As the numbers of victims multiply, so do our fears, leaving many of us terrified of sex. Already an epidemic among gays, will AIDS infiltrate the straight world, too? These guidelines can help ease the panic that surrounds the first fatal sexual scourge since syphilis.

AIDS HOT LINE: IS SEX DEAD?

By Glenn Deutsch

In a December 1985 poll conducted for the *Los Angeles Times*, Americans ranked AIDS second only to cancer among diseases they fear most.

At a well-known hospital in New York City, one physician, a self-described Don Juan, confided to a television reporter off-camera that he was recently married because he "had to remove himself from so much temptation with this AIDS thing going around." The reporter himself noted with some irony that he had just ended a long-term relationship, ready at last for a few casual affairs—and felt his timing couldn't have been worse.

A more alarming conservative trend observed by John Lorenzini, president of People With AIDS Alliance in San Francisco, is that some formerly promiscuous gay men who were never fully at ease with their sexuality are now turning to women: In their efforts to reform their lifestyle and avoid the epidemic, they may succeed only in spreading the contagion beyond their high-risk group.

AIDS, the deadly immune-deficiency and neurological disease, is having a far-reaching impact on the American way of love—and putting an end to fast-lane sex. In the U.S.

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alone, as we go to press, there have been 8,220 deaths, 16,138 cases—a number expected to double by the end of the year—and up to two million people are symptomless carriers of the virus. This has led to scores of sexual do's and don'ts for gays and straights, recommended by government officials, medical researchers and gay men's groups.

"We cannot predict exactly who will and will not contract AIDS," says Robert Benjamin, M.D., clinical professor of family, community and preventive medicine at Stanford University, Palo Alto, and chief of the Bureau of Communicable Disease for Alameda County, CA. "However, within the human erotic repertoire there is definitely a *hierarchy* of risk—some practices are more dangerous than others," he adds. "The surest way to avoid the disease is not to have sex at all. If you don't want to die in a crash, don't get into an airplane. But those of us for whom *not* flying would be unthinkable can make some intelligent choices: Pick an airline with a good safety record, not a fly-by-night carrier with questionable equipment. Similarly, choose intimate activities that pose little or no chance of exposure and, more difficult but just as important, know your partner well enough to find out about his personal history.

"The sexual revolution of the late '60s and early '70s may be coming to a grinding halt," Dr. Benjamin points out, "but that doesn't mean we can't continue to have satisfying sex!"

What Are Your Odds?

To be sure, much of our anxiety regarding AIDS has arisen out of media and government reluctance to describe the precise sex and drug behavior that have helped spread it within the gay and addict communities. For example, newscasts often resort to such vague or euphemistic terms as "an exchange of bodily fluids" as a possible cause, which leads us to wonder whether any physical contact can be hazardous. The public has also been unduly frightened by those scientists who, because it is impossible to prove that something *cannot* happen, go to sleep predicting that the sun *may* rise in the East—and that the disease may strike even under the least likely conditions.

In the U.S., our chances of getting AIDS, if we are heterosexual, don't take drugs intravenously or are not hemophiliacs requiring transfusions are estimated at between one in 300,000 to just under one in a million. In comparison, the chances of dying of lung cancer are about one in 300; of being killed in a car accident, about one in 5,000; of being murdered, one in 10,000; and of being struck by lightning, one in 600,000.

AIDS phobia can also be eased by knowing how much of the virus it seems to take to become infected. This microbe *is* vicious in the bloodstream in about 10 per cent of those who have been exposed, but in sharp contrast to the viruses that cause colds, flu or herpes, the one for AIDS, in all of its known, minutely different strains, is decidedly weak. So much so that none of the straight, nonaddict U.S. hospital workers who have accidentally pricked themselves with needles drawn from AIDS patients (some of whom also had hepatitis B) has become infected (however, some have contracted hepatitis B). AIDS viral particles don't cause disease unless they gang up in very intimately presented, large and repeated doses, most experts say.

