00;00;06;23 [Jen]: From the California Prevention Training Center in San Francisco, this is Speaking Frankly, the State of Sexual Health. We know good sexual health doesn't just happen, it's created. In this series, we're starting the conversations we should already be having. We'll speak with experts in the field about sex, stigma, and all of the other factors that shape our sexual health and our everyday lives. I'm Jennifer Rogers. Today, we're talking with Dr. Ina park. She's an associate professor in the department of family and community medicine at UC San Francisco, the

00;00;40;03 medical director of the California Prevention Training Center, and a consultant for the Centers for Disease Control and Prevention. She's just released her first book, Strange Bedfellows: Adventures in the science, history and surprising secrets of STDs. In the book Dr. Park aims to help readers understand the broad impacts of sexually transmitted infections while erasing the unfair stigma around them. I spoke with Dr. Park about

00;01;09;24 the candid and often comical personal story. She tells in the book how she tackles sex ed with her own kids and why language is so important in fighting stigma. Thanks so much for joining us, and I hope you enjoye the episode. So congratulations, Ina, on your book release coming out on February 2nd, Strange Bedfellows. How are you feeling?

00;01;33;12 [Ina]: I am feeling excited, sort of that nervous, excited, anxious energy right now. There's a lot of different appearances to do. And I'm excited though, to finally hit the road virtually and start talking to people about this topic.

00;01;47;15 [Jen]: The book really starts off with you recounting an experience that happened to your son, an accident that thankfully, um, turned out. Okay. You talk about your experience in the hospital and that was your inspiration in part, at least for writing this book. And I wanted to hear from you about that experience.

00;02;07;19 [Ina]: Sure. So we spent the night in the pediatric ICU because my son who was hit by the car had a very complex femur fracture. And then he also had a small skull fracture. So they were evaluating him to see if he might need neurosurgery. So then the neurosurgeon came by in the morning and he was checking his neurologic status by asking the usual questions. You know, how old are you? What school do you go to? What's your name? And then he interrupted that process. And he said, you know, he was seven. And he said, excuse me, have you ever had genital herpes? Because my mother

00;02;38;12 knows everything about that. And you should ask her. And the whole team started, the whole team started laughing. And my son just kind of looked at me like, Oh, look at that reaction that everybody got. So then the chaplain came by to make sure, you know, he was doing okay after being in this traumatic accident. And he asked him if he ever had chlamydia. And then he asked the nurse about syphilis. And so the orthopedic surgeon, I can't remember what STD he asked him about, maybe about HIV. So essentially, you know, every time he had an interaction with an adult healthcare worker or staff, he asked them

00;03;10;15 what STDs they'd had or if they knew about them and refer them to me, you know, refer them over to me for information. So I just spent the entire hospital visit with my head, like buried in between my hands, like just embarrassed out of my mind. But after that whole thing happened, I said, you know, it's interesting that our kids, the kids of the STD people or the sexual health people just grow up with this completely normalized, you know, conversations about sex happening from a very young age,

00;03;38;17 understanding that STDs happen to people and a comfort with the topic that most people don't have, even clinicians I work with, you know, and for most of us having sex is easier than talking about it.

00;03;50;11 [Ina]: But for people who, I think where the topic is normalized from a young age, they get comfort with it. And I said, you know, I would love to write a book that uses storytelling and humor and, you know, talks about the science in our field and see if I can get people a little bit more comfortable about talking about the topic and normalize the fact that these infections happen to basically every sexually active person at some point. So I, that hospitalization though just gave me that time in that space to just start thinking about it. And the trauma really gave me this

00;04;22;14 sort of foreshortened sense of the future thinking, wow, you know, what, if something else happens and I don't have time to write this book. So I just decided to get started right then as soon as he came from the hospital, I started writing the book proposal.

00;04;35;05 [Jen]: Wow. That's amazing. How long from that point to now, what was the length of the process?

