CHAPTER TWENTY-FOUR

To Our Health!

Building Upon Our Resilience Is the Key to Good Health

Chad Upham had been the kind of kid any parent would be proud of—an Eagle Scout, a model student who didn't cause problems in his fundamentalist Christian family. He didn't touch a beer until 1999, when he was twenty-one. Jump forward to an early Monday morning in July 2005. Upham, then twenty-seven, had been up all night after another weekend of drugs and sexual hookups with men, strangers, he met online.

But instead of pushing his limits for indulgence again, this time Upham made a different choice. Around 3 a.m., Upham sent an email to his friends and family with some unexpected news. "Over the past four months," he wrote, "I have become a regular user of crystal methamphetamine." He added, "I acknowledge, without shame, a concern for my mental, physical, and emotional health."

Chad was well on his way to addressing his meth addiction by the time I interviewed him about three months later for a *Washington Post* story about the impact of crystal meth on Washington, D.C.'s gay community. He told me that he depended mainly on Crystal Meth Anonymous groups and constructive activities with family and friends to support his recovery. Although he saw a doctor for a standard checkup, he—unlike some of his recovering friends—wasn't taking any medications to treat anxiety or depression.

He told me he was discovering that what gay men who use meth call "Tina" continued to tempt. "I am thinking desirously about the people, places and things that were associated with my using," he said. Running into

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a person he knew from those "hot days and nights" revived thoughts of "all that fun."

But he pulled himself back to his new reality—denying the drug, listening to his family, co-workers, and new friends in the support groups he attended several nights a week. They have "embraced me in my weakness," said Upham, "continually saying that I am brave, courageous, and strong for taking the steps to get and stay healthy and live independent of drugs for satisfaction."[1]

Just over a decade after our interview for the *Washington Post*, I again interviewed Chad Upham for this book. About a year after we met, he moved to San Francisco, where he was Skyping with me from the Starbucks on Market Street across from the Twitter building on what in his time zone was an early mid-February morning. Catching up on ten years is tough to do, but we went for some important highlights germane to this book. He told me he'd recently started seeing a therapist for the first time as an adult. And he was about to move into a new apartment at Van Ness and Market, with lots of windows and stunning sunset views. "It's extremely expensive," he said, "but it's the result of all the work I've done over the last ten years, being responsible, and having clients who trust me."

Upham is understandably proud of his accomplishments. He is also aware that anyone who Googles his name will find out about his past with crystal meth, including the *Post* story with his color photo. "I have no problem talking with people about that experience," he said. "I'm proud of the work that I did in allowing you to use my story. In many ways, it kept me accountable and in check over the past ten years."

To go from where he was—"I found acceptance through drinking and drugs," he said of that time in his life—to where he is today took a tremendous amount of determination, discipline, support, and resilience. By this point he has sponsored thirty or forty others in twelve-step programs, sharing his experience, strength, and hope with other gay men struggling the way he did. "I see that crystal meth in 2016 is still just as prevalent in the community," he said. "A friend of mine died last week when his heart gave out after a crystal meth relapse. I've known a few people die on crystal meth relapses the last few years. It's not far away. I could get it if I wanted to."

For himself, though, Upham said crystal meth did to him what he's seen it do to others. "It brought people to their knees," he said. "As a result they lived sober lives at a younger age. For those who were able to find a different way to live without substances in their twenties and thirties, they have a way to live lives of resilience." Not only that, but they are farther along in the

journey of creating—as Upham is doing, as we should all aim to create—lives of integrity, integration, and even intergenerational friendship.

"In San Francisco," said Upham, "I feel the sober community exists right at the corner of Eighteenth and Castro streets. There are dozens of people who look me in the eye, know my name, and know what's going on in my life and I know what's going on in theirs." All of us who have used twelve-step programs to help us address the effects of addiction, whether our own or a loved one's, know that "you are only as sick as your secrets"—secrecy and shame undermine recovery, while openness and honesty support it.

An important step in Upham's own recovery was his decision to integrate his Instagram feeds, erasing the formerly hard line between his work and off-time lives. "For me Instagram is a way I can share my point of view," he said. "I've always had this separation of my professional and personal life. I can set up myself in my work life as androgynous, very unexpressive—whereas I can run around in jockstraps and thongs and go to the gay beach." Last summer was a new phase, he said. "I connected my Instagram to my work feed. I certainly edit, and don't put risqué stuff on it." Opening this window into the "real" Chad Upham, no secrets and no substances to hide behind, has been a long time in coming. "It's been a ten-year journey for me," he said, "that I can put these two pieces together, that I can be a totally authentic person at work and outside of work."

Then there's the intergenerational component. "I have fond relationships with guys in their sixties, seventies, and eighties," said Upham. "The mentors I'm seeing these days are the men in their sixties and seventies who are burying their mothers. They are the ones who have years of sobriety, so they are able to show up for their mothers and care for them."

Of course he sees the flip side, too, the men in their fifties and sixties still struggling with addiction. "I had the last drink when I was twenty-eight, and I'm thirty-eight now," said Upham. "Seeing those older men who are still struggling, in the bathhouses and doing crystal meth, I don't want to be one of those men. I'm happy building my life and doing things I want to do at thirty-eight—whereas I could have been homeless."

