

SEEKING A SAFE HAVEN: LGBTS AND IMMIGRATION

THE ADVOCATE

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The Last Warrior

The wisdom of
Larry Kramer

What is STRIBILD?

STRIBILD is a prescription medicine used to treat HIV-1 in adults who have never taken HIV-1 medicines before. STRIBILD combines 4 medicines into 1 pill to be taken once a day with food. STRIBILD is a complete single-tablet regimen and should not be used with other HIV-1 medicines.

STRIBILD does not cure HIV-1 infection or AIDS. To control HIV-1 infection and decrease HIV-related illnesses you must keep taking STRIBILD. Ask your healthcare provider if you have questions about how to reduce the risk of passing HIV-1 to others. Always practice safer sex and use condoms to lower the chance of sexual contact with body fluids. Never reuse or share needles or other items that have body fluids on them.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about STRIBILD?

STRIBILD can cause serious side effects:

- **Build-up of an acid in your blood (lactic acidosis),** which is a serious medical emergency. Symptoms of lactic acidosis include feeling very weak or tired, unusual (not normal) muscle pain, trouble breathing, stomach pain with nausea or vomiting, feeling cold especially in your arms and legs, feeling dizzy or lightheaded, and/or a fast or irregular heartbeat.
- **Serious liver problems.** The liver may become large (hepatomegaly) and fatty (steatosis). Symptoms of liver problems include your skin or the white part of your eyes turns yellow (jaundice), dark "tea-colored" urine, light-colored bowel movements (stools), loss of appetite for several days or longer, nausea, and/or stomach pain.
- **You may be more likely to get lactic acidosis or serious liver problems** if you are female, very overweight (obese), or have been taking STRIBILD for a long time. In some cases, these serious conditions have led to death. Call your healthcare provider right away if you have any symptoms of these conditions.

▪ **Worsening of hepatitis B (HBV) infection.** If you also have HBV and stop taking STRIBILD, your hepatitis may suddenly get worse. Do not stop taking STRIBILD without first talking to your healthcare provider, as they will need to monitor your health. STRIBILD is not approved for the treatment of HBV.

Who should not take STRIBILD?

Do not take STRIBILD if you:

- **Take a medicine that contains:** alfuzosin, dihydroergotamine, ergotamine, methylergonovine, cisapride, lovastatin, simvastatin, pimozide, sildenafil when used for lung problems (Revatio®), triazolam, oral midazolam, rifampin or the herb St. John's wort.
- **For a list of brand names for these medicines,** please see the Brief Summary on the following pages.
- **Take any other medicines to treat HIV-1 infection,** or the medicine adefovir (Hepsera®).

What are the other possible side effects of STRIBILD?

Serious side effects of STRIBILD may also include:

- **New or worse kidney problems, including kidney failure.** Your healthcare provider should do regular blood and urine tests to check your kidneys before and during treatment with STRIBILD. If you develop kidney problems, your healthcare provider may tell you to stop taking STRIBILD.
- **Bone problems,** including bone pain or bones getting soft or thin, which may lead to fractures. Your healthcare provider may do tests to check your bones.
- **Changes in body fat** can happen in people taking HIV-1 medicines.
- **Changes in your immune system.** Your immune system may get stronger and begin to fight infections. Tell your healthcare provider if you have any new symptoms after you start taking STRIBILD.

The most common side effects of STRIBILD include nausea and diarrhea. Tell your healthcare provider if you have any side effects that bother you or don't go away.

What should I tell my healthcare provider before taking STRIBILD?

- **All your health problems.** Be sure to tell your healthcare provider if you have or had any kidney, bone, or liver problems, including hepatitis virus infection.
- **All the medicines you take,** including prescription and nonprescription medicines, vitamins, and herbal supplements. STRIBILD may affect the way other medicines work, and other medicines may affect how STRIBILD works. Keep a list of all your medicines and show it to your healthcare provider and pharmacist. Do not start any new medicines while taking STRIBILD without first talking with your healthcare provider.
- **If you take hormone-based birth control** (pills, patches, rings, shots, etc).
- **If you take antacids.** Take antacids at least 2 hours before or after you take STRIBILD.
- **If you are pregnant** or plan to become pregnant. It is not known if STRIBILD can harm your unborn baby. Tell your healthcare provider if you become pregnant while taking STRIBILD.
- **If you are breastfeeding** (nursing) or plan to breastfeed. Do not breastfeed. HIV-1 can be passed to the baby in breast milk. Also, some medicines in STRIBILD can pass into breast milk, and it is not known if this can harm the baby.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Brief Summary of full Prescribing Information with **important warnings** on the following pages.



STRIBILD is a prescription medicine used as a complete single-tablet regimen to treat HIV-1 in adults who have never taken HIV-1 medicines before. STRIBILD does not cure HIV-1 or AIDS.

I started my personal revolution

Talk to your healthcare provider about starting treatment.

STRIBILD is a complete HIV-1 treatment in **1 pill**, once a day.

Ask if it's right for you.

STRIBILD® 

elvitegravir 150mg/ cobicistat 150mg/ emtricitabine 200mg/ tenofovir disoproxil fumarate 300mg tablets

Patient Information

STRIBILD® (STRY-bild) (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/ tenofovir disoproxil fumarate 300 mg) tablets

Brief summary of full Prescribing Information. For more information, please see the full Prescribing Information, including Patient Information.

What is STRIBILD?

- **STRIBILD is a prescription medicine** used to treat HIV-1 in adults who have never taken HIV-1 medicines before. STRIBILD can also be used to replace current HIV-1 medicines for some adults who have an undetectable viral load (less than 50 copies/mL of virus in their blood), and have been on the same HIV-1 medicines for at least 6 months and have never failed past HIV-1 treatment, and whose healthcare provider determines that they meet certain other requirements.
- **STRIBILD is a complete HIV-1 medicine** and should not be used with any other HIV-1 medicines.
- **STRIBILD does not cure HIV-1 or AIDS.** You must stay on continuous HIV-1 therapy to control HIV-1 infection and decrease HIV-related illnesses.
- **Ask your healthcare provider about how to prevent passing HIV-1 to others.** Do not share or reuse needles, injection equipment, or personal items that can have blood or body fluids on them. Do not have sex without protection. Always practice safer sex by using a latex or polyurethane condom to lower the chance of sexual contact with semen, vaginal secretions, or blood.

What is the most important information I should know about STRIBILD?

STRIBILD can cause serious side effects, including:

1. **Build-up of lactic acid in your blood (lactic acidosis).** Lactic acidosis can happen in some people who take STRIBILD or similar (nucleoside analogs) medicines. Lactic acidosis is a serious medical emergency that can lead to death. Lactic acidosis can be hard to identify early, because the symptoms could seem like symptoms of other health problems. **Call your healthcare provider right away if you get any of the following symptoms which could be signs of lactic acidosis:**

- feel very weak or tired
- have unusual (not normal) muscle pain
- have trouble breathing
- have stomach pain with nausea or vomiting
- feel cold, especially in your arms and legs
- feel dizzy or lightheaded
- have a fast or irregular heartbeat

2. **Severe liver problems.** Severe liver problems can happen in people who take STRIBILD. In some cases, these liver problems can lead to death. Your liver may become large (hepatomegaly) and you may develop fat in your liver (steatosis). **Call your healthcare provider right away if you get any of the following symptoms of liver problems:**

- your skin or the white part of your eyes turns yellow (jaundice)
- dark “tea-colored” urine
- light-colored bowel movements (stools)
- loss of appetite for several days or longer
- nausea
- stomach pain

You may be more likely to get lactic acidosis or severe liver problems if you are female, very overweight (obese), or have been taking STRIBILD for a long time.

3. Worsening of Hepatitis B infection. If you have hepatitis B virus (HBV) infection and take STRIBILD, your HBV may get worse (flare-up) if you stop taking STRIBILD. A “flare-up” is when your HBV infection suddenly returns in a worse way than before.

- Do not run out of STRIBILD. Refill your prescription or talk to your healthcare provider before your STRIBILD is all gone
- Do not stop taking STRIBILD without first talking to your healthcare provider
- If you stop taking STRIBILD, your healthcare provider will need to check your health often and do blood tests regularly for several months to check your HBV infection. Tell your healthcare provider about any new or unusual symptoms you may have after you stop taking STRIBILD

Who should not take STRIBILD?

Do not take STRIBILD if you also take a medicine that contains:

- adefovir (Hepsera®)
- alfuzosin hydrochloride (Uroxatral®)
- cisapride (Propulsid®, Propulsid Quicksolv®)
- ergot-containing medicines, including: dihydroergotamine mesylate (D.H.E. 45®, Migranal®), ergotamine tartrate (Cafergot®, Migrergot®, Ergostat®, Medihaler Ergotamine®, Wigraine®, Wigrettes®), and methylergonovine maleate (Ergotrate®, Methergine®)
- lovastatin (Advicor®, Altopen®, Mevacor®)
- midazolam, when taken by mouth
- pimozide (Orap®)
- rifampin (Rifadin®, Rifamate®, Rifater®, Rimactane®)
- sildenafil (Revatio®), when used for treating lung problems
- simvastatin (Simcor®, Vytorin®, Zocor®)
- triazolam (Halcion®)
- the herb St. John’s wort

Do not take STRIBILD if you also take any other HIV-1 medicines, including:

- Other medicines that contain elvitegravir, cobicistat, emtricitabine, or tenofovir (Atripla®, Complera®, Emtriva®, Truvada®, Tybost®, Viread®, Vitekta®)
- Other medicines that contain lamivudine or ritonavir (Combivir®, Epivir® or Epivir-HBV®, Epzicom®, Kaletra®, Norvir®, Triumeq®, Trizivir®)

STRIBILD is not for use in people who are less than 18 years old.

What are the possible side effects of STRIBILD?

STRIBILD may cause the following serious side effects:

- See “What is the most important information I should know about STRIBILD?”
- **New or worse kidney problems, including kidney failure.** Your healthcare provider should do blood and urine tests to check your kidneys before you start and while you are taking STRIBILD. Your healthcare provider may tell you to stop taking STRIBILD if you develop new or worse kidney problems.
- **Bone problems** can happen in some people who take STRIBILD. Bone problems include bone pain, softening or thinning (which may lead to fractures). Your healthcare provider may need to do tests to check your bones.
- **Changes in body fat** can happen in people who take HIV-1 medicine. These changes may include increased amount of fat in the upper back and neck (“buffalo hump”), breast, and around the middle of your body (trunk). Loss of fat from the legs, arms and face may also happen. The exact cause and long-term health effects of these conditions are not known.

- **Changes in your immune system** (Immune Reconstitution Syndrome) can happen when you start taking HIV-1 medicines. Your immune system may get stronger and begin to fight infections that have been hidden in your body for a long time. Tell your healthcare provider right away if you start having any new symptoms after starting your HIV-1 medicine.

The most common side effects of STRIBILD include:

- Nausea
- Diarrhea

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

- These are not all the possible side effects of STRIBILD. For more information, ask your healthcare provider.
- Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I tell my healthcare provider before taking STRIBILD?

Tell your healthcare provider about all your medical conditions, including:

- If you have or had any kidney, bone, or liver problems, including hepatitis B infection
- If you are pregnant or plan to become pregnant. It is not known if STRIBILD can harm your unborn baby. Tell your healthcare provider if you become pregnant while taking STRIBILD.
 - There is a pregnancy registry for women who take antiviral medicines during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk with your healthcare provider about how you can take part in this registry.
- If you are breastfeeding (nursing) or plan to breastfeed. Do not breastfeed if you take STRIBILD.
 - You should not breastfeed if you have HIV-1 because of the risk of passing HIV-1 to your baby.
 - Two of the medicines in STRIBILD can pass to your baby in your breast milk. It is not known if the other medicines in STRIBILD can pass into your breast milk.
 - Talk with your healthcare provider about the best way to feed your baby.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements:

- STRIBILD may affect the way other medicines work, and other medicines may affect how STRIBILD works.
- Be sure to tell your healthcare provider if you take any of the following medicines:
 - Hormone-based birth control (pills, patches, rings, shots, etc)
 - Antacid medicines that contain aluminum, magnesium hydroxide, or calcium carbonate. Take antacids at least 2 hours before or after you take STRIBILD
 - Medicines to treat depression, organ transplant rejection, or high blood pressure
 - amiodarone (Cordarone®, Pacerone®)
 - atorvastatin (Lipitor®, Caduet®)
 - bepridil hydrochloride (Vascor®, Bepadin®)
 - bosentan (Tracleer®)
 - buspirone
 - carbamazepine (Carbatrol®, Epitol®, Equetro®, Tegretol®)
 - clarithromycin (Biaxin®, Prevpac®)
 - clonazepam (Klonopin®)
 - clorazepate (Gen-xene®, Tranxene®)

- colchicine (Colcrys®)
- medicines that contain dexamethasone
- diazepam (Valium®)
- digoxin (Lanoxin®)
- disopyramide (Norpace®)
- estazolam
- ethosuximide (Zarontin®)
- flecainide (Tambocor®)
- flurazepam
- fluticasone (Flovent®, Flonase®, Flovent Diskus®, Flovent HFA®, Veramyst®)
- itraconazole (Sporanox®)
- ketoconazole (Nizoral®)
- lidocaine (Xylocaine®)
- mexiletine
- oxcarbazepine (Trileptal®)
- perphenazine
- phenobarbital (Luminal®)
- phenytoin (Dilantin®, Phenytek®)
- propafenone (Rythmol®)
- quinidine (Neudexta®)
- rifabutin (Mycobutin®)
- rifapentine (Priftin®)
- risperidone (Risperdal®, Risperdal Consta®)
- salmeterol (Serevent®) or salmeterol when taken in combination with fluticasone (Advair Diskus®, Advair HFA®)
- sildenafil (Viagra®), tadalafil (Cialis®) or vardenafil (Levitra®, Staxyn®), for the treatment of erectile dysfunction (ED). If you get dizzy or faint (low blood pressure), have vision changes or have an erection that last longer than 4 hours, call your healthcare provider or get medical help right away.
- tadalafil (Adcirca®), for the treatment of pulmonary arterial hypertension
- thioridazine
- voriconazole (Vfend®)
- warfarin (Coumadin®, Jantoven®)
- zolpidem (Ambien®, Edular®, Intermezzo®, Zolpimist®)

Know the medicines you take. Keep a list of all your medicines and show it to your healthcare provider and pharmacist when you get a new medicine. Do not start any new medicines while you are taking STRIBILD without first talking with your healthcare provider.

Keep STRIBILD and all medicines out of reach of children.

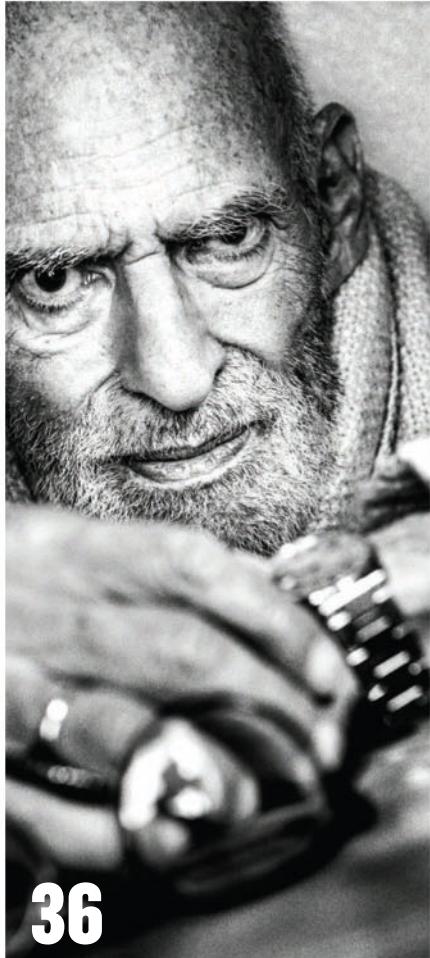
This Brief Summary summarizes the most important information about STRIBILD. If you would like more information, talk with your healthcare provider. You can also ask your healthcare provider or pharmacist for information about STRIBILD that is written for health professionals, or call 1-800-445-3235 or go to www.STRIBILD.com.

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Neuroscience is discovering that the more often stories are told, the further they stray from reliability. The more the sparkly flourishes and surprising turns (the things that make stories riveting) take precedence in our tales, the deeper those details take root in our brains and sear into our neural pathways. They do it in ways that actual mundane facts cannot. (An aside: This morning I listened to a podcast in which several journalists discussed NBC news anchor Brian Williams and his fabulous—as in incredible, as in not to be believed—story about being in a helicopter hit by rocket-propelled grenade. One panelist said that every journalist's thought upon hearing that story was, *There but for the grace of God go I*, and despite having never reported from a war zone, I knew exactly what he meant.)

There's so much in this issue I will want to remember. I met one of our most acclaimed gay authors, Andrew Holleran, in a hallway outside the apartment of another of our most acclaimed gay authors, Larry Kramer. Holleran remarked on the good timing of our meeting just before I rang the doorbell, and by writing this down now, perhaps I'll be able to keep the memory of his dark winter hat and bright hello. I'll be able to recall Kramer's overalls and his wide eyes. I'll remember how the two men leaned in to hear each other speak while seated on Kramer's living room couch. I very much want to remember being the fly on that wall of that wild, rangy discussion.

During their conversation (p. 36) Kramer turned the questions back on his interviewer. "Why do you write?" he asked Holleran. "I couldn't *not* write," Holleran said. "Sometimes I ask myself, *How do people get through life without writing?* I write to calm anxiety, to process pain. Writing to me is reflection." That reflection is hard to find time for. And time is the reason another prolific writer, Andrew Sullivan, has announced he'll stop blogging: so he can find the time for reflection. It's also related to our new-ish discussions about our smartphones, not what they can do for us, but what we need to stop them from doing to us—filling every idle moment, robbing us of time for reflection.

But back to memory. I want to remember the strength in Kramer's convictions, expertly captured in his advice to young would-be activists. He says, "You must not be afraid to be obnoxious or to concern yourself with what



others might think of you, particularly other gays. You have a mission."

I want to remember what it feels like to celebrate marriage equality victories across the nation (p. 28), what it feels like to mourn the lives of our lost colleagues-in-arms (p. 42), and what it feels like to watch a tragedy unfold on TV and find a hero in our midst (p. 64).

And I want to remember what it felt like to get that little plastic card, a green card with my husband's name on it, in the mail (p. 58). It felt good—it was a relief—and our small, fifth-floor walkup suddenly felt more like home to both of us, and we celebrated with champagne.

But I know my own brain, and it's unreliable, so I'm writing it down.

A handwritten signature in black ink, appearing to read "Matthew Breen".

Matthew Breen, EDITOR IN CHIEF



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Jeremy Lybarger interviewed family and colleagues of those killed in Malaysian Airlines Flight 17 for this issue (p. 42). He is a journalist who has written for *Mother Jones*, *Salon*, *OUT*, *Guernica*, *Bookforum*, and many others. He lives in San Francisco.



Caitlin Donohue profiled would-be immigrants to the U.S. for this issue (p. 52). She is a Mexico City-based freelance writer and photographer, founder of 4UMag.com, and staff writer at *Rookie*. She writes about gender warriors, hip-hop princesses, and rebel lucha libre wrestlers. To be a part of her world, stalk her at @caitlindonohue on Twitter, @byrdwatch on Instagram.



Andrew Holleran interviewed Larry Kramer for this issue (p. 36). He is the author of *Dancer From the Dance*, *Grief*, and *Chronicle of a Plague, Revisited*. He lives in Florida and Washington D.C., where, until recently, he taught in the MFA program at American University.

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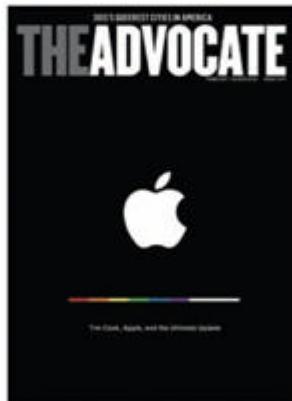
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QUEEREST CITIES IN AMERICA 2015

Neither our intent (to foster frank discussion in parts of the country not known for being LGBT-friendly), nor how many times we wrote that we're specifically *not* looking for obviously queer hotspots, can circumvent expressions of outrage (and copious cursing).

Justin Tanner writes, **"This is a huge, shameful load of shit! Boulder is the straightest, whitest place I've ever been. I've lived here for five years and I'm moving back to Portland partly because there is no gay community or culture here... I've had issues with coworkers, classmates, and strangers, and gotten in fights because someone called me a faggot."**

Steven Gonzalez pulled no punches about a former Number 1 city: "Salt Lake is not like the rest of Utah. It's far more diverse and open-minded. But this whole list is a big fat fucking no."

Cherish Cronmiller noted, "Here in Dayton we also have LGBT-friendly synagogues. As your [introduction notes]

(and some commenters have missed), 'This list is all about the queerness of some less-expected locales.' Dayton is proud."

Our criteria included houses of worship, transgender non-discrimination ordinances, traveling Broadway shows, and elder housing. But Beth Burnett wasn't pleased: "You might as well leave out the 'L' in LGBT based on your ridiculous criteria. You have perfectly failed to include any guidelines whatsoever that are inclusive of lesbians. What about women's centers? Goddess groups? Lesbian-specific events?"

While in the past we've included a mix of stereotypical criteria (good shopping, bars and clubs), our inclusion of the Pink Pistols, a gay gun club, and a criteria broadly viewed as right leaning, was the cause for alarm.

Radio host Frank DeCaro asked, "A gay gun club is a positive thing?" Howie Bierbaum wrote, "Have you folks been to Davenport? And you're cheerleading for guns as one of the top criteria? Twisted." Margaret Leber wrote, "Those of us in

Pink Pistols are wondering why our icon is green." Colin McAndrew wrote, "They are cheerleading for gun clubs. This doesn't mean they are cheering for no gun restriction laws."

The Advocate does not endorse gun clubs.

PREP VERSION 1.1, 2.0, AND BEYOND

AIDS activist Peter Staley wrote about the trials showing the efficacy of on-demand Truvada PrEP, and comparisons to the kind of resistance "the pill" got in the 1960s.

Commenter Race Bannon noted, "The drone of the anti-science and anti-reality folks regarding PrEP, which frankly has been mostly Michael Weinstein and AIDS Healthcare Foundation (AHF), is getting old.... **The anti-PrEP folks are the climate change deniers of HIV. At what point do we simply lock them out of the ongoing discussion, much as we do with other fringe elements who refuse to accept the science and reality underpinning any important issue of our time?** I say the time is now. We must marginalize Wein-

stein, AHF, and the other few individuals who rant against PrEP. They are now the direct enemies of effective HIV prevention.

Damon L. Jacobs wrote: **"Truvada is beneficial because people already stopped using condoms, not the other way around.** There are currently 50,000 new infections every year in the U.S. The cost of prevention is approximately one-third the price of treatment.... Why not offer people a tool to stay HIV negative, and save costs? Consider the fact that condoms overall are about 70% effective, whereas PrEP, used daily and consistently, is up to 99% effective. I'm going with the science on this one."

Corrections: In "Queerest Cities in America 2015," we described Erie as a city in Eastern Pennsylvania; it is in Western Pennsylvania.

In "Clay Aiken's Next Act," writer Stephanie Fairyston attributed feelings to fundraising event host Michael Corbett; he was not interviewed.

The Advocate regrets the errors.

