterilidad o aún la muerte.

LAS ESTADISTICAS

¿Cuántas mujeres en los Estados Unidos tienen una enfermedad venérea? Se estima que hay siete millones, la mayoría (pero no todas) oscilan entre los 15 y 34 años de edad.

Más de un millón de estas mujeres tienen gonocoria; otro millón más o menos tienen cervicitis/vaginitis no causada por gonococo, las cuales pueden tener los mismos síntomas y consecuencias que la gonorrea. Por lo menos 2,500,000 de estas infecciones son similares, la creciente epidemia de enfermedades venéreas es motivo de gran preocupación. Las enfermedades venéreas son tan comunes como el catarro común; pero a diferencia del catarro, no desaparecen a menos que se reciba tratamiento, y las consecuencias que acarrean pueden ser ya sea alguna enfermedad de por vida, incapacidad o muerte prematura.

Para La Buena Salud de Ella
### SEIS ENFERMEDADES VENEREAS MAS FRECUENTES (SEXUALMENTE TRANSMISIBLES)

<table>
<thead>
<tr>
<th>ENFERMEDAD</th>
<th>SINTOMAS QUE UNA MUJER PUEDE DESCUBRIR EN ELLA MISMA</th>
<th>SINTOMAS QUE UNA MUJER PUEDE DESCUBRIR EN EL HOMBRE</th>
<th>CONSECUENCIAS DE UNA INFECCION PROLONGADA</th>
<th>CONSIDERACIONES ESPECIALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrea</td>
<td>Derrame vaginal en forma de pus, dolor vaginal, dolor abdominal bajo, dolor al orinar.</td>
<td>Derrame en forma de pus por el uretra.</td>
<td>Inflammación pélvica (PID) - daño en las trompas de falopio, adhesiones pélvicas y abscesos tubo-ováricos, embarazo tubárico, el cual puede producir esterilidad patológica.</td>
<td>Aunque la infección vaginal por gonococo se cura, el PID puede predisponer al cuerpo a incidentes repetidos de infección pélvica causada por una variedad de organismos.</td>
</tr>
<tr>
<td>Sífilis</td>
<td>Erupciones que aparecen en casi todo el cuerpo, incluyendo la palma de la mano y la planta del pie. Chancro (lesión) por fuera o dentro de la vagina, ano o boca. Perdida en parches del vello facial el cabello.</td>
<td>Erupciones o pérdida del cabello siguiendo el mismo patrón que en las mujeres. Chancro en o alrededor del pene.</td>
<td>Daño del cerebro o corazón.</td>
<td>Una mujer embarazada infectada puede transmitir la sífilis al feto en desarrollo, lo cual resultaría en una serie de defectos congénitos en el infante.</td>
</tr>
<tr>
<td>Sexualmente Transmitido Uretritis/Cervicitis (por no-gonococos)</td>
<td>Los síntomas son similares a aquellos causados por la gonorrea.</td>
<td>De vez en cuando derrame denso en forma de pus, y con más frecuencia, un leve derrame acusoso.</td>
<td>Inflamación pélvica. (Ver Gonorrhea.)</td>
<td>Así como el PID por gonococo, el PID causado por no-gonococos puede resultar en incidentes repetidos. Los organismos que causan esta enfermedad pueden infectar a un infante recién nacido durante el proceso de nacimiento, lo cual resultaría en pneumonía o infección de los ojos.</td>
</tr>
<tr>
<td>Herpes Genital</td>
<td>Dolorosa lesión (o grupo de lesiones) fuera, dentro o alrededor de la vagina, en forma de ampolla, llena de líquido. A menudo acompañada de glándulas inflamadas en el área inguinal.</td>
<td>Lo mismo que en las mujeres, solamente que en y alrededor del pene.</td>
<td>Hasta el momento están bajo estudio. Se ha implicado al herpes genital con una clase de meningitis y también ha sido asociado con el cáncer cervical.</td>
<td>El herpes genital es causado por un virus y no puede ser curado. La infección inicial pasará a un estado latente con ataques periódicos a menudo provocados por tensión o fatiga. El herpes genital puede transmitirse de una mujer embarazada infectada a su hijo recién nacido durante el nacimiento, causándole la muerte o daño neurológico.</td>
</tr>
<tr>
<td>Vaginitis; Tricomoniasis Levadura (candidiasis) Vaginitis no-específica</td>
<td>Se caracteriza por calor, color rojizo, inflamación y dolor, la característica más obvia de la vaginitis es la picazón, también las mujeres pueden experimentar dolor durante la relación sexual o tener un derrame vaginal, ya sea un derrame espeso de color blanquecino o verdeamarillo con un fuerte y desagradable olor.</td>
<td>Los hombres pueden tener picazón, color rojizo del pene o dolor durante la relación sexual.</td>
<td>Las consecuencias de infecciones repetidas están bajo estudio. Ciertas indicaciones sugieren que infecciones repetidas pueden dañar el tejido cervical.</td>
<td>El origen venéreo de la vaginitis a menudo es mal interpretado o negado, aún por los doctores. Frecuentemente se ignora a los hombres en el tratamiento, lo cual resulta en una reinfección de la mujer.</td>
</tr>
<tr>
<td><strong>Verrugas Venéreas</strong></td>
<td>Crecimiento en forma de coliflor en la piel externa de la vagina, pero también puede haber crecimiento dentro de la vagina o fuera del ano.</td>
<td>Crecimiento en forma de coliflor en la piel del pene, esto es más común entre los hombres no circuncidados.</td>
<td>Las consecuencias de infecciones repetidas o prolongadas aparentemente son de poca importancia.</td>
<td>Las píldoras anticonceptivas y el embarazo estimulan el crecimiento de las verrugas. En el embarazo, las verrugas deben ser extirpadas ya sea por medio de electrocauterización o cirugía. BAJO NINGUNA CONDICION SE DEBE USAR PODOFILINA.</td>
</tr>
</tbody>
</table>
WANTED FOR RESEARCH STUDY: HIV-POSITIVE VOLUNTEERS