In his first few years of sobriety, Upham didn't think too much about the twelve-step programs' concept of admitting a need for God or another "higher power" to support sobriety. He had long since stopped believing in the evangelical version of God he grew up with. But he has come to a different view that works well for him. "For me it's about not resisting the universe," he told me. "When we try to take everything into control, we end up creating a lot of trouble, and that self-centeredness makes us miserable

people to live with. So a lot of the tools of spirituality are about trusting the universe to take care of me." Facing a big decision these days, Upham said he consciously chooses to let the universe take care of him. He choked up when he added, "So far it hasn't let me down."[2]

Unfortunately for so many gay men, we grew up being let down by the very people who were supposed to love and protect us. Too many of us didn't have anyone to tell us we are brave, courageous, and strong—as Chad Upham's family and friends did after he asked for their support to overcome addiction to crystal meth. Instead, most of us struggled on our own to deal with the wounding words and, too often, physical assaults by bullies who were sometimes even members of our own families. It doesn't take scientists telling us to convince us of something we gay men know all too well: being beaten up and put down leads to depression and other psychosocial problems—and can lead us to treat ourselves in ways that guarantee the bullies win.

"Something horrible is happening during adolescence to young gay men," said Ron Stall, PhD, director of the University of Pittsburgh's Center for LGBT Health Research in an interview we did for *The Atlantic*. "By the age of eighteen we can demonstrate that young men who have sex with men are far more likely to suffer from a long list of psychosocial health problems, which we believe are driven by marginalization and violence victimization at a very young age. These young men don't understand what's happening to themselves. There's no community. Sometimes if a boy who is beaten up by schoolyard bullies because he is perceived to be a sissy, goes to his dad to tell about getting beaten up on the playground, he risks also being beaten up by his dad." He added, "That kind of experience has got to be searing, and leaves scars on gay men. They learn at a tender age not to step out of gender lines or they will become violently assaulted. If you treated an adult the way a lot of boys who are identified as sissies are treated in schoolyards, you would get arrested."[3]

Clearly, there is real harm from the messages gay boys receive telling them they are somehow not normal, maybe not even fully human—from churches claiming the attraction they may feel to other boys, the exact same way straight boys feel toward girls, is an "objective disorder" that inclines them "toward an intrinsic moral evil," as the Catholic church has put it,[4] to their government telling them they are second-class citizens. But it has become equally clear that positive messages and role models can bolster younger gay men's self-esteem and thereby reduce their risk for substance abuse, HIV, and other self-destructive behaviors that disproportionately afflict gay men.

This new awareness is driving an entirely new approach to gay men's health. Instead of focusing on our "deficits," it builds on the resilience and

strength virtually all gay men demonstrate simply by surviving to adulthood. It uses our strengths as its starting point, rather than assuming weaknesses simply because we're gay. And it offers examples of gay men who are successfully managing their challenges—whether it's grieving a loss, or anxiety, living with HIV, or any of a myriad of large and small traumas that can upset our balance and maybe even lead us to do something we could regret later. "Doesn't it make more sense," Ron Stall asked, "to look at the people who have thrived, who are resilient, and learn not from what went wrong but what went right? Look at the guys who went through horrible situations and learned and grew. Learn from *them* rather than holding up the guys who exemplify the societal stereotype of gay men as failures."[5]

Stall and his colleagues in their research have identified four interconnected "epidemics" of psychosocial health conditions that disproportionately afflict gay and bisexual men, each one making the others worse: childhood sexual abuse, partner violence, depression, and drug use. Together, their insidious effects are referred to as "syndemics." Men who are most strongly affected by any one of these tend to be at high risk for HIV and substance abuse. Those of us from lower income or culturally marginalized ethnic groups are especially vulnerable to syndemic effects. In one study, Stall found that 11 percent of 812 men who reported one problem—depression, for instance—had engaged in high-risk sex (defined as unprotected anal intercourse). Of 129 men who reported three or four problems, 23 percent said they had high-risk sex.[6]

The usual reaction to such numbers is a comment about "reckless" gay men. But look again. Framed another way, the numbers tell us something quite astonishing that can't be ignored: 89 percent of the men reporting one problem did *not* engage in high-risk sex. Likewise, more than three-quarters of the men with three or four problems did *not* engage in high-risk sex. The numbers make it abundantly clear: the overwhelming majority of gay men—even those of us dealing with multiple mental health challenges, when only one is enough to undermine us—actually *do* take care of, protect, and value ourselves. How can it be? In the face of overwhelming pressures and struggles that can give gay men all the reasons we might want to harm or medicate ourselves, or worse, how is it that most of us don't?