00;04;40;19 [Ina]: So I had a baby at the time, still in diapers and I was, you know, put him in the crib would sit in his room at night, 20 minutes, a night, 30 minutes a night. And so it took me over a year of doing that, sitting in the dark, you know, writing little bits here and there, you know, I was working full time. I had the two kids, it was a very long drawn out process. You know, if you're dedicated to it, you can do it much faster than I did, but that's just, wasn't my reality.

00;05;07;13 [Jen]: Well, it turned out wonderfully. So no matter how you got there.

00;05;10;13 [Ina]: Yeah. Yeah. It wasn't, it was not pretty though. Let's just put it that way.

00;05;14;27 [Jen]: So I love this quote that I'm going to read. And in the book you describe yourself as a quote, studious Korean girl who ended up making a living with her head in between other people's legs. End quote. Love, love, love that line. And I think it really captures the tone of the book and it just illustrates you bring comedy to the book, but you're talking about a really important topic that to your point, folks don't talk about often. So

00;05;46;07 how did you get drawn to the field of STIs and how did you know you wanted to be a physician in this area?

00;05;51;08 [Ina]: Mm, so I first got drawn to this field when, um, and it was very much tied into why I became called to medicine in the first place. So I, I went to college and there's a story about this in the book and became a sexual health peer educator. And so I would be spending time with students after they received an STI diagnosis or prior to them seeing a clinician, because they were interested in birth control contraception, or maybe they were dealing with an abnormal pap smear. So just spend a lot of time one-on-one counseling people and having those really intimate

00;06;23;19 moments and talking about something that, you know, might have a lot of emotion tied to it, a lot of stigma and shame. And that's where I really felt like, wow, this is how I want to make a difference with other people. And so, you know, sexual health was a strong interest of mine.

00;06;41;07 [Ina]: And I actually ended up, you know, as part of that experience, you know, for our condom day festivities at UC Berkeley dressing up as a giant condom and doing a condom demonstration in front of a hundred people. And I wrote about that for my medical school essay. So as you can see, like, you know, that really is what drew me in to that field of medicine into patient care. And then once I was in medical school, I ended up doing some HIV prevention research and became interested as well in HPV and HPV related cancers. And so I carry that interest, you know,

00;07;14;24 residency, you're just so busy and it's so intense that I did not, I was not a person that pursued a lot of research or other outside activity. I was just trying to make it through. But following research, I did a research fellowship and I did a fellowship at UCSF as well in sexually transmitted disease. And so it felt, really felt like coming home again, because that is definitely, you know, sexual health is my first love. It's why I went into medicine. And so to be occupying that space now in my

00;07;42;19 career, you know, feels really right and feels authentic and natural to me.

00;07;49;06 [Jen]: So in the book, Strange Bedfellows, you pull from your own stories, your own experience as a mom, and also you share the stories of colleagues and patients who of course have given their consent to this. What was the most interesting or surprising thing you learned when you were researching for this book?

00;08;10;07 [Ina]: So there's two things, I think from a scientific standpoint, one of the really interesting things I learned was about gonorrhea and how gonorrhea in some cities and in many cities actually is like this very hyper-local phenomenon where it's very concentrated in certain neighborhoods. One of the studies that I talk about was done in Colorado Springs, where half of the city's gonorrhea cases, you know, the, the folks who had gonorrhea, had only gone to six different bars and

00;08;44;07 clubs in the city. So they were all concentrated in these six places, which I'm sure is not on their Yelp profile, by the way

00;08;50;12 [Jen]: That, you know, come here, come here and have a drink and you're likely to [Jen] And gonorrhea area.

