

Monthly newsletter of The Adam Society, a non-profit support group for female-to-male crossdressers, transsexuals and their significant others (partners, family).

Greetings Brothers,

Every year about this time, some "turkey or other" starts reminding people that it's not such a bad idea to be thankful for what one has. I guess this year, the "turkey" is me. In good times and bad, we need to take care not to neglect our spiritual health. One of the best ways I know to maintain one's spiritual health is to actively respond to life with gratitude and humility. This year I have much to be grateful for, yet I haven't always chosen to respond to life in a positive manner. I'm trying to improve my attitude. How about you?

Wishing you all a happy thanks-giving! Dan [REDACTED], Co-Founder

*** MEETING NEWS ***

The Adam Society holds monthly meetings in a safe supportive atmosphere for the purpose of providing peer support, friendship and opportunities for networking. Oct. Mtg News: We welcomed two new members. Had a lively discussion following a viewing of film "What Sex Am I". A short business meeting followed a dinner break. ** A potluck was held on Nov. 4th. (Good eats! Good time!) ** We need a coordinator for a Jan. "field trip"? a Celtics game? Bowling? ?????

UPCOMING MEETINGS: TUESDAY 7PM
DEC 19 Christmas Party
JAN 16 (need a program, trip)
FEB 20 "Relationships"; spkr.

Treasury Report, Nov 10, 1989:

Expenses

Initial Postage	\$12.00
Subsequent Postage	\$30.00
Meeting Rm Rental	\$ 3.00
TOTAL EXPENSES	\$45.00

Income

Newsletter Subscript.	\$50.00
Donations	\$23.00
TOTAL INCOME	\$73.00

BALANCE to-date	\$28.00
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X   FTM NEWSLETTER                 X
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X   San Francisco, CA 94117.      X
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X   Editor: Lou Sullivan          X
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The FTM newsletter contains articles on a wide variety of issues and concerns. Due to the lack of articles for ADAM'S WORD, and because of the importance of the topic, the following article is being reprinted, word for word from FTM's June 1990 newsletter.

Yes, June 1990. Due to lack of energy this newsletter never got sent out. And since some of the material was seriously outdated, a decision was made to scrap some things. So, there is room for something we all should take the time to read about, think about, and act on -- AIDS. And after reading the article, take time to write to FTM and get yourself on their mailing list. It's a very reliable source of information and a well put together newsletter.

P.S. Don't forget to include a contribution. Postage isn't free.

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 [redacted] 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

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 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."

(NOTE: This article, by Lou Sullivan, was reprinted from FTM, Issue #12, JUNE 1990. FTM is written exclusively for the female-to-male transvestite and transsexual.)

• Better Late Than Never Column

(1989)

The Sept. meeting of F2M, held in NYC, was well attended (approx. 16 persons). There was plenty of time to greet new and old friends, share info., and do good ol' fashion socializing. A special guest, Dr. C.P. Schooler, led a very informative discussion on the use and application of male hormones and steroids.

Dr. Schooler seemed genuinely empathetic to the plight, and health, of the F-M transsexual. In his treatment experience, Dr. Schooler has found that medical advances, particularly in pharmacology, can be useful when applied to the F-M patient's situation. Such is the case with Nolvadex (generic name Tamoxifen), an estrogen production suppressant used clinically for women with estrogen sensitive breast cancer, which can be useful in treating F-M patients. Dr. Schooler also noted that male pattern baldness (which can be a side effect of prolonged, high dosages of testosterone, for a person whose family carries this genetic characteristic) is treatable. Following the regular hormone therapy program, he later introduces a steroid while at the same time lowering the level of testosterone, thus allowing for possible increased hair growth on the head. Certain steroids have the effect of increased muscular strength. He added that weight lifting is also helpful in building muscles -- adds muscle mass, reduces fat -- leading to better development and a more masculine looking body.

Dr. Schooler urged us not to take steroids and hormones without medical supervision, and therapy. He was very generous in his time both to the group as a whole and to individuals who had specific questions.

Other facts from Dr. Schooler: Testosterone ("T") shrinks the ovaries - with irreversible side effects: after 4-5 months of treatment, one may not be able to have children. "T" also causes a thickening of the vocal chords (again, an irreversible side effect) and enlargement of the clitoris. As discussed above, "T" can also lead to baldness. (If you stop taking "T" and start taking estrogen, hair will grow again, and beard growth will stop, however, your beard will not drop off.) There is the possible risk of tumor growth from the long-term use of Testosterone.

If you've not attended F2M yet, please note it is worth the trip. Each meeting varies as do the people (age span generally between 22-55; people in various phases of TS transition; F-M crossdressers, and their friends & lovers). Don't go "expecting" anything more than an opportunity to network, to learn from others, to share yourself, and to have an enjoyable day, and you won't be disappointed. (Thanks, John!)

[Editor's Notes regarding anabolic steroids: (1) Winstrol (generic name Stanozolol) is used as a means of building muscle and muscle mass. (2) Anavar (generic name Oxandrolone) may have an effect on calcium metabolism. By changing the ability of the body to excrete calcium naturally and normally, it decreases the excretion of calcium.]

F2M is a non-profit social and support organization created by and for female-to-male transsexuals and crossdressers, meeting in NYC. Founder: John [redacted], [redacted]. Write c/o S.G., P.O. Box 615, Tenafly, NJ 07670.

ADAM'S TIPS - This month's tip is from M.B.: For those of you who are experiencing "teenage" zits (oh no, acne!) as a result of beginning hormone therapy, M.B. has found a product that is very helpful. "Ablutia Gel Moussant" is a foaming gel cleanser. Somewhat expensive, the gel is concentrated and lasts a long time. (Made by Lancome, 6.8 oz goes for \$17.50 in most dept. stores.) Some products (stringents) tend to dry the skin out, causing the skin to overcompensate and produce even more oil. M.B. recently stopped using a Noxema product. "Ablutia used twice daily keeps my face clear."

In the last issue of Adam's Word, we ran a poem from a bro' who goes by the name B.W. Here is a little more from B.W.'s letter, followed by another of his poems. "I have been living as male for a year now...people tend to think I'm a 15 year old boy (and without hormones, that's what I look and sound like).....Somewhere down the line, I would like to organize a support group in my area. I understand a number of gender dysphoric persons call the local suicide hot line. One more reason for me to keep going - so I can help others make it." B.W. shared some of his struggles and some of the lighter moments experienced since beginning his transition. (P.S. B.W. received his first hormone shot 9/22/89 with his wife there "to hold my hand".) While many of his poems reflect the mental and emotional pain of his condition, B.W. has also shared poems which express his hopefulness and sensitivity to life, to love.

UNCONDITIONALLY ✓

I would not be

if it weren't for thee CLQA

Not judging, only loving

Unconditionally

BOX 639, STATION "A"
TORONTO, ONTARIO
CANADA M5W 1G2

I searched for reasons

to hang on to life

When all I wanted

was just

to die

And YOU were there

unnoticed at times

Praying for me

Being my tangible Christ

"Thank you" just doesn't seem
enough to say

For being one of the reasons

I'm alive today

So I pray that your example
of love for me

will help me love others

Unconditionally

B.W.
Feb. 1989

Do you have a poem or an article that you would like to share via our newsletter? Send them to: Editor, Adam's Word, [redacted] Waltham, MA 02154. Thanks.