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THE LAND OF THE FREE, FOR SOME

The new executive action protecting some immigrants from deportation does little for LGBTs.

BY ANDRÉS DUQUE

How can an undocumented immigrant survive living in the United States for more than 20 years without a work permit?

If you ask Rayita, he will say that it has not been easy. He has been in the United States for the past 21 years, and at various times he has worked in factories, cleaned apartments, and sold cosmetics to hair salons. He has sold empanadas on the street and ice cream at the beach. He has been a telephone company telemarketer, and a busboy and waiter at a number of restaurants. He has been on the catering staff of big-money events but says that as he has gotten older the phone has stopped ringing because event organizers want younger guys. His dream is to find a stable, better-paying job, but he knows it is impossible without a work permit. Yet he has never regretted having come to the United States.

The reason: Rayita is gay and, as limited as his opportunities have been in the United States, he claims there would have been absolutely no opportunities if he had stayed home in Colombia.



"I did get jobs at gay bars," he says, "but if you wanted to work for certain kinds of businesses or corporations—I wasn't even able to apply due to my lifestyle. And the way I am, people felt too ashamed of me to offer me a job."

In the summer of 1993, at the age of 23, Rayita took advantage of a 90-day tourist visa to the United States and never returned to Colombia.

Rayita's story is not unique. In September 2014 the Pew Research Center released a study saying that even though the number of undocumented immigrants in the country had stalled at 11.3 million people, the median length of their residence in the United States had increased to almost 13 years.

In November, after Republicans regained control of the Senate and added

to their House majority, President Barack Obama abandoned any pretense of the passage of a Democrat-led immigration bill and announced a number of executive orders meant to protect many of those immigrants from being deported, despite previously indicating he had no such authority.

He expanded the 2012 Deferred Action for Childhood Arrivals program, which grants protection to undocumented immigrants who came to the United States before their 16th birthday and were under age 31 as of June 2012.

He also announced that undocumented parents of U.S. residents or citizens would be protected from deportation as long as they had been in the country for at least five years.

The White House estimates that at least

5 million undocumented immigrants will be covered by those actions, but it is unclear whether the executive orders will go that far. Republicans are trying to find ways to prevent the executive orders from being effective. The hefty fees undocumented immigrants would have to pay to qualify might also be a deterrent.

What does that mean for LGBT undocumented immigrants?

In 2013, the Williams Institute estimated that in the United States there were 267,000 undocumented adult LGBT immigrants—about 2.4% of the entire adult undocumented immigrant population.

Although most of the LGBT undocumented population tends to be younger compared with other immigrants, it is unclear how many would qualify for Obama's executive orders under DACA. Many undocumented LGBT immigrants have also come to the United States alone and have no naturalized family members who can sponsor them for immigration. This leaves many with few—if any—options to legalize their status.

Immigrants who can prove fear of persecution or death based on their sexual orientation can seek political asylum, but there is a one-year window for an immigrant to apply after entering the U.S.

In Rayita's case, he is very aware of the options available to him. He recalls being the subject of ridicule and abuse when he was growing up.

"On many occasions I [was] verbally attacked in the streets, at school, and in my neighborhood," he says. "They would throw stones at me and call me 'fag,' 'pigeon,' 'little flower,' 'butterfly,' [all derogatory terms for gays in Colombia], things like that, and from then on I was living in an environment where I would not even go out to do my errands."

Although he now realizes he might have been able

STATS



267,000

Estimated number of LGBT-identified undocumented immigrants in the U.S.
Total is approximately 11.3 million.

637,000

Estimated number of LGBT-identified adult documented immigrants.
Total is approximately 26.5 million.

71%

Percentage of undocumented LGBT adults who are Hispanic.

15%

Percentage of undocumented LGBT adults who are Asian or Pacific Islander.

to apply for political asylum, by the time he found out he had been living in the country for more than three years. The window had already closed.

More recently, a number of undocumented immigrants can now be sponsored for immigration through marriage to a naturalized same-sex partner in states that allow same-sex marriages.

Rayita, currently single, says that this is not an option for him. He says that in all the years he has been living in the United States, he could have easily found a female friend who would have married him and sponsored him for a resident visa. But he never did it because he didn't want to enter into a fraudulent marriage. Now that a person can be sponsored by a same-sex spouse for immigration purposes, he says, he won't marry someone he doesn't love just to get his papers.

He has never regretted the decision to stay in the United States, and for most of the 21 years he has been here, he has not felt the need to go back. However, he would return to see his mother, whom he supports financially from afar. She has had two heart attacks in recent years, but leaving the country would mean not being able to return and, consequently, not being able to support his mother.

Rayita has heard promises about immigration reform from three different presidents—Bill Clinton, George W. Bush, and Barack Obama—and each time he has gotten his hopes up, they have been dashed.

He says that living as an undocumented immigrant has taught him to be independent and take on life with audacity and tenacity. He sees these failed promises as setbacks. But he remains hopeful that whether it happens in this administration or the next, he will eventually find a legal way to become a U.S. citizen. ♦

JUDICIAL FIRSTS UNDER OBAMA

OPENLY GAY OR LESBIAN FEDERAL JUDGES
CONFIRMED BY EACH PRESIDENT

Bill Clinton



George W. Bush



Barack Obama



Todd Hughes
First openly gay judge on a federal circuit court



J. Paul Oetken
First openly gay man to serve on the federal bench



Nitzia I. Quiñones Alejandro
First openly gay Hispanic lifetime-appointed federal judge



Pamela Chen
First openly gay Asian-American and Pacific Islander lifetime-appointed federal judge



Darrin Gayles
First openly gay African-American lifetime-appointed federal judge



Activist Ambrose Barigye holds an issue of *Bombastic*

INK-STAINED AND PROUD OF IT

An LGBT magazine launches in the most hostile of climates: Uganda.

BY J.P. LAWRENCE

The three of us squeezed tight on a motorbike tearing through the hectic noontime traffic in Kampala. The boda-boda driver wore no helmet but weaved around the cars as if he did. I sat in the back, fingers clenched, clutching the tail of the bike and hoping not to fall off. The man between the driver and me was in constant steady conversation with him. He wanted to know if we were safe.

Not safe in the sense of crashing into oncoming traffic, but safe as in whether this was a neighborhood that threatened LGBT Ugandans. Ronald does this everywhere he goes. Ronald (not his real name) is a LGBT activist in Uganda, one of the world's most antigay nations. He is also an editor on the team that recently put out the country's first LGBT magazine.

On December 22, *Bombastic* came out after a year of work, after threats of violence, police detention, even death. More than 15,000 copies have been delivered, and 30,000 online copies have been downloaded, according to *Bombastic* staff.

Kasha Jacqueline Nabagesera, *Bombastic*'s editor, said the magazine's goal was dispelling myths and allowing LGBT Ugandans to tell their own stories. "We are sharing our stories in the hope that we can change social attitudes," she said. "The people we are trying to reach out to are the people who are threatening to burn our houses and beat us."

Gay rights groups report that at least 500,000 gay people live in Uganda, according to BBC. Uganda is the size of Oregon and has a population of 31 million people. Like many former British African colonies, it has long had antigay laws. The film *God Loves Uganda*, by Roger Ross Williams, documents the successful efforts by American evangelists to export their brand of vitriolic homophobia to this heavily Christian nation. Ugandan preachers carrying Bibles bellow at passing strangers on busy streets, while American preachers lead constant crusades on television and in sold-out stadiums. Most Ugandans I spoke with only knew about homosexu-

ality through what they learned through religious leaders. They were embarrassed when the topic came up.

Many LGBT Ugandans, especially those in the lower economic strata, live in fear. Uganda is an environment where tabloids regularly expose people perceived to be LGBT or supporting LGBT efforts. In a populous country with few jobs, where education is required and expensive, and where family and clan ties mean everything, being out can mean lost opportunities. In some cases, being outed here can mean death. For the LGBT rights activist David Kato, it meant his assassination in 2011.

Still, some queer Ugandans chafe at what they see as a Western preoccupation on Ugandan homophobia. Why not talk about the daily lives and the successes of everyday Ugandans in combating it?

Nabagesera, while in Iceland for an Amnesty International event in 2013, had an idea to create a magazine to combat Uganda's homophobic media. Not all Ugandans have access to the Internet, so it was important for the magazine to be in print. She and the staff chose the name *Bombastic* from the title of a popular song, "Boombastic," by the reggae musician Shaggy.

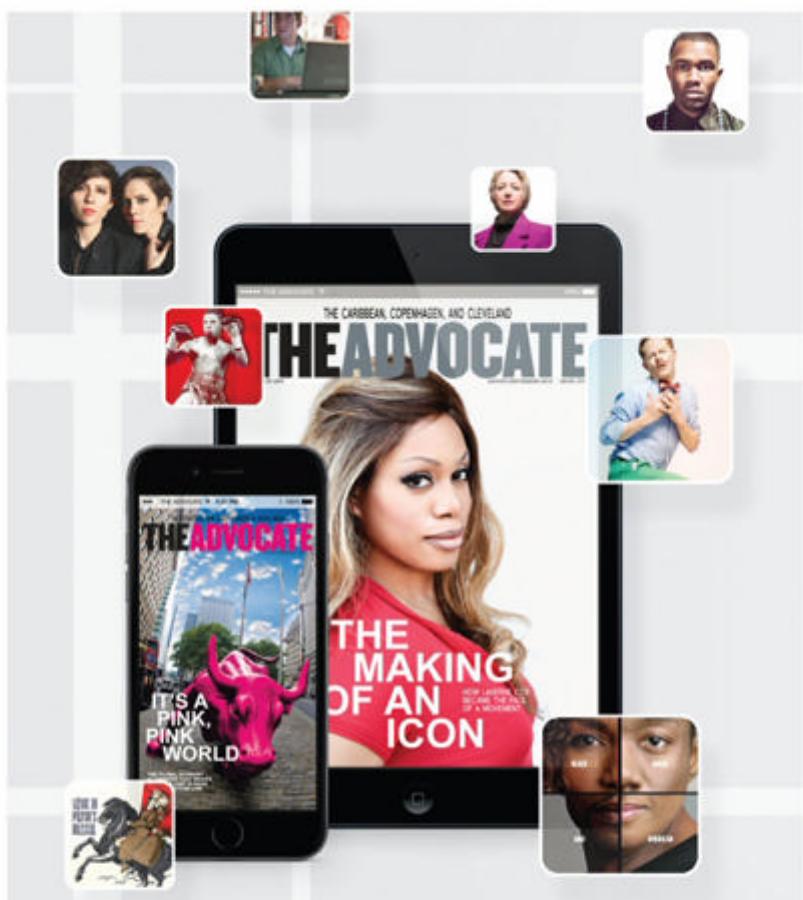
"We didn't want a name about the persecution," says Ambrose Barigye, in a restaurant in Ntinda, a district of Kampala. Barigye is a Ugandan human rights activist and part of *Bombastic*'s team of 128, which includes a small group of eight staffers and a larger group of distributors. "We wanted to say, bombastic! Something bombarding you. You want to let it out. You can no longer hide it anymore."

Barigye was responsible for gathering volunteers to distribute the magazines in the field. It was important, he said, to pick the right people, the ones with zeal, the ones willing to risk lawsuits and threats as they dropped off stacks of magazines at grocery stores and public areas. The team created a hotline, appointed team leaders, used social media to coordinate, and scouted locations to determine which were safe and which weren't.

These efforts led to threats against Nabagesera by religious leaders and Simon Lokodo, the Ugandan Minister of Ethics and Integrity. According to Ugandan law, publication of material with homosexual content in Uganda is punishable by up to seven years in prison.

"There were already burned issues of the journal before our eyes, and in the north of Uganda, the police wanted to arrest us—but we got away,"

CONTINUED ON PAGE 20



THE ADVOCATE

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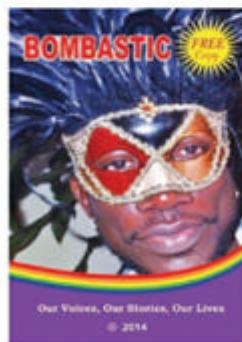
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🔍 Search your favorite stories or topics

▷ Share stories to Facebook, Twitter or Email

👉 Interactive features



Pages from
Bombastic,
Uganda's first
LGBT magazine

CONTINUED FROM PAGE 15

Moses Kimbugwe, also responsible for distribution of *Bombastic*, told *Der Spiegel*.

Barigye proudly held a copy of *Bombastic* in his hand. Inside the 76-page magazine are personal stories about coming out, stories of violence at the hands of family members, op-eds, articles on religion and HIV/AIDS, poetry, fiction, and illustrations. Barigye flipped through the pages to a picture of him at Uganda's 2014 Pride parade, the country's first since the invalidation of the Anti-Homosexuality Act in August. A revised version of the proposed legislation is currently in the works.

At such a crucial time, Barigye, Nabagesera, and others at *Bombastic* hope to have another issue out soon and are currently trying to find more funding. "Our long term goal is to make sure every

household has a copy," Barigye said. "People are dying for *Bombastic* magazine. We have a plan for getting more resources and printing more copies, to ensure everyone gets one."

One person willing to go on the record in *Bombastic* was Jay Mulucha, a basketball player fired from her job as a referee for being lesbian. Mulucha, who writes in the magazine with the byline "Jay Muk" about being outed on radio in her hometown, knows all too well the power of words.

"I felt that I wanted my voice to be heard," she said. "Sometimes there are a lot of things said about us, and we never have time to talk to people to correct them, but this *Bombastic* magazine, it's going to be there, it's now on the Internet. People are out reading this story about our

experiences. It's very difficult to tell my story, but I feel it's best to reach out so people can hear about the experiences, the challenges, maybe the happy moments that people go through."

Mulucha spoke in a LGBT-friendly cafe, one she had scouted before. She spoke of how, in the same way a point guard has to have eyes on every player on the court, she must keep an eye on her surroundings, reading for signs for danger. Still, she hopes being open can break the barriers surrounding her.

"I understand about being in the closet, but I want people to know what is happening," she said. "If I stay in the closet, nothing is happening. It is better that people know the challenges we go through. It's better to come out for others. There are many people who are scared to come out, who cannot come out, because it's a threat to their safety, to their families. Me, let me come out and stand out for them, and say, 'See, look here, we can do it!'" ♦

THE TIES THAT BIND

Ted Osius: America's first gay ambassador in East Asia.

Ted Osius seems to be the right man in the right place at a very opportune time. Recently appointed the first gay U.S. ambassador to Vietnam, Osius now serves in a culture he and his family adore, in a country experiencing a burgeoning quest for LGBT rights.

Osius had previously served with the State Department in Vietnam after starting with the department in 1989. "The U.S. and Vietnam reestablished relations in 1995," Osius said. "Vietnamese are very open and hospitable to foreigners today—particularly to Americans. It helps that I speak Vietnamese and have quite a few friends from when I served in Vietnam nearly 20 years ago. The job is very much a dream come true for me. It's a return to a country I know well and care about deeply."

David Huebner, former State Department representative to New Zealand and the first gay ambassador to be confirmed for service, acknowledged the importance of another gay ambassador working for the U.S. and indicated the unique nature of the Osius appointment shouldn't get in the way of the work ahead.

"In my own experience, I found the 'gay ambassador' issue to be a short-lived media phenomenon," Huebner said. "Once I was in the job, the novelty dissipated because of the diversity and complexity of the work. The experience will be different in each country, but the dynamics of the position will always trump individual

demographics."

Osius brought his husband, Clayton Bond, and their 1-year-old son, Tabo, with him from Virginia on the assignment. "I don't think my family and I could have hoped for a warmer welcome," he said.

"At home, it's three generations under one roof," Osius added. "My spouse, Clayton, loves Vietnam. My mom is with us, helping look after her grandson. She finds Vietnam fascinating, also. Altogether, we're truly an American family—black, white and brown."

Recent years have seen a growing LGBT rights and awareness movement taking root in Vietnam. Osius hopes to have a positive effect on that movement.

As of the beginning of 2015, Vietnam no longer bans same-sex marriage. Although the government does not confer any rights or privileges with those unions, Vietnam is the first Southeast Asian country to permit same-sex marriage.

Osius, a co-founder of the organization Gays and Lesbians In Foreign Affairs Agencies, sees an opportunity to serve as a role model for an LGBT community looking to gain more legitimacy.

"Some young people here have said they're inspired to know that a gay person can have a satisfying job and a happy family," he said. "But, ultimately, it will be the Vietnamese, not Americans, who will decide what kind of society they want to have." —JOHN SCOTT LEWINSKI

From left: Secretary of State John Kerry, Ambassador Ted Osius, and Osius's husband, Clayton Bond, at the swearing-in ceremony on December 10, 2014



DRAGGED INTO THE SPOTLIGHT

Ireland's national conversation on marriage equality, and the drag queen who won't back down.

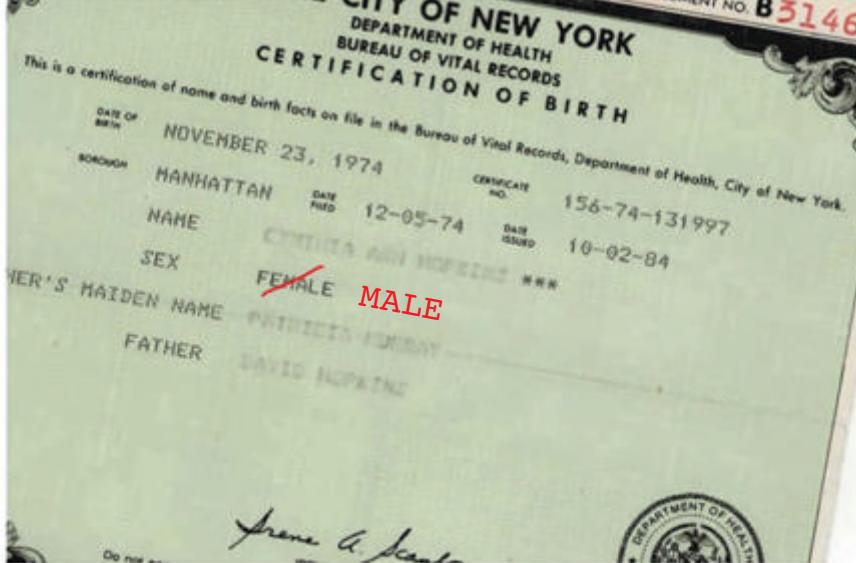
When Panti, the alter ego of Irish drag performer Rory O'Neill, called out several journalists and members of the conservative Catholic group Iona Institute as homophobic early last year on *The Saturday Night Show*, her targets sued the Irish public media service RTÉ. Fearing a legal battle, RTÉ paid out over \$100,000 in damages. The uproar over the payments was dubbed "the Pantigate scandal," and it became the most high-profile event in the debate over LGBT rights in Ireland.

In early May, after years of starts and stops, Ireland is set to hold a referendum on marriage equality. Ireland could become the last major Western European nation to extend the right to same-sex couples, and it will be the first country in the world to put the issue to a popular vote.

"I think the government would be thrilled if they didn't have to [hold a referendum] and they could just do it legislatively, because they have the votes. We run to the constitution way too much, so we're constantly having to change it," O'Neill explains.

On the face of it, things look promising. Polls show that as much as 80% of Irish people support marriage equality, substantially higher than the United States (55%), United Kingdom (68%), France (68%) and even Norway (78%). But O'Neill warns that in Ireland, when debate begins in earnest, doubts sown by conservative scaremongering can bring seemingly assured victories down to the wire.

"I think we're going to have to work really hard, and the fight is going to get really nasty," O'Neill says. "I'm not complacent at all. If I was a betting man, I'd bet on us." —JAMES MCDONALD



THE BLOOD BAN'S NEW PROBLEMS

The FDA's new 'celibate year' policy is an effective lifetime ban on men who have gay sex.

In December, the Food and Drug Administration announced its intention to ease the lifetime ban on gay and bisexual men from donating blood. In the ban's stead, the agency plans to adopt a new policy that would allow men who have sex with men to donate after a 12-month period of celibacy.

The AIDS service organization GMHC lambasted the proposed policy as "offensive and harmful," claiming that the furtherance of "stigma, fear and discrimination" only helps fuel the disease's spread. "In reality," the organization said, "requiring celibacy for a year is a de facto lifetime ban."

In the summer of 2014, the American Medical Association adopted an official stance of opposition to any restrictions on MSM donors. Citing the efficiency of modern science—which can detect HIV as quickly as nine days after infection—the AMA found the FDA policy adopted in 1983, when knowledge of the disease was scant, unfounded.

If the policy is adopted, the United States would join countries like Australia and the United Kingdom, which also operate with a one-year deferral. It would also mean MSM and women who have sex with them would be subjected to the same treatment.

However, looking to countries like Chile, South Africa, Mexico, and Russia, all of whom have completely lifted restrictions on MSM blood donors in the past few years, the GMHC has reiterated its call for a "system that screens all donors—gay or straight—based on whether they engage in high-risk practices that could lead to HIV infection." After all, the statement says, "HIV is transmitted by what you do, not who you are." —JAMES MCDONALD

BURDEN OF PROOF

New York City no longer requires surgery to change gender markers on birth certificates.

According to a national survey, 40% of transgender people experience discrimination when official forms of identification aren't in sync with their visible gender. But changing government-issued IDs (driver's licenses, Social Security cards, passports) has historically been a challenge. Since 1971, to alter their sex designation on a birth certificate in New York City, trans people have had to demonstrate that they'd undergone gender confirmation surgery and hormone therapy, a burden of proof inaccessible to people without health insurance or substantial financial means—and simply unnecessary for others. To remove these antiquated requirements, gay New York City councilman Corey Johnson, a Democrat from Manhattan, introduced legislation in October to eliminate them. On December 8, when the bill was passed (39 votes to four, with three abstentions), the trans community was abuzz with victory.

"The passage of this bill is astounding," said Kate Bornstein, the trans activist and author. "It says to the world that our gender assignment doesn't depend on our genitals." Shannon Price Minter, who spearheads the legal division of the National Center for Lesbian Rights in San Francisco, was also enthusiastic: "The new law is a huge step forward and will benefit countless transgender New Yorkers who have been prevented from obtaining accurate birth certificates under an extremely outdated and burdensome law."

Johnson said: "This was an injustice that had been allowed to exist for too long," adding that the bill is "going to make a significant difference."

The measure still requires that any of a number of licensed professionals—psychologists, clinical social workers, physician's assistants, nurse practitioners, et cetera—vouch for the discontinuity people feel between their assigned sex and gender identity. Minter, who is a transgender man, said, "A more progressive policy would be one that recognizes that transgender people can self-determine and should not require external validation before their identities are respected."

Johnson said it's his personal belief that "self-attestation is the right course to take, but in working with advocates, the administration, the Department of Health and Mental Hygiene, this was the best way to accomplish passage of this bill." He also explained that the large pool of experts who are eligible to authenticate someone's avowed gender was a strategic decision to ensure access without wealth or health insurance. "You can go to a legal services organization, such as the Transgender Legal Defense & Education Fund or the Sylvia Rivera Law Project in New York City," he said. "They have people on staff who should be able to help you if you're uninsured."

Still, as Bornstein said, "Without the new law's dependence on outies and innies, there's no real reason to have an option of only two genders, right?"

