

## Transcript of “From Red Ribbons to Leather Straps: Rodney McCoy’s Trailblazing Tale of HIV Prevention and Pleasure”

Tammy Kremer ([00:00](#)):

This is our last episode of season four and of the mini series on pleasure. Please enjoy this stimulating conversation on BDSM and kink in sexual healthcare and check out our previous episodes. Thanks for listening and for supporting the show. Coming together for sexual health engages you in shameless conversations about sex positive, identity-affirming sexual healthcare. We keep our attention on those most impacted by STIs, HIV and structural barriers. We're powered by nationally recognized experts in sexual health at the University of California, San Francisco, and the California Prevention Training Center, all views expressed are those of the person speaking and not at the CAPTC or their employer. My name is Tammy Kremer. Let's come together for sexual health. Welcome to Coming Together for Sexual Health, Rodney McCoy. So glad to have you on today.

Rodney McCoy ([01:03](#)):

Thank you. Glad to be here.

Tammy Kremer ([01:05](#)):

Rodney or Rod McCoy Jr. brings his expertise of nearly four decades in HIV prevention and education, as well as his real life experience. As an African-American gay queer man living with HIV, an Oberlin College graduate with his Bachelor's in sociology and black studies. Rod has worked in a variety of capacities in the field of HIV prevention from health educator and HIV counselor to program director. As an adjunct professor at George Mason University, rod established the HIV culture and sexuality course for the school's Global and Community Health Department. Rod created a sex positivity training for public health professionals called Beyond the Red Ribbon in collaboration with Louis Shackelford of the HIV Vaccine Trials Network. He currently works at Us Helping Us in Washington, DC as a research assistant. What a bio.

Rodney McCoy ([01:59](#)):

Thank you. I'm 56 years old. I've done quite a bit and that doesn't list everything. I think some maybe of this [inaudible 00:02:07] point that might be helpful for today's discussion.

Tammy Kremer ([02:11](#)):

Yeah, I appreciate that. We will be talking today primarily around BDSM and kink in communities of color and how this relates to the provision of care around sexual health, how we can support people in experiencing the pleasure that they're seeking and wanting.

Rodney McCoy ([02:28](#)):

As I was hearing you read the bio, something that always comes to me is HIV as a profession, I didn't choose it. It chose me. When I think about all of the things that I've done over close to 40 years, there's just, for me, HIV prevention and care is such a dynamic field. There are just so many things that have even in recent years have emerged from conversations around PREP and now DASIPEP, conversations around HIV aging and what it means to be older. Thank God we're now starting to talk about sex and pleasure, sex positivity and pleasure-based strategies, and it's just amazing to me how years ago these things were not even thought of. These things were not on the radar, but to see these things emerge has just been mind blowing. I mean, there have just been things that have been game changers in terms of how we talk about HIV, how we approach service provision.

([03:27](#)):

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When we look at trends, when we look at who is impacted, what are the issues that people face? That's what I love about HIV as a profession that is, and being able to bring myself as a person with whom HIV is living with them to say, this isn't just a concept. We are talking about people. This is also poignant for me because when I started in HIV prevention, I was 18 years old. I was a kid in so many ways, and now to be 56 and still going strong and doing something I never thought I would do, and that is be part of research. I'm just honored, blown away, all of that good stuff when it comes to talking about HIV and my work in it, and I'm sure there's more to come.

Tammy Kremer ([04:12](#)):

What do you do in HIV research?

Rodney McCoy ([04:14](#)):

Right now, let me give a shout out to Us Helping Us celebrating 35 years of providing HIV prevention and care services in the Washington DC metro area. In working in prevention, a lot of our studies has really focused on PREP, specifically access or lack thereof to black communities and also other what we call PREP populations. In other words, communities most vulnerable to HIV prevention would benefit from access to PREP. That's where a lot of our studies go, and we're branching off to looking at other studies where we're looking at the needs of returning citizens, people returning home from experiences of incarceration. We have another study that's one of the first studies that we're doing give specifically to particularly gay and bisexual men living with HIV, and we haven't done that in a while. I'm excited to be a part of that. We have a study, HOPP, which is Health Outcomes for PREP Populations that looks at not only black and Latino gay bisexual men, but looks and speaks with black cisgender women, that looks at transgender women and men, and that also looks to speak with and engage with injecting drug users for the purposes of saying how can PREP benefit you?

[\(05:29\)](#):

Just really getting the feedback from the communities themselves. One of the projects that I've kind of taken a lead on is our PREP and racism study, which is looking at how racism and other forms of discrimination keep black and bisexual men from accessing and using PREP. It's dynamic work, it's work that has never been done before. People asking the questions that 40 years into this epidemic that we're now finally starting to ask and do research around, particularly in the community, engaging the community, not just from the academy. I'm very excited to be a part of it.

Tammy Kremer ([06:04](#)):

I'd love to hear a bit about your story and what brings you to this point.

