

Tammy Kremer ([00:02](#)):

Welcome to season three episode one of Coming Together for Sexual Health. I'm your new host, Tammy Kremer. Thanks so much to our prior host, Jennifer Rogers. You'll notice we changed our name from Speaking Frankly to Coming Together for Sexual Health to reflect our focus on creating a platform for many voices. Welcome to Coming Together for Sexual Health, where we talk about enhancing sexual healthcare.

Dr. Ina Park ([00:28](#)):

For most of us having sex is easier than talking about it.

Dr. Rosalyn Plotzker ([00:31](#)):

This is not related necessarily to the people who have the infection, it's related to the healthcare system in which they exist.

Duran Rutledge ([00:42](#)):

What can I do? What can I learn? That impacts change for the people that are in my sphere of influence?

Dr. Rosalyn Plotzker ([00:49](#)):

This is so, so, so preventable.

Tammy Kremer ([00:53](#)):

These conversations are brought to you by the California Prevention Training Center at the University of California, San Francisco. It's time. Let's come together for sexual health. The first episode of season three kicks off talking with Andrew Gurza about sexual health and people living with disabilities. Just a note, all views expressed are those of the person speaking and not their employer or the CAPTC. To learn more about our show, go to ComingTogetherPod.com or follow us on Instagram at [ComingTogetherPod](#), enjoy the show.

All right, well, welcome to Coming Together for Sexual Health Andrew, I'm so excited to be speaking with you today about sex and disabilities. I first came across your work by checking out your podcast, Disability After Dark, which has almost 300 episodes where you focus on shining a bright light on sex and disability, as well as other disabled experiences. I know you're also a disability awareness consultant, speaking about experiences of disability, queerness, sexuality, and body image. The reach of your work just looks like it keeps expanding. So I'm just really grateful to get to talk to you today about sex and disability.

Andrew Gurza ([02:07](#)):

Thank you so much for having me. It's such a pleasure to be here. It's always nice to be asked to come and talk about this stuff. The breadth of my work has been in sex and disability, but I kind of expanded into just wanting to share the whole disability experience because it's something we all should be talking about because if we're lucky, it's all going to affect us one day.

Tammy Kremer ([02:29](#)):

To get us started I would love to hear a bit about your own story and how you got into talking about disability experiences and specifically around sexual health.

Andrew Gurza ([02:39](#)):

Sure. That was never my plan, my intent was to be a lawyer and then halfway through my master's I was bored and I was like, this is not what I want to do with my life. I want to talk about disabled experiences more than I'm doing, because I studied law and the disabled. So I was looking at everything from critical disability scholars being like, this is really important, but doesn't translate to disability in the real world. And I was like, I want to bring this stuff to the masses, but in a sexy way, I told people that I wanted to do that. And they said to me, "Well, that's not a job, that's a hobby." So I finished school, I graduated in 2013, finished the masters and was like, I have to find a job. And I called up a disability employment support program and said, "Can you get me a job as a speaker? I want to be a disability consultant. Can I do this?"

They told me, "Oh no, we can get you a job flipping burgers or a call center." And I was like, "That isn't what I want." So I literally went on VistaPrint.com and printed out a card with my name on it that said I'm a disability awareness consultant, which I'm pretty sure that I stole from somebody else and was like, I'm going to make that my title and just start telling people, this is what I do and can I come talk for your organization? Can I come write for you? Can I be on your podcast? Can I do this thing? I just started selling myself as that person having no idea what I was doing, but just being like, I need to make a living. I need to make money. If I scream loud enough, maybe somebody will hear me. And it kind of just snowballed from there.

Tammy Kremer ([04:33](#)):

Wow. Yeah. Quite a journey from printing from VistaPrint to where you are now, it's really inspiring to hear about what you were able to create by just taking that step.

Andrew Gurza ([04:47](#)):

Yeah. I mean, I always tell other disabled people who are like, "How did you get started?" I'm just like, "Just start, don't worry about what it sounds like. Don't worry about your quality. Don't worry about if you stumble or make a mistake, just start and then you can create a career for yourself." Because I think a lot of disabled people have to create careers out of nothing because there aren't jobs that are designed for them, designed for their need. So a lot of us go the freelancer route because it's more accessible. And then I guess how all of that... To answer the latter half of the question, how all of that translated into me talking about sex? I've been queer since I was four. I knew I liked boys since I was four years old and I was out as gay from 16.

