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THE HEALTH ISSUE When Words Fail

LGBTQ+ advocate John Corvino faces a rare disease that's taking his voice — but not his message

By Sarah Bricker Hunt

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Can megachurch pastor represent queer voters?

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Navigating medical trauma as a queer patient

MILES HEIZER GETS REAL
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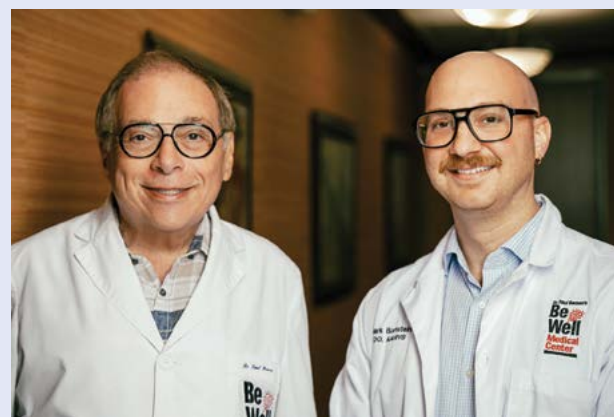
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Dr. Benson and Dr. Bornstein



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John Corvino. Photo: Andrew Potter



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5 Queer Things You Can Do Right Now-ish

BY KELLI DUNHAM

Michigan's queer autumn calendar is overflowing with sparkle, synths and a touch of chaos. Or, in other words, perfection. You can worship at the altar of drag artistry, scream-sing with trans rock icons or gossip about reality TV stars who still make your group chat light up.

Whatever your vibe, it's a good month to show up, dance it out and remember: Queer joy counts as community service.



Vander Von Odd. Photo: Instagram/@vandervonodd

Mourn and Marvel with Vander Von Odd

It's time for a mystical-meets-marvelous celebration in which glamour refuses to die. Uplift Ann Arbor presents a Día de los Muertos celebration featuring Vander Von Odd, the surreal and spellbinding winner of "Dragula" Season 1.

Von Odd turns darkness into art and wigs into witchcraft — and at Uplift expect an evening of mariachi, makeup and macabre majesty, plus fun surprises all night, including a mid-evening meet and greet. Come honor life, death and everything fabulous.

Nov. 1, 7 p.m., Uplift (210 S. 1st St., Ann Arbor). Get advance tickets at bit.ly/VanderMI.



Dayna Mathews and Magan Mourad. Photo: Lee Dubin/Netflix

Reunite with 'Ultimatum' Stars

They fought and flirted on "The Ultimatum: Queer Love" and now Magan Mourad and Dayna Mathews are bringing that same beautifully chaotic energy back to Ferndale. The couple's "Detroit Homecoming" is part reunion, part redemption arc and 100% queer spectacle. Expect storytelling, surprises and maybe a few moments that make you text your ex. Whether you're here for the romance, the realness or just to witness what happens when reality TV meets actual reality, this night's got you covered.

Nov. 14, 9 p.m., Orchid Theatre (141 W. Nine Mile Rd., Ferndale), bit.ly/homecomingMD.



Nina West. Photo: Instagram/@ninawest

Deck the Halls with 'A Drag Queen Christmas'

Nothing says "holiday spirit" quite like a lip-sync battle for the North Pole. Hosted by the always delightful Nina West, "A Drag Queen Christmas," set for Nov. 12, is part of a multi-city tour and features an all-star lineup including Shea Couleé, Brooke Lynn Hytes, Bosco and Crystal Methyd.

Expect camp, carols and couture that will make Santa blush. Forget your office Secret Santa — this is the only holiday party worth RSVPing to.

Nov. 12, 8 p.m., Fisher Theatre (3011 W. Grand Blvd., Detroit). Buy tickets at dragfans.com.



The FMs. Photo: Instagram/ @thefms

Raise the Volume with The FMs

NYC's synth-rock rebels The FMs are bringing their gritty, glittering sound to Kalamazoo. Led by trans musician Matte Namer, the band's politically charged pop and pulsating rhythms blend grief, resistance and joy. Their latest release, "PINK + BLACK," is a posthumous love letter to late bandmate Frankie Rex — and a testament to queer endurance and creation. Come for the synths, stay for the catharsis.

Nov. 19, 7 p.m., Dormouse Theatre (1030 Portage St., Kalamazoo). Tickets at bit.ly/FMsDormouse.



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We take professional photos for everything: graduations, engagements, even corporate headshots, but when's the last time you got a framed picture with your chosen family? Gather your people (a partner, friends, found siblings, that one ex you still share a cat with) and stage a photo day. Thanks to 2025 technology, you don't need a studio for pro-quality photos, just a phone, a tripod and someone willing to shout "serve!" every few minutes. Dress fancy, weird or like the queer aunties you already are. The point isn't perfection — it's simply proof you've built a life worth documenting.

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Can a Megachurch Pastor Serve All Detroiters?

LGBTQ+ voters grapple with Rev. Solomon Kinloch's mayoral bid

BY NICK FULTON

Detroit's mayoral election has become a flashpoint for the city's LGBTQ+ community, as a megachurch pastor's bid for office forces voters to weigh faith, fear and the future of inclusion in City Hall.

For the first time since 2013, Detroiters will choose a mayor without an incumbent on the ballot on Nov. 4. One of two candidates, the other being City Council President Mary Sheffield, is the pastor of a large church — a local religious leader whose church's doctrine has caused some LGBTQ+ voters to question his commitment to defending every Detroiters, especially queer people.

The Rev. Solomon Kinloch has led Triumph Church since 1998. The massive, 40,000-member congregation spans several campuses in Detroit and across the region. Triumph's website outlines the institution's beliefs on marriage and gender — beliefs that have raised concerns among queer voters.

"We believe that God wonderfully and immutably creates each person as male or female and that those two distinct, complementary genders together reflect the image and nature of God," the website states under the "Our Beliefs" section. "We believe that God created marriage to be exclusively the union of one man and one woman and that intimate sexual activity is to occur exclusively within that union."

These values are not consistent with the vibrant history of resistance and queer liberation in Detroit. The church's doctrine and Detroit's LGBTQ+ community are at odds — not only because

of Kinloch's potential City Hall tenure, but also amid growing persecution of queer people across the country.

"There is a lot of fear," said Rachel Crandall-Crocker, executive director and co-founder of Transgender Michigan, an organization dedicated to improving the lives of transgender individuals across the state. "I answer a helpline for our [trans] community, and there's an awful lot of fear. [Trans] people are even afraid that we're going to be rounded up."

That fear, Crandall-Crocker said, reflects an increasingly violent climate for queer people. Between May 1 of last year and this year, GLAAD tracked 932 anti-LGBTQ+ incidents across the country — and those are only the ones that were reported.

more vulnerable to violence than they are now.