Volunteers needed for study of new treatment for weight loss in AIDS. Seeking HIV-positive men with recent weight loss and no current opportunistic infection. Requires 19 days of hospitalization at San Francisco General Hospital. Reimbursement offered. Call Dr. Kathy Mulligan at 821-5453 2-4 p.m. weekdays.

LEND YOUR BRAIN TO SCIENCE!

HIV-negative gay men needed for UCSF study of HIV effects on nervous system. MRI brain scan, EEG, and tests of memory and problem solving. Reimbursement: $135. Call Bryna Adelson at 221-4810, ext. 3852.

Hey

Women have brains too

—and apparently

better ones than

men—thus

setting up these

studies.

Half (yes, half) the population is female.
WARNING: THIS TELLS LIES ABOUT AIDS

KNOW THE FACTS:

• There are no high risk areas or high risk groups—there is only high risk behavior. This includes sharing unbleached needles and engaging in unsafe sex.

• You can have sex with anyone as long as it's safe: avoid exchanging semen, blood or vaginal fluids—use a latex barrier like a condom or dental dam (for oral sex with women) every time.

• Whether you've been tested or not, regardless of the results, you need to practice safe sex.

• People who are HIV+ can have great sex without endangering their partners or themselves.

• AIDS already exists within the general population. Gay men, lesbians, IV drug users, people of color are part of the general population.

• Lesbians are generally invisible in the AIDS crisis. But lesbians are part of the gay community and part of the women's community, and they too need safe sex information.

FIGHT BACK! FIGHT AIDS!
STOP THE INVISIBILITY OF WOMEN
IN THE AIDS EPIDEMIC
DO DIRECT ACTION ON WORLD AIDS DAY
PRESSURE THE CDC
CONFRONT THE MEDIA

Meeting to plan for civil disobedience
(including creative risk-arrest tactics) during the
December 3 Women & AIDS demonstration

Saturday, Dec. 1, 4:00 p.m.
3626 - 16th St.
(near Castro)
The CDC definition of AIDS does not include women. Women cannot get into clinical trials. There is little or no information about the opportunistic infections that affect women. Women who die of AIDS are seldom counted as an AIDS death.

