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Sexually Transmitted

And

The Creation of a Comprehensive College Sexual Health Campaign

Sexually Transmitted

- 1) Introduction: Statistics, 18-24, Hook-Up Culture, Overwhelmed by sex
- 2) HPV and Genital Warts
 - a) Insurance Debacle, unsupportive sexual partners, bad mother
 - b) Doctor, skin-to-skin, Herpes, viral, no cure, cervical cancer and infertility
- 3) Gonorrhea-
 - a) asymptomatic in sexual partner
 - b) Doctor- Chlamydia, Bacterial, Cure, Asymptomatic
- 4) Baby- Runs after baby
 - a) Baby Scarlet A, Child Support
 - b) Doctor- Resources on Campus, Pregnancy house, HES, pregnancy tests
- 5) Herpes- a happily ever after story.
- 6) HIV- Chant AIDS
 - a. Reality at Georgetown, sweeping the world, no longer just gays
 - b. Doctor- DC stats, women + AIDS
- 7) Abstinence only Education, Condom Demonstration
- 8) Hook-Up Tango (Conclusion)
 - a) Reviews the information in an entertaining manner, Hook Up Contract, Condom demonstration, getting tested, etc, etc, etc.
- 9)** Hand out resources and contracts
- 10)** Academic Analysis of Thesis

1) Introduction:

1) Sex, sex, sex. Lets hear everyone say it. We are living forty years into the sexual revolution. Major technological inventions like the Pill and advances in the condom have dramatically changed the way that we have sex.

2) The surveys of Alfred Kinsey, which illuminated the truth, that the majority of Americans had sex lives outside of the perceived sex within marriage norm, these surveys changed the way we talk about sex.

1) Attitudes changed, and society began to accept more sexual freedom and experimentation under the banner of 'Free Love.'

2) AIDS exploded onto the world scene in the early 80's, seen at first as just some gay disease, but the reality sank in, the HIV virus can infect and kill anyone, gay, straight, men and women, drug users, children, anyone. This public health crisis caused a rethinking of sexual freedom and free love.

1) But that was just a short aside. Today, we live in a world constantly bombarded by sex, from the half naked bodies that sell all items, from magazines, to cars, to soda, to our entertainment; music videos, movies, and TV shows like Seinfeld, Sex in the City and the OC.

2) But, at the same time that we are overwhelmed with these images of sex, we do not have an open and honest communication about the normal and biological effects of sex; sexually transmitted infections, babies, and emotional attachment.

1) We have entered the hook up world, but there is an interesting disconnect here. We are comfortable writhing buck naked on top of someone we've just met,

2) But we don't feel comfortable asking them: "When was the last time you were tested for STIs, and what were the results? What kind of protection should we use tonight?"

1) These contradictions are found throughout our society, its perfectly fine for a 19-year-old woman like Britney Spears to dance around almost naked with a snake wrapped around her gyrating pelvis for all of America to enjoy,

2) But the exposure of just one of Janet Jackson's nipples caused such an uproar that the country is still healing more than a year later.

1) In comparison to Sex Ed in schools throughout Europe and other 1st world countries, the US is severely lacking.

2) From state to state, from religious schools to public schools, I've heard of students having no sex education whatsoever, to a sex education only discussed the biology of 'where babies come from' with one lecture on AIDS thrown in. I've heard

kids complain that their sex ed. was nothing more than a glorified Bitch session for the teacher, where she spent the hour a week for a year complaining about how much kids smoke and swear these days.

1) Every year, there are 15million new cases of sexually transmitted infections in the United States, and two-thirds occur in those 25yrs old and younger¹.

2) Now who here is 25yrs old or younger, come on, I want to see a show of hands. That's what I thought; this directly affects you.

1) For our age group, sexually transmitted infections are one of the biggest health concerns. If gone untreated, they can cause infertility, cancer, other health problems and even death.

2) The amazing thing is that a lot of these infections for are curable, and those that aren't curable have treatments and these treatments can save your life.

Now think to yourself, are you sexually active?

1) Now that's a broad question, but oral sex counts. You can contract different STIs through oral sex. Doctors suggest that if you are sexually active that you should get tested for STIs every year, think of it like going to the dentist's office.

¹ American Social Health Association. "STD statistics." <http://www.ashastd.org/stdfaqs/statistics.html>

2) The majority of STIs have no symptoms, or go through long periods without any symptoms, until it's too late to treat them, or they have already caused irrevocable harm to your reproductive system.

1) Now who can name some Sexually Transmitted Infections, shout them out, come on there are over 20 of them! But what does everyone think when they here these words, Herpes, Gonorrhea, Syphilis. 89% of Adults have Herpes, that's Herpes simplex 1, or oral herpes, but why is it that we view this as normal, but if those same lesions and sores are found only a few feet south in the genitals, then this person is viewed completely as a sick and diseased social outcast. Why?

2) I know what you are thinking, where can I go get tested. There are many places, the student health clinic right on campus will test you for STIs. Guys, you can just ask for a regular physical, or have it tacked onto another thing, you don't even have to tell the secretary you are making the appointment for STI testing, you can show up there and ask the doctor directly. I remember one of my first times that I went to go get tested for STIs, I was really nervous, and didn't know how to ask the doctor. When I finally did, I felt embarrassed and told my doctor that I felt like I shouldn't be talking to him about these things. And he reassured me, told me that this was his job, and if I couldn't feel comfortable talking to my doctor about sex and about STIs, then how could I ever feel comfortable talking about sex with anyone else.

1) And for us girls, we can just get all of our tests taken care of during our regular gynecological visit. Remember that when we turn 18 that we should be going to the gynecologist every year. I know it can be kinda painful, and it's definitely awkward, but it is the only way we can take the preventive measures we need to save our life, so its important we go.

2) And that's the problem that we've gotten ourselves into. We are surrounded by sex everywhere. We have this hook-up culture where, as one professor at Georgetown says: "for you kids now-a-days, oral sex is just as taboo as kissing was for my generation".

1) and another one of your peers said "My sister, she gives out blowjobs as if they were lollipops!" I'm not saying this is bad at all, it's a wonderful progression from our puritanical past, where everyone was supposed to feel ashamed, and no one talked about one of the most natural forms of human interaction, sex.

2) But, we need to bring our hook-up culture to the next level. We have to create an environment where if we are engaged in sexual relations, from hand jobs to blowjobs, from frottage to fingering, that we know ourselves, and that we know the biologically normal things that can happen.

1) We have to create an environment where each of us knows how to negotiate safe sex and also feels comfortable enough to talk with their partner, new or old, about how to negotiate safe sex. And we have to create an environment where getting tested for STIs is just as normal as getting a yearly physical or going to see the dentist, completely safe from stigma.

2) Now, where should we begin? We need to begin by talking about sex, we need to talk about the consequences of sex, and we need to get rid of our shame. In this performance, different Georgetown students and a few other college students were interviewed, and their stories, their words created this program.

1) Listen to these words; because they are the words of the girl sitting next to you in your theology class, these are the words of the guy who lives next door in your dorm, listen to these words, because if you don't, they might end up being yours.

2) HPV and Genital Warts:

I finished high school a semester early, when I was 17, and I really wanted to get out on my own, and live my own life. So, I took some time off before college. I ended up in California, in March, working for a volunteer program as part of a trail crew for a state park in northern California. They provided me with free housing, and all I had to do was pay for my own food. I would work on the trail, hiking, clearing brush, repairing trails, and clearing trees. In my free times, I made my way to the public beaches that no one ever went to, find my own place in the sand, and lay there for the whole afternoon, naked, soaking up the sun and reading. It was Amazing!

I met Pete as soon as I got to the redwoods. He was kinda short, about 5'8, not anything I would not really notice (Marla is about 5ft. tall). He was the first person I saw in the house, and he just seemed like a weird burly man who wasn't that friendly. He was sort of a red head, sort of a blonde, with muscles. He was from Wisconsin. Pete is on the field crew for 6months of the year, working from May until October, so he just volunteered for the rest of the time. Living out in the Red Woods in Northern California, we were removed from civilization. Everyday after work we would just get drunk, and then I would make dinner, and then he would just yell at me (chuckle) about everything, just about the craziest things. Now I realize that this was my first time being away from home, so I thought that attention from anyone would be great. As soon as I got to the Redwoods, I was so excited to see other people, out on their own, being independent. At the time, I felt like such a grown up. I felt like anyone hitting on me was the greatest thing ever, he was a grown up, he was 24. I was wooed and romanced by the freedom of

it all. Things got started one Saturday night, we were kinda drunk. The first time we didn't even have sex; we were too drunk and just passed out. (Pause)

I had unprotected sex with Pete, it seemed normal. It's like a seatbelt, its like, I know I should... but... who cares. I really never have my period, so I'm basically barren. I mean I could go on birth control to get me regular, but really why? I don't want to have babies, and I get the added perk of not getting a period every month. Sexually transmitted diseases never crossed my mind, I just looked at Pete, and thought, oh Pete, he's not *that* slutty.

I first found a bump in July, and I was in complete denial. I thought it was just a mosquito bite that I had gotten from peeing in the woods. I found the bump on my labia majora, that's the outside layer of the vagina for all you guys out there. So well I was like, it's just a bug bite, or a pimple, or a rash. Then it was there for 5 days and I began to worry. It was just a raised piece of skin, like a pimple. After five days, I decided to tell Pete, because I was concerned for him, because even if it was a rash, I wanted him to know about this lump. And when I told him he was all like "When were you going to tell me" and I said, "uh right now." Then he asked me what I thought it was, and I said, "I don't know, if I had known, I wouldn't have called it a lump". That's when he said, "Well, I've heard that if it's a wart and you put you put vinegar on it, it will turn white." "Whoa, whoa, whoa, slow down there, why do you think it's a wart, why is that your first inclination". Even when I heard the word I thought, Whoa, no way, that's nowhere near the truth; it's just a rash or something. I never thought of it as reality, far from anything I had envisioned. He only said, "Well you should test that vinegar theory"

He wouldn't let me do it alone; he had to follow me into the bathroom. He didn't want to be left out, like I was going to lie to him about this vinegar wart test. Obviously we had bad trust issues in the first place. "Well how come I can't see you, what are you hiding" he pleaded, "well it's disgusting and it's my problem". After I tried the test, it never turned any colors; it must have been an old wives tale. After a few days it fell off like a pimple would fall off. It didn't itch; I just scratched it off, and it bled a little bit, *but* it was **gone**. And even though part of me knew I should be more concerned, it was physically gone, so I could just believe, oh great it *was* just that mosquito bite that I thought it was, end of story.

I had never thought about getting a sexually transmitted disease. Pete and I had never asked each other if the other one had any sexually transmitted diseases. I thought he would think that I was assuming he was promiscuous even by asking. This was my first relationship with someone I hadn't known for most of my life. I've heard that's what I'm supposed to do, to ask, but it never seemed pertinent, and it seems just so awkward, it seemed easy enough to avoid it, and then to start a five-month relationship without ever asking these basic questions. **It's odd, I never felt comfortable enough asking him these simple questions about his health, but I felt comfortable to have unprotected sex with him.**

Right after I left the Redwoods in Northern California, I moved onto another service project in Oregon. My relationship with Pete died out, and he was on another mission when I left.

During my first week in Oregon, I called Pete. “Pete, do you remember that rash that I had a while ago” “Yeah” “Well, I think I’m going to see a doctor about this because it’s come back.” The whole time I was concerned for *him*, worried for *him*, for *his* health and *his* safety. That’s when he took in a long deep sigh and say “chaaaaaaaaaaa yeah, I was afraid of that”. My heart sank, and I shouted **What?** And he said “I had that... once”. The whole time I was thinking “You didn’t have it once, you idiot, you have it, that’s why its here, on me”. I paused and I asked him, “What is it” and that’s when he told me “Warts” and I just, I just couldn’t believe it.

“You *have* it, and it’s obviously why I *have* it!” And that’s when he sheepishly sighed again “Shchhhhaaaaaaaaaa, yeah that’s really too bad, I’m sorry.” But he gave me no real reason why he never brought it up earlier, he just pulled out “Well, you know, I, I didn’t, like you know, have it for a couple of years, so I thought it was gone, forever, that’s what the doctor had told me.” He didn’t have any signs throughout our whole relationship.

Pete immediately changed the subject “Well, are you gonna try to get back at me?” And I was like “**WHAT?!**” And he said “Well you were 17” And so he quickly went into the selfish angle, only concerned about his own safety and well being, asking me if I was going to tell anyone that he was a creepy molester man. It seemed really foreign to where my mind was at that point, “How can you even talk to me about this stuff, you are the worst person in my mind right now.”

And later, when talking with him about the genital warts, he said, “well I was going to tell you that first night and then I didn’t, but then I thought it would be too weird to tell you afterwards.” I was completely shocked by this attitude. So then we had 5

months of unprotected sex with him never once mentioning it. I can hear him now thinking to himself “Yay, woo-hoo, can’t bring it up now, or else I wouldn’t get any anymore.”

That conversation was really upsetting. I was in a new place then, in Oregon, and I didn’t know anyone. And the one person who I used to always run to with my problems, fears and anxiety, was now the one person *who was causing all my pain*. It was good that I was physically removed from him, or else I would fall back into this cycle: I hate you because you are the root of all of my problems but you are also the only person who will hug me, so that’s what I’ll do again.

Back in August, I started seeing this other guy Nick from work after Pete. Pete had gotten called out on a wild land fire, and so he was called out to camp at a specific site for two weeks and control a wildfire. These were also my last two weeks in the Red Woods. And I was thinking to myself, “Whoo hoo” I’m getting away with everything. I don’t have to deal with goodbyes, because Pete is gone, and I felt like I was conquering all these new people. And I felt like I could move on, no strings attached. Nick was my last fling while I was in Red Woods. Me and Nick only had protected sex but still the ways that warts are transmitted, that they can be found on the whole area, so that they can be transmitted to places where a condom can not protect. There was still a risk.

