From the STD Clinic
February 27, 2017

I've shared anecdotes with many of you about my work testing people for STDs, but memories of anxious faces and convoluted stories are overflowing the rim of my mind—and you give me the excuse to jot down some encounters.

All STDs have in common is sex. Otherwise, they can break out or lay dormant; they can expose infidelity and end relationships; they can catalyze signing up for insurance and primary care; they can ooze, fester and flake; they can burn and stink until the antibiotics kick in; in the case of HIV, they can change lives.

Part of what my clinic does is manage the care of people with HIV. My role is to test and counsel people on *preventing* HIV and other STDs, which means my stories are lighter and you can still read the news today. But what noble work the HIV case managers do; essentially they embrace people who have been rejected by most everyone else on the basis of an infection that doesn't go away. One case manager is rather expressive and calls inanimate and abstract things like the weather "luscious and sexy." When he learned my hometown he said in Spanish, "my brother lived there for ten years!" I asked if he remembered which street, and did he have kids at the high school? "Near the rotary, you know that prison? My brother's a bad boy." I'd been relieved to finally have something in common with a Latino colleague, but of course his brother's home was the one wrapped in barbed wire that I used to marvel at on the drive home from indoor soccer.

Almost all of my co-workers have had family or friends murdered in the Salvadoran civil war or by the Colombian guerillas. But what they think really distinguishes us is my eating. Once while vigorously crunching hummus-dipped celery at lunch I learned the word conejo (rabbit), because I was called one. Weeks later I was rinsing produce in the South Station public rest room (don't ask), and a presumably homeless gentleman awoke from a stupor to ask, "You have a *ton* of vegetables in that bag—do you have an animal at home?" I was of course flattered. Part of why I like interviewing patients about their sex lives is the reminder in each story that we too are animals.

The interview, or screening, is a series of awkwardly written questions from MA Department of Public Health that I try to work into informal conversations about sex. The idea is to pass no judgment because otherwise, patients feel weird or get defensive and my recommendations for STD prevention lose force. The first time someone said he'd slept with 94 guys in the last year I blabbed, "Wow!" by accident. This patient plans to write a book about his sexcapades and keeps an excel spreadsheet to document them. "33% of the time," he reported in Spanish when I asked how often he uses condoms. Such insatiability for high-risk sex in the gay Latino community very often comes from clinical depression. The psychological void made when someone's Catholic family members reject his identity can be filled, temporarily, with anonymous and unprotected sex. One bulky security guard leads a double life: he's married to a woman but gets wasted a couple times a month and sleeps with male strangers. He is frequently infected and could contract HIV any night because Catholic culture puts so much pressure on him to like girls. Now remind me on which day God created the odorously discharging phallus.

One tough part of the job is clarifying for people that the only way they could have contracted chlamydia or gonorrhea is via an extraneous lover of their "monogamous" partner. If a patient and her marido (long-term boyfriend) tested negative 3 years ago, and she's been faithful but now has gonorrhea, then her boyfriend's been messing around. Reactions range from silent tears where I hand someone tissues as a glacier excavates her heart, to "Im'a f-king wring that mothaf-ka's neck til he prayin he was nevah *born*." When I remarked to the other counselor and tester how wild it is that we are single-handedly ruining relationships, she wisely said, "Those relationships were already ruined, hermanito" (she calls me little brother); "We're just offering the truth so people can get out of dishonest situations."

Another challenge can be the actual phlebotomy. People's aversion to needles and blood can manifest in frenetic laughter, throwing up, passing out or a nice combination thereof. When one woman's arm went greenish and her eyes rolled and head slumped, I was prepared to live out my days in jail. But instinct activates and it was *Tourniquet off. Needle out and covered. Keep her upright. Shout for backup/water*. The creepiest experience is drawing from a long-term intravenous drug user, whose veins are encrusted with scar tissue. You have to jostle the needle around inside as it meets resistance, or else choose a fresher but more sensitive vein in the hand or wrist. "Do whatevah you needah do, pal," offered a heroin user. He and I had connected when he opened up about watching his buddy's fatal overdose in a backseat. His girlfriend is a sex worker and by relaying some transmission facts I taught him, he was able to convince her to come in for testing. He loves her and trusts me was beaming when he introduced us—such a sweet man.

One more sentimental one. A frail Brazilian guy came in with a letter from Masshealth, wild-eyed and jittering. We didn't know each other's native languages but could chat in Spanish. "Qué pasó senior—what happened?" He circled the words "complimentary hearing aids" on his English letter, met my eye and asked me, "Do I have AIDS?" I clarified thoroughly, sympathized with his fear and eventually looked down at my notes. I looked up and he was sobbing in relief, shuddering and flinging water balloon tears across the room. I was moved and my eyes clouded too. It must be terrifying not to speak English in this country, especially with all the mayonnaise we apply to sandwiches without asking.

By now I've met an Uber driver whose passenger drunkenly clutched his penis on 93 South, a beautician who attends weekly 45-person hotel room orgies, and an older man who went for a massage and realized too late he had purchased the happy ending special. I try to be stoic but this last encounter broke me. "So you didn't know she'd touch your penis?" "—No, I went for a massage! Tell you the truth, Zach, I got an issue and haven't had an erection in years." "—So what happened?" "She spit on her hand and groped me that's what happened! Petite lady!" He was concerned her saliva on his flaccid noodle could mean HIV, a refreshingly low-risk scenario that made the story very endearing. "What do I tell my wife!" Of course my counseling and testing copilot later said, "Ah hermanito, you don't get a happy ending massage by accident; he knew exactly what was gonna happen." I'm not convinced.

Conferring with the team about our respective patients can make their stories twice as entertaining. Each member of a couple who comes in is counseled separately, and their stories

line up as well as drunk footprints. Recently one partner said their relationship was casual and weeks old, while the other partner said they'd been monogamous for two years—and of course he was the one with fire urine. A middle-aged lady came in trying to show me texts from her younger boyfriend, because maybe I "can help interpret them, being around his age…." My boss said afterward she is one of five women who come in regularly, having contracted STDs from one another via this menace my age who leeches off their money. Confidentiality laws prevent our sharing a word someone says with any other patient, so the five miserable madames share vaginal bacteria while completely unaware of each other's existence. For syphilis cases, a MA Department of Public Health representative does urge the patient to disclose partner information so the state can place an anonymous notification. Syphilis treatment entails a painful intramuscular shot in the rear that leaves patients waddling for a couple days like reprimanded raccoons.

Still, modern medicine may be empowering people to have riskier sex. Why use condoms when an STD just means stopping by CVS for a prescription? The HIV monster of the 80's would honestly be disheartened at how unintimidating he's become to gay millennials. They know that when treated, the virus becomes "undetectable" and rarely escalates to AIDS or gets transmitted to others. Abortion too: often patients say they don't want to get pregnant, are not on birth control and don't use condoms. Last week a girl whose boyfriend "pulls out sometimes!" learned she was pregnant and asked me for abortion info. Is the capacity to reverse things we've accidentally done to our bodies causing looser behavior? Maybe, but restricting preventive HIV meds or abortions (and defunding sex ed) will not stop unprotected sex. In a different light my patients' stories are about love and vitality, tension and resolution. They take place in a naked and hedonist realm where the rational mind is on its lunch break—nearby but disinterested. In its place are appetites shared by *millions* of other species. What does this commonality mean?

Something tells me it should not be overlooked.