



Marriage Equality and HIV: What's Love Got to Do with It?

By Kelsey Louie and Jordan Sang

IN THE LANDMARK case, *Obergefell v. Hodges*, the Supreme Court of the United States ruled that marriage equality is a constitutional right for all Americans, regardless of sexual orientation or gender identity. This victory for lesbian, gay, bisexual and transgender (LGBT) Americans was hard fought, including against those who argued that marriage equality only benefits cisgender, white, wealthy, gay males. But marriage is more than just a list of rights and responsibilities. According to Justice Kennedy's majority opinion in *United States v. Windsor*:

[Marriage] is a far-reaching legal acknowledgment of the intimate relationship between two people, a relationship deemed by the State worthy of dignity in the community equal with all other marriages. It reflects both the community's considered perspective on the historical roots of the institution of marriage and its evolving understanding of the meaning of equality.

As same-sex couples nationwide finally are able to legally marry the person they love, we must look back at our collective history to see how we accomplished so much so quickly. Unbeknownst to many, the HIV and AIDS epidemic in the 1980s and '90s sparked the fight that led to the victory for marriage equality in America. During that time of immense death and loss, the harm caused by the lack of legal recognition of same-sex partners was devastating. Hospitals would not allow gay men to visit their dying partners, who were also left out of important medical decisions and excluded from wills and other legal documents.

The history that led to marriage equality is just as important to celebrate as the victory itself. Marriage equality could not have been reached without the courage and determination of pioneers in the LGBT rights movement. From Henry Gerber in 1924—who

created the first U.S. gay rights organization—to Harry Hay and the Mattachine Society in the 1950s, each progression toward LGBT rights allowed the next piece of the foundation for full equality to be laid. And, much of the progress for those rights today can be attributed to transgender activists like Sylvia Rivera and Marsha P. Johnson, who defiantly stood up against abusive treatment by the New York City Police Department in the late 1960s at the Stonewall Inn.

Prior to *Obergefell*, a 2010 nationwide study of over 43,000 Americans analyzed the psychological health implications for LGB people (transgender people were not included in this study) in states with anti-LGBT marriage amendments. The results showed higher rates of anxiety disorder, substance use disorder, and mood disorders for LGB participants living in these states, compared to their peers living in states without anti-LGBT marriage amendments.

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Analogous to mental health, marriage equality has also been shown to reduce new HIV infections. A 2009 study from Emory University found that increased tolerance for LGB people reduced new infections and that laws against same-sex marriage can be directly tied to a rise in HIV cases by 4 per 100,000 people. As one of the study researchers explained, "Intolerance is deadly... Bans on gay marriage codify intolerance,

causing more gay people to shift to underground sexual behaviors that carry more risk.”

Not surprising, these findings highlight the harmful effects of bigotry and stigma. When society becomes more accepting and discrimination decreases, we see an improvement in the health and lives of LGBT individuals. These findings also demonstrate the importance of marriage equality as a structural determinant of health, with broad implications. Undoubtedly, marriage is a fundamental right that plays a key role in improving the health of LGBT individuals, including those at high risk for HIV infection.

While it is important to celebrate our victories, we must not be disillusioned that marriage equality is the solution to all our problems. Our community is still plagued by disparities, including our need to return our attention to the injustice that sparked the marriage equality fight in the first place. Now, our collective aspiration must be nothing short of a cure for HIV and AIDS.

Though progress has been made since the early days of the epidemic, the statistics are still troubling. Every year, 50,000 people in the U.S. become HIV positive, with the highest incidence among young gay and bisexual men of color and transgender women of color. Additionally, 1.2 million people in the U.S. are living with HIV or AIDS, and an estimated one in eight people living with HIV are unaware of their status, which means they are not receiving medical treatment to manage their disease. In fact, in 2012 only

30 percent of all persons living with HIV in the U.S. achieved viral suppression.

