The Generation That Survived Two Plagues

A long-term survivor finds hope in the emotional and generational intersections of HIV and addiction.

June 15, 2026 By Adam Turner

Eight scantily clad, high-spirited, sober gay men in recovery ages twink to daddy are lazily waking up and preparing Sunday brunch in the Fire Island beach house we share. I like having a solid task in any situation. It gives one purpose, something to do, and thereby squelches potential social anxiety. It has proved to be a particularly helpful strategy when visiting family for the holidays. Keeping busy in the kitchen means less standing around trying to scrape up some soul-killing small talk. On this sunny summer morning, I decide I'm in charge of "tablescapes" and pancakes. If tablescapes is an unfamiliar word to you, you haven't been to the Pines.

Last night, after dancing and sweating ridiculously on gallons of Red Bull at low, middle and/or high tea, members of our house came home to enjoy a hearty, rustic, group-prepared and -approved meal. Do you know how difficult it is to get eight queens to agree on a meal? It makes the Yalta Conference look like child's play.

We cleaned up the dinner plates before separating into our two distinct, but not overtly delineated, cohorts—the Gen X gents, of which I am the youngest, and the millennial-and-under men. We older boys had gotten our fill of frivolity at tea and would be staying home after dinner to play parlor games and flip through magazines while those in the younger set were feverishly choosing the perfect pair of panties to wear to the underwear party in Cherry Grove around 11.

Now, as the fresh sea air becomes rich with the scents of brewing coffee and frying bacon, we are all being entertained by the boys as they piece together their exploits from the night before—who got laid, who came close, who was there, who looked amazing, who looked hideous and cracked out. The usual gossip. One of the younger guys, who does not know that I am HIV positive, starts talking negatively about a guy who came on to him but whom he rebuffed.

"I mean, he was gross. He just looked kinda AIDS-y." It's like a needle scratch on a record has pierced the otherwise harmonious morning. Two of the other guys in my Gen X cohort who know that I am living with the virus but are not themselves positive realize immediately that controversy is potentially descending upon our fairyland in T-minus two seconds.

With almost surgical precision, I ask the twentysomething, “What does that mean exactly? ‘Looked kinda AIDS-y?’ That he looked like he had AIDS? Is that something you think you can see?” Suddenly, the flurry of activity—men reaching across the table for the butter plate or a pitcher of juice—comes to an almost total standstill. In that moment, an invisible fault line within our happy home becomes painfully clear to all of us for different reasons.

Some of us had lived through the fear and pain and loss of the AIDS era from the moment we hit puberty. For others, AIDS is a historical footnote, no different from the Great Depression or the Civil Rights Movement. It’s the topic of Longtime Companion, that VHS tape that sits beside every Fire Island television—something guys know they’re supposed to watch but never quite get around to. So they have no frame of reference and want to otherize survivors of that era. This is no longer brunch—it is an unplanned generational reckoning.

Just weeks before, The New York Times had run a frothy piece in the Style section about the proliferation of sober houses in the Pines and the Hamptons. It was June 9, 2010, and some of my housemates and I had been quoted about this unexpected trend. Houses like ours, made up of men in recovery living proudly and loudly in a traditionally drug-fueled environment, were suddenly cool. Sobriety was having a queer moment so notable that the Times ran a story on it.

According to the article, “Adam, an event planner who is part of the share in Fire Island, said ‘Temptations, are they out there? Absolutely. There are going to be people that you did drugs with, the environment is one that many of us used to party in.’ And yet, he said, ‘There’s not a moment when I’m out in the mix that I can’t look around and see some of my sober friends.’”

The Times painted a partial picture of the environment. Supportive and festive across generations, men with a common foe—substance use disorders (SUDs)—were finding a way to reclaim a life and a setting that many of us thought could live only in our memories. But sobriety didn’t solve all our problems, and it didn’t obliterate ignorance and generational trauma.

I feel the need to share my increasingly frequent reflections on the uniquely unlucky timing I share with millions of other gay men born in the United States in 1971. My sexual awakening at around 1982 coincided with the most impactful and ever-present image of gay life in that moment: Hollywood’s healthiest-looking, muscular, masculine hunk, movie star Rock Hudson, had been suddenly revealed to be not only that most hideous of Reagan-era pariahs (a gay man!) but also to be dying a gruesome, agonizing death before America’s eyes, turning into an almost unrecognizable ghoulish skeleton unceremoniously shunned by a community that had adored him for decades.