Ron Stall attributes the surprising findings to gay men's resilience. "We're so focused on risk factors to the point that we forget about resilience," he said. He believes "a smarter way to go" in thinking about HIV prevention, for example, would be to look at the guys who are thriving in spite of their adversities, how they pulled that off, see what lessons their experience offers, and apply it to the interventions aimed at supporting gay and bisexual men's

health and mental health.[7] Stall and his colleagues describe gay men's resilience as "an untapped resource" in addressing the high rates of psychosocial health problems—such as depression, substance abuse, and victimization—that also drive HIV risk. "Harnessing these natural strengths and resiliencies," they write, "may enhance HIV prevention and intervention programs, thereby providing the additional effectiveness needed to reverse the trends in HIV infection among men who have sex with men."[8]

This is exactly in line with the recommendations of a 2013 report from the National Institutes of Health, in which NIH's LGBT Coordinating Committee said resilience should be studied to find out "how it develops, may protect health, and may buffer against the internalization of stigma and/or other negative experiences associated with sexual or gender minority status." Unfortunately, the report also provided ample evidence that the health of LGBT Americans has been a low priority in the United States for a very long time—despite the well-documented health disparities among us, including higher rates of alcoholism, cancer, depression, smoking, suicide, and violence. Witness: in fiscal 2010 (the most recent year for which data were available at the time of analysis), only 5 percent of the institutes' LGBT health projects were focused on alcoholism; 7.7 percent on cancer; 2.7 percent on depression; 1.4 percent on smoking and health; 1.4 percent on suicide; and 6.3 percent on violence. The overwhelming majority of projects, 81.5 percent, dealt with gay men and HIV-AIDS, particularly on ways to reduce transmission.[9]

Research suggests our journey toward being resilient gay men begins by accepting our sexual orientation. As Ron Stall put it in our interview, "Guys who do the best job of resolving internalized homophobia are the least likely to have current victimization, substance abuse, and compulsive sex." Put a bit differently, he said, "Getting a population of people not to hate themselves is good for their health. This is not rocket science."[10]

It's also not a new idea. Stephen F. Morin, PhD, a recently retired medical professor, chief of the prevention science division and now former director of the Center for AIDS Prevention Studies at the University of California San Francisco, pointed out in an interview that the new focus on gay men's mental health is a kind of "back to the future" situation. Before the AIDS epidemic, Morin said health researchers and political activists alike were looking for effective ways to promote gay men's self-esteem, fighting the stigma associated with being gay with messages of pride and resilience, and fighting back against the social and legal discrimination against gay people. "I was the first chair of the American Psychological Association's gay psychologists group in 1973," said Morin. "When we issued our first set of demands, our

first demand was that professional associations commit themselves to fighting the stigma that had long been associated with homosexual orientation."[11]

Fighting the stigma *inside* ourselves, self-stigma, is the challenge facing every gay man. Ilan H. Meyer, coeditor with Mary E. Northridge of *The Health of Sexual Minorities*, is a Williams Distinguished Scholar of Public Policy at the Williams Institute for Sexual Orientation and Gender Identity Law and Public Policy at UCLA's School of Law. His research as a social psychologist and psychiatric epidemiologist has focused on the public health aspects of sexual minority health. One of his studies, the NIH-funded Project Stride, explored the impact of social stresses on the mental health of those of us with "disadvantaged identities" related to gender, race/identity, or sexual orientation. In an interview for this book, Meyer said that even using the word *resilience* is new in connection with the LGBT population. In research, he explained, a person can be described as resilient only in the presence of stress, such as losing a job. "Coping" implies an effort in the face of stress, but isn't necessarily positive or successful coping. How we cope with such traumas is what shows us to be resilient—or not. Drinking can be used to cope with stress, but no one would consider drinking oneself silly to be an effective way to cope with the situation. "Resilience implies you were successful in your effort," said Meyer. "Resilience more directly indicates the outcome was positive."

To illustrate the point, Meyer cited a common explanation for why black LGBT people don't have higher rates of mental disorders (depression, anxiety, and substance use) than what are seen in the white LGBT population. "One explanation," he said, "is that having that experience of race identity, and having learned to some extent to cope with that and overcome that, has been helpful in coping with homophobia." In fact, a study reported in *Health Psychology* found that higher levels of "racial centrality," the degree to which being black is central to one's identity, combined with perceptions of society's views of black Americans, predicted decreases in risky sexual behavior (total anal sex acts and unprotected anal sex acts).[12]

Intangible things also add to the resilience of LGBT people, Meyer said. He mentioned religious faith and the LGBT community's own norms and values, noting that as *they* change they are likewise changing our understanding of resilience. That makes it hard to compare someone today who is resilient to somebody from, say, the 1950s—when even gay people were advocating for homosexuality to be considered an illness because that was better than a crime or a sin. "Just yesterday," Meyer said, "I was talking with a room of younger gay men, and they all want kids. That is not something that would have been in the repertoire of the 1950s." Of course the biggest

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change from the 1950s was the emphasis, after the 1969 Stonewall riots, on coming out. "*That* is resilience," said Meyer. "Coming out in terms of gaining self-acceptance and rejecting antigay social values is about resilience. Homophobia and related social rejection and discrimination produce stressors for gay people. In the face of those kinds of experiences, to overcome social attitudes after you realize you are gay . . . that self-acceptance *is* resilience. That is the first step, but it is *resilience*."[13]