Thirty-four years into the epidemic, these statistics are unacceptable. Science indicates that a cure is increasingly within our grasp, but as we learned from early HIV and AIDS activists: Silence=Death. Unless the LGBT community stands united, the way we did in the early years of the AIDS epidemic and to win marriage equality, we will allow the promise of a cure to slip through our fingers.

The Supreme Court ruling on marriage equality was a major human rights milestone. The time is now to expand on this and other victories by renewing our commitment to finding a cure for HIV and AIDS. By building on the marriage equality win and focusing on HIV and AIDS, we will address the egregious social inequalities that impact people living with HIV and AIDS, such as homelessness, unemployment, workplace discrimination, and isolation among long-time survivors, to name a few. Our community is unstoppable when we stand together. We should use this

celebration to build momentum that empowers us to create a world where we cannot only marry the people we love, but also where we can end AIDS once and for all.



Kelsey Louie at a rally after the *Obergefell* decision in June 2015

Courtesy of Marriage Equality USA



Co-author Jordan Sang



My Best Sex-Ed Teacher Was a Playboy Playmate

By Chelsea Miller

I WAS ALREADY a sexually active teenager by the time I began the sexual education class offered by my high school in suburban Colorado. Though the class did not teach an extreme abstinence-only curriculum, it failed to teach me how to better protect myself from sexually transmitted infections (STIs). Rather than also discussing safer-sex practices, we only learned ways

to avoid unwanted pregnancies. I was taught to use a condom or “The Pill” for birth control so that I didn’t become another teenage pregnancy statistic, but I didn’t truly learn about how to protect myself from STIs until I went to college. As a result, I experienced years of ignorance, with plenty of opportunities for careless sexual encounters—until I met a Playboy Playmate.

In 2015, Congress passed a bill that increased funding by \$25 million for states to adopt abstinence-only sex education curricula. While some members of Congress believe that abstinence-only is effective in preventing youth from becoming sexually active, research shows otherwise. By the time teenagers are 17, 48 percent have had sex. That proportion increases to 71 percent by the time they reach age 19. Research has also shown that youth who are only taught abstinence are less likely to use protection when they start having sex, and they are also less likely to be tested for STIs.

Approximately 25 percent of clients at Gay Men's Health Crisis (GMHC) are women who are either living with or affected by HIV and AIDS. The women in GMHC's Action Center, which empowers clients to advocate for public policy at the city, state, and federal levels, have shared significant concerns about the lack of accurate information about HIV they received when they were in school. They also report that they were not taught about risks in relation to early sexual experiences, and they share a mutual concern about incomplete sexual education for youth in their neighborhoods today.

Unfortunately, the myth of HIV as a "gay disease" still exists. When school curricula fail to disparage harmful beliefs like this, students remain uneducated about their own risks for infection. Additionally, this misinformation is harmful because it allows anti-LGBT bias and ignorance about people living with HIV to persevere. Like many of my peers, I grew up associating condoms with reproduction, rather than protection. Little did I know that one in four people living with HIV in the United States is a woman, and that most new HIV infections among women result from heterosexual sex.

When I was in college, a former student group known as the Queer Initiative at the University of Colorado Boulder hosted the AIDS Memorial Quilt each year. In addition to displaying the Quilt, the group usually sponsored a speaker to share his or her personal experience with HIV or AIDS. In 2011, I attended this speaking engagement with some of my girlfriends, and that's when I met Playboy's Miss September 1986, Rebekka Armstrong. Rebekka contracted HIV from an unprotected sexual experience in high school, and she didn't find out she was positive until four years later, at the young age of 22.



Rebekka Armstrong

Courtesy of Samara Lectures

Since then, she has become an HIV advocate and is one of the most well-known representatives of HIV transmission among heterosexuals.