Given that political climate, Kinloch's role as a religious leader worries some LGBTQ+ voters in Detroit.

"I feel really strongly from a business and from a queer advocate's perspective about how dangerous this man is," said Bethany Shorb, founder of Well Done Goods, an LGBTQ-owned and -operated store in Detroit's Eastern Market. "If being a mayor and having to be inclusive goes against what he's preaching, then that creates a problem at his job. So

"I feel really strongly from a business and from a queer advocate's perspective about how dangerous this man is."

— Bethany Shorb, founder of Eastern Market's Well Done Goods

More than half of those incidents involved a trans or gender-nonconforming victim.

In Michigan, the Equality Michigan Action Network is tracking 21 anti-LGBTQ+ bills across the state. Advocates say queer people have never been

he's then not being truthful to his congregants. And I just see multiple untruths."

Shorb's fears about Kinloch's integrity — both to voters and his congregation — are shared by organizers and political advocates closely following the election.

"There is a bit of a concern. Those of us who lead in LGBTQ+ community spaces would like to find a partner in whoever fills the role of mayor," said Jerron Totten, chair of the Michigan Democratic Party's LGBT and Allies Caucus. The caucus previously endorsed

See **Solomon Kinloch**, page 18



Rev. Solomon Kinloch.
Courtesy photo

Meet Tracy Hall, Affirmations' New Executive Director

The longtime advocate discusses future of Ferndale community center in a turbulent era

BY SARAH BRICKER HUNT

Tracy Hall has spent more than 20 years building LGBTQ+ community in Michigan. As the former executive director of OutFront Kalamazoo and a former Kalamazoo County Commissioner, she brought extensive experience when she joined Ferndale's LGBTQ+ community center, Affirmations, as deputy director last year. Now serving as executive director, Hall is focused on expanding mental health services, preparing the organization for an uncertain political landscape and working with other Michigan community centers to share Affirmations' unique resources statewide.



Tracy Hall. Courtesy photo

constantly. I love those connections despite my introversion. The other thing is I was in a short film called "In Cognito" that I didn't really tell anybody about because it's not typically my thing. It was kind of a murder mystery, and I was the detective.

What gaps are you seeing in mental healthcare for Michigan's LGBTQ+ community that Affirmations is focused on overcoming?

Two of the bigger gaps are a lack of providers and a lack of providers that are competent in LGBTQ+ care. We're growing our LGBTQ+ competency trainings for clinicians and contracting with more therapists so we can

provide more diversity in hours. We're also making sure we can provide services on a sliding scale or help cover deductibles. We offer telehealth throughout Michigan, allowing us to reach people even in rural areas that may not be as well resourced.

While you've been in Kalamazoo for several years now, your new role has you back in Metro Detroit. What's it been like reconnecting with Southeast Michigan?

It very much feels like a homecoming. In my first few months, I've gone to places my mom and grandparents used to live. Sometimes when I leave work, I'll visit different stomping grounds just because it feels like I'm home. I'll stop at Bates' Burgers in Livonia or go to downtown Detroit's Coney Islands.

What do you do to recharge outside of your work at Affirmations?

My favorite way to recharge is spending time with my wife Christine and our three dogs — two huskies named Maddie and Gretchen, plus Kennedy, a pit bull and basset hound mix. Christine and I try quarterly to go up to the Frankfort area. There's a woman who owns four cabins on an inland lake called Labrys. It's lesbian-owned, and it's a real wonderful space to recharge. I also love to garden and kayak.

What's something about you that might surprise people who only know you in your professional role?

I am very anxious and I'm actually an introvert, despite work that has me in contact with people

This interview has been edited for length and clarity.

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Finding Affirming Healthcare Shouldn't Feel Like a Barrier

One Detroit clinic is working to make comprehensive sexual healthcare accessible to the queer community

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Imagine needing to see four different doctors just to manage your basic healthcare needs. One for your annual physical. Another for your gender-affirming hormones. A third for sexual health screenings. Now imagine that at any of those appointments, you might face a provider who doesn't understand your body or makes you feel unwelcome.

This is the reality for many LGBTQ+ people trying to navigate healthcare in America. LGBTQ+ people are more likely to experience barriers in accessing healthcare, including delays in getting needed care. Fear of stigma and institutional distrust remain major barriers. For transgender people, these challenges become even more pronounced. Nineteen percent of trans people have been refused medical care because of their gender identity, while 28 percent have experienced harassment in a doctor's office, according to research conducted by the National Institutes of Health.

When people don't feel comfortable with their healthcare providers, they're less likely to seek preventive care or disclose important health information. Studies show that LGBTQ+ adults face increased challenges when it comes to mental health outcomes, access to care and physical health.

Take PrEP, for instance. The highly effective medication that prevents HIV transmission is recommended by the CDC for anyone who is sexually active and wants it. Yet only 3 percent of transgender people at high risk for HIV currently use it. Many don't even know they're candidates. The gap between who could benefit and who actually



Ruth Ellis Clairmount Clinic staff members. Courtesy photo

receives PrEP reflects a broader problem: Transgender women face 49 times the odds of having HIV compared to the general population, a disparity driven largely by barriers to accessing prevention and care.

Sexual health testing presents another layer of complexity. Many people receive testing at urgent cares that doesn't adequately address all potential sites of exposure. Providers who aren't comfortable discussing the specifics often miss crucial testing opportunities.

So what does it look like when we get it right? Inside the Ruth Ellis Center's Clairmount building in Detroit, Henry Ford Health operates a clinic that's becoming a model for accessible, affirming healthcare. Run through Henry Ford's infectious disease department, this clinic offers something many queer people have

struggled to find: comprehensive care in one welcoming space.

"There are significant health outcome disparities for trans people, especially Black and POC trans folks. There's not enough access to affirming care, and people don't have places they're comfortable going to," says Ollie Leatherman, a clinical nurse lead at the clinic. The setup is deliberately intimate. Two nurses, a social worker and a provider make up the entire staff, and they're always the same faces. That familiarity translates directly into better care in a comfortable, open-minded setting. The clinic takes a sex-positive approach, inviting conversation about how and with whom patients have sex without judgment. This kind of frank discussion helps providers identify the most effective and best-suited prevention options,

including newer tools like STI-prevention medication doxyPEP.

"Lots of times folks are getting testing at places like urgent cares and other just kind of non-sexual health focused clinics and getting testing that doesn't adequately cover all of their potential sites of exposure," Leatherman explains. Patients who come to the clinic often receive more thorough testing, including throat swabs, rectal swabs and syphilis tests that actually address their sexual practices.

