Long Live The Queens

A new guide to gay men's health covers everything from AIDS to aging to anal sex—and that's just the A's. Steve Wakefield asks author Daniel Wolfe about the whole alphabet.

September 1, 2000 By Daniel Wolfe

Back in the 1970s, homosexuality was still classified as a mental illness and doctors were far more likely to try to "cure" you of being gay than to respond to your health concerns. There were few resources beyond word of mouth and the occasional known gay doctor to whom you paid cash to avoid a paper trail. That era is now behind us, with the birth of an annual gay men's health summit and the landmark publication of Men Like Us: The GMHC Complete Guide to Gay Men's Sexual, Physical and Emotional Well-Being, the first resource where all of our health concerns as HIV positive gay men are part of the picture. I spoke with author Daniel Wolfe, a former ACT UPer and one-time communications director at Gay Men's Health Crisis (GMHC), about his new book.

***POZ:* Some people have called Men Like Us the gay man's Our Bodies, Ourselves—the radical health guide that came out of the women's movement. And your book is pretty edgy, looking at nipple rings, anal pleasure and "cultivating your spirit."**

Wolfe: If you think of health as freedom from disease, then, yes, it's kind of jarring to find quotes from men talking about how they got more comfortable with anal penetration or sharing their views of spiritual life. But if you think of health as related to wholeness—the words come from the same root—then discussions of sexual pleasure, feelings about aging or spirituality make more sense. To us, health involves mind, body and spirit; pleasure and pathogens.

Why write this book now?

I don't think the book's wide-ranging discussions would have been possible 10 years ago, when AIDS deaths were so pressing that all anyone thought about was trying to keep themselves or their friends out of the hospital and how to shout the cure out of a test tube. Today, both HIV positive and negative men are grappling with health concerns a lot of us never thought we'd grow old enough to worry about—things like cholesterol and chronic hepatitis, aging and long-term relationships.

I came of "gay age" in ACT UP and at GMHC. The core of my own gay pride has always been the amazing ways that we redefined family, turned powerlessness on its head, laughed and marched and forced change in the face of serious illness and prejudice. That's gay spirit to me, and gay

health. I wanted to capture that in the book—all those ways we've taken care of each other and all those intimate details that don't get reflected in medical texts or insulting, homophobic books like *Everything You Always Wanted to Know About Sex but Were Afraid to Ask*.

I loved the parts where you get men to talk about the private thoughts and feelings behind their decisions.

They're actually my favorite part of the book and were fun and easy to put together. Gay men love to talk, especially if you give them the option to change their name or answer by e-mail. Did you ever see that porn zine Straight to Hell, where all these men tell stories about their sexual experiences and you know they're true because of the quirky details? That's the spirit—not the porn, but the humor and power of personal details—that we wanted to capture for all kinds of intensely personal health questions. It's a lesson ACT UP and GMHC taught, too: how the personal can communicate better than a guideline.

How did the experiences of HIV positive men shape the book?

We talked with, e-mailed, interviewed and did workshops with hundreds of men, and didn't always ask their serostatus. But this book came out of an AIDS organization, so a lot of positive men volunteered their serostatus without being asked. I don't think there's a section where we didn't get feedback from people with HIV. The move to a broader discussion of gay health was not—and I hope never is—synonymous with ignoring the concerns of men who are positive.

There is something of an existential divide in the gay community between HIV positive and HIV negative. How does the book speak to both?

As with most divides, conversation across the chasm helped. Men contributing to the book as writers and interviewees were positive and negative, and in certain places—like the section where men talked about HIV disclosure, with negative and positive men on different sides of the page—we acknowledged the divide rather than trying to generalize it away. In other places, like the sections on diet or antidepressants or skin care, special concerns of positive men are indicated with an icon, so that if you wanted, you could make your way through the book going from icon to icon.

You began the book in 1996 and finished it in '99. How did the "protease revolution" change its shape?

Well, the original outline called for a whole chapter on death and dying, but as we came closer to publication, it seemed sensible to pare that back and make room for more material on living longer and aging. As for new HIV treatments, they develop faster than any book can go to press. So while we included the current guidelines, you'll also find a lot that helps you make your own treatment decisions. In a world where treatment news comes and goes so quickly, and where every drug comes with a PR team, we wanted to offer people some clear advice about how to read

between the lines.

Many of us have more info than we can absorb. What's in the book for someone who's already fatigued from working on his health?

Is anybody too tired for discussion of the Kegel exercise, which can help you increase ejaculatory control, holds the key to multiple male orgasm and which you can do during boring meetings? Or how about a discussion of friend/boyfriend relations? If even that's too stressful, then it may be time to check out the meditation or mind/body discussions.

Thumbing through the book, I noticed images of African-American, Latino and Asian men. What similarities or differences did you find in chronicling their health concerns?

Of course there are some concrete medical differences—black men, for example, are much more likely to get prostate cancer or high blood pressure, and less likely to have certain testicular or skin cancers than other men. But some differences start right from the book's title, Men Like Us, and the many men who think, "I'm not sure who us is, but I bet it's not me." That can be especially true for men of color, who talk in the book about feeling forced to choose between a gay identity and a racial identity, and who don't see themselves acknowledged in a lot of gay life. Interestingly, that was a pretty common refrain even for men who look like perfect Chelsea models—the sense that wherever gay community was, they didn't necessarily feel a part of it. But most every gay man has had moments where he's felt connected to other gay men. We named the book for those moments of connection.

What does this book offer that other health resources don't?

Men Like Us is a gay counterpart to the millions of resources that straight America has to help them stay healthy and happy. The book helps move us to a time when gay men won't have to constantly read between the lines or change the pronouns. We wanted to produce a comprehensive health guide that didn't have to be translated from the original heterosexual.

I'm so proud that GMHC, an AIDS organization, was able to reconceptualize gay men's health to be more than condoms and pills. There's a tendency, in the conflict-prone gay community, to cast the growing awareness of gay health in terms of old vs. new—the new, holistic thinkers vs. the AIDS dinosaurs. That distinction doesn't hold up, and I'm glad the book is out there to underscore its limitations.

Keeping It Up: People Manage Their Medications
an excerpt from *Men Like Us*

- Every Sunday night I lay out all my medications for the week, and put them into one of those

clear plastic pill containers with a compartment for each day. That way I can see when I'm going to run out and remember what I've taken.

- Timing is everything for me. I know, when I brush my teeth in the morning, that I always follow that with my pills. When I come back from lunch at work, I always take my pills. When the news is on in the evening, I take my pills. For every medication, there's a corresponding event I do every day.
- I get my medications by mail order, and the first thing I do is count out a week's worth and hide them away. That way, when I run out, I'm not really out.
- My beeper is my buddy. It vibrates when it's time to take the drugs. When it goes off, I get busy.
- For me, it's the afternoon dose that's the problem. I fall asleep watching TV. So now, every day I get my friend to call me at 2:30, ring twice and hang up.
- I had to stop drinking. I mean, you're not supposed to drink on my pills anyway, but lots of people do. I couldn't. I'd wake up three hours past my dose.
- The liquid tasted so bad I honestly thought I had to change—until I started chasing it with a spoonful of Skippy extra-chunky peanut butter, which was the only thing that took away the taste.
- My boyfriend always was a nag, so now I get him to work for me. It's like judo—you redirect the energy that's already there.

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