

SPRING GET-TOGETHER FOCUSES ON FTMs and AIDS

Four female-to-males formed a caravan and journeyed south over 800 miles from Seattle to San Francisco, as four other FTMs traveled north nearly 400 miles from Los Angeles to attend FTM Get-Together #13 on March 17, 1990. A total of twenty female-to-males and two guests arranged their seats in circular formation to hear Sterling Winterhalter and Lou Sullivan present an informative discussion on the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in the FTM population.

To begin, Sterling, an FTM, long-time educator and employee of the San Francisco AIDS Foundation, conducted a short quiz to determine our basic AIDS knowledge, our understanding of how the virus is transmitted from one person to another, and safe-sex awareness.

Then he focused on ways in which we, as FTMs, might be exposed to the virus. "FTMs run the gamut of sexual orientation. Those of us who are gay men might be exposed through receptive anal or vaginal sex. Lots of us perceive ourselves as heterosexual men, so how is the virus transmitted from a woman to an FTM? Performing oral sex on an infected female is not safe." He explained that the AIDS virus has mainly infiltrated the women's and lesbian communities via intravenous drug use and/or through sexual contact with men in the past ten to twelve years, before AIDS even had a name.

Sterling proceeded to demonstrate the use of a dental dam and the "Dental Dam-It," a harness designed to hold the latex dam over the woman's genitals during oral sex. He advised the use of a fresh dam after each use, as they inevitably become wet on both sides of the latex.

"Oftentimes we engage in digital vaginal penetration [i.e., insertion of fingers]. How could that put you at risk? There are large concentrations of the AIDS virus in the vaginal secretions of a person who's infected. If you pulled a hangnail this morning or got a papercut at your desk or the cat scratched your hand, and you place that finger into an infected woman's vagina or anus, you are exposing yourself to the virus." Therefore, Sterling introduced us to the "finger condom," a tiny thin latex rubber (available at Walgreen's) designed to fit over your finger.

It is possible to eroticize safe behavior, and Lou was very excited about these finger condoms, for uses other than finger protection: "I think these little finger condoms are great little condoms for guys with little dicks ... not just for your finger ... just about the right size for those with genitoplasty," and Lou added, "All this rubber stuff is great for 'playing doctor,' too!"

For those of us who enjoy using strap-on dildos and other sex toys, we got a reminder *not* to share our toys, despite what our parents taught us. Ideally you should have and use ONLY your own objects of insertion. Clean thoroughly with bleach after use.

"I imagine there could be a situation," Sterling continued, "where FTMs would share their needles when they're going to give themselves their hormone injection. That would be entirely unsafe. Never share your needle for any reason!" Though the shot is intramuscular and not intravenous, blood is present at the injection site. If it is absolutely necessary that others use the same needle, learn how to clean the needle with bleach and water before sharing.

Lou explained to the gathering that he was diagnosed with AIDS over 3 years ago. Doctors estimate that patients could have become infected through engaging in any unsafe practices since 1978, and Lou had a pretty wild summer in 1980. "I think the TS community is at very high risk for AIDS

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DR. PAUL WALKER

DR. PAUL WALKER RETURNS TO ADDRESS THE TV/Ts COMMUNITY

Following the Spring FTM Get-Together, a large group of our members hurried to a meeting held by ETVc, the Bay Area's male-to-female organization, to hear their guest speaker, Dr. Paul Walker. Dr. Walker, a major figure in the gender profession, is no longer in practice, and so it was a real delight to see and hear him again.

"I closed my practice December a year ago and haven't been very active since," Dr. Walker explained. "However, we are now in the process of rewriting and revamping the Standards of Care, now the law in Germany, Switzerland, France, and soon to be in England. I was very pleased at the Harry Benjamin Gender Dysphoria Association's Symposium last September when I was given their Service Award. It was for two reasons: for writing the Standards of Care, and for founding the Janus Information Facility. And I felt real good about getting that Award.

"I like to tell the story of how I first got started," Dr. Walker began. "I was a grad student at the University of Rochester specializing in social psychology. There was a blind student there and I spent a lot of time tutoring her. Dr. John Money came from Johns Hopkins and gave us a 3-hour lecture with a slide show about TVs, TSs and hermaphrodites, disproving everything I'd ever learned in psychology, and literally blew my mind. To top it off, the blind student I'd been tutoring for over a year tapped me on the shoulder and said, 'Can I tell you something? Up until four years ago, my name was George.'

"I asked Dr. Money if he had any summer jobs, and I spent five summers with him. I went to Johns Hopkins full-time from 1969-1976 and the last couple of years pretty much ran the gender clinic there. The University of Texas asked me to start a gender clinic in Galveston, with the personal involvement of Lady Bird Johnson! She was just amazing! In 1980 I left Texas to come to San Francisco and went into private practice."

Dr. Walker asked for questions from the audience, and this review concentrates on his comments on female-to-males. "When male-to-female transsexuals begin estrogens, most do feel and act differently," Dr. Walker said, "but we think it's not so much related to chemicals as it is to their inner self

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for a number of reasons, particularly because we all know how hard it is to get sex partners. We have special circumstances with our bodies, then go through a tense courtship after finally attracting someone, and you don't want to throw any obstacles in the way. If someone is going to be nice to us, touch us and love us, we don't want to say 'no.' We're so desperate for physical contact that we throw caution to the wind and say to ourselves, 'Well, it's just this one time ... it'll be OK'

"I think we're at a mental disadvantage because we have such problems with our bodies in the first place. Our bodies aren't something we want to care for or nurture. We've struggled with our bodies, they don't function for us correctly, the surgeries are lousy ... we live our lives with a negative body image which prevents us from taking care of ourselves because we're so busy adjusting ourselves. It's a self-esteem problem.