The staff have also noticed a pattern when it comes to PrEP. "We see a lot of hesitancy among family medicine doctors and general practitioners to prescribe PrEP," says provider Erika Pastor, a family nurse practitioner who sees people for primary care alongside sexual health

services, gender-affirming care and HIV prevention and treatment. "Sometimes people kind of come in thinking that it's a difficult thing to do or they might not be a good candidate for it when we know that the CDC recommends that anybody who wants PrEP and is sexually active should be eligible for it."

Services include primary care, STI prevention, testing and treatment, HIV prevention and treatment, gender-affirming care including hormone therapy and surgical referrals, as well as medication monitoring for chronic conditions - all under one roof.

"Most of the folks that we're seeing for sexual health services, gender-affirming hormones, HIV treatment or prevention we are also seeing for primary care," Pastor says. "That just lowers the barriers, the amount of inconvenience and difficulty that folks have following up with all these myriad of doctors."

Medicaid and other insurance plans that Henry Ford takes are accepted. Thanks to grant money through the state of Michigan, no one should be turned away from STI testing, even without insurance.

Your health matters, and having a usual source of healthcare where you feel comfortable with providers makes all the difference. Whether you're looking for your first PrEP consultation, comprehensive STI testing, primary care with a provider who gets it or gender-affirming care, affirming healthcare options exist in Southeast Michigan.

This article is made possible through our partnership with The Ruth Ellis Clairmount Clinic. To schedule an appointment, call (313) 484-5888. The clinic is located at 61 Clairmount Ave. in Detroit's Piety Hill neighborhood.

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A Rare Disease Is Taking John Corvino's Voice — But Not His Message

After 25 years of speaking on 250-plus campuses, the Wayne State philosophy professor is learning to advocate in new ways

BY SARAH BRICKER HUNT

John Corvino has always known how to use his words.

For 25 years, the Wayne State University philosophy professor traveled to more than 250 college campuses, transforming complex ethical arguments about LGBTQ+ rights into conversations that changed minds. His lectures and debates — bringing philosophical arguments to questions of sexuality and LGBTQ+ ethics — have reached more than 3.8 million views on YouTube. Students who heard him speak decades ago still email to thank him.

“Speaking was always my ‘superpower,’” Corvino tells BTL. “I honed the skill until it became relatively effortless.”

Corvino opted to conduct our interview by email, as speaking for long stretches has become a significant challenge. His choice to describe his speaking skills in the past tense is telling.

In January, Corvino, now 56, was diagnosed with primary progressive apraxia of speech (PPAOS), a rare neurodegenerative disorder that attacks the brain's ability to coordinate the muscles needed for speaking. His mind remains sharp — he can still read, write and think with the precision that made him one of philosophy's most influential public voices. But the signals between his brain and mouth have begun to fail.

“Even when I speak relatively normally, which I often can for short conversations, the level of concentration it takes to produce smooth speech makes it feel like I'm saying tongue twisters,” he explains. “It's as if a one-step process — speaking — has now become a three-step process: choose the words I want to say, figure out how I'm going to say the words, say the words. And that's exhausting.”

The condition affects fewer than 4 in 100,000 people, according to the National Institutes of Health, and is frequently misdiagnosed. According to Dr. Joseph Duffy, a speech-language pathologist at



John Corvino. Photo: Andrew Potter

Mayo Clinic who specializes in motor speech disorders, “It's not uncommon for it to be misdiagnosed as due to a psychological disturbance” when symptoms are very mild. “Accurate diagnosis is often not made until two or three years after symptom onset.”

For Corvino, the signs started subtly in August 2023, during his annual physical. His doctor suggested his stuttering might be stress — after all, Corvino and his husband Mark had just packed up their Detroit home of 21 years and moved. An MRI and EEG came back normal. “So I assumed it was all in my head and that I was experiencing a late midlife crisis,” Corvino recalls.

When he returned from sabbatical in fall 2024 as dean of the Irvin D. Reid Honors College, the problems were interfering with his work. Friends at Wayne State encouraged him to push for more tests. A PET scan revealed the truth: frontotemporal degeneration, with PPAOS as the primary symptom.

The condition is often confused with aphasia — a language disorder affecting

word retrieval and comprehension. But Corvino's problem isn't with language. He knows exactly what he wants to say.

“My original neurologist kept referring to what I had as ‘aphasia’ — which didn't fit, because I don't have any problems with word recall or comprehension,” Corvino says. “When I thought I had aphasia, I was terrified that I would lose my capacity for language, and eventually slip into dementia.”

PPAOS offered a clearer diagnosis, but little comfort. The diagnosis feels particularly cruel for someone whose professional identity was so intertwined with oral communication. In the early 2000s, he wrote columns for *Pride Source* and *Between The Lines*, including pieces like “That's Professor Faggot to You” and “The Gay Moralist” — taking on difficult topics with the same directness he brought to campus debates.

“Effective speaking was a core part of my identity for so long,” he says. “But the worst part of my condition is not the way it limits

me professionally. The worst part is personal: I used my voice to connect to people. I was known as a warm and gregarious person, both at work and in my social life. Now, because of my speech difficulties, I worry that I come across as distant, awkward and stiff.”

Friends initially thought he was angry with them when he grew unusually quiet. The diagnosis helped explain the change — and prompted Corvino to go public with his condition.

“I suppose it feels like another ‘coming out’ process,” he says about going public with his condition. “I'm public about my diagnosis for some of the same reasons I was so open about being gay and some unique reasons. The unique reason is mainly that I'm often awkward in conversation, and I want people to know that the problem isn't them.”

Finding strength in partnership

The word “progressive” in primary progressive apraxia of speech means the condition will worsen. Corvino is part of a PPAOS virtual support group where he sees what's likely coming: members with more advanced apraxia who can no longer speak at all, who type words into devices that “speak” for them.

“I don't want to sugarcoat it: It's been painful,” he says. “I'm still adjusting to it; it's been less than a year since my diagnosis.”

The diagnosis forced difficult decisions. Corvino loved his role as dean of the Irvin D. Reid Honors College — a position that required him to be the public face and voice of the college. But his speech difficulties made that increasingly impossible. After one final meeting with his assistant and the associate dean, where he discussed his resignation, he broke down in tears and told Mark, “I wasn't finished yet.”

“That was one of the most heartbreaking moments since the diagnosis,” Mark says. The man who had spent decades speaking for LGBTQ+ rights, who had built a career on clear, persuasive communication, was being forced to step away from leadership at 55 — not because his mind had failed, but because his voice had.

Yet through the loss, Corvino’s relationship with Mark has deepened.

“I’ve always considered myself immensely lucky to have Mark as my husband, but it’s made me even more grateful for him,” Corvino says. “We’re trying — and sometimes succeeding — to focus on gratitude for what we have rather than sadness for what we’ve lost.”

