



# Never-Ending

In a blog post titled “[What Fresh Hell Is This?](#)” NMAC executive director Paul Kawata reflects on monkeypox in the context of trauma and HIV. Below is an edited excerpt.

August 15, 2022 By [Paul Kawata](#)

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As if there weren’t enough on our plates, monkeypox has been identified in gay men around the world. What fresh hell is this? Hopefully, this will not become an epidemic like HIV; however, there are reasons to be concerned. HIV service providers, clinics for sexually transmitted infections (STIs) and health departments need to be prepared to pivot as more cases surface.

How does the HIV community educate about monkeypox and not stigmatize gay men? As we know, HIV is not a gay disease, but gay men are the majority of people living with HIV. Our work must thread the needle between the need to educate gay men about monkeypox while not adding to the disease burden of a community traumatized by HIV, STIs and hepatitis.

The world has lots of judgments about people who are different. Between monkeypox and the “Don’t Say Gay” and anti-transgender bathroom, sports and school bills, it’s a tough time to be an LGBTQ person in America. The radical right feels emboldened to lie and label us as groomers in a not-too-veiled attempt to equate gay men with pedophiles. Have they no shame?

HIV-phobia, homophobia, transphobia, racism, sexism and ageism give rise to the trauma that causes 49% of people living with HIV to fall out of care; these attitudes help explain why overall enrollment for pre-exposure prophylaxis (PrEP) is so low. It’s not enough to offer services—even if they are free. There needs to be active and ongoing community outreach that provides trauma-informed care and prevention services.

The Centers for Disease Control and Prevention (CDC) has developed six guiding principles to a trauma-informed approach: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues. As the CDC says, “Adopting a trauma-informed approach is not accomplished by any single particular technique or checklist.”

The people we need to reach are the same individuals who are traumatized because they live in America. COVID-19, anti-Blackness, January 6, climate change, inflation, immigration, the war in Ukraine, fires, baby formula shortages, elementary school shootings, crime, anti-Asian violence, racist mass shootings, attacks on abortion rights, the Supreme Court and the upcoming midterm elections are some of the sources of the seemingly never-ending trauma impacting our families,

clients, staff, donors and government officials.

We're trained to wait for the other shoe to drop. Monkeypox is just another item on a long list of "what fresh hell is this?" Two years after the initial outbreak of COVID, we are still trying to figure out how to live in a world that has gone upside down. Too many Americans are suffering from some form of trauma, and many do not know how to cope.

Not only do we need to support our families, clients, staff, donors and government officials, but we also need to take care of ourselves. Do not minimize the stress and trauma of leadership while flying blind. The control queen in me is having a particularly difficult time. I'm learning to lean into the reality that I don't have the answers. We are making the best decisions we can, and there are too many unknowns to be definitive.

The White House has prepared resources on monkeypox. Given everything that is happening, it is comforting to know that President Biden stands with the LGBTQ community. We see it in his words and deeds.

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