

Options increase for safer sex

Male-to-male oral sex carries "a low risk for HIV" transmission, declared the Gay and Lesbian Medical Association in a March 19 policy statement. The group, comprising 1,800 health care professionals, surveyed all available research on the subject before issuing the paper.

While acknowledging anecdotal incidents of probable transmission, it said, "Most studies have not found a statistically identifiable risk" of transmission through oral sex.

For GLMA Executive Director Benjamin Schatz, "The confusion and mixed messages surrounding oral sex are harming our efforts to encourage gay men to make rational choices about truly risky behavior."

GLMA policy committee chair Alvin Novick, M.D., professor of biology at Yale University, warned, "Pushing for condom usage for oral sex may actually be counterproductive in some cases. It may make some people feel that they don't want to use condoms, period."

"Prevention efforts should focus explicitly on unprotected anal intercourse" as the principle means of HIV infection among gay men, the report urged.

Novick stressed the need to recognize "the essential importance of sexual intimacy for gay men. Rather than attempting to impose an unrealistic zero-risk standard on all people, our prevention efforts should focus on reducing risk overall by helping each individual learn to maximize fulfillment and minimize risk."

One option that has come to prominence in the last few weeks is the "Reality" brand female condom. It is a polyurethane pouch, larger and stronger than a traditional latex condom, which is inserted by the passive partner prior to sex.

Female condoms were developed to empower women with the option of taking their own precautions and not having to rely solely upon their partner to use a condom. Advantages of the female condoms include fewer physical constraints on the penis, less breakage and improved barrier protection to the HIV virus. Retail cost is about \$3 at pharmacies.

"Reality" is approved by the Food and Drug Administration for use only as a vaginal barrier for women. San Francisco AIDS activist Michael Petrelis has been demanding that research be conducted and educational materials be prepared on its use in anal intercourse. That work was halted in 1990 when an FDA official objected to the subject matter.

Petrelis recently convinced the city of San Francisco to make the female condom available to gay men at public health clinics. Eighty-six percent of people with AIDS in that city are gay men who became infected primarily through unprotected anal sex.

Bob Roehr

Insurance reforms benefit people with HIV

The U.S. House of Representatives passed major health care reform legislation on March 28 before adjourning for Easter recess. Principle elements of the legislation affect "portability," pre-existing conditions and the availability of

private health insurance. The Senate will vote on similar legislation April 18.

Almost half of all people with AIDS eventually end up on Medicaid. But the vast majority of people living with HIV are on the job throughout most of the course of their infection. They, and people with other serious medical conditions, often fear losing their jobs and feel locked into not looking for others, simply to maintain existing health insurance coverage. This legislation would greatly reduce those fears.

The core of the House legislation was developed as a bipartisan measure in the Senate as the Kassebaum-Kennedy bill. It stops the insurance industry practice of denying coverage to people with pre-existing illness, though it allows some limits of coverage for the first 12 months that a policy is in force. It also prohibits companies from dropping the policies of people when they become sick, as long as they continue to pay their premiums.

House Republicans, despite the opposition of Democrats, voted to add a series of other provisions to the bill. Those include creation of tax-free medical savings accounts; limiting malpractice awards for pain and suffering (not actual damages) to no more than \$250,000; and regulatory relief for small businesses that pool their resources to purchase health insurance coverage.

Viatical settlements and accelerated benefits payouts would become tax exempt under a Republican amendment. Those provisions had been included as part of another bill, which President Clinton vetoed last year.

Christine Lubinski, deputy director of the AIDS Action Council, called the bill "a mixed bag."

While she voiced support for the core provisions, she said, "We strongly object to a laundry list of other ill-conceived positions that assuage special interest groups while adversely affecting health care consumers."

Alexander Robinson called the core provisions of the legislation "very helpful" to

people who are employed. The AIDS lobbyist for the American Civil Liberties Union was concerned that some of the administration simplification provisions might threaten individual privacy. He feared that too many amendments might kill the entire bill.

New York financial adviser Per Larson calls the viatical amendment "very much in sync with the spirit of the central thrust of the bill, which is to offer direct assistance to people facing serious illness." He believes it stands a good chance of becoming law. But he is concerned that other Republican provisions are tempting AIDS organizations to oppose the entire House measure and "throw the baby out with the bath."

Tom McCormack, entitlements expert and author of *The AIDS Benefits Handbook*, sees the provision for medical savings accounts as "undermining the long-term financial viability of Medicare and Medicaid." But he believes that technical "tweaking" of the financial formulas would greatly reduce that risk.

Petenbrink believes one of the greatest strengths of these reforms is that "if we can keep people on private insurance and off the public assistance programs, that helps everyone."

Bob Roehr

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