After I had that conversation with Pete, I hung up the phone, and I just thought, he was the worst person in the world, how could he ever try to sympathize with me. When we had been talking that one night on the phone, he kept repeating over and over again “Yeah, it sucks, I know how you feel, I know how you feel.” And he kept saying, I know

how it feels, and I was like, you're the bad guy, you can't be telling that you feel like the victim because there is no way that I'm going to feel bad for you now. It was all up to *you* to *tell me*. And he even knew who it got it from. He got it from his last long term girlfriend, but the whole time he made her feel guilty about the warts, saying that she was damaged goods and was bringing *bad things to the table*. But he *knew* of it ahead of time, he *had a choice*, I didn't have any choice!

He had just finished working 16-hour days at trying to stop the wildfire, and the next morning was his first day off. He ended the phone conversation that night with "well, you know, let me know if there's anything I can do." There didn't seem to be any genuine any sympathy, it mostly seemed like he was just covering his ass. So I called him early that next morning, waking him up on his day off to say "Hey Pete, remember when you asked if there was anything that you could do," "yeah," "Well, you should tell Nick about the genital warts, he needs to know too" And he was like, "WHAT?!" "Yeah, Nick needs to know", that's when Pete became angry and started screaming "What the hell." That's when I calmly told him "Well, it is your fault that he has been exposed to genital warts without knowing, so if you could just pass that information along" "Whatever, I'm not doing that, you can do it yourself, don't ever talk to me again" And he hung up. He tried to call back a few times that day, but I never returned his calls. I don't feel like answering his calls would have been healthy at all.

I had been talking to my mom about finding a gynecologist out in Oregon, because it is a good idea anyways. So I made an appointment and told them that I had a rash. After my talk with Pete, I had to call the gyno office back and tell them, oh wait,

it's not a rash, it's genital warts. So I didn't know anyone in Oregon, and I had no means of transportation, and I felt really awkward like I was imposing on everyone. The whole time I was meeting people all I wanted to do was cry, but I had no one to cry to. And I didn't want to meet people under these circumstances, I didn't want to be that chaotic girl who shows up with problems that she wants to rag on your ear and cry on your shoulders about. I didn't want people to think I was some crazy slut.... some Crazy slut.

I had some time before my doctor's visit and it was a beautiful day, so I went for a bike ride in the park, and tried to reassure myself that I was doing the right thing, and that everything was just going to be *all right*. This was the first time I had gone to a non parent referred doctor, so it was relieving that the doctor was talking to me, to Marla, not to Mrs. Blank's daughter.

It was the only good experience that I've had with a doctor. They were really good about it all. They sat me down and told me I have the Human Papiloma Virus, or HPV, which causes Genital warts, they told me how completely normal I was. They just gave me the facts, and reassured me that something like 50% of all sexually active people in my age group get HPV, so it was normal to get it from my second sexual partner. They were very reassuring, and talked to me like it was normal, like I was normal, and then it made me feel a little bit more normal. The week before I spent the whole time thinking about all the jokes that I made about diseases, and how these diseases were only for poorly dressed, dirty looking people. And I had made those jokes, and now I feel like I was the butt of everyone's jokes, I just felt horrible. I felt like no one would ever come near me again.

By that time, the doctors could see the warts on the Labia minora, just little bumps that are the color of the rest of my skin. At first it was just one bump, and with one bump it was just easy for me to ignore it, not think about it. I brushed it aside, telling myself it was just another weird abnormality, *no no no*; it's not a sexually transmitted disease, nothing to be concerned about. But soon that one became a couple, and they were uncomfortable. They itched and hurt a little bit. So then when I went to the doctors, they burned them off with some acid solution. For those of you who've never been to a gyno, they sit you back in the stirrups, with your legs sprawled open, and then they poke around with a toothpick. Except today, there was acid at the end of the toothpick to burn off the warts. ... I had to ride a bike home. And that was... kinda... Hell. They gave me medicine to apply every day for the week to the areas where the warts were, just to complete the job of the acid.

When the nurse asked me if my sexual partner knew about my warts, I told her, oh *he knows*. And she was trying to be very nice, and said; "well he might not have known that he had it when he gave it to you". *Oh he knew*, and she just laughed to break the awkwardness, as if to say, oh that Pete. They were nice, and that's what I really needed. I mean they didn't hug me, but they reassured me, saying it's gonna be okay, and you are being strong to deal with this. For them it wasn't that much, but for me it was a lot, it was exactly what I needed.

But I did try to contact Nick, after I was sure that they were genital warts. I was in Oregon, so I tried to call him many times, but I couldn't get in contact with him. So I wrote him a letter, and sent it to his work address, because that was the only address I

knew. I *didn't even know* his last name, so I was really embarrassed. The letter was addressed to "Nick who works in the Shop" because I didn't know his last name but I did know that he was one of the mechanics at the state park. I was really embarrassed that I had to write this letter, but this was important to me. I didn't want to be the ass that Pete was to me; I wanted Nick to know the whole truth. I had called a dozen times with no response, and I had written the letter with no response, and so I had mentally given up on getting in contact with Nick. So a few months later, when I was about to leave Oregon, I thought to myself, I should give it one more go, and try to contact him. So I called the mechanics shop, and he picked up and... it was the greatest conversation. He was as open and receptive as I could have ever imagined. I had so many times run over in my head all the bad things that could have happened; like that all of the people at the parks service hated me. That they saw me as a whore that ripped through everyone's lives, and that's how they would remember me. Nick reassured me that they he didn't have any signs and symptoms of genital warts and that it had been a few months. But I told him that he should go get checked out anyways. And the whole time he was very caring, asking me how I was doing and how I was dealing with all of this.

While I was in Oregon, I got a call from my mom, which immediately restored all the knots to the extremities of my body. She had called to say she had received a bill from Women's Care in Oregon. Now, I had called Women's Care several times asking what the office visit would show up on the bill as. And I had called different times, pretending to be a different person, all asking the same question. And they said it would just show up as "gynecological exam", which seemed like a normal thing to show up on a

bill. So when my mom called to say that she had gotten a bill for a **\$780 bill** from Women's Care in Oregon, I was shocked. And she wanted to know what was going on. Of course, while I was on the phone, my roommate was in the room and I didn't want to share this information with her, so I tried to whisper to my mom "uhhh... there's someone else in the room right now mom, can we talk about this later". But she wouldn't let me go. She stayed on the phone with me for the next ten minutes making guesses about what it could be, and I just had to sit there saying "No, no, no nope, not that" into the phone. She started with piercing "Did you get some piercing that got infected", which, I'm sure was just a lead in, all that she had on her mind was abortion.

I don't remember what her other guesses were, they were all bizarre, and they showed exactly how low her opinion of me was at the time. And then finally, the person left the room, and I was able to tell her that I have HPV that's the Human Papiloma Virus. "And the surgery was for...?" It wasn't surgery; I don't know why it's put down as that, I was getting warts removed. How can they call that a surgery, it was just a q-tip jabbed at me. HPV is the virus that causes genital warts. And immediately she jumped into something selfish, "Can you give it to **my** grandchildren?" Then she just went on some long diatribe about some friends of hers who had herpes, and they could give it to their kids, so they needed to have a C-section. Immediately, she was only thinking about her bloodline being tainted. And she wondered if I would have it forever, would I have to tell my husband, or would it go away. I told her no, I was contagious indefinitely. All she said was, "So its all done now, **right?**" No, it's never all done. "But everything's ok, it's finished, we can put this all behind us." She kept blaming it on the fact that I had been away from home for those few months. She spent the rest of the conversation

shaming me and guilting me. “So, how did you get these, these... these... uh genital warts, *hmmm?!?*” “Having sex with someone who has it.” There was no reason to tell my mom the whole story: it wouldn’t have helped anything. The insurance wouldn’t cover this ‘surgery’ because it was out of state and it wasn’t an emergency. My parents contested this, but the insurance company didn’t budge. Finally, my dad, who’s really awkward about things like that, he called me one day and said, “*That bill for those people in Oregon, uhhhh, I’ll just pay it, if it’s not worth talking to the people at the insurance company about it*”. He kept referring to it as “those people in Oregon”. My dad knows something, but I haven’t told him anything, he’s not really in the loop on these things. I’m sure he doesn’t want to know, he’s still in denial about my younger sister needing a bra.

After that one conversation with my mom on the phone, I decided I would call her back with this whole speech I had prepared, utilizing my new skills of good communication. I heard you express a lot of ideas you have about this disease, rather than facts that I know to be true. And I encourage you to research and find out the real facts about HPV. Of course I said that a lot wordier than I just did. And she just paused and then said “*Are you telling me that you got it from a toilet seat?!?*” And I said... Nooooo, and she said “*Well, then nothing’s changed!*” After days of crafting this speech, hoping to open my mom’s mind, and enlighten her, and that she would thank me, using my adult rhetoric, I had been completely shot down.

After that, I was a mess. I started crying in front of this random girl when she asked me how my day was. So, I was away from home, away from Pete who had given

me this, and I had no one to talk to, so I just spilled and told this girl everything. She was a really good listener, and when I finally confessed to her that I have HPV, she just kinda looked at me with that face and said... “Yeah? I thought everyone had it” and thats when she shared with me that she had herpes. Her boyfriend that she had gotten it from, who she had been with for five years had herpes, and he had gotten it from his parents, so it was something that he had grown up with, and was completely normal for him. Then the next lady I told, she also had herpes. She was 55, and she didn’t fit the image of someone I pictured who had herpes. She was an all American soccer mom, who had a daughter who was 22. She was my age when she got herpes; she was dating a guy who was cheating on her... and that’s how she found out!

That was really important for me. Like no one ever talks about these sexually transmitted diseases, but the first two people I talked to were like, oh yeah, everyone’s got them! No worries, it’s normal. I’m getting better with it.

Whenever I’m home, I get together with the boy that I left behind. Whenever I’m with him, I feel so ashamed. So we will be messing around and stuff, and then he will just pause, and sigh (long sigh!) “I just want to *be* with you” which just means, “I just want to have sex with you”. But when I got back, I told him right away that I have HPV and everything he needs to know, and gave him pamphlets to educate him about this, and the various risks, but also what are low risk activities we can enjoy. So I wouldn’t push for sex, because I would feel bad giving it to him, but if he insists that we should have sex, I wouldn’t feel bad, because I know that I have given him all the information, and I keep reiterating it, over and over. But whenever he says we should go for it, I hold back,

because I know in his mind he's just twisting it around in his mind thinking that it will be ok, and he won't get this. When I told him I have HPV, the first thing he said was "I don't get it, how many people did you bone in the last year". Well, you only need to have sex with one person to get it. So whenever, I'm with him, he'll start shaming me, he'll start crying softly, and of course I can't just sit there while he's crying, so I'll ask, what's the matter. And he'll say, "Well there's no nice way to say this". "Just say what's on your mind" "I don't understand why you couldn't wear a condom while you were doing whatever while you were away." "Well, you can still get it even if you wear a condom". Every time I'm with him, it's like he's saying. "Sigh.... Huh, if it wasn't for you, we could be having sex". (Awkward funny face)

I also don't feel like I trust him. I don't trust him to be honest and open with his future sexual partners and warn them about HPV and genital warts if I were to give them to him. I know ignorance is bliss, but there are a couple of things that I have to tell him over and over and over again, because he just doesn't listen. Like I gave him the pamphlet on Genital Warts, which I had double checked all the information on, but some things... like the condom thing, he just doesn't get that you could get genital warts even if wearing a condom, or that you can get it orally. I'm sure that there's some way that he would just try to play dumb with the next girl. I feel bad, if we were to have sex, I would tell him that he has to get tested, and tell future sexual partners that he's been exposed to HPV, but I couldn't really have anymore say than that. He's been the only person I've had to tell. And I'm still nervous for the day that I'm going to have to tell someone that I really care about. I always wonder at what stage in the relationship I would bring this up. I worry about the day when I tell someone, and he just rejects me.

After that outbreak in September, I would have them pretty often, maybe a few weeks with no warts, but then there would be one wart, and soon there would be more. Then I got another good amount worth treating around December. So since I was home, I went to Planned Parenthood, got them burned off, and stocked up on the crème they gave me. At Planned Parenthood, it was only \$20 dollars for the visit, which included seeing the doctor, getting the acid stuff put on, and having a prescription written for the crème. I go about every six months or a year to Planned Parenthood, they are very inexpensive and I don't have to get my parents involved. They also want to keep checking my cervix for abnormal cell changes, because HPV is the number 1 determinant for cervical cancer.

Doctor's information:

Doctor: HPV is the Human Papilloma-Virus. It is the most common sexually transmitted infection in the United States. There are over 100 strands of HPV, some cause genital warts, others can cause cervical cancer. HPV is the number 1 risk factor for cervical cancer.² With the technology and medicine we have now, doctors can treat the abnormalities found on the cervix before it develops into cancer. It's important that all you women out there get regular pap smears to catch the irregular cell changes on the cervix caused by HPV.

HPV can be transmitted by skin-to-skin contact, oral sex, vaginal sex and anal sex. Because HPV can be spread by skin-to-skin contact, condoms are not completely effective in stopping the transmission of HPV, especially if the virus is found in areas where the condom does not cover, the testicles, the skin around the vaginal open, and other places around the genitals. There is no cure for HPV, although its symptoms, warts or

² National Cervical Cancer Coalition. <http://www.nccc-online.org/>

cell changes on the cervix, can be treated. Treatments include cryotherapy to freeze off the warts, laser therapy, and chemical therapy to burn off the warts.

