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0:00:06.3 Jennifer Rogers: From the California Prevention Training Centre 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.

0:00:30.9 JR: Sex positivity has become quite a buzz word in sexual health and advocacy spaces in the last decade. But what does that actually mean in practice? Today we're talking with JaDawn Wright of the Pacific AIDS Education Training center about just that. JaDawn is the Deputy Director of the organization and a long-term trainer and capacity builder in the world of sexual health. She tells us why creating healthcare experiences that are welcoming, non-judgmental and un-biased can go so far in helping us realize positive health outcomes. Thanks so much for joining us today, and I hope you enjoy the episode.

0:01:09.8 JR: Thank you so much for coming on. This is really exciting. I've been wanting to talk about this for a really long time, so I'm glad that we have you here. So tell me more about what you do and your approach to your work.

0:01:25.4 JaDawn Wright: Sure. What my job really in working with healthcare providers is really to help them think about how to include more of this holistic perspective when they're interacting with patients on the individual level. And sex positivity really plays... It comes into play because in HIV care, which is our focus at the Pacific ATC... People acquire HIV by having sex. Oh my God.

0:01:53.1 JW: And so that is a huge part of what we think helps people to engage in their healthcare is acknowledging that they are sexual beings, that they practice sexuality in many different ways. And that the relationships that they have are important and should be sustained as part of their mental health, as part of their physical health, that it all interplays.

0:02:18.7 JW: So we help providers really understand that and talk about that and gain some comfort around it. Because I think that's a lot of what it is is... Sex positivity to me is not like a huge like, "Oh my god, we've discovered something new."... Uniquely about... [chuckle] Really... Sex is inherently something that human beings are oriented towards. It's how we procreate. It's essential. Some people don't engage in it, so we talk about asexuality as well, and how that plays a role in different people's lives. And that sex is also seasonal, so sometimes you get it, sometimes you don't. And so how do you deal with those different parts of your life...

0:03:01.5 JR: I love that. I love that term, right?

0:03:02.7 JW: Yeah, it's really multi-faceted. And so as part of healthcare and when we're interacting with patients it should be something as healthcare providers, we're comfortable and... Comfortable in talking about, but also that the patient feels comfortable engaging us in that conversation. And so by opening up that door with the patient saying things like, "I'd like to ask you about your gender pronouns," or, "I'd like to ask you about your relationships and who you're having sex with."

0:03:37.7 JW: That really opens the door for that patient and provider interaction, so that that person knows that you're a trusted resource. That you may have information that they can use. That you're not gonna be judgmental about what they tell you... How many partners they're having or who they're having sex with. It really just lessens that burden on the patient who may be having... Experiencing some things that they want some help with, but don't know where to turn. So our premise is that healthcare providers are another place that people can turn to talk about this. And who have with our training and with their own medical background, a lot of experience and knowledge to pass on to patients that can be helpful and really helping them maintain their health.

0:04:26.8 JR: For you, what does sex positivity mean? And one of the reasons that I wanted to talk with you about this is, I think we hear this a lot nowadays, which is fantastic. But it's like, what does that look like really? Like, am I just like, "Yeah, sex." Or like... You know what I mean... Sex is good. What does that look like in practice to have a sex positive clinician or a sex positive clinic staff person out of [0:04:58.6] \_\_\_\_ or out of Kaiser or wherever?

0:05:02.2 JW: In healthcare, I think it really means that we... Instead of orienting ourselves towards disease and negative things about sex... 'Cause there are negative things about sex... That we choose to engage in an orientation that sees sex as intrinsically good. Like it's a part of health, it's a healthy behavior overall, and there are some pitfalls that we need to be aware of, but that overall it contributes to our positive health outcomes. And so when we're talking to providers about sex positivity, we're really talking to them about how does sex show up for them in their own value system as a provider?

0:05:50.0 JW: We all have things that we think are important in a patient visit. And so we're talking to them about how does sex fit into that. Is it something that you emphasize? Is it something that you de-emphasize? And when we're talking about HIV, we think it's something that is important to talk about because a lot of times people acquire HIV by having sex, and there's some shame and fear and discomfort around that.

0:06:15.6 JW: And so by orienting ourselves to be sex-positive and open, we're actually lessening that person's trauma around sex and opening the door to say, "You're living with HIV and you're still a sexual being." That wasn't... You didn't un-acquire that when you acquired HIV. You still are a whole person, we still wanna see you full of life and vigor, and whatever that means to you... Your own goals. And it's really partnering with the patient to talk to them about what their goals and needs are.