I started talking about it for very selfish reasons, for wanting to get laid and wanting to get the community to know that I existed. So when I moved back from school to my hometown, I started emailing gay magazines and just saying, "Hey, have you ever had a disabled person on the cover before? Have you ever had a disabled person write for you? Have you ever had this and this?" And they all said no. And one

of the magazines that I reach out to was a magazine called Fab Magazine in Toronto, which is now defunct. But at the time in 2012, they were like a queer local magazine. And I said, "Have you ever had a wheelchair using cover boy before?" And they said, no. And within an hour of us emailing back and forth, the guy said, "Well, we can get a photographer to your house in an hour. Would you want to take a photo with your shirt off for us, with this photographer and in our magazine?"

And I was like, "Okay, sure." And then my picture went all over Toronto in this queer magazine. And not very many people saw it, but it went around and that was super cool. And then a couple years after that, one of the magazines in Toronto called Now Magazine did a yearly Love Your Body issue, where they get 15 people from the city to take a naked photo of themselves and they put it in the magazine then it goes around to love your body for the new year. And for 2016, I emailed them and said, "Have you ever had a wheelchair user get naked for this shoot before.? And they said, no. And I said, "Well, I'm here. Can I come do it?"

So I went down to the studio and took a bunch of photos, tasteful naked photos, and that went on the front of the magazine and they asked me, "How would you describe yourself?" And I like to make jokes and I like to be playful. So I said, "Oh, I guess I'm deliciously disabled." And they printed that and that went all over Toronto. And then all that went viral all over the internet and magazines picked it up. And all of a sudden I had this moniker behind me that I could use to talk about stuff and push my desire to talk about queerness and disability forward. And it kind of just went from there.

Tammy Kremer ([07:57](#)):

Is there anything else about intersections of your identity or any of your experiences that you think are important for our listeners to know as they listen in to this conversation?

Andrew Gurza ([08:07](#)):

Yeah, I would say that I'm a wheelchair user, a power chair user. I would also describe myself as somebody who has complex disabilities, which means how I define it is I require help with everything in my day. So from going to the bathroom to getting up, getting dressed, to getting undressed, to having dinner, to feeding yourself, all the things that somebody takes for granted, I need help with. When we think of disability or wheelchair user, unfortunately what pops in our mind is the standard picture of somebody in a manual chair who's really buff and can get around rather independently. And I need to dispel that myth, there are other types of disabled people out there that don't fit into that very narrow view of what a disabled person can be. And so I always say that I'm a complexly disabled person, because it's more true to my reality.

Tammy Kremer ([09:00](#)):

Yeah. Thanks for describing that. And to jump in here a little bit to ableism and bias, how would you define ableism?

Andrew Gurza ([09:12](#)):

So I would define ableism as the implicit or explicit discrimination of disabled bodies in favor of non-disabled bodies.

Tammy Kremer ([09:22](#)):

Yeah. It makes me think of how we think about power and privilege across all kinds of identity categories.

Andrew Gurza ([09:27](#)):

Oh yeah, totally. And I think ableism is something that happens every day to everyone. We've just been conditioned not to look at it because we've already been told for thousands of years that disabled people are not to be looked at, disability is not to be talked about. There's all these systems that have been put in place to remove responsibility around ableism, disabled people can't understand things or they're othered so we shouldn't look or talk to them about disability, because that's rude. All these things are parts of ableism. And I think everybody can be ableist, myself included and we all have to work together to dismantle it. Just like all of us can be racist and we have to work to be anti-racist as much as we can.

Tammy Kremer ([10:20](#)):

Something I appreciate on your podcast is when you ask the guests how they identify in terms of disability, I don't remember the exact way that you phrase it.

Andrew Gurza ([10:27](#)):

I know in my form, I'll say, "What are your disability identifiers? Or if I'm talking to them on the show, I'll say, "Can you tell me about your disability and how it impacts your day to day life?" Instead of giving me a medical diagnosis, I want to hear what their day to day experience of disability is to humanize it more and to remove the medicalization of it from what we're talking about.

Tammy Kremer ([10:51](#)):

Yeah. Something else that I appreciate about the way people respond to that question is getting to hear about all different kinds of ranges, of types of experiences of disability too. So opening the door to think more broadly about what disability is and how it affects people.