Herpes is another STI similar to HPV, it is transmitted by skin-to-skin contact, there is no cure it, and condoms will not completely stop herpes transmission. The herpes sores and lesions can be treated with proper diet and medication. Women who have herpes may not be able to give birth vaginally. There is a great possibility that during the birthing process, the mother can transmit herpes to their newborn child, infecting their child's eyes, throat and body. Women who have herpes are advised to have a c-section.

Since there are no reliable tests for the virus itself, doctors can only look for signs and symptoms of HPV, such as genital warts or abnormal cell changes on the cervix. it is important that women visit their gynecologist regularly to find and treat abnormal cell changes on the cervix, which are a precursor for cervical cancer. Many times, warts can be found deep with in the vagina or the anus, making it more difficult for people infected to realize that they have genital warts.

3) Gonorrhea

It was another Thursday night. I had been drinking with my friends before we hit the bar. I was definitely feeling it by the time we got there. Four drinks later and I was pretty much gone. That's when I saw Tonya. Me and Tonya had been together for about a year. We'd just hook up with each other, sometimes 3 times a week, but we weren't more than that. She was looking good, real good. She always knew what to wear to make me stare. There were some other hot honeys there that night, but Tonya and I got to talking. We went through the regular bullshit, how was summer, how's the semester going. I could tell she was interested; fuck I was still interested.

A few drinks later and we were back at my place. When I start drinking I become so hot that I forget most everything else. I couldn't even remember why we'd stop fooling around.

Protection, we never used protection. She was on the pill, and as long I knew she couldn't get pregnant, I was fine. It just feels better this way. Plus I don't keep condoms just lying around.

Her cell phone went off at like 9am; she had class early on Friday, like 10. I pulled her close, tried to kiss her, but my mouth was all dry. She pushed me away, got her clothes and her stuff and left. I drank some water and went back to bed.

That was Friday. I didn't call her; she didn't call me. We had a good time, but we weren't looking for more than that, I knew I wasn't. Something like 3 days later, I was in the bathroom, about to take a piss, when I felt this white stuff coming out of the head of my dick. It wasn't cum; it was thicker. It hurt; it hurt like hell. I know my dick isn't supposed to feel like that. I called the student health center, told them something like I had urine problems and got an appointment for that day.

When I got to the clinic, I was freaking out. The doctor there was nice, very calm; he just went through the range of questions I was expecting. "Are you sexually active?" "How many sexual partners?" "Do you use protection." They knew that is most definitely an STD, and they were pretty sure it was gonorrhea or Chlamydia. Most of the

time they come together, tag-team the doctor said. They had me piss in a cup and told me that they would have the results in 2 or 3 days. The doctor gave me a prescription for some antibiotics right then and there, something to get both the gonorrhea and Chlamydia, told me I should feel better in a few hours. He also gave me the safe sex talk, but he was cool about it, didn't make me feel bad at all.

I got the prescription filled, took the meds, and started feeling better right away. I got the call from the doctor's office two days later telling me I had Gonorrhea. The doc had told me that if it was an STD I should probably call my last few sexual partners. I knew it had to be Tonya, the doc said with Gonorrhea, symptoms show up within 3-10 days after exposure, if they show up at all. So I called Tonya, it was the first time we spoke since we hooked up, since we had sex. It was about a week after we hooked up. I told her about the pus, the pain, the doctor's visit, and the meds, and how I was feeling better. The whole time she just kept saying, uh-huh, yeah, uh-huh. I told her she needed to go get tested. That's when she flipped out, she was all like, 'who do you think I am, some kind of slut? I don't feel anything, I don't have any pus, I'm feeling good.' Then she went off on how I probably got it from some other girl I was sleeping with. I told her '*look*, I don't want to get into this fight right now, the doctor told me to tell my partners, and since we had sex last week, I'm telling you, you should go and get tested, ok?' She said fine, or sure, or something like that, and then she hung up.

I was feeling good as new by that weekend, and I was back to the bars, and out at parties with my friends. I didn't tell anyone else about what happened, the guys didn't need to know, and before Tonya, I hadn't hooked up with any for 3 or 4 weeks. It was over so quickly, that was nice. (Long pause)

About three weeks later, I was at Yates, playing basketball. I was walking back with some of the kids from the game when my sophomore roommate Drew came up to me. We were talking; he seemed nervous. He was like "yeah, uh, man, I... I don't know how to say this, I've got some weird shit coming out of my dick." I was like, "dude, calm down, it'll be good." I told him what happened with me, with Tonya, the pain, how good the meds were, how quick it went away, everything. That's when he was like "Shit man, I slept with Tonya last weekend." Fuck, that's all I could think, Fuck. She didn't go get tested, she didn't get treated. And now she's still sleeping around. Fuck. Drew got

tested and got some meds the next day. Something like two days later, the Doc called Drew, and sure enough, it was Gonorrhea. Drew had told the Doc about Tonya, about what he thought, and he said that most girls, and some guys, show no symptoms at all.

That night we called Tonya up, we told her about Drew, and told her what the Doc said, that most girls show no symptoms. We told her to stop playing games, that she needs to go get tested. She said she would, this time we made sure. Her appointment was on Friday, me and Drew walked her to the clinic, sat down with her in the waiting room and made sure she went to see the doctor. Later she said she was sorry, she didn't know that many times, especially in women that these things don't cause any pain or pus or any other symptoms.

Drew's still with Tonya. She's applying to law school, so she keeps it casual, but I think they actually like each other. Whenever I see Drew now, I'm always ragging on him about it. I get tested now regularly. Shit, I was lucky it was on Gonorrhea, had it been something worse, something permanent, I would've been fucked. So now I use protection, I stay safe.

Doctors Info:

Gonorrhea is a sexually transmitted disease caused by bacteria. Gonorrhea can infect the throat, vagina, urethra, or anus. Gonorrhea can be transmitted through oral sex, vaginal sex, and anal sex. Luckily as you've heard in the preceding monologue, Gonorrhea can be completely cured with antibiotics. Symptoms of Gonorrhea start usually 2-10 days after exposure, and include discharge from the penis, anus, or vagina, swelling of the penis, and pain during urination. As you also heard, the vast majority of women, and some men, have no symptoms of Gonorrhea whatsoever. This is why it is very important to get tested for sexually transmitted infections every year. Untreated Gonorrhea in men can cause epididymitis, a painful condition of the testicles, which can cause infertility in men. In women, untreated Gonorrhea can cause miscarriages and infertility.

Chlamydia and Syphilis are similar sexually transmitted infections; they are also caused by bacteria. They are easily curable with antibiotics. But sadly, many times they do not show any symptoms until the bacteria have progressed throughout your reproductive system, your lungs, and even the brain, in the case of Syphilis. Syphilis killed Christopher Columbus and Al Capone. This is why it is very important that if you are sexually active that you should get tested for sexually transmitted infections every single year, if not every six months.

4) Baby:

I met Scott in early June the summer before my senior year. (Constantly running off to get baby). It was a Saturday night, and there were parties everywhere. I met him at a Porn Star Party on the Village A roof top. I was wearing knee high stiletto stripper boots, which made it really hard for me to walk all the way up to the Village A rooftops, and just this dress that barely even covered my ass. He was dressed as a utilities worker with a jumpsuit and a white t-shirt on underneath. His jumpsuit was opened and half taken off. He was the lusty workman at the Pornstar Party. I met him through Dan. Dan and I had agreed that we would be going home together, but then I met Scott. I saw Scott a week later at another party. We ended up going back to his place afterwards. I was working in DC in the summer and he was working and living in the SFS Frat House at the corner of 34th and Prospect. After the party we went back to the Frat House and ended up doing everything but sex sex, you know what I mean. Yeah... we did it on the couch, in the living room and in the hallway. I kept trying to leave, but I never got too far. (Smiles)

I had potlucks at my house every Tuesday night, and that Tuesday Scott came to one. After the potluck a whole group of us went out to see a movie. Then we came back to my place and we had sex... sex sex. Which was really amusing because Thursday., it's the summer, you know you see each other like every day, Thursday, I went out with a bunch of his girlfriends and he was going to meet up with us, but he was late, so I was chatting with them. Scott's friend Rich joked about us having sex on Saturday night, and I said haha, we didn't have sex (well, sex sex). One of his other

friends, Steve, said “well you know you won’t.” And I said, “won’t what?” “Yeah, he won’t have sex with you, because he’s Catholic. He doesn’t have sex.” I said, “Steve, we had sex Tuesday,” and that’s when Steve started flipping out. Steve was Scott’s roommate and best friend.

After that Thursday I made a comment to Scott, something like we never go out on a date. And he said lets go out on a Date. But then when the day came, he would forget, and then call me and say he’s really not interested in a commitment, but instead, we would flirt, he would call me, and then I’d call him, and then we would hook up. The 13th of July was somebody’s party; I can’t remember whose party. I had to work late that night, so I didn’t get home till midnight, and then I quickly got changed and ran to the party. Scott was already trashed when I got to the party. I walked him back to the frat house, but he was feeling frisky. His roommate was there. I said that I was going to go home, and he said, I’ll come with you. And I said you really don’t have to. And he said nah nah nah, I’ll come with you. And so he came back to my place. I had my own apartment at 35th and O st.

We had sex. We broke the coffee table. (Let me go get my baby.) The first time we had sex, we didn’t say anything about protection. I’m just used to the guy saying something, about putting on a condom or stopping before hand, or something. He didn’t say anything, and we just went for it. Afterwards I was thinking about it, did he put one on and I didn’t notice? I really didn’t have a clue. The 2nd time we had sex, on the 13th, I just let him go ahead. I didn’t think he would... cum... inside of me, I thought he would pull out. Cuz.... Well, that’s what his friends do. But he didn’t pull out.

Afterwards, we were lying there, on my bed. And he turns to me and says “I have three questions for you.” I don’t remember what all three of them were, but the first was “Do you have AIDS?” He asked me that afterwards, I said no, I would have told you if I did. And then he asked, “soo... you are on the pill, right?” And I said no, what makes you assume that. Then we fell asleep. The next week, he came over and we watched a movie, and then afterwards we went out to the Tombs, I was insisting that we would have an actual date.

We had sex the following week, and he broke up with me in bed, again. He said, “We really need to stop doing this, that this wasn’t going to work, and that I don’t want a girlfriend.” So I said, “Alright, I understand, but before you disappear from my life, you might want to know that I’m late... I’m 3days late.” That’s not a big deal; I’ve been a week late before. He flipped out, he went into shock, it was in the middle of July, and I live in a basement apartment in **DC**, do you *know* how hot it gets here in the summer? He started shaking with cold, and we had to turn the air conditioner off. “What are you talking about, what does this mean, what are we going to do?!” And I kept saying that I had been late before. He was just freaking out, and I was getting worried. I was just curled up in the corner of my bed. “I thought you were on the pill,” was all he could say. “We had this conversation last week, Remember, I’m not.” He finally fell asleep. He got up at 7am and left. So that was Friday night, and Scott spent the weekend catatonic, sitting in his room, staring at a wall. Sunday, or Tuesday, he snapped out of it and we went out to play darts with his friends. Afterward, he came up to me, apologized profusely and told me that he would be there for me. And that we would do this together,

and we would decide this together, he hugged me and held me, and insisted on tucking me into bed. And then he left, and that was the last time that he was nice to me.

We were both going into our senior year. He was studying international history, and I was studying history and psychology. We had our careers in mind. Neither of us had ever thought about getting pregnant.

That was Tuesday-ish, and I had an appointment the following Tuesday at the Student Health Center for a pregnancy test. But I couldn't take it anymore. I was working 60 hours a week, and I was exhausted all the time, I needed to know. So that Sunday, I ran down to CVS, grabbed a bunch of pregnancy tests, came home and took all three of them. All of them came up positive. I called Scott up and was like, you need to come over, and he said, "I just ordered a pizza," "you need to come over **NOW!**" He comes over and I had them all lying out in the sink. I said, "***Do you see two lines?***" He's like "yeah, shit, is that bad?" We sat down, and he started by saying that he had gone to see a priest who said we should give the baby up for adoption. And I told him flat out that I didn't think I could do that. I remember before when we were laying in bed, when we didn't know if I was pregnant and I know how pro-life he is, I asked him, "Would you want me to have an abortion?" And he said, "99% of me would want you to, but 1% wouldn't want you too, so I couldn't."

We went to church that night, and prayed. We went to Dahlgren, it was his idea. I'm not sure what he was praying for, but it seemed intense.

I went home that Wednesday and I told my parents then. It was the beginning of August. He had a week vacation planned for the summer, to go home and see his parents. Before he left he told me he was going to tell his parents. He gets back into Georgetown

and I don't see or hear from him for a few days. So finally, I called him, asking, "how did it go, how did it go?" And he said "Not well, they are very disappointed in me and they are very upset with me." But that was all he told me. He came over to my house a week later, and I said I can't give him up for adoption; I'm going to keep him. He just told me, "I can't be involved with that, I don't support that decision. I don't want anything to do with *it*. Don't tell anybody *its* mine." And I said people saw us dating, or whatever you would call that this summer. I'm not going to lie, I'm not going to tell anyone, but if they ask me, I won't lie, I will just tell them to ask you. And he said, "But that will tell them." And I said "deal with it." And then he walked out and I didn't hear from him for five months.