0:06:48.5 JW: Like I was saying earlier, not everybody is having sex, and that is A-okay. You can still be sex positive and not be engaged in sex because it's the touch, it's the relationship, it's the openness... It's really about the communication and language that we use to talk about sex. It's not dirty, or something that we can't talk about even because that's what a lot of the messaging is. It's like, "Oh, it's so bad, we can't even talk about it." So then people don't even know what we're afraid of or what is happening behind the closed doors. And so that's why a lot of people experiment with a lot of different sexuality behind closed doors, because they don't have a place where they can come out in the open and be free to express who they are.

0:07:33.2 JW: And I found this a lot with young people. That was my entry into the work, is I worked with young people living with HIV. And if you think about... I used to give diagnosis to 16, 17-year-olds with HIV. And one of the things I noticed the first thing they would say is, "I'm never gonna have sex again." And I was like, "Oh okay, that seems like a really big statement for a 17-year-old to make."

0:07:58.9 JR: That's a tall order to live up to.

0:08:01.2 JW: But I think it's that gut reaction of shame...

0:08:03.6 JR: Oh yeah.

0:08:05.5 JW: That's showing up, right?

0:08:06.0 JR: Oh yeah...

0:08:08.9 JW: As we're moving through that, being able to talk to them about what that's about. Where does that come from? Why do you think that that would be the way? And also offering that many people living with HIV do have sex and they have sexual partners, and they're able to not pass HIV onto their partners. They're even able to procreate if they so choose. And that that can be a safe activity.

0:08:32.9 JW: So we have lots of ways of making sure that we can maintain safety and sexuality at the same time. But if you don't know that... If you think that, "Oh no. Nobody's ever talked to me about this." Nobody's ever talked to me about how I can participate, then you think that probably you can't. And I think that that is a real disservice to patients.

0:08:55.0 JR: I was reading an article recently in the Atlantic. It's an older article that I found, but I wanna read a quote real quick. It says, "It seems that as a culture, we've decided that sex is something dangerous and to be feared. That's why Dr. Conley argues that parents try to micro-manage their children's sexuality with the danger of sexually transmitted infections being a large part of that. At the same time, parents are excited about kids getting their driver's license as a rite of passage, and don't regularly forbid their child from driving. They know that there are risks inherent in driving, but assume the kids must learn to manage those risks on their own."

0:09:45.7 JR: And so just making kind of like the comparison that your micro-managing sex on the one hand, which can be risky for certain reasons... For acquisition of illness or for abusive interactions. But God, I think about... When I first started driving, sex looked a lot safer than me in a car. So not to make light of it, but it is really interesting how... I think it's not only interesting, but it's paramount to think about the ways that seem that they're innocuous... That we culturally frame sex and the risk around it, particularly for young people, but for all people, when in reality walking down the street, I could get hit by a bus. I could get assaulted, or whatever the case is. Life is inherently risky. But do you not do it?

0:10:50.0 JW: Absolutely. Absolutely. And I think a lot of times what happens is when we're talking about parents, it's that fear of growing up. Even in... I remember working in the clinic and...

0:11:03.8 JR: Sure.

0:11:05.3 JW: Always having to ask the parents to leave and then... The first time doing it, it was always nerve-racking for me. The parents would sometimes get upset because they wanted to know what was going on. But we need to build our young people up to have their own relationship with their own healthcare provider. It's a really important step. And being able to have not only conversations about sex, but about all kinds of health issues that you may not wanna tell your parents about.

0:11:33.6 JW: But that is something that we wanna cultivate with the doctor-patient relationship. So I think, especially for young people and thinking about sex and sexuality and the society as a whole, I think we send a really mixed message. I think that is a huge part of the problem, because on the one hand, everybody is like, "Oh, controlling the information," and all of that. But on the other hand, I don't know if you've seen a teen movie lately, but I have recently watched... And I try to keep up with some of the programming.

0:12:05.7 JW: One of my favorite shows right now was called The Bold Type. And it's about young people in their early 20s who are having their first jobs and out in the world and they're having sex and they're doing their thing. And that is really exciting. But at the same time we say, "Oh, but you shouldn't really be engaged in that." And there's no place for us as healthcare providers to actually talk to you about that. But in media, sexuality is totally on display.

0:12:35.8 JR: It's very confusing, I think.