At the time, Hudson was the only celebrity whom the world knew had AIDS; as such, the terrifying photos of him published in mainstream media were the most prominent images of the burgeoning AIDS crisis. For an adolescent like me, the timing could not have been worse. At such a vulnerable time in a person’s life, the message being consistently, repeatedly hammered home to me was that the person I am is not OK, not welcome, not safe—and that it absolutely wasn’t going to end well for me.

To survive that epidemic and its concomitant rabid homophobia was an unheralded triumph that left me and others of my cohort deeply bruised and scarred. So to then face at the turn of the millennium a second epidemic, a second holocaust seemingly targeting and determined to desecrate my community, made life as a Gen X queer feel like an absurd gauntlet of bad timing and terrible luck.

Crystal meth use, misuse and addiction really took off in gay communities across the country as the millennium approached, and it hasn't let up in the 26 years since. There was an almost perfect storm. At the same moment that the '90s ecstasy craze was morphing into more and more crystal meth use, the centerpiece of the urban queer's world was moving from the club to the computer screen. MDMA, which had fostered such a lovey-dovey communal spirit on the dance floors of major clubs, like the Roxy and Sound Factory and the Pavilion at the Pines, and the circuit events that had become de rigueur for the urban homo were giving way to this strange new era marked by hookup websites, like Manhunt, and, not far behind them, apps like Grindr and Scruff. The sites and apps promised more efficient connectivity to men around us looking for sex or a boyfriend. But what we got was deeper isolation, alone on our Manhattan sofas. No longer the touchy-feely ecstasy-fueled dancing tribes of 10 in a circle, we were now more likely to be experiencing the buzzy, electric, harder-edged high of meth-alone.

Every gay boy has a diva of choice. Whitney Houston was my girl. I just happened to have picked the right one. The only one. The best one. But my affinity for her felt special. I followed her closely, not only because she had the most spectacular once-in-a-lifetime voice but also because I saw her struggling with some of the same issues I was. Facing the lifelong challenges of a substance use disorder is hard enough, but to do so under relentless public scrutiny and judgment is more than we can ask of the strongest soul. I felt a great deal of compassion for her but also looked at her like a sister in the fight. If I could make it, she could make it and vice versa.

In September 2009, I was doing well. I had been completely sober from all substances for going on four years. Whitney appeared to be doing well at the same time, which gave me peace of mind and hope. She looked gorgeous and healthy again. Aided by producer Clive Davis's magic touch, she had just released a solid, self-reflective album with what remained of her once-triumphant voice. She was also promoting the album with a two-day, two-hour interview with Oprah. She struck a notably different tone from her famous interview with Diane Sawyer several years prior, in which she clearly seemed to be hedging. With Oprah, she seemed to be taking responsibility for her missteps and her choices and appeared to be on a strong, solid path after some dicey years when her health seemed tremendously at risk. It looked like she might make it. And if she could make it, I could make it.

But in the fall of 2011, I "went out" after almost six years of absolute sobriety. I started using again, and, as is often the case with a substance use disorder, the disease had strengthened in the intervening years. I began using intravenously for the first time. It was just a few months later, in February 2012, when I had been struggling to get back into a strict 12-step program that I stood slack-jawed in front of my television watching Don Lemon on CNN share the dreadful news of her passing and interview music luminaries whose lives intersected with "the Voice." I watched for

hours, alone and devastated, knowing the entire time that at some point that night I would slam meth, that I would shoot up. And I did.

It felt disrespectful but inevitable. I think my journey that night—losing the singer whose music meant so much to me and getting high as I digested the news and mourned her death—illustrates the irrational, unexplainable experience of a substance use disorder.

As I struggled to find balance, the institutional response to this tornado, crystal meth, wreaking havoc in my community and my life seemed nonexistent at worst and callously slow and ineffective at best. And like the response to HIV and AIDS in the two decades before 2000 (an era during which President Ronald Reagan didn't even publicly mention the word AIDS until September 1985, four years into the epidemic), the lack of a response to the crystal meth crisis by government health agencies is extraordinarily disheartening.