I was angry and bitter. I would see Scott on campus all the time, and we still had mutual friends, though they mostly stopped talking to me. I went to Health Education Services in Village C to see what they could do to help me through my pregnancy. I found that that they have a pregnancy house, but this was the beginning of the school year, so they had given it away about a week before. Nobody had been pregnant and applied before the deadline so they gave the house to some other students. They offered me a bunch of things, but I didn't really need them, like pregnancy tests. At this point I was more than positive I was pregnant. Then they told me of all the services that they had for me, like free diapers and formula, and the possibility of getting a stroller and other baby things. But at this point I was still pregnant, so I didn't them yet.

My teachers were great, especially after I finally told them. I missed a whole bunch of classes my first semester... hehehehe well, I missed a whole bunch of classes my whole senior year. And they were great, the teachers, I would have morning sickness, but I would only have morning sickness only about one day a week, but it would take me out the whole day, and I would just lay their on my couch. My teachers were great with letting me make up late work and getting the information from missed classes. Most of the time, I would just stop them after class. Usually after I had missed a class, I would approach the teacher and tell them that "I'm very sorry that I had missed last class. I am pregnant and had had terrible morning sickness. I promise I will make up any work missed." One professor was really nice, and he told me, "that's fine, my wife, when she was pregnant, she had terrible morning sickness, so don't worry about it!" They were great.

And the 2nd semester the teachers were even better. This time I didn't have to so much tell my professors more than just point to my stomach and show them that I was pregnant. But I missed a whole lot of classes 2nd semester. At one point Ben was sitting on my sciatic nerve, so I couldn't walk.

When I walked across campus, all I felt was that everyone was staring at the fat girl. I was the fat girl. On Georgetown's campus, it does not matter, if you are above a size 2, regardless of whether you are carrying a child, you are the fat girl. I was the only pregnant person on campus, out of 6,000 students; I was the only pregnant one. Oh Lauren, the pregnant girl? Oh, you, you're the pregnant one. Even when I come on campus now with Ben, and he's two years old, people will come up to me and be like, oh

your the pregnant girl, how are you doing? And I will introduce them to Ben and explain to them that I'm not pregnant any more, and now I have a child. You wouldn't believe how many abortions there on this campus. People used to come up to me and commend me for keeping him. And I wasn't pro-life at the time. I think it has something to do with the girls on our campus, and the guys, and everyone, being just so career-oriented. Other people were just so judgmental and appalled and horrified by me, but it's not like the rest of the campus is not out there having sex. Scott was so conservative, so his friends were all just so conservative and they would give me those looks of disdain. But the Knights of Columbus, once the next crew came on and they had a new president, whoever that guy was, was the son of a single mom, and he wanted to help me out and raise money for Ben, that was very touching. They were also upset with how Scott had acted.

As much as I paint Scott to be an asshole, I heard that he feels guilty for a lot of what happened. I know he is struggling, I've heard his friends tell me that he has gone to them crying. Some of his friends have also been giving him shit for his decision, and I haven't really heard any that have been completely supportive of his choices. He felt upset, because all of his friends were hooking up all the time and nothing ever happened to them. He didn't really date all that much, which was typical for Georgetown. He didn't usually go that far. I admit, he got screwed. I mean, I had sex at least 200 times as many times as he did. But he just felt that he didn't really have any responsibility in the whole thing, and that I was the one who decided to keep Ben so it was all my responsibility. He was really pro-life, and he was completely against abortion, and was pushing for adoption, which is really easy for him to say since he wouldn't have to go

through the 9 months of pregnancy and then give birth and then just give that part of your life up.

Scott told me that he didn't even want to be called when Ben was born. And so I called him from the hospital the day after Ben was born. And he said, "I know." And I told him that he and I were in the Georgetown Hospital, in Medic U, that he could come and visit, all he needed was a bracelet. He said, "Ok, I'll let you know." I needed him to fill out special paperwork for the hospital and the birth certificate. I called him to ask him to come do it, and he did not. I left a voice mail, and he didn't answer, and he never signed them. I have passed him in the hallways of Georgetown, on Campus, with Ben in my arms, and he never once looked down, he just stared straight ahead and didn't acknowledge me or his son. I remember I had a question about allergies, so I went up to him to ask him if he has any allergies, and I had Ben in my arms, and not once did he look at Ben.

That last month was the hardest. I remember that I would take Friday and Monday and the weekend off and go home to Virginia to be with my mom and the family. It was crazy. I remember walking him around Georgetown for 3 hours, so I could tire him out so he would go to bed so I could go to the library and work on a paper all night long. But I got it all done, and my GPA didn't even go down!

I'm lucky he didn't make me wear the scarlet A, but it felt like it. I have never been more miserable and alone in my whole entire life. Everyone was very supportive, but nobody can understand what its like to be 400lbs on the Georgetown's campus. It hurts to walk, you're alone, and it everyone was really staring at me, it wasn't just my

imagination. In class, I was too big for the desks; I couldn't fit myself in there. I wish Georgetown had a support group, or if there was someone else in my condition living in the Pregnancy house. I tried to find a support group off campus, but all I could find were support groups for girls who were pregnant and giving their child up for adoption.

(As long I can see him, then he's fine.)

As for the litigation, I made this contract saying that Scott wouldn't have to pay any child support and that he could legally give up custody, just so that in 10 years he didn't try to come back and take Ben. But afterwards, I had a lawyer look at it, and he said it wasn't worth the paper it was written on. So we tried to serve him at work for the child support case, but he works for the CIA now in Virginia and the work address that he gave was just a cover. He can't show his W-2s or any of his other tax forms, all he can say is that he works for the federal government. We went to court in May. He asked for a paternity test, which is what I expected, so we went for the test in June. He was really nice at the paternity test; he was making faces to Ben, playing with Ben. Then we went back to court in July and typical Scott, he didn't say a word the whole time, he didn't acknowledge Ben. The Judge ruled and now he pays \$825 dollars a month for child support. He mails it directly to us; with a nice little note every time, saying 'hope you and Ben are doing well', same note, every time. Basically he pays me 10,000 dollars a year for the next 17 years. When one of my friends heard this, they said, "Wow that's the most expensive sex that he's ever had." I notify him when the daycare goes down, and every year we exchange our W-2 tax forms to see if our incomes have changed at all. But other than that, no contact, Scott asked for **no** visitation whatsoever, **none**, he hasn't seen Ben, except for those two times in Court. I even wrote him a note when the daycare

changed, and I wrote to him, saying “you’re still welcome to visit Ben anytime you want, just to give me a call”, but he’s never called. His lawyer said to my lawyer, “its fine she’s young she’ll get married and her husband will adopt the boy.”

DOCTOR:

Ok, ok, ok, we need to make one thing very very clear, ok? Penetrative penile to vaginal sex can produce babies. I know, you think I’m crazy. You might have been told that babies come from the stork, or that they randomly appear in your mommy’s tummy, but no, I’m a doctor, and you’ve got to trust me on this one. Sperm, found in semen, or cum, is ejaculated from the man’s penis, and then travel up through the women’s vagina, past her cervix and into her uterus, where they meet and intercept an egg, and one happy little sperm fertilizes the egg. There is plenty of sperm in pre-cum, so even if the guy ‘pulls out’ before he ejaculates, the sperm in his pre-cum can just as easily fertilize an egg. Now, over the next 8-9months, the baby will grow in the women’s uterus. It is very important that during this time that you get regular check ups with your physician and receive all the prenatal care, medicine and vitamins that you need to keep yourself and your child healthy.

Georgetown University has a wide variety of Pregnancy Services. Step 1 is to go to Health Education Services, which is in Village C by the Village C alumni lounge. The person to talk to is Anjali Downs, who is charge of Pregnancy Services. Health Education Services provides free pregnancy test kits, along with a 24-hour emergency pager if you ever need to contact someone right away about being pregnant. Georgetown also offers on campus housing options, financial assistance, medical assistance,

counseling, referrals to other services throughout dc, and academic assistance when dealing with your deans or professors.

Now if a woman becomes pregnant, she has three choices. She can have abortion. She can carry the child till birth and then give it up for adoption. There are hundreds of infertile couples out there that are dying to have their own children, and a child with a Georgetown educated parent won't be on the market for to long I can tell you that. And the last option is to keep the child and raise it as your own, with a partner, by yourself, with the help of your parents or siblings, or in perhaps in a large commune using the skills and the ability of each person there to communally raise the child. There are plenty of options, and many services out there to help you and guide you through these difficult decisions.

The best thing a guy can do is to give her the support she needs, help her to find the resources there out there so that she can make an educated and informed decision, help her to find the counseling she needs so that she deal with the overwhelming flood of emotions. Ultimately, it is her body that will keep and hold a child for 9months, it will be her name that will be the first on the birth certificate, it will be her breasts that will continue lactating for the next year or two, so much of the pregnancy and birthing process causes so much physical and psychological stress on the woman while the man experiences only a fraction of the psychological stress.

No matter what the decision, unplanned pregnancies cause a whole array of physical and mental problems. Since these decisions are very difficult, it is a lot easier to prevent unplanned pregnancies. To prevent making babies, there are many things you can do. The first is abstinence, you can't get pregnant through bowling, watching movies,

telling scary stories, hugging, kissing, hiking, baking cookies, mountain biking, bungee jumping, cuddling or playing ultimate Frisbee. You can have oral sex, you can have anal sex, you can have mutual masturbation, and you can have frottage, which is vigorous rubbing to derive sexual pleasure. The only way for pregnancy to happen sexually is through penile to vaginal penetrative sex. There are even many ways penetrative penile to vaginal sex can happen with no babies occurring, such as using condoms correctly, birth control, a vasectomy for the gent, getting her tubes tied for the lady, and a few other birth control technologies.

5) Not all the Stories are Bad ones:

I was probably a freshman or a sophomore in high school, and I went into my mom's bathroom. She had her own bathroom attached to her bedroom. I was looking for Q-tips or something very innocent, and I saw she had Valtrex on the counter. I had seen the ads for valtrex on tv. You know the ones, with the cute couple walking hand in hand along the beach, as the sun sets in the distant. And as the couple twirls lovingly on the beach as the tide chases their feet, the narrator comes in and starts talking about their Genital Herpes. The whole thing ends with their loving embrace, in slow motion, as the narrator lists the possible side effects; painful urination, vomiting, diarrhea, fatigue, and others.

So I knew what it was, but I had no idea that my mom needed this, I flipped out. I had sex ed. And I knew that you couldn't give birth vaginally if you had herpes. But my brother and I were both given birth naturally, I knew you could pass it easily if there weren't sores, you always had to use a condom, and clearly a condom wasn't used because my brother and I were conceived. Immediately I began to think that one of my parents must have had an affair after we were born. I was totally panicked, and really upset by this because I've known my parents to have a happy marriage. Ummm, all I could think of were what I associated with Herpes, which were that they were so gross and so painful. Who would marry someone with herpes, who would give birth if they knew they had herpes. And if she really fucked up, and she had an affair, or my dad had an affair (gets caught up)...

Well anyways, I confronted her about it and I asked her about it. She was surprised, but she was very ummm... composed about it. She told me that this had

happened before she met my dad, and that she had asked her boyfriend at the time about his sexual history, and either he wasn't honest about his past or he just didn't know, but she is almost sure she can trace the herpes back to him.

The next question I asked was how she could give birth. She said that her doctor had told her that it wouldn't be a problem. Which seems scary to me now, knowing that you can get them in your lungs, in your throat, you can go blind. Then I asked her how it worked out that she and my dad got married, did he know. She didn't tell me everything that happened. She said one night, while they were still dating, she told him, just straight out. She only did it because it seemed like thing had gotten to that point. So she told my dad, and he just got up and walked out. She told me how she was in tears for 48hours. She went into work two days later. And on her desk was a huge bouquet of flowers. He said it was ok, and we can talk about this, we can work through this. And they did, they got married, and they are still in love today. My dad is pretty amazing. So that's my mom's story. She says the herpes are ok, that she can keep them under control. It's gotten to the point where she can predict herpes outbreaks before they happen. She was telling me about other friends in college and now who have herpes; some of her friends just lie in bed in pain when they have an outbreak. My mom is lucky that her symptoms aren't so bad, and that she found such a wonderful guy who loves her no matter what.

6) HIV

There is HIV at Georgetown. I am living proof of it. HIV is the Human Immunodeficiency virus. HIV kills my t-cells, which are the cells in my body, which fight illnesses and diseases. And once my immune system becomes too weak, I will get an opportunistic infectious and have AIDS (AIDS Chant). Let's hear everyone say AIDS! I have HIV. A normal t-cell count is around 1000; my t-cell count is at 250. The lowest my t-cell count has gone is 137.

You can't tell me from the crowd. The only thing you might notice is when I get sick, like when I got sick with pneumonia and had to leave Georgetown in the middle of a semester. It was February, and a cold was going around my floor. I ended up catching it and I thought that it would be gone in just a few days. I went and took an exam that week, not feeling at all better. It only got worse; I remember the day that I had to go to the emergency room. My insurance is military insurance, so I have to go to hospitals and to doctors on military bases. I had to take GUTS and then the metro, altogether that took me about 40mins to Naval Medical Center in Bethesda. When I went to the ER, they tested me and found out that I had pneumonia. But they didn't hospitalize me. So as much strength as it took me to get up there, I didn't know how I was going to get back to Georgetown. They didn't test me for PCP, they just gave me antibiotics and sent me on my way. PCP is Pneumocystis Carinii Pneumonia, when doctors first found AIDS, but before they didn't know exactly what it was, they were finding patients dying of very rare disease, the most common AIDS killer was PCP. I missed class for about 2 weeks. They told me to get a walk-in-appointment with my doctor, and so after struggling to get up to the hospital, and waiting to see my doctor, they told me she had no appointments

open for the day, and sent me home. The next week, I made my way to the hospital and filed a complaint. They gave me a new doctor, who deals with infectious diseases. She put me on 4 new drugs, so if you put all the drugs that I was taking together, I was up to 12 different drugs in my system.