Recently, the couple traveled through Sicily with Corvino’s sister and brother-in-law, visiting their maternal grandparents’ hometown of Licodia Eubea. The trip was both celebration and acknowledgment — frontotemporal degeneration will likely shorten Corvino’s life, but they’re cherishing the moments they have.

“I spend my time toggling between gratitude for what I have — and anger and sadness about what I’ve lost,” he admits.

Together, they’re finding ways forward.

Corvino is finishing his latest book, “The Other Side: How, When and Why to Engage with Culture-War Adversaries.” He’ll return to teaching in January, leading asynchronous online courses that don’t require live speaking. He’s working with a computer science student at Wayne State to develop voice-cloning software so he can type out lecture modules and have them read in “his” voice.

And he’s started writing a memoir. “I never thought my life was interesting enough for a memoir, but for someone who once had a thriving public speaking career to develop a neurodegenerative disorder that targets speech — well, let’s just say that I’ve found my ‘hook.’”

His work on free speech, civility and the ethics of public discourse has taken on new dimensions. “My experience with speech difficulties has deepened my appreciation for that fact: how we say the words can be as important in audience uptake as what we say,” he explains.

A voice that still resonates

Corvino carries a card from Mayo Clinic in his wallet explaining PPAOS. A speech-language pathologist gave it to him to use if he’s ever pulled over by police — his halting speech could be mistaken for drunkenness or nervousness.



John Corvino and husband Mark Lock in 2016. Photo: Andrew Potter

“I sometimes talk slow; I don’t think slow,” Corvino says. “I often worry that people will think that my struggle with words reflects a struggle with thinking.”

But his work as an educator and advocate continues, just in different forms. He’s teaching the LGBTQ+ community — and the broader public — about a condition few understand. He’s demonstrating the same resilience that characterized his decades of LGBTQ+ advocacy.

Looking back at his early work for Between The Lines, Corvino is grateful for what he accomplished when speech came easily. “I’m glad that while I had the capacity for smooth speech, I used it fully,” he says. “And I’ve left a legacy on YouTube: I still get emails thanking me for videos I posted there over a decade ago.”

That legacy continues to evolve. In 2017, he won the Affirmations Community Hero Award, and the philosophy blog Daily Nous recently published a tribute discussing his career as “one of philosophy’s most influential public voices.”

“On the one hand, I feel I’ve contributed a lot professionally, and I have no regrets about how I’ve spent my career,” he reflects. “Again, I take considerable comfort in the fact that while I had the capacity for smooth speech, I used that to full advantage. On the other hand, I mourn the loss of skills I’ve developed and I feel as if my career has been cut short.”

The tension between gratitude and grief defines his current experience. But even as his voice falters, John Corvino continues to communicate what matters most: how to live with dignity, how to adapt to loss and how to keep contributing even when the tools you’ve relied on begin to fail.

His words — typed now more than spoken — still have power. They still persuade. They still teach.

With Mark by his side, Corvino faces an uncertain future with the same courage and authenticity he brought to his decades of LGBTQ+ advocacy. His voice may be changing, but his message remains clear.

For more information about frontotemporal degeneration, visit theAFTD.org; the site doesn’t mention PPAOS — a fact that Corvino is working to change.

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No Money for Mouths, but Plenty of Money for Balls



BY D'ANNE WITKOWSKI

Let them eat balls! That's basically what Trump and his Republican minions are saying about the 40 million people who are about to go hungry in this country.

The Trump Administration has decided to cut off the Supplemental Nutrition Assistance Program (SNAP), often referred to as "food stamps," on Nov. 1, claiming that "the well has run dry" regarding funding.

Of course, the only thing that has run dry is whatever shred of compassion Republicans have for people who need help. Granted, it wasn't much to begin with.

Republicans are more interested in blaming Democrats for anything and everything than they are in governing. That's not new. But their lows have gotten lower.

To be clear, Republicans literally run every branch of government right now. They have majorities in the House and Senate, the presidency, and even the Supreme Court. And yet they claim that Democrats just won't let them open the government back up.

“

We can't possibly afford to feed people. But we've got plenty of that sweet, sweet bulldozer money.

But the fault of the shutdown falls entirely on Republicans. They do not care about the vast majority of Americans. If they did, their policies would reflect that. Looking at their policies, it's clear that the only people they care about are the rich.

This was made especially clear as Trump simultaneously cut SNAP and bulldozed the East Wing of the White House to build a fucking ballroom paid for by people like Mark Zuckerberg and Jeff Bezos.

Oh, we can't possibly afford to feed people. But we've got plenty of that sweet, sweet bulldozer money.

It's clear Trump doesn't want the government to open back

up because it is giving him an excuse and a method to get rid of what he calls "Democrat programs." Which is to say any program that helps anyone. This includes SNAP.

The shutdown has also turned the federal government's online presence into Trump's cruelty playground.

An excellent example is a message posted on the USDA's website, which literally blames two of the right's favorite scapegoats — immigrants and transgender people — for SNAP's defunding and, really, the entire government shutdown writ large.

"Senate Democrats have now voted 12 times to not fund the food stamp program," the USDA website reads, grossly misrepresenting the truth.

"We are approaching an inflection point for Senate Democrats," the message continues. "They can continue to hold out for healthcare for illegal aliens and gender mutilation procedures or reopen the government so mothers, babies and the most vulnerable among us can receive critical nutrition assistance."

An inflection point, indeed. Very cute for Republicans to portray themselves as powerless against the mean ol' Democrats. That is hardly the case.

What Democrats are actually holding out for is health insurance subsidies that are about to expire and raise everyone's health insurance premiums. We already have one of the most expensive healthcare systems in the world, not to mention one of the least efficient. This will make that worse. It will also kill people, because the number of uninsured people will go up.

Of course, the so-called pro life party doesn't care if people

die. But you would think they'd at least think of the economic implications. Healthcare is a big part of the economy and when fewer people are insured, fewer people will use those services, and when fewer people use those services, fewer healthcare workers will be needed, which means medical offices and hospitals will close. And this will hit rural areas hardest. The party's own.

Look, I'm not happy with the Democrats. Their weak sauce approach to fascism spreading like wildfire across the country angers me greatly. Especially the folks floating the idea that, gosh, maybe the party has been too nice to trans people and immigrants. That is absolute bullshit. They are so desperate for the votes of the transphobes that they're leaving trans people and their allies behind.