00;08;56;09 [Ina]: So that is how concentrated it was. Do you know what I mean? And so they ended up calculating, like if you were happening to have sex with someone that you met in this neighborhood and someone who went to this particular bar at this particular sort of time of the year, that time and space, the risk of gonorrhea was 300 times higher than if you met a partner in a different neighborhood in the city. So that was just such a huge wake-up call in terms of the fact that gonorrhea is not an equal opportunity infection. And one of the things that's affecting it is things

00;09;30;12 like in certain, you know, communities of color in particular where Black and Brown men are incarcerated, or they are dying of violence, for example, that there are so many more women than men, that there are literally not enough for women who are having sex with men, not enough partners to go around.

00;09;51;01 [Ina]: So there are men who are having concurrent relationships, and that is a way where STDs can spread more quickly and particularly gonorrhea. So you just don't think about mass incarceration being linked to gonorrhea, but it is. And so those sorts of connections were the ones that I wanted to make in the book. And, you know, that was in terms of how much it will amplify that, you know, like a distorted sex ratio in a community, how much that will amplify one's risk of gonorrhea was, you know, really

00;10;21;16 eye-opening for me. And the other thing that really surprised me was one of the last stories I tell him the book, which is actually one of the first things that happened to me when I was actually in the process of writing the book was I met this, you know, religious pro-life mom on a plane to Las Vegas. And she asked me what I did for a living. And I decided that I would just tell her the truth. And she was a Lutheran Bible study leader also. And I said, how is this going to land on this person? And I have to tell you, it

00;10;51;05 re her reaction really surprised me. She was super interested in STIs. She was really interested in talking about sex. She was a mom and she told me within five minutes of meeting me that she had had sex before she got married. And I said, so did I, I whispered to her, you know, across the, across the seat. And just that, you know, this is somebody who politically was on the complete opposite end of the aisle from me. And yet we were able to find a lot of common ground about our own shared interest in our kids,

00;11;22;16 having like a sexually healthy life to have sexual pleasure with their partners.

00;11;27;08 [Ina]: And it was one of those wonderful sort of interactions where two people from two different worlds interact in a way that we're not able to have right now because of COVID-19. And when we're just interacting with each other on social media, we're just sort of slinging, you know, vitriol and insults across the aisle at each other. But when we have an opportunity to talk to each other and actually connect, we find sometimes that we find a common ground with people that we wouldn't necessarily expect. So that, that really surprised me. That story has really stuck with

00;11;59;18 me actually for years, you know, that happened very early on in the, in the book writing process.

00;12;05;06 [Jen]: No, that's a lovely story. And certainly like applicable to today's climate, like absolutely. And I always think about sexual health, how is it going to land, right. How do you say, I mean, for years I was a sex ed teacher, right? So it's like, how does that land if that's what you do for a living. And I think that people think often that sexual health or sex or anything around that is in this tiny little corner of our lives or this tiny little corner of the world. And you only go there if

00;12;35;19 you're really mentally prepared or emotionally prepared to go there. Right. But I mean, to your point, most people on earth have had some type of sexual experience. Many people have had children or, or want, you know, their children to have healthy sexual relationships and experiences. And it's something that informs and shapes the totality of our life. And it's really intertwined. I think that that's easy for folks to forget,

00;13;01;28 [Ina]: Right. And it's basically, I mean, you know, not everyone has had every type of sex, but I mean, the sexual activity is almost universal of some kind. So it is something that actually really connects us if we are willing to actually go there and talk about it.

00;13;19;11 [Jen]: Absolutely. So I want to move on to talking about herpes. So chapter one is titled killing the Scarlet H, stigma and scandal in the world of genital herpes. And in that chapter, what struck me was the way you talked about patients' reactions. So your patients and your colleagues, patients, and that often the reaction to being diagnosed with genital herpes, there could have been some concern about the physical ramifications, what it

00;13;51;27 would do to their body, but that there was often this sense of overwhelm and dread and discomfort with the psychological part of it. So how do I deal with this illness now that I have this, what's my identity? What does this mean for my sex life? What does this mean for me? So I just wanted to hear more from you about how your patients have dealt with stigma and what you've seen.