Johnson, when asked whether he'd support a future bill that would expand the number of gender options on birth certificates "Some people do not identify as male or female," he said, "and they should be able to self-identify in the way that works for them." —STEPHANIE FAIRYINGTON





COLLEGES IN FLUX

The results of *The Advocate's* survey of 39 women's colleges and their policies on admitting trans students

BY XORJE OLIVARES

In January, roughly a year after announcing it would start accepting undergraduate applications from students who identify as female, Mount Holyoke College, in South Hadley, Mass., made national headlines after a student group said it was canceling a performance of *The Vagina Monologues* because it excludes the experiences of transgender women.

The incident, one not without controversy, marked yet another development in the relationship between transgender students and women's colleges in the United States. Early this year, the Department of Education reiterated that transgender and gender nonconforming students are protected under Title IX, the federal law that bars sex-based discrimination in schools that receive federal funding. The agency also noted on its Web site that this applies to 3,200 colleges and universities, among

other institutions, nationwide.

Mills College, in the Bay Area, was the first women's college to announce it would accept undergraduate applications from self-identified women, though it does not admit students who legally change their gender to male before submitting their applications.

Mount Holyoke and Boston's Simmons College followed shortly thereafter, with the former accepting all prospective students except cisgender males. In addition to all self-identified women, Simmons welcomes trans men students who transition before completing their degrees.

Several of these developments came after Smith College, a private women's liberal arts college in Northampton, Mass., rejected a transgender student, Calliope Wong, in 2013. Wong posted a letter signed by the school's dean of admission

Smith students rallied to change the college's transgender admissions policy while the Board of Trustees met on campus to consider the issue in October 2014.

to her Tumblr blog, which noted she was not a "female at the time of admission." Smith College has since revised its policies and acknowledges having transgender students. Its Web site says a trans student's application is "treated no differently from other applications," but Smith says it expects all necessary documentation to reflect a student's "identity as a woman."

Smith College, along with Mills, Mount Holyoke, and Simmons, were among the 39 women's institutions contacted by *The Advocate* about the nature of their admissions processes. Administrators at seven schools, including Smith and Mount Holyoke, elaborated on their respective decision to not discriminate based on gender.

"We recognize that...transgender students may find our environment to be an excellent fit, and therefore we do not limit their access," said Carolyn Noll Sorg, Ursuline College's director of admission. She also clarified that the Pepper Pike, Ohio, school is a "women-focused" college.

David Morrison of Brenau University in Gainesville, Ga., said self-identified women can apply and be accepted to their Women's College, where one trans student is reportedly already in attendance.

The admissions office at Meredith College in Raleigh, N.C., says it continues to admit "qualified women students," adding that it does so regardless of sexual orientation, and that "campus leaders are monitoring the national conversation on transgender student policies." Moore College of Art and Design, in Philadelphia, will conduct stakeholder meetings this semester to construct a formal policy to be approved by the school's board of trustees and managers in May.

But one school—Scripps College, in Claremont, Calif.—noted its decision to accept both transgender women and men, which it claims is "consistent with the underlying mission of women's colleges to support, nurture, and value the voices of those who have been marginalized by gender."

"Scripps College is committed to an ongoing process of dialogue and education to build a more inclusive and unified community," said Lori Bettison-Varga, the college's president, in an emailed statement. "The transgender admission policy is an important element of a broader discussion about what it means to be a women's college in the 21st century." ♦



FIRST CONTACT

We can influence one another on drastically divergent views, even in one interaction.

BY BRENDEN SHUCART

In the summer of 2013, with Proposition 8 nearly half a decade old yet still a vivid memory, political scientists Donald Green and Michael LaCour designed a study to help the Los Angeles LGBT Center make the most out of its messaging. What they learned has broad implications for advocates of civil rights.

The notion that personal interaction between members of differing cultures can wear down the rough edges of prejudice is nothing new. Known as the contact hypothesis, this interaction is often the cornerstone of efforts to reduce hostility in communities wracked by racial or sectarian violence. The beneficial effects of per-

sonal interaction in reducing prejudices is undeniable, but outside a lab it can often be difficult to sustain contact between hostile communities long enough to dispel negative stereotypes and foster empathy. Green and LaCour proved that it could be done with a single conversation.

Green and LaCour selected participants from neighborhoods made up of single-family homes in precincts that voted in favor of Prop. 8, the 2008 ballot measure that revoked the right of gays and lesbians to marry in California. Forty-one canvassers (22 gay or lesbian, 19 straight) were trained in the delivery of two scripts; one script promoted marriage equality, and the other touted the benefits of recycling. Households were randomly assigned to one of four groups so that each received either the gay rights or recycling pitch, by either a gay or straight canvasser. The results were measured by online political questionnaires in the following months.

The researchers were able to show that a single conversation has the power change minds on divisive social issues, including same-sex marriage. But, crucially, the person making the

appeal has to embody the issue being discussed for the change to take hold. Initially, participants visited by canvassers of both gay and straight canvassers demonstrated a large impact, but in follow-ups conducted three weeks, six weeks, and nine months after the initial contact, only those visited by gay canvassers showed a persistent shift in attitude.

Results were compared to the 2012 Cooperative Campaign Analysis Project, an online survey that collected data on a number of issues, including LGBT rights. At the beginning of the study, the average participants had scores comparable to a typical resident of Nebraska. Nine months later, they had an outlook on same-sex marriage on par with the average citizen of Massachusetts, a state markedly more progressive on the matter.

The study also showed strong evidence that the change in opinion can spill over to other members of their household, but only in the wake of conversations with gay canvassers. The appeal of the straight canvassers had no spillover effect.

The study does contain some potential blind spots; it likely did not include many lower-income potential participants, and was limited to California and views on marriage equality.

Still, the study's implications are potentially far-reaching. The most immediate and practical is application of resources. While a well-produced campaign video or celebrity endorsement is certainly an asset to an effort to sway public opinion, these results prove they aren't necessary. A single conversation with people willing to calmly and respectfully discuss the impact an issue has on them personally can have a cascade effect, changing not just one person's mind, but also the minds of those they live with. The limits to the secondary effect are not yet known.

This seems to reaffirm of a strategy that dates back to the days of gay liberation: coming out. All households saw an upswing in favorability toward gays and lesbians after the Supreme Court handed down its pro-equality rulings in June 2013. But the shift was huge in those who received the appeal for gay rights from a gay canvasser, compared with those that didn't. It seems to indicate that while legal victories have a certain power to diminish prejudice, nothing compares to the contagious empathy that comes from looking someone in the eye and hearing his or her story for yourself. ♦

When Contact Changes Minds: An Experiment on Transmission of Support for Gay Equality

Michael LaCour and Donald Green, *Science*



A FAMILY TRAGICOMIC

After the musical *Fun Home*, Broadway may never be the same.

Broadway has had a number of successful plays and musicals with gay, lesbian, and bisexual characters portrayed openly, and with sympathy. Some even grapple with complicated inner lives rather than deliver sanitized, safe entertainment. But nothing as honest, groundbreaking—and potentially dangerous—has been staged before for mainstream audiences as *Fun Home*, about the sexual awakening of a young, butch lesbian.

The story, based on the bestselling graphic memoir by Alison Bechdel, follows her coming out to her parents, her closeted gay father's struggles, and his suicide. Adapted by Lisa Kron (book and lyrics) and Jeanine Tesori (music), the musical is not only incisive and psychologically nuanced, but it's also a joy to hum along to the zippy numbers.

"[People think] that if they're going to be learning something, it's a very spinach-like delivery system," says Tesori, who wrote the music for Tony Kushner's *Caroline, or Change*. "But 'serious' is a strange word for me. I can't write more authentically than this. The sole purpose of this is for audiences to recognize themselves in this piece. My hope is that they will look at the world slightly differently."

The conflict centers around an American family struggling with all the secrets left unspoken, the disappointments, and the dissatisfactions.

The musical is also about how terrifying childhood can be, and why sex is so important to self-discovery. After a college-age Bechdel has sex with her girlfriend for the first time, she sings "Ring of Keys," which has the funny, joyful lines: "I'm changing my major to Joan / With a minor in kissing Joan / Foreign study to Joan's inner thighs, a seminar on Joan's ass in her Levi's."

While it's not done for easy titillation, Kron, who co-founded the Five Lesbian Brothers theater company, feels moments like that vital to show female intimacy. "It's easier for people to think lesbians are not sexual," she says. "There was a point where it was Jeanine who was saying, 'They have to kiss!' It tracks her stepping into her true self, and her father not. Her father is having sex, but that moment of her having sex, it's a moment that she's able to own and he's not. It's not about her falling in love, it's about her having sex."

The play is being produced at a pivotal time. Kron admits that the positive reception the musical received during its initial off-Broadway debut at the Public Theater could be attributed to a cultural shift. "It might not have happened a year, certainly a few years, earlier," she says. "Definitely because of gay marriage, but it's the result many people have been doing over many, many years. That's been really satisfying to have arrived at that place."

—JERRY PORTWOOD



Beth Malone, Sydney Lucas, and Alexandra Socha in *Fun Home* at The Public Theater

JOAN MARCUS (FUN HOME)

BLAME IT ON THE QUEERS

Doomsayers and the things that definitely happened because of LGBTs

World War III

"We are on the edge of World War III, and this time the United States of America does not have divine protection because we've become a nation of homosexuals and atheists and lesbians and God-haters."

—RICK WILES,
PODCAST HOST

Sorcery and Witchcraft

"You allowed militant homosexuals, atheists and secular Jews to take control of your country and turn it into a cesspool of immorality, perversion, violence, rebellion, sorcery, and witchcraft. My Bible says such a country will suffer sudden destruction."

—RICK WILES,
PODCAST HOST

Global Doom

"Let me make it very clear that if [countries supportive of LGBT rights] think that they can be homosexuals and want to impose homosexuality on the globe, they are doomed."

—YAHYA JAMMEH,
PRESIDENT OF GAMBIA

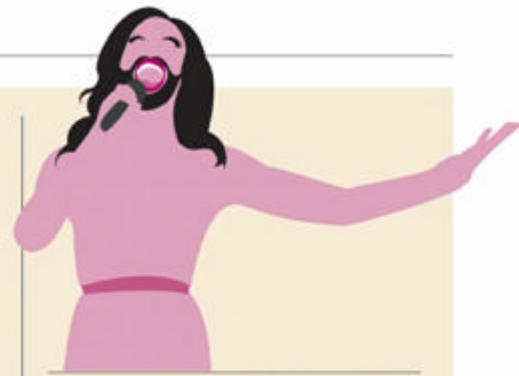
Messing Up Creation

"The family is threatened by growing efforts on the part of some to redefine the very institution of marriage. These realities are increasingly under attack from powerful forces which threaten to disfigure God's plan for creation."

—POPE FRANCIS

NUMBER CRUNCH: EUROVISION

Drag performer Conchita Wurst's performance and win in 2014 caused quite a stir for the annual song contest popular among LGBT people. But Wurst is hardly the first.



380 MILLION

1 The number of albums and singles sold worldwide by **1974 Eurovision winning ABBA**, one of the best-selling bands of all time.



1998

2 The year **transgender Israeli singer Dana International** won Eurovision.

3 t.A.T.u. represented Russia at Eurovision 2003. The female duo had previously **represented themselves as lesbians**,

but a documentary released that year showed that was not the case.



4 Final rank of Ukrainian drag sensation Verka Serduchka in Eurovision in 2007: 2nd. She recently lost a lucrative contract to appear on the Russian show Saturday Night because producers felt she would be **"advertising for nontraditional sexual relationships."**

15,000

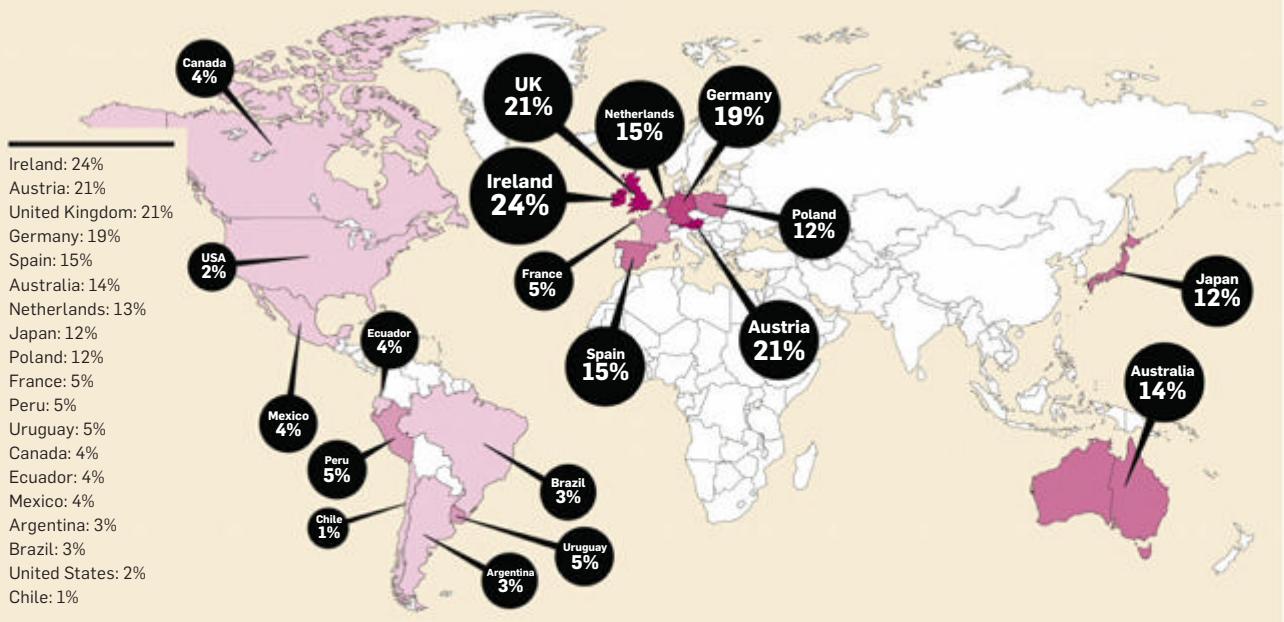
5 Number of signatures on a **2013 petition** demanding that the Russian state broadcaster remove Eurovision from its TV schedule.



30

8 Number of gay couples married in the days leading up to the 2014 Eurovision Song Contest final in Copenhagen, in celebration of **Denmark's 25 years of marriage equality**.

9 The percentage of the LGBT community in each country that **watches Eurovision**, according to a 2011 study.



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STARTOUT

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STARTOUT.ORG



Clockwise, from above: Kevin and Kirk; Aaron Huntsman and William Lee Jones; Naiomy Cardona Arrington and Liz Burgos; Rene and Frederick Cotto-Lewis; Kimmy and Barbie Denny

SUNSHINE STATE SMOOCHE

FLORIDA RESIDENTS CELEBRATE A TRIUMPH FOR EQUALITY.

Last August, U. S. District Judge Robert Hinkle declared Florida's same-sex marriage ban unconstitutional. Citing the 14th Amendment's due process and equal protections clause, he wrote that, unequivocally, "Marriage is a fundamental right." After a lengthy stay, his ruling went into effect January 6, making Florida the 36th state to legalize same-sex marriage.

As a fourth generation Floridian, I am ecstatic for my home state where, as a child, I was as likely to see a gay couple as a snowman. Already, more than a 1,000 couples have been married in the nation's third most populous state, with hundreds more renewing their vows from previous out-of-state weddings. From the Kiss for Equality campaign, these are photos of couples celebrating their love and the freedom to marry in the Sunshine State.

—SARAH KILBORNE, FOUNDER OF KISS FOR EQUALITY

For pictures and stories of hundreds of couples, go to KissForEquality.net.



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COMPLERA is a prescription medicine for adults who have never taken HIV-1 medicines before and who have no more than 100,000 copies/mL of virus in their blood. COMPLERA can also replace current HIV-1 medicines for some adults who have an undetectable viral load (less than 50 copies/mL) and whose healthcare provider determines that they meet certain other requirements. COMPLERA combines 3 medicines into 1 pill to be taken once a day with food. COMPLERA should not be used with other HIV-1 medicines.

one
Just the  for me

COMPLERA is a complete HIV-1 treatment in only 1 pill a day.

Ask your healthcare provider if COMPLERA may be the one for you.

COMPLERA does not cure HIV-1 infection or AIDS.

To control HIV-1 infection and decrease HIV-related illnesses you must keep taking COMPLERA. Ask your healthcare provider if you have questions about how to reduce the risk of passing HIV-1 to others. Always practice safer sex and use condoms to lower the chance of sexual contact with body fluids. Never reuse or share needles or other items that have body fluids on them.

It is not known if COMPLERA is safe and effective in children under 18 years old.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about COMPLERA?

COMPLERA can cause serious side effects:

- **Build-up of an acid in your blood (lactic acidosis),** which is a serious medical emergency. Symptoms of lactic acidosis include feeling very weak or tired, unusual (not normal) muscle pain, trouble breathing, stomach pain with nausea or vomiting, feeling cold especially in your arms and legs, feeling dizzy or lightheaded, and/or a fast or irregular heartbeat.
- **Serious liver problems.** The liver may become large (hepatomegaly) and fatty (steatosis). Symptoms of liver problems include your skin or the white part of your eyes turns yellow (jaundice), dark “tea-colored” urine, light-colored bowel movements (stools), loss of appetite for several days or longer, nausea, and/or stomach pain.
- **You may be more likely to get lactic acidosis or serious liver problems** if you are female, very overweight (obese), or have been taking COMPLERA for a long time. In some cases, these serious conditions have led to death. Call your healthcare provider right away if you have any symptoms of these conditions.
- **Worsening of hepatitis B (HBV) infection.** If you also have HBV and stop taking COMPLERA, your hepatitis may suddenly get worse. Do not stop taking COMPLERA without first talking to your healthcare provider, as they will need to monitor your health. COMPLERA is not approved for the treatment of HBV.

Who should not take COMPLERA?

Do not take COMPLERA if you:

- **Take a medicine that contains:** adefovir (Hepsera), lamivudine (Epivir-HBV), carbamazepine (Carbatrol, Equetro, Tegretol, Tegretol-XR, Teril, Epitol), oxcarbazepine (Trileptal), phenobarbital (Luminal), phenytoin (Dilantin, Dilantin-125, Phenytek), rifampin (Rifater, Rifamate, Rimactane, Rifadin), rifapentine (Priftin), dextansoprazole (Dexilant), esomeprazole (Nexium, Vimovo), lansoprazole (Prevacid), omeprazole (Prilosec, Zegerid), pantoprazole sodium (Protonix), rabeprazole (Aciphex), more than 1 dose of the steroid medicine dexamethasone or dexamethasone sodium phosphate, or the herbal supplement St. John’s wort.
- **Take any other medicines to treat HIV-1 infection,** unless recommended by your healthcare provider.

What are the other possible side effects of COMPLERA?

Serious side effects of COMPLERA may also include:

- **New or worse kidney problems, including kidney failure.** Your healthcare provider should do blood tests to check your kidneys before starting treatment with COMPLERA. If you have had kidney problems, or take other medicines that may cause kidney problems, your healthcare provider may also check your kidneys during treatment with COMPLERA.
- **Depression or mood changes.** Tell your healthcare provider right away if you have any of the following symptoms: feeling sad or hopeless, feeling anxious or restless, have thoughts of hurting yourself (suicide) or have tried to hurt yourself.

• **Changes in liver enzymes:** People who have had hepatitis B or C, or who have had changes in their liver function tests in the past may have an increased risk for liver problems while taking COMPLERA. Some people without prior liver disease may also be at risk. Your healthcare provider may do tests to check your liver enzymes before and during treatment with COMPLERA.

• **Bone problems,** including bone pain or bones getting soft or thin, which may lead to fractures. Your healthcare provider may do tests to check your bones.

• **Changes in body fat** can happen in people taking HIV-1 medicines.

• **Changes in your immune system.** Your immune system may get stronger and begin to fight infections. Tell your healthcare provider if you have any new symptoms after you start taking COMPLERA.

The most common side effects of COMPLERA include trouble sleeping (insomnia), abnormal dreams, headache, dizziness, diarrhea, nausea, rash, tiredness, and depression. Other common side effects include vomiting, stomach pain or discomfort, skin discoloration (small spots or freckles), and pain. Tell your healthcare provider if you have any side effects that bother you or do not go away.

What should I tell my healthcare provider before taking COMPLERA?

- **All your health problems.** Be sure to tell your healthcare provider if you have or had any kidney, mental health, bone, or liver problems, including hepatitis virus infection.
- **All the medicines you take,** including prescription and nonprescription medicines, vitamins, and herbal supplements. COMPLERA may affect the way other medicines work, and other medicines may affect how COMPLERA works. Keep a list of all your medicines and show it to your healthcare provider and pharmacist. Do not start any new medicines while taking COMPLERA without first talking with your healthcare provider.
- **If you take rifabutin (Mycobutin).** Talk to your healthcare provider about the right amount of rilpivirine (Edurant) you should take.
- **If you take antacids.** Take antacids at least 2 hours before or at least 4 hours after you take COMPLERA.
- **If you take stomach acid blockers.** Take acid blockers at least 12 hours before or at least 4 hours after you take COMPLERA. Ask your healthcare provider if your acid blocker is okay to take, as some acid blockers should never be taken with COMPLERA.
- **If you are pregnant** or plan to become pregnant. It is not known if COMPLERA can harm your unborn baby. Tell your healthcare provider if you become pregnant while taking COMPLERA.
- **If you are breastfeeding (nursing)** or plan to breastfeed. Do not breastfeed. HIV-1 can be passed to the baby in breast milk. Also, some medicines in COMPLERA can pass into breast milk, and it is not known if this can harm the baby.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Brief Summary of full Prescribing Information with **important warnings** on the following pages.



COMPLERA®
emtricitabine 200mg/rilpivirine 25mg/
tenofovir disoproxil fumarate 300mg tablets

Brief Summary of full Prescribing Information

COMPLERA® (kom-PLEH-rah)

(emtricitabine 200 mg, rilpivirine 25 mg, tenofovir disoproxil fumarate 300 mg) tablets

Brief summary of full Prescribing Information. For more information, please see the full Prescribing Information, including Patient Information.

What is COMPLERA?

- **COMPLERA** is a prescription medicine used as a complete HIV-1 treatment in one pill a day. COMPLERA is for adults who have never taken HIV-1 medicines before and who have no more than 100,000 copies/mL of virus in their blood (this is called 'viral load'). Compla can also replace current HIV-1 medicines for some adults who have an undetectable viral load (less than 50 copies/mL) and whose healthcare provider determines that they meet certain other requirements.
- COMPLERA is a complete regimen and should not be used with other HIV-1 medicines. HIV-1 is the virus that causes AIDS. When used properly, COMPLERA may reduce the amount of HIV-1 virus in your blood and increase the amount of CD4 T-cells, which may help improve your immune system. This may reduce your risk of death or getting infections that can happen when your immune system is weak.
- **COMPLERA does not cure HIV-1 or AIDS.** You must stay on continuous HIV-1 therapy to control HIV-1 infection and decrease HIV-related illnesses.
- **Ask your healthcare provider about how to prevent passing HIV-1 to others.** Do not share or reuse needles, injection equipment, or personal items that can have blood or body fluids on them. Do not have sex without protection. Always practice safer sex by using a latex or polyurethane condom to lower the chance of sexual contact with semen, vaginal secretions, or blood.

What is the most important information I should know about COMPLERA?