Gregory M. Herek, a professor emeritus of psychology at the University of California at Davis, and an internationally recognized authority on prejudice against gay men and lesbians, hate crimes and antigay violence, and AIDS-related stigma, said in an interview, "Certainly in the past, nearly everyone was brought up with the attitude that homosexuality was wrong, a sickness, a sin, and that anyone who was gay or lesbian was a bad person. Being raised in an environment where those ideas were ubiquitous, it's almost inevitable that many people accepted or believed them." But today fewer than ever accept or believe them. "What I think is amazing," said Herek, "is how many people are doing fine and are mentally healthy, and leading whole and productive lives. How do they do it, given all they're up against? How did they manage to come out of it? The answer is resilience. Once they've overcome their internalized self-stigma, they have more social and psychological resources for responding adaptively to other forms of stress."[14]

Supporting gay men's healing and wholeness requires holistic approaches, as New York University psychology professor Perry N. Halkitis pointed out in a "call to action" for research and clinical psychologists in *American Psychologist*. He wrote, "A new framework for HIV prevention must give voice to gay men; must consider the totality of their lives; must delineate the underlying logic, which directs their relation to sex and HIV; and must concurrently respect their diverse life experiences. This approach should be rooted in a biopsychosocial paradigm, should be informed by both theory and practice, and should be directed by three theoretical lenses—a theory of syndemics, developmental theories, and contextual understandings of HIV disease."[15]

Halkitis said in an interview for this book, "Gay men's health cannot be HIV health." He explained, "HIV is more than about the transmission of a pathogen. It is as much, if not more so, a socially constructed phenomenon as it is a biological or psychological phenomenon. If it was a purely biological phenomenon, the epidemic would be over." Stigma and discrimination facilitate the behavior that leads to transmission of the virus—or smoking or using crystal meth—by undermining our ability to make healthy choices. "There is this syndemic of violence, STIs, HIV, mental health, and they all fuel each other," said Halkitis. "But at the end of the day the behaviors that

lead to HIV infection or substance addiction all come because someone's social or psychological well-being is diminished. When things are wrong, you do things to medicate the pain." That goes for gay men, and many millions of people, regardless of their HIV status. In fact, Halkitis noted that data show that many gay men who use crystal meth begin using the drug *after* they seroconvert. "That gets to untreated mental health issues, especially depression," he said. "You will only eradicate HIV in this country if you address the social, biological, and psychological, all three. You use three classes of drugs to treat HIV. Why wouldn't you attack the epidemic from these three fronts?"[16]

At Boston's Fenway Health, the world's largest LGBT-focused medical, mental health, and research institution, Dr. Kenneth H. Mayer, a Harvard professor and medical research director of The Fenway Institute, said it's not enough to dichotomize by HIV status; that is, HIV prevention for the uninfected, or treatment for the infected person. We need instead to focus on the person who wants to avoid, or has to live with, the virus. "Some of the things affecting individuals are the same as for HIV-infected or uninfected people," said Mayer. "There are behavioral issues, whether for prevention or treatment adherence. How you have sex is behavioral. Whether you take your pills is behavioral." He described a particular intervention at Fenway, Project Thrive, aimed at gay men who have experienced bullying or childhood sexual abuse, common traumas for gay boys. Mayer said behavioral scientists had developed a cognitive intervention to "help people to reprogram how they respond to the world so they are better able to cope."[17]

One of those behavioral scientists is Conall O'Cleirigh, a staff clinical psychologist in the psychiatry department at Massachusetts General Hospital and an assistant professor of psychiatry at Harvard. O'Cleirigh specializes in the use of cognitive behavioral therapy (CBT) to treat depression and other mood disorders, post-traumatic stress disorder (PTSD), and anxiety disorders, particularly among sexual minorities. His research on gay men has found that the same mental health issues that can put someone at risk for HIV can also prevent someone living with the virus from adhering to his treatment. In a St. Patrick's Day 2016 interview for this book, O'Cleirigh said, "The mental health vulnerabilities that gay and bisexual men have seem to interfere with medical adherence and adherence to care. They are the same issues that enable gay men to keep themselves out of sexually risky situations." When you add substance abuse, it's even trickier. "Having a trauma history," said O'Cleirigh, "managing depression, seems to be as important and influential in managing sexual risk."

One particular disparity unique to gay men jumps off the page. It turns out that up to 46 percent of gay/bi men who report condomless anal sex

also report childhood sexual abuse (CSA). "That is a *huge* number," said O'Cleirigh. Some of his research focuses on designing an intervention to address the impact of CSA on gay and bisexual men—one of the syndemics Ron Stall described, and one that hasn't received all the attention its startling prevalence and documented impact warrant. For example, in a national study of 1,552 black gay and bisexual men, O'Cleirigh and his colleagues found the men who experienced CSA—or physical or emotional abuse, or stalking, or being pressured or forced to have sex—when they were younger than twelve years old had more than three male partners in the past six months. The men who had been forced or pressured to have sex as boys were likely to have receptive anal sex.[18] In another study of 162 men with CSA histories, participants reporting sexual abuse by family members were 2.6 times more likely to abuse alcohol, twice as likely to have a substance use disorder, and 2.7 times more likely to report a sexually transmitted infection in the past year. Not only that, but men whose abuser penetrated them were more likely to have PTSD, recent HIV sexual risk behavior, and a greater number of casual sexual partners. Physical injury and intense fear increased the odds for PTSD even more.[19]