Andrew Gurza ([11:08](#)):

I think we need to recognize that every disability is different. Every disability presents differently. So to assume that I'm paralyzed because you see me in a wheelchair is a huge mistake and not fair. For instance, I have cerebral palsy and I spoke to three different people today who have CP and we all present vastly differently. The narratives we've crafted around disability and what makes an acceptable disabled person, the only way to be an acceptable disabled person in the world right now is to have a tragic accident where you lose the ability to walk and then you overcome it by being some kind of champion wheelchair star.

And this is so not the story of what disability is. It's a shame that's the only lens we allowed is you were once like me and now you're not and so that's okay. Whereas when I roll up in my wheelchair and say, "I was born with a disability." People look at me like I have three heads because they're more accepting of you were once like me so you know what it's like to walk or you know what it's like to do a cartwheel. And it scares them that I could be born with a disability and they don't know how to navigate that.

Tammy Kremer ([12:28](#)):

Yeah. Thinking specifically about healthcare and how ableism shows up, I mean, I'm sure there's so much that can be said in answer to this question, but maybe just what your initial thoughts are when you think about the way ableism functions in accessing healthcare.

Andrew Gurza ([12:54](#)):

Oh, wow. I mean, look at your medical system in America. I mean just getting on a healthcare plan that is accessible sounds impossible. And if you do have a care plan that works for you, when you go see a provider, do they have access for you? Can you get in the building? Do they know how to help you do X, Y, Z exam? Do they have special equipment to get you in and out of your chair if you need to do a more thorough exam. Probably not. I just think there's so many barriers in accessing healthcare for disabled people that many of us don't go with healthcare because we're like, well fuck, the doctor's not going to know how to help me, why would I go?

Tammy Kremer ([13:38](#)):

If you're comfortable sharing, I would love to hear... And it could be something that you've heard from one of your guests, however, you'd like to answer this, but if you can share with me a personal, positive and negative experience around healthcare, and specifically if you could share around sexual healthcare, if you feel comfortable doing that.

Andrew Gurza ([13:55](#)):

Yeah. The positive experience that I have is... Well, I have two positive experiences. The first is more a general experience around healthcare and the next one will be sexual. So the general experience I have, I have IBS pretty bad. It's a constant struggle and I would say it's disabling. I would say that at this point it's a chronic illness for me. So I've been struggling with IBS for probably the better part of my 20s and 30s, but it's been really pronounced in the last five years, struggling with diarrhea, constipation, back and forth. It's been a real fun. It's been a real fun time for me over here. And so a few months ago, my doctor, my primary care providers emailed me and said, "I want to check your belly to make sure you're okay. And there's no mass in there and there's not something we're missing. Can I come to your house and do a proper abdominal exam for you?"

And I have never, in my 37 years of going to doctors and specialists and all these things, had a doctor offer to come to my house, see me in my home, see how I lived and say, "I want to do an exam for you to make sure you're okay." I cried after

we agreed that she'd come over. Because I was like, it's never happened before. And I was so thankful that she did that because she could give me a proper exam. And I felt so much better about my medical care and knowing that she offered to do that. That was the moment where I was like, "All right, I'm never switching providers unless I really have to." Because it was so, so life changing for me.

Then to switch to sexual health throughout all in my 20s, I was having sex, but not getting properly tested because the first time I went to get tested in university, I went to the student health center and I said, I did oral sex with somebody and I'm scared. I think I should get a test. And the nurse said to me, "Oh no, you're fine. Don't worry about it." So I believed that I was fine. Then 10 years later, when I moved back to my hometown, somebody that I had slept with said, "I think I caught this. You should go see your doctor." I was terrified so I went to go see my doctor and I rolled into his office in the cold of February in Toronto and said, "I want an STI test. Can we test me please?" And the doctor said, "I can't do that. I can't take off your coat for you. You're going to have to go somewhere else." So I thought, okay-

Tammy Kremer ([16:37](#)):

Wow.

Andrew Gurza ([16:37](#)):

The best place for me to go is the ER. So I hopped in a bus and I get finally to the ER and I roll in and I say, "Hi, I would just like an STI test please." The nurse looks me up and down there and goes, "Oh, why does someone like you need that?"

Tammy Kremer ([16:52](#)):

Wow.