COMPLERA can cause serious side effects, including:

- **Build-up of an acid in your blood (lactic acidosis).** Lactic acidosis can happen in some people who take COMPLERA or similar (nucleoside analogs) medicines. Lactic acidosis is a serious medical emergency that can lead to death. Lactic acidosis can be hard to identify early, because the symptoms could seem like symptoms of other health problems. **Call your healthcare provider right away if you get any of the following symptoms which could be signs of lactic acidosis:**
 - feel very weak or tired
 - have unusual (not normal) muscle pain
 - have trouble breathing
 - having stomach pain with nausea or vomiting
 - feel cold, especially in your arms and legs
 - feel dizzy or lightheaded
 - have a fast or irregular heartbeat
- **Severe liver problems.** Severe liver problems can happen in people who take COMPLERA. In some cases, these liver problems can lead to death. Your liver may become large (hepatomegaly) and you may develop fat in your liver (steatosis). **Call your healthcare provider right away if you get any of the following symptoms of liver problems:**
 - your skin or the white part of your eyes turns yellow (jaundice)
 - dark "tea-colored" urine
 - light-colored bowel movements (stools)
 - loss of appetite for several days or longer
 - nausea
 - stomach pain

• You may be more likely to get lactic acidosis or severe liver problems if you are female, very overweight (obese), or have been taking COMPLERA for a long time.

• **Worsening of Hepatitis B infection.** If you have hepatitis B virus (HBV) infection and take COMPLERA, your HBV may get worse (flare-up) if you stop taking COMPLERA. A "flare-up" is when your HBV infection suddenly returns in a worse way than before. COMPLERA is not approved for the treatment of HBV, so you must discuss your HBV with your healthcare provider.

- Do not run out of COMPLERA. Refill your prescription or talk to your healthcare provider before your COMPLERA is all gone.
- Do not stop taking COMPLERA without first talking to your healthcare provider.
- If you stop taking COMPLERA, your healthcare provider will need to check your health often and do blood tests regularly to check your HBV infection. Tell your healthcare provider about any new or unusual symptoms you may have after you stop taking COMPLERA.

Who should not take COMPLERA?

Do not take COMPLERA if you also take any of the following medicines:

- **Medicines used for seizures:** carbamazepine (Carbatrol, Equetro, Tegretol, Tegretol-XR, Teril, Epitol); oxcarbazepine (Trileptal); phenobarbital (Luminal); phenytoin (Dilantin, Dilantin-125, Phenytex)
- **Medicines used for tuberculosis:** rifampin (Rifater, Rifamate, Rimactane, Rifadin); rifapentine (Priftin)
- **Certain medicines used to block stomach acid called proton pump inhibitors (PPIs):** dexlansoprazole (Dexilant); esomeprazole (Nexium, Vimovo); lansoprazole (Prevacid); omeprazole (Prilosec, Zegerid); pantoprazole sodium (Protonix); rabeprazole (Aciphex)
- **Certain steroid medicines:** More than 1 dose of dexamethasone or dexamethasone sodium phosphate
- **Certain herbal supplements:** St. John's wort
- **Certain hepatitis medicines:** adefovir (Hepsera), lamivudine (Epivir-HBV)

Do not take COMPLERA if you also take any other HIV-1 medicines, including:

- Other medicines that contain tenofovir (ATRIPLA, STRIBILD, TRUVADA, VIREAD)
- Other medicines that contain emtricitabine or lamivudine (ATRIPLA, Combivir, EMTRIVA, Epivir, Epzicom, STRIBILD, Trizivir, TRUVADA)
- rilpivirine (Edurant), unless you are also taking rifabutin (Mycobutin)

COMPLERA is not for use in people who are less than 18 years old.

What are the possible side effects of COMPLERA?

COMPLERA may cause the following serious side effects:

- See "What is the most important information I should know about COMPLERA?"
- **New or worse kidney problems, including kidney failure.** Your healthcare provider should do blood and urine tests to check your kidneys before you start and while you are taking COMPLERA. If you have had kidney problems in the past or need to take another medicine that can cause kidney problems, your healthcare provider may need to do blood tests to check your kidneys during your treatment with COMPLERA.
- **Depression or mood changes. Tell your healthcare provider right away if you have any of the following symptoms:**
 - feeling sad or hopeless
 - feeling anxious or restless
 - have thoughts of hurting yourself (suicide) or have tried to hurt yourself
- **Change in liver enzymes.** People with a history of hepatitis B or C virus infection or who have certain liver enzyme changes may have an

increased risk of developing new or worsening liver problems during treatment with COMPLERA. Liver problems can also happen during treatment with COMPLERA in people without a history of liver disease. Your healthcare provider may need to do tests to check your liver enzymes before and during treatment with COMPLERA.

- **Bone problems** can happen in some people who take COMPLERA. Bone problems include bone pain, softening or thinning (which may lead to fractures). Your healthcare provider may need to do tests to check your bones.
- **Changes in body fat** can happen in people taking HIV-1 medicine. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the main part of your body (trunk). Loss of fat from the legs, arms and face may also happen. The cause and long term health effect of these conditions are not known.
- **Changes in your immune system (Immune Reconstitution Syndrome)** can happen when you start taking HIV-1 medicines. Your immune system may get stronger and begin to fight infections that have been hidden in your body for a long time. Tell your healthcare provider if you start having any new symptoms after starting your HIV-1 medicine.

The most common side effects of COMPLERA include:

- Trouble sleeping (insomnia), abnormal dreams, headache, dizziness, diarrhea, nausea, rash, tiredness, depression

Additional common side effects include:

- Vomiting, stomach pain or discomfort, skin discoloration (small spots or freckles), pain

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

- These are not all the possible side effects of COMPLERA. For more information, ask your healthcare provider.
- Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I tell my healthcare provider before taking COMPLERA?

Tell your healthcare provider about all your medical conditions, including:

- If you have or had any kidney, mental health, bone, or liver problems, including hepatitis B or C infection.
- If you are pregnant or plan to become pregnant. It is not known if COMPLERA can harm your unborn child.
 - There is a pregnancy registry for women who take antiviral medicines during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry.
- If you are breastfeeding (nursing) or plan to breastfeed. Do not breastfeed if you take COMPLERA.
 - You should not breastfeed if you have HIV-1 because of the risk of passing HIV-1 to your baby.
 - Two of the medicines in COMPLERA can pass to your baby in your breast milk. It is not known if this could harm your baby.
 - Talk to your healthcare provider about the best way to feed your baby.

Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements:

- COMPLERA may affect the way other medicines work, and other medicines may affect how COMPLERA works.
- If you take certain medicines with COMPLERA, the amount of COMPLERA in your body may be too low and it may not work to help control your HIV-1 infection. The HIV-1 virus in your body may become resistant to COMPLERA or other HIV-1 medicines that are like it.

• Be sure to tell your healthcare provider if you take any of the following medicines:

- Rifabutin (Mycobutin), a medicine to treat some bacterial infections. Talk to your healthcare provider about the right amount of rilpivirine (Edurant) you should take.
- Antacid medicines that contain aluminum, magnesium hydroxide, or calcium carbonate. Take antacids **at least 2 hours before or at least 4 hours after** you take COMPLERA.
- Certain medicines to block the acid in your stomach, including cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), or ranitidine hydrochloride (Zantac). Take the acid blocker **at least 12 hours before or at least 4 hours after** you take COMPLERA. Some acid blocking medicines should never be taken with COMPLERA (see "Who should not take COMPLERA?" for a list of these medicines).
- Medicines that can affect how your kidneys work, including acyclovir (Zovirax), cidofovir (Vistide), ganciclovir (Cytovene IV, Vitraser), valacyclovir (Valtrex), and valganciclovir (Valcyte).
- clarithromycin (Biaxin)
- erythromycin (E-Mycin, Eryc, Ery-Tab, PCE, Pedialzole, Ilosone)
- fluconazole (Diflucan)
- itraconazole (Sporanox)
- ketoconazole (Nizoral)
- methadone (Dolophine)
- posaconazole (Noxafil)
- telithromycin (Ketek)
- voriconazole (Vfend)

Know the medicines you take. Keep a list of all your medicines and show it to your healthcare provider and pharmacist when you get a new medicine. Do not start any new medicines while you are taking COMPLERA without first talking with your healthcare provider.

How should I take COMPLERA?

- Stay under the care of your healthcare provider during treatment with COMPLERA.
- Take COMPLERA exactly as your healthcare provider tells you to take it.
- Always take COMPLERA with food. Taking COMPLERA with food is important to help get the right amount of medicine in your body. A protein drink is not a substitute for food. If your healthcare provider decides to stop COMPLERA and you are switched to new medicines to treat HIV-1 that includes rilpivirine tablets, the rilpivirine tablets should be taken only with a meal.

Keep COMPLERA and all medicines out of reach of children.

This Brief Summary summarizes the most important information about COMPLERA. If you would like more information, talk with your healthcare provider. You can also ask your healthcare provider or pharmacist for information about COMPLERA that is written for health professionals, or call 1-800-445-3235 or go to www.COMPLERA.com.

Issued: June 2014



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DAILY DOSE

START SOMEWHERE

We're still too reluctant to start vital conversations.

BY DONTÁ MORRISON

You are out on the town and a handsome man catches your eye. He is breathtaking, and in your heart you pray that his conversational skills match his physique. Your heart skips a beat when he is able to complete a full sentence, and your mind instantly conjures images of your wedding on an island in Greece: cobalt blue waters, warm breezes, and white doves released in celebration of your union. You'll be enjoying a long life together filled with happiness, love, and sexual satisfaction.

That fantasy, however, can never be reality without first talking about sex, condoms, HIV, sexually transmitted diseases, and more. Isn't that a mood killer? Why do we always have to talk about this stuff? And when are we supposed to? During the first conversation?

There are many reasons why people—even in this day of instant communication—still have a hard time verbally expressing themselves. If a man is living with HIV, he may think, "If I tell too soon, this person I just met may share my business with the world." That is definitely reason for hesitancy, but it doesn't negate the fact that the talk needs to occur. It is also safe to assume that no one wants to be rejected for something so common within the gay community. Amazingly enough, however, there are many gay men who will have anonymous sex with men whose status they do not know, but then vehemently refuse to date or be in a relationship with people who are openly living with HIV, regardless of whether they're in care or not. That speaks volumes about HIV-related stigma and why so many men refuse to disclose. It also says a lot about the kinds of conversations we have, and the ones we don't.

Dating can be a complex and draining experience, especially for people who are intent on finding Mr. Right. Quite often, I hear friends boast with glee about their new suitors and wonder whether the only questions they asked they guys were: "What's your sign? What do you do for fun? Are you full vegetarian or pescatarian?" I know that during the get-to-know-you phase, people usually steer away from the *real* get-to-know-you questions that may shatter the dream of a beautiful courtship. Questions about sexual history, HIV, STDs, past



relationships, and more are not easy to have in the beginning, but when exactly should they begin? Is it a second date discussion, or should it only be brought up when sex is a possibility? There's no definite answer, but I would say this to my friends, and anyone else: *Say something.* Start the conversation, even if it sounds awkward, even if you think he might not like it.

As gay men, we are bombarded with HIV statistics, messages, and images. The constant reminders to "be safe" and "use condoms"—or now maybe how we might take the little blue pill called PrEP—are a looming presence some of us would like to escape, especially when we're just trying to get to know someone. You would think this constant messaging would

make conversations about HIV easier, but fear and resistance are still present, especially during the early stages of dating.

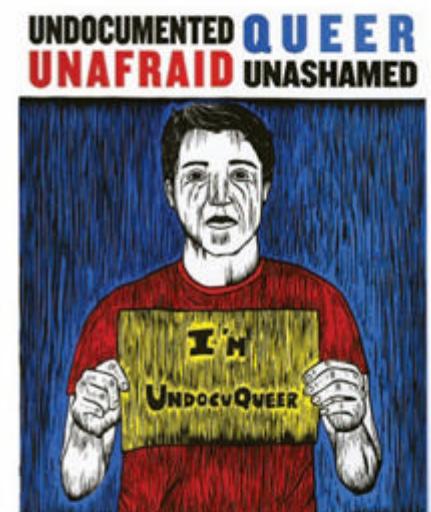
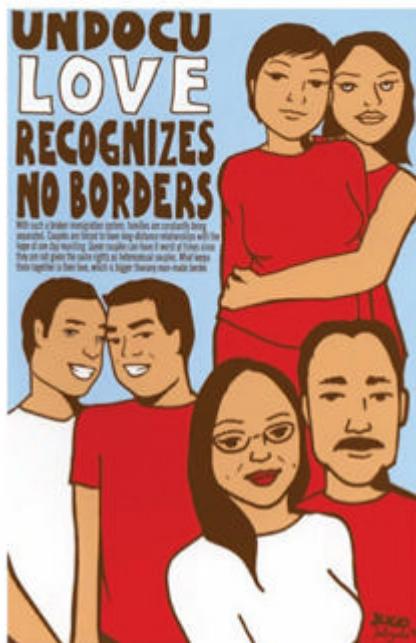
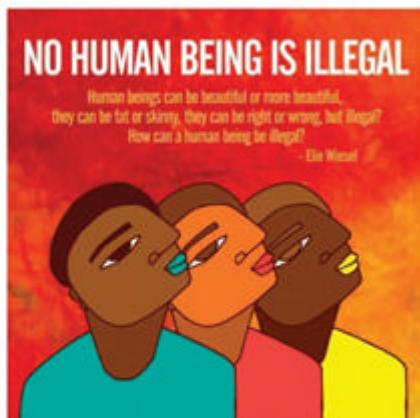
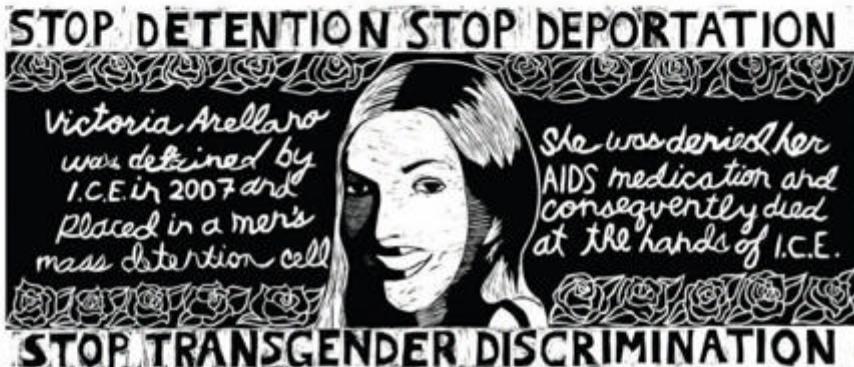
Those of us who are actively dating are weary of trying to figure out how to incorporate HIV, PrEP, condoms, or anything else associated with the responsibilities of gay sex into our conversations with other men. These can be taxing topics, especially for those on the disclosing end. Yet we know that it's necessary. Maybe if HIV became a normal, "by the way" conversation, people wouldn't be so resistant to having it. Maybe if we were taught that sex should be a positive, connecting experience with another person, this would feel as easy as asking a man his sign.

It all boils down to communication. Whether we are disclosing our HIV status or other need-to-know information, we should be willing to have these exchanges if healthy and honest relationships are what we truly desire. Talking is a way to overcome fear—to make a real connection—and to show that guy you meet what makes you stand apart from others. If you want that Greek wedding, what are you going to say? ♦

Dontá Morrison is an HIV advocate, blogger, and the host of the online radio show "Diggin Deep with Dontá." He is a program coordinator at APLA Health & Wellness's Gleicher / Chen Health Center in Los Angeles, where he oversees the R3VNG campaign, an HIV awareness initiative for young gay men of color.

ARTISTIC ACTIVISM

Artists adopt the power of the poster to raise awareness for LGBT immigration reform.



THE BATTLE FOR LGBTQ RIGHTS OR IMMIGRANT RIGHTS IS NOT JUST A GAY ISSUE OR AN IMMIGRANT ISSUE, **IT'S A HUMAN RIGHTS ISSUE!**

Clockwise, from top left: *Stop Detention* linoleum print by Chucha Marquez, part of the Carving Through Borders project commissioned by CultureStrike; *Keep Our Families Together* poster by Melanie Cervantes, one of five posters created for a global migrant conference commissioned by collective screenprinting studio Taller Tupac Amaru; *Undocumented, Unafraid* by Felipe Baeza, part of the migrant rights print portfolio, *Migration Now!*; *Yo Existo* by undocumented activist Julio Salgado; *Staying Power* by Justseeds Artists' Cooperative member Mary (Mack) Tremonte, part of the *Migration Now!* portfolio; *No Human Being Is Illegal* by Favianna Rodriguez, created in honor of the Associated Press dropping the use of the word 'illegal'; *Undocu Love* by Julio Salgado, part of the *Migration Now!* portfolio

By ANDREW HOLLERAN
Photography By BENEDICT EVANS

KRAMER ON KRAMER

Larry Kramer's long awaited new novel, *The American People: Volume I*, subtitled *Search for My Heart*, is finally seeing the light of day this April. It's just the first volume, though "just" may not be the right word, since it's 800 pages. There are times when the reader will feel like the audience at "Springtime for Hitler." One will also find oneself laughing out loud, thinking hard, and being thrilled that someone has taken on American history from the viewpoint of gay people. The book is the history of syphilis, hepatitis, hatred, ostracism, the settling of America, concentration camps—American and German—Jews, the CIA, and something called The Underlying Condition (which we suspect will become, in the second volume, AIDS). It begins in pre-Columbian Florida, with monkeys in the Everglades, and goes on to the Puritans, the American Revolution, the Civil War, and World War II, ascribing same-sex desire to George Washington, Alexander Hamilton, Mark Twain, Abraham Lincoln, and so many other figures central to American history that there is no point in listing them here. It also contains the moving saga of a young boy growing up in Washington, D.C., during World War II, who learns he's a "sissy." In Washington, Kramer writes, "Moderation is everything," but in this novel moderation has no place; with hundreds of characters, from nuns to Nazis, this book is in essence a fantasia on American history. How historians will receive it is hard to predict—but *Kirkus Reviews* called it "breathtakingly well written," and the *Publishers Weekly* reviewer said it left him wondering "what the hell will happen next." To find out, I sat down with Larry in his apartment on Washington Square Park in Manhattan.

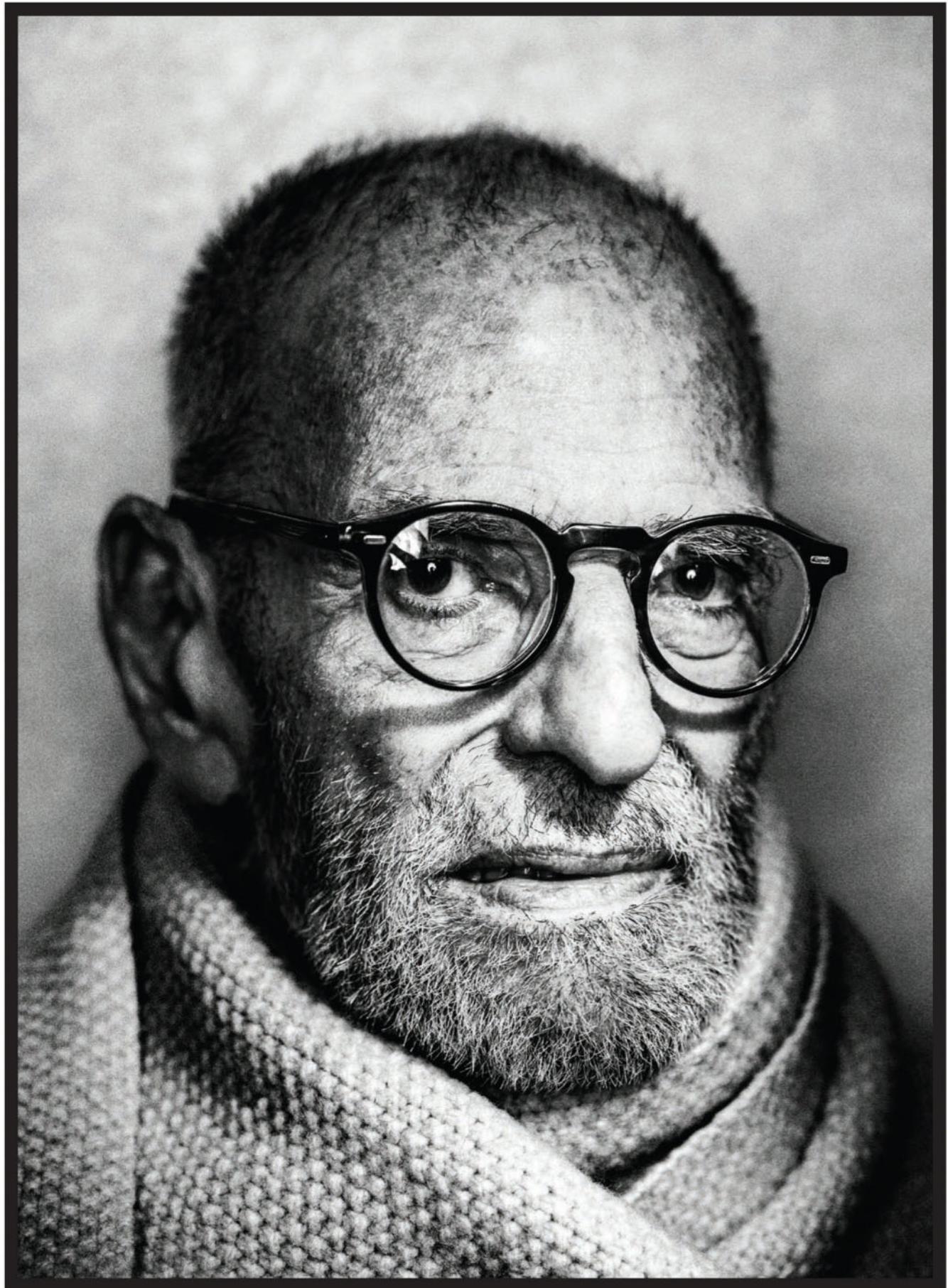
I just finished reading your new novel, *The American People: Volume I*. Is it true that you started writing it in 1975?