0:12:38.3 JW: Even when talking about sex with the person that you wanna have sex with. A lot of those people don't even talk about sex... Just within the couple. And that was one of the trainings I used to provide to the young people is like, how to negotiate safer sex behaviors with your actual partner. Forget all of us outside who are giving you all the messages and everything. When you're getting down to it you also need to have the confidence, the information, all of that to say, "I want to have sex." Consent is so important and also convoluted in our culture because we don't talk about how to actually consent. That it can be an actual conversation. You should hear a verbal affirmative yes, in order to proceed down this path, for both partners.

0:13:31.7 JW: And so that is something that I think as we're peeling back the layers of sex-positivity, it's really about opening up that communication space because otherwise we are really impairing folks from being able to have constructive conversations around sex. Which is what we want. In public health, we're about the public good. We want people to engage in healthy behaviors. But if we can't say what those healthy behaviors are to each other, or how you're protecting yourself, or how you're protecting yourself with this partner and not that partner, or whatever it is.

0:14:08.6 JW: If I'm in a throuple. However you wanna organize it, right? It all needs to be talked about so that everybody's on the same page. And I think that is the imperative part of what we try to instill in the training, is that talking is good. Communication is good. Nobody is getting STDs from communication.

0:14:29.8 JR: Correct.

0:14:30.0 JW: We can leave that thought out, right?

0:14:31.0 JR: There are no risk factors, except from discomfort perhaps.

0:14:36.8 JW: There are no risk factors in talking about it.

0:14:37.5 JR: Yes. Exactly.

0:14:38.0 JW: But then also I wanted to say to you too is that there are emotional risks and in addition to the physical risks that we talk about. And we certainly don't talk about that with people. It's like everybody... We have odes and songs and movies about the heartache of your first love lost, which usually includes that first sexual experience. And I think preparing people for that, letting them know that that is something that is part of the maturing of your sexuality, knowing what you want, what you like.

0:15:11.6 JW: You might have to experience things with multiple people in order to get there. You might have to go through some heartache and pain in order to realize on the other side I'm better off now, and here are the lessons that I've learned from this. And so I think that, especially when you talk about parents, everybody wants to keep their young people safe and contained, but that also stunts their growth. We learn through our hardships. We learn through our fails, for lack of a better word. We learn through... When you acquire an STD you learn something from that.

0:15:51.5 JW: You learn, "Hey, I can't just be out there," and I might need to protect myself in order to prevent this again. And so that learning and being able to talk about the lessons that we're learning from that, from our own perspective as healthcare providers, when we're talking to young people, but for all of our patient population. I think that's why we continue to see STI rates rise even amongst older adults, amongst younger adults during this pandemic. We've seen that increases in STIs... And I think that that's because we're isolated now and not talking about it, and still engaging in behaviors that we're all not supposed to be engaging in.

0:16:40.0 JW: And so I think it's really important for us to think about how we can bring that into the light. And so that's what sex positivity to me is all about, and why we emphasize this in our trainings is because it's usually like a really light bulb moment for providers that, "Oh, I could talk about this." But it also butts up sometimes against their own values and beliefs.

0:17:04.2 JW: And so that is something that we're trying to really understand and break down within our trainings is where are your values, where are your patient's values, where it's culture, how does culture play a role in this. Because different cultures do have different beliefs, but I don't believe there's any culture I've ever heard of that doesn't engage in sexuality. So I think it's cross-cultural and all of that, but the theme that I think brings it all together is being able to talk about it in an open and honest way. And to share our generational experiences with young people, with older... Because things change throughout your life, you know.

0:17:45.2 JW: Sexuality change, our hormones change, the way we engage in sex change, our relationships change. And so we're gonna have to have that continual conversation about what feels comfortable to us and what is healthy for us.

0:18:00.8 JR: I've seen quite a bit of data that points to young people. I know Harvard is doing a lot of work around this. That indicates young people who are now in their 20s, who reflect back on their teen years wish they had had more social-emotional relationship building teaching from parents and adults. And I think that we miss the opportunity to talk about what does sex mean to you. What can sex look like for a variety of different people. Sex doesn't have only one meaning. While, you may hold something... That meaning very dear and near to your heart, someone else may look at sex in a different way.

0:18:52.0 JR: How do we get consent? How do we feel confident in having those conversations about condom use, about negotiating protection, about disclosure? All of those things. If you're not talking about it, it's not modelled. If the whole culture isn't talking about it, it's not modelled. And the thing that irritates me so much is that we think why do we have an epidemic of STIs? Well, why do you think?