What makes this possible, borne out by medical findings to date, is not how many partners you have, but *what* you do with *whom*. As confirmed so far, these are the two surest ways for a woman to get sexually transmitted AIDS: unlubricated anal intercourse with a man not wearing a condom, who has been penetrated this way by other men, or with a man who shared his needle and syringe when he injected drugs. If partners forgo anal relaxation techniques and rectal lubrication, contaminated semen can be introduced into anal fissues and therefore into the bloodstream.

According to Frederick Siegal, M.D., head of hematology research at Long Island Jewish Medical Center, New Hyde Park, NY, and coauthor of *AIDS: The Medical Mystery* (Grove Press), some of the heterosexual women now coming down with AIDS are having unprotected anal intercourse.

Researchers observe that AIDS has become a woman's problem—in heterosexual sex, they are the ones who can more easily acquire the disease than infect others. (The opposite holds true for men.) This is *not* the case with other sexually transmitted diseases, which are passed back and forth between men and women equally. Even *uninfected* semen that enters a woman's bloodstream suppresses her immune system; this, along with already existing infections such as gonorrhea, hepatitis B, even hemorrhoids, can increase susceptibility to AIDS.

The virus clearly (CONTINUED ON PAGE 128)

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has no sexual preference, nor does it make moral determinations about its carriers; it merely needs the right portal of entry. "And *unusual* sex may not be the only way," suggests medical columnist Holly Atkinson, M.D., based in Bridgewater, CT. "Many women whose vaginal walls appear healthy have conditions where the cervix cracks and bleeds to the touch," she explains. "Run-of-the-mill infections can be responsible for this. If an AIDS carrier ejaculates against an irritated cervix during penile-vaginal sex, contaminated semen might enter the woman's bloodstream." What's more, the presence of any infection increases the number of white cells, for which the AIDS virus has a notorious affinity. Also, such disorders can weaken the vaginal lining, adds Dr. Atkinson.

Playing It Safe

A woman who has intercourse before she knows her partner's sexual and drug-use history is advised to practice what is widely known as safe sex, and assertively so. All the authorities agree that latex condoms are a must during vaginal and anal intercourse with casual partners.

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Those who dislike this kind of prophylactic worry about breakage and loss of sensation. To avoid both problems, physicians recommend lubricating the condom inside as well as outside, with a spermicide. Since jelly containing nonoxynol-9 has been shown to kill the AIDS virus on contact, it provides a backup in case a condom slips or tears. Women who use a diaphragm as well should coat it liberally with the spermicide. The use of two condoms has been advised for anal sex, and the Dutch government is currently testing a double-strength condom.

A few lubricants also contain nonoxynol-9 but may not say so on the label. Check with a pharmacist to be sure. A small percentage of people are allergic to this compound, so test it first on the inside of your wrist. If it stings, try changing brands. "If oral sex is going to be part of lovemaking," says Dr. Benjamin, "bear in mind that some spermicidal products anesthetize the tongue and have a disagreeable taste." Though KY jelly can be used for lubrication with latex condoms, never apply petroleum jelly, which melts rubber. In any event, the man must withdraw after he ejaculates to prevent the condom from slipping off into the vagina when his erection subsides. Note: Douching is no protection; in fact, it might flush virus-fighting bacteria from the vagina or rectum.

Besides vaginal or anal intercourse without a latex/spermicide barrier, sexual activities listed as unsafe according to guidelines recommended by physicians and other medical experts include: semen in the mouth; blood contact of any kind, including menstrual blood; oral-anal contact; and sharing sex toys that have come in touch with genital or oral secretions. Mentioned as "possibly safe": vaginal or anal intercourse with a latex condom; protected hand/finger-to-genital contact; French kissing. Safe and pleasurable suggestions include massage, body-to-body rubbing, hugging, arousing nongenital areas, such as the nipples, social (dry) kissing, voyeurism, exhibitionism, fantasy and mutual masturbation. Indeed, exploring new forms of sexuality or simply expanding our range of erotic play may be one way to help compensate for the necessary but not-so-welcome prospect of more cautious sex. "Orgasms, after all, have as much to do with how a person feels about a partner as with actual physical sensations," Dr. Benjamin notes.

Such "safe sex" descriptions also reflect uncertainties about whether the virus can live in, and be transmitted by, vaginal fluid, especially during menstruation; and concerns that it may be able to travel up a man's urethra and infect his blood. These are theories that have been advanced by physicians but have yet to be proved.