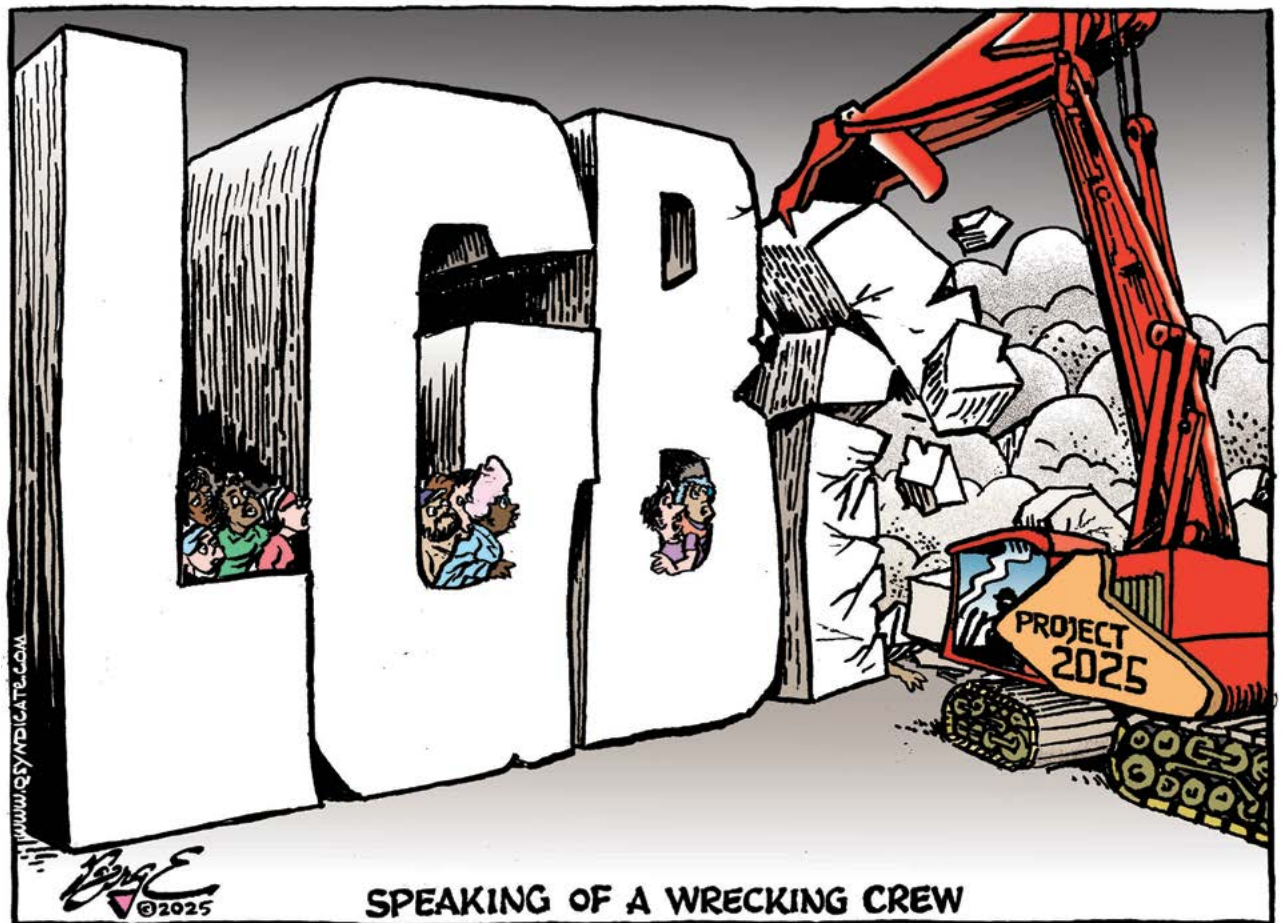
As I was writing this column, I learned about the death of Lia Smith, a young transgender woman.

I also encountered the encapsulation of why the Democrats shifting to the "center" (which is actually right-lite) is so infuriating and unforgivable.

Writer and musician Jael Holzman wrote on Bluesky: "a trans girl in Vermont was kicked off her swimming team and committed suicide and at the very same time, the discourse in D.C. today is about whether the democratic party should've abandoned her sooner in order to win votes. a day in an American life."

One young trans woman's life is worth all of the transphobe votes in the world and certainly more than the Democrats could ever persuade to vote for them.

If you are in crisis and need support, please call the Trans Lifeline at 1-877-565-8860 or the National Suicide Prevention Lifeline at 1-800-273-8255.



THE SCROLL

QUICK HITS & CAN'T MISSES

LGBTQ-Friendly Food Resources Available Amid SNAP Benefit Delays

With Michigan's November SNAP benefits temporarily paused due to the federal government shutdown, nearly 1.4 million Michiganders are left without expected food assistance. For LGBTQ+ residents already facing economic challenges and discrimination, these queer-affirming food security programs across Michigan can help bridge the gap. Want to help? Check with each resource to learn about food and financial donations.

- Food Bank Council of Michigan**
This statewide network helps locate nearby food banks and hunger relief programs across Michigan. fbcnich.org
- Affirmations' Lettuce Help Food Pantry**
Ferndale's LGBTQ+ community center hosts a monthly food pantry offering fresh and non-perishable foods on a first-come, first-

served basis. Upcoming dates include Nov. 15, Dec. 20 and Jan. 17. goaffirmations.org

- MiGen Food Box Delivery**
MiGen offers monthly boxes of non-perishable food to income-eligible adults aged 60 and older in Wayne, Oakland, Washtenaw and Macomb counties. Contact them at 313-241-8994 or programs@migenconnect.org. migenconnect.org
- Corktown Health's Food Bank**
The LGBTQ-affirming health center in Detroit provides food assistance alongside healthcare services. corktownhealth.org
- Ruth Ellis Center's Ruth's Pantry**
Serves LGBTQ+ youth through food backpacks and hot meals at the Drop-In Center. ruthelliscenter.org
- Stand with Trans' Queer Youth Nutrition Program**
Launching soon to combat food insecurity among LGBTQ+ youth ages 13-24 in Detroit. standwithtrans.org



Chappell Roan Launches Trans Youth Support Fund

Lesbian pop star Chappell Roan has announced the Midwest Princess Project, a new initiative supporting transgender youth and LGBTQ+ communities that has already raised more than \$400,000. The project, named for Roan's debut album, collected funds during her 2025 tour by donating one dollar from each ticket sale.

"[T]hose funds will be donated to incredible organizations making a positive impact for trans youth in their communities," Roan wrote on Instagram. The musician has been outspoken in her support for trans people. At the 2025 Grammys, she told GLAAD, "I would not be here without trans girls."

The project has distributed money to six LGBTQ+ organizations in New York City, Los Angeles and Missouri. Supporters can contribute through Givebuttr. Roan's international tour continues through 2026 with stops in Mexico, Australia and South America.



