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Transgender

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AIDS

The Seven Important Things TG People Should Know About

Walter Bockting Ph.D.

[The following article is based on the Transgender HIV Prevention Workshop, a product of a 1992/93 collaboration between the City of Lakes Crossgender Community, the Minnesota Freedom of Gender Expression, the Aliveness Project, the Minnesota AIDS Project, and the University of Minnesota's Program in Human Sexuality, that was funded by the American Foundation for AIDS Research.]

How common is HIV/AIDS within the transgender community?

Adequate estimates of the number of transgender people with HIV/AIDS are lacking because there is no Center for Disease Control category specifically for TG people. However, clinical experience and studies indicate that HIV is prevalent among TG people. For example, since 1990, fifteen out of two hundred-fifty (six percent) new TG clients at the Program in Human Sexuality knowingly have HIV/AIDS. Studies have reported that TG sex workers show the highest rates of HIV compared to non-TG male or female sex workers. Some of the most valued members of the TG community have died of AIDS, such as Lou Sullivan, founder of FTM International, and Jennifer Richards, who was active in IFGE.

What are the biggest myths about HIV/AIDS in the TG community?

"It's a gay disease and heterosexuals don't get AIDS." Despite evidence to the contrary, this myth remains common.

As one TG person stated: "Most of the TGs I know, who were living as heterosexual men and are now living as heterosexual women, think they are immune. They are pre-operative and they're having anal intercourse, just like the riskiest thing in the world. And these people consider themselves educated about HIV." *The reality is that AIDS does not discriminate on the basis of sex, gender, or sexual orientation.*

"Most people with HIV look sick." It's a dangerous misconception that you can recognize infected persons by their appearance. As one TG told me, "If you see this really gorgeous guy you're going to say, 'No, I don't think he has it.' Just by looking at somebody. You can't tell a book by its cover." *The reality is that most people with HIV look healthy.*

"HIV/AIDS is a punishment for being different." This myth reflects the shame as a result of having a socially stigmatized identity. As one TG person put it, "AIDS is society's punishment for being

queer." *The reality is, again, that HIV/AIDS does not discriminate. HIV is a virus spread by unsafe sex or needle sharing.*

How are TG individuals at risk for HIV?

In addition to being at risk like anyone else, TG people have some special vulnerabilities to HIV/AIDS.

Conflict or confusion about one's sexual or gender identity may contribute to sexual risk behavior. As one person stated, "I think for me it [being TG] increased my risk for HIV simply because I was pretty unconscious of my sexuality. I was having sex with men, and I never really liked it. Had I not been so repressed at that time, I probably would have acted a lot differently." *Understanding one's identity and becoming more comfortable with oneself leads to improved self care and reduced HIV risk behavior.*

Shame and isolation as a result of having a socially stigmatized identity may contribute to alcohol and drug use. One TG individual said, "The sense of being isolated and rejected by society...the shame and pain involved oftentimes leads to the use of drugs and alcohol, which then gives permission to go out and get involved (sexually) with other people." *Alleviating this shame and isolation through personal and community empowerment helps to prevent alcohol and drug abuse and risky sexual behavior.*

Search for affirmation in the crossgender role may interfere with negotiating safer sex. I was told by a TG that, "I think [that] finally getting to a place of having someone being with you sexually



"No, we didn't use protection. I wasn't planning to have sex. He just wept my feminine side off her feet."

as a woman and wanting to do that might undermine someone's judgment if someone doesn't want to use a condom. It would be like, well, maybe it isn't that important... You look so good, you know. And they think you look so good and it's just great. I think that happens a lot." *Alternative ways of affirming one's TG identity and learning sexual negotiation skills are critical.*

Both as customers and as sex workers, those TG people who participate in the sex industry are at risk for HIV. Another TG person said, "I have a friend that gets drunk and likes to party and go home with guys, pick up guys for money. There's two reasons it's dangerous: she can catch the disease, and if straight people think she is transsexual, they might even kill her. And in my opinion she should practice safe sex, but she doesn't." *More outreach to TG sex workers and improved access to condoms and lubricants is desperately needed.*

The unique physical identities of TG and transsexual individuals may complicate talking about sex. TG and transsexual bodies may differ from non-TG people's bodies. For example, TG people include women with breasts and penises and men with vaginas, and the neovagina generally does not lubricate in and of itself. *These physical realities need to be taken into account and affirmed, and open communication should be encouraged.*

Sharing needles while sharing hormones presents great risk for those who experiment with hormones obtained from friends or from underground sources. I was told by another TG individual, "As one person stated: I just found out there was somebody giving people hormone shots for a certain amount of money and I thought: My God, she's giving all these people shots...is she taking care of her needles?" *Injection needles should never be shared, and access to hormone therapy under medical supervision needs to be improved.*

How can HIV infection and transmission be prevented?

HIV, the Human Immunodeficiency Virus, attacks the body's immune defense system and can lead to AIDS. HIV transmission requires direct contact with another person's body fluids: Blood-to-blood (for example through sharing needles), semen (vaginal, anal, or oral sex),

vaginal fluids (vaginal or oral sex), and maternal-fetal (childbirth and breast feeding). Therefore, never share needles, and always practice safer sex.

Mutual masturbation is **NO RISK**, provided you don't use your partner's semen or vaginal fluid as a lubricant.

Unprotected oral sex does carry risk. Use either plain or flavored condoms, or avoid putting your mouth over the head of the penis (lick the side); use a dental dam on a vagina or anus. A dental dam is a square piece of latex; you can also create one by cutting a male condom with a pair of scissors.

Unprotected vaginal and anal sex are **HIGH RISK** to both partners. Always use **LATEX** or poly-urethane condoms. Use **WATER BASED** lubricants; petroleum based lubricants destroy latex.