Andrew Gurza ([16:53](#)):

I very politely said, "Well, because I'm sexually active and I'm 33 at the time I need to get properly tested for STIs. Can you help me here?" So they made me wait three hours for the ER doctor to see me. The ER doc finally saw me and said, "What are you here for?" And I said, "An STI test." He goes, "Okay, what kind of sex do you have?" And I said, "Oral and anal." He said, "Well, you know you could just go to your GP for that." And I said, "No, no, my GP sent me to you." So he rolled his eyes at me and go, "I guess we could test you."

Tammy Kremer ([16:53](#)):

Wow.

Andrew Gurza ([17:28](#)):

So then when I finally moved to where I live now, I went into my doctor's office and I said, "I need an STI test." And they didn't blink an eye, didn't say anything was wrong. And my doctor went to do it and she had to do a throat swab. And I said, "Because of my CP, I have a gag reflex." And she made a funny joke about... She was like, "Oh well, last night when you were with the guy did you have the gag reflex?"

And I just laughed. And I was like, "Oh, I like that. You're funny." And it made me feel like safe and comfortable with her to be honest about my sexual health and from then on, it's been fine.

Tammy Kremer ([18:06](#)):

Wow. What a contrast in the ways that you were treated.

Andrew Gurza ([18:10](#)):

I know, exactly.

Tammy Kremer ([18:12](#)):

Yeah. I'm so pleased to hear that you have found a practitioner though, who sees you and cares for you in ways that are affirming and appropriate for you.

Andrew Gurza ([18:21](#)):

Yeah, she really does. I think that even though she doesn't know everything, she tries really hard. I think when you're dealing with anyone in healthcare, especially a complexly disabled person like me, I don't expect you to know everything. I just want you to try and she's really stepping up to do that.

Tammy Kremer ([18:39](#)):

Yeah. And I think that point of I don't expect you to know everything, but I expect you to try is so important. I was talking to a friend of mine yesterday, who is a physical therapist and he told me that he had been treating a patient who had recently had spinal surgery. This patient said, "After surgery, no one mentioned anything about sex to me. So I went ahead and had it and I'm feeling okay. But was checking in with the PT because he hadn't gotten any instruction about whether or not it was okay for him to have sex after his surgery. And just that there's no guidance, no discussion about sex is pretty amazing. And so it makes me think like what do we wish that providers knew about disability experiences and how do we wish providers could bring up sex and whose role is it to bring sex up the patient, the provider? I'm curious to hear how you think about all that.

Andrew Gurza ([19:31](#)):

Disability experiences should be part of your training in hospitals and in medical settings, in medical school and all the things that medical professionals do. I've heard appalling stories from my friends with disabilities who've gone to medical school or nursing school who've said, "Oh yeah, the part on disability is a paragraph in a textbook." And I'm just like, "Oh, well that's terrifying." I wish medical professionals knew that one day they'll be disabled too if they're lucky and when they're disabled, they're going to want to have their medical professional know what to do and know how to talk to them. So we should be mirroring that for everyone. I think in terms of who brings up sex and disability, it should be on the provider to gently bring it up like, hey, so as part of your overall health, I want to make sure that we discuss sexuality for you as a disabled person. Is there anything you want to talk

to me about or anything you want to discuss or any questions you have? Just really open ended so that if the disabled person wants to, the invitation is there.

Tammy Kremer ([20:44](#)):

It's quite a burden to put on a patient to have to broach a topic that is not only taboo in society at large, but especially in relationship to their own lived experience.

Andrew Gurza ([20:58](#)):

Yeah. And I mean sex and disability, shouldn't be taboo because as I've kind of been coming back to throughout, if we're all lucky we're going to be disabled at some point, or you could run into the hottest, sexiest, disabled person in your life one day and want to have sex with them or want to go on a date or want to be intimate and you're going to need to know these things or learn these things or be willing to have these conversations. So everybody thinks they're not going to encounter disability ever. What they forget is if they paid more attention to their surroundings, they would recognize that disability has been around them all the time. They just chose not to look.

Tammy Kremer ([21:50](#)):

Curious, shifting towards thinking about medical professionals, what kind of support people living with different types of disabilities might need from their practitioners in order to have satisfying, meaningful sexual experiences.

Andrew Gurza ([22:05](#)):

They need to be able to talk about what they want to do and they need to be able to talk about sexuality plainly. For instance, in probably like 2011, I was 27-ish. And I had gotten funding to get an OT through the government. So they gave me four visits with an OT.