As for worries about the virus making contact with broken skin, Dr. Benjamin says, "You can pour a unit of contaminated blood over your hands and if you don't have any cuts, you're not going to get AIDS. The efficiency of the skin as a physical barrier is remarkable—cuts, scrapes, bitten cuticles, all heal with amazing speed. And this is not an *invasive* kind of virus; it doesn't bore into the dermis the same way certain skin parasites (like scabies) do." Even so, risks in fellatio or hand contact may exist. If a man ejaculates infected semen into the mouth and there are breaks in the gums or lining of the cheek, this could pose a threat, albeit an unknown one, Dr. Benjamin maintains. Presumably, drops of pre-ejaculate would be less dangerous because they contain a lower concentration of semen. Once semen passes down the throat, however, doctors say, the normal acids in the stomach will kill the virus well before it could enter the bloodstream.

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A woman with multiple casual partners should curtail her sexual activity during times of illness or stress, both of which can help weaken her immune system, advises Dr. Atkinson. Her other suggestions for nonpartner ways to lessen your AIDS risk: Get a Pap smear and be tested for all the major sexually transmitted diseases; reproductive tissues compromised by these contagions heighten vulnerability. Also, avoid smoking tobacco and marijuana, and using amyl nitrate inhalants

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(which dilate capillaries and intensify sexual pleasure)—smoking because of a possible role in immune suppression; "poppers" if only because their use has correlated with multiple sex partners and anal intercourse.

● CAN YOU TRUST YOUR LOVER?

When it comes to reducing a woman's chances of getting AIDS, some advisers point to geography and note that about 80 per cent of those afflicted live in New York, California, Florida and New Jersey, and most of them in cities. New York City has almost 40 per cent of all cases.

As for socioeconomics, statistics indicate that gays and bisexuals with AIDS are predominantly white, well-educated and well-to-do. Among IV drug users, about half are black and one-third are Hispanic; according to one study, some are "family men," *not* addicts, who use these drugs on weekends only. On the average, AIDS patients are age 33 at the time of diagnosis, which is generally taken to mean that they first became infectious during their late 20s (the incubation period for the disease is roughly five years). Some experts fear that the next great outbreak will occur on college campuses, where young men may be more prone to experiment with same-sex encounters and upscale members of both sexes may feel adventurous enough to try intravenous drugs.

But how easy is it for a woman dancing in a club in Greenwich Village, NY, or Greenwood Village, CO, for that matter, to pick out the bisexual or gay men who have had multiple male sex partners since AIDS came to America in 1977? Or to spot those who share IV needles, including bodybuilders who may use them to inject steroids?

"It's difficult to learn somebody's personal history in six months, let alone six weeks. Well-nigh impossible in six minutes. It's much easier to have sex with somebody than to bare your soul," says Dr. Benjamin. "Besides, a lot of people don't consider themselves gay even though they may have tried a homosexual encounter once or twice at a convention, and decided it's not for them. And they're *not* gay, by definition. But these men are still potential carriers."

"Many high-risk men can be as handsome and successful as anybody you'd ever hope to meet," says Dr. Atkinson. A New York publicist, who used to ask her good-looking new dance partners if they had ever slept with a man, agrees: "I never had enough confidence in their no's to go to bed with any of them."

"Often, such men are fairly practiced in not telling something they don't want to reveal," says Lee Birke, M.D., an associate clinical professor of psychiatry at the Harvard Medical School and director of Learning Therapies, a private clinic outside Boston. "Early on, a man may rationalize that he is protecting his privacy, and deny that he is exposing a woman to a serious or fatal infection."

Dr. Birke adds that in his practice he has been "struck by how low the index of suspicion is" of women who are having affairs with men who might possibly be bisexual. "There is a kind of black-and-white thinking that people are either straight or gay. They tend to say, 'Well, he's married,' or 'He's sleeping with my girlfriend so he must be straight.' That really doesn't prove much."