Demi Lovato.
Photo: Jane Dylan Cody

Student Goes Undercover in Anti-LGBTQ+ Hate Groups

In a recent Uncloseted Media story, 21-year-old Anthony Siteman went undercover in some of the internet's darkest corners to understand how young men are radicalized

into anti-LGBTQ+ extremism. The Quinnipiac University senior infiltrated encrypted chat rooms on Telegram and Discord where extremists spread violent ideologies targeting queer and trans people. What he found was alarming: influencers like Nick Fuentes and Andrew Tate are successfully recruiting young men through algorithms and meme culture, making hate seem cool and edgy.

Right-wing extremist violence has been responsible for approximately 75 percent to 80 percent of U.S. domestic terrorism fatalities since 2001. But Siteman believes there's hope. His research shows that one-on-one conversations — without judgment — can pull people back from radicalization. Read the full story at pridesource.com.

Get Saucy with Drag Queens in Flint

Take a quick road trip to Flint for Drag Queen Game Night at Sloan Museum of Discovery on Nov. 8. This adults-only evening brings bingo like you've never experienced it, with drag queens hosting multiple rounds while serving fierce entertainment and fabulous dance numbers. Food and drinks available for purchase. The 21-and-over event is likely to sell out fast. Nov. 8, 7-11 p.m., Sloan Museum of Discovery. Tickets at sloanlongway.org.

Hailey Bieber Shuts Down Transphobic Trolls

Hailey Bieber had the perfect response when trolls used "trans" as an insult. "Why do you think that's a diss?" she asked on the podcast "In Your Dreams" about people insulting her by saying she looks trans. "Some of the most beautiful women and men in the world are trans. I don't take that offensively at all."

Demi Lovato Brings Dance-Pop Tour to Detroit

Grammy-nominated pop star Demi Lovato is hitting the road with the It's Not That Deep Tour, stopping at Little Caesars Arena on April 29, 2026. The queer icon marks her first major headlining run in three years. The album revisits the dance-pop sound that made her a powerhouse vocalist, delivering tracks meant for late nights and dancefloors. Tickets go on sale at 10 a.m. on Oct. 31 at 313presents.com.



NAVIGATING TRAUMA CAUSED BY HEALTHCARE

What do you do when the system that's supposed to heal you, hurts you?

BY KELLI DUNHAM

I was a nurse with more than 20 years of clinical experience when I developed a raging infection after a knee replacement. Let's just say the words "20 cc of frothy brown fluid" and "emergency surgery" now live rent-free in my amygdala. I'd seen a lot of scary things in hospitals, but this time I was the one lying on the table.

Afterwards, every time I smelled alcohol wipes or heard a monitor

beep, my body went straight into fight-flight-freeze. My care group made up of friends (and an ex or two, of course) essentially staged an intervention.

"You need therapy," they said, and they were right. Because even as a nurse, I was avoiding follow-up appointments, convincing myself I could manage infection symptoms at home. Turns out, even knowing how the system works doesn't protect you from being hurt by it.

For queer and trans people in Michigan, that fear isn't hypothetical. This is lived, daily reality.

When medical care becomes trauma

Dr. Shanna Kattari, associate professor at the University of Michigan School of Social Work, studies how iatrogenic post-traumatic stress disorder (PTSD)

— trauma that comes directly from medical care — affects LGBTQ+ communities. It can show up when someone sees an alert from MyChart or gets a call from their provider's office. "It might look like delaying or avoiding care... minimizing medical issues, dissociating from their body or even discouraging others from getting healthcare for fear of the same things happening," she explained.

The cost of avoidance is

staggering. In Michigan research on transgender health, 46 percent of respondents reported delaying needed care — not preventative care, but needed care — due to fear of discrimination.

"By the time something is beyond urgent, they are rolling into the emergency department with multiple chronic and acute issues," Kattari said. "They then

See **Navigating Trauma**, page 24

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Dance Theatre of Harlem

Dance Theatre of Harlem is a Detroit favorite returning to the Detroit Opera House after their 2023 performances. Arthur Mitchell created the company in New York City after making history in 1955 as the first black principal dancer at New York City Ballet. He was also the famed protégé of George Balanchine, the "Father of American Ballet." This performance will include a first look of *Firebird* by John Taras, a DTH signature classic, first created in 1982, being performed for the first time in over 20 years. Pieces created by Jodie Gates, Robert Garland, and other iconic works will also be featured in the program.

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Photo courtesy of Dance Theatre of Harlem / Nir Arieli

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The CDC Lost a Queer Icon

For years, Dr. Demetre Daskalakis fought for queer health from inside the system — until politics started rewriting science

BY CHRIS AZZOPARDI

In the world of queer health advocacy, few figures are as instantly recognizable — or as unapologetically committed — as Dr. Demetre Daskalakis. Whether he's shaping public health policy, calling out institutional failures or guiding the LGBTQ+ community through the mpox outbreak, Daskalakis leads with both expertise and authenticity. He doesn't just understand that who you are is inseparable from how you serve — he's been living it.

"I am what I am and you get what you get," he says with a smirk. "And I happen to be a really good infectious disease doctor and a really good public health person. If you don't like that I am married to a man and know how to pull a look, then too bad."

That kind of bold, take-it-or-leave-it honesty has made the infectious disease physician and queer health activist a hero to many in both LGBTQ+ and medical communities — and why his very public resignation from the Centers for Disease Control and Prevention (CDC) earlier this year sent shockwaves. Following President Trump's firing of CDC Director Susan Monarez, Daskalakis, who served as director of the National Center for Immunization and Respiratory Diseases at the CDC for two years, was one of three top agency leaders who resigned in August, alongside Debra Houry, deputy director and chief medical officer, and Daniel Jernigan, director of the National Center for Emerging and Zoonotic Infectious Diseases.

"Having worked in local and national public health for years, I have never experienced such radical non-transparency, nor have I seen such unskilled manipulation of data to achieve a political end rather than the good of the American people," Daskalakis wrote in his resignation letter.

Daskalakis didn't leave quietly. His letter was a mic drop in a career full of them — a direct challenge to what he calls ideological interference and attacks on science from outside the institution.

"I had two versions of the letter," he says. "I had the very quick, 'Thanks, this is awful, I resign' version. And I had the 'Let me tell you why' version."

He sent the latter. The final letter, which included the phrase "enough is enough," quickly went viral. The reaction, Daskalakis says, has been overwhelming — in both uplifting and terrifying ways.

'No' as a public health strategy

One of the most profound ideas Daskalakis brings up is the concept of saying "no" — not as retreat, but as rebellion.

"The most American thing to do is to quit — and make it big — and say, 'I dissent,'" he says. "I gotta be punk rock about this one. If I'm leaving, I'm leaving and telling truth to power."