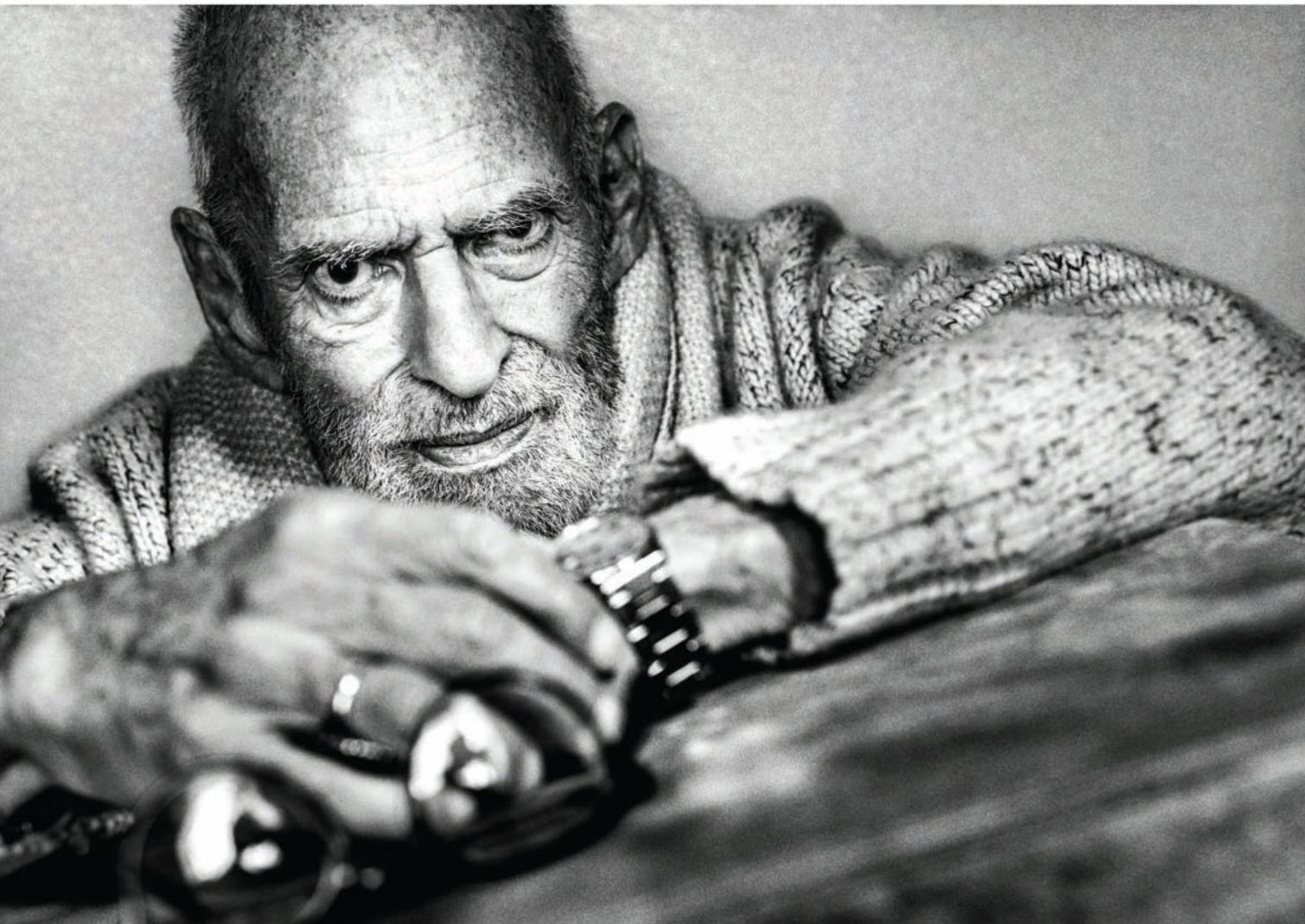
I started when I finished *Faggots*, long before AIDS came along, and I kind of put it to the side. I wrote a couple of plays in between, so it was done in bits and pieces over the years. And it wasn't until I got really sick, when I had the liver transplant [in 2000], that I got serious about making it as a whole. Because I didn't think I was going to live. Now I've got to finish Volume II.

If you started it before AIDS had even emerged, what was the impetus then to write the book? Was it the idea that gays have been written out of history?

Oh, I don't know. Why does every gay writer start out? To write his Proust? And so I wrote my Proust. The title comes from that speech by Reagan which really did hit me, where I knew he was talking about "the American people," and I knew that I was not part of that crowd that he was talking about. It was so obvious. There has never been any history book written where the gay people have been

in history since the beginning. It's ridiculous to think that we haven't been here forever. First, I started doing research into people who I felt were important, like Washington and Lincoln, and—
So far we've got George Washington, Alexander Hamilton, the Marquis de Lafayette, Baron von Steuben, Lincoln, Andrew Jackson, Franklin Pierce, James Buchanan, Ralph Waldo Emerson—which really surprised me—Hawthorne, Melville, John Wilkes Booth, Mark Twain, Eleanor Roosevelt, of course, James Forrestal, Richard Nixon, Herbert Hoover. You're writing three





kinds of history in this book. There were times when you would quote from a book you had read, and you would acknowledge the author and the source. To me, that's just history. Then there were times when I was in a kind of phantasmagoria nightmare scene, and I thought, *This is not history anymore; we're now in Larry's imagination.* And there's the most deceptive category, the middle, in which it seems to me that you were mixing real source material with imagination. You didn't want to write a history in which you simply extracted little-known facts about gay people in history and put it together as straight history?

No, originally I didn't want to call it a novel, I just wanted to call it *The American People* and let people figure out what it was. There isn't anything in the book that I don't agree with, or have some belief in, and if I couldn't find some source that would give me the right to say it, I said my version of it, as with John Wilkes Booth. Did you ever look at the pictures of all the guys who were charged

with murdering Lincoln? You go on about how good-looking Lewis Powell [a co-conspirator of Wilkes Booth] was. He was just a real hot number.

A hot number, and he knew it. They were such an unlikely lot of people. And the women had nothing to do with it, and how did they even get together? I had never read anything where they've been able to convince me why they were all in the same group somehow. Just to say they were Southerners and all that shit. I didn't buy that.

So what you're saying in a sense is that you used gaydar?

I used gaydar. What else have I got? This is a book that starts in the pre-Columbian era in the United States, with monkeys in the Everglades in a kind of James Michener way. You're taken back to the foundation of the continent, and there's a great deal about colonial times, the American Revolution, the Civil War, up to the '50s and the McCarthy era—and that's just Volume I. So it's this huge, sprawling,

wide-ranging thing, which halfway through breaks off into a pretty conventional story about a neighborhood in Washington, D.C., in which one of the characters, Daniel Jerusalem, grows up dealing with the fact that his father beats him up and has called him a sissy.

What then became clear to me was this was really about *where did AIDS come from*. And by the end of Volume II I will tell you where it came from, and what I think caused it. And what should have been done, that wasn't done. Because, we are gay, they wouldn't do it.

I think most people know or expect this book to be about AIDS. But this is also about German scientists that came to the United States, it's about the science of eugenics, it's about Henry Ford, it's about anti-Semitism, and it's about the four horsemen of the apocalypse, which are amoebas—what is the line? I love this line.

Piss, shit, amoebas and—
Piss, shit, and it's the history of blood, it's the history of diseases, it's the history of

"I'm quite disappointed in where we are. I mean it's lovely that we can get married, but that's really small potatoes compared with what we don't have, which is equality."

concentration camps. You found a way to write about anything that interested you. The history of syphilis is in this book. How did you know when to leave stuff out?

It was once much longer and it was much wilder. I can write in a crazy way, making things up, and I made a lot of drugs' names up and symptoms up, and then one of the editors, along the way said: "You really don't have to make that up. Why don't you just use the real one?"

What are you expecting reactions to be? You got very good reviews in *Kirkus* and [Publisher's Weekly].

Oh unbelievable. I always expect to get trashed for everything. I never got a good review before in my life. Even *Normal Heart*.

How much of Volume II is written?

I'm writing. It has to come out a year after this one. And also, the phenomenal success of the movie of *The Normal Heart* has touched me a lot. It was one of HBO's biggest shows ever. And you realize, more people saw my play in those two hours than one night, than you could fill a theater with for years.

Are you doing a sequel to *The Normal Heart*?

I'm writing it now.

Your life now is basically about your writing, I would think.

It's all I live for. If I didn't have my writing right now, I would go crazy. Truly, I don't feel well.

But you feel proud, I'm sure, of Volume I of this book, that you got it out.

I don't think that way. I faced death a couple times, and that had me look at this book differently. Imagine what it's like facing death. David [Webster, Kramer's husband] said I almost died three times. You have something in the book about political activism versus art, and you have an exchange with Tony Kushner. He asks you, "Does it have to be either-or?" And you write back and you say: "No it has to be the same thing. The book is both."

My relationship with Tony has been very complicated because I wanted him to deal with Lincoln [in the script he wrote for Spielberg's movie] and he didn't want to indicate in the movie that he was gay. **Are you speaking to him now?**

Oh yeah, we speak now. We were both

upset by it because we were both very fond of each other. But I do get self-righteous about some things.

You said somewhere that the reaction to the Ebola virus was extreme.

Well, because it wasn't happening to *us*; it was happening to *them*. There's no question that AIDS has not been attended to because it was conceived of as a gay disease. That's a long time, 35 years, for there still to be so little known about what's happening to us. They still have no idea of how to cure it. Ebola comes along and they all rush over there immediately, and the same people who should have found the stuff for HIV were doing Ebola, and it's going away, it's disappearing, in a very short amount of time, because they are really attending to it. This government is still not attending to HIV. I don't care what anybody says. Not nearly as many people will ever get sick from Ebola as we lost to AIDS.

You said to be a homosexual is as bad as being a Jew. Basically, they are considered populations that can be put in concentration camps, that can be experimented on medically, and can be allowed to die. The Holocaust is huge in this book.

Yeah. I came to realize that Hitler got the idea for the Final Solution from the eugenics movement. We gave him that, because that was an American thing. We have killed a lot of people over the years. **Do you think all of that is basically behind us now, that it's just impossible to imagine anything like that being done anymore?**

Oh, I don't think we're ever behind anything. Certainly America is getting nastier. Look at Guantanamo. Look at all the people we're murdering everywhere. **Do you think gay issues are moving abroad more, now that it's places like Uganda and Russia that really are the firing line for gay rights and gay oppression? In the last year,**

we've seen a surge of violence against gays in other countries. In the Middle East, ISIS was throwing gays off of rooftops. Is that something that America can export, the idea of tolerance?

We should have our own army as gays. I'm quite disappointed in where we are. I mean, it's lovely that we can get married, but that's really small potatoes compared with what we don't have, which is equality.

You're not content with the Human Rights Campaign Fund or any of their progress on gay marriage at the state level?

Oh, heavens no, not with them. We don't have any organizations that I look to. ACT UP, I think, was the one great thing that came out of it, and then they destroyed each other. But that was an actual major accomplishment what they achieved, in getting all the drugs out. And we did it. No one else did it for us. HRC is a crock of shit. Because they got a lot of money and what do they do with it? There is no other model except fighting back. Fight. It's not anything you negotiate; it's a thing you threaten. "If you don't do X and Y, we won't do X and Y." That's how you get power. We don't have power, and I don't see any organization that has any power. And that's why ACT UP worked. Once we got it together, we learned how to threaten, and play the good cop/bad cop business, which I had learned in the movie business! Every organization should have both, a good cop and a bad cop. And the good cop makes the initial negotiation, and if it doesn't work, you send out the bad cop to fight. We are not good fighters, gay people.

Who do you think does have power?

Powerful is the Koch brothers, who manage to get, through the Supreme Court, the ability to give as much money as you want to any kind of political group, which is destroying everything. Power is all about money. Power is about not sitting back.

What do you think of the destruction of the gay social space: the bars, the baths, the cruising places? Or do you think it has been destroyed? Do you think it's still there?

[You're] making that a basis of gay life, and it shouldn't be. That was our big

Right: Larry Kramer and his husband, David Webster

problem, that we fought for the wrong things.

For sexual liberation?

Yeah. There's more to life than whether you can go to a leather bar. That's part of why we got in all the trouble. I have mixed feelings about Truvada. I'm afraid that people will use it for the wrong reason. But that's no reason not to be glad that it's there.

What are the wrong reasons?

To take it as a prophylactic, just so you can go out and fuck at the Mineshaft. So you can take a pill and not worry. And that's, again, what caused all this trouble we're in, in the first place. A lot of people died in 35 years. And I guess I came to realize that I'm angry that I've been allowed to die. I was much more hopeful earlier on. I'm not saying I'm not hopeful, but I'm not hopeful. And part of what depresses me is how passive most of the gay population is about this issue. So now we have Truvada and you can get laid on Saturday night, and surely, we deserve more than that from 35 years of waiting. We could have so much if we just used the power that was there to be taken, if we could just learn how to take it. Why are there still so few people saying that? Why hasn't there ever been another Larry Kramer? And I don't mean that as self-serving.

But Larry, what do we want power for? We want power to have happiness in our own lives. I live in a little town in Florida now, and over the years my street has changed. I now have two women living together two houses down. And a man across the street, a new neighbor, came over right away, and, in a nice way, basically said, "I have no trouble with gay people." It has trickled down to this little street in this little town in Florida where I feel less endangered.

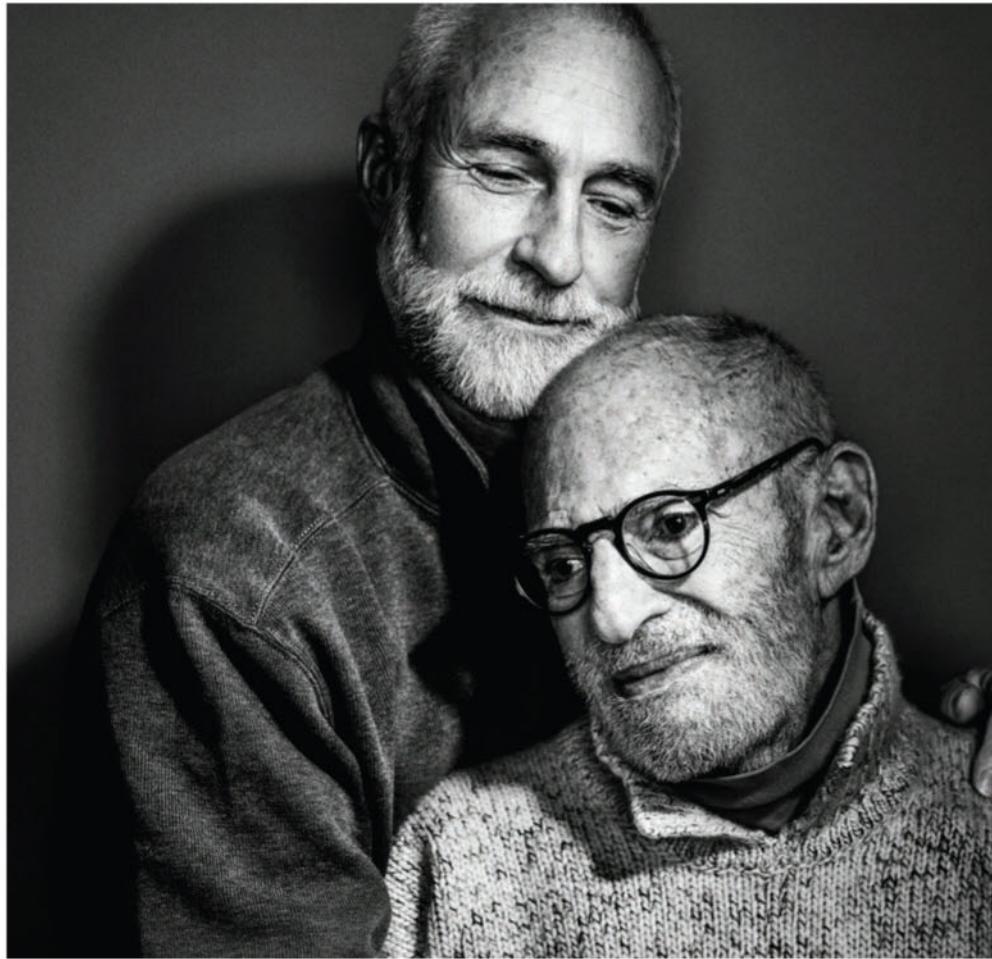
You must not accept that as enough, or as all that you're fighting for.

Things have improved in some ways.

Oh that's what people say: *Why are you complaining? You have so much now.* Well, I don't think we do.

Who's the guy who just came out? Joel Grey?

Been trying to get him to do that for 20 years. He replaced Brad Davis in *Normal*



Heart at the Public. So I've known him a long time. I'm one of the first people he sent the article to, that he'd come out. I don't know why, now, at age 82 [*laughs*]. We're so much better than most people, and we're not getting our due for it from them, or even from each other—how much we contribute to the culture of this country. And none of that has been bought with power. It's been bought with talent. And what would we get if we combined the talent with the amount of money that's available in this population? How second rate the gay people who made it in the government are. When you look at the list of gay presidents, for instance, with the exception of Washington and Lincoln, all the other ones are really just jokes.

Who do you think is the most powerful gay person right now, behind the scenes or in front of the scenes, in governmental life or public life?

I have no idea. There are a couple of exceedingly rich gay men who have foundations, such as Tim Gill, Jon Stryker. What is that money buying? We have to be able to get to the people with power, and we still can't do that. You can't call the president and see him like you should be able to. And [Bill] Clinton did us more harm than good.

What do you think about Hillary Clinton?

I hope she gets elected. I think she's been around long enough and knows how to play the game that needs to be played. I think she would be more available to us than anyone else.

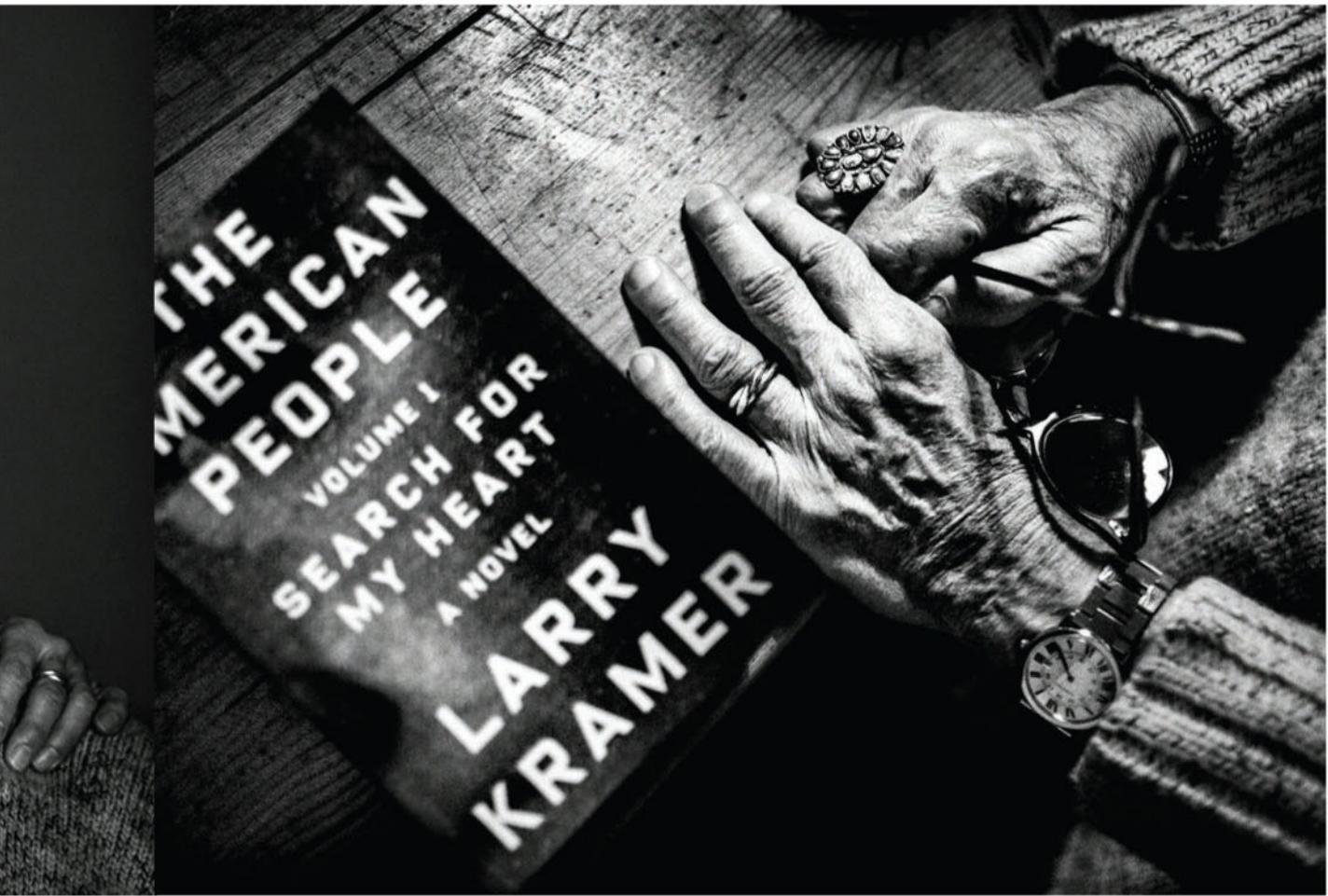
How do you feel about the state of gay literature these days?

I don't follow it very closely. I belong to Lambda Literary, and they put out quite a good newsletter. I still don't see us tackling the big themes. Why is everything sexual? Why is everything about love affairs that do or do not work? We seem very limited in our ambitions.

That's why this book is so extraordinary to me. It's such an act of chutzpah, of taking on absolutely everything.

What else is there to take on? What else is there to do with your time? You've experienced as much of life as I have. Did you like the book?

I was thinking of the word *liked*, and you don't use the word *like* with that kind of book. *Stunned* is the word. It was a roller coaster of a book. There were times when I was laughing out loud, there were times when I was putting the book down, there were times when I was, "yes yes yes," there were times when I said, "Oh this is crazy." I mean, good God, the book bludgeons in a way. Wait till you see what peo-



ple will tell you. I don't know how they're going to describe this book. It's wonderful that you did it!

Well, it's wonderful that I'm alive to do it. I came close to dying, in this last year. You didn't hear the wonderful story of our marriage? I had the judge, and we were going to be married on my apartment terrace with just a few close friends, and that was on a Monday, and I was taken to the hospital on Tuesday, and Wednesday we were married in intensive care at NYU, after we got permission from the head of NYU, to allow me to be married there. I couldn't sign my name. I wrote X's. I was so out of it. [Laughs] And that was my wedding. I mean I was out of it. I'm terrified that it'll come back somehow. And for all intents and purposes, they don't know what causes it. It's not unrelated to HIV, but it's not AIDS. So, it's been hard, keeping a grasp on all of these things. I'm grateful that you're doing this at this moment cause it'll help the book...and I have been working on it a long time. It'll be nice to have a place to rest and stay and be remembered. Why do you write?

I couldn't not write. I sometimes ask myself: How do people get through life without writing? I think I write to calm anxiety, to process pain, and I can't imagine not

writing. And yet most people live without any reflective space in between their experience and the next experience. Writing to me is reflection.

I was a late bloomer in terms of writing. I was not writing like Ed White was out of the cradle.

Did you have fun writing *The American People*? I sense reading it that it was an intense period.

Over such a long period of time, yes. I can't wait to get back to it.

Where does Volume II of the novel start?

It starts in the '50s, and goes on from there. What we haven't talked about is J. Edgar Hoover, who's really very prominent in Volume I. Who was monstrous, but gay, and responsible for an amazing number of antigay things in this country. He lived across the street from my best friend, in Washington. And, of course, all the files were burned by the faithful secretary when he died. He ran a whorehouse for men in Washington during the war. There's a lot in the book about people in power who were gay, who used it against gays, and Roosevelt was surrounded by people who didn't like us. Nobody's hands were clean.

Which president would you single out as the worst in U.S. history?

Reagan, hands down, no contest. What

with his being responsible for not attending to gays and AIDS deaths, he was responsible for killing more people than Hitler or Stalin.