I went to class for a week, but I was out of my mind, literally, with all the drugs I was taking on top of being sick. I was sitting there in class, taking notes, but I just wasn't there. After that third week of pneumonia, I realized I just had to focus on getting better. Leaving was kinda easy, but also really hard. Easy because I knew I had to do it. Hard because I felt like I was failing. I wasn't sure what my parents were going to think of it all. You know how much it is to move all your stuff out, I had to move everything I had, during the middle of the semester, while I was dead sick with pneumonia, out and move it to New Mexico. I don't ask for help usually, but finally, finally I did. I asked my mom if she could fly out and help me pack everything up and move. At first she said "no..." *yeah*, she said "your 20, your young, your strong, you can do it by yourself". I want people to acknowledge me as having HIV, as having this virus. Even my parents won't acknowledge it. I've heard that it's like that in Military families that they just don't talk about emotional things. I have a Godmother who lives in Fairfax, who has taken care of me since I've gotten here. She called my mother, and I'm not sure what she did, but she was finally able to persuade her to help me. Yeah... leaving was a good decision, rather than suffer and struggle through the rest of the semester, and I didn't want to have to worry about having to make up work. Even though my mom finally came out and helped me, I was still upset that she said no originally, and it really hurt. It makes it harder for

me now to ask anyone for help, friends, deans, disability services, because I'm afraid of being rejected like my mom rejected me.

It's finals season now, so I'm stressing out. I have the medication that I take, my antiretroviral meds. I had one more refill left, so I wasn't too worried about it, until I called in my prescription. I found out that my prescription had expired. There were two dates, and I wasn't sure which date was which, and I know they expire after a year, but my mind was on finals. I didn't have anything to take that Monday evening. Luckily I had made a phone call to my doctor's office on Friday to get my doctor to write me another prescription. My doctor did that, and I was able to pick up my meds on that Tuesday, so I only missed one day. The thing that worries me is that if I don't take my meds regularly, there is a chance that my HIV will become resistant to my medications and then I will have to take more and more powerful drugs. I take a combination of three drugs AZT, 3TC and abacavir. Its pretty low on the chain of drugs, AZT is the original drug, and my drugs are just a step above that. I take them twice a day. They start patients on antiretroviral meds after their T-cell count gets to 300. When they diagnosed me, my count was 188. Just by default, they started me on AZT right away. And when I got to Georgetown, I got a new doctor and a new prescription. When I got the new doctor, he looked at my prescription and said "Wow, you've been surviving on only one drug, that's not the way we do it anymore" and quickly prescribed me the other two. My insurance ends in May, so I might have mine extended until august. Especially since my drugs cost 700dollars a month.

I didn't date in High School, I was a real nerd. I met my ex-boyfriend when I was 17 and he was 23, he was my first boyfriend. When I broke up with him, he said "you are

going to kill everyone that you ever love.” He was manipulative, *we had had sex, but it was protected*. This was his last attempt to guilt me into staying with him. He started saying things like I had given him HIV. So I said, “Ok where’s the paper work, you got it, you got it?” When I never got it from him, the paperwork, I was like fine, goodbye; I don’t need this junk from you. He has made a few harassing phone calls to my dorm, and I ended up filing a report with DPS.

My boyfriend now is a guy that I met through the national leadership conference in 2000. He’s nice. He is only a year older than me, and he’s very understanding of me and my condition. He has already told his family about me, and they seem fine with it. I’m usually the one that tells people, so at least I could get some reaction from the people right away, but this time he told his family so I’m not *exactly* sure how they reacted. Actually, his mom had two friends who died of AIDS. On World AIDS Day, this past December first, I got to talk to his mother about it, and this was the first time that a person has talked to *me* openly and honestly about this, which is what I want. She said: “yeah when my son first told me about you, I was heart broken, because I thought of it as a death sentence. I am a mom, and when I lost two friends to AIDS, I instantly worried about my own children. And when I learned about you, I first worried if I should be disinfecting things in the house after you visit. But now that I watch you with my son, and what it is that you two do, I know that I do not need to worry.” I actually appreciated that kind of candor. Now she says “we love you like a daughter” which was really nice, because I don’t even get that from my own family. (Thoughtful pause, looks away)

I call my family often to tell them that I love them, because I know I'm living on borrowed time, I know there will be a day when I won't be able to tell them that I love them.

I tell boyfriends right upfront that I'm HIV+, just like I tell my friends. They know before the first date, because I'm friends with them before we start dating. I use protection all the time. Huh, its funny, no doctor has ever sat me down and told about safe sex. They never told me how to stop transmitting HIV. I learned on my own, I did my own research. And it's pretty much common sense. HIV positive people can have sex too, and we do, we just have to take extra precautions. I hear a lot of guys and girls talking about condoms, and they are always like, oh yeah, they don't feel good, or they are cumbersome. Let me tell you something, condoms are definitely a heck of a lot better than having HIV, or Chlamydia or genital warts. Condoms are better than taking 3 different drugs twice a day, every day for the rest of your life. Condoms are definitely better than worrying that every time you get sick, every time you get a cold, that this could be it, this could be what finally kills you. At least you are still having sex.

Sometimes I think that they might not find a cure for AIDS, but now I realize, no matter how much money and effort they put into finding a cure, you just can't pay someone to care. I think that's really the benchmark of attacking this disease. We have had this virus now for 20years, and you can educate people until they are blue in the face, they don't necessarily have to do anything with it, like change their behavior. The virus mutates so much, has so many different subtypes, that's why it's so hard to find a cure or create a vaccine. I know now that HIV is not the biggest problem, it is apathy. I've heard that there are other kids who have HIV on campus, but I've never met them. I hear

that they aren't as open as I am. That's a shame; it's not going to kill you to be open about it, it's not going to kill you to talk about it. A lot of things are not going to kill you, and that's something that Georgetown students need to figure out, getting a B on test is not going to kill you. Having unprotected sex and getting HIV that will kill you. If you can't talk about condoms, and if you can't talk about HIV and other STDs, then how are you even ready to have sex? How can you actually go and do it, in silence. It's interesting. (PAUSE) Students here at Georgetown, they talk about politics, they talk about art, they talk about this that and the other. But they don't talk about themselves; they only say what they are going to do for the world, or how much money they are going to make. But they don't talk about what's happening to them, now, here, in this world, on this campus. Oh, you want to know how I got it?

I was 8 ½ when I was told that I had HIV. It wasn't until I was 14 or 15 before I really grasped what HIV is. I got it from a blood transfusion from when I was 6 weeks old. My twin sister and I were born 12 weeks premature; at 6 weeks old we both needed blood transfusions. We were given blood from different supplies, and mine happened to be from an HIV+ man. This was before blood was tested for HIV. I was accidentally tested for HIV before an eye surgery I had in December of 1991. When I was told in 1992, this was still the time when people thought you got HIV through gay sex or drug use, women and children were the forgotten demographic. I had already had HIV for almost 9 years now, and it was believed that usually by 10 years HIV would develop into AIDS.

Right after the doctor told me I was HIV+, I turned to my mom and said, "Mom, am I going to die?" And she just started crying and my sister; this is what my sister said

“Ha-ha, you’re sick.” I didn’t understand really, and my sister definitely didn’t understand, but my parents knew that it was a death sentence. All I could think about was the news I heard about Magic Johnson, and he and I were diagnosed the same month, he was still alive, and he is still alive. My doctor told me, and just hoped I would understand, but those were high expectations for an 8year old. Every time I would go for a sleepover, my parents would have to debrief the other parents about me and my condition. My mother and my father would just tell me that they talked *about* me to the other parents, or doctors, or teachers, but they would never tell me what they were talking about. They thought that talking *about* me was the same thing as talking *to* me, but it’s not the same thing. Now I realize that they were trying to protect me. A lot of other first generation HIV+ people, like Ryan White, had a lot of horrible things happen to them, death threats and house fires. My parents were afraid that the same thing would happen to them, to us, if news about me got about out. It was all just very hush hush. It was that way until I was about 15 or 16 and I found the Internet and I was able to educate myself. I wanted to get out of the environment of what my parents knew and I wanted to learn as much as I could, because I didn’t want to be bound by someone else’s ignorance and I find that a lot in our society, a lot of people are bound by the ignorance of others.

Most of the people in my situation are already dead, if not they have AIDS. I know of 3 people, 4 including myself, that are first-generation HIV survivors, like 1980’s the first cases of it. It’s crazy to think; one of 12 adults in Washington DC is living with HIV.

There is a lot of mental stress and anxiety, but physically, you can’t tell, I look as healthy as every other Georgetown student. You just can’t tell. I was talking to the wife

of U Maryland's football coach, and when I mentioned that I had HIV for 21 years, so she looks at me and says "How old are you?" And when I said 21, she said, Good, because if you had told me 41, I would have said "God you look good".

I am applying for Grad Schools now. And I'm applying as a disabled student. My t-cell count is 250. I'm still taking 2 pills once a day. I'm still hopeful for my future. I still worry with every cold I get or with every doctor's visit, that this could be *it*, I could have developed AIDS. And on the outside, I'm just still your typical Georgetown student, I still look healthy, and I might even be the girl sitting next to you in a lecture.

Doctor's Info:

HIV and AIDS are still epidemic here, in the United States and Washington DC. What was started as GRID, the Gay related cancer, to a virus for IV drug users. The epidemic is raging in the US now through transmission by heterosexual sex. Women, especially women of color, are the fastest growing group contracting HIV in the US. The statistics are staggering. 1 in 13 black women in the US have HIV. Washington DC is the hardest area hit with the AIDS epidemic. 1 in 20 adults in the District of Columbia is HIV positive. The AIDS rate in DC is 10 times the national average. And as you have heard tonight, HIV is here, at Georgetown.

HIV (Try to get the audience to answer what it stands for) is the Human Immunodeficiency virus, which causes AIDS, the acquired immunodeficiency syndrome. HIV kills your t-cells, your white blood cells that you need to fight off infections. A normal t-cell count is around 1000. HIV becomes AIDS when so many of your t-cells are killed off that infections that your body could normally fight off, such as rare types of pneumonia like PCP or cervical cancer for young women, are powerless to protect you against. These are called opportunistic infections. It is from these opportunistic infections that the majority of AIDS patients die.

But HIV is a very deceptive virus. A few moments out of the body and the virus will die. HIV is not like other epidemics, smallpox, the bubonic plague or malaria, which are carried through the air, or by mosquitoes. It is found in bodily fluids (Who can name me one of the five basic fluids?), in blood, in semen, in vaginal fluids, in pre-cum and in breast milk. Yes, breast milk. Breast milk has the highest percentage of the virus, higher than any other bodily fluid. Children whose mothers are HIV+ are only born with HIV about a third of the time. With antiretroviral therapy during pregnancy, we have been able to bring down the transmission from mother to child to less than 1%. The majority of children with HIV get it from their mothers while breast-feeding. HIV is a terrible virus, which tears through your body, turning your body against itself.

But HIV is a virus that is mostly powerless. Unlike other viruses that fly through the air, infecting people at random, we have to transmit HIV, there has to be a direct action, an exchange of fluids for HIV to be contracted. HIV cannot be transmitted through holding hands, through hugging, through kissing, through wrestling. HIV can be transmitted through IV Drug use, through anal sex, through vaginal sex, through birth, through breastfeeding, through transplants, by getting a tattoo, and other activities where the blood is mixed or the different fluids are mixed and transferred from someone who is positive to someone who is negative. No studies have proved transmission through oral sex, but doctors suggest not to floss before oral sex, and try to keep the exchange of fluids as low as possible.

Now why the increase in women for HIV? And why are women more susceptible to STIs? Women are biologically more susceptible to STIs, just by the fact the woman's vagina receives the semen, and is a larger opening than the man's urethra. But also sociologically, women tend to have sex at a younger age, tend to have sex with older guys who have already had many partners. And just the way our prevention technology is set up, a condom is for a man, he has to decide to wear one, the condom goes on his penis, there are female condoms, but right now they are one size fits all, and expensive.

If you are an HIV+ student at Georgetown, you should seek assistance through Disability Support Services, which is part of the Academic Resource Center. You don't have to register with disability services if you don't want to, but if you do, it's the

university's way of saying that you do have special needs and that these needs might affect your ability to be a student. In the case of this monologue, she was undergoing both a lot of physical ailments but also a lot of psychological stress. If she had registered with disability services, she would have an advocate in the administration, helping her to explain her situation and to her deans and her professors. To register as a student with a disability, you just go to the Academic Resource Center and ask to talk with Jane Holahan, the Associate Director. She is a very nice lady, whose job it is to be a supporter for students with disabilities, from HIV to physical disabilities, to ADD or bipolar. Once you talk with her, she will give you guidelines for your doctor to use to document your disability. Once you return the documentation to Dr. Holahan, then you will be registered as a student with a disability.

The best thing about being registered as a student with a disability is that only one person in the administration will know what the disability is, and that's Jane Holahan. If your disability is causing you to have problems in a certain class, and you need your professor to take this into account when you are turning in papers late, or missing classes because of health reasons, then just talk with Dr. Holahan, and she will give you a letter from disability services that documents your disability and outlines reasonable accommodations. In turn, you provide this letter to your professors who will take this into consideration, such as frequent health absences, etc. But the professor never has to know what the disability is, only that there has been one documented by the university. This is great, because there is still a lot of stigma attached with HIV and with other disorders as well, so this way students can still get the help they need, while remaining anonymous.