On my personal journey, my frustration with science and medicine's absolute and perpetually life-threatening lack of any truly effective treatment options for substance use disorders is enormous and infuriating. As I have shared repeatedly in church basements across the city, I am tremendously grateful for and truly respect the support and tools one can access in 12-step programs. I have gotten a lot out of my participation in such programs over the past quarter century.

However, 12-step programs, like Alcoholics Anonymous (AA), are now a 91-year-old spiritual treatment for a medical condition. We can see the distinct brain activity of individuals with substance use disorders. Addiction is a scientifically corroborated health issue. It is a medical condition. The American Medical Association classified alcoholism as a disease in 1956 and included addiction as a disease in 1987. AA has a dreadful long-term success rate (peer-reviewed research consistently lists the rate well below 10%), and the program hasn't been changed in any way since its creation. However, it is still almost always presented as the only viable treatment option, the standard of care recommended by medical professionals for people struggling with substance use disorders. (Although professionals at the forefront of the recovery movement are increasingly promoting more realistic harm reduction models.)

Still, it's important to remember that 12-step recovery is a spiritual solution for a medical issue. Can you imagine if individuals with diabetes or cardiovascular disease were essentially told by every doctor they consulted to get right with God and make amends to the loved ones they'd harmed and nothing else? And then imagine that when most of those individuals aren't cured, they are told that either they are "constitutionally incapable of being honest with themselves" or not trying hard enough. We would deem such treatment recommendations both criminal and ridiculous.

What's more, AA was created to battle the compulsion to drink alcohol, which is infinitely more benign to one's brain chemistry than crystal meth. In essence, when it comes to meth addiction, relying on a 12-step program like Crystal Meth Anonymous as first-line treatment is like using a cocktail umbrella to protect oneself from a nuclear bomb. Yet it is still sold by nearly all the

medical professionals as the best game in town, the gold standard.

Medicine's failure to address such a prevalent disease compounded by the shame, fear, isolation and stigma people who use substances feel becomes the perfect combination for a devastating cycle of use. It becomes increasingly difficult to pick yourself up, dust yourself off and get into the ring and fight again.

My life is a stark illustration that decades of that pattern have incalculable ramifications. My work history, for example, includes gaps in employment, a hiccup not uncommon for people riding a substance use disorder like a rodeo cowboy on a bucking bronco, hanging on for dear life, getting battered while clutching tightly for survival. However, what should have been a brief gap all too often grows longer because no one wants to touch you. In the first couple of years after I left my position as a fundraiser at a renowned nonprofit arts organization in New York City, I got through rounds and rounds of interviews at every arts nonprofit in town, always making it down to the final two or three candidates but never, ultimately, being chosen.

The reason, of course, is that if an employer is looking at two candidates who on paper seem equally qualified but one has (even a whiff of) a substance use disorder (about which the general public is woefully undereducated and judgmental, creating a damning stigma), the employer (despite how everyone in the public square speaks about how we must address addiction and mental health) will always avoid the person with that history. I wish rather than look upon people battling SUDs as liabilities, that people (employers, families, loved ones) instead could see the resilience, adaptability, cleverness, strength, stamina and hard work it takes to survive such a thing. But they don't. So the pattern continues.

I feel, oddly, like the gay men in the 1980s, hopeless and essentially abandoned, screaming in the streets, begging for help in a warzone at a time when stigma ran as rampant as the virus. And then to have younger men in my own community laughingly mock a man for flirting because he "looks kinda AIDS-y" just adds insult to injury.

We must boost awareness regarding the issue and help our younger brothers understand our lineage of stigma. Resentment will be borne if we become scolds and younger generations choose to cast us out onto the trash heap. An entire generation—and its wisdom—has already been lost. We must work instead to build bridges between our generations so that we can all glean the best of one another. I commit myself to doing my small part. And in that tiny commitment, I find some hope and some consolation.

Adam Turner is a New York City–based writer and long-term survivor whose work explores queer identity, survival and the ties between generations. His writing has appeared in Vanity Fair, POZ and other publications, and he is completing a memoir-in-essays.