Rodney McCoy ([06:10](#)):

Starting with BDSM and being a leather man, I'd identify more as a leather man of color. Even though I am kinky, I'm more into the culture and more into the sense of community that I think leather, at least traditionally, has tried to foster. I think I've always been kinky. I love telling the story of there was a colleague, and by the way, I didn't mention that I'm a native New Yorker and lived in New York many years before relocating to DC. I was at a professional conference when I was cruising one of my colleagues, and he was cruising me and we knew where it was going to go in my apartment, right in my bed. We're doing what two grown men like to do, and at one point he said, "Hit me," and I was kind of like, "Huh?"

[\(07:02\)](#):

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I hit him, slapped him kind of medium-wise across the face. His eyes got big, but his body reacted in such a way that it told me, okay, he actually liked what I did, and let's just say that the sex became feral, it became wild, it became primal. I mean, just all this energy, all this intense heat. After that session was done and we're in my kitchen sipping herbal tea because that's what you do after an intense encounter, I did some processing, asking some questions. I know it was one of my earlier forays into BDSM and kink, and I had a feeling he didn't expect it to go there. When he said hit me, what he meant was do him harder. He did not mean for me to hit him. I have that moment of panic, but I asked him, I said, "Did you like it though? Were you okay?" He was like, "Oh, yeah." First of all, it reaffirmed the fact that I am kinky. It also reaffirmed that I probably needed community to help me navigate and explore how do I initiate the kind of play that I like more safely?

Tammy Kremer ([08:15](#)):

Can you describe what is kink and what is leather?

Rodney McCoy ([08:18](#)):

Okay, so kink is any activity outside of sexual intercourse that gives people pleasure maybe to the point of orgasm, but not necessarily. Kinks can be anything from fetishes, which are usually objects that cause heightened states of arousal. They can be different forms of play like impact play. That comes first for me, 'cause that tends to be the kind of play that I like. Impact play includes spanking, paddling, bastonado, which is a particular form of impact, play on the feet, caning, flogging, just to name a few from the top of my head. Needle play, which is usually the piercing of the skin with needles, water sports, which usually involves urine play, come play playing with a man or a woman's come. Any fluid that's produced at that height of orgasm can be described as come. We tend to focus on semen, on a man's ejaculation, but women ejaculate too.

([09:19](#)):

We have to embrace that as come. When a person has an anal orgasm, anal mucus, people consider that come too. Just the wide variety of different forms of play. That's usually what we mean when we say kink. Leather on the other hand, in terms of a fabric and the use of leather to signify that I'm into kink. Out of that came a culture that was influenced by military, by law enforcement, particularly from soldiers coming back from World War II and now I'm giving the American story post-World War II and the rise of leather culture closely tied with agriculture because of the use of leather there. Again, leather as a signifier for people who are into kink evolved into a community, a culture of traditions, of ways of being, of how to establish relationships, of things that you do, of things that you don't do. I often say the difference between leather and kink is that leather tends to be more community-oriented about culture and tradition. Kink is about self-awareness, self-expression, and really fulfilling one's sexual desires.

Tammy Kremer ([10:31](#)):

How does BDSM fit into those categories?

Rodney McCoy ([10:34](#)):

BDSM stands for bondage and domination and submission, as well as sadomasochism. There are elements of all of those things in BDSM when we're talking about kink play, when we're talking about the larger leather community. Both leather and kink, I think celebrate BDSM and everything that comes with it. BDSM is just those four letters to encompass all of that. Bondage, we're talking about those things that are used to restrict or restrain movement to help assert control in a kink scene. Most

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commonly, people think of rope. You can do rope, you can do chains, you can do handcuffs. Domination, in other words, not just taking the lead but taking control, really asserting oneself over someone else in a way that is consensual. I'm going to put domination and submission together. The two go hand in hand, a person who totally takes control and totally asserts themselves in a scene over another person.

[\(11:36\)](#):

The submissive who allows that to happen because of the trust, because of the knowledge that that boundaries will not be crossed. Being very clear that this is something both parties, particularly the submissive, want. Sadomasochism, sadism, the joy, the sexual pleasure, the eroticism that comes from inflicting pain, not harm, not damage, but the inflicting of pain so that you know that the body will react by sending more dopamine to that area that you are, say striking. If you are a dominant and you want to assert, say, mental or emotional control, one of the more intense scenes are humiliation scenes. The idea of inflicting humiliation on someone causes arousal, causes joy, causes pleasure, causes woof. Masochism. The reception, the receiving of that pain, the receiving of that humiliation touches something in you that kind of goes, "Woof, woof. Yes, sir, yes ma'am, yes, dad." That's what leather and kink really do celebrate that whole spectrum of BDSM.