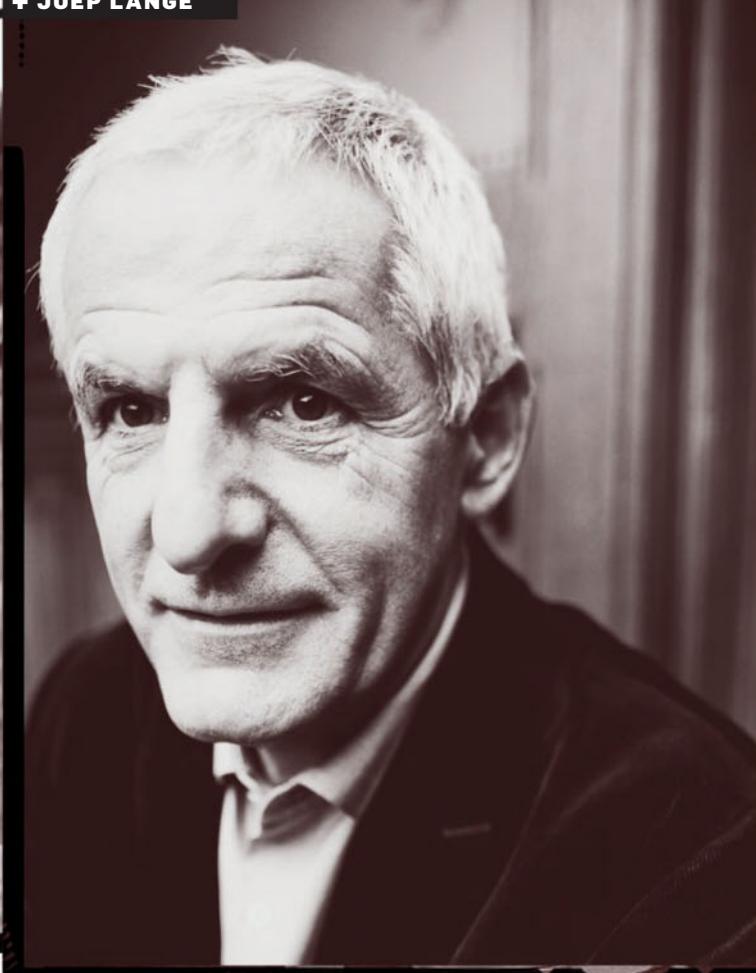
What would you say to those young activists who look to you as a mentor in terms of how to continue the fight?

Successful activism is about being angry enough and loud enough to be heard. Choose your issues and your targets, and go after them in any way you think you can. ACT UP chose drugs into bodies. We knew little about the many things we had to learn enough about to be successful, so we taught ourselves. Identify your enemies and go after them with threats. Numbers are nice but one person stationed holding a poster up in a strategic location can be effective. You must not be afraid to be obnoxious or to concern yourself with what others might think of you, particularly other gays. You have a mission. You must care passionately about this mission and make it clear and concise. Do not water it down by including too many items on your agenda. This is not all that complicated. Anger, passion, and volume are your weapons. We all have these within us. The courage to let it come out is the necessary frosting for this cake. Be bold. You'd be surprised how strong you are capable of being. ♦

+ JOEP LANGE



+ LUCIE VAN MENS



+ GLENN THOMAS



+ MARTINE DE SCHUTTER





+ JACQUELINE VAN TONGEREN



+ PIM DE KUIJER

ALEK (LANGE); COURTESY PHARMACEUTICALS GROUP (VAN TONGEREN); ROY VAN DER LINDE (DE KUIJER); COURTESY WORLD HEALTH ORGANIZATION (THOMAS)

ALL THAT WAS LOST

When Malaysia Airlines Flight 17 was caught in the crosshairs of an ongoing war in Ukraine, six people dedicated to fighting HIV/AIDS were killed. They are remembered here.

BY JEREMY LYBARGER

Hrabove is a small village in eastern Ukraine, about 30 miles from the Russian border. It's a former Soviet collective farm that today has one store, an Orthodox church built in the 19th century, and approximately 1,000 townspeople. Coal mining is a major industry—or was until Russia annexed Crimea and violence forced mines and factories to shutter. Villagers eke out a living however they can, often scrabbling among the fields of wheat and sunflowers that stretch vividly to the horizon.

On July 17, 2014, the world abruptly descended on Hrabove. At 4:20 p.m. local time, Malaysia Airlines Flight 17 crashed in the fields surrounding the village, scattering bodies and debris over eight square miles. "There was a howling noise and everything started to rattle," a witness told *The Independent*. "Then objects started falling out of the sky."

The plane's fuselage landed in a cabbage patch in the neighboring village of Petropavlivka; a bin of overhead luggage compartments fell neatly into the crook of two trees; everything else—tires, ailerons, engine parts, headrests—rained in indiscriminate chaos across countryside that was now charred and roiling with smoke. "We thought it was the end of the world," Hrabove's local priest told reporters.

While investigators later concluded that pro-Russian separatists shot down the plane using a BUK surface-to-air missile, the hours following the crash were hazy with rushed news reports and images of surreal carnage. One of the most alarming headlines, repeated by major international media outlets as well as President Barack Obama, was that nearly 100 delegates en route to the 2014 International AIDS Conference in Melbourne were aboard the plane. In fact, there were six delegates, including Joep Lange, a Dutch researcher who had done pioneering studies in HIV/AIDS since the start of the epidemic.

"It's an incredibly absurd thing," Catherine Hankins says via Skype. She worked with Lange at the Amsterdam Institute for Global Health and Development. Also killed was Jacqueline van Tongeren, Lange's partner and the director of communications at AIGHD. "I'm at her desk right now," Hankins says. "Nobody wanted to take her desk, but I said it would be a privilege. I have a picture of her in front of me. I have all of her knickknacks. She was basically my best friend in Amsterdam, so this has been hard."

Although Lange and van Tongeren were the most prominent



of the six delegates, the deaths of the other four—Pim de Kuijer, Martine de Schutter, Lucie van Mens, and Glenn Thomas—also sent shockwaves through the tight-knit HIV/AIDS community. “The blow has been enormous,” says Ton Coenen, executive director of AIDS Fonds. “[They were] all passionate people who made a unique contribution.”

Lange had been a trailblazer in AIDS clinical research since the early 1980s. He was a former president of the International AIDS Society, and he advocated bringing treatment to developing countries. His oft-quoted mantra was, “If we can get a cold can of Coke to any part of Africa, we can certainly deliver AIDS treatment.” To prove that, he founded PharmAccess, which partnered with companies including Heineken, Unilever, and Shell to distribute antiretrovirals to employees and their dependents throughout Africa. At the time of his death, he was experimenting with programs that deliver treatment to rural clinics in Tanzania.

“Joep was a godlike figure in the field,” says Sharon Lewin, co-chair of the 2014 AIDS Conference. She and Lange met in Bangkok, where he helped found the Netherlands-Australia-Thailand Research Collaboration in the ’90s. The organization worked to introduce two-drug cocktails to Thai HIV patients. Lange was one of the first researchers to push for combination therapy, a radical idea in the virus’s early days. He was also involved in the PETRA study that analyzed mother-to-child transmission in Tanzania, Uganda, and South Africa. More recently, his focus had shifted from treatment to cure. NOVA, a new study in the Netherlands, was exploring how drug therapy immediately following HIV infection could prevent the virus from seeding reservoirs.

“He was very optimistic about a cure,” Hankins says. So was his partner, van Tongeren, who frequently accompanied him to AIDS conferences. “Her family described her as their Florence Nightingale because she played that role in the family as well.”

Lange and van Tongeren met in 1989, when she became head nurse of the AIDS ward at the Academic Medical Center in Amsterdam. Six months later Lange recruited her as the clinical director of his research team. In the past seven or eight years their longstanding professional relationship turned romantic.

“Joep did a lot, but he wouldn’t have been able to do it without Jacqueline,” says Seema Yasmin, a doctor and journalist who knew the couple well. “There was a lot of gentleness between them, a lot of respect.”

Van Tongeren had owned an art gallery in Amsterdam in the ’70s and remained immersed in the city’s cultural life. She campaigned to preserve Dutch heritage sites and planned to partially retire at the end of 2014; she talked about opening another gallery someday. Hankins, who shared an office with van Tongeren, remembers her as “elegant, beautiful, young beyond her age, and with a great sense of humor.”

On the day of the crash, Hankins was visiting her sick father

in Calgary, Canada. Her partner called with the news. “There was nobody else home, and I just yelled,” she says. “There was no way. It was too absurd.”

The next day she returned to Amsterdam and found the AIGHD office nearly deserted except for junior staffers, most of whom were still dazed. “I just kept my door open, and people came. They were teary and distraught and angry. They said things like: ‘I don’t know what to do. I came here because of Joep.’”

Finding dark humor in the tragedy has been one way to soften the hurt. Hankins mentions Lange’s dog, for example. “This is a dog that’s now 13 or 14, has diabetes, who requires insulin shots twice a day, and regular bouts of exercise. How on earth did she outlive them?”

For Margot Mulder, a communications officer at the Female Health Company, the humor she recalls is more foreboding. Her colleague, Lucie van Mens, had bought a gravesite early last year. “Her sister worked for a funeral company, and she said to Lucie, ‘There’s a nice area in the Netherlands if you’re

looking for a grave.’ Lucie made jokes about it all that last year.”

Van Mens had worked with various Dutch HIV/AIDS organizations since 1995. She was particularly passionate about the sex worker industry and was an activist for sexually transmitted diseases education, HIV treatment and prevention, and female condoms. She was also a seasoned traveler who’d trekked through remote tracts of Africa and Eastern Europe. “She wished to retire in three years,” Mulder says. “She wanted to show many African countries to her partner, Gerd.”

The couple were together 15 years, and Mulder broke the news of van Mens’s death to Gerd. “It’s still very hard for him,” she says. “He’s not able to work. He’s a psychologist who works with refugees, but it’s not possible for him to diagnose people anymore.” Now he’s embroiled in the administrative aftermath of paperwork and financial claims. Mulder says a legal team is now liaising with the families of MH17 victims to ensure financial compensation from Ukraine, the Netherlands, and, in Gerd’s case, the United States, where van Mens’s employer was headquartered.

“I’ve come to realize I’ll never see her again,” Mulder says. “But I can still hear her fingers on the keyboard.” On September 16, 2014—Global Female Condom Day—the Female Health Company celebrated by watching funny videos in the office. “There was this movie of Dutch women who were dancing, old women



not known for their smooth moves, and I laughed really hard. I turned to Lucie's desk because I wanted to share it with her.... It's in those moments I realize she's gone."

Glenn Thomas's desk at the World Health Organization became a makeshift memorial in the days after his death. Flowers, framed photos, and votive candles paid tribute to the 49-year-old media coordinator. His nephew Jordan Withers told the *Telegraph*: "He was like a best friend. The kind of things he used to do—on a Christmas morning he came in with a huge box and there were all these cut out letters which spelled the word *Disneyland*, and the next morning we were on the plane to *Disneyland*. That's the kind of person he was."

Thomas grew up in Blackpool, a popular seaside resort in England. He studied economics at Bangor University in North Wales and later joined the BBC as a journalist. In 2012, he began working with WHO to promote its latest report on HIV. His family was one of the few to publicly condemn both Malaysia Airlines and the Ukrainian rebels who reportedly desecrated bodies. Withers told BBC Radio 5 Live: "Malaysia Airlines have been absolutely terrible.... I was trying to get through to [them] and I was given three different numbers. I was hysterical on the phone and just said, 'I want one number.' My mum and dad had the same experience." He also lamented the recovery effort: "They have been loading them on to trains like cargo. And it's just degrading and inhumane. You wouldn't treat anyone like that." On January 17, he tweeted: "#MH17 6 months to the day I lost my Uncle Glenn. #weneedjustice," alluding to the bodies that have not yet been recovered, as well as Russia's refusal to accept responsibility for the tragedy. The crash site is now more or less abandoned, an eerie wasteland heralded by a warning sign: "NO ENTRANCE! THERE MAY BE REMAINS OF THE VICTIMS OF FLIGHT MH17 CRASH AT THE TERRITORY."

For other families, including that of Pim de Kuijter, closure was more immediate. The Dutch government normally requires a body before families are entitled to a death certificate, burial, or will; if there's no body, families must wait one year for such formalities. Following MH17, however, the government suspended that requirement. "Pim's family was the first," Hankins said. "They went ahead having a separate celebration for his life. They weren't going to wait for the identification process not knowing how long that would take or whether it would be successful."

De Kuijter was a lobbyist with Stop AIDS Now and a member of D66, a progressive political party in the Netherlands. "I was an activist diplomat, but I prefer to be a diplomatic activist now," he was fond of saying. He'd been an election observer for the Dutch Foreign Ministry and the EU, traveling throughout Egypt, Kosovo, Sierra Leone, Russia, Ukraine, and other countries. His colleague, Lousewies van der Laan, remembers, "We had developed a tradition meeting at foreign airports—Beijing, Sarajevo—

and then trying to install some democracy into the place, while catching up, having good food and celebrating life and shared values." His brother, Paul, agrees; Pim "wanted an intense life. He didn't just want to sit on a couch."

De Kuijter successfully lobbied the Dutch parliament to reverse a 12 million-euro cut to AIDS funding and helped block a bill that required mandatory registration for sex workers. "He loved the political dynamics and the games played," says Coenen, recalling that de Kuijter would use chocolate or a drink after work to persuade noncommittal colleagues to rally around him. He also had a mischievous sense of humor. "One of the most remarkable memories that was so typically Pim was that he came out as a gay person at age 30 in a comedy cafe where he had invited his friends and made a big show out of it," Coenen says. For his family, de Kuijter is something else: a martyr for the causes that kept him campaigning restlessly around the world. Recalling that final day, his mother told Channel 4: "I only said I loved him, and he texted back 'I love you too.' Our son should not be dead."

Martine de Schutter was a fellow lobbyist, or as she described herself, a cultural anthropologist specializing in gender and sexual health. Like de Kuijter, she was a globetrotter, living in the United States, South America, and the Netherlands. For a decade she led AIDS Action Europe, a multinational network designed to streamline civil society's response to HIV in Europe and Central Asia. In January 2014, she became program manager at Bridging the Gaps, an organization seeking equitable AIDS treatment for vulnerable populations in 16 countries. "Her work was very important to her," Coenen says, "but even more important was her son Maarten." A glance at her Facebook reveals a devoted mother: "Celebrating Maarten's 13th birthday with homemade sushi," reads one post; another shows her and Maarten ice-skating; yet another shows them at Christmas, crouched in front of a lit tree. When I ask Coenen about the best way to honor her legacy, he says simply, "Keep the work going."

That's the refrain among the people I interviewed: Keep fighting the fight. "In a way, they did their work, and there's still a tremendous amount of very smart and passionate people in the AIDS field, so their work will be taken care of," Mulder says. "There are many Lucies and many Joeps, luckily, who can do the job, but they will always be an eternal inspiration." Perhaps the most apt tribute is a text message Lange sent on the day he died, lamenting his inevitable jetlag. He said that he may have trouble sleeping, but it would just give him more time to work. ♦

From left: flowers on wreckage of Malaysia Airlines Flight 17, near the village of Hrabove, Ukraine; Ukrainian soldiers load coffins onto a plane on November 8, 2014, in Kharkiv, Ukraine; a woman signs the condolence book for Joep Lange and Jacqueline van Tongeren in Amsterdam; a candlelight vigil for the victims of HIV/AIDS and flight MA 17 in Melbourne, Australia



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IMMIGRATION & LGBTs

Despite the familiar call-and-response from columnists and cable talk show hosts, we rarely have an honest conversation in the public square about immigration in the United States. Even when we do, the dialogue focuses on border patrols or building bigger fences. Little is said about the plight of LGBT people who often live outside a family structure because they are ostracized for their sexual orientations or gender non-conformity. Little is said about the harsh conditions facing asylum-seekers fleeing their countries of origin. Too often our journeys are solo ones—not as huddled masses. Yet we still yearn to breathe free.



ILLUSTRATION BY
EDEL RODRIGUEZ

Central Americans in Limbo

The journey can be long and treacherous for LGBTs seeking refuge.

BY CAITLIN DONOHUE

Last year President Barack Obama chose November 20, which is also Transgender Day of Remembrance, to announce his executive action that overhauled U.S. immigration policy. Despite the coincidence, the changes the president put into action didn't provide much cheer for LGBT immigrants.

Obama extended protection from deportation to roughly 3.7 million immigrants. But most of the guarantees were reserved for people whose legally recognized spouses, children, or parents were already American citizens. This was small comfort for LGBT folk whose partners are often not legally recognized, are estranged from family members, and for whom giving birth to a child in the traditional manner is often out of reach.

"It was bittersweet because this has been the biggest win in the immigrant rights sector for many, many years," said Jorge Gutierrez, national coordinator for Familia: Trans Queer Liberation Movement (the United States' sole organization focused on serving the LGBT Latino population.) Gutierrez, whose organization stages civil disobedience actions at detention centers calling for the release of all queer immigrants, expressed concern that Obama's order would leave undocumented LGBT immigrants even more vulnerable. "Many [LGBT immigrants] still see the U.S.A. as a mecca for freedom," Gutierrez said. "But they are faced with a completely different reality once they are here and find themselves fighting the criminal and immigration systems that are both transphobic and racist."

For many queer people, the United States still represents a



place where they can be themselves with less fear of persecution and violence. The University of California at Los Angeles's Williams Institute estimates that of the 11 million undocumented immigrants in the United States, more than 267,000 identify as lesbian, gay, bisexual, or transgender. The journey to the United States is brutal, particularly for would-be immigrants coming from Mexico or Central America. Gangs in Mexico earn revenue by preying on vulnerable transitory people, and crossing the U.S. border illegally can entail a dangerous ride in a coyote's truck or a long trek on foot across the desert. Still, they come. Many are turned back, and still they come again. Their stories make the risk-taking understandable.

In a Mexico City immigrant shelter, Jessica Noemi Coro Lorenzana is considering another run at a life in the United



Jessica Noemi Coro Lorenzana prepares the afternoon meal for her fellow resident immigrants at Casa Tochan.

States. Lorenzana, who was born in Guatemala, realized she was transgender at just 8 or 9 years old, and was only 7 when she had her first sexual encounter with a boy. She voluntarily broke the news to her family that she was attracted to men, expecting them to find the news difficult, but tolerable. She was wrong. "My dad told me if I wanted to keep living in the house," Lorenzana said, "I had to 'act like a man.' For me, that was something I would never be able to do. He said, 'Well sorry, but you'll never set foot in this home again.' " With 2 million quetzals (roughly \$260) that her parents had given her, 7-year-old Lorenzana conspired with a bus driver to cross the border into El Salvador illegally. Her life as a queer nomad had begun. She made her way to Santa Ana, the country's second largest city, and started living on the streets.

For the next eight years, Lorenzana sold bread rolls on the street, slept in an abandoned building with other homeless youth, and sniffed glue out of paper bags to forget the hurt that her parents' rejection had carved into her. When she was 15, she could no longer afford to pay the ever-rising cut that the local chapter of the notorious Mara Salvatrucha transnational gang demanded of her bread sales, and gang members came to her squat, striking her with bricks and nearly throwing her out of a fourth floor window. After a run-in with homophobic police officers that landed her in juvenile detention, Lorenzana went back to Guatemala, to the town of Poptún, to live with an aunt.

PHOTOGRAPHY BY DAMIEN MOREAU

"I thought about making my life in Guatemala, but I couldn't do it," she said. The physical threats she had to endure as a trans woman were intense. She felt her mental health slipping away and got into therapy. "At one point," she said, "I started thinking the world was against me." One day, three men in ski masks approached her on a back road and started shooting. Weeks later, after she got out of the hospital, she stowed away on a cargo train that would take her to Mexico. Her reason for leaving is terrifying: She thought her father sent the men to kill her. She still has three bullets lodged in her body from the incident.

Lisa's story is no less heartbreak. (Lisa is not her real name, and all identifying details have been changed because her case is pending review in U.S. immigration court.) In her teens, her school peers noticed Lisa's feminine walk and labeled her a "maricón," which roughly translates to "faggot." The taunts increased and became violent as Lisa got older, but that didn't stop her from getting a position with an organization that helped fellow trans women. Her anti-violence work left her the target of death threats from gang members. At age 22, she took a single suitcase and left for the United States.

If you were to board one of the luxe, air-conditioned buses that traverse Mexico, the journey would take three days from the country's southern border with Guatemala to its northern one with the United States. But for a poverty-stricken refugee, the journey can stretch into weeks, even months. Lisa slept in parks and picked up odd jobs so she could afford a bus to the next small town. Then she was kidnapped by a person promising to help her. She was given two choices: become a prostitute or have her organs harvested for profit. Although she wouldn't reveal the details because of her asylum case, she said she narrowly escaped.

Lorenzana took cargo trains through Mexico, along the way meeting friends who provided company on the final, brutal eight-day walk through the desert and into Arizona. When they finally made it to Tucson, she had no money, but she was free. She found shelters that would give her a bed for the night, food, and medicine. She met other queer people in a city park.

"I felt good," she remembered. "Instead of discriminating against me, people helped me. They understood me. Those days were perfect." Three months into her life in the United States, immigration officials detained her while she was walking down the street one afternoon. After 12 days in a detention center, she was on a plane to Guatemala. Twenty-four hours later, she was back on the road to Mexico. She was terrified to be in her country of birth any longer.

Lisa took a different approach to get into the United States, going straight to the officials at the Mexican-American border and asking for asylum, an option that is available to immigrants who can prove they have "credible fear," of being in their home country. For her honesty, she was rewarded with six months in a detention center, during which her gender identity (her reason for asylum) was questioned in interrogation.

These detention centers can be hellish for LGBT immigrants. Many queer people are considered as "at risk" and are relegated to solitary confinement. They make up a disproportionate amount of sexual assault victims. The Center for American Progress has found that LGBT immigrants are 15 times more likely to be sexually assaulted in detention. Trans women—often housed



Clockwise from above: Jessica Noemi Coro Lorenzana in the garden at Casa Tochan; a painted map of Mexico in the garden for residents to familiarize themselves with their new country; immigrants share close quarters inside the dormitory at Casa Tochan; a diagram above the communal computer highlighting basic points on gender violence



in the all-male wards—make up 0.2% of all detained immigrants in the United States, but the Government Accountability Office found they make up a staggering 20% of the confirmed sexual assaults in detention facilities.

In October 2014, a Guatemalan trans woman named Nicoll Hernandez Polanco came to the United States seeking asylum. She was put in the male ward of a facility in Florence, Ariz., and has been subjected to sexual groping by guards, who repeatedly called her "the woman with balls." After physical threats from fellow inmates, Polanco is now refusing to leave her cell, and advocacy groups like Mariposas de la Frontera and the Transgender Law Center are demanding she be released.

The Center for American Progress found that queer immigrants in detention with no professional counsel stand a 3% chance of being granted asylum. There is no right to an attorney in immigration proceedings, so linking with an advocacy organization can often be the only means of salvation for LGBT immigrants. Lawyer Jason Ortega of Equal Justice Works caught wind of Lisa's situation and was able to arrange a transfer for the 23-year-old to a Los Angeles shelter for homeless LGBT youth. Lisa is still awaiting her hearing that will decide her asylum status. She'll probably be waiting a few years—the immigration courts are inundated with such cases. To her, it's worth it. "It's beautiful to see two people of the same gender holding



“It’s beautiful to see two people of the same gender holding hands and walking down the street. In Central America you don’t see that. At home, they would kill you.”



hands and walking down the street," she said. "In Central America you don't see that. At home, they would kill you."

After her failed bid for life in the United States, Lorenzana found a home in Mexicali, Mexico, and spent six years working illegal odd jobs—maintenance work in a baseball stadium, a gig at a cell phone battery factory. She found love, living with a man for two years before his worsening drug addiction left her fearing for her physical safety. Then she rode a bus that was stopped by the police. They asked for her papers. She was shipped back

to Guatemala. This time, she decided to seek official refugee status in Mexico, but she lacked any documentation of her persecution and injuries and was denied in December.