"Having that history is repeatedly associated in every sample of gay men with increased likelihood of being HIV-positive," said O'Cleirigh. He said that since childhood sexual abuse "is very, very common in gay/bi men" it appears to be one of the most significant vulnerabilities that accounts for the disproportionately high rate of HIV among gay men. As for intervening to prevent the trauma of abuse from turning into risky behavior, O'Cleirigh said, "We have the idea that we could help prevent new infections if we could identify gay men with a CSA history before they become infected with HIV, and try to address the vulnerability that has been created in them, and see if we can reduce their specific distress around having that trauma history and provide them with specific strategies for reducing their sexual risk."

In fact O'Cleirigh and his fellow researchers, including Ken Mayer, have recruited about five thousand gay and bisexual men who experienced childhood sexual abuse. Based at Fenway Health, Project Thrive divided the men into two groups, one that received counseling and the other a ten-session therapy component. "It had a good effect on sexual risk," said O'Cleirigh, "but a modest effect on reducing HIV seroconversion rates over time." There was very little difference between men who had either counseling or the "heavy" therapy. "We concluded that childhood sexual abuse interferes with your ability to use public health messaging and condom usage. We hypothesized that it was due to PTSD."

The effects of childhood sexual abuse can be as unconscious as they are pernicious. O'Cleirigh said people who experience CSA "tend to carry around issues in their head they aren't aware of, such as 'I'm not good-looking enough,' or 'This abuse happened because I'm weak, stupid, and no one is ever going to love me,' because they are abused sexually and those are the things they take away from it." Another effect is for people to "absent themselves in sexual situations so they can get their rocks off," he said. "They put themselves on automatic, and in automatic they are not going to ask questions like 'Does this guy care for me?' or 'Is he HIV-positive?'" Psychologists call it "dissociation," this detachment from reality or even from our own bodies. It's a well-known, though not always healthy, reaction to trauma. Poppers, pot, meth, and alcohol are only four agents of dissociation that are part of the sex lives of many gay men. A mere coincidence? "To give you an idea of the level at which this operates," said O'Cleirigh, "I've worked with a client who described to me during a session a Friday night of going home, showering, grooming, douching, putting poppers, weed, and lube in his pockets, and getting ready to go out for the evening. I said 'You're preparing for sex.' He said 'No, just getting ready to go out.' His preparations were not fully accessible to him." An effective risk-reduction/health-promotion intervention that addresses the effects of CSA could help make this man more conscious of what he was doing to get ready for a night out—and where it was coming from in his psyche.

When he updated me on Project Thrive in late January 2017, O'Cleirigh reported the therapy aspect was "very popular with the gay/bi men who received it." They treated more than two hundred fifty gay/bi men for PTSD related to childhood sexual abuse, helping to increase the men's coping skills, ability to be more present in their immediate situation, and specific skills to evaluate and reassess these situations.[20] "Treatments are geared toward giving the men a more realistic sense of the world," said O'Cleirigh, which is an important ingredient of resilience. "As we say to our clients, we can't change the fact that you were abused, but *you* can change."[21]

For HIV-negative men who want other prevention options, there is PrEP (pre-exposure prophylaxis), a daily dosage of the HIV medication Truvada. Taken as prescribed, PrEP has been found to reduce the risk of HIV infection by more than 90 percent.[22] PrEP is prescribed as part of a robust program that includes ongoing HIV and STD testing, medical monitoring, and sexual health counseling. Conall O'Cleirigh said, "For many gay/bi men who, for whatever mental health or substance abuse reason, cannot use condoms consistently, PrEP is a real winning strategy."[23] PrEP can also be a winning

strategy for men who weren't abused as kids, don't have depression and don't abuse substances, and either don't like or don't consistently use condoms.

The walls of Jim Pickett's office at the AIDS Foundation of Chicago display the set of posters created for a new campaign aimed at promoting PrEP use by the gay men and women, including transgender individuals, who could benefit from it. In an interview on my October birthday in 2016 at his office on West Jackson Street, Pickett, the foundation's director of prevention advocacy and gay men's health, said the time has come to "focus on the good things that make us happy." As for gay men he explained, "We characterize gay men's problems all the time. Can we focus on resilience? Strength? It's not ignoring the problems. It's your frame. If you're a young African American gay man, honey, you *are* resilient!" The foundation's "PrEP for Love" campaign—created pro-bono by a coalition of gay and nongay organizations and ad agencies, and aimed at vulnerable African American communities—is about engaging the community in conversations about PrEP with popular individuals they know. The posters, with campaign taglines like "Transmit love," "Contract heat," and "Catch desire," feature men and women of various sizes and skin tones represented in sex- and body-positive images.