00;14;16;23 [Ina]: Yeah. I mean, one of the stories that I share is a really extreme reaction by a patient of a colleague of mine named Nick van Wagoner, where this person, this woman actually was diagnosed with herpes and just said, I'm just going to stop having sex. And then she really held out for many years, not having sex. And I would say though, the more typical reaction is one of, you know, initial kind of shock and maybe some grief, because one of the things I talk about is that for some people, it sort of redefines how a person perceives themselves. And it now

00;14;49;21 necessitates having to have a conversation with your subsequent partners about the fact that you have HSV herpes simplex virus. And it's something that will now forever with every subsequent partner, something that you should mention. And so therefore I think that's a really hard thing for people to cope with at first.

00;15;10;03 [Ina]: And then a lot of people end up getting used to it, especially if they don't have severe physical symptoms, many people come to a comfortable place with it, and they develop a routine of how they tell people. And they, you know, generally feel less stigmatized by it. I would say that's majority of people, but then there are those few who do really struggle with the stigma and they never quite get to, uh, you know, a super comfortable place with it possibly because they end up getting rejected by partners who are afraid or misinformed about what having HSV actually means.

00;15;43;11 [Jen]: So at one point in the book, you referenced the pharmaceutical industry, how they frame their advertisements to treat illnesses like herpes or HIV, for instance. So I wanted you to elaborate a little bit more, are pharmaceutical industries, purposefully stigmatizing STIs to make a profit or what's your take on that?

00;16;08;07 [Ina]: Well, that's interesting that you asked that Jennifer, because that was something that I feel like was a theory running around on like on, I was on Reddit and people were talking about that and I'd seen different articles about whether or not herpes stigma was actually manufactured and created by pharmaceutical companies to sell more antiviral drugs. And then I talked to a researcher who is actually responsible for the development of the first drug for herpes. And he completely debunked

00;16;39;22 what I was saying because he had been treating herpes well before there were any, you know, antivirals to treat it. And he sort of gave me the lowdown that people felt extremely stigmatized by this infection, especially those who suffered really severe symptoms and the treatments that he had, they were trying certain chemotherapy drugs. They were trying irradiating the genitals. They used ether, which used to be used as an anesthetic and it would burn. So he said, trust me, the cures were worse

00;17;08;29 than the disease at the time. And people were incredibly stigmatized. So he just felt like that was a complete fallacy. And that just, wasn't true. Now, when you read those ads, though, I have to say, you read them and you say, gee, they really make this, you know, appear to be the worst thing that you could possibly deal with.

00;17;26;17 [Jen]: It’s scary.

00;17;28;20 [Ina]: Right. The ads are scary, but the truth is, is that for the vast majority of people, it's more of a nuisance than an actual, like threat to one's health. You know what I mean? But not to discount the psychological element to it because that is huge. But what I'm saying is that physically for most people, it either becomes a nuisance or nothing at all. Like they don't actually even have any symptoms.

00;17;50;25 [Jen]: Along those same lines of the way that we frame STIs in our culture. Yeah. You say, quote words matter, particularly when it comes to topics as charged as sex and STI's. Why does language matters so much?

00;18;07;20 [Ina]: I think that language and how people refer to themselves and how people refer to, you know, a condition they might have, can be really stigmatizing. And so, for example, one of the things that used to be used a term that was in Vogue was saying people were herpetic which essentially saying like your identity is tied to your herpes in the same way that we do say people, you know, are diabetic or whatever. And so I think the, you know, the way that language has changed around medical

00;18;39;10 diagnosis is to say like, people living with this, you know what I mean? Just to turn it around and make it person centered to say, okay, you're a person living with HIV. You're not an AIDS patient. You know what I mean? Which is how we may have referred to it in the past. And I'll use a different example when I talk to people about STDs and what I do sometimes they'll say, Oh, Hey doc, I'm clean.