Women with AIDS lose their jobs and homes waiting to get SSI. The Social Security Administration is not bound to using the CDC’s definition of AIDS, but continue to use it to deny women benefits.

Women die 3 to 5 times faster than men. Most women die 6 months after diagnosis. 73% of the documented cases of women with AIDS are women of color.

Join us in a DEMONSTRATION
MONDAY, DECEMBER 3rd
4:30 pm at U.N. Plaza.
For more information call 668-1252
MANIFESTACIÓN
ALIANZA DE ACCIÓN SOBRE LAS MUJERES Y EL SIDA

ROMPAN EL SILENCIO
¡EL SIDA AFECTA A LAS MUJERES TAMBIÉN!

¿Por qué el Centro de Control de las Enfermedades (CCE) no habla sobre las mujeres y el SIDA?
Su definición del SIDA no incluye los efectos que tiene el SIDA en las mujeres. Las mujeres no pueden entrar a las pruebas clínicas. Hay poca o ninguna información sobre los síntomas que afectan a las mujeres. Las mujeres que mueren del SIDA pocas veces son contadas como muertes del SIDA.

¿Por qué el Seguro Social no habla sobre las mujeres y el SIDA?
Las mujeres que tienen el SIDA pierden sus trabajos y sus casas mientras esperan recibir el Seguro Social. La Administración del Seguro Social no tiene que usar la definición del SIDA del CCE, pero continúa usándola para negarles los beneficios a las mujeres.

¿Por qué la prensa no habla sobre las mujeres y el SIDA?
Las mujeres con el SIDA mueren de 3 a 5 veces más rápidamente que los hombres. La mayoría de las mujeres mueren 6 meses después de ser diagnosticadas. El 73% de los casos documentados del SIDA en las mujeres son las mujeres de color.

Venga a PROTESTAR
EL LUNES, 3 DE DICIEMBRE
a las 4:30 de la tarde. UNITED NATIONS PLAZA.
Para obtener más información, por favor llame 668-1252.
The PACIFIC TELESIS Foundation invites you to the premiere screening of "Fighting for Our Lives": WOMEN CONFRONTING AIDS, a video production of The Center for Women Policy Studies by ANGUIANO PRODUCTIONS.

Tuesday, November 13, 1990

AMC Kabuki 8 Theatres
1881 Post Street
San Francisco

4:00 - 7:00 p.m.

4:00 p.m. Reception
5:00 p.m. Introduction of Special Guests
Screening of Video
Discussion
6:00 p.m. Reception Continues

Please R.S.V.P. to the Pacific Telesis Foundation
415/394-3693

Parking available in:
Japan Center garage
on Geary Blvd. between Fillmore & Webster Streets
Fillmore Street Annex garage
on Fillmore between Geary Blvd. & Post Street
The PACIFIC TELESI\S Foundation presents The Premiere Screening of "Fighting for Our Lives": WOMEN CONFRONTING AIDS

A video program of the Center for Women Policy Studies that portrays the strengths and strategies of women of color who are leaders in confronting HIV disease. The video presents images of self-empowerment and solidarity as women shape programs to meet women's needs in the struggle against AIDS. It features seven programs, and the women who lead them with passion and commitment, in Washington DC, South Carolina, South Dakota, and four California communities—San Francisco, Oakland, Los Angeles, and Long Beach. Join us to witness their inspiring testimony from the front lines.
## Women Concerned About A.I.D.S.