Daskalakis is quick to make one thing clear: The problem isn't the scientists at the CDC. It's the political forces constraining them. "The scientists are being held hostage there," he says. "They're not able to do their work in a fully realized way, because the ideology is holding them captive."

Recently, six former U.S. surgeons general appointed by every Republican and Democratic president since George H.W. Bush wrote an op-ed that was published in the Washington Post. Its title says it outright: "It's our duty to warn the nation about RFK Jr."

"The actions of Health and Human Services Secretary Robert F. Kennedy Jr. are endangering the health of the nation. Never before have we issued a joint public warning like this," they wrote.

"What we've seen these last couple of days, and some of the



Dr. Demetre Daskalakis. Courtesy photo

actions over the last several weeks, is a deliberate effort to distract from the facts and instill fear about vaccines,” said Sean T. O’Leary, chair of the AAP Committee on Infectious Diseases (COID). “The strategy relies on cherry-picked data and junk science to confuse the public and erode trust in immunizations.” Daskalakis emphasized those thoughts, adding that U.S. Department of Health and Human Services (HHS) forced the change “just because they wanted to do it, and it was an axe they were grinding for 20 years.”

And then came that very public Sept. 22 press conference — Trump, on camera, pushing a false link between Tylenol use and autism. To Daskalakis, it was surreal, but also predictable.

“I got asked by media, like, what do you think about this Tylenol thing?” he recalls, laughing. “And I was like, please see my letter — I told you so a couple of weeks ago.”

Though the Tylenol claim was well outside his direct purview, the way it unfolded was eerily familiar: “You have people who’ve had an axe to grind for 25 to 30 years,” he says, “and now they’re using that ideology to change health policy.”

To Daskalakis, this was a moment when science wasn’t just being ignored — it was being rewritten. “When you see Trump talking about Tylenol, and then that preview of vaccine stuff, where he went over all the completely incorrect stuff around

vaccines — that’s how he’s being briefed by RFK Jr.,” he says. “It’s Orwellian. It’s right out of ‘1984.’”

Cherry-picked data. Soundbites posing as policy. A refusal to share internal data even with top CDC officials. “I asked for it,” he says. “I was like, ‘You’re going to change COVID vaccine recommendations — where are the data?’ And they said, ‘We’re not going to give it to you.’”

That moment, he says, affirmed his decision to leave. The Tylenol press conference — where Trump mispronounced acetaminophen while pushing a scientifically debunked autism link — only reinforced it. “I mean, if anyone read my letter and then saw that press conference, they’d go, ‘Yeah. That’s what he meant.’”

Leaving to lead

Daskalakis isn’t done leading — he’s simply shifting where and how he does it. His departure from the CDC wasn’t a flippan decision; it was about preserving integrity in a system that, to him, no longer felt salvageable from the inside. It followed months of watching science lose ground in political fights and seeing firsthand how that loss affects real people’s health.

“One of the things that’s great about being an infectious disease doctor and a public health person is that you can take a stand,” he says. “There’s this line of humans

who are interested in doing this work that is starting to diminish. Why would I go into public health or infectious diseases when it’s ignored at best, vilified at worst?”

His resignation was as much a protest against systemic dysfunction as it was a call to action for the next generation. “That’s the legacy,” he says. His commitment to showing up — not just in policy discussions, but in clinics, queer spaces and even for this interview — is central to who he is.

Daskalakis’ path toward medicine and public health began in college, driven by concern for how HIV was impacting gay and queer men, including friends who died of AIDS. In 1991, while living in New York, then a major epicenter of the epidemic, he experienced the crisis up close. “You definitely saw some death and destruction,” he says. Later, as an undergrad at Columbia University, he helped create a student-made AIDS memorial quilt.

“I wanted to do medicine, but didn’t know what that meant until I was in college and started to do work in the HIV space,” he says. He recalls people coming in “crying and mourning” those they had lost. When the memorial quilt was finally displayed, he remembers watching individuals who seemed barely strong enough to stand making the effort to see it. While at Columbia, he had a moment of clarity: “I want to

make sure that whatever I do is in medicine. I don’t want people to get infectious diseases or suffer from them. And at that point, it was all about HIV, but then my career has gone all sorts of places, where I’ve been able to have impacted HIV, but also in a couple of other really important infectious diseases.”

In 2022, Daskalakis was widely praised by the LGBTQ+ community for his leadership as White House National Monkeypox Response Deputy Coordinator. Before that, in 2020, he joined the CDC’s Division of HIV/AIDS Prevention at the onset of the COVID-19 pandemic.

Now, he’s deeply aware of how his visibility in public health affects queer and trans medical students and early-career professionals — many of whom have long felt out of place in the system. “I don’t know any other way but to be myself,” he says. “And I don’t really apologize for it.”

Writing the next chapter

As for what’s next? Even Daskalakis is not entirely sure.

“I don’t think that my life has stabilized enough yet for me to be able to answer that question,” he says. “Because I don’t have a job yet.”

He’s started to write — documenting the behind-the-

scenes of his time in public health, from HIV and mpox to the White House and the CDC. He says the memoir might be “depressing in the middle, but it gets good at the end.” And for someone who’s lived through the darkest moments of the AIDS crisis and helped lead the charge against mpox, he knows how essential the ending is.

“The light is always brightest in the darkest places, right?” he says.

What gives him hope, even now, is the people — the community stepping up where institutions are falling short. “When you lose science, and there’s no political will, the only thing left is community,” he says. “And we’ve been here before.”

He’s witnessed some alliances taking shape that give him hope: LGBTQ+ advocates, immigrant rights groups, mainstream medical associations — even insurance companies — uniting to push back against ideology-driven science policy.

“I have a lot of faith that we’re only in a temporary state,” he says. “And I believe that spark is there — that spark that’s going to create the brightest light and get rid of the dark. But we’re not there yet.”

Now, in this in-between moment — no longer inside the institution, not yet fully outside it — Daskalakis is still doing the work. And he’s even finding moments of humor in it all: “I’m the busiest unemployed person that you’ll meet,” he says.



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Paulson-ality Types
Puzzle can be found on page 25

The Seasons May Change But Our Health Conversations Shouldn't: What Detroit's Mpox Story Reveals



BY SCOTT BERTANI

The colors of Motor City Pride don't disappear as summer festivals fade. In the neighborhoods, clinics and connections that keep Michigan's LGBTQ+ communities strong, our colors shine bright through October's National Coming Out Day on Oct. 11, National Latinx AIDS Awareness Day on Oct. 15, and into Halloween's shift from self-expression to masking. As the clocks turn back and our gatherings move indoors, conversations about prevention and care may quiet down with the season's change, but mpox hasn't left the stage.