Tammy Kremer ([22:27](#)):

An occupational therapist.

Andrew Gurza ([22:28](#)):

Yeah. And she was cool and young and hip and we got along really well. Everything's fine. And on the last session she said, "So we're almost done. Is there anything else you wanted to talk about?" And I said, very politely, I wasn't vulgar. I said, "So I want to learn how to thrust into somebody so I can have better sex. Do you think we could work on some stretches or something to achieve this?" And she was about 25 at the time, turned beet red giggled at me and walked out of the room and I never saw again.

Tammy Kremer ([23:00](#)):

Wow.

Andrew Gurza ([23:02](#)):

And so I was like, oh, did I ask a wrong question? What happened there? I didn't say yo, I want to thrust into somebody. I said, "Can we find stretches so I can do this?" And that was the last time until starting my podcast and talking with OTs on my podcast that I asked the question. And so I haven't been in a professional setting with my OT or an OT that works with me yet to properly explore that question because OTs feel like... And PTs too, physical therapist too, and doctors too, they feel like there's a boundary there and we need to find a way to cross that boundary in a way that is professional, respectful, and takes into account what somebody's asking. Now, if a disabled person misreads the invitation and is inappropriate, then that's inappropriate of course, but it can be talked about in a way that is respectful and we need to do that.

So the problem is because the practitioner is afraid of crossing a boundary and because the disabled person is afraid of crossing that same boundary, they're sitting on both sides of the boundary going, what do we do? How do we talk about this? And I think the answer is more or less just talking about it more openly and having the practitioner put themselves in the disabled person's shoes, if they couldn't walk and they needed all this help, wouldn't they still want to have great sex? The answer is probably yes. So why aren't we facilitating that?

Tammy Kremer ([24:41](#)):

Yeah. And that speaks to the inner work, which I've heard you talk about that practitioners need to do in order to be able to show up fully for whoever it is that comes into their office. But specifically for people living with disabilities who come to them and to be able to work with people as full human beings.

Andrew Gurza ([25:03](#)):

Yeah. And I think some of that in their work is many practitioners don't know what ableism is until we tell them. So I'm sure there are some practitioners listening right now who are like, I've never heard what ableism is. I've no idea and Andrew just explained it to me, great. So what I would urge the practitioners listening to do, go home, sit down with yourself for a minute and think about what biases do I have or fears do I have around disability? What are they? And write them down, think of an example of a time where you didn't help a disabled person, whether you were practicing medicine or you were just at the store, was there a moment when you could've been more helpful for them or you could've helped them do stuff or you could've asked a question and you didn't and interrogate, why.

Not in a way to be like, oh my God, you're an ableist, fuck off. Not like that, but in a way to sit with your discomfort enough that you're like, oh, that's why I did that. Disabled people scare me a little bit. Okay. And I'm not saying that to say that you admitting to yourself that disabled people scare you is a bad thing. I'm saying great, that's progress. Now let's go to the next step and ask, okay, why do they scare you? Did you see something in a movie when you were younger? Did you have a family member with disabilities that no one talked about, or everyone was afraid to bring up their disability. There's so many layers to this inner work, but the first step is figuring out what ableism is for you and how you've contributed to it and then

going forward from there. Once they do that work, even if they stumble and make a mistake, at least they're trying and starting the conversation within themselves.

Tammy Kremer ([26:49](#)):

Yeah. I can imagine that a lot of people feel a barrier of that fear of making a mistake, of saying the wrong thing.

Andrew Gurza ([26:57](#)):

Yeah. And to that, I say, you will put your foot in your mouth and you will swallow your leg, but that's okay, keep going. And this is not true for every single disabled person. But for me in this work, I encourage people to ask me uncomfortable disability questions, because I think that's the meat of the work and that's where we get to anti-ableism. If we stay all surface level and say things like, oh yeah, we're all inclusive and we're all... Everybody with disabilities is supported and I support everyone. That's a nice idea, but is it true? Probably not if you really look at yourself and I think it's important that we look at ourselves and reflect on how could I do this differently? Or why do I feel this way? We don't do enough inner work with, I think marginalized communities, but especially the disabled community to be like, why does disability scare me? That's a great question. But no one ever asks it.

Tammy Kremer ([27:57](#)):

Yeah.

