CDC’s Daskalakis on Monkeypox, Stigma, and Being “the Gay in the Room”

The high-ranking openly gay man at CDC discusses monkeypox and the tricky mix of being a gay man talking about the risks of gay sex.

August 15, 2022 By Mark S. King

Dr. Demetre Daskalakis has had a swift, visible ascent at the Centers For Disease Control and Prevention (CDC), which snatched him away from a successful tenure at New York City’s Department of Health after he created the progressive “HIV Status Neutral” program. His very direct, sex positive, and unapologetically gay point of view served him well there and, since at CDC, have become important traits for his latest gig as part of the White House’s monkeypox response team.

Debates are still raging over how to talk about monkeypox and “men who have sex with men.” Conservative media is having a field day with the CDC’s candid new language about monkeypox transmission and prevention (it speaks to gay men in plainspoken and sometimes explicit ways), while cautious gays and allies fear it is fueling homophobia.

Demetre took some time from his stacked schedule to do a zoom call from his office at the White House. I managed to ask about all of the above, as well as the advantages and burdens of being “the gay in the room” at times like this. Here is our conversation, gently edited for length and clarity.

Mark S. King: Let’s start first things first. Vaccines. Vaccines! When, and when, where, how, and when?

Dr. Demetre Daskalakis: There have been so many paths of work going on with that. Work to get vaccine faster, work to figure out ways to build the vaccine faster so we have more on the ground, and then on the 9th of August, that’s when the Emergency Use Authorization allowed for an alternative dosing strategy, when a vial can be used for five doses instead of one dose. It stretches what we’ve got while we work to get more on the ground.

Mark: They keep calling it The Vaccine Lottery, right? Which I’ve been participating in, by the way.

Demetre: Which is good! If you need it you should absolutely be participating in it, so thanks for

participating.

Mark: When will supply meet demand? Two weeks from now? Four weeks?

Demetre: I think the story with this new strategy, with five doses in one vial, makes what looked like 400,000 doses coming to us means 2 million doses. And the effort continues to get more. It doesn't mean we're not working in other domains…

Mark: Other domains. I don't know what that means.

Demetre: Domain one is, how do we stretch what we've got. The other domain is getting production of the vaccine to go faster, and then getting that into people's arms.

Mark: As best as I can understand this new dosing you're talking about, using one-fifth the amount, it's based on one study, right? It makes me skeptical. Are you a little nervous about it, that three months from now we're going to figure out that one-fifth was actually not so great, and we would have wasted a lot of time?

Demetre: Looking at the science, and having reviewed it with people at the FDA, the quality of the data is really high. They looked at immune response using four separate tests, and when comparing it to standard dosing the immune response is completely superimposable. In an environment where you have an emergency, where you have a disconnect between supply and demand, and you have really strong data that tells you the vaccines are equivalent, no matter how you give them, there is a high level of confidence that this is equivalent.

With that said, studies are still going to happen to make sure it's working. If we have to pivot again – which, by the way, this monkeypox thing has been pivot, pivot, pivot – we'll pivot again. This is not an ivory tower moment. This is when science is being applied very rapidly, and the best intention of getting vaccines into arms and vaccines that work.

Mark: I hear you, and I appreciate the fact that there are a whole lot of qualifications in there.

Demetre: Totally.

Mark: You're extrapolating this and that, and the emergency set of circumstances, and the fact you're willing to take a certain amount of risk if it means reaching more people.

Demetre: It's a measured risk. (The data suggests) this is a gamble I think we're going to win.

Mark: I actually won the lottery and have an appointment with my local health department on Friday.

Demetre: Yay!

Mark: I'm excited, but I don't know if I'm getting the full dose, or the one-fifth dose, but I hear they must be specially trained to give that one-fifth dose correctly, and I will probably be staring at

them, going, “do you know what you’re doing?”

Demetre: We’re giving people appropriate training so they are comfortable giving people these shots. We are hoping health departments move quickly to the new strategy of one-fifth, so they can get more shots into arms.

Mark: Let’s talk about messaging. As you know, I really like the new CDC language on your website about monkeypox risk, and ways to alleviate risk, and who specifically is at risk. I’ve been talking about it.

Demetre: Yes, thank you for that. We appreciate your voice there.

Mark: Sure. On the CDC website, you talk about sex toys. You talk about buttholes. You say the word “cum!”

Demetre: Fetish gear! And leather and latex.

Mark: So whereas the vaccine distribution hasn’t been where anyone would like, certainly the evolution of the language has been swift.

Demetre: It was remarkable, how fast the guidance language started as a glimmer in the eyes of folks who have experience in HIV and this population, and then how fast the first iteration came out. It’s a priority for CDC and for the rest of this response that we provide as clear and culturally appropriate guidance as possible. We literally pulled a page out of the AIDS playbook. The Michael Callen document, “How to Have Sex in an Epidemic,” is the inspiration for this (Callen wrote the iconic pamphlet with Richard Berkowitz, who is still living).

Mark: Are local health departments adopting this language?

Demetre: The CDC sort of flips a switch, and gives clear guidance and language, and it helps the health departments, yes. They take it and might massage it for their own communities. Other places are literally just posting the guidance. It’s taken a life of its own because of its frankness, with influencers and others. (The gay online sites) Scruff and Jack’d put it out verbatim.