Pickett points out one of the key differences between the new PrEP campaign and past campaigns. "So many things have been negative, focused on fear," he said. "Let's focus on our strength and joy, not on 'risk.' This is a great example of resilience and taking a positive frame, not a loss frame." He said we need to focus on what keeps gay men negative. "What assets are in place that people are able to rely and thrive on?" he asked. "We want people to learn about PrEP, but we have to remember HIV prevention is not the only thing on people's list of challenges. It may not be at the top of their lists, either. If you don't address people that way, as myriad and complex, but only as potential vectors, you are not respecting them." It's far more effective, said Pickett, to start by talking about pleasure and intimacy, "things that make us juicy and warm and tingly." Showing an interest in someone's feelings, finding out what makes him tick, is a much better way to get to a conversation about his personal business. "When we tell people to have a good day, we don't necessarily say 'Be careful of the traffic,'" said Pickett. "It's about respecting people as beautiful and complex."[24]

John A. Schneider, MD, MPH, an associate professor of epidemiology and medicine at the University of Chicago, researches networks and how to use them to create positive, health-promoting change. "After thirty years," he told me in an interview for an *Atlantic* article about the LGBT health movement,[25] "we are moving away from individualized behavioral interventions toward things that can integrate those components. We are looking at

networks and structural things that can drive HIV." His clinical work with largely young African American gay and bisexual men on the South Side of Chicago has yielded intriguing findings about how best to support those at greatest risk. Schneider has found, for example, that the more men there are involved in a young man's life—straight or gay, and especially male kin, fathers and also brothers or male cousins—the more inclined he is to protect himself if he is HIV-negative and adhere to treatment if he's positive. "Some of my very young guys have come in with their fathers," said Schneider. "There is something powerful about that."

In the ball community, where a good deal of Schneider's recent work has focused, "a lot of these guys have a gay father or gay mother," he said, suggesting that a more nuanced approach is needed in talking about "families of choice" and "chosen families." What is any functional family but a "network of mutual commitment," as Schneider puts it, and it can include relatives as well as trusted friends. With that in mind, Schneider said, "We found that having a greater proportion of family members in one's personal network is negatively associated with drug-use and group sex, and positively associated with having a regular primary care physician and with discouraging group sex and drug use among one's network of men who have sex with men."[26]

In the same Deco Arts Building on East Fifty-Fifth Street as Tooth Fairy World and Chaturanga Holistic Fitness, at the clinic where Schneider's research and clinical work come together, he told me in an interview it's hard to predict when someone tests HIV-positive how he will respond, whether with resilience or what Schneider called "nonresilience." Whether the man responds with shame or self-esteem depends largely on his sensitivity to stigma, "the threshold of resilience," Schneider said. He sees in the young black men he works with from the ball community the resilience they developed, too often, from having to fend for themselves and simply growing up black in a society preoccupied with skin color. "I think there are survival skills the young black guys develop even before they realize they are gay," he said. "So having a gay identity may be just another issue that comes up for them." The ball community itself is a source of resilience. "Vogueing and dance are very liberating and healing activities," said the doctor.[27]

It's not formally billed as "resilience building," but the Mpowerment Project does exactly that. Mpowerment, an HIV prevention intervention aimed at young urban gay and bisexual men, was originally developed and evaluated with funding from the National Institute of Mental Health. The CDC included it in its compendium of evidence-based interventions, and continues to fund organizations to implement it. Coprincipal investigator Greg Rebchook, an assistant professor at the University of California San Francisco's

Center for AIDS Prevention Studies, told me in an interview, "We don't start from a place where gay men are wounded, their wings are broken." Instead, Mpowerment uses outreach, drop-in centers, and community-building efforts to strengthen young gay men's self-esteem, positive relationships, social support, and healthy choices. Using a "whole-man" approach, Rebchook said, "It's not just about condoms, but about all the factors that come together to affect their lives."[28]

Mpowerment's focus on "upstream" issues that drive risk behavior is new territory for government HIV prevention funders. It has been extremely popular and well regarded. Since the first article about Mpowerment, in 1996,[29] Rebchook said the project has had "enormous reach" with fifty or sixty projects going at any one time, each one reaching between one hundred to three hundred guys, and twenty-five or so participants in each of the six to nine trainings a year for new project organizers. Despite the popularity of Mpowerment and resilience-building interventions, Rebchook said most federal research funding proposals continue to focus on health disparities even as people at the community level see plainly what works and do their best to make it work with available resources.

In an interview in his office at UCSF, Rebchook said, "The big new thing is trauma-informed therapy." Like the syndemics that Ron Stall identified, this approach focuses on adverse childhood events—such as childhood sexual abuse, parental incarceration, parental substance abuse, or substance abuse in youth. "You look at these childhood events and add them up, and you are more vulnerable to other outcomes in your life," said Rebchook. The goal is to avoid retraumatizing people and help them heal from their childhood trauma. "There are a lot of parallels with gay men, the trauma we grow up with," he added. "How that connects to resilience is we survive and flourish despite all that trauma in our lives."[30]

Rebchook put me in touch with another UCSF faculty member, a physician who calls his own adoption of trauma-informed care into his clinical work with patients an "epiphany." Edward Machtinger, MD, professor of medicine and director of UCSF's Women's HIV Program, told me in an interview for this book that addressing trauma has the potential to transform primary medical care. Instead of treating symptoms with medications, this new paradigm aims to address medical and mental health problems by getting to the root causes of so many of those problems—and thereby provide *genuine* healing. Addressing the trauma that underlies so much illness makes doctors "healers instead of treaters," said Machtinger. Unfortunately for patients living with HIV in particular, the dominant way of framing discussions of HIV are strictly biomedical. Speaking of federal agencies that fund HIV

care and support for those with limited resources, Machtinger added, "They are addicted to the idea that their mission and focus has to be narrowly on controlling the virus, and not on the well-being of the patient."