Andrew Gurza ([27:58](#)):

Because then you're labeled an ableist and then the conversation ends. I think that's where the conversation begins.

Tammy Kremer ([28:06](#)):

Yeah. Yeah, that's a helpful kind of opening or roadmap to sit with those really deep questions and to be willing to see yourself, to witness my own bias, to witness my own fears in order to be more attuned and ready to witness whichever human being it is that comes into my sphere.

Andrew Gurza ([28:25](#)):

Yeah.

Tammy Kremer ([28:26](#)):

What about the role of caregivers, of tools, other structural things that enable sex for folks living with disabilities

Andrew Gurza ([28:39](#)):

Caregivers, they're great and I use them daily and they're fantastic humans who, especially when we're recording this in the third calendar year of this ridiculous pandemic we're living through, they are the backbone of the care system, I believe right now. So they're great, but I think they don't have a lot of training in sexuality. A

lot of caregivers are trained in how to do basic care. But if I said to a caregiver, I want to today, can you help me set up my sex toy? They would probably feel uncomfortable and walk away. So caregivers need training on how to help somebody sexually achieve their own sexuality. That does not mean... Let me be very clear, that does not mean entering into a sexual relationship with them.

What I'm saying is facilitating sexuality for that person through whether it be setting up a sex toy, whether it be positioning them in bed with a partner, whether it be stopping the sex play to put on a condom for somebody, these are things that caregivers should be doing but a lot of them aren't because they've not been given training on how to navigate sexuality and disability for their clients. And they need to be.

Tammy Kremer ([29:56](#)):

And what about sex toys and condoms and other kinds of barriers, like protective barriers, what's your take on being able to access tools that are usable for people with different kinds of disabilities?

Andrew Gurza ([30:10](#)):

Well, not that I want to toot my own horn, but I am the chief disability officer and co-founder of a sex toy company. We are in the process of prototype testing, our first offering, which is the Bump'n Joystick. And it is a sex toy that is about a meter in length. It looks like if a body pillow and a foam roller had a love child, a naughty, sexy love child.

Tammy Kremer ([30:38](#)):

Oh.

Andrew Gurza ([30:40](#)):

So it's designed for people with limited dexterity who can't grasp an off the shelf sex toy, because they don't have hand dexterity or they can't hold it, or they it can't stay in place or they have pain or they have whatever they have. So basically you hug into this soft cushy part of it and the bottom part is a peg where you can put your favorite off the shelf toys, and then they'll stay in place there and you can self pleasure with that.

So I am creating tools with my sister and our company Bump'n, to really meet that need P.S. It's available for pre-order right now. So everyone should go get one. And if you are a non-disabled person listening and you wanted to do something for the disabled community, we have a donate button on our website at www.getbumpn.com where you can donate money for us to be able to give away a Joystick to a disabled person who needs it. So if you are always like, what can I do to support disabled people? What can I do? Put some dollars down, even if it's like five bucks, put some dollars down towards giving a disabled person with hand limitations, the chance to get a toy. But in terms of protective barriers like condoms and that kind of stuff, we need to look at ways to make condom use more accessible, because I'll be honest, a lot of my sex has and continues to be condomless.

I take that risk, I'm aware of that because I can't put on a condom myself and sometimes it's embarrassing to be like, "Hey partner, can we stop the sexy time, and can you put on a condom?" So I take that risk, but if condoms were more accessible to me and I could open them more and have more dexterity in putting them on, or they were designed in such a way where I could use them differently, maybe I would use them more. Now all my partners and I get tested frequently and there's big discussions about what feels right and what doesn't feel right. And if one of us is going through an STI flare of something, we don't see each other. But I think discussions of sexual health and condom use need to extend to the disability community.

Tammy Kremer ([33:06](#)):

Yeah. I'm curious what questions people often ask you and what do people rarely ask that you wish they did?

Andrew Gurza ([33:17](#)):

I'm giggling because the questions they ask me all the time, if we're talking to me on an app or me on Grindr or Scruff or like some dating or sex app, the question I get constantly is, "Can you get an erection?" And the answer that I always give back is, "Would it matter if I couldn't?" Or, "Why is it important that I do?" Because I think there's a lot of ableism in the queer male community around erections and virility and stamina and all this stuff that is such a construct. So people ask me all the time can I get an erection, which is coded language for do your genitals work, which is again, coded language for, are you normal enough for me to sleep with you? There's so many layers of that. And then what I wish they would ask me is how does sex and disability feel?