[\(12:47\)](#):

I am going to fast forward to a couple of years later after that, I was in Washington DC with a friend of mine at the time, a good friend of mine, who I met at a restaurant at a hotel, the Washington Plaza. Washington Plaza for some of the leather folk and the kinksters holds a special meaning, which I'm about to reveal. We're having dinner and I see all kinds of leather folks wearing rubber, folks in gear, and I'm like, "What's that?" He explains to me that there is this weekend called Mid-Atlantic Leather Weekend where people come to DC, MLK, Martin Luther King weekend, for basically a whole weekend of debauchery and frivolity, and it centers around a contest, Mr. Mid-Atlantic Leather. He also mentioned to me that there was this group of black leather men that met in one of the hotel rooms named Onyx.

[\(13:52\)](#):

At the time I said, "Onyx, what's that?" He said, "Listen, they're having a gathering later that night. Would you like to come with me?" I was like, "Yeah, sure." This was not the first time I've been to a gathering of black leather men, but a gathering where I felt at home like I had finally found my tribe. Long story short, I joined Onyx a few years later and myself and a group of friends and other leather men that I got to know established the what we now call the Onyx Mid-Atlantic Chapter. I served not only as co-founder, but its first president and later one of its pledge masters. Onyx was really instrumental in helping me, first of all, providing me a space to explore kinks, different kinks that I might like, kinks that I didn't like, and better understanding myself as a kinkster, understanding leather traditions, leather culture.

[\(14:46\)](#):

Onyx was really important in terms of giving me a safe space as a black man, as a man of color, to really be who I am, to develop more of who I am as a person, particularly in a community that sometimes forgets that we are a diverse community. Onyx was really impactful. I'm no longer part of the organization, but I do want to honor what Onyx had done in terms of really giving me the space to explore for myself to also venture into the larger community of Leather and Kink, meeting other people, getting familiar with other events at other organizations. Onyx also exposed me to International Mr. Leather, which was probably the biggest contest here in the United States, if not the world, for people who wish to be ambassadors as title holders, as representatives, be it of an organization, of a business,

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of a city, of a region, of a nation, in terms of representing specifically not just leather, but whatever kink, whatever lifestyle.

[\(15:52\)](#):

I held two titles, Leatherman of Color for 2011 as well as American Leatherman in 2017. Both titles are national titles, and I'm proud to have held both of them. For me, it was a chance to do education. It was a chance to really represent first myself and other people of color to travel across the country. It was really significant for me personally to be American Leatherman because I was the first African-American in 12 years to hold that title. Also, with Jackie Thompson who was American Leatherwoman that same year. We were the first all black title family for the American Brotherhood Weekend. For me, that is a point of pride. Representation is important. People like to see themselves reflected anywhere in community.

Tammy Kremer [\(16:43\)](#):

Yeah. I'm sure you've gotten to share this story with many people. Thinking about our audience listening to this podcast, staff and healthcare providers, what questions do people kind of immediately bring back to you most often?

Rodney McCoy [\(16:57\)](#):

Privately and sometimes not so privately, people then want to know about kink. "What does this kink thing? Can you tell me more information?" That's probably the biggest question that I get. The second question that I get is, "Well, what does this have to do with HIV prevention?" Thank you for that question because I think this is where I can talk about beyond the Red Ribbon. A little bit of history, in my work in the leather community, I've always been a bit advocate for HIV and STI prevention. At a lifestyle conference where I asked a question, "Do you feel comfortable getting with someone who is HIV positive in a relationship, in a dynamic for play? Why or why not?" You're dealing with men and women, cisgender and transgender, gender fluid, straight, gay, bi, people of color, white folks represented in this small circle.

[\(17:49\)](#):

There were probably seven of us. What I loved was the honesty of the conversation. People who said yes, people who said no, people who said for play maybe, but I'm not sure about a committed dynamic or relationship. There were no wrong answers, there was just your truth. There were also times where we had to do some education within that conversation, but it was so powerful that one of the women in that circle, Jen Victor, I want to give her props, came to me because she was one of the lead organizers for Philadelphia Leather Pride and Philly was hosting the Leather Leadership Conference the following year, and she came to me and she looked me in the eye very gently, but very firmly said, "You are going to vote this next year at Leather Leadership," and she's one of the few people who can shut me up.

[\(18:41\)](#):

I was like, "Yes, dear," and I was glad to do that. It was a conversation that people secretly, we're scared to have but felt they needed to have, and they were glad to have the space. Out of that conversation, and out of that workshop came the training that I do for kinksters around HIV and STI prevention beyond the Red Ribbon, and how do we bring up these conversations when we're establishing our play, when we're establishing our dynamics, our relationships? During my second title year, which I just talked about as American Leatherman, I presented this at a Nascent Conference, and this conference is specific for the needs of black, gay and bisexual men and black transgender women. I offered to do that version of the Red Ribbon in Atlanta. As I was going to the room where I was to do this presentation, there was

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this other African-American, taller than me, bald headed like me wearing glasses like I do sometimes, who was running over, and I don't have much of a poker face unless I'm actually playing poker.