"It is estimated that 9% of the AIDS population nationally is female ... that's a lot! Another issue is that female-to-males may have psychological barriers to using these safe-sex items, such as dental dams. To me, there's no way I'm going to wear a dental dam! That's a female item, like a bra! I won't wear it! And I think male-to-females feel the same way about their using a condom.

"But there are advantages we can use in this era of 'safe sex.' Safe sex and fear of AIDS is a great excuse for not doing anything you don't want to do. If you want to have sex with someone without taking off your clothes, or having them feel you up and not finding what you don't have, safe sex is always a great excuse. Tell them you don't think it's safe to take off your pants."

Lou continued, "Something none of this safe sex information addresses is our individual unique body statuses. Some of us have genitoplasty, some have variations of phalloplasty, some still have a vaginal opening and some of us haven't had bottom surgery. Some of us, after surgery, emit secretions from different areas. If the vaginal opening is still there after genitoplasty, sexual juices may come out underneath the balls, not through the penis. A condom won't help in that situation."

"In a genitoplasty with vagina intact," Sterling added, "you still have vaginal secretions and it is not safe to let someone go down on you. If your partner has acne or a zit on his or her chin, or a split lip or a cold sore, and comes in contact with vaginal secretions, this risk increases. Having a phalloplasty without a vagina and no urinary extension, no body fluid escapes from this organ and oral sex for FTMs with a complete phalloplasty should be safe. We have to use our own judgment, using our general knowledge of AIDS transmission, to assess our own specific and individual risks."

There seems to be a high ratio of alcoholism and drug use in the transsexual community, and these substances can and will cause us to lower our defenses, making it easier to justify unsafe sex "just this once." Don't! It only takes once to become infected for the rest of your life.

How can we negotiate safe practices with our partners? Lou believes in the "just do it" approach. Always have some dental dams (or condoms) with you, and simply bring them out and use them at the appropriate moment. You really needn't "discuss" anything. Just assume their use.

The group briefly discussed the risk of contracting AIDS via tattoos. Sterling said there are no official controls of tattoo parlors and it is imperative to thoroughly research the safety provisions in any establishment you are considering.

Lou related his experience of having been admitted to the hospital and diagnosed with AIDS while between stages of his genitoplasty surgery. "So if you're half listening to all this, think about your surgery, because if you're going to get sick, you're not going to be strong enough to undergo any

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"ADAM'S WORD"

Monthly newsletter of The Adam Society
 Non-profit support group for female-to-males
 Subscription: \$10 for 12 issues
 Make check out to "Dan Riley" and send to:
 Adam's Word, Dan Riley, Editor
 6 Cushing Street, 2nd Floor, Waltham MA 02154

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surgery, and you'll have a hard time finding a surgeon who'll deal with you. So keep yourself healthy so you can enjoy your change."

ENDOCRINOLOGIST TO SPEAK AT OUR SUMMER GET-TOGETHER

It wasn't easy to find an endocrinologist brave enough to stand before our FTM Get-Together in June, but Dr. George Fulmer agreed to the task. With over 20 years' experience administering hormones to female-to-males, Dr. Fulmer seems uniquely qualified to answer our questions about testosterone, Delatestryl, Depo-Testosterone, generics, side effects, etc. See you there!

CROSSDRESSING BALL IN EAST BAY

The Imperial Star Empire Turnabout Ball -- that's where the contest is to turn oneself from a "convincing" female into a "convincing" male, or vice versa -- is scheduled for Saturday June 16 at 9 p.m. at the Driftwood Lounge, 22170 Mission Blvd., Hayward, Calif., phone (415) 581-2050. Judges will award titles of Turnabout King and Queen for 1990. \$3 door charge with all proceeds going to ISE General Account Fund.

WILL GERMAN REUNIFICATION HURT TRANSEXUAL RIGHTS?

Now that East and West Germany are being united into one country, the laws concerning transsexuals and sex change operations are being re-evaluated. East Germany scores higher on transsexual rights than West Germany, but East Germany's more humane laws may not prevail in the new reunited country. As it stands now in East Germany, men and women 18 years and older have been able to receive government-sponsored sex reassignment surgery, get married and adopt children. According to Professor Goerlich of East Germany, who spoke at a meeting on the subject in Hamburg, in two cases a transsexual mother gained custody of her adopted children after a divorce. Goerlich plans to fight to retain these more liberal laws in the future Germany.

WEEKLY WORLD NEWS, AGAIN

The April 10 issue of *Weekly World News* tells the story of Mary Louise Medacco, 17, of Muskegon, Michigan, who disguised herself as a boy named Mario and "had sexual relations with at least two 15-year-old girls." Chief Thomas Kelenske of the Roosevelt Park Police Department said, "She was passing herself off as twins. When she was a boy she had a boy's voice, a boy's mannerisms. She bound her breasts with ace bandages when she dated and used a rubber penis to have sex. She'd put her jeans on over the device and never took her pants off completely so her victims, who were inexperienced anyway, never knew what was going on." Medacco faces five years in prison if convicted of committing or procuring gross indecency between females, the charge pending against her.