7) Abstinence and Condoms

Abstinence is the voluntary refraining from a certain thing, such as sex or alcohol or drugs or cookies, etc. Abstinence from sex is the best and most effective way to protect yourself from unplanned pregnancies, sexually transmitted infections and HIV. You can play video games, watch movies, make out, go kayaking, bake some cookies, tutor, go see some museums, go hear a show at the Kennedy center, go to the annual rodeo, go bowling and you will be safe from unplanned pregnancies and STIs (let's hear 5 more options from the audience). Abstinence and Virginitly have nothing, nothing to do with each other. Someone can decide at any moment that they want to Abstain from sex, from hooking up, for as long as they want, till marriage, till they find their love, till the end of Ramadan, till the end of Lent, or until next weekend.

Now what is the controversy surrounding Abstinence? For 2005, Bush has proposed 270 million dollars for Abstinence only education. Under federal requirements, Abstinence only education programs are not allowed to teach any methods to reduce the risk of pregnancy or HIV/AIDS other than abstaining from sex until marriage. First, this assumes that everyone is allowed to marry whomever he or she wants legally. Secondly, this education is not comprehensive, and does not take into account pressures to have sex, or the fact that people are marrying later and later in life.

Columbia researchers studied Abstinence only education programs, and the students who participated in such programs. The researchers found that while virginity "pledge" programs helped some participants to delay sex, 88% still had premarital sex, and their rates of sexually transmitted diseases showed no statistically significant difference from those of nonpledgers. Virginity pledgers were also less likely to use contraception when they did have sex and were less likely to seek STD testing despite

comparable infection rates.³ Similar rates of STDs, more likely to have unprotected sex, and less likely to seek STD testing.

In contrast, comprehensive sex education that both encourages abstinence and teaches about effective contraceptive use has been shown in many studies to delay sex, reduce the frequency of sex, and increase the use of condoms and other contraceptives.⁴

Lastly, different companies that make Abstinence only education for our public schools were studied. The 13 most popular programs were studied, and 11 of the 13 contained false information.⁵

Many of these programs distort the effectiveness of contraceptives, specifically condoms, claiming that condoms are only 69% effective.⁶ In reality, the CDC has proven that condoms are 98-100% effective at the prevention of pregnancy and HIV. In a two-year study with couples where one partner was HIV+ and the other was not and the couples used condoms properly for every act of sexual intercourse, there was not one uninfected partner that became infected.⁷ Condoms are effective in preventing HIV, unplanned pregnancies, and a few other STIs, such as gonorrhea, Chlamydia and syphilis.

(CONDOM DEMONSTRATION!)

One curriculum states that touching another person's genitals can result in pregnancy.⁸

³ Ceci Connolly. "Teen Pledges Barely Cut STD Rates." Saturday, March 19, 2005; Page A03 <http://www.washingtonpost.com/wp-dyn/articles/A48509-2005Mar18.html?nav=hcmodule> and Waxman, Henry. "The Content of Abstinence Only Programs" United States Representatives Committee on Government Reform. Dec 2004. <http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf> pg 4.

⁴ Ibid

⁵ Ibid pg 7

⁶ Ibid. 8

⁷ Centers for Disease Control & Prevention. *Condoms and Their Use in Preventing HIV Infection and Other STDs*. Atlanta, GA: Author, 1999.

⁸ Waxman, Henry. "The Content of Abstinence Only Programs" United States Representatives Committee on Government Reform. Dec 2004. <http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf>

One curriculum teaches that women need “financial support,” while men need “admiration.” Another instructs: “Women gauge their happiness and judge their success on their relationships. Men’s happiness and success hinge on their accomplishments.”⁹

One curriculum tells youth that a long list of personal problems—including isolation, jealousy, poverty, heartbreak, substance abuse, unstable longterm commitments, sexual violence, embarrassment, depression, personal disappointment, feelings of being used, loss of honesty, loneliness, and suicide “can be eliminated by being abstinent until marriage.”¹⁰

One curriculum lists exposure to sweat and tears as risk factors for HIV transmission. Another curriculum states “twenty-four chromosomes from the mother and twenty-four chromosomes from the father join to create this new individual”; the correct number is 23.

We cannot rely on others to educate us. We have to educate ourselves, if you are going to be sexually active; there are hundreds of resources for you to use to educate yourself. I’ve put some resources on those handouts, but go out there and look for some more information. This doesn’t just apply to sex, if you are going to drink, educate yourself, and figure how to do it responsibly, because chugging some water now again while you are out is a heck of lot better than a hangover the next day. Same thing goes for dieting, weightlifting, and using other drugs, if you are going to do something, educate yourself how to do it safely and healthily, this is the only body you have, take good care of it.

⁹ Ibid. pg 16

¹⁰ Ibid. pg pg 21

8) Hook Up Tango:

(The contract is found at the end of this, it will be a hand out made for all the audience members).

Kissing as they are entering into the room. (both stumbling, visibly drunk, he's still got a red plastic cup in his hand)

Josh: Wow, you've got a nice room here, is your roommate around?

Stacy: She's gone for the weekend, now shhhhhhhh.... (she turns on some music, it's the tango). (Stacy grabs Josh by his jacket, as they dance/twirl/tumble across the room.

Stacy has been in the lead throughout the most of it, so Josh scoops her off her feet, and throws her onto the bed, he quickly mounts on top of her. They kiss, but Stacy pulls a sweet move, and flips Josh onto his back onto the bed. Now she's on top.)

Stacy: This is hot, but we need to talk. Before we get started, we need to fill out the Contract

Josh: What? Contract, what contract?

Stacy: The hook-up contract (she whips out a contract from inside the bed).

Josh: What's a hook-up contract?

Stacy: It's a form that helps us communicate about our hook-up. Why start blindly ripping each other's clothes off, when if we talk about it before hand, we can make it safe, and a heck of a lot more fun.

Josh: (Leans into to kiss her) fun eh? Well, I'm always up for something new, let's get started, (some more wrestling on the bed).

Stacy: Ok, name 1: That'll be me, Stacy Ann Sullivan. And name two, John... no wait, let me guess, John Simpson?

Josh: Uhhh... its Josh Nestor, from your Problem of God class, freshman year, I sat diagonally 3seats away from you.

Stacy: Oh, right right right right.... Ok, let's get this thing started. To be completed before any sexual activity: Number 1: What state, physical, emotional, psychological state, are we in, Check all that apply: Drunk, tipsy, soused, coked out, cracked out, On roofies, tripping on E, on GHB, emotionally needy, horny, randy, overcome by guilt, have an insatiable need for revenge, married, engaged, dating someone else, and/or living a celibate lifestyle (priest, nun, monk, etc.) Well, I'm pretty drunk, so let me check that.

Josh: Wait wait, wait, what are these things in bold?

Stacy: Oh yeah, glad you asked, those are things that are emboldened because they are high-risk behaviors. Like in this first one, GHB and Roofies are highlighted because they are date rape drugs. Now the frustrating thing with them is that they are odorless, colorless and mostly tasteless. So I just don't leave my drink lying around, and I make my own drinks, or drink what I can straight from the keg.

Josh: So that's the kids call you Lil' Chuggers. I'm pretty tipsy, so let's check that, but I'm kinda emotionally needy, I'm not gonna lie. My girlfriend broke up with me two weeks ago. And I went from constant human affection everyday, to nothing.

Stacy: Got it, ok, question 2, How many sexual partners have you had? To make it clear, let's do oral and penetrative sex. I'll go first, oral sex, I think about 10, and penetrative sex, 3 partners. I always used protection for penetrative sex, but never for oral sex.

Josh: wait why would you need to use protection for oral sex?

Stacy: So, one of my friends went to student health center cuz she had a bad sore throat, she thought it was strep. Turns out she had oral gonorrhea! Yeah, there are a few other stds that you can get orally, like herpes, genital warts, gonorrhea, Chlamydia. I know I should use protection, but I try to reduce my risk by not flossing before oral sex and also by not swallowing the guys cum. Luckily, the risk for HIV from oral sex isn't that high, unless I was bleeding in my mouth and the guy came into my bleeding cut. How about you?

Josh: Wow, huh, I didn't know that at all. Umm, well, I've had oral sex with at least 20 different girls, and I've had sex sex with 5 girls. And the oral was never protected and the sex, well, I always used a condom until my girlfriend got on the pill. Once I knew she couldn't get pregnant, I didn't worry about anything else.

Stacy: There's a lot more to worry about, check out #3, when was the last time you were tested for sexually transmitted infections? I get tested every year when I go see my gynecologist, she just swabs my cervix as she checks everything else down there. Oh and here, (hands over a yellow sheet).

Josh: What's this?

Stacy: It's the results from my last tests; check it out, negative for HIV, Herpes, Gonorrhea, Chlamydia and Syphilis. I had gotten Chlamydia before from my last long term boyfriend, but my gynecologist caught it right away, and after a few doses of antibiotics, I was perfectly fine, see, I'm negative now for it. How about you?

Josh: Well.... Umm, I've never been tested...

Stacy: Wait, what, why?

Josh: I've never felt anything... down there, you know. I haven't had any symptoms, so I never felt like I needed to.

Stacy: Well, that's no excuse; many STIs show no symptoms whatsoever, especially HIV. You can't feel cavities, but we still go to the dentist every 6 months. For guys, it's a little different. You can get tested by going to the student health center, or your family clinic. When you call the clinic for an appointment, you can ask to get tested for STIs, or you can just ask for a regular physical exam, or a check up, and when you see your doctor, you can ask them directly to get tested for different STIs. It's a lot easier for guys, all you have to do is pee into a cup for Gonorrhea and Chlamydia, where for girls, they actually have to swab the cervix... yeah, down in there. The syphilis and HIV, they probably just take a little blood, don't worry its not that bad. If you want, I provide you some moral support. You should get the results back in 2 or 3 days, and I know the waiting sucks. And if you want to talk to someone about the results, just give me a call, I remember how much I was freaking out about the Chlamydia, but it turns out that it wasn't as big a deal as I made it out to seem.

Josh: But won't my parents find out? My parent's love me, but I'd rather that they didn't know about my sex life.

Stacy: Yeah, if you go to those clinics, the information will show up on your insurance, and you run the risk of your parents seeing. Don't worry, DC has plenty of confidential STI clinics. You can get all the same tests done at the Whitman-Walker Clinic, without using your insurance, and its free if you make less than 20,000 dollars, but be nice and bring like 20 dollars or so to donate to them, cuz under the current administration, they are hurting for funds.

Josh: Sounds like a plan, hey wait, why are these STIs highlighted?

Stacy: Oh, because HPV, Herpes, and HIV have no cure, and once you contract them, you will have them for the rest of your life, but you can treat their symptoms. Item number 4, What will we do tonight, and how far will we go? Check all that apply.

Josh: Wait, wait, wait, you want to go on even though I haven't been tested.

Stacy: Don't worry, there are still lots of fun activities that are safe that we can enjoy.

Josh: Such as?

Stacy: well, lets read the contract (dance music gets louder), Boob Grab, Ass Grab (slaps his ass, he slaps hers), some wrestling, and some mutual masturbation, sound good?

Josh: Can we add some sexy dancing, nipple sucking, and some cuddling for afterwards, and if we do this, we'll be completely safe?

Stacy: let me check those, well, you can't be completely safe, especially with herpes and genital warts, because they are spread through skin to skin contact. Haven't you ever heard the rumors of the guy's high school wrestling from two towns over that all got herpes just from wrestling each? It's kinda like that, but as long as we check each other for open sores and warts, we can reduce our risk. But remember, this is our only life to live, and you can get a cold with every hand you shake, so are you going to stop shaking hands, or will you take the necessary precautions, like washing hands and have enough cough medicine laying around if you do get sick. Only one of these STIs will kill you, that's HIV, the rest of them, if tested for, can be treated or cured, that's why its important to get tested every year. But as for HIV, all the stuff we've selected for tonight's entertainment, there is almost no possibility of contracting HIV. Number 5, what toys and objects should we include?

Josh: Mmmmm, do you have any chocolate covered strawberries? I'm fucking starving. Oooo, and can I see that sexy French maid costume?

Stacy: Let me get the strawberries, and I'll only wear the sexy French maid costume if you wear the sexy fireman costume.

Josh: Deal, (they shake hands)

Stacy: Its over there in that closet, also pull out whatever other fun stuff you want to include. (Stacy exits to stage left, Josh to stage right) Find everything you need?

Josh: Everything and more!

(Stacy returns to the stage, wearing the sexy nurse outfit, feather duster in one hand and a silver plate of chocolate covered strawberries in the other)

Stacy: (in breathy southern accent) Gasp, it seems like there's a fire in our apartment, oh no, if only there were a big strong fireman who could come and help save me and my delicious, delicious strawberries.

Josh: (jumps onto the stage, wearing bright orange and yellow fireman pants, and the red suspenders, no shirt or jacket. He also has an eye patch, a pirate's hat, a hook)
YARRRRRRRRRRRRRRRRRRRRRR... First I needs me booty (Grabs Stacy, twirls her until her back is to him, pulls her close to him, then reaches around her and grabs a strawberry) mmmm, booty. (Twirls her to the bed) So anything else on that contract of yours? What protection will we take?

Stacy: Well, we don't need to worry about that because we've decided to have only mutual masturbation.

Josh: so that only leaves afterwards.... I want some cuddling, can I spend the night?

Stacy: Sounds good to me, my roommate won't be home until tomorrow night.

Josh: Let's see, feel horribly, awkward, brag to your friends, become fuck buddies, hmmm, how about this last one, sounds crazy, but you want to give it a shot?

Stacy: Go out on a date, I would love to, you're crazy enough to go through this contract with me, and I respect anyone who will go and get tested for STIs. Now put your email here, and phone number, and sign here. (Josh signs, Stacy signs after).