Rebekka began her speech by ripping open a condom proudly above her head. The room responded with nervous laughter as she took out a yellow, latex condom. Then, she proceeded to stick her hand, balled into a fist, inside the opening of the condom and stretched it slowly down to her elbow. She looked into the crowd of confused college students and proclaimed, "If he says it doesn't fit, IT FITS! I assure you, IT FITS!" The crowd laughed and cheered. My girlfriends and I looked at each other wide-eyed with disbelief.

I listened to Rebekka in awe. As a young, white, heterosexual woman in suburban Colorado, it never crossed my mind that I could be infected with HIV. Like Rebekka, I also had sexual encounters where my partner said the condom was too uncomfortable or didn't fit right. Looking back, my judgment was clouded by a lack of education about how to better protect myself.

After the speech, I sat with my girlfriends and we reminisced about past sexual encounters. We tried to make excuses, but after listening to Rebekka no excuse justified the fact that we did not better protect ourselves from STIs. We committed to getting better educated, to getting tested together, and most importantly, to using protection with all future sexual partners.

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Rebekka was enlightening and unforgettable. She made me realize that contraception is not only about preventing unwanted pregnancies. It's also about reducing risk for HIV and other STIs. *This* is what I should have learned in my high school sex-ed class.

Instead of avoiding the conversation by teaching students to abstain from sexual contact altogether, sexual education classes in high school should educate teenagers about how to better protect their health.

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SPOTLIGHT STORIES

Hi! My name is Li'l Man Old Navy

a.k.a. Li'l Man Khan. I've been in the Kiki scene for three years now. I started off walking performance the first year coming into the Kiki scene. Old Navy recruited me, but performance wasn't my only interest. I wanted more.

At some point in my life, I went through a lot. Things were not working out and I became homeless. But I had dreams to become a better person. I never wanted to slip into doing any type of risky behaviors that involved stuff like sex or drugs. So, I ended up staying at my gay father's house, so I could better myself and get my mind on the right track. This was the best outlet to keep me focused on the bigger picture.

Before I started walking runway, I remember bringing it up to my father and he was like, "No." I explained to him that I could do it because not only did I graduate in vocal performance; I also had a head full of creative ideas that didn't need to go to waste.

He eventually let me walk the Runaway. For me, it was a way to let all my frustrations out. It was therapeutic. I let out all my demons through the Runway. I got myself together to walk the Pink Lady Ball and I had a lot of support doing it. That night, I walked out of there with my first grand prize.