00;19;02;02 [Ina]: So the opposite of clean is what right. It's dirty. Right? So that's how language has been used around STD testing and around STDs for such a long time. And so you can imagine that if somebody happened to be dealing with an STD at that moment, they would say, if someone says I'm clean, well, then you'd have to say, well, I'm not. And what's, you know, what's the opposite. [Jen] And what does that mean? [Ina] And what does that mean? So, you know, I think when we talk about testing or whatever, I, we don't talk about the words clean and dirty. We just say positive or negative, you know what I mean? And really just try to keep it as clinical and factual as

00;19;35;11 possible and not judgemental. So that's where I'm going with that statement around words matter.

00;19;40;05 [Jen]: It's interesting. I've had this conversation with other folks at UC and just the idea that our society and our language feels like it's been constructed around aversion and punishment. And no. And when we talk about in our field, how do we turn that around to be nonjudgmental or sex positive? It's almost like we're creating the language within this

00;20;10;15 field as we go, because that language of sex positivity didn't previously exist. Is that just me or how do you feel about that?

00;20;19;27 [Ina]: No, I think that's true. And I think we have to it, but it's, it's a lot of effort, right? You have to be conscious because the default is to speak in, you know, is to speak in the way that we've all been taught to speak. And that is really emphasizing the negative, you know? And so I think to change the language and to make it more person centered and to make it more sex positive, like it takes actually more effort to be that way. It takes more effort to write that way. So you actually have to double check yourself and not just, you know, go with the default because the way we're all taught right now, still, you know, in

00;20;53;27 many circumstances is a, with a negative framework around sex and it's around risk it's around disease. It's around all the bad things that can happen.

00;21;02;13 [Ina]: You know what I mean? And part of why I tried to write a very sex positive book here about something that people don't feel positive about was to try to shift that frame a little bit, but it's hard because STIs are not something that anybody wants to have. And I'm not saying that people are going to come away from this book feeling like, Oh, I feel great about having an STI. Like, you know, I understand it's something that people have to deal with, but I want people to come away with it actually feeling like STIs are just something that happens when we have sex, it's really that they are going to happen to all of us. And to be

00;21;35;04 a little bit more accepting of the fact that this is just kind of the cost of doing business and being a sexual person.

00;21;40;19 [Jen]: Right. So along those same lines, I mean, you use humor to normalize and de-stigmatize STIs throughout the entire book. I want to pull out one exerpt and read it. On page 134, you're explaining how STIs are passed and how epidemiologists track their spread. Yeah. And to illustrate this, you put yourself in a hypothetical situation in which you sleep with other parents in your child's preschool class. [Ina] Yes. [Jen] So I'm going to go ahead and

00;22;10;21 read a quote. [Ina] Sure. [Jen] Most of the preschool parents are in stable pairs or dyads. There've been single moms or dads who were dating, but let's assume they're sleeping with just one person at a time. I do not know of any extramarital affairs. And I do not think that there's any swinging going on among the parents. If there is, I haven't been invited to get in on the action. For this exercise, I'll have sex with each person at least once over the course of a month, I'll stick to one partner per sex act. Although

00;22;41;11 group sex might be more efficient. I'm not that confident in my ability to multitask while naked. End quote. That's fantastic.

00;22;51;02 [Ina]: Thank you. Well, and, and you know, my whole point with using that kind of example, where I put myself in this ridiculous situation was I want people to read this and say, okay, she's like a safe person who's talking about this in terms of, when we think about doctors and we think about, you know, scientists, the image is a sort of cold person in a lab coat. And so my whole point with those kinds of stories, you know, the first one you talked about or the, those quotes, the first one you talked

00;23;21;29 about about me being a studious Korean girl who ended up in between people's legs or this, you know, hypothetical sexual network I made out of all the parents in my kid's preschool, the message behind all that was that I wanted to say, Hey, I'm not one of these cold scientists. You know, I'm a, I'm a real person who has these kooky thoughts and I'm a little bit quirky and I'm a safe person who's to be delivering you this information about this particular topic. So that was, again, I'm trying to make people

00;23;51;13 more comfortable. I'm trying to bring people in and make them feel like, Hey, come down and sit next to me. You know, I'm just your friend who happens to want to talk to you about STIs.