"When I became a man, I never dreamed I could catch AIDS from a woman?"

Why Do So Many TG's Practice Unsafe Sex?

Knowing it and doing it are two different things. Despite the fact that most people know the above, unsafe sex unfortunately still occurs. Here are eight reasons why:

1. Influence of alcohol and drugs: "I was drunk."
2. Feeling of low self esteem: "I don't care."
3. Lack of assertiveness: "I couldn't insist."

4. Compulsivity: "I was out of control."

5. Infatuation: "I wanted to show how much I cared."

6. Sex role stereotypes: "Real men don't use condoms; real women are not assertive."

7. Fear of loss of erection/discomfort with condoms: "I can't use condoms."

8. Avoidance: "Just this once won't matter."

Think for a moment in what situations you are most likely to practice unsafe sex, and examine ways in which you can prevent those situations from occurring. Take responsibility for yourself, carry a condom, plan in advance, act instead of react, talk about sex, be explicit, and have fun. Safer sex is fabulous sex!



"Of course, I didn't make him use a condom. I'm a woman-- I just haven't had the operation yet."

What about an HIV test?

The HIV test is a simple blood test that tells you if you have been in contact with HIV. It is reliable for risks occurred longer than three months ago; you need to be re-tested if you engaged in risk behavior within the past three months. Knowing your HIV status can help you have access to medications to help fight HIV and to keep your immune system working.

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You can get tested at special HIV testing sites, your doctor, the hospital or the Red Cross. Confidentiality of test results may vary.

What can I do to help prevent HIV/AIDS in my community?

The TG HIV Prevention Workshop was developed as a model prevention-education program. A how-to manual to hold the workshop in your community or to use it as a basis to develop a new initiative is available. You can also help by being involved as a TG role model in existing HIV prevention projects in your area. As one of the TG workshop participants stated, "My commitment is I'm teaching more of those that don't know, those that want to know more. I'm teaching the facts." ☺

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able cause exists to hold you without bail. If (heaven forbid) the district attorney plans to charge you with something serious, you can expect a felony information or indictment (the latter usually approved by a grand jury), and a formal arraignment in open court, where the felony charges are read and you will be asked to enter pleas.

Additional preliminary hearings may occur concerning the indictment's sufficiency or other technical matters.

If the charges are serious and you have an attorney, it's likely that a plea bargain will be discussed some time after the charges are filed. You'll almost always have the right to a trial in criminal matters, but you can expect the state to extract a heavy price (a stiff sentence if you lose) if you choose to exercise that right.

More commonly, defendants plead to lesser offenses.

Let's close this article with the following observation: It's absolutely critical that you understand, before agreeing to plead guilty to any "lesser" offense, what is the penalty for that offense. The district attorney may have little control over the judge. There may be a mandatory sentence.

The judge, the DA, and your own lawyer all may be utterly phobic about people like you. The fact that you are a member of a sexual minority group puts you in extreme peril at the sentencing stage of a criminal proceeding.

Recent events like Sean O'Neill's sentencing hearing demonstrate that to some district attorneys, TG people are mere grist for the mills of their political ambition for easy publicity, and you likely will have few allies. You need to understand precisely what will happen to you if you accept a guilty plea.

We'll discuss some of these subjects in greater detail in later issues. ☺

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The police can stop you and ask you for identification without having probable cause to arrest you. They can frisk you if they reasonably believe you might be armed. Beyond identifying yourself when asked, it's up to you whether to answer additional questions they might ask. The Fifth Amendment protects you against compelled self-incrimination. But if your lack of cooperation annoys them, they may haul you in on some technicality or pretext.

If you are arrested, a search incidental to the arrest, both of your person and your immediate vicinity, including the interior of your car, is permissible (because you might reach for weapons or destroy evidence).

Once you've been arrested, the police will want to help the district attorney convict you. So they will interrogate you. And here is the most important piece of legal advice I can give you: *Shut up. Request legal counsel.* (If you're not paying for it, you won't get it immediately.)

The police may use psychology to get you to talk. They won't be doing this for your benefit, so let me repeat: Shut up. Request legal counsel.

Booking, Appearances and Hearings

Booking is when the police record the arrest, and photograph and fingerprint you. What happens next, and how soon it happens, varies with the jurisdiction and the severity of the charge.

Generally, you will receive some formal notice of the charges against you. Often this will involve an initial appearance by you in open court, and you may be asked to enter a plea. You may be released at this point, on your own recognizance or after posting a bail bond, or, depending upon the nature of the charge, there may be a preliminary hearing concerning whether prob-

Drag Queens continued from page 21

based his central character on a DQ friend because he felt none of his female friends knew as much about being a woman as this man did. This extraordinary statement may say more about Puig, a gay man, than it does about anything else. But one branch of psychology would concur in a general way. Gay-friendly followers of Carl Jung believed gay men are more aware than straight men of the female element,

the anima, in the male psyche. This would explain supposedly female traits of sensitivity, creativity and emotionality attributed to gay men...as well as our media-goddess cults.

In this sense, drags submerge their masculinity to externalize an archetypal woman within. There can be great power in tapping into such an energy; we saw it at Stonewall. But all subconscious forces have their dark side, and the DQ world can be quite sharp of tongue and nails.

But I still insist it's all ultimately about love...having fun, having sex, feeling sexy, helping others and expressing who you are. I believe drag queens know a lot about self-acceptance. Maybe that's why so much of America has embraced *Là Cage*, RuPaul, *Priscilla* and *To Wong Foo*. They show Americans a face of love they have never seen before. We all have closets we need to come out of, whether they're full of sequined clothes or not. ☺