Machtinger described a study at another clinic at UCSF, looking at older gay men. It found a rate of current PTSD of 12 percent, a rate dramatically higher than general rates of PTSD among men. "To me," said Machtinger, "HIV is a symptom, especially in new cases of HIV, of a far bigger problem: unaddressed trauma." For younger gay men, he said, "Their HIV seems to be a symptom or consequence of an underlying history of trauma or discrimination, toxic stress, or whatever else is going on in their lives that puts them at risk for HIV." Machtinger pointed out that many older gay men in San Francisco who have lived with HIV for years—like the men featured in the *San Francisco Chronicle*'s March 2016 story "Last Man Standing"[31]—struggle against depression, isolation, and thoughts of suicide. "These aren't consequences of their HIV medication or the HIV virus," he said, "they are related to underlying histories of trauma that are largely going unaddressed by simply treating their HIV with medication."

Describing an analysis of the causes of death in people with HIV in the city that he was doing with the San Francisco health department, Machtinger said it was clear "how inadequate our death statistics are." Referring to how the deaths are categorized when someone with HIV dies, he said it's irresponsible to report that approximately 40 percent of people living with HIV are dying of AIDS. "They are really dying from substance abuse, depression, PTSD and other consequences of trauma that lead people to stop taking their medications. It's like dying from a completely preventable condition," he said. Isolation, too, is a preventable and potentially deadly condition. Said Machtinger, "Reducing isolation is by far the most effective way I have found to help people develop coping mechanisms that are more healthy, that allow them to leave abusive partners, to forgive themselves, and ultimately to become leaders in their communities."

The power of trauma—and addressing it—became clear to Machtinger when he worked with The Medea Project, an expression-based theater group that brings together incarcerated women in small groups and gives them writing assignments on topics such as "What is love?" or "Why are you here?" or "When was the last time you experienced love?" The women would read their stories to one another and, as they developed trust in the group, they would disclose their traumatic experiences to more and more people through a public theatrical performance. Machtinger partnered with The Medea Project to work with his patients living with HIV. "I saw women who were addicted to cocaine, lost causes, develop a circle of friends and self-acceptance

when they had an outlet to get out their own guilt and shame. The results were amazing." Machtinger added, "The single most effective intervention that we have, and that I have witnessed to help people heal from the impact of trauma, has been disclosure and community-building. Period."[32]

Bright sunshine pours through the floor-to-ceiling windows. Glass, steel, and wood abound in the architectural and design elements. Dance music pours out the door. Purple leather easy chairs splash color about the airy space. A gay man's fabulous city apartment? Guess again. This is Strut, the San Francisco AIDS Foundation's new health and wellness center for gay, bisexual, and transgendered men. Smack dab in the middle of what may be the gayest block in the world, on Castro Street between Market and Eighteenth streets, Strut was created to unite under one roof the foundation's sexual health services program called Magnet; the Stonewall Project's substance abuse and mental health services; Bridgemen, a program targeting gay men thirty to forty who want to help improve the community "through kindness and service"; the DREAAM Project's Drop-In Fridays for all lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQQI) folks of color and their allies, ages thirty and under; the Elizabeth Taylor 50-Plus Network; and Positive Force, a peer support program to help HIV-positive guys live well with the virus.

Strut, its jaunty moniker intentionally chosen, is a sort of one-stop shopping center of health and wellness. All its services are free. Before it opened in early 2016, Strut's executive director Tim Patriarca said, "The new center will use a holistic approach to focus not on sickness and disease, but on health and wellness. We want to inspire and empower the gay and bisexual men in our community to take control of their health, and give them the tools, support, and knowledge to be able to do so." Integrating sexual health, primary care, substance use and other support services "is a major innovation, and it will extend the impact each is able to make," said Mike Discepola, the AIDS foundation's director of substance use services.[33]

This center for gay men's health and wellness in San Francisco can be traced to one man's vision of what "whole man" gay men's health and wellness services might look like. Steve Gibson, who created Magnet in 2003, told me in an interview for this book that from its inception, Magnet provided free sexual health services—but also offered a community space that hosted art receptions, massages, and acupuncture. The online San Francisco neighborhood news site *Hoodline*, reporting on Gibson's departure from Magnet in early 2016 after running it for thirteen years, quoted him as saying, "Magnet was conceived by a group of gay men and other community activists who wanted to redefine health beyond an HIV-positive or HIV-negative

paradigm and look at our collective health in a broader context, including our health as a community."[34]