She nonetheless went to Mexico City, where at least there are LGBT anti-discrimination laws. Some friends introduced her to Julio Campos Cubías, a gay man who had emigrated from El Salvador two years earlier and started Migrantes LGBT, an advocacy organization that offers resources for queer immigrants in Mexico. Cubías got her a bed in Casa Tochan, a halfway house for Central American immigrants in the Tacubaya neighborhood, where Lorenzana currently resides. Casa Tochan provides beds, food, group therapy with psychology students from the National Autonomous University of Mexico, and educational programming that includes workshops on legal rights and English classes.

Mexico City often becomes the de facto landing pad for queer Central American immigrants—the massive capital provides not just legal safety, but also support organizations, including Puertas Abiertas, an LGBT church that reaches out to immigrants and other vulnerable queer populations. “We try to find ways to help [LGBT] immigrants,” says Octavio Parra, the gay pastor at Puertas. “Living with God has given me peace, and that’s what we want for them.”

Lorenzana has a decision to make. She can get a regular job at a factory (albeit illegally) that will cover the cost of reapplying for asylum in Mexico, or she can try once again for the United States. Vicky López Fernández and Mariana Hidalgo Costas, authors of a forthcoming manual of best practices for Mexican immigrant shelters who serve queer migrants, said: “On many occasions, [LGBT immigrants] construct the United States in their imaginations in this idealized way, as the country where they can work, make a living, without being judged or raped on the street due to their expressions of gender.”

Lorenzana said she has a friend who has a friend who knows the border well, so maybe it won't be as rough this time. When asked about her goals for the future, her answer was simple. First, respect. Then a house, and a partner "who I understand and who understands me."

In the meantime, Mexico City provides some opportunities for her to be herself—and a chance to set aside weighty concerns, at least for a moment. She glowed as she talked about her New Year's festivities and the denim mini-skirt she wore despite friends' protests that it was too cold out. "I had a lot of admirers that night," she said with a grin. ♦



Denied a Safe Haven in Europe

Each year thousands of LGBT asylum-seekers travel to Europe hoping to secure a future free from discrimination and violence. But for many, the European Union is not what they'd anticipated.

BY CHRIS GODFREY

No European country has a perfect record on LGBT rights; from Sweden to Slovakia, there's room for improvement, both in policy and practice. The legislative equality enjoyed throughout the United Kingdom, Belgium, and Spain may be the exception, not the rule, but for now homosexuality is at least legal throughout the European Union. For LGBT asylum-seekers escaping the institutional persecution of regimes like Uganda's and Iran's, the relative freedoms of the EU are worth risking everything.

But any hope that the same legal protections offered to EU citizens would be extended to them when they arrive in Europe is often egregiously misplaced. In place of greater freedom, many are greeted with prolonged periods of incarceration. Instead of social acceptance, they are treated with contempt and face discrimination, violence, and sexual abuse in detention centers. Rather than understanding, they're subjected to drawn-out, sometimes humiliating, decision-making processes designed to establish the "credibility" of their sexual orientation or gender identity.

This systematic failure to protect happens in spite of an EU directive, adopted in 2004, that states unequivocally that those who face persecution for their sexual orientation qualify as refugees. This directive and others are designed to harmonize standards and procedures across Europe, ensuring the fair treatment of LGBT asylum-seekers across the continent. Yet a lack of consistency still pervades the system.

"There's always been something of a lottery in the EU in that people across the board, any type of asylum-seeker, can face great differences in how their claims are decided. This is also the case with LGBT people," Paul Dillane says. His charity, U.K. Lesbian and Gay Immigration Group, aids LGBT asylum-seekers with their claims in the United Kingdom and provides them with information, support and legal assistance.

As well as hampering calls for uniformity, the contrasting LGBT-rights landscape across Europe has a significant impact on



Clockwise, from far left: a detention center in Greece; a Cameroonian lesbian seeking asylum in the UK; Afghan migrants in a detention center on the island of Lesbos



attitudes toward sexual-minority asylum-seekers. Violence against activists in Serbia, the proposal of propaganda laws similar to Russia's in Belarus, or the rising antigay rhetoric from ministers in Latvia are unlikely to reassure refugees of a life free from prejudice.

But even in the United Kingdom, ranked first in ILGA-Europe's Rainbow Map, the treatment of LGBT asylum-seekers is anything but commendable. Despite its reputation as one of the most progressive countries, increasing numbers of LGBT asylum-seekers, upon arrival, are detained indefinitely by the Home Office, the ministerial department responsible for immigration and security.

"We detain more asylum-seekers than any other European country, and unlike other European countries we don't have a time limit," Dillane says of the United Kingdom. "If you're a criminal, and you committed a crime, you know when you're going to be released, you count down the days. But if you're a gay asylum-seeker you count *up* the days—often for weeks and months—because you simply don't know when you're going to be released."

Despite having committed no crime, LGBT asylum-seekers are effectively imprisoned in detention centers, including Yarl's Wood, where there have been reports of verbal bullying, physical violence, and sexual assault. While they wait for the Home Office to reach a decision in their cases, they are restricted from access to online information that could help their cases. Even the Web site for Dillane's charity has previously been blocked.

"One of the main problems that LGBT people face in the U.K. and across the region is having to 'prove' your sexual orientation or gender identity," Dillane says. "You're subjected to a highly accelerated process, and you have a couple of days to prove to the government that you are what you say you are. But there's no test you can take medical or otherwise to prove you're gay."

"We need to see actual improvements in the decision-making process," he continues. "The fundamental problem is if your asylum claim is wrongly refused, and you're sent back to a country where your life is at risk—for instance, Uganda, Gambia, or

Pakistan—then you can imagine the consequences. So getting the decision right is absolutely essential."

Even the most well-documented cases are treated with skepticism. Last year, Aderonke Apata, a Nigerian refugee, received the National Diversity Award for her campaign work, challenging the British legal system that penalizes LGBT asylum-seekers. Despite widespread praise for her work, giving evidence in parliament and making it onto *The Independent's* high-profile Rainbow List, the Home Office still refuses to accept she's lesbian. Apata remains in the asylum process.

Proving or disproving sexual orientation has long been a contentious issue across Europe, but until recently human rights abuses were a frequent part of the "validation" process. Techniques recently employed by immigration officers from various EU states included asking detailed, invasive questions about their sex lives, having them submit video evidence of their homosexual activity, and conducting pseudo-medical tests. A few years ago, Czech authorities even took to strapping electrodes to the genitals of refugees to analyze any physiological reaction to pornography. A much-needed European Court ruling in December prohibited the use of these techniques. It's the latest in a string of EU directives and rulings designed to guarantee the safety and dignity of LGBT asylum-seekers.

For Katrin Hugendubel, advocacy director at ILGA-Europe, a nongovernmental organization that works for equality and human rights for LGBT people across the continent, patching up the discord between policy and practice is the next step.

"You can have legislation on one side, but if it doesn't sink in to the people who actually need to conduct these interviews, then it does not make a real difference for people," Hugendubel says. "We have a good EU framework now to ensure much better treatment of LGBT asylum-seekers in the future, so one thing to really look for now is proper implementation of all the legal requirements regarding sexual orientation and gender identity in asylum procedures. There's huge work to do with providing information, awareness-raising, sensitivity training, and things like that."

The European asylum office in Malta is already developing a training module on sexual orientation and gender identity. It may cost time and money, but the European Court alone can't eradicate the problems; everyone involved in the asylum process—detention center guards, interview translators, and case workers, among others—must have training to better understand the specific situation and requirements of LGBT people.

Encouraging reform in countries that take an ideological stance against introducing pro-LGBT policies is anything but simple. The legislation loses even more credibility when pro-LGBT states like the United Kingdom simply opt out those directives that don't work for them on a political level.

"In general, the European member states are still struggling with the idea of creating a common asylum system, and there's still a lot of discrepancy in different member states," Hugendubel says.

Without a common European-wide policy, one that negates this "asylum lottery," states will continue to operate unilaterally, and LGBT asylum seekers will continue to face marginalization. In policy at least, the EU offers its own LGBT citizens some of the most comprehensive protections against prejudice. Refusal to unconditionally extend these rights to those who've already escaped persecution once is as hypocritical as it is inhumane. ♦



THE ALLIES

The straight couple that goes to bat for LGBT immigrants

BY MATTHEW BREEN

Before 2013, my green card experience, insofar as it affected me directly, had been limited to a vague memory of a 1990 movie. I've found that a vague memory of Andie MacDowell's acting usually serves me best.

Binational couple immigration has been a topic covered in *The Advocate* for quite some time. Since the advent of marriage equality in Massachusetts, as queer people we'd collectively been aware of the lack of federal rights our marriages granted us. But when key parts of the Defense of Marriage Act were struck down by the Supreme Court, I knew I could marry my fiance, who moved from Vienna to the United States so we could be together. We'd have a legal basis for him to become a permanent resident. The federal government would view us as family.

After getting hitched, my husband ("the foreign national") and I ("the citizen") were instantly made aware of how many friends were also in binational marriages. And they all had lots of advice on how to handle our immigration needs.

It was Travis Pagel and Marcos Cipriano Da Silva, an American-Brazilian couple married just before DOMA was struck down, who told us they'd had great results with a pair of attorneys with law offices in Philadelphia and New York. "Plus they're so cute you just want to put them in your pocket," Pagel said. As recommendations go, is there higher praise? We made an appointment to see them.

Alex Brophy, a graduate of University of Miami School of Law and an associate at the well-regarded law firm Arnold & Porter LLP, met Kate Lenahan when she was a second year law student at Brooklyn Law School. Though she didn't get the job she'd been interviewing for at Brophy's firm, the two hit it off.

Upon graduation, Lenahan joined Milbank, Tweed, Hadley & McCloy LLP, and was placed by Milbank as a full-time Legal Fellow at Immigration Equality, the only national organization providing free legal services for LGBT and HIV-positive people in the immigration system. Her first two cases were asylum-seekers: a gay man from Cameroon who had been beaten by the police, and a lesbian who feared persecution from the antigay attitudes and laws her home country, Jamaica.

Brophy was working long hours doing commercial litigation, which he says, "is essentially big corporations suing other big corporations, or shareholders suing a corporation." Lenahan had been inspired by her pro bono work, by the direct client contact and positive effect she could have in asylum cases.

On the last day of their honeymoon in the Bahamas in 2010, the couple decided to hang out their own shingle, as Brophy & Lenahan PC. She would bring in immigration cases, and Brophy would handle litigation in their general-purpose law firm. That idea was quickly reshaped by their first cases, including their victory in the asylum case for a transgender woman from Jamaica. More asylum-seekers followed.

"If you're from Jamaica, Russia, or West Africa, and you can prove you're gay, asylum is worth looking into as an immigration option," Brophy says of some countries or regions flagged by the U.S. Citizenship and Immigration Services as dangerous for LGBT people. "The Middle

“It’s great to be involved in something that’s a current civil rights matter, to play a role in it, and do something positive with it.”

East isn’t great either,” Lenahan adds.

They filed their first binational couple immigration case just a week and a half after the Supreme Court struck down DOMA in June 2013. Since then, they have handled many immigration cases, including a successful green card petition for my husband.

Sitting in their offices on Broadway in Times Square, I asked whether any clients wonder why a straight married couple has adopted LGBT immigration law and civil rights as their focus.

“I’m surprised more people don’t ask us that,” Lenahan says. She always explains her legal background and interests when talking to prospective clients, and it’s not an issue for most.

“We don’t say specifically on our site that we’re married, but it’s the first thing we tell people, that’s it’s me and Kate, no paralegal, and we do all the work ourselves,” Brophy says. “I’ve had a client say they like having advocates who are not LGBT. To affect change you need people of the group trying to change the laws, and allies who are outside. It’s great to be allies.”

A quick look at the immigration paperwork involved made it clear to the foreign national and to me that, though legally possible, we couldn’t handle the complexity of the green card application ourselves. We definitely needed legal help.

After hiring their firm, Lenahan alerted us to an issue in our application—our honeymoon outside the United States. It’s inadvisable to apply within 60 days of re-entering the country, so we delayed our application for a couple of months. We encountered another hiccup when USCIS asked for more information about my income—USCIS apparently read my supplied information incorrectly. I’m convinced that a letter from their firm resolved the matter much faster than anything we could have done alone.

“If you’re not a lawyer, there may be issues in your case you’re not aware of,”

she says. “Would you have known you shouldn’t apply right after coming back into the country? I talk to people who think their cases are totally easy, but I’m like, ‘Whoa, you need an attorney.’”

Immigration officers have had training in how to handle same-sex applications, and our attorneys haven’t seen a difference in the rate of approval between gay and straight couples. Still, gay and lesbian couple applications are often very different.

“The thing that’s most challenging is submitting documentary evidence of a relationship to officers who have been used to adjudicating opposite sex couples, where for most cases they’re completely known to friends and family and employers and they’ve been building evidence of the relationship,” Brophy says. That evidence can include photographs together, having met each other’s families, sharing employer-based health insurance, or both names appearing on a lease.

“There are many same-sex couples who are out to everybody, and those are the easiest to work with,” Brophy says. Then there are other cases, in which evidence is less typical—if one or both spouses isn’t out to family or at work, or even cases in which a citizen has had a previous opposite-sex marriage. “People might be bisexual, or had an arranged marriage in the past, or were trying to satisfy friends or family with a marriage,” Brophy says. “There are a million different reasons why that might occur,” reasons that might send up the antennae of an immigration official looking for fraud.

“It would make me so angry to hear about the inequalities and injustice [facing LGBT immigrants]. What must it be like for someone who it actually affects? It’s great to be involved in something that’s a current civil rights matter, to play a role in it, and do something positive with it. I think that’s really neat, and I’m happy we can do that,” she says, without a hint of grandstanding.

“Lawyers will try to talk you out of going to law school,” Lenahan says.

“My dad did,” Brophy interjects.

“Mine did, too,” Lenahan says. “He would say, ‘You’re always dealing with someone’s problems.’ But I don’t think it’s true. It’s not like you had a problem,” she says, referring to our immigration needs. “You just needed help with something. When you’re able to help them, people are very happy, so I think it’s a nice thing. I know it sounds corny, but as far as affecting change and helping people—this is a good way to do that.” ♦

Immigration Stats

COPLES

113,300

Estimated number of foreign born individuals (citizens and non-citizens) in the U.S. who are part of a same-sex couple

LEGAL JUSTICE

3%

Chance of being granted asylum for queer immigrants in detention with no professional counsel

14%

Percentage of all same-sex couples in the U.S. that include a foreign born spouse or partner

24,700

Number of same-sex couples that are binational (one U.S. citizen and one non-citizen)

7,000

Number of same-sex couples that include two non-citizens who are raising children under 18

84%

Percentage of immigrants in detention facilities who lack legal representation

32,704

Number of hours of legal services worked by Immigration Equality’s legal team and partners in 2013

98,740

Number of asylum claims logged in the U.S. in 2013

78

Number of countries with criminal laws against homosexuality

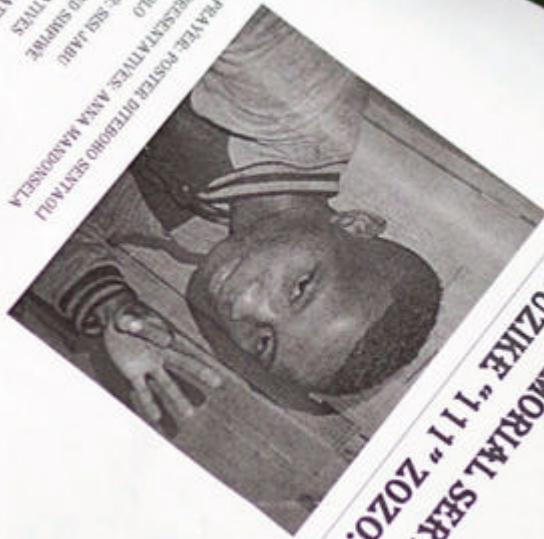
Afghanistan | Algeria | Angola | Antigua & Barbuda | Bangladesh | Barbados | Belize | Bhutan | Botswana | Brunei | Burundi | Cameroon | Comoros | Cook Islands | Dominica | Egypt | Eritrea | Ethiopia | Gambia | Ghana | Grenada | Guinea | Guyana | India | Indonesia | Iran | Jamaica | Kenya | Kiribati | Kuwait | Lebanon | Lesotho | Liberia | Libya | Malawi | Malaysia | Maldives | Mauritania | Mauritius | Morocco | Myanmar | Namibia | Nauru | Nigeria | Oman | Pakistan | Palestine | Papua New Guinea | Qatar | Samoa | Saudi Arabia | Senegal | Seychelles | Sierra Leone | Singapore | Solomon Islands | Somalia | South Sudan | Sri Lanka | St. Kitts & Nevis | St. Lucia | St. Vincent & The Grenadines | Sudan | Swaziland | Syria | Tanzania | Togo | Tonga | Trinidad & Tobago | Tunisia | Turkmenistan | Tuvalu | Uganda | United Arab Emirates | Uzbekistan | Yemen | Zambia | Zimbabwe

* Sources: “LGBT Adult Immigrants in the United States,” Williams Institute; UNHCR “Asylum Levels and Trends in Industrialized Countries, 2013”; Immigration Equality



Of Love and Loss

PHOTOGRAPHY BY
ZANELE MUHOLI



In 2013, after years of documenting her community, award-winning photographer and activist Zanele Muholi turned her lens to weddings and funerals in the black LBGT community in her home country of South Africa. These joyful and painful events often seem to go hand in hand in a country distinguished by a constitution that recognizes same-sex marriages, yet marked by the incredible violence that plagues black queer communities. Lesbians are particularly vulnerable and are regularly victims of brutal murders and “curative rapes” at the hands of neighbors and friends.

These images evoke death but also suggest the cycle of life as morning follows night. Life and death, love and hate are some of the antitheses that appear throughout her work.

Muholi's first major American exhibition, “Zanele Muholi: Isibone lo/Evidence,” will be on display at the Brooklyn Museum from May 1–November 1, 2015. BrooklynMuseum.org.





Clockwise, from top left: Ayanda and Nhlanhla Moremi on their wedding day; Duduzile Zozo's gravesite; mourners at Duduzile Zozo's funeral; Ayanda and Nhlanhla Moremi's wedding party; bridesmaids at Ayanda and Nhlanhla Moremi's wedding

Previous page, from left: Ayanda Moremi, tearful at her wedding; a mourner with a program at Duduzile Zozo's funeral

All images © Zanele Muholi. Courtesy of Stevenson, Cape Town and Johannesburg



VIRTUES / JESSE ARCHER

Holding Out for a Hero

Though pigeonholed as cowards, out gay men may have been battle tested in ways others can't imagine.

On the otherwise ordinary summer morning of December 15, 2014, an unprecedented terror gripped Sydney. In the heart of the city's business district, an unhinged Islamic radical named Man Haron Monis strode into a Lindt chocolate cafe with a sawed-off shotgun, took 18 people hostage, and began an anguishing 16-hour standoff. Australian police forces stormed the cafe in the early hours of the next day, but by then the cafe's manager, Tori Johnson, had been killed.

Because of an ongoing investigation, there are no formal

accounts of exactly what transpired in the tense lead-up to the tragedy's climax, but unconfirmed media reports indicate that Johnson was killed after attempting to wrestle the gunman for control of the weapon. In the final blitz, another hostage, a barrister named Katrina Dawson, was killed in the hailstorm of bullets. It was quickly reported that she was married with three young children, and that Johnson had a "partner" of 14 years. Then we waited, or at least I did, to find out whether his long-term partner was a man.

A hero is just like everyone else, only better. Australia

would celebrate Johnson as a national hero if he were made of straw. He's a hero, period. In his final hours, the only exceptional thing about him was his humanity, and some argued that to bring his sexual orientation into it is irrelevant and, furthermore, disrespectful to his memory. Johnson's gayness may be incidental to his bravery, but it is relevant. It matters that the hero was gay in the same way it would matter if the villain were a gunwoman. It thwarts perceptions. Heroes are always presumed heterosexual. That's why you've never heard the term "straight hero."

Courage of the hero variety is typically thought of in terms of daring rescues from burning buildings or badass military might. Its ideal is deeply entrenched in straight, macho behavior—so much so that if you search online for "gay courage," the first result is Courage International, a Catholic group preaching celibacy to gay men with therapy that includes playing football and smoking cigars. Appropriating the word, the group seeks to confirm that a loud, proud homosexual is not courageous, but a coward who will never live up to his potential. His manliness has been called into question, and by extension, even his humanity is corrupt.

In a life-or-death crisis, the stereotype of the gay man is of a person nowhere near the proverbial action; he might be valued for a cuddle or comic relief but is not relied upon to save the day. Nor is he expected to face an attacker or grab for the gun. Conventional wisdom would have the gay barista hiding beneath the counter or slinking out a side door to safety. Gay men are often not expected to be the type to jump on the grenade to save their fellow comrades. Yet that has happened time and time again.

Johnson allegedly challenged his killer at least twice during the Sydney siege.

Daniel Hernandez ran toward the gunfire in Tucson when Rep. Gabby Giffords was shot in 2011. He sat her upright, plugged her gushing head wound with his hand, and is credited with saving her life.

The Rev. Mychal Judge was one of the first on the scene at the World Trade Center towers when they were hit on 9/11, rushing to assist first responders and pray for the fallen and, in the course of this action, became the tragedy's first official fatality.

On the same day, Mark Bingham joined a small band of passengers to overcome the terrorists in the cockpit and crash Flight 93 into a Pennsylvania field instead of its intended target.

These men defy the idea of gays as cowardly, and yet despite real world examples, the heroic gay man fails to capture the popular imagination. In action films, gays will not appear unless as the brunt of a joke, a shady Bond villain, or a spineless sissy fleeing for his life, marionette arms flailing overhead. When the real men take heroic action in *Independence Day*, a hysterical Harvey Fierstein cowers beneath a desk to call his mommy. In the bloated Oscar-winning epic *Braveheart*, the



How easy it is to value simplistic, hypermasculine heroism but discredit the moral courage it takes to come out and live openly, despite the increased threat of danger, ostracism, and violence.

prince's male lover is a sniveling wimp who exists only so that a real man can flick him out of the castle tower to his death.

Chillingly echoed this year when the Islamic State group celebrated homosexuals being tossed from a tall building to their deaths as crowds cheered in Mosul's town square below, films like *Braveheart* remind us how we are perceived. As we grow up, these depictions of gays through the prism of heterosexual scorn are filed away inside our psyches. If we let them, they instruct us how to perceive ourselves.

The idea of confronting a hostile maniac or being dropped into a combat zone will almost assuredly have gay men conjuring camp consequences from inhaling Aunt Pittypat's smelling salts, to a rescue from a strapping Navy SEAL. Like the Cowardly Lion in Oz freaking out because he's not fearsome like other lions, the internal and external concern is that although we are men, we are not man enough.

How easy it is to value simplistic, hypermasculine heroism but discredit the moral courage it takes to come out (especially in places like Iran or Russia) and live openly, despite the increased threat of danger, ostracism, and violence. It is important not to discount the immense bravery it takes to be a gay activist in Cameroon, or to have been Oscar Wilde, Alan Turing, or any of the countless martyrs who suffered for their integrity and a fairer future.