YARRRRRRRRRRR... (Grabs the pirate hat and puts it on), let's get this ship sailing!
(Lights fade out).

HOOK-UP Contract

DATE _____

Name 1 _____

Name 2 _____

Names 3, 4, 5, 6, etc (as needed) _____

To be completed **before** any sexual activity:

1) What state (physical, emotional, psychological) are we in (Check all that apply):

- Drunk Tipsy Soused High Coked Out Cracked Out **on Roofies (Rohypnol)*** Tripping on Ecstasy (E, XTC) **On GHB (Liquid Ecstasy)*** Emotionally needy Horny Randy Overcome by Guilt Insatiable need for Revenge Married Engaged Dating Someone else Celibate lifestyle (Priest, Nun, Monk, etc)

2) How many sexual partners have you had?

Partner #1: 0 1-3 4-10 **11-35** **35-75** **75-200** **200-1000+***

Did you use Protection: Always **Most of the time** **Sometimes** **Never***

Partner #2: 0 1-3 4-10 **11-35** **35-75** **75-200** **200-1000+***

Did you use Protection: Always **Most of the time** **Sometimes** **Never***

Partner #3: 0 1-3 4-10 **11-35** **35-75** **75-200** **200-1000+***

Did you use Protection: Always **Most of the time** **Sometimes** **Never***

(Etc. for all other partners involved)

3) When was the last time you were tested for Sexually Transmitted Infections (STIs, aka VD)?

Partner #1: Date: _____ Results? (Check all that apply)

- HIV/AIDS*** **HPV (Genital Warts)*** **Herpes*** Gonorrhea
Chlamydia Crabs (Genital Lice) Syphilis Trichomoniasis Scabies
 Hepatitis A or B

Treated? _____ With what? _____ Dosage/ Length of Time

Partner #2: Date: _____ Results? (Check all that apply)

- HIV/AIDS*** **HPV (Genital Warts)*** **Herpes*** Gonorrhea
Chlamydia Crabs (Genital Lice) Syphilis Trichomoniasis Scabies
 Hepatitis A or B

Treated? _____ With what? _____ Dosage/ Length of Time

Partner #3: Date: _____ Results? (Check all that apply)

- HIV/AIDS*** **HPV (Genital Warts)*** **Herpes*** Gonorrhea
Chlamydia Crabs (Genital Lice) Syphilis Trichomoniasis Scabies
 Hepatitis A or B

Treated? _____ With what? _____ Dosage/ Length of Time

(Etc. for all other partners involved)

4) What will we do tonight, and how far will we go? (Check all that apply)

Remember, set definite boundaries and barriers **before** beginning any sexual exchange.

- Light Kissing Heavy Kissing (French) Heavy Petting Boob Grab

Ass Grab

- Back Rub Massage Sensual Massage Sensual Massage with Oils
- Wrestling Naked Wrestling Hickeys above the Belt Hickeys below the Belt
- Nipple Sucking/Licking Sexy Dancing Stripping Mutual Shower Cuddling
- Light Bondage (Scarves/Ropes/ Handcuffs) Heavy Bondage (S+M/Leather/Whips) Mammary Sex (Tittie Fucking)
- Solo Masturbation Mutual Masturbation Circle Jerk Teabagging **Urine Play** **Rimming (Oral to Anal sex)**
- Oral Sex on a Man (Fellatio)** **Oral Sex on a Woman (Cunnilingus)**
- Oral-Anal sex (Rimming)** **Mutual Oral Sex (69ing)** **Penetrative Sex (Penile-Vaginal/ Penile-Anal)** **Specialty Penetrative Sex (Dirty Sanchez etc.)** **Ejaculatory Showmanship (Bukkake, Money Shot, Facial etc.)** **Ingestion of Ejaculatory Fluids (Pre-cum, Semen/Sperm, Female Ejaculation etc)**

5) What toys and objects will we include? (Check all that apply):

- Sexy Lingerie French Tickler Hot Oils Hot Wax Whip Sling
- Flavored Lube Sexy Nurse Costume Sexy Fireman Costume Chocolate
- Chocolate covered Strawberries Fresh Fruit Licking Ice Cream Dildo
- Vibrator Feathers Water Ninja Mask Stuffed Animals Whipped cream

6) What will we remove? (Check as you Progress)

- Shoes Hat Winter Coat Rain Coat Light Jacket Tie Necklace
- Earrings Socks Vest Fedora Glasses Watch Rings Wooden Leg/ other prosthetics Hair Elastic Ninja Mask Other Costumes
- Sweater Cufflinks Hook Overshirt Athletic tear-away pants Wig/Toupee
- Under Shirt (wife-beater) Pants Skirt Dress
- Hoya Booty Shorts Stockings Brassiere (Bra) Boxers Briefs Boxer-Briefs Negligee

- Panties Thong Monocle Fake Nails/Eyelashes

7) What Protection(s) will we take?*

- Condom **the Pill** **Vasectomy** **Tubiligation** **Novo-Ring** Female Condom Dental Dam **The Patch** Spermicidal Condom **Diaphragm** **IUD (Intrauterine Device)** **Depo provera (shot)** **Plastic Bag over Penis** **Cervical Cap** **Sock Over Penis** Non-penetrative Sex **'Pulling out'** Only Mutual Masturbation

8) Afterwards..... (Post Coital):

- Cuddling Spending the Night Order Pizza Order Chinese Order other Take-Out Sleep on the Couch Sleep in my Bed Sexile my roommate Feel Horribly Awkward Pretend not to See/Recognize Each Other Brag to your Friends Make Breakfast (Pancakes, Granola, Juice) Become Friends Become F*ck Buddies Become Friends with Benefits Go on a Date

9) Things to Exchange (only if you want):

Email: _____

AIM (or other): _____

Phone Number: _____

Address: _____

Zodiac sign: _____

I, the undersigned, agree to enter into the above declared positions and situations, and that I have truthfully (to the best of my knowledge) declared my present STI status.

Partner #1 _____

Partner #2 _____

Partner # 3 _____

(Etc. for all other partners involved)

Date: _____ -

These indicate high risk behaviors.

#1, remember that all drugs hinder your ability to make smart decisions. Those drugs highlighted in #1 are known as Date Rape Drugs because of the memory loss and passive state that they cause the taker.

#2 Remember, the less amount of sexual partners they have had, the less likely they will have an STI, and also the more consistent use of protection during sex, the less likely they will have an STI.

#3 There is no cure for HIV/AIDS, Herpes, and HPV (Genital Warts). Remember, if you are sexually active with more than one partner, you should be tested for STIs at least once a year, think of it like a dentist's visit. Remember, many people are asymptomatic, or can go through long periods of time without symptoms, so you can't just look at their genitals to determine if they have an STI.

#4 Penetrative Sex, especially without any form of protection, has the highest risk of STI transmission. With Oral Sex, studies have also found risk of STI transmission.

#7 Condoms, Female Condoms, and Dental Dams, if used properly, have been proven effective in the prevention of STI transmission. Those things underlined are measures to prevent unplanned pregnancies. The things in bold but underlined are measures to prevent against pregnancies but will not protect either party from STIs.

Sexually Transmitted Infections (STIs) and pregnancy are one of the biggest health concerns for young adults. Every year there approximately 15million new cases of STIs, two-thirds of which occur in people who are 25years and younger¹¹. Although Georgetown University is the nation's oldest Catholic university, there are still significant numbers of STIs on campus. Around 5-6% of the undergraduate population are currently infected or have been infected: including .5% with HIV, 1% with Genital Herpes, 1.5% with HPV, and .5% with Chlamydia¹². This is just the numbers of students who actually were tested to be diagnosed with these. Also, 2.1% of women who reported having vaginal intercourse within the last year experienced an unplanned pregnancy from this¹³.

Era of Complacency

Healthcare providers at Georgetown agree that current students enter college with less knowledge of sex and sexual health than students a decade ago. Lawrence Gostin points to this emerging complacency he has observed, particularly with the HIV epidemic. During the early 1990's, the government and the people finally appropriately engaged the AIDS epidemic in the US. Rates began to decline in the mid to late 1990's. Because of this, people assumed that the quest against AIDS was successful, and less

¹¹ "STD Statistics" American Social Health Association. 2005.
<http://www.ashstd.org/stdfaqs/statistics.html>

¹² "Georgetown University Executive Summary: National College Health Assessment" American College Health Association. Spring 2004. pg 4.

¹³ Ibid. 11

funding was allocated for AIDS programs as well as less attention was given to it in the media. In the late 1990's, the HIV rates began to rise again and HIV infections are still on the rise, targeting "middle-class gay white males", but now "African Americans, Latinos, the poor, and people living in inner cities."¹⁴

The most dramatic example of this complacency and ignorance was during the Vice Presidential debates, when Vice President Cheney acknowledged his ignorance of a growing AIDS epidemic in the US. "I have not heard those numbers with respect to African- American women. I was not aware that it was -- that they're in epidemic there, because we have made progress in terms of the overall rate of AIDS infection."¹⁵ But the AIDS epidemic continues to grow, partially because of this ignorance. Washington DC has the highest rate of HIV in the nation, conservative estimates believe that 1 in 20 adult in the District are HIV positive.¹⁶

Gostin prescribes, "The only vaccine is education"¹⁷. The current administration is expressly pushing abstinence only education. The lack of effectiveness of these programs and the incorrect information expressed in 11 of the 13 most popular abstinence only education are detailed in the section on Abstinence and Condoms. Many students at Georgetown University come from Catholic schools, which are notorious for providing little to no sex education. Georgetown University itself has no mass campaigns to deal with sexual health. Because of Georgetown's Catholic tradition, condoms are not allowed on campus, and sex and sexuality are still seen as taboo. But this does not stop

¹⁴ Gostin, Lawrence. "The AIDS Pandemic" University of North Carolina Press. Chapel Hill. 2004. xxviii.

¹⁵ Dick Cheney. "Vice Presidential Debate" October 5, 2004. http://www.washingtonpost.com/wp-srv/politics/debatereferree/debate_1005.html

¹⁶ "Profile of Epidemic" Whitman Walker Clinic AIDS Services. http://www.wwc.org/hiv_aids_services/statistics.html

¹⁷ Gostin, Lawrence. "The AIDS Pandemic" University of North Carolina Press. Chapel Hill. 2004. pg 25

students from having sex; around 66% of students reported having at least one sexual partner in the last school year.¹⁸

The administration of Georgetown is not offering sexual health education, and officials within the administration feel their hands are tied by the Catholic ethos of the university to create a comprehensive sexual health program. Something needs to be done. For my thesis, I have created a comprehensive Sexual Health Program for Georgetown University, which will be performed April 20th and 21st 2005.

Goals:

The first goal is to educate directly the 400 students and faculty members who come to the two performances about the basics of sexual health: different STIs, their signs and symptoms, modes of transmission, pregnancy, prevention methods for STIs and unplanned pregnancies and information on getting tested and treated both on campus and in the DC metro area. The STI pamphlet and the Doctor segments tackle this first goal.

The second goal is to break down the myth that there are no STIs on Georgetown's campus and to open a dialogue about these STIs free from stigma, to see students infected as our peers and as us, instead of social misfits. The actual monologues of Georgetown students are used to address this second goal.

The third goal is to teach the audience to negotiate safe sex. The Hook-Up Tango, the Hook-Up Contract and the segment on Abstinence and condoms concentrate on this third goal.

¹⁸ "Georgetown University Executive Summary: National College Health Assessment" American College Health Association. Spring 2004. pg 10

The fourth goal is to convince the audience that if they are sexually active with more than one partner, that they should get tested for STIs regularly. This is emphasized throughout the performance (every year, think of it like a visit to the dentist), in the Hook-Up Tango, on the Hook-Up Contract and in the Pamphlet.

The fifth goal is to educate ten or so students from all years and from different campus groups and communities to be sexual health educators, resources, and advocates for their specific friends and groups. The students who auditioned to be part of the sexual health program are the ten students; I am working with each of the students to make them well versed in sexual health.

The sixth goal is to be a fundraiser for an STI clinic in DC. I choose the Whitman-Walker clinic, which is DC's largest provider of HIV/AIDS education, testing and treatment, but has been financially strapped under the current administration. I will charge a nominal fee of three dollars for each ticket, with all the proceeds going directly to the Whitman-Walker clinic.

VDAY Basis:

The basis for this campaign comes from The Vagina Monologue Vday College Campaign. The Vagina Monologues takes something biologically normal and natural, that has been shamed, stigmatized and demonized for generations, and interviewed women about these. These interviews were turned into monologues, which were performed for large audience. Suddenly, this marginalized area of the body took center stage and screamed about the societal injustices against it. The audience leaves

empowered, not only with the ability to say the word vagina, but also free now from shaming this natural body part.

Similarly, sexually transmitted infections and unplanned pregnancies are biologically normal occurrences of one of the most natural forms of interaction, sex. STIs have been around throughout time, used for biological warfare, and killer to many famous people: Christopher Columbus, Al Capone, etc. The majority of STIs are curable, and very easily cured, but to cure them, they must first be tested for. If not treated, these infections can cause body wide infections, infertility, insanity and even death. Those that cannot be cured can be treated, to prolong one's life, and in the case of cervical cancer, to save someone's life. This message needs to be conveyed to any sexually active audience, along with making the audience realize that these infections can infect all of us, regardless of education level, class, race, etc, and that these infections are just infections, no different than strep throat and that these are indicators that an infected person is a social outcast.

Levels of Influence:

Targeting Intrapersonal factors which are the “individual characteristics that influence behavior, such as knowledge, attitudes (and) beliefs.” In my Sexual Health Program, I have targeted the knowledge, behavior, attitudes and beliefs of the students through the Health Belief Model and the Social Norms Model (both discussed later).