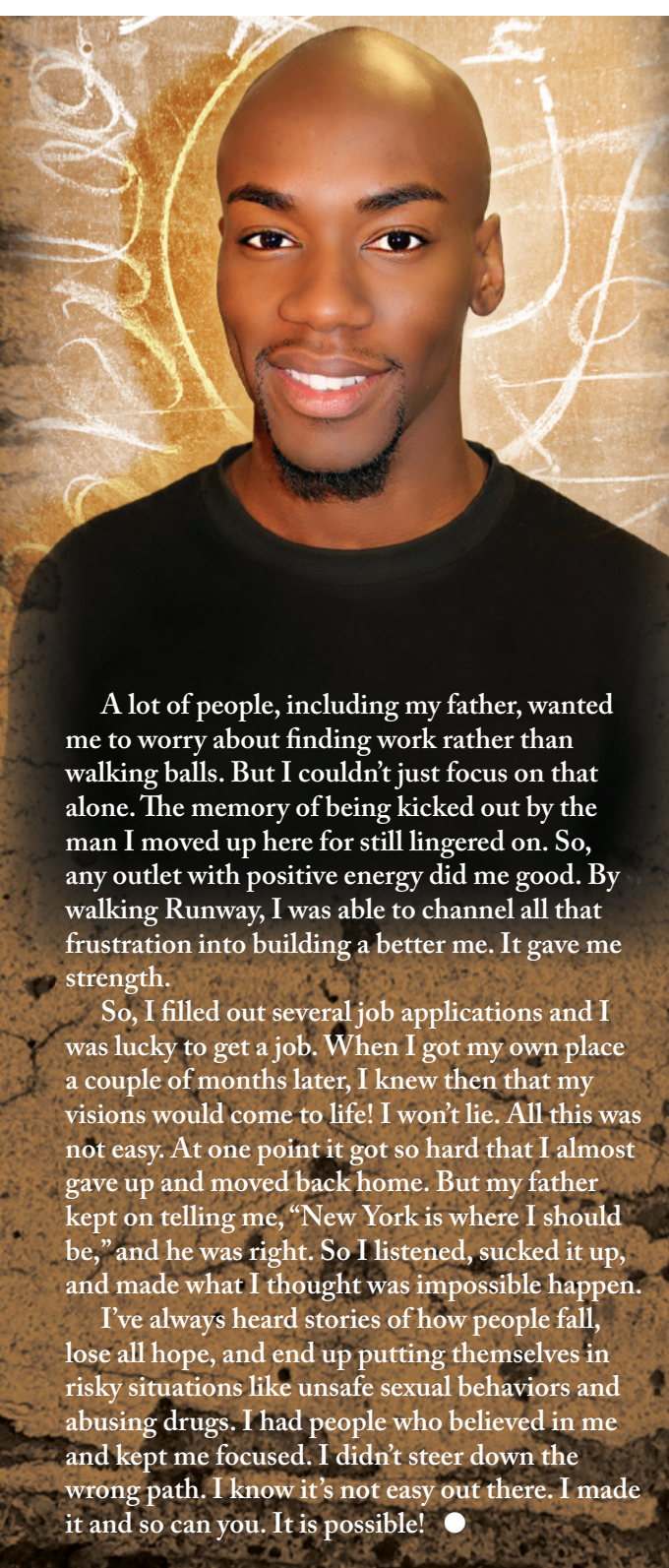
We all know that Runway isn't a cheap category, and I knew that for me being homeless, it would reflect through my Runway, my character, and my effects.

In order to build a better effect you need money. I didn't have the money to do that.

A lot of people, including my father, wanted me to worry about finding work rather than walking balls. But I couldn't just focus on that alone. The memory of being kicked out by the man I moved up here for still lingered on. So, any outlet with positive energy did me good. By walking Runway, I was able to channel all that frustration into building a better me. It gave me strength.

So, I filled out several job applications and I was lucky to get a job. When I got my own place a couple of months later, I knew then that my visions would come to life! I won't lie. All this was not easy. At one point it got so hard that I almost gave up and moved back home. But my father kept on telling me, "New York is where I should be," and he was right. So I listened, sucked it up, and made what I thought was impossible happen.

I've always heard stories of how people fall, lose all hope, and end up putting themselves in risky situations like unsafe sexual behaviors and abusing drugs. I had people who believed in me and kept me focused. I didn't steer down the wrong path. I know it's not easy out there. I made it and so can you. It is possible! ●



GMHC recently produced a series of "Spotlight Stories" cards featuring gay, lesbian, bisexual, and transgender youth of color talking about their experiences negotiating safer sex. This Spotlight Story has been reformatted to fit this publication.

This project was funded by the New York City Department of Health and Mental Hygiene through a contract with Public Health Solutions.

It's imperative that young women—and men—learn about STIs, especially HIV and AIDS. Abstinence-only sex education harms public health and is a misuse of fundamental resources. We need a common sense

approach to ending the HIV and AIDS epidemic, and ignorance is not the answer.

Sometimes, it takes a Playboy Playmate elbow deep in a latex condom to provide the best sex education.

Empowering People Living with HIV and AIDS through Employment

By A.W.

I WAS DIAGNOSED with HIV in 1999 and I thought I'd never be able to work again. However, the advent of anti-retroviral therapies (ART) in 1996 made it possible for me and many others living with HIV and AIDS to consider employment. Prior to ART, those who became infected had little hope for a long future. Today, the AIDS-related mortality rate in the U.S. is under 7,000 per year and over 1.2 million HIV-positive people in the U.S. are living full and healthy lives. Accordingly, employment is an essential piece of the coordinated response to HIV and AIDS, and it has both pragmatic and psychological effects.