One bit of popular advice holds that a woman ought to shower with a man and surreptitiously search for signs of infection. But supposed physical clues, such as swollen lymph glands—which can signal AIDS-related complex—or purplish-red skin blotches—a possible sign of Kaposi's sarcoma, a rare cancer that afflicts AIDS sufferers—are often misleading. What appears to be an AIDS symptom may be largely harmless: Only a trained physician can tell for sure. Also, viruses generally are most infectious *before* symptoms show up, explains Dr. Benjamin.

In the bedroom be wary of men who take out poppers or sex toys that look unsanitary. "As for judging a man by what he wants in bed," says Dr. Atkinson, "if he always prefers anal sex to vaginal sex, you'd better think twice." Therapists have noted that if a man exclusively desires fellatio or if he can reach orgasm this way only, and if by contrast he seems afraid of the vagina, he may be actively bisexual and thus a possible risk in unprotected sex. However, bear in mind that many heterosexual men and women enjoy anal stimulation during lovemaking.

Of a man's self-presentation, Dr. Birke concludes: "Nothing substitutes for knowing the person you're with and trusting him enough to believe what he tells you."

● BEYOND SAFE SEX

"It's important from a psychological and emotional standpoint not to worry about so-called safe sex practices when you *don't* have to," Dr. Birke says. "In noncasual sex, or physical intimacy in an ongoing relationship, it should be possible to gather enough information, including testing for the AIDS antibody, to allow a couple to put the thought of this disease out of their minds, and to enjoy the pure pleasure of sex and closeness."

The test for AIDS measures the presence of antibodies to the virus, which are believed to signal probable continuing infection. Around the country, more than 500 blood-testing centers have been established by health authorities. Many offer counseling and the test anonymously to anyone who asks for it. Physicians can also send blood specimens to private laboratories for analysis.

"If a couple see in each other the possibility for a long-term relationship," advises Dr. Benjamin, "each could say, 'I'm not a virgin, and while I haven't had an excessive number of partners, I've had a few. And I'm not 100 per cent sure about what their activities have been. It would be best for us to use condoms.' Then, if a couple decide they're not interested in seeing other people, they can bring testing into the open. If they come up negative, they ought to go again in three months to be sure. And again in another three months if they want to be absolutely certain.

"But only after the test at six months—if they both test negative and are sure that neither is dating others—might they consider not using that condom." Such caution, though bred by necessity, may have unexpected emotional dividends for at least some couples as they take more time to communicate openly before fully committing themselves. As Dr. Benjamin observes, prolonged courtships might help them achieve a level of friendship and intimacy that is often missing in more quickly evolving relationships.

● AIDS: THE PRICE OF PLEASURE?

If we are becoming more circumspect and less casual about sex, the downside, of course, is that AIDS-inspired wariness and suspicion may lead us to avoid meeting potential partners or to reject them on insufficient evidence. In the view of Dr. Siegal, this kind of fear has traditionally been the basis for sexual behavior: "Our old-fashioned ideas about virginity, our puritan ideals," he says, "didn't evolve a priori from religious commandments. More likely, they developed over a long period of time for practical reasons." The premium put on virginity in some cultures came out of a cultural memory of untreatable and deadly sexually transmitted diseases. "People died of syphilis, which took 20 or 30 years to dement and kill you," he notes. "AIDS is the first fatal outcome of sex since that affliction, and it leads to death in only two, five or 10 years. For this, we have no penicillin."

"Another point," observes Dr. Birke, "is that most of us are so punishment-expectant when it comes to sexuality, either because of our religious or cultural training or both, that an AIDS epidemic really fits right in with our fantasies of being condemned by God for having too much or illegitimate pleasure."

He adds: "AIDS poses a major mental health risk for many who don't have the disease or its antibodies—don't have anything but a profound concern with remaining safe." We're in danger of a psychological plague, he notes, where no one feels really free to enjoy sex as one of the great pleasures of life and of intimacy, which people began to do when the Pill became readily available.

As a result, will we soon be hearing about more and more fear-induced marriages—not between couples who have the virus, but between those who decide to marry simply because they are scared? Yes, predicts Dr. Birke, "just as we've seen wartime marriages, people who wed during the Second World War in particular. But somehow we need to reduce both the risk and the obsession about the risk with education—so we can get on with our lives and not have to bond to somebody as an emergency measure to avoid death." ■