[\(19:48\)](#):

To this day, he says, all he could see was this guy glaring at him from the back of the room, and so he sped up so that I could come in to set up for my workshop. He said, "Well, the least I can do since I put him behind is stay for the workshop." That gentleman was Louis Shackelford of the HIV Vaccine Trials Network, which is part of the Fred Hutchinson Cancer Center. Afterwards, he and another colleague of ours, Vanessa Granberry, met with me after the workshop and said, "This is some good information, but how do we bring this to our colleagues in public health?" That is how the version of Beyond the Red Ribbon, the sex positivity training for public health professionals, but specifically for people in HIV and SEI prevention, we do the sex positivity training with an emphasis on kink because the premise is what can we in HIV and STI prevention, learn from kinksters, learn from leather folks, learn about kink, particularly around sex positivity that we can apply to our work?

[\(20:55\)](#):

I was talking to my partner about this who shared with me that when the International AIDS Conference was in the Netherlands, was in Amsterdam, the Prime Minister of Health who spoke at that conference talked about healthcare, health education, being safe, being consensual, being sane. My eyes and my ears perked up because again, as a kinkster, one of the things that I learned early was about play being safe, sane, and consensual. I was like, that's one of the connections.

[\(21:28\)](#):

Now that we're starting to talk about pleasure-based strategies, which is something else that I'm very much a proponent of, and the Beyond the Red Ribbon training talks about that as well, pleasure-based. Yes, I am about encouraging people to embrace pleasure, not just sexual pleasure but pleasure that comes from good mental health, that comes from good physical health, that comes from good social connections. I believe as healthcare professionals, regardless of the field we're in, we are arbiters. We are facilitators to help and to aid and to assist our clients, our participants, consumers who come to us to really explore and enhance that pleasure, that good health in their own lives. That's what we're supposed to do. There are things that kink can teach us whether it's being safe, sane, and consensual, whether it's talking about being pleasure-centered, whether it's talking about enhancing communication. There are other tenets in effective and beneficial kink play that as healthcare professionals, public health professionals, that really resonate within our own work.

Tammy Kremer ([22:35](#)):

Can we get into some examples? You've shared some concepts that can be translated from kink into clinical conversations and wonder if you can share any examples of what that might look like?

Rodney McCoy ([22:48](#)):

Before today's presentation, you were interested in pleasure and power in public health settings. As a researcher, one of the things I do in research is I provide HIV and STI testing. There is a constant, well, first of all, how do I define pleasure? That which makes us feel good. How do I define power? How do I move in the world? How do I also help others move? Whether that movement is physical, mental, emotional, spiritual, psychological, power is about movement. Lack of power is about lack of movement. Put a pin in that for a moment. One of the concepts in kink is power sharing. There's a strong belief, and I subscribe to this too, that both parties are all parties, whether dominant, submissive or both share power and that assume consent. Even if I'm submissive, I am giving, I'm trusting you with my agency,

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with my body, and I'm giving you permission to take the lead in whatever play we're engaging in. As a person who is a switch but mostly tends to be dominant-

Tammy Kremer ([24:01](#)):

Can you explain what switch is?

Rodney McCoy ([24:03](#)):

Oh, okay. There's a common perception that anyone who's a kinkster is either dominant, the person in charge, the person in control, the person who takes the lead in initiating and pretty much playing out the scene in whatever play that they're doing. The person who is submissive is allowing the dominant to take that lead. He she, they, however they identify, is really trusting the dominant to take the lead, to take them on a journey to help them experience what it is that they wanted them to experience. There's thought that a person can fall in either one category or the other. Someone who is a switch is someone who does both, either equally or more of one than the other, but they embrace that they can do both, that they can be dominant, they can be submissive.

([25:01](#)):

Someone like me who is, I'll say mostly dominant, but depending on the kink and depending on the person, I have been submissive. I've said, "I trust you to take the lead," and that's not easy for me always. If you are a fellow dominant and I say, "I trust you to do this scene with me where I'll be your submissive, you got it going on," so that's what a switch is. Whether you're talking top, bottom, dominant, submissive or switch, there's a power exchange. The power exchange being that as a submissive, I realize that in my agency, I'm trusting you the dominant to say, "Hey, I trust you to give me a pleasurable experience and to not cause damage, not cause harm. You may cause pain, but you won't harm or damage me to where I will not be good to enjoy this or any other experience."

([25:57](#)):

That's what we mean by power sharing. When we talk about the provider-consumer relationship, ideally, something similar goes on. It is not where either provider am the subject matter expert of everything that's going on with you, the consumer. This is a partnership. If anything, the consumer, as we say, of submissive, and for those of us who have sex, particularly in the gay male community, when we talk about tops and bottoms, just like we like to say bottoms have the real control. Because if they say no, if a submissive in a kink scene says no, everything stops. Using that lens into the provider-consumer relationship, the encounters, say for example, in testing, I'm real clear, whoever is coming in for testing, they are the subject matter expert in their own body, in their own life. I may be the provider who has access to the test that they need to access to services that I can refer them to, but they have to tell me first and foremost, if I do testing as part of my research and I offer HIV, hepatitis, syphilis, as well as chlamydia and gonorrhea, and as part of the chlamydia and gonorrhea, I offer a rectal swab.