Targeting Interpersonal factors such as primary groups, friends, peers that provide social identity, support and role definition. By selecting students from all

different peer groups and years to be part of my Sexual Health Program, I have used them to infiltrate their specific peer groups and friends to get them to come to the program, but to also act as educators, advocates and resources of sexual health for their peer groups. (Things to consider, making “I am a sexual health educator” poster to put on each students door, to actually advertise this fact to their peers and acquaintances.)

Targeting Institutional Factors which are the “rules, regulations, policies and informal structures, which may constrain or promote recommended behaviors.” I have directly solicited help and information from different on-campus offices: Health Education Services, Disability Services, and the Student Health Center. This information and help has been utilized to educate the audience about the different resources available on campus. Also, I will construct a one-page write up of information for Doctors at the Student Health Center. This sheet will stress the importance of asking each and every student about sexual health and getting tested for STIs. This sheet will contain information on common thoughts and fears about students towards getting tested. This way the healthcare providers can know how to be more sensitive to students looking to get tested for STIs. A list of free and confidential clinics will be provided to each doctor at the clinic so that they may be best able to refer patients.

Community factors- Social networks and norms which exist as formal or informal among individuals, groups, and organizations. This is a continuation of the interpersonal factors. Particularly important again is the role of the cast to reinforce safe sex and regular testing as the norm. One of the cast members aggressively brings her friends to the DC Department of Health to get tested regularly. This type of system I am encouraging in each of my cast members.

Health Belief Model-

This was one of the first models utilizing psychological work to produce desired behavior change. “They assumed that people feared diseases, and that health actions were motivated in relations to the degree of fear (perceived threat) and expected fear-reduction potential of actions as long as that potential outweighed practical and psychological obstacles to taking action (net benefits).”

The primary purpose of the Health Belief Model is to get people to take action. Throughout the performance, I stressed two perceived threats. The first is the threat of contracting STIs and having unplanned pregnancies. The second is the threat of physical harm that can happen when STIs are not detected early and treated early.¹⁹

Perceived Susceptibility- Throughout the performance, I stressed the different manners in which one can contract different sexually transmitted infections. From oral sex to anal sex, even frottage carries a risk of transmission. I was blunt with the different levels of risk there was with each activity, along with how useful condoms are in preventing certain STIs and unplanned pregnancies.

Perceived Severity- In the performance, I had a wide range of STIs represented. The first is the Human Papiloma Virus HPV, which is a viral STI and can be transmitted through skin-to-skin contact. When the doctor character discusses HPV, she brings in information on another skin to skin contact viral STI, Herpes. They are both incurable, but their symptoms are treatable, this was stressed. Second is Gonorrhea which was the

¹⁹ [The Health Belief Model and Sexual Education](http://www.etr.org/recapp/theories/hbm/HBMandSexEd.htm)
<http://www.etr.org/recapp/theories/hbm/HBMandSexEd.htm>

typical bacteria STI. In the Doctor segment for this piece, the other bacteria STIs are discussed (Chlamydia and Syphilis) along with information on how that they can show no symptoms, but how each can be cured effectively with antibiotics. The third is unplanned pregnancy. In this section, the physical, psychological, and financial strains and stresses that arise from unplanned pregnancies are discussed. “When one of my friends heard his child support \$10,000 a year, that’s the most expensive sex he’s ever had”. The last section is devoted to HIV/AIDS, though it is viral, it is a special case that needs to be addressed. This is the only STI that will kill someone even if they receive treatment. The physical, psychological and financial pains are stressed through the words in the monologue.

Perceived Benefits- Throughout the program, safe sex is stressed along with early testing, detection and treatment measures. The benefits of these activities of these are also stressed. If someone practices safe sex, then they should be able to prevent these physical, psychological and financial problems. Hand in hand with this comes the notion that testing should be a regular occurrence, like going to the dentist, because many times people are asymptomatic for these STIs and early detection can prevent long term disorders, such as Pelvic Inflammatory Disease, Cervical Cancer, Epididymitis, infertility, insanity and even death.

Perceived Barriers- The practical and psychological obstacles are many. The first is cost, insurance will cover these things, but there is a fear that parents will chastise their children when they receive the insurance bill. This is why I have provided a list of resources in the DC metro area where one can go get tested confidentially and cheaply, and some places for free. Psychological obstacles include the fear and confusion of

having these tests. In all the monologues, the doctors are portrayed as very open and caring and sensitive about the issues of sex and sexuality. This is very important because this helps to reassure students that they will be well received when they get tested for STIs.

Cues to Action- These are things like “print materials, reminder letters, or pill calendars (which) promote consistent adherence.” For my piece, I have created a pamphlet listing different STIs that effect college students, with their basic signs, symptoms and other information. Along with this are the list of resources on campus of where to go get tested and treated, and resources off of campus to go get tested and treated. I will also provide hook-up contracts for everyone who comes to the performance to help them negotiate safe-sex. I have handed out about 100 hook-up contracts and the recipients of these contracts have dutifully placed them in student club offices, on their refrigerators, on coffee tables, and other public places for people to publicly consume these artifacts. Each of the students that are working with my program is strongly encouraged to set up field trips with their friends to local STI clinics. I will also set up a larger scale field trip with interested audience members to a local STI clinic for testing. The Whitman-Walker clinic will also help pass out safe sex kits, which include hotline information, condoms, lube, dental dams, and information on how to properly use these things.

Self-Efficacy- This is the confidence in one’s ability to take action. By giving my audience the information and resources, by stressing the perceived benefits and providing realistic solutions for the perceived barriers, I hope to empower my audience to take

action. Along with this, I have trained each cast member to be sexual health advocates to help their friends and acquaintances to practice safe sex and to get the tested regularly.

Social Norms Theory and Peer Influence-

"This theory holds that if students perceive something to be the norm, they tend to alter their behavior to fit that norm, even if it isn't reality. If, however, they are presented with the actual norm, they will conform to it. So if students think heavy drinking is normal they'll drink more. If they think responsible drinking is normal, they'll drink more responsibly".²⁰

For my thesis project, I have employed the talents and skills of some very articulate and very outgoing students. When auditioning these students, I solicited from them the information of what student groups they belong to, what kinds of roles that they have in these groups, what year they are, what school they are in, etc. People in my cast are from all four years, and three of the four undergraduate schools (business is missing). They belong to the Black Student Alliance, the Muslim Student Alliance, the Latin American Student Association, the Greek Student Association, a black fraternity, GERMS, Hoy@s for Choice, GU Right to Life, GU Republicans, GU Democrats, GU Pride, the African Society at Georgetown, and others. I have trained each of my cast members to be sexual health educators. I have given them the information on resources and websites for more information. I have stressed the importance of relaying this information to other people in their dorms, amongst their friends, classmates and within their clubs and organizations. In them, I am creating sexual health advocates who will be

²⁰ Misperceptions of Social Norms. <http://www.healthed.msu.edu/snc/norms.htm>

well versed with the information and the system, and who can refer their friends and answer their questions.

“Adolescents have a tremendous influence on each other, spending most of their free time with peers. Peers replace adults/ parents by providing emotional support for their friends until they achieve greater autonomy.”²¹ In college, peers day in and day out surround students, peers greatly influence and create their experiences at college. My monologues are the interviews of their peers. The experiences, locations, parties, potlucks, finals, deans, classes, professors, are all shared experiences for college students, and particularly for Georgetown students. The stories are the stories of their peers, and, from the reactions that I have solicited thus far from student readers; these stories resonate deeply within their psyche. Instantly, they can put themselves into the position of the person in the monologue. They empathize and understand, and internalize the struggles and problems of their peers. My hope is that this will help spur behavior change.

I apply the Social Norms theory concerning regular testing. I associate regular testing with going to see the dentist, something normal and natural. My cast members are leaders of their different friend groups, social groups, and organizations. I am using them to convey to their peer groups how normal and natural getting tested regularly is, and how everyone is doing, and everyone should do it. My hope is that by perceiving this as a social norm, that my audience will internalize this and think, “well I should be going to get tested, everyone else is doing it.” And then go get tested.

World Health Organization Guidelines:

²¹ Adolescence: Change and Continuity <http://inside.bard.edu/academic/specialproj/darling/adsoc.htm>

In 1999, the World Health Organization published report “Preventing HIV/AIDS/STI and Related Discrimination: an Important Responsibility of Health-Promoting Schools” which details guidelines for schools constructing comprehensive Sexual Health Programs. For the Adolescent/Young Adult age group, the WHO recommends focusing on the following areas of knowledge:

1) “How the risk of contracting HIV infection can be virtually eliminated” and “which behaviors place individuals at increased risk for contracting HIV infection”

This is stressed in the doctor’s segment of the HIV/AIDS monologue, along with in the resources to be handed out to students: the Hook-Up Contract and STI Pamphlet.

2) “What preventive measures can reduce the risk of HIV, STI, and unintended pregnancies”

This is stressed throughout the piece, particularly in the Doctor segments after each monologue. The Hook-Up Tango and the segment on Abstinence and Condom usage state the preventative measures: abstinence, safe sex, condom usage, less risky behavior, etc.

3) “How to obtain testing and counseling to determine HIV status”

Testing and counseling is covered first in the Introduction. The HPV monologue highlights the testing process, particular stressing off-campus opportunities for confidential and inexpensive testing and treatment. The Gonorrhea monologue discusses the testing and treatment on-campus at the Student Health Center. The Hook-Up Tango reiterates the importance of testing, and of the options for testing. The pamphlet on STIs to be handed out to every audience member will lists the names and information for different confidential and inexpensive clinics in DC along with the services provided on

campus with the Student Health Center, Health Education Services and Counseling and Psychiatric Services.

4) “How to use a condom appropriately²²”

Appropriate condom usage is demonstrated in the Abstinence and Condom segment of the program. The donations of condoms and lube from the Whitman-Walker Clinic will be handed out to each member of the audience. These packets have two condoms and two lube wrapped in a paper box that lists information for the clinic, along with a pictorial of how to properly use a condom.

An additional suggestion concerns the stigmatization of HIV in society. “Students may fear being near or touching someone who may have acquired HIV infection... when they overcome fear, their understanding and empathy toward people who have HIV/AIDS can grow”²³. The HIV monologue starts with a statement of the reality, that HIV is here on campus, at Georgetown, and continues to list that there are multiple students on campus with HIV, indistinguishable from their peers. This story demonstrates the stress that an HIV positive person goes through, from trouble with academics, with physical health, antiretroviral drugs, interactions with boyfriends, stigma and confusion from society (her boyfriend’s mother) and juggling this while trying to retain a ‘normal’ college life.

Her story is powerful and real, and evokes empathy in the audience while educating them to understand that she is just like other college students, and that she should not be demonized for this virus. I kept the information about how she contracted the virus till

²² These four prescriptions are listed together at: “Preventing HIV/AIDS/STI and Related Discrimination: an Important Responsibility of Health-Promoting Schools” WHO Information Series on School Health. Geneva, 1999. pg 21

²³ Ibid. pg 22

the end, as a way to surprise the audience, when people think of HIV/AIDS, there is still this association with a plague that targets the undesirables of society: homosexuals, drug users, promiscuous teens, etc. I let the audience assume what they want to assume, especially since this story is told within a framework entitled “Sexually Transmitted.” It is only at the end that I present how she actually contracts HIV, through a blood transfusion at 6 weeks old. This demonstrates that HIV is a potent virus and a threat to everyone, regardless if society sees them as undesirable or not. This also reinforces her cries and push for people to educate and protect themselves because she never had this option, to prevent the virus.

Gender Specificity

Worldwide, the rates of HIV are increasing among women. Women are “physically... socially and economically more vulnerable to HIV infection (and other STIs) than men”²⁴. To tackle the disparity between men and women when it comes to Sexual Health, the majority of the monologues I selected were from women. This allowed me to cast more women who then would act as sexual health educators for their friends, specifically female friends. In our society, the voices of women and their real life struggles are many times silenced; this is why I found it important to have these inequalities voiced throughout this program. In the HPV monologue, the issues of women dating older men, and not knowing how to confront him about past sexual partners without upsetting him are addressed. The pregnancy monologue, the powerlessness and lack of initiative by many women to ask their partner to use a condom are tackled. Also, most men assume that pregnancy is just the problem of the woman, but

²⁴ Ibid. pg 7

this how men are effected, financially “when I told one of my friends he pays \$10,000, she said ‘Wow, that’s the most expensive sex he’s ever had.’” The importance of women to take an active stance both in safe sex is emphasized in the Hook-Up Tango, where Stacy takes the lead in negotiating safe sex.

On-Campus resources,

For the doctor section on pregnancy, I worked with Anjali Downs, who coordinates the pregnancy resources for Georgetown University through Health Education Services.

For the information on Disability Services, I worked with Jane Holahan, the Director of Disability Services at Georgetown University.

For the information and statistics of sexual health at Georgetown, I work with James Welsh, the Assistant Vice President for the Student Health.

Attachments:

Included in this program, I have attached a copy of the Hook Up Contract, the Student STI pamphlet I made, the fliers I made advertising the auditions for the program, the questionnaire that accompanied the auditions, and a safe sex packet which Whitman Walker Clinic hands out.

I will have sexual health educators from Whitman Walker clinic at each of the performances to answer any question afterwards. I will set up a discussion Saturday April 23rd, where people interested in learning more can come and get a presentation

from these educators. I will also solicit responses to my program, and write up those and add them to this academic part.

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The monologues were compiled from 9 anonymous interviews with students who have been infected or are currently infected with an STI, or who became pregnant while an undergraduate student.