Chances are good those men knew another San Franciscan, and one of America's best-known gay activists until his untimely death in 2006, the late Eric Rofes. His book *Dry Bones Breathe: Gay Men Creating Post-AIDS Identities and Cultures*, was revolutionary at the time of its 1998 publication in reclaiming gay men's sexuality and health from under the dark, consuming shadow of HIV-AIDS. Rofes was realistic in his understanding that HIV would continue to plague gay men into the foreseeable future. But he also understood that life has to go on, and with it choices must be made about sex and love. He also knew that in our complex lives, these are only some of the many choices we make every day. Rofes championed the freedom of individual gay men to make their *own* choices, and rebuffed efforts to use fear and shame to compel us to practice anyone's list of acceptable behaviors.

"Prevention for gay men is at a turbulent crossroads," Rofes wrote, only two years after the drug "cocktail" finally made it possible to live with HIV rather than develop AIDS and die. "We can continue fine-tuning traditional interventions focused on providing individual gay men with information, motivation, and skills. Or we can acknowledge the complexity of sexuality and trust and support gay men truly to manage their own risk." What would that look like in practice? Rofes: "AIDS prevention efforts targeting gay men should be reconceptualized, restructured, and reinvented as multi-issue gay men's health programs that include strong components concerned with substance use, basic needs (food, housing, and clothing), and sexual health (broadly defined). They would no longer take as their central mission limiting the spread of HIV, but instead aim to improve the health and lives of gay men. AIDS should be seen as one of many challenges to gay men's health and our work should no longer position HIV prevention as the overarching focus. AIDS should join a list including suicide, substance abuse, hate crimes, other STDs, cancer, domestic violence, heart disease, and poverty as important threats to gay men's lives."[35]

Strut, like Fenway Health in Boston and other LGBT health and community centers across the country, is where inspiring visions of holistic gay men's health services, and of gay men as whole human beings, are brought to life. In these places created by and for LGBT people, the leading-edge behavioral research conducted by gay men at America's top universities—including Greg Herek, Perry Halkitis, Eddy Machtinger, Ken Mayer, Ilan Meyer, Conall O'Cleirigh, Greg Rebchook, and Ron Stall—is applied in the real world to support the health and well-being of other gay men. Thanks to their work, hope is stronger than ever that as more gay men heal from our

childhood traumas—and future generations, we hope, can grow up far less traumatized—we will not only reduce the burden of HIV on gay men, but we will have altogether healthier gay men who make smart, informed choices that keep them well.

"The science has changed dramatically since Magnet opened," Gibson said in our interview. So has the way gay men have started to rethink HIV, what it "means" and doesn't mean. He noted that today, HIV-positive men with undetectable viral loads have little to no risk of transmitting HIV to their partners, and negative men using condoms or properly taking PrEP have little risk of becoming infected. He said this is having a tremendous impact in San Francisco on reducing new HIV infections—and transforming how gay men relate to one another across what has often been called the HIV "viral divide." Said Gibson, "What we're seeing in San Francisco now is very good public health attempts to encourage disclosure around serostatus. For the first time in my twenty-five years in public health, the conversation is changing around how positive and negative gay men are talking to each other about terms like 'clean' and 'dirty' and the stigma we internalized as a community. We know that viral suppression is highly effective and that PrEP is highly effective. So we can have a conversation about our *desires*."

Gibson described a UCSF study of PrEP that found an unexpected outcome of the changing conversation that has been made possible by effective medication for treatment and prevention: people are losing fear. "They were expressing sexual intimacy for the first time without feeling fear," he said. "Think about how powerful and scary that is, to pull back the layers of fear." Gibson said the gay community has to be involved in the conversation about what this means for us—just as it was after the advent of effective HIV treatment in 1996. "It was an historic marker in how gay men responded to the epidemic," said Gibson. "We went from being helpless in the 1980s—my own partner died in 1996—and then there was the 'Lazarus effect' where people started living. We as a community started changing because of that. From a community perspective it was like 'Wow! Things are different now.' The science and community are evolving, and you have to bring them together in conversation."[36]

As I walked down Castro Street after my visit to Strut, I noticed the bronze plaques embedded in the sidewalk along the street. The Rainbow Honor Walk[37] features twenty (with more to follow) three-by-three-foot plaques honoring the groundbreaking achievements of LGBT heroes—including the Castro District's former city supervisor and assassinated gay hero Harvey Milk, Mattachine Society and Radical Faeries founder Harry Hay, playwright and the world's most famously prosecuted homosexual Oscar

Wilde, and Randy Shilts, San Francisco's own famous chronicler of the early years of AIDS. The plaques in the sidewalk don't have anything obvious to do with "health." And yet they have *everything* to do with our community's efforts to build up one another by reminding us of a proud history of brave men and women to whom we can look back, and look up. Right there, under our feet, embedded in solid concrete, they show us the heroic legacy of courage, pride, and resilience. That legacy lives on in each of us who claims it for ourselves. It offers a solid foundation for what we call our gay pride—and, potentially *enormous* benefits for our health, too.