### What's Happening?

<table>
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<tr>
<th>WHAT?</th>
<th>WHERE?</th>
<th>WHEN?</th>
<th>HOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop in support group</td>
<td>Pacific Center</td>
<td>Tuesdays 8-10 PM</td>
<td>Contact Denise or Janet 548-8283</td>
</tr>
<tr>
<td></td>
<td>2712 Telegraph Ave.</td>
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<td></td>
<td>Berkeley</td>
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<tr>
<td>Drop in support group- child care provided</td>
<td>1040 Geary St. San Francisco</td>
<td>Thurs. 6:30-8:00 PM</td>
<td>Contact Barbara 928-7800 Bridget 476-4091</td>
</tr>
<tr>
<td>Drop in support group</td>
<td>M.A.P.A.</td>
<td>Mondays 6-7 PM</td>
<td>Contact Cynthia Nicholson 822-7500</td>
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<td></td>
<td>6025 3rd St. San Francisco</td>
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<tr>
<td>Drop in support group for transsexuals and transvestites</td>
<td>18th Street Services 2152 B Market St. San Francisco</td>
<td>Mondays 2-4 PM</td>
<td>Contact Janet 885-5076</td>
</tr>
<tr>
<td>Indiv assessments, support groups</td>
<td>Lyon-Martin Clinic 2480 Mission St. San Francisco</td>
<td>Schedule appts through AIDS Health Project</td>
<td>Contact Marsha Blachman 476-6430</td>
</tr>
<tr>
<td>brief counselling</td>
<td>S.F. AIDS Foundation</td>
<td>Tuesdays 2-3:30 PM</td>
<td>Contact Catherine Maier 864-5855</td>
</tr>
<tr>
<td>Support group for women with AIDS or ARC</td>
<td>333 Valencia St. San Francisco</td>
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**Get the information and support available!!!**
WOMEN AND HIV: PASSION AND POWER

A women's HIV therapy and support group conducted by Marlene Ritchie and David S. Johnson

This group is designed for HIV seropositive women, with or without symptoms. For many women living in San Francisco, the difficulties encountered being infected with HIV are extensive. Frustration in receiving health care, anger at the lack of services, and feelings of isolation and helplessness can complicate the already stressful situation of compromised health. This group focuses on utilizing a proactive approach while coping with the implications of HIV.

Based on the decisions of the group, each woman will have the opportunity to:

- Share ideas for dealing with health care issues;
- Refine skills to counteract depression and anxiety;
- Create a network of support with others in the group;
- Nurture her own growth in the midst of uncertainty; and
- Develop individual and group strategies for dealing with HIV.

Group size is limited to eight women. A pre-group informational interview with David and Marlene will give you a better idea of the structure of the group. It will also give you the opportunity to meet the facilitators and decide what kind of support would be most useful.

WHERE AND WHEN: We meet on Monday evenings at 582 Market Street, Suite 308, San Francisco. Conveniently situated downtown at the entrance to the Montgomery Street BART/Muni station, the office is accessible to those physically challenged.

ABOUT FEES: The fee for the group is $20.00 to $35.00 per session, based on a sliding scale. Informational interviews are free for those who decide to begin the group, and most health insurance plans are accepted.

ABOUT THE LEADERS: Marlene Ritchie, MS, MFCC (MFC24627), has been working intensively in the women's community for the last six years; her work reflects a strong feminist orientation. She has extensive experience as a therapist working with groups, individuals, and couples. Negotiation skills, stress management, life transition issues, and the enhancement of emotional resources are some of her areas of expertise.

David S. Johnson, MFCC (MFC27873), has been working with women affected by HIV since 1985. He is currently a doctoral candidate and holds master's degrees in thanatological counseling and in clinical psychology. A member of the American Group Psychotherapy Association, David's clinical and research interests include women's use of power, group communication styles, and the use of social support in coping with life-threatening illness.

FOR FURTHER INFORMATION, CALL DAVID AT 296-8756 OR MARLENE AT 431-5778
STOP THE MURDER OF WOMEN PRISONERS WITH AIDS AT CHOWCHILLA!

Since January 1994, three women have died at the Central California Women's Prison at Chowchilla. Two had full-blown AIDS. Their deaths are horror stories of neglect, misdiagnosis and abuse. One woman, Sonja Stapels, was not diagnosed with AIDS until a week before her death. Her cellmates fought for six weeks to get her medical care. Another woman, Jackie Jenkins, was diagnosed and then sent to work on the prison farm with dangerous pesticides. Her hazardous job and the lack of medical services at Chowchilla led to her death in early March.

INVESTIGATE PRISONER DEATHS!

The Coalition to Support Women Prisoners at Chowchilla calls for an immediate legislative investigation into the deaths of these three women and into the quality of medical care at the prison. Last year, after similar deaths of men prisoners with AIDS, the Assembly Committee on Public Safety conducted an extensive investigation of medical care at the California Medical Facility at Vacaville. The report they issued brought about significant changes. The Assembly Committee must conduct a similar investigation at Chowchilla!