Mark: Right-wing media is an influencer, too, and they take this provocative language and run with it to stigmatize gay men. I think homophobia will always be there. We can’t let it stop us from speaking candidly to communities at risk. Someone used the example of a gay bashing when the attackers shouted, “monkeypox faggots!” You know what? Those attackers would have picked up that beer bottle anyway.

Demetre: Any fuel you can give to hate is bad. From the perspective of governmental public health, it’s our job to be frank and honest, but also in a way that doesn’t propagate stigma.

Mark: But isn’t Job One to tell the truth?

Demetre: Absolutely. We toe that line every day. (In our HIV work) we work on getting messages to populations that are overrepresented in the epidemic, but without making the epidemic a defining characteristic for them. What I keep saying is, it only takes a moment to create stigma, and it can last decades. But you have to be fearless, and give the guidance that you actually think is based on epidemiology and science.

Mark: Like?

Demetre: The latest CDC guidance suggests that, as we're scaling up vaccines, you might want to back off on some behaviors that could expose you to monkeypox. That is the most sex-positive guidance I've ever seen in the last year.

Mark: I've said that gay men might want to dial back our more prolific sexual adventures for a little bit. The vaccine is on the truck. It's coming. Give it a few weeks.

Demetre: Let's talk about the way the infections work, monkeypox and HIV. Let's go back to 1981, and say that we didn't have antiretrovirals or PrEP or anything. If you only had behavioral change alone, and everyone listened and did it, it would still take three or four generations of behavior change to end HIV, because of the half life of the virus.

Mark: Okay…

Demetre: Monkeypox is different. If you do behavior change for a small amount of time, and you have a countermeasure that works, then boom!

Mark: It's close-ended! And it isn't a moral judgment. Guys are welcome to return to whatever sexuality suited them previously, but right now, guys, just give it some time.

Demetre: Yup.

Mark: Even with this great guidance, there was a story on The Today Show this morning about monkeypox that barely mentioned sex or men who have sex with men. But they were sure to mention to wash the towels. What the fuck? Here you have a great outlet that is tripping over themselves, I guess, not to offend the queers, when those folks, us, are craving information!

Demetre: Yesterday we had this press conference (about the new dosage strategy), and reporters were using words like, "the affected population." When I got to speak, I made sure they knew it was important to say "gay, bisexual, and other men who have sex with men…"

Mark: We need to hear it! We need to know this is about us.

Demetre: There is something correct about creating guidance that is appropriate for lots of groups, but if you don't disseminate that guidance to groups in a way that is audible to the group that is overrepresented – gay, bisexual, men who have sex with men – you're failing.

Mark: GLAAD was quoted in The Guardian story today, essentially pushing the line that "anybody can get monkeypox," and I'm like, you're fucking GLAAD. Why aren't you dealing with real facts? Science writer Benjamin Ryan has been great on Twitter, knocking down hysteria about monkeypox and who it might affect. It is still affecting, to the tune of 98%, men who have sex with men. It isn't jumping the line, at this time, to heterosexuals. Right?

Demetre: The CDC just released an MMWR (Morbidity and Mortality Weekly Report) for the first couple of thousand cases. There's definitely been some scenarios where it's been non-men who have sex with men, and monkeypox doesn't differentiate based on sexual orinetation or gender identity, but the vast majority of cases that we are seeing now are men who have sex with men.

Mark: I want to talk about you and what you're going through right now. I think you're the most visible openly gay man at CDC right now. What's that been like?

Demetre: I'm out about everything. So it feels great. I've intertwined my identity into the work because I can't not do that. That's not for everyone. Some people need that partition. This community is why I did HIV.

Mark: I just wondering how crucial it was to have a gay man in the room, during monkeypox. You're the gay in the room. How crucial was that when they started talking about language and guidance…?

Demetre: Yeah. Well, I'll say there are lots of gays in the room (laughs). But being the gay in the room that had a level of authority, being a division director, I think was really important. I think the only thing that was as important as being the gay in the room was being the one with HIV prevention and treatment experience. There were so many opportunities to say, "this is exactly something that happened in HIV that we shouldn't replay…"

I remember GRID (an early name for HIV/AIDS, known as "Gay Related Immune Deficiency"). Anytime someone is going to call something "a gay disease," your skin crawls. That's why I say, "it only takes a moment to create decades of stigma."

And by intertwining my identity as a gay man with my work, I hope I'm being used as a resource. That's why I do it. And Mark, there are some days when you don't feel like being the gay in the room. Right? But I don't have that option because it's the right thing to do. Sometimes, you walk in, and some micro-aggression happens, and you just want to disappear and not deal with it. But ever since I was a kid, my strategy was to return a level of aggression back. But I totally understand people who don't want to deal with it.

Mark: You're talking to a guy who went to high school in the late 1970s in Bossier City, Louisiana, and wore platform shoes and pooka shells and was, like, don't fuck with me.

Demetre: What a trendsetter!

Mark: What's the rest of your day like?

Demetre: This is like wartime to me. There’s media, there’s decision making, there’s policy discussions, and it’s really all over the place, which is appropriate. We’re in wartime to make sure we control this outbreak. My full time job is monkeypox.

Mark: But for those of us who were excited about you going to do HIV at CDC in the first place…

Demetre: I’m coming back. HIV is my central passion. And I’ll just say that I’m getting quite a number of new skills and insights into the way things work that will serve HIV really well when I return.

Mark: Okay, then you run along. Thanks for all this time.

Demetre: Nice talking to you, Mark. Take care.

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