0:19:23.5 JW: Exactly. That is exactly the point. It's like... That's why I said the beginning... It seems so simple. It's a simple concept that we should be talking and open and open to all the ways that it shows up, because it makes us healthier. It actually is a protective factor, and we're building up our protective factors by being able to be open and obligated...

0:19:45.7 JR: Preventive care...

0:19:47.8 JW: Yeah, it's a preventive care. Exactly. Which we also have issues within our country. But the main thing is... When it comes to sexuality, I think it's even harder because it overlaps with so many other social identities that people are feeling minoritized around or are marginalized about. And so when we mix in sexuality with hetero-normativity or... The lack of feeling like as a racial person... If I'm a Black person or a Latino person, sex should mean this to me. Or I should be in these roles.

0:20:29.1 JW: We have lots of stereotypes around roles and relationships and gender. And all of that is intermixed in with sex and sexuality. And so that can be, I think, a really scary thing for providers to start to go into because they feel like, "Oh no, I'm gonna open up Pandora's box and this patient who I only have 15 minutes to talk to, is gonna tell me all this stuff and open up all these things that I can't possibly deal with in a 15-minute visit when they really came here because their finger is hurt."

0:21:03.3 JW: Or, you know, something like that. That's... I think the provider concern is like, "Oh, if I start talking about this... " Because I may be the only person in that patient's life that is able to talk about it, that I may open up this huge can of worms that I can't then close down. And so we really...

0:21:26.1 JR: True.

0:21:27.6 JW: Work with... And that's...

0:21:27.8 JR: That's understandable.

0:21:29.7 JW: That's very valid, right?

0:21:31.3 JR: Yep.

0:21:32.8 JW: We've all lived within systems. And you're right, once you open that door, patients then might feel comfortable enough to actually step through. And you have to be prepared for that. And so that's another thing that we really work on in our training is talking about what are the roles of all the different people on a healthcare team and how can we all be supportive. Because we're talking, I think mostly about the patient doctor interaction, which is one part, but there's also, especially in HIV care, a lot of wraparound services.

0:22:03.7 JW: So the case manager could also be trained and can also engage in these conversations. May have a little more time. May have some supervision around social work or that kind of thing, in order to make sure that what they're talking about is within their realm. But then also to convey those messages to other people on the team and to escalate as needed. I think that is a really important aspect of our interdisciplinary health care teams, is that we are designed so that we all have our role within this, and we all have a role within sexual health, to be able to really support that patient.

0:22:47.3 JW: And that could come from the social worker, the case manager... And my... The clinic I worked in in Florida, the Ybor Youth Clinic. Shout out to you all. We had health educators also in the visit. And that was really the person who would come in... I did a lot of that work for many years. And really talk to them about the other aspects of health and education that the doctor didn't have time to talk about, but that were still vitally important to them developing their own sense of self around sexuality but also in all...

0:23:23.9 JR: I love that.

0:23:24.8 JW: Aspects of living with HIV. It's a very complicated thing that we need to unpack. And that's not gonna happen in a 15-minute visit. But there is this whole team there that we could provide counselling, we had support groups. We had all these other ways that we could hold that person's health and their best interests, and their goals and be able to support them through that.

0:23:49.5 JW: And so I think that that's really the model of care that I think we're now seeing in the roll out that we've been doing in HIV for a while; that whole wrap-around services, one-stop shop, you come, you get your everything in an HIV visit. And we're starting to see that now in primary care as well, where it's really like a primary care clinic has multiple types of providers that can help you on different aspects of your health goals.

0:24:18.5 JW: And one of those things should be around sex and sexuality, because it can really contribute to health as well. People who engage in sex have healthier hearts. It's a thing. They've done a research study. Yeah. We use that in our training. There are benefits to sex and sexuality and to relationships and connecting to people. And we've all noticed that, I think, in the pandemic as well. When we've spent more time or have been isolated, that's had an effect on us. And so we need to recognize that as healthcare providers that we have a role to play and how that can really show up for people and making them healthier.

0:25:00.0 JR: So I wanna bring it down to some really tangible examples for folks. My first question is, what negative health outcomes do you see in your work that is specific to HIV prevention treatment and care? What negative health outcomes do you see happening as a result of not having a culture that's inherently learned to be sex-positive? And anecdotally or not.