00;24;00;06 [Jen]: Right. And also seeing other people. I mean, that, to me struck me as, wow, that's a brave, that's a, that's a risky way to do it, Ina. I thought, you know, cause you could have opted to write it in third person or a different way, but seeing you do that, for instance, then could perhaps, I mean, it's certainly normalizing it and perhaps it allows somebody else to feel more free to share something about themselves.

00;24;25;28 [Ina]: Right. That right. That's the whole point. Right. You get into a situation with somebody and then you share first and then they feel comfortable sharing back.

00;24;33;05 [Jen]: Right. So you're a mom of two kids. How old are they now?

00;24;37;26 [Ina]: They're 13 and eight.

00;24;40;26 [Jen]: Oh, wow. Okay. So what do you want them to know? Or what do you want to pass on to them about sex and sexuality and sexual health?

00;24;49;11 [Ina]: Yeah, I mean, we've already started these conversations, especially with my 13 year old and to a lesser extent with the eight year old. But you know, I basically tell them that sex is a normal part of life and that I want them to have it and then I want them to enjoy it and that I want them to be sexually healthy. And then I have told them about STDs, which they know about just because of the work that I do. And just that, you know, you might have one and most people will get them. And so I've already just started these very, what I think are age appropriate conversations about what are the things that can possibly happen and

00;25;23;04 talking about things like consent and talking about pornography and, you know, in an age appropriate way, not what the eight year old, but definitely with the 13 year old. So I'm just trying to give them a sense of the landscape that exists out there and that sex is, you know, there's so many little nuances to it. There's so many things we can talk about. And I just, what I'm trying to get them to come away with is really just making them feel like it's a normal

00;25;50;28 thing and that it's something that I want them to do and that I am going to accept when they do. And also that I'm trying to normalize the fact that we're going to talk about these topics that might be difficult to talk about in these very small little digestible chunks and that I'm not going to try to sit down with them and put pressure on myself to have one big talk, you know, like people talk about, did you, did you have the talk, [Jen] the talk, [Ina] the talk, I mean, I'm expecting to have three or four dozen talks

00;26;22;25 about this.

00;26;23;14 [Ina]: You know what I mean? Maybe even more over the course of their adolescents until they leave the house because it's just too much pressure. Like from a parent standpoint, it is too much pressure to put on yourself to think that you're going to be able to talk about all of the different nuances around sex and relationships in one sitting is just not going to happen. And there are so for some people, this is excruciating and really, really difficult. And I get that. And even if you don't have all the facts, even just introducing the topic and admitting that you don't

00;26;55;17 know to say, I don't actually know, you know, all of the details about this, but referring them to places where they can actually like look at stuff online or read, and then coming back to you and say, come back to me with questions. And if I don't know the answer seeking, seeking answers, you know, and saying that you don't know is okay, but just that your kids know that you're somebody that you can go to is sort of my main goal with the type of sex education we're doing at home.

00;27;22;06 [Jen]: What does stigma do to individuals in our community as a whole around STIs?

00;27;29;01 [Ina]: I think stigma prevents, you know, that, that fear that if I were to go and get STD tested and I get a positive diagnosis, how is that going to make me feel and how are other people gonna perceive me. The stigma around that and the fear around that, I think prevents people from actually going out and doing something you just we're back to that avoidance kind of mentality, because it's better just to bury your head in the sand and just pretend everything is fine until maybe you're faced with real symptoms or pain or something like that. Then to actually say, I'm

00;28;04;23 going to go and get this test and it could be positive and I might actually have to deal with something. And then I might actually have to tell people, but I think if people can feel empowered to actually go out and get tested and, and make it part of their routine, you know what I mean? It's like, I brushed my teeth. I go to the dentist, I get an STD test. I think that can help sort of reduce the stigma. And so again, we're here to like routinizing it as like, Oh, it's part of my care routine that I do for

00;28;30;27 myself. You know,

00;28;32;20 [Jen]: And one thing that I've been wondering, I want to switch gears a little bit to COVID

00;28;36;08 [Ina]: absolutely.