([27:14](#)):

If someone tells me, "I don't get fucked. I don't engage in anal sex." Then my next question is, "Do you get your ass eaten?" Because then we have to be concerned about rimming, anilingus, and transmitting gonorrhea or chlamydia that way. If they say, "Nope, nothing goes back there, it's exit only," then I say, "Okay, then we don't have to do rectal exam. We don't have to."

([27:39](#)):

It's not for me to force this on them if this is not a place of risk. If someone says, "I'm not comfortable doing say an HIV test, I'm not ready," then as long as my colleagues say, "Then it's okay to not do the HIV

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test, but you can do all the other tests," they're the subject matter expert, and let's talk about pleasure for a minute. A lot of people come to HIV and STI testing, scared, afraid, embarrassed, ashamed because they had sex and they may have or actually caught something. I spoke at NMAX HIV Biomedical Summit, which was held in Las Vegas earlier this year, and I was one of the plenary speakers, and the topic for the summit was sex and pleasure.

[\(28:24\)](#):

I summed up my own speech by saying, "For those of us who want to implement pleasure-based strategy, and I'll work, let me distill it into one sentence. How can I support you in feeling good? How can I help you feel good?" I bring that back to people who come to HIV and STI testing, embarrassed and ashamed. That's where I'll say to them, I'll affirm for them, "Hey, you had sex. That was a good thing. That's a good thing." I even had to tell one young lady, and because a colleague of mine, she gave me this example, I said, she admitted to having more than one sex partner. At first, she was embarrassed to tell me, and I said, "Girl, you were sexually successful. I'm not mad at you. Maybe I can take some tips from you." She laughed just like you did. She laughed.

Tammy Kremer [\(29:21\)](#):

That's a great example of shifting the power.

Rodney McCoy [\(29:23\)](#):

Exactly, and you could just feel that weight of shame and embarrassment just fall. I'll sit with all of my clients who come with me for testing and I'll be like, "Look, the issue is not having sex. That's the good thing. It's yours. I'm going to get mine." I also say, "Let's see what we can do to reduce your worry or concern around HIV and other STIs."

Tammy Kremer [\(29:47\)](#):

What you're sharing really shows the impact that providers can have when providing these kinds of services on a person's experience or relationship with sex, the relationship with their own bodies, how they might react if they do test positive for any kind of infection.

Rodney McCoy [\(30:00\)](#):

I get the sense that someone is embarrassed or ashamed of having to come in or scared. One of the things I'll say is let's say if it is chlamydia, let's say if it is syphilis, let's say if it is gonorrhea, one of the things I assure them is it is treatable. It is curable. You can get back in the saddle. Let's have conversations then about how you can enjoy the sex that you like and reduce your worry around HIV and STIs, and that's when we'll get into conversations about PREP, about DOXIEPEP. If a person wants to reduce their partners, that doesn't come from me. I may offer it as an option, but that's up to them and I let them know. It's like, "No, you don't have to say anything just to make me feel good. This ain't about me. This is about you." Again, that power share and saying, "Hey, I'm not the subject matter expert in this encounter. You are so you can tell me what works for you."

[\(30:55\)](#):

People don't come to HIV and STI service provision as blank slates. Consumers have a whole bunch of life experiences that inform how they may feel about themselves and about coming into the service space. We as providers do too. We have our own stigmas, we have our own experiences, we have our own teachings that inform, and I think especially as providers, we have to do double duty. We have to be aware of our own stuff as well as this stuff of our consumers. Again, I think this is where kink and its

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emphasis on communication and its emphasis on sex positivity and its emphasis on being pleasure-based as opposed to risk and disease and death-based, which for the record doesn't work. I think these are things that we can learn in HIV and STI prevention to make our work much easier.

[\(31:52\)](#):

I think in language that we've used to use around risk, risky behavior, risk behaviors, I think it's really stigmatizing. I think it's really demonizing of people and the ways we like to have sex. We like to experience pleasure, and that's the thing that I want to avoid because everyone has a right, yes, has the right to enjoy sex the way that they want to, as long as it doesn't cause harm to themselves or others. The real issue is not the risk around the behavior, but it's really about worry, worry around STIs. That's really what people come into the service provision field with worry around STIs, whether a partner told them, "Hey, I got an STI, you should get tested too," or being afraid to have sex because of that. It's about worry, so let's call it for what it is, worry. The thing about worry is worry can be eased, worry can be minimized, worry can be abated with positive education, with positive suggestions of tools from the toolbox, whether we're talking about condom use, if that is an option, whether we're talking about PREP, whether we're talking about DOXIEPEP, whether we're talking about treatment as prevention, whether we're talking about the reduction of partners.