Women prisoners with AIDS, cancer and other serious illnesses are fighting for their lives. On January 29, over 100 people protested at the gates of Chowchilla Prison to support the prisoners' demands:

- Quality health care for women prisoners -- hire an HIV/AIDS medical specialist.
- Higher nutritional diets and vitamin supplements for women prisoners with HIV/AIDS.
- Support a prisoner-initiated peer education and counseling program.
- Compassionate release for all terminally ill prisoners.

Women with AIDS at Chowchilla believe that the prison system is trying to kill them. "Murder by proxy" is what they call it. Medical neglect, segregation, lack of confidentiality and high stress are all ingredients for a death sentence for women prisoners with AIDS. An independent investigation is essential to win real changes in medical services at Chowchilla Prison.

YOU CAN HELP!

Call, fax or write members of the Assembly Committee on Public Safety, 126 Capitol Building, Sacramento, CA 95814. Locally, you can contact Assembly Committee members:

**Tom Bates (510) 428-1423**  **Phillip Isenberg (916) 324-4676**  **Barbara Lee (510) 286-0339**
Fax (916) 445-6434  Fax (916) 322-1239  Fax (510) 763-2023

Send letters of support to prisoner organizer Joann Walker, W17572, C509-19-2L, P.O. Box 1508, Chowchilla, CA 93610.

Health Care is a Right! Support our Sisters Inside!

**Coalition to Support Women Prisoners at Chowchilla, P.O. Box 14844, San Francisco, CA 94114.**
For more information call (415) 641-4156 or (510) 530-6214.
Join us for the

Lesbian Caregivers & the AIDS Epidemic

RETREAT

March 15-17, 1991

Format: A few workshops are planned and a dance on Saturday night but the "main event" will be spending time with each other, sharing experiences. We want this to be a nurturing weekend, where you can relax and renew yourselves.

Location: A beautiful conference center at Harbin Hot Springs, located just 2½ hours north of San Francisco in Lake County. (Directions will be mailed with your confirmation). Secluded hot pools and outdoor space at the conference site. Hiking trails, a swimming pool and sauna, and communal pools available on the Harbin grounds.

Facility: The conference facility itself is a large building surrounded by a deck. You will need to bring a sleeping bag, pad, pillow, towel, flashlight, and anything else that will make you comfortable. There is room to sleep either inside on the carpeted floor or outside on the deck with additional space for tents. There are ample showers and bathrooms in the building.

Meals: Vegetarian meals prepared by the Harbin staff. We will have dinner Friday, 3 meals Saturday, and breakfast and lunch on Sunday. You can specify any special food requests or allergies on your registration form. Snacks will be provided.

Cost: $75-$125 per person, which includes all workshops, use of the facilities from 3:00 p.m. Friday through 6:00 p.m. Sunday, and all meals. We have a limited number of scholarships available. To reserve your place, please send us your $50 deposit now, and the balance by March 7th. Checks should be made payable to "LCA Conference", and deposits are not refundable.

LCA Conference
3329 22nd Street
San Francisco, CA 94110

NAME ___________________________ PHONES (H) ___________________________

ADDRESS ___________________________ (W) ___________________________

SPECIAL FOODS OR ALLERGIES ___________________________

AMOUNT ENCLOSED ________________ AMOUNT TO BE PAID ($75-$125) __________
(Payable to "LCA Conference")
Take a stand against
HATRED
in the
HAIGHT

Another hate crime has been committed in our community. This powerful mural, honoring the lives of women who are HIV positive, has been defaced — FOR THE THIRD TIME. The women's faces have been crossed out and the statistics detailing the devastation HIV has had on women have been painted over. Disgusted? Listen.

Together, we can raise every voice for tolerance and community.

7 p.m. March 29, 1999
Bean There Café, 201 Steiner at Waller
For more information call: 553-1962 ex. 9

Sponsored by the S.F. Neighborhood Safety Partnership, Intergroup Clearinghouse and the Aids Legal Referral Panel.
WE ARE TESTING FOR ANTIBODY TO THE A.I.D.S. VIRUS IN WOMEN IN SAN FRANCISCO.