How does it feel? What are the emotions behind it for you? How are you exploring that? How does it feel to lie with somebody that you kind of like as a disabled person, what's going through your head when all that's happening? I wish that we would ask deeper questions. Because when you ask, can you have sex, that's a closed question. Yes or no. But if you ask, how does sex and disability feel for you? There give so many other layers and other possibilities for discussion that will help to dismantle ableism for somebody in a way that is a story versus a closed yes or no answer.

Tammy Kremer ([34:49](#)):

And are you up for answering that? How does sex and disability feel for you?

Andrew Gurza ([34:54](#)):

It's a big one. Sex and disability, it's changed since I started being sexually active, I've been sexually active now for 18 years and when I was younger, all I wanted to do was fuck around and see what happens. Now, as I get older and my disabilities change and my desire for intimacy has grown and shifted. Now it's less about the sex and the sexual act itself and more about the time that me and my partner or partners are spending together, I'm not currently in a relationship. I employ sex workers to

have my needs met. So the sex worker that I work with is great. We've been seeing each other for almost five years now and we're friends, I would say.

And so sometimes we don't even have sex, we'll watch a movie without our clothes on and the option to be sexual is there, but we don't have to. Sometimes he'll sleep over just to sleep over for me to have that companionship. So for me, it's less about the sexual act now. I'm not saying I don't enjoy that, of course I do. And I like it a lot and it's great, but I also really appreciate different kinds of intimacy.

Tammy Kremer ([36:18](#)):

What are some of the other myths, misconceptions, questions that you encounter continually?

Andrew Gurza ([36:26](#)):

Yeah. I mean the biggest myth is that we can't have sex, which is untrue. But what I will say is maybe the sex that disabled people have, doesn't look like, or can't look like able bodied sex and you know what, that's fine. That's 100% not a problem. In fact, it makes sex better. I did a podcast this morning, actually with somebody where they said, "I think disabled people have better sex." And I would stand by that because our sex isn't like all the other sex out there, it's forced to be bigger, different, more emotive, more communicative, all those things. Whereas when we think about sex from a very white, cisgendered male gaze, unfortunately what we envision is like guy, girl, guy on top of girl missionary for a few minutes, and then we're done. Whereas with disability, all of that has to change because all of that could simultaneously be inaccessible and accessible to somebody.

So disability allows for such a different perspective to take place in the bedroom. And I think to echo what my friends said this morning, Kaleigh Trace who you should all follow. She wrote an amazing book in 2012 called something like Hot, Wet and Shaking, How I Come to Terms With My Disability and Sexuality. Really an amazing book. She said today in our chat that disabled people make the best... Or have better sex and I just think it's true. I want to talk about how I've also done adult film. I've dabbled an adult film, and I've done that with a very specific purpose because I wanted to show somebody with a complex disability like mine, having sex.

So while it was an adult video and it went everywhere, where all the adult videos go. I love that film because you see a wheelchair using person who needs all this help getting out of his bed in a sling, getting sexualized positively with someone else. And when everybody goes, oh, how do you do this? This porn video shows you how to do it. And I think that's a beautiful thing because we've never seen that in queer male porn before. And I'm really, really proud of that. And if people want to buy that video, they can go to Himeros.tv and get a subscription there and they can buy it there.

Tammy Kremer ([39:06](#)):

What's something about having sex while living with a disability that you think everyone can learn from?

Andrew Gurza ([39:13](#)):

Communication. It's so cliché and so boring. Because we all talk about communication in sexuality discourse. That's one of the biggest things we talk about, but when you're disabled, the communication is forced to shift. So it isn't just, hey, does that feel good? It's like, hey, what's your pain level today? Hey, how does your body feel? Hey, what position works for you? Hey, how's your disability feeling today? Do you want to do this? Is it okay? It's so much deeper than can we try some kink today? It's so much deeper than that.

Tammy Kremer ([39:52](#)):

What do you feel is stirring right now in the world of advocacy, the imaginations, conversations that you're having with people that you love, people that you work with.