[\(33:14\)](#):

There are a bunch of things, and it's not for me to decide and I'll let my consumers and my research participants know, "No, no, no, that's not for me to decide. This is for you to decide." I've been in the field for close to 40 years and I know when I've seen it in myself and others when we wrongfully assume that position of I know what's best because you had to come in for HIV or STI testing, that's not the point. Even if someone does come in and it turns out that they do have say, an STI, a bacterial one, a viral one, including HIV, my thing is it's manageable. You can still have the sex that you like. You can still have relationships even with the diagnosis.

Tammy Kremer ([34:00](#)):

What are some things you might share with people to stay connected with their experience of pleasure as they integrate that information?

Rodney McCoy ([34:07](#)):

The thing that I share, particularly if someone gets a diagnosis that they have HIV or as I like to say, HIV has come to live with them, especially if they're of a certain age where they were here first, I'll share my own HIV diagnosis and mainly because I don't want them to feel that they're alone. I want them to know it's not just you, and if they're open to it, I'll share my story. Once I disclose almost all the time without fail, people want to know, "Can I have sex again? Can I enjoy sex? Will anyone want to be in relationships with me?" Those are the big questions. The questions are, well, first it's like, "Will I die?" That is still a question 40 years into this epidemic. That's why I disclosed because it's like, "No, you don't have to die of this at all, and I'll share that. It's been 21 years for me." Once we get past that conversation, then the next thing is around sex. It's around pleasure. It's around relationship, it's around connection. Those are the conversations people who are newly diagnosed really want to have. They'll have the conversations around next steps in treatment, next steps in medical care, but they really want to talk about how do I enjoy sex again? How do I enjoy relationships? How do I get past the feeling of being damaged goods?

Tammy Kremer ([35:27](#)):

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There's so much stigma around herpes. How do you respond to people's concerns about herpes?

Rodney McCoy ([35:32](#)):

Very similarly, just letting people know it's manageable. The frustration around herpes is if a person does not have active lesions, it's really hard to do the screening, and that is some information that I have to share with them. Then the conversation becomes looking for lesions and talk about what do those herpes lesions, what they can look like, and people are really afraid of contagion. They're also afraid of stigma. I let people know, if you are not actively in an outbreak or even pre-outbreak, you're not a threat to anyone else. Most folks who have herpes do know when they are either in outbreak or when they're about to have one, and I let people know that there is medication you can do to reduce the risk of an outbreak. That helps with the stigma, that helps also with having herpes, but at the same time, still being desirable, still being desired. Those are kind of the conversations I like to have with folks, and thanks for bringing that up, because we don't talk a lot about herpes, so I appreciate you bringing that up.

Tammy Kremer ([36:34](#)):

Yeah, yeah. We had a podcast guest in season three, Courtney Brame, who produces a podcast called Something Positive for Positive People and has since developed a whole organization to support folks with herpes. So much of the work is really around reducing stigma. That's the inspiration for me bringing in that question. I want to give him a shout out.

Rodney McCoy ([36:54](#)):

Love it, and I think stigma comes out of silence and shame out of not wanting to talk about certain things, about feeling bad about certain things, certain situations, even certain feelings that we might have. I feel the role of us as provider is to really get rid of the stigma, to clear it out, to be the conduit for which we can talk about the things that our consumers, our participants, our clients, really want and need to talk about. If that means that I have to pull from my own story as a person with whom HIV has been living with me and/or my experiences as a leather person or a kinkster or even just a sexual being, so be it. One of the things that gave rise to Beyond the Red Ribbon training was years ago when I was doing testing at another organization, and that was really the thing I focused on.

([37:46](#)):

There was a person who came in and he would be the textbook "difficult client". I really wish that was something that we got rid of as providers, the difficult client. They may be challenging, but there are reasons why they are challenging. As the story I'm about to share illustrates. This was a client who clearly did not want to be there. They would barely answer the questions I had, did not really want to talk about any risk behaviors, said, "Can I just get the test and go?" I was taking a breath and trying to figure out what's the quickest way I can get what I need to give him what he needs so that he can get out of here. Then he kind of looked at me and he said, "Do you know anything about Black Rose?" Black Rose was, and I think it still may be one of the premier BDSM kink organizations geared specifically to heterosexuals.

([38:41](#)):

I listed my credentials about doing some work, doing some presentations with Black Rose, knowing some of the presenters and the leadership and basically telling him, "Yes, I'm a member of the community too." You could see that exhale. You could see that, "Okay, I'm safe. I can tell them what happened." He gave me the full story of his dynamic of the unique relationship he was part of and how

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when he violated some of the rules of engagement within that particular relationship, how it really caused some issues in that dynamic and how that's what brought him to testing and why he was so embarrassed. He relaxed when he realized this is someone who understands the lifestyle and someone who understands why I feel the way I feel, and I was glad to be a part of it. It reminded me that there are people who are in leather, who are in the kink community, who also access our services, and there are people who are curious who want to access our services. This is one of the many reasons why I do the Beyond the Red Ribbon trainings with [inaudible 00:39:49], so that we can have more conversations, so we can be more aware of who comes through our doors, and we can take tools from these communities to better deliver our services and really provide a more humane experience.