00;28;38;22 [Jen]: I wonder. And I'm hopeful that how we're talking about COVID, which is, have you gotten tested from people a lot more or who have you been seeing? You hear that from people a lot more and I'm hopeful that that will kind of translate to how we continue to talk about communicable illness, including STI.

00;28;57;12 [Ina]: I hope so too. Yeah, that'd be great.

00;29;00;15 [Jen]: Just wanted to ask you, what have you seen because so many resources have been diverted to COVID and to fight this illness. What has been happening to the resources to treat STIs and care for folks who are trying to prevent and, or manage an STI?

00;29;17;18 [Ina]: So I have to be honest with you, Jennifer, it's been a little bit dark. I mean, it's been, you know, resources have been diverted greatly from the STI field in terms of public health. One of our partner organizations, the national coalition for STD directors NCSD they actually did a large survey of health departments and, you know, two thirds of sexual health clinics either had to really cut back on services and, or shut their doors. And more than half of the contact tracers who were doing syphilis and HIV ended up getting diverted to do COVID. And that means that two

00;29;52;25 thirds of health departments couldn't keep up with their case loads for doing contact tracing for those infections. Then we had the national STD testing shortage that happened and went through the end of December. We had a national azithromycin shortage, which, you know, is a medication that Trump had touted to use for COVID, which doesn't work, but is really good for

00;30;14;06 Chlamydia. And we didn't have it for a while. So

00;30;17;26 In lots of ways, COVID has really exacerbated the STD epidemic that was already brewing. But at the same time, I'm hopeful because one of the things that the Trump administration did was they enacted the first ever federal STI strategic plan. And that went into effect in January, 2021. And at the same time as well, there's been a buildup of public health infrastructure. You know, they hired tons of contact tracers. They modernized data systems where they could. And so my

00;30;49;15 hope is that the pandemic did make STDs worse on one hand. And then I'm hopeful that some of the things that have been put in place related to the COVID response may ultimately make things better. And the fact that we actually have a plan, which all of the agencies in health and human services, you know, are now aligned with a common vision and, you know, stigma and discrimination are written into the vision about wanting people to be able to access sexual health services and to get care and treatment

00;31;19;11 and prevention for STIs, you know, without stigma or discrimination. I have hope that actually we're going to be moving forward into a better place after this pandemic, but it was really dark there for a while.

00;31;32;06 [Jen]: What was your favorite part about this book writing process? What brought you the most joy?

00;31;36;18 [Ina]: Oh my goodness. You know, there were, there were times when there were chapters where I was writing and I would just make myself laugh because I would just think about some ridiculous thing to say. And I would say, Oh, I'm totally okay

00;31;51;19 Putting that in there. So I would just like, I'd be in the shower and I'd just be like laughing at myself and the chapter that

00;31;56;29 I write about pubic hair and STS, which is called bushwhacked. I know it was hard at the time, but that chapter now feels like it basically wrote itself. Like it was really lighthearted, you know, I tried to make it really funny. And then there were other times because I tried to infuse humor throughout the entire book, but there were some chapters, like the first chapter, which is the herpes chapter. It was absolutely excruciating because herpes is so unfunny and I needed to infuse

00;32;27;06 humor into it without actually, you know, I would never like make fun of people who actually have herpes. It's not a joke. And yet I wanted to infuse humor into the writing without further exacerbating the stigma. So the, the process of writing a book, I mean, it's just like a huge journey. And there are moments where you get stuck. And I was like, Oh my God, I cannot finish this book. Like I had moments where I was like, I cannot, I know this doesn't work. I was reading it. I'm like this doesn't work. I don't know how to get out of it. And I would just be stuck. But then you

00;32;59;02 get yourself unstuck because you were like, well, they gave me, you know, they actually paid me a little money to do this and I have to see it through because I already spent it. So

00;33;09;00 I better come up with a book. [Jen] I have to produce something. [Ina] I have to produce something.