TO JOIN THE STUDY, YOU MUST HAVE HAD:

1) SEXUAL CONTACT WITH (OR DONOR INSEMINATION FROM) A MAN IN AN A.I.D.S. RISK GROUP (GAY OR BISEXUAL MAN, I.V. DRUG USER, HAITIAN, HEMOPHILIAC, OR KNOWN A.I.D.S. PATIENT)

OR

2) FIVE OR MORE MALE SEXUAL PARTNERS IN THE LAST THREE YEARS.

WE NEED: FIVE TEASPOONS OF BLOOD AND LESS THAN AN HOUR OF YOUR TIME. WE DON'T NEED: YOUR NAME, ADDRESS, SOCIAL SECURITY NUMBER, BIRTHDATE, OR MONEY.

FOR MORE INFORMATION, CALL A.W.A.R.E. AT (415) 666 - 4092

A.W.A.R.E.: ASSOCIATION FOR WOMEN'S AIDS RESEARCH AND EDUCATION
Come join us and our angel!

The WOMEN'S AIDS NETWORK invites you to

ANGELS IN AMERICA

Saturday October 22, 1:30 P.M. -
"MILLENIUM NOW"

Tuesday November 1, 7:30 P.M. -
"MILLENIUM NOW"

Sunday November 6, 7:30 P.M. -
"PERESTROIKA"

At each of these three performances, a cast member will announce WAN's name and the name of our own special angel and board member, Barbara Garcia. Barbara is one of the founders of our Special Women's Fund and its administrator. She distributes cash grants to approximately 250 women with HIV annually. Come help us honor Barbara!!!!

TICKET PRICES

Saturday October 22 Orchestra Seats $39*, $45, $50
Tuesday November 1 Balcony Seats $24*, $30, $35, $50
Sunday November 6 Orchestra Seats $32*, $35, $50

*Box office rates

CALL 415/461-6120 FOR RESERVATIONS AND TO VOLUNTEER

Reservation and payment deadline Wednesday October 19, 1994
SAFE SEX GUIDELINES FOR LESBIANS AT HIGH RISK

Most lesbians do not have a high risk of contracting or transmitting the AIDS virus at this time. But for lesbians who fit into one of the "high risk" groups, your chances of contracting or transmitting the disease are just as serious as any other man, woman, or child who fall into the following high risk categories.

LESBIANS AT THE HIGHEST RISK FOR AIDS

1. Lesbians who share needles or any other paraphernalia (spoons, works, syringes) when using IV drugs. This is the single most important risk category for lesbians.

2. Lesbians who have had sexual contact with:
   - men who have been actively gay or bisexual since 1979,
   - people of either sex whose sexual histories are unknown,
   - people who use IV drugs,
   - people who are hemophiliac, or who have received blood transfusions between 1979-1985.

3. Lesbians who have received blood transfusions or blood products between 1979 and 1985.

Until there is more concrete evidence about women, AIDS, and transmission, AIDS experts are advising lesbians who believe that they run a real risk of either contracting or transmitting the disease to follow safe sex guidelines:

Safe Sex Lesbian Practices: massage, tribadism (body to body rubbing), social kissing, voyeurism, masturbation, sex toys that are not shared or are cleaned and dried thoroughly between each partner's use, S/M activities that do not involve exchanging bodily fluids, and virtually any other activity that does not require sharing or contact with bodily fluids.

Possibly Safe Sex Lesbian Practices: cunnilingus with a latex barrier (such as dental dams, a thin square of latex available from dental supply houses), genital or anal contact with hands or fingers while wearing surgical latex gloves, genital or anal contact with hands or fingers when neither partner has cuts, scratches, or sores on their hands or genitals, french kissing, and external water sports.

Unsafe Sex Lesbian Practices: unprotected cunnilingus (especially during menstruation since menstrual blood is currently considered to be the same as any other type of blood), any type of blood exchange, oral/anal contact, unprotected hand/vagina or hand/anal contact, urine or feces in the mouth or vagina, and sharing sex toys that have come in contact with bodily fluids.