Tammy Kremer ([40:04](#)):

Yeah, I appreciate you sharing that story. It reminds me of there are so many different experiences that clients can be coming from and the potential when there is a moment of both connection in terms of sharing experiences or even just the expression of non-judgmental openness and curiosity, in order to learn about where someone is coming from and how significant that really is.

([40:36](#)):

I wonder if we can transition a bit to talking about pleasure and aging?

Rodney McCoy ([40:41](#)):

Yes. First, on a personal level, what has amazed me is how intensely I like sex, and I really enjoy sex even more in my fifties, I'm 56, and that has always been a source of pleasurable amazement and just pure discovery that as I get older and as I am more comfortable in my own skin, all of my skin, that I really enjoy sex. I'm also blessed as I'm looking at the picture of my partner, also, in his fifties, and he loves sex, and I'm going to be honest and not just with each other and just being comfortable enough to say that. I remember having a conversation and I shared something similar like that, and one of my friends said, "TMI." I said, "Is it really though if you know me and my partner? You know we tend to be open about what we do." I mean, I don't tell everything we do, but at the same time, I don't feel that sense of shame about it as I've gotten older, and I wish healthcare in general was really more supportive of HIV and aging specifically, but also that aspect of sex positivity and sexual health when it comes to our elders, to me and people who are older, let me be really real.

([42:04](#)):

One of the things that bothers me is that there is a cap of testing according to the CDC guidelines, and granted, they are guidelines, but the fact that there is a cap, I believe it's either 62 or 65, and I'm just like, "Well, I don't plan to stop having sex at 62." The idea that there's a guideline that says, "Oh, I don't need it," I think that speaks to our ignorance around elder sexuality, which really means that older folks are getting it in too and that this is something that we would want to aspire to and therefore, that we would want to tell our programs that really talk honestly around sex, particularly for folks who are older. I'm going to share a personal example because I'm feeling bold now.

([42:49](#)):

I remember when I had a heart attack and I was in the process of getting discharged. One of the things that my partner and I talked with the discharge nurse with was about sex. "What can we do sexually? What can't we do sexually?" You could tell the nurse, he was just not ready to have these two grown men ask about sex. He said, "Well, you can't do this and you can't do that."

Tammy Kremer ([43:14](#)):

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Wow.

Rodney McCoy ([43:14](#)):

My partner and I looked at each other. We looked at the nurse, we looked at each other, and then my partner was like, "Well, that doesn't really help us. What can we do? Let's talk about sexually, what we can do. Can we masturbate? Can we have oral? What can we do?" The nurse, he was not ready. He kind of hesitated a little, and he said, "Well, as long as you're not active." Then my partner and I looked at each other, looked at him, looked at each other, and then it was my turn. I said, "Well, what do you mean by active? Because regardless of what role I take, top or bottom, I'm going to be active. What are you really saying here?" Never mind 50 Shades of Grey if there were 50 shades of red because he turned all of them. We're looking at him like, "Come on, we are sexually active. These are the things we need to know as well as the non-sexual things." It's relevant because, again, you're dealing with a heart patient who is sexually active.

Tammy Kremer ([44:07](#)):

Thank you for sharing that personal story. And I think it really gets to this issue of how we're trying to create more comfort amongst providers and talking about sex and just the implications that we might not think of right away in terms of where the majority of people who are accessing different kinds of care. A lot of medications are primarily accessed by folks who are more advanced in age, and so not being prepared to talk about side effects of medication or post-operative plans like you're saying, it's so critical that people start to learn more about what that is. Was your sense that the nurse knew the answer but kind of didn't know how to describe it?

Rodney McCoy ([44:44](#)):

We didn't know, again, if he was just not prepared, didn't know the information, not used to saying or being asked that, it could have been any or all of the above. I think that's true of most professionals. It was very interesting because the times I've had a heart attack were times that I was sexually active, and so people were quick to blame me having sex, having or quick to say, "Oh, you took Viagra, that's what caused it." It was like, no, the first time was an arterial block due to cholesterol, due to plaque. I had to watch my cholesterol. The more recent time was because of a blood clot. What was very telling was just how people zeroed in on the sex ed, zeroed in on the Viagra and just, "You can't do that. You shouldn't do that for a few months. You can't do this ever."

([45:35](#)):

I'm like, "First of all, your sex negativity and the conflicting information that's coming from it isn't helping me any," and because I'm in the field, I'm able to speak to and to confront folks. Again, someone who isn't in the field and who isn't outspoken on these issues might be really intimidated to feel like, "Oh, maybe I did something wrong." I'm blessed also to have providers, my primary care physician and the team of cardiologists that I have now, yes, I have a team. I have people, and the cardiologists and the PCP were both, first of all, they were like, "Wait a minute. What is this nonsense you're being told? Because of how Viagra works, it's a vasodilator. It opens up the veins. It's not going to cause a heart attack. The only danger is if you have it with another nitrile product, it increases the chance of a dangerously low blood pressure."

