



Driving My Staff Crazy

Will it be OK to travel for work, especially when you work in HIV?

January 26, 2022 By [Paul Kawata](#)

Leadership feels impossible during these crazy times. Everyone is angry, sad, lost, or overwhelmed. I'm not going to lie, I'm driving my staff crazy, and I can't stop myself. I share this uncensored truth because I want you to know YOU ARE NOT ALONE. Everyone is going through it or knows somebody who is having a difficult time. Hopefully there is comfort in knowing it's not just you. We are being asked to make impossible decisions without having all the data. We have to watch in fear as staff and clients get sick, praying they don't die or get long haul COVID. And we're being triggered by the lack of human touch and connection.

Sharing challenges is my way of coping. NMAC's staff are desperate to know when will it be safe to meet, when life will return to normal. Will it be OK to travel for work, especially when you work in HIV? Will the [Biomedical HIV Prevention Summit](#) really happen in late April? We've going to do our best to make it happen. In 2022 NMAC will require attendees at [USCHA](#), the Summit, and regional training be vaccinated and boosted. Will we require a negative COVID test? If we are requiring COVID tests, should we even be meeting?

Here is my truth, as an old Asian Queen living with cancer: I want to be here for the end of the HIV epidemic. That means I'm fully vaccinated and boosted. NMAC works with constituents and has staff who are immune compromised. We must be extra vigilant. But, as we have learned from our children in school, caution has to be balanced with the value of in-person learning. Even before COVID, too many people living with HIV faced the challenges of isolation that leads to depression. Recently, I asked on Facebook if people were ready to meet. Overwhelmingly, I heard "YES." It's a question of doing it safely, kind of like Safer Sex. We don't talk about it as much as we used to, but there was a time when gay men had to ask difficult questions about the future of gay sex. Back in the '80s, when it became clear that HIV was transmitted by sex, particularly anal sex, gay men had to learn how to adapt. As a gay man who came out prior to AIDS, I never thought I would need to know about condoms. Yet there I was demonstrating how to put a condom on a banana in a bathhouse with a very famous porn star in front of a huge group of men in towels (the stories I could tell). As I said, we learned to adapt to survive.

Even in the face of death, most gay men were not willing to give up sex. To be completely safe from COVID, you need to live in a bubble in isolation from the outside world. Most of us are not willing to live in the 24/7 isolation needed to guarantee not getting COVID. Like with safer sex, we need to figure out what is acceptable risk. Right now, at the peak of Omicron I am keeping my

distance and it is driving me and my staff a little crazy. Hopefully, this peak will be over in the near term, but we will still have COVID, and we will need to figure out how to safely navigate the world.

Based on my experience of the early days of the AIDS epidemic, I know we are an amazing tribe of survivors who will adapt and thrive as we fight multiple epidemics. To the extent that I want to be here for the end of the HIV epidemic, I want that for our entire movement. NMAC will never intentionally put people at risk; however, COVID requires our best adaptations and the understanding that life has risks. In the '80s gay men had to ask themselves "do I give up sex or learn how to use a condom?" Now we need to figure out how to live with COVID.

Yours in the Struggle,

Paul Kawata

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