0:25:34.5 JW: So now working with providers, it's... I think the main thing that we see in research and everything is that people don't show up. So if they feel like... Especially our friends who are gender minorities, transgender, gender non-conforming. However, they're showing up, that... If they're not feeling like that's a welcoming environment, they just won't seek healthcare. And there was a national transgender study that was done, and it showed that... I think it was almost 20% of transgender people had not sought healthcare because they were concerned and uncomfortable with how the healthcare environment might treat them.

0:26:23.2 JW: Now, some of this is anticipated stigma. Like they haven't experienced it yet, but they anticipate it. But other times it's based on their experience. Like, they walk into the healthcare center and there's already a air within that healthcare system and the environment that certain people are welcome here and other people are not welcome here. And so that's another thing that we really work with healthcare centers on, because I think that that is the first and most blatant negative outcome, is that people just won't engage.

0:26:57.5 JW: I think also another thing that I see a lot with... For negative health outcomes is that people will delay treatment. So they'll know they have something itching, burning, you know, something going on, and they just won't... They'll hope that it clears. They'll drink a lot more water or whatever, and when I was working with young people, there were so many instances of how they would treat STIs on their own, you know.

0:27:25.9 JW: Yeah, interesting ways that were not based in science at all. But, you know, if you could drink enough water... I heard about people using ear wax to determine if somebody had a sexually transmitted disease, if you put it in there. Also smell. Just all these different things that people were trying to use to negotiate...

0:27:48.1 JR: Right, does it smell funky.

0:27:50.8 JW: Yeah, to have this like, "Oh, this is what... " I can identify it. I know. You're clean. You're not clean. And that is a disservice because those are based on myths. That's not true. And so then we're re-stigmatizing people, and in this way of really making them feel very uncomfortable about seeking that STI care or getting tested even because they think they have a way around that. We don't need the healthcare system. We can figure it out on our own.

0:28:23.7 JW: I think another negative health outcome that we see is that people are just not able to talk to healthcare providers about when things are going wrong. So we see a lot of dysfunction. Maybe people are not satisfied in their sexual lives, but they're not willing to bring that up to their healthcare provider because they don't feel like that would be an appropriate person to talk to them about that.

0:28:51.8 JW: And I think that really can lead to other types of physical health and emotional health problems with relationships, with all kinds of other things that we don't intend... It's not... It's far removed maybe from the healthcare outcome of the moment, but it is definitely related and correlated with if you have a healthy sexual relationship, you're a happier person. That we've done studies in the United States to say, when you're engaged in a healthy and happy connected partnership that is something that contributes to your longevity in terms of your lifetime.

0:29:39.1 JW: The negative outcomes are harder to suss out because we haven't done as much study that directly correlates them. But I think anecdotally, we know when people are not happy, engaged, connected, feeling positive about themselves, that that leads to a whole host of coping mechanisms that can be very negative for health.

0:30:03.3 JR: As we're wrapping up, I want to ask you, can you give me three or four examples of what healthcare workers in particular, the folks that you work with, can do to be more sex positive. What are some kind of actionable things that you propose in your work? In your trainings?

0:30:28.8 JW: One of the first things is just to examine their own relationship to sex and sexuality, and to think about where they're comfortable and not comfortable. And to have that self-assessment that you really need to engage in this work. And then I think secondly is really thinking about the broad ranges. So we're as human beings, we are only informed by the experiences that we've had and the reading that we can do. And so I think really expanding that and looking into the other communities that you may be working with. If you have gender non-conforming people or transgender folks in your care, it's always amazing to me when I go into a healthcare center and they say, "Oh, we don't have any of those folks here." And I'm like, "Well, do you ask them about that?" "Oh no, we don't ask 'cause we don't have any." And I'm like, "Well, you may not have any 'cause you didn't ask." So start asking and then maybe you will see that that's part of your patient population. So there's that. And then I think there's real systems change around how we do ask the people about their sex and sexuality.

0:31:46.0 JW: So really thinking about a comprehensive sexual history and what that might entail. And who on their interdisciplinary healthcare team should be part of that exercise with patients. It can be the clinician. I think that's a great place. But it can be other people on the team. So thinking that through and how their clinic can support that workflow. And then lastly, I think the other thing for me is really thinking about increasing our knowledge around language and openness and creating that welcoming environment. So really looking at your physical space and looking at the pictures that are on the... In the waiting room. What magazines are there?