LESBIANS AT THE LOWEST RISK FOR AIDS

1. Lesbians who have been monogamous with a monogamous partner since 1979.

2. Lesbians who have been celibate and have received no blood transfusions or blood products since 1979.

3. Lesbians whose sexual partners have not been at risk since 1979.

For lesbians who fit the low-risk categories, there is little reason to change or cease any of your regular sexual activities.

RISK REDUCTION GUIDELINES FOR NEW LOVERS

The most important thing you can do with a new or prospective lover is to talk. Learn about your new partner's history, and share your own. Do either of you fit a high risk description? Your responsibility is as vital as your new lover's to reveal important information about exposure.

WHERE CAN I TAKE THE AIDS ANTIBODY TEST?

Certain specific AIDS antibodies tests can help you find out whether the AIDS antibodies are present in your system. Call your local health department and ask where you can get an anonymous AIDS antibody test that will be as specific as possible to your concerns.
WE ARE TESTING FOR ANTIBODY TO THE A.I.D.S. VIRUS IN WOMEN IN SAN FRANCISCO.

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WE DON'T NEED: YOUR NAME, ADDRESS, SOCIAL SECURITY NUMBER, BIRTHDATE, OR MONEY.

FOR MORE INFORMATION, CALL A.W.A.R.E. AT (415) 666-4092

A.W.A.R.E.: ASSOCIATION FOR WOMEN'S AIDS RESEARCH AND EDUCATION
INTERESTED IN LEARNING HOW TO BE MORE COMFORTABLE PRACTICING SAFER SEX?

NEED A PLACE TO TALK WITH OTHER WOMEN ABOUT YOUR CONCERNS AROUND SAFER SEX ISSUES?

WANT TO FIND OUT MORE INFORMATION ABOUT SAFER SEX?

COME TO WOMEN'S NEEDS CENTER'S SAFE SEX SUPPORT GROUP

(AN ON-GOING DROP-IN GROUP FOR WOMEN INTERESTED IN AND/OR DEALING WITH SAFER-SEX ISSUES)

WHEN: EVERY TUESDAY 6:00 TO 8:00 PM
WHERE: WOMEN'S NEEDS CENTER 1825 HAIGHT STREET (BETWEEN STANYAN AND SCHRADE)

FOR MORE INFORMATION CALL: 221-7373 ASK FOR BELMA OR ADELE
WOMEN AND AIDS: FACTS YOU SHOULD KNOW

PUBLIC HEALTH FORUM:

Thursday, March 24, 1988 • 7:00-9:30 p.m.
SOMAR Gallery • 934 Brannan Street • San Francisco
Free Admission

SOME OF THE FACTS:

- The number of women with AIDS has more than doubled since 1981
- Many men report they wouldn't tell sexual partners they have AIDS.
- AIDS can be transmitted through Lesbian sexual activity.
- AIDS can be transmitted through heterosexual intercourse.
- You can protect yourself from AIDS infection and illness.

THE PANEL:

Meredith, age 33, heterosexual mother of two, woman with "AIDS"
Denice Deitch, M.F.C.C., East Bay AIDS Project
Grace Laurencin, M.D., M.P.H., SF General Hospital and City of Berkeley
Catherine Maier, Ph.D. Candidate, SF AIDS Foundation
Jessie Ortiz, M.A., La Clinica de la Raza
Lauren Poole, N.P., M.S., UCSF and SF General Hospital
Nancy Shaw, Ph.D., UC Santa Cruz
Constance Wofsy, M.D., SF General Hospital and UCSF

THE TOPICS:

When are women at risk of contracting AIDS?
Prevention of infection and illness
The medical course of AIDS/ARC
The social course of AIDS/ARC
Insights into the lives of women with AIDS/ARC
The plight of the "public patient"
Special issues for Latinas

Presented in conjunction with visual arts exhibit Until That Last Breath: Women With AIDS

Photographs by Ann Meredith • Personal shrines • Video-taped Interviews
March 1 - 31, 1988 • Noon - 4 p.m. • Tuesdays - Saturdays • Free admission

*Reported in SF Chronicle January 1988

Desktop publishing courtesy of LURNIX

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