

just out

since 1983

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Classified ads must be received at the **just out** office by 3 pm the Monday after the first and third Friday for the next issue, along with payment. Ads will not be taken over the telephone.

Ad policy. No sexually exploitative advertising will be accepted. Compensation for errors in, or cancellation of, advertising will be made with credit toward future advertising.

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A copy of **just out** is available for \$2. Advertising rates are available on request.

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steppin' out



Work has begun to make the home of Rupert Kinnard, creator of *Cathartic Comics* and *Just Out's* graphic designer, accessible for wheelchair use. Rupert was injured in an automobile accident on April 7; he is now paralyzed from the waist down. A team of volunteers is constructing entry ramps and putting in wider doors prior to his return from the hospital. Jack (the activist/radio host formerly known as Linda Shirley) wields the phone while Dan Kahn, Marygail Sullivan, Matt Wverker, Madelyn Elder and Cynthia White take a break. Volunteer building crew members not pictured are Ali Rice and Sumitra Red Wing.

PHOTO BY LINDA KLEWER

guest editorial

Time for Reality

The FDA should approve marketing the "female condom" for use in male-male anal sex

▼
by Bob Roehr

Reality is not just a state of existence, it is also the brand name of a "female condom." Both have been missing in efforts to halve the spread of HIV.

The device, approved by the Food and Drug Administration in 1993 for vaginal use, is a polyurethane pouch, larger and stronger than a traditional latex condom, which is inserted by receptive partners prior to sex. Reality was developed to empower women with the option of taking their own precautions and not having to rely on male partners to use condoms.

This philosophy of protective empowerment applies as well to "bottoms" in male-male anal sex. But an FDA official reportedly told the manufacturer that approval would never be given for marketing the product for anal use by men because sodomy is illegal in some states.

In fact, following the logic of that FDA official, no condom of any sort would ever have been approved for use in male-male sex by the agency because they all can be, and in fact are, regularly used illegally in some states.

The FDA should be chastised for taking such a bogus stand in opposition to approval of Reality for male-male use. But fault also lies with the manufacturer for not challenging the simplistic denial of the FDA and for not pushing for those trials and subsequent approval.

In fact, the manufacturer knew it didn't have to incur the additional expense because once the product was approved, so-called "off label" use by males could and would occur. Off label use has become an accepted part of life with many drugs, especially those that are AIDS-related.

Additionally, the manufacturer should not have shied away

from marketing Reality for use by gay men once it gained initial FDA approval. Both "male" and "female" condoms are approved for prevention of pregnancy and disease, neither is specifically approved for same-sex purposes. But that hasn't stopped manufacturers from advertising traditional condoms in gay magazines. Reality should have been aggressively marketed to the gay community.

But perhaps the saddest players in this tale of Reality are the organizations set up to stop the spread of HIV infection among gay men. They have been absent, woefully ignorant and startlingly silent on this tool, which could be a cornerstone of AIDS prevention within our community.

Reality has been available since 1993. Anyone can buy and use it. But our local prevention organizations haven't seized the opportunity to make it an integral part of stopping the spread of AIDS.

Where are the baskets of free "female condoms" at the bars and bathhouses? Or even the vending machines for them? Where is the educational effort to inform "bottoms" how to protect themselves?

Is that absence simply the product of massive bureaucratic ineptitude? Or is it a bottom-line decision because "male" condoms are cheaper? Is there some underlying macho psychology that values the insertive, active male, yet has a blind spot for the receptive, passive male?

Regardless of what the underlying explanation is, the situation has to change. Reality must become an immediate and long overdue priority of HIV prevention in the gay men's community.

contents

VOL. 13 NO. 13 MAY 3, 1996

FEATURES

Grin and ballot

Just Out's endorsements for the May 21 primary (p. 17)

Dishing it out

Right-wing Christian radio is a mouse that roars (p. 21)

DEPARTMENTS

World news

Iceland legalizes same-sex registered partnerships (p. 4)

National news

The Olympic torch will not be run through Cobb County; appeals court says "don't ask, don't tell" not strong enough (pp. 5-9)

Local news

KKEY Radio's Love Makes a Family may go national (pp. 10-13)

COLUMNS

Family values

YWCA's Family CampOUT spells summer fun (p. 15)

Petal pushers

April showers bring a new gardening column (p. 39)

Peach buzz

Kevin can't bear chest-shaving (p. 40)

Amazon trail

Some lesbians are fine with invisibility (p. 41)

ARTS

Cinema

A peek inside Celluloid Closet; *Cats and Dogs* reigns (pp. 31-34)

Tongue in groove

After the show with Tribe 8 (p. 35)

Books

Explore Frank Browning's *Queer Geography* (p. 37)