Agencies that have traditionally served people living with HIV and AIDS (PLWHA) have mostly focused on medical and psychological issues like prevention, regimen adherence, symptom treatment, and support. However, these agencies are now finding that workforce development is also a critical program and service. My story represents the struggle that tens of thousands of PLWHA face—too often our HIV status makes us feel less than others. Yet when we go back to work, we combat our fears, reclaim control of our lives, and we thrive.

I began working part-time again in 2000 after a long period of unemployment. Substance abuse and then an HIV diagnosis temporarily derailed my career goals and, like many, I was apprehensive about returning to the work force. Soon after, I began taking on more work and was promoted to a full-time position in employment services. Afterward, I was offered a position as the Job Readiness Instructor at Gay Men's Health Crisis (GMHC). Since starting at GMHC, I have been promoted three times to my current position, Assistant Director of Workforce Development, which seems truly poetic.

Remarkably, I am now in a position to increase awareness about the lack of employment services for the HIV and AIDS community, as well as others living with chronic illnesses and disabilities. What I am most proud of is my ability to understand both sides of the spectrum. I have overcome many obstacles with the



Workforce Development training in GMHC's SUNY Computer Lab

help of people who were in positions that allowed them to guide and nurture me. I now have that same power and ability to help others like me.

Employment plays a key role in reducing stigma and improving the psychological health of PLWHA. As one client told me, "I feel happy, I work just as anybody else who is healthy works, so I feel there is nothing wrong with me." Multiple studies have found that PLWHA who are employed are less susceptible to depression and live longer than those who are unemployed.

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446 West 33rd Street, New York, NY 10001
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Additionally, a 2008–2009 survey from the New York State Department of Health's AIDS Institute found that 49 percent of respondents reported that their self-care increased since becoming employed. Forty-six percent reported an increase in their CD4 count, 21 percent reported an increase in medication adherence,

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34 percent reported a decrease in alcohol and drug use, and 30 percent reported a decrease in unprotected sex.

The lack of PLWHA in the workforce is not due to inability or poor qualifications. It's simply difficult for them to secure a good-paying job, which indicates the increased need for employment services to help them. There are multiple barriers and deterrents for PLWHA to seek and gain employment. A recent study found a significantly low amount of PLWHA participating in employment and training services, primarily due to lack of information about these services. Misinformation regarding loss of public benefits is another deterrent.

Additionally, financial insecurity and income inequality in the workplace are major barriers—one study of employed PLWHA found that 19 percent earned less than \$15,000 annually. These findings highlight the need for training and vocational rehabilitation services so that PLWHA have the same access and opportunity for jobs that have higher wages.

I have now been at GMHC for over 11 years and have had the privilege of managing the Back to Work (BTW) program, Moving Ahead Toward Career Horizons (MATCH), and a new pilot demonstration called Realizing Independence through Support and Employment (RISE). These programs provide training and support for people who want to return to work and begin a journey to self-sufficiency. To date, GMHC's Workforce Development programs have helped over 4,000 PLWHA, and it is my goal to continue this work to help many more.

Employment practices and public policies must provide better support for PLWHA, so that health fluctuations do not lead to unnecessary loss of employment. Employment is a fundamental part of life and it means much more than a paycheck—it offers purpose and opportunity to lead an independent, self-directed life, which we are all entitled to and strive to achieve.

In December 2014, I completed my Master's degree in Public Administration. I hope to inspire others who share a similar story to complete higher education and to earn better opportunities that positively impact their livelihoods. I am heartened and honored to be afforded the opportunity to do what I love and what I am extremely passionate about—providing supportive vocational and job placement assistance to the HIV and AIDS community.