00;33;13;19 So that's what got me. That's what got me through. I've really felt the sense of like obligation that they trusted me to do this. And I am going to deliver something, even if it's not perfect. And it's not, I could go back. If I spend another year, I could make it even better. But it's the best that I could do with the resources I had at the time. And at some point you just have to say, this is what I can do right now. And then you walk away from it.

00;33;39;05 [Jen]: What are the lessons that you hope people walk away with after they read Strange Bedfellows?

00;33;44;13 [Ina]: Couple of them we've talked about in terms of just that STIs really happened to everybody. And even if you don't realize that you had one, you probably did. And so normalizing them. And you know, if you hear that someone else has an STI or someone discloses to you, that you have an STI, just remember that, that you probably did also, you know, if you're not totally aware of it and not to stigmatize people who are trying to disclose something to you like that, as well as the fact that, you know, to some extent, you know, you can use barrier methods. We talk about barrier methods in the last chapter, but they don't protect 100 percent.

00;34;19;15 You know, they're great for protecting against the bacterial STIs, but not so great for the viral STIs. And so to a certain extent, you can do what you can, but, you know, condoms break things happen, people get drunk, they have sex with someone they didn't intend to and things happen.

00;34;35;18 [Ina]: And so I think I want people to come away with the fact that that's, it's totally okay. And the way that I want people to enjoy their sex lives is really not to try to avoid STI, but to try to minimize regret about their choices, you know, that's all we can do. And so that's why the last, I have a motto at the end of the book, which is have sex with people that you like, and it does not protect you from STDs or STIs, but what it does is it minimizes regret. If you end up getting something and

00;35;08;04 you're like, well, at least they were a nice person. And that stinks that I happen to have an STI, but Oh, well kind of thing, as opposed to, Oh my gosh, I don't even know that person's name. And I got an STI from them. And you know, there's a lot of regret. I have to say, like, I've seen with patients who, or they had sex with someone who they were like, I don't even like that person. I cannot believe that I got an STI from them. I, and why should I, why did I have sex with them? And there's a lot of that blame game, self blame game after the fact. So that's what I came away with.

00;35;37;19 [Jen]: So when it comes to Strange Bedfellows or to yourself or to your work, what else would you like to share with us before we end?

00;35;46;09 [Ina]: You know, it's interesting because when I wrote this book, some people assumed that I knew that I now wanted to like make a career pivot into, you know, writing full-time or making, writing more a part of my life. And I just want everyone to know that I do not have it figured out yet. I don't know what I want to be when I grow up and writing, writing this book was a little like passion project, midlife crisis thing that happened. But I just, I didn't come out of it saying, okay, now I know

00;36;17;25 exactly what I want to be when I grow up and it's okay not to know. And that's what I want people to come away with. [Jen] It’s absolutely okay not to know. I would have 10 careers in my lifetime if I could. It's hard to choose one. [Ina] It is. [Jen] Well, thank you so, so much for taking time to tell us about this wonderful work that you've done on Strange Bedfellows and just for taking time to share all your fun stories and nuggets of wisdom. [Ina] Thanks, Jennifer. I appreciate you having me on. [Jen] A special, thank you again to our guest, Dr. Ina park, associate

00;36;48;19 professor in the department of family and community medicine at UC San Francisco, medical director of the California prevention training center and consultant for the centers for disease control and prevention. Speaking Frankly, is a production of the California prevention training center in San Francisco, California. It's produced by me, Jennifer Rogers and Laura Marie Lazar. And it's edited by Nils Myers at 152 West Productions.