0:32:33.9 JW: I used to always tell my clinic staff, we're always on stage. We are part of a clinical team. As soon as the patient walks into our clinic, we are on stage, we are being observed. And so people are making judgements about us and how open we are to their particular needs, desires, and wants for their health. And so that is something to really pay attention to. So looking at your physical environment. Who welcomes people when they walk into the door? And what is their attitude like? How is that process done? All of those things can really help to create a more inclusive environment that then leads to when the patient comes back into the room and we start asking them these questions or start engaging them around sex and sexuality, that there's already some rapport and some comfort built right into the fabric of the system, so that they know that it's a safe place and that we welcome this conversation. It's not something that we just have to do to check off a box, but that it's an important and affirming conversation of who they are and why they're seeking out healthcare.

0:33:48.2 JR: It's really... Sounds like a re-examination and a de-programming... It's an examination of the status quo. And this is something that's deeply baked into our systems, and it's really saying... What I'm hearing you say is, "Let's look at this. Is this really working for all people still? Is this working for the populations I want to help still?" And if not, then how do we change that? Right?

0:34:15.6 JW: Mm-hmm.

0:34:19.2 JR: How can...

0:34:19.3 JW: How do we change it, but also how do we involve the patients directly in that change? They are the one who should be driving that change. 'Cause I can have my ideas from even a provider-educator perspective, but I'm really informed and want to be informed by the patients themselves. And so do we even have a mechanism for hearing from patients? Like that a lot of times in the clinic is the first thing that we work on is because they don't have the mechanism. There's a survey card that goes out every six months, and that's about it. But patient advisory boards, real engagement in the community. If you wanna serve a particular population, you should be engaged with that population outside of the clinic, in addition to in the clinic.

0:35:09.4 JR: I love those, those really actionable suggestions. Outside of the clinical sphere, how can we culturally model sex positivity in a better way?

0:35:25.3 JW: I think we were already talking about that, Jennifer. I think when you were talking about talking to your mom and making a pact to be different. I think that's what it really takes. I have a niece who's 14, who I just went and visited last week. And I had the talk with her; not about sex or anything, but the aunty-talk with her about I am a trusted person, adult. The conversations that we have I don't have to tell your mom about. They're for us to engage in and just for you to have a safe place that you can tell me anything. And I promise that I will be there for you and get you to a safe place, if that's what you need.

0:36:10.8 JW: So that's the conversations that I think we need to have within families. And also to be open and honest. If you can't tell your sister about the period coming or that it's off, it hasn't come in four months and you're worried. That's something that we need to be able to talk to our friends and family about, and that, that shouldn't be a taboo conversation. And I think amongst my friends and family who know what I do for a living, they feel a comfort there. But I also push them. I also push them to say, "Hey, it's not just me. You too. You too have this power."

0:36:47.2 JR: You too can talk about sex endlessly.

0:36:53.5 JW: You too can talk about sex and sexuality and explore and think about different things. And I think that that's really how change happens. Is it happens at our system and healthcare system level, but we also need community engagement, we also need that interpersonal comfort. Because once you start talking about it, you realize, "Oh my God, so many people are going through the same things that I'm going through." They're questioning the normality just like I am. They're wondering about dildos and vibrators and all... Lube, and... The wide wide world of lube.

0:37:32.9 JW: They're wondering about all these things just like I am, and you realize that it's okay. And it's actually a very comforting feeling I get from talking to people. And it makes you feel like, "Oh, this is not so bad." I had all this anxiety, but now it's released, and I actually feel better, now that I've been able to talk about it and get it out, and it hasn't stayed in the silent place where I had all this fear around it. I'm able to let that go.

0:38:02.5 JR: Right. And vulnerability begets vulnerability. So if one person is brave enough to speak their truth and ask their questions, you will see more folks opening up and that's a beautiful thing I think, about communication.

0:38:20.3 JW: Absolutely. I love that. Vulnerability begets vulnerability.

0:38:26.0 JR: I'll give that credit to Brene Brown. I read a lot of her. But thank you so, so much for talking about this and for being a model. You are doing the work every day, truly, to be a model and I really appreciate you. And it's been great to get to know you. And yeah, it was really fun. So thanks.

0:38:50.9 JW: Likewise, Jennifer. It was great. I really appreciate the opportunity.

0:38:53.8 JR: A special, thank you again to our guest, JaDawn Wright of the Pacific Aids Education Training Centre. A Part of the University of California at San Francisco. Speaking Frankly is a production of the California Prevention Training Centre in San Francisco, California. It's produced by me, Jennifer Rogers and Laura Marie Lazar. It's edited by Podcast Prowess.