Those who answer to their own truths have given themselves permission to question the authority of a father, family, society—even God. For the courageous people who have come out in the direst circumstances, there is nothing more intimidating left to fear, not even looking down the barrel of a loaded shotgun.

In this way, moral courage might be the most effective boot camp for the risks and sacrifices associated with conventional courage. Seeing that he had underestimated himself, the lion comes to believe in the bravery he always possessed. Likewise, the perception that gay men are deficient in the key ingredients of heroism is shattered each time someone exposes it for a common charade perpetrated by the man behind the curtain. We had the guts all along. There is nothing discouraging in our humanity, and when put to the test we might be the same as everyone else, only better. ♦



Jesse Archer is a writer, actor, and surf lifesaver currently living in exile in Sydney, Australia. JesseOnTheBrink.com



CELEBRITY / MICHAEL MUSTO

Gay Men Can't Take Criticism

A lot of us like to dish it out, but we can't always take it.

We talk a saucy talk and blithely mouth off on a variety of topics, but if someone in the spotlight offers criticism of us as a group, we're as quick on the defensive as Shia Labeouf after being called an arrogant jerk. It makes sense. Many of us were bullied as kids—and continue to be harassed—simply because of our sexual orientation. What's more, despite all the progress we've made in society, we're one of the last groups that some people manage to get away with bashing in the media, and in life. No wonder we're thin skinned—we've grown sensitive to being picked on and routinely bristle at a dis, especially one that's internationally picked up by the media.

Naturally, when Bible-thumpers, bigots, and performers like Eminem rag on us, we want to scream and protest our lungs out. That's perfectly honorable. But how about when celebrities who actually *like* gay people make fairly reasoned remarks about our behavior? Have things become so politically correct that we can't even stop and listen before organizing a rally?



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Last year, Rose McGowan enraged the community with comments she made in a podcast with queer author Bret Easton Ellis. The onetime *Charmed* and *Chosen* star engaged in some sweeping generalizations, but she also offered specifics as to what troubled her about gay men. She criticized those who boycotted the Dorchester Collection hotels owned by the sultan of Brunei (a country where homosexuality is illegal and punishable) and for not protesting the abuse of women in Arab states. "Gay men are as misogynistic [as straight men], if not more so," McGowan said. "You want to talk about the fact that I have heard nobody in the gay community, no gay males, standing up for women on any level? I think it's what happens to you as a group when you are starting to get most of what you fought for. What do you do now? What I would hope they would do is extend a hand to women." Women, she said, have invaluablely helped gays get where we are today, but we have egregiously failed to return the favor.

In a subsequent Advocate.com op-ed, McGowan clarified that she may have stated some things indelicately (such as one stereotypical remark she made about gays in Speedos on *Molly*), but she stands by her point. And she elaborated, "When equal pay for women was voted down by every male Republican, there was no LGBT outcry."

Well, there was definitely LGBT outcry over McGowan's remarks, but it might have been more useful to step back and seriously evaluate them. What McGowan didn't seem to consider is that *many* subgroups of our culture don't always go to bat for other ones, out of some sense of competition for the smaller pieces of the pie that we're all offered, not to mention the battle fatigue that comes from endlessly striving to be validated. Furthermore, the "women have helped the gay movement" line of reasoning is as grandiose a generalization as the contention that gay men are misogynistic. Yes, many women have lent support, but in 1969 (the year of the landmark Stonewall riots), the radical feminist group the Redstockings was founded and claimed that male homosexuality was a blatant rejection of women and therefore completely objectionable. What's more, a 1976 book, *Dangerous Trends in Feminism*, goes into detail about the rampant criticism of the gay movement by certain feminists, adding that gays were too polite to reciprocate the attack.

That said, you have to admit there's some truth to McGowan's remarks about gays and misogyny, especially when you leap from the '70s to the present. Ever go to a bar and hear guys complaining that there are too many "fish" there? Ever see a drag queen whose idea of insightful humor consists of jokes about menstrual cycles, yeast infections, and other vaginal happenings? And a lot of gay men don't seem any more sensitive to lesbians or bi women than to straight women. I've written about how gay men and lesbians rarely even seem to be in the same room these days—at least not by choice. In the early days of ACT UP, gay men and women came together to combat the ignorance surrounding the blazing AIDS epidemic. Gender lines dissolved as LGBTs united for a hell of a fight. Today, the only lesbian interaction for way too many gay guys is a daily tune-in to Ellen DeGeneres's show before heading back to work or the gym.

Of course, McGowan isn't the first celebrity to chide gays and make us whiny. In 2003, Bette

In the early days of ACT UP, gay men and women came together to combat the ignorance surrounding the blazing AIDS epidemic. But today, the only lesbian interaction for way too many gay guys is a daily tune-in to Ellen DeGeneres's show before heading back to work or the gym.

Midler told Larry King that she supported gay marriage but was concerned about the fact that gays like to "move around" and therefore might not be the kings of settling down. Perhaps Midler—who became a star in a gay bathhouse in the 1970s—was relying on an old trope, but she wasn't totally off base in describing one of the prevailing moods of our community. The reality is that one reason for the urgency in getting gay marriage approved has been to offer the chance to legitimize monogamy or commitment. But some were quick to label Midler as homophobic and damaging to the cause. I truly don't believe that she is, though I admit I'm glad she never tried to articulate that point of view again.

In 2011, celebrity matchmaker Patti Stanger went a step further than Midler by saying on *Watch What Happens Live* that gays' sex drives need to be reined in, that "In the gay world, there's always going to be 'open,'" and "There is no curbing the gay." When host Andy Cohen protested, "I'm down for the monogamy," Stanger literally spat in disbelief. And the gay community spat right back—this time rightfully so. We don't have to sit down and take blanket assumptions like that, especially since Stanger doesn't dabble in any of the specifics or logic that McGowan tried to trot out.

The next year, the gays-are-sluts movement found a new friend in socialite Paris Hilton, who said, "Gay guys are the horniest people in the world.... They're disgusting," adding that they will, "like, die of AIDS." To be fair, she said all that in a cab, where she was talking to a gay friend about Grindr types who hook up a lot. Hilton's publicist immediately did spin control, then Hilton herself went whole hog and apologized, saying she wished she could take back every word. If only—but haven't we all criticized some of the behavior spawned by those sex-crazed apps and sites? And can you imagine what would happen if the backseat remarks of every gay person on Earth were leaked by crafty cab drivers? A lot of gay people railed against Hilton for her comments, but McGowan and I both hope they'll be there to support her the next time she's faced with a women's rights issue. ♦



Michael Musto is the author of *Manhattan on the Rocks, Downtown, and Fork on the Left, Knife in the Back*, and a weekly columnist for OUT.com.

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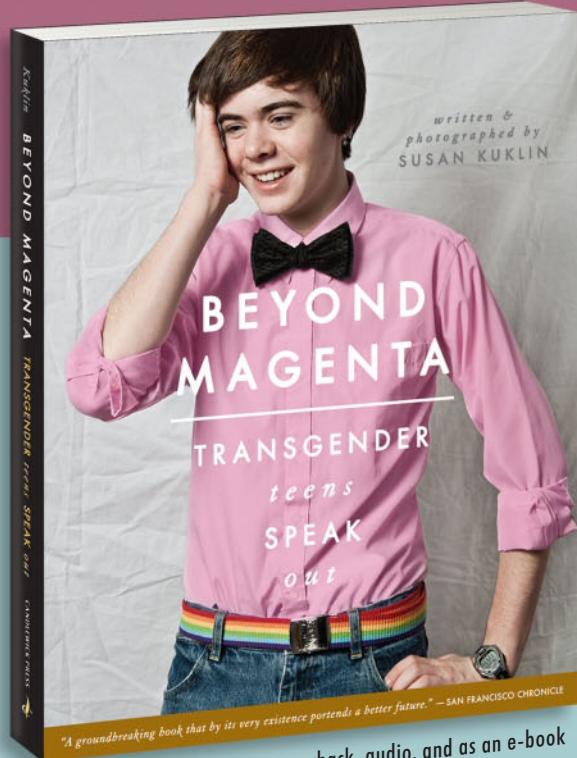
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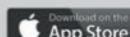


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From left: Sami Grisafe, Ty Herndon, Brandy Clark, Shane McAnally



MUSIC / DIANE ANDERSON-MINSHALL

A Little Bit Country

There's an earthquake happening in the music genre that has long kept many of us at a lasso-length's distance.

Last December I was standing in the balcony of the Hollywood Palladium at the TrevorLIVE fund-raiser watching Ty Herndon—the country music star who has had 17 singles on *Billboard's* Hot Country chart—belt out the most jubilant rendition of his 2010 song “Journey On” that I’d ever heard.

The song is an anthem for people dealing with adversity. “Sometimes in the moment of your weakness / When you’re on the edge of giving in / You hold your heart before it falls to pieces / Journey On,” he sings, triumphant and inspiring. We were there to help raise money for the Trevor Project’s suicide prevention and crisis intervention for LGBT youth, but that song, that moment, was about something more for Herndon. I wasn’t the only person with goose bumps in the auditorium. At the end of the song, the audience was on its feet. A teenager near me looked like she’d been sobbing, and many folks were swaying and smiling. And Herndon? He seemed most affected

by the moment. He looked victorious, teary-eyed, even a bit reluctant to leave the stage.

That was Herndon’s first time at a public event with his partner, Matt Collum, and it was his first major event, an LGBT one at that, since coming out as gay the month before. Now, he and Chely Wright are the two most commercially successful Nashville country music stars to come out (not counting k.d. lang, who came out after leaving country music behind), and he’s the first major male star to do so. He told *Entertainment Tonight* in November that the first two decades of his career he thought he couldn’t be gay and be in country music, but that now “Nashville is ready.”

It’s not just Nashville that’s ready; it’s Middle America. Both fans and country stars, such as Leann Rimes, have come out in support of Herndon. Meanwhile, Kacey Musgraves, whose song “Follow Your Arrow” champions, among other things, same-sex relationships, won Song of the Year at the Country Music Association Awards. The song was co-written with two of her frequent collaborators, Shane McAnally and Brandy Clark, both of whom are gay.

McAnally is a 40-year-old Grammy Award-winning singer, songwriter, and producer who co-produced and co-wrote nine of the 12 songs on Musgrave’s debut. He won Songwriter of the Year from Academy of Country Music last year and at press time was up for another Grammy for Kenny Chesney’s “American Kids.” The 37-year-old Clark is also up for a Grammy Award for Best Country Album and Best New Artist. In addition to her debut album last year, she has written

songs for numerous artists, including *Billboard* chart-toppers for Miranda Lambert and The Band Perry.

Musgraves, who is straight but an LGBT ally (and has a gay manager) said from the stage while accepting the CMA Award, "Do you guys realize what this means for country music?" She sees the shift. "Follow Your Arrow" was banned at many radio stations, but it hit the *Billboard* country charts at number 10 in part because the list includes digital and streaming sales in addition to airplay. I'm surprised the song got airplay at all (it also mentions pot). Reportedly, many radio station managers have said they wished they could play it. They may be underestimating their audience.

Musgraves told *People*, "If there are kids in small towns—or big towns—who don't feel like they belong, and this song gives them courage to walk taller, that's better than any award I can ever hope to win." I'm from cow country, weaned on big pickup trucks and keggers in the valley. Coming out for me and my queer classmates meant turning to music that resonated with us. And that was new wave and British synthpop. Not country. We listened to Erasure, Depeche Mode, and Jimmy Somerville.

But every so often I sought out the country music end of the radio dial. Quietly, always alone in the car, I'd catch George Strait's "You Look So Good in Love," Conway Twitty's "Hello Darlin'," or Jo Dee Messina's "Heads Carolina, Tails California," a song I listened to over a thousand times during a three-month depression of mine in the late '90s.

Along the way I noticed something: Lesbian folk singer-songwriters are often country hybrid artists. They just don't describe it as such, in part because country music and its fans have seemed hostile toward queer people. All that Jesus, patriotism, and family came packaged with an unwelcome underlying message. It's hard to listen to Melissa Etheridge's debut album and not recognize country music. You can hear country in Ani DiFranco, and the Indigo Girls at times. There was even an all-gay band called Lavender Country in the 1970s, and of course k.d. lang started out in the real torch and twang world. We have always been a little bit country, even if rock 'n' roll seemed friendlier.

That's changing. Today we have Steve Grand, McAnally, Herndon, and Clark, but there are new crossover artists I see hope in as well. Sami Grisafe, a recently retired all-star quarterback for the Chicago Force women's tackle football team, is also an award-winning singer-songwriter. In February she released two new singles, "Tiny Victories" and "Brand New Fairytale," as well as a music video. Her sound is largely folk-rock-country fusion, but at times there are strange nods to blues or rap that *really* work.

"If you were to break down every genre, you would find pieces of another genre in it," she tells me. "Some people, especially major labels, scoff at crossover artists. Why shouldn't they? Everyone knows placing people in a box is important ... right? I don't believe so. I write songs that feel honest to me. Sometimes I feel more like a rock song than a country song and vice versa. Young people have really embraced this fluid way of thinking, and I think it's fantastic. Our world is diverse, and we have the ability to be more connected globally than ever before. I just write and perform what is true to me. I cannot justify changing a story to fit into a box if it is dishonest."

"Land of the free, home of the brave" can elicit deeply felt chills when sung in front of people who have spent a lifetime fighting for equal rights.

Grisafe likes to break rules. She was given the Chicago Music Award for Best Rock Entertainer for performing her version of the national anthem. The Chicago Cubs' lesbian co-owner, Laura Ricketts, then recommended her to Illinois governor Pat Quinn, who asked Grisafe to sing the anthem at the signing of the state's marriage equality bill.

The song came alive for her, and the audience felt the love. "Land of the free, home of the brave" can elicit deeply felt chills when sung in front of people who have spent a lifetime fighting for equal rights. The thing is, the lesbian musician never thought about waiting to come out until she gained fame.

"I think coming out post-fame is hopefully a way of the past," Grisafe says. "I think we are in the midst of change. My experience has taught me that if songs are moving, it doesn't matter who's singing or writing them."

That's why I could relate to songs by Johnny Cash, Garth Brooks, Dolly Parton, or George Strait, even if I was worried that their personal convictions wouldn't be LGBT-friendly. (Later on, of course, we found out that Brooks, whose sister is reportedly gay, and Parton, are both strong LGBT allies.) Today there are feminist stars like Carrie Underwood, Kelly Clarkson, Miranda Lambert, and Jennifer Nettles, who are straight but speak to me so well, they might as well be queer.

Country music has changed so much that Herndon isn't being shouted out of Nashville. Instead, he's becoming popular again. His music is truer, perhaps because he's so happy to have lifted the veil. But it's not just about artists being out; it's also about the music itself changing. Not all country songs seem aimed at the Duggar family these days. Luke Bryan's "That's My Kind of Night" pays tribute to rapper T-Pain and Conway Twitty, while Kid Rock's "All Summer Long" garnered the rock star his first number 1 country hit by sampling Lynyrd Skynyrd's "Sweet Home Alabama."

These changes give me hope. Many queer people aren't opposed to the Bible, the military, families, or the American flag—in fact, all our challenges in the past decade have been about our access to the American institutions behind those. I think LGBT people just want to be welcomed in the music that often speaks to them in sound and narrative because they come from the heartland.

Grisafe optimistically assures me that the music industry is changing, that when it comes to fans, or rather, people: "We all want to relate to each other. It is a human condition, and I think it's beautiful."

I sure hope she's right, because I'd love to tell Pandora about my little country music secret and see what's in store for me. ♦



Diane Anderson-Minshall is an editor-at-large for *The Advocate* and editor-in-chief of *HIV Plus* magazine.



A LIST / BRANDON VOSS

Gad Only Knows

Josh Gad, a Tony Award nominee for *The Book of Mormon*, melted hearts as the voice of lovable snowman Olaf in Disney's *Frozen*. Now playing a fictional version of himself opposite Billy Crystal in the FX series *The Comedians*, which premieres April 9, Gad explains why he's always liked warm hugs with gay men.

I saw *The Wedding Ringer*. That was made for straight dudes, right? Yes, it appeals to heteros. But at its core, we always saw it as a bromance between my and Kevin Hart's characters, especially with our big dance sequence.

A.V. Club called it "a 100-minute gay joke masquerading as a buddy comedy." That's a surprising and completely inaccurate description. I hope it hasn't offended anybody. Having seen the movie many times with many gay friends, I've never heard that criticism. I tend not to read reviews.

You've supported LGBT rights on *Real Time With Bill Maher* and as a guest columnist for *USA Today*. Why have you been so

vocal on the subject? First and foremost, my oldest brother, who's my role model, happens to be gay and married. About 90% of my friends are gay, so I actually celebrate gay marriage on a monthly basis. It's a bit of a problem, really. Now that the weddings have doubled, so has the amount of money I'm spending to travel to them.

You reported from New York's LGBT pride parade in 2011 as a correspondent for *The Daily Show*. What was that like?

I had to convince my best friend and *Book of Mormon* co-star Rory O'Malley, who's at the forefront of the gay rights movement, to make out with me for that. We were roommates all through college, and we're like brothers, so it was very upsetting to him. Other than the fact he felt completely violated by my tongue down his throat, it was such an incredible day.

Did you get a crash course on gay culture at drama school? I had to give my friends a crash course on heterosexuality. I was an endangered species. I was the white rhinoceros of Carnegie Mellon. Every other month, one of my friends came out of the closet. I'm not joking. At a certain point, it almost became farcical. By senior year, I was the only straight one left.

You were used to being in the minority long before Broadway. It's all I've ever known, like Mowgli in *The Jungle Book*. When my wife met me, she was convinced I was gay and wanted nothing to do with me. We have two kids, and I think she still suspects I'm gay.

Do you hear from LGBT fans on Twitter? Oh, yeah. When I wrote an article on Supreme

Court Justice [Antonin] Scalia for *USA Today*, I got an enormous, heartening response from the LGBT community, which I didn't anticipate. I was just angry and felt that Justice Scalia was coming out fervently on the wrong side of history. After *Frozen*, I've felt embraced by the community. I'm so proud that "Let It Go" has become an LGBT anthem.

Has the bear community reached out?

I've gone to gay nightclubs with my brother and definitely felt welcomed, specifically by the burly boys.

Billy Crystal recently made headlines for his comments about gay scenes on TV being "too much" and going "too far." Does that mean

The Comedians won't have gay content? No, and he'd be mortified you thought that.

The show's about two comedians from different generations forced to work together. It shows Billy and me in a hypermeta way that lets us make fun of things like, say, statements that sound far more incendiary than intended. It pokes fun at our egos and what can happen when you're a celebrity. We're not perfect, and sometimes we step in shit. It's like when Kevin Hart said he didn't feel comfortable playing a gay role. He was trying to say that he wouldn't be doing the character justice, and I get that. It was just unfortunate their comments came out the way they did.

Would you play a gay character? If there are any great gay roles available for a young bear like myself, I'll take them. You guys can trust me.

Any chance that Olaf's gay?

[Laughs] Who knows? Maybe that's what the inevitable *Frozen* sequel will be about. ♦

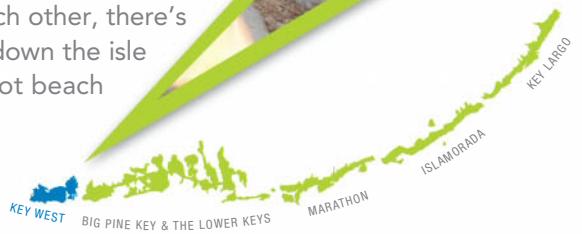


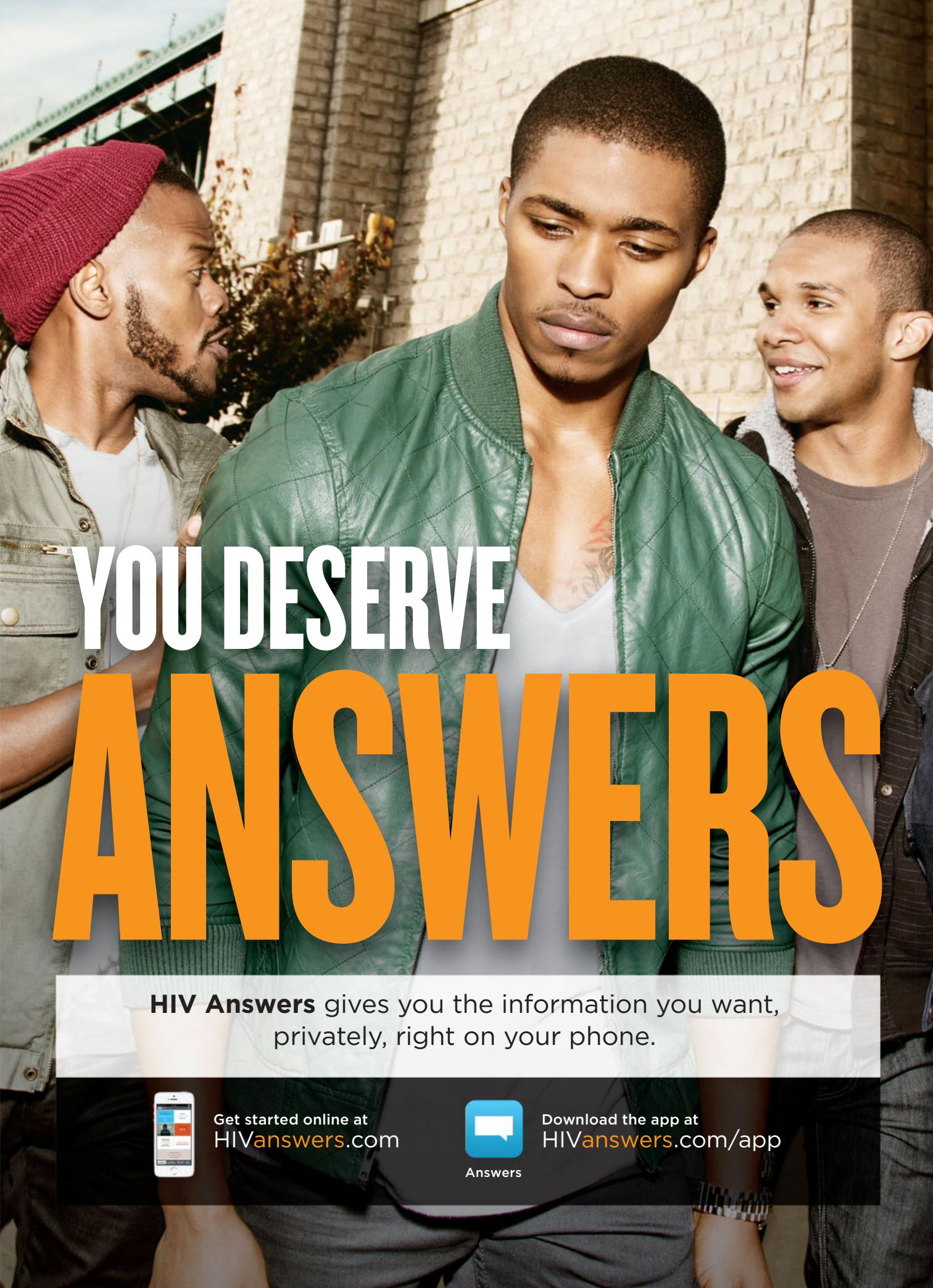
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