Andrew Gurza ([40:04](#)):

I mean, if we're just talking about disability in general, if we take sex out of it for a minute, the biggest thing right now is that disabled people are trying to survive the pandemic. We're tired of being told that our bodies have no value, that according to the CDC director the other day, didn't they say that it's okay that only the disabled people are dying and only the elderly are getting sick. We are hearing this and it's being fed back to our communities that we don't matter. That are it's okay if we die. I know at the beginning of the pandemic, they were trying to figure out who to triage if something was to happen in hospitals and disabled people were being put up first to be like, oh, well we can't save you so you're going to die.

That was happening and it's still happening throughout the pandemic. So the community right now is angry, is scared, is asking everyone else to do their part, to stay home, to wear a mask, to just try a little bit harder. I know we're all tired and I know we're all upset, but when you become dis... Because look, long COVID is meaning that more and more people will become disabled. When you become disabled from long COVID if you get it, you're going to have, from what we're seeing neurological problems, you're going to have a whole host of issues that are disabilities. The disabled community knows how to talk about that. And we're going to welcome you with open arms, regardless of whether or not you welcomed us when we try to get in your community. But the community right now is just begging you to pay attention. Because when it becomes a problem for you, you're going to want somebody to listen to you. So please listen to us.

Tammy Kremer ([41:57](#)):

Yeah. The stakes just feel so high right now.

Andrew Gurza ([42:01](#)):

Yeah, they really do. And the cracks in every system everywhere, globally, but particularly the cracks in equity between disabled and non-disabled people is like, wow, we always knew they were there, but now we can see them laid bare. And it's scary.

Tammy Kremer ([42:20](#)):

Yeah. Where can listeners find you?

Andrew Gurza ([42:34](#)):

They can find me everywhere. They can follow my Instagram and Twitter where I'm mostly active at AndrewGurza_. They can follow my podcast Disability After Dark, wherever you get your podcasts, new episodes and bonus episodes come out weekly. They can go to my website, AndrewGurza.com and book me for speaking engagements. Or they can head over to GetBumpn.com and pick up a joystick whenever they like to.

Tammy Kremer ([43:08](#)):

Yay.

Andrew Gurza ([43:09](#)):

Yay.

Tammy Kremer ([43:10](#)):

So to close, what's one thing that you hope we can create by coming together for sexual health.

Andrew Gurza ([43:17](#)):

I hope we can create honest conversation and conversation that isn't guarded by gatekeepers and isn't guarded by boundaries and isn't guarded by what we think is appropriate and inappropriate. We need to start having way more open conversations than we are to really get at the crux of how sex affects us and how sexuality affects us. We're starting to do that more and more with trans and non-binary community members, but we're not even there when it comes to disability yet, which is a shame because there were activists before me and there will be activists after me who are doing great stuff, but we're still asking questions like how do you have sex? And we need to move beyond that.

Tammy Kremer ([44:04](#)):

Let's do it.

Andrew Gurza ([44:05](#)):

Awesome. I'm here for it.

Tammy Kremer ([44:07](#)):

Well, I love how your work has touched on so many different ways of sharing your experience through sharing your own body, talking about your experience, sharing your experience with me. I just really appreciate your openness-

Andrew Gurza ([44:19](#)):

Oh I'm so happy to be here-

Tammy Kremer ([44:19](#)):

And your willingness.

Andrew Gurza ([44:20](#)):

Was such a pleasure. Thank you so much for doing this. And I think that the fact that you're putting this podcast out to professionals to have a deeper conversation is so vital and so overdue.

Tammy Kremer ([44:34](#)):

Well, thank you.

Andrew Gurza ([44:37](#)):

Thank you.

Tammy Kremer ([44:38](#)):

Thanks for listening and check out the show notes for the resources mentioned in this episode, follow us on Instagram at ComingTogetherpod. Email us at ComingTogetherPodcast@UCSF.edu. Follow Andrew Gurza's podcast Disability After Dark and follow them on Instagram at AndrewGurza_. That's A-N-D-R-E-W-G-U-R-Z-A underscore. Thank you for tuning into this podcast by the California Prevention Training Center, where we build the capacity of healthcare professionals working in sexual health and emerging infectious diseases. Check us out at CaliforniaPTC.com.

We are based at the University of California, San Francisco, and would like to acknowledge the Ramaytush Ohlone people. The traditional custodians of the land that UCSF sits upon. This podcast is produced by me, Tammy Kremer, with Laura Marie Lasar and Catalina McDonald. Editing an original music by Lela Mohimani. Thank you for Coming Together for Sexual Health.