([46:27](#)):

That's the danger. It is not about me having sex. It is not about me using Viagra that caused the heart attacks and people in their sex negativity, panic and was like, "Oh my God, don't do it ever again. No, no,

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no, no." Not just providers, but also some folks within my own circle who I shared this with, and I had to do the education and thank God I had providers that were able to sit me down and break it down and explain and to say, "This is what you need to be concerned of, but that wasn't related to your heart attack." Just the danger of sex negativity in terms of if I didn't know any better and if I didn't have people who knew better themselves, God knows how that would've impacted me in terms of my feeling about myself, my feeling about my condition, my feeling about my relationship. That's why looking at sex positivity and looking at pleasure-based strategies is so important.

Tammy Kremer ([47:20](#)):

Thank you for sharing your story. I think that's going to be really helpful for people to get to learn from. I appreciate that generosity. Can you tell us about your podcast, Listen to Daddy?

Rodney McCoy ([47:30](#)):

Yes. I'm so happy to talk about Listen to Daddy, and that is related to the whole thing around specifically aging. I attended Widener University in pursuing my Master's in education. Another fellow leather man, I was very happy to run into him. He said to me, "I've wanted to do a podcast for so long because there aren't really podcasts that really talk to and speak to the needs of older, gay and bisexual men. There aren't, and especially to be able to talk about sex, sexual health." Because again, at Widener, the program we were both in was their human sexuality force. Daddy Rob, I want to give him his props here. He was the one who came up with the idea and he said, "I want you to do this with me." The more we talked about it, the more we're like, "Well, let's really make this happen."

([48:18](#)):

We actually launched it Father's Day of this year. The name we agreed on was Listen to Daddy, because we both identify as daddies in the leather community, and we really want people to listen to what we have to say. That's why it was significant that we launched it on Father's Day, and we talked about what it meant to be a daddy in the traditional leather term, and really our reactions to the co-option of daddy into mainstream and how I think some of the meaning of what daddy means to us as leather men have gotten lost in the translation.

([48:51](#)):

Really talking about those issues and really Listen to Daddy is about older, gay and bisexual men talking about issues around sex, sexuality, health, our relationship to our bodies, particularly as it's aging, sex positivity in health education. What does that look like? We've invited the likes of Harold Phillips, Dr. David Malbranch to the podcast because again, we wanted older gay men, and by older we mean 50 and over, to give that space where we can talk about our issues. There's no podcast like it. That's why I'm so proud of Listen to Daddy, and it is available currently on YouTube. Thank you for bringing that up.

Tammy Kremer ([49:34](#)):

For our last question, I like to ask our listeners to bring in the imagination, and the podcast is called Coming Together for Sexual Health. What's something you hope we can create by coming together for sexual health?

Rodney McCoy ([49:45](#)):

Ooh. Well, it's funny because I love the name of the podcast, and I will admit, as I'm sure I'm not the only one who thought about people coming together literally around sexual health. Yes, the double entendre is powerful. I think in terms of where I would love to see public health professionals,

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specifically at HIV and STI prevention and care, really embrace sex, sexuality and not a preconceived script in terms of what we should do or be, but really embracing ourselves first and foremost in terms of who we are as sexual beings, and not being afraid to encourage that in our service spaces in terms of people not being afraid or not being ashamed to access sexual health services because they know that their sexual selves, their sexual health selves will be respected, will be honored, may even be celebrated. That is the kind of world, particularly professionally that I really want for myself, for all of my colleagues.

(50:56):

Also, to create a space where we can learn how to embrace ourselves, and also how to encourage healthy sexuality. We don't often talk about sex and public health as something good. We talk about something that'll bring disease, and that is one other thing that I really want us to stop. Yes, disease can happen, but guess what? Disease can happen just eating. Harm can happen exercising or exercising too much. We don't demonize eating. We don't demonize exercise. Let's not demonize sex.

Tammy Kremer (51:27):

The sex positivity is just gleaming, shimmering. I love it.

Rodney McCoy (51:32):

Thank you. I do want folks to know that they can reach me on social media. I especially want to highlight my website [Rodneymccoy.info](http://Rodneymccoy.info) because there's some information there about Listen to Daddy. There's also information on Beyond the Red Ribbon. There are ways you can get in touch with me via email. If people who are listening are interested in having Lewis and I bring Beyond the Red Ribbon on sex positivity and pleasure-based strategies in the work that we do, we'd be very happy to bring it to your organization, to your company, to your department. I want people to feel free if you have an idea to say, "Hey, we want to bring you to speak on HIV and aging." I have a group of us who do stuff around a panel on older gay men and sexual health. There are a number of things that I would like to do, especially since this is a professional podcast where I can support my colleagues in this work that you're doing, and I would love to be a part of that.

Tammy Kremer (52:27):

Thank you so much for everything that you shared with us today, Rodney. I just am so grateful for your sharing of yourself and of your work, and I'm sure our listeners will get a lot out of this.

Rodney McCoy (52:38):

Thank you so much.

Tammy Kremer (52:42):

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