As of late September, Michigan had 12 confirmed mpox cases, including those reported in Wayne County. Most were young adults aged 19 to 36, including 11 men and one woman. Three were living with HIV, and about half of all cases were among Black or Latino individuals — but none of the 12 had been vaccinated. Three were hospitalized.

Even low numbers show that the virus still circulates in the city and that each hospitalization underscores how severe its impact can be. That's why vaccination remains one of the strongest tools we have. Given in two doses, ideally spaced 28 days apart, the vaccine can lower the chance of infection and can make symptoms milder if someone does get sick.

But the reality isn't just medical; it's also deeply structural. Detroit knows better than most cities where health systems, stigma and inequities all meet. While Detroit's public health network and resources like the Detroit Health Department's immunization clinic and community organizations like Community Health Awareness Group, continue to connect those at-risk to mpox vaccines and education, public attention has shifted. Uptake has slowed, and only about half of those who started mpox vaccination returned for their second dose. What's needed now is the routinization of mpox services, not because there's an active outbreak, but because prevention only works when it's consistently applied. Viruses don't take breaks when headlines do.

The case for routine

Routine is where prevention lives. Getting vaccinated for mpox shouldn't feel like an event; it should feel like getting your

flu shot or picking up your prescription refill. The same mindset applies to mental and behavioral health, where steady access matters as much as urgency. Building care that lasts beyond crisis response means doing simple things well, like training affirming clinicians, funding local peer navigators and creating spaces where people can ask questions without fear or judgment. That's the heart of community-based healthcare.

Coming out, again — for health

For many LGBTQ+ Detroiters, coming out isn't just about sexuality or gender; it's about the courage to be visible in our health, too. Talking about mpox or about HIV, mental health or substance use carries its own masks of stigma, especially in Black, brown and working-class communities already hindered by the LGBTQ+ politics of today. Yet open conversations around these realities, coupled with support from providers who want to meet us where we are, make all the difference.

Every appointment kept, every first and second dose received, every conversation started with a provider or friend are small acts of coming out again. They say: I'm here, I'm informed and I'm invested in my community's health.

There's a lesson in the rituals of Halloween — in what we hide and what we choose to reveal and in the relief that comes when the mask finally comes off. Health works in the same way. We can't ignore that vulnerability is real and that being honest about risk takes strength.

Detroit's LGBTQ+ colors have always thrived through connection — on the dance floor, in church basements, across bar counters and inside clinics where trust is (forever) built one conversation at a time. That rhythm, steady and familiar, is how Detroit stays healthy and together.

Scott Bertani is the director of advocacy for The National Coalition for LGBTQ Health, which works to improve LGBTQ health and well-being through advocacy, education, research and capacity-building. The Coalition hosts a national Mpox Resource Center and leads The HealthLGBTQ National LGBTQ Health Training Center, which provides cultural competency training and clinical resources to help providers deliver patient-affirming care.

◀ **Solomon Kinloch**

Continued from page 6

candidate Saunteel Jenkins, who did not advance from the primaries. Neither Sheffield nor Kinloch completed the caucus' endorsement process, according to Totten.

Totten's description of a mayor who defends LGBTQ+ Detroiters is one Kinloch has said he fits.

"I will lead for queer Detroiters with substance, not just symbolic action. Detroit needs a champion at the state level for continued policy protections for our LGBTQ+ community,"

In a statement shared with BTL, Kinloch said, "We need a fighter against federal actions that threaten the queer community. I will partner with the organizations on the ground doing the work. We need a liaison for LGBTQ+ affairs in the mayor's office, and across city government, we need to implement systematic training and accountability measures to ensure civil rights are being protected for our LGBTQ+ community at every level."

Kinloch has said he will maintain his duties at Triumph Church if he wins the election. If he does come out on top next month, LGBTQ+ voters have communicated powerful expectations for their next mayor.

"We've had such a problem with young people leaving. They get educated here, then they go to greener pastures because it's perceived as being better. We are finally having some more reasons for people to stay, to be educated here and to stay here," Shorb said. "As a business owner, I need those people as customers. I want people who have disposable income to come and shop at my store and buy cute things... If everybody leaves town again, I'm screwed."

For the second year in a row, Detroit has seen growth in its population. The city has also recorded a 57-year low in violent crime. LGBTQ+ voters and advocates expressed both hope for the city's continued prosperity and fear for an uncertain future.

"Whoever becomes mayor once Mike Duggan leaves office — either a Black woman or a Black man assumes the office of mayor — Detroit now becomes a target to the Trump regime," Totten said. "What we are looking for is someone who will stand up to Donald Trump's policies, particularly how he is weaponizing the

military in Black cities because we are primarily a predominantly Black city."

Cities with Black mayors and sizable LGBTQ+ populations have been frequent targets of President Donald Trump's attacks. The president has disparaged and even deployed federal officers in cities like Washington, D.C., Chicago and Los Angeles. The White House has made it clear that mayors — particularly those who are vocal defenders of civil rights — may be targeted by political pressure and executive force.

In a quote sent to BTL, Kinloch said his potential mayoralty would defend those rights.



Bethany Shorb, owner and founder of Detroit's Well Done Goods. Photo: Bethany Shorb

"Detroit's strength has always come from its diversity — from people who may not look the same, pray the same or love the same, but who share the same hope for a better future. As mayor, I will make sure that our laws, our policies and our practices reflect that truth," Kinloch said.

Kinloch came in second out of the primary, collecting 17% of the vote compared to Sheffield's 50% share. While neither candidate completed the LGBT and Allies Caucus' endorsement process, the Detroit Regional LGBT Chamber of Commerce has recently endorsed Sheffield. As the Kinloch campaign aims to swing voters to his side ahead of election day, queer Detroiters will be tasked with considering whether his church's anti-LGBTQ+ beliefs are a dealbreaker.

As Detroiters prepare to cast their ballots Nov. 4 for either Kinloch or Sheffield, queer organizers are urging voters to recognize the gravity of the moment — and the power of civic participation as a mechanism for dissent.

"We have a right to worry," said Crandall-Crocker. "However, there is something we can do about it. We are not powerless. And that thing is vote. We can do something. We are not helpless."

Vote early now or on Nov. 4. Check your sample ballot at vote411.org.

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Miles Heizer Isn't Trying to Play Straight Anymore

In his most personal performance yet, the actor channels lived queer experience to tell a gay Marine's story in Netflix's 'Boots'



Miles Heizer in "Boots." Photo: Netflix

BY CHRIS AZZOPARDI

Miles Heizer isn't one to pretend that stepping into a role completely unlike himself is always easy. The actor — known for projects like "13 Reasons Why," "Parenthood" and "Love, Simon" — has often played straight young men navigating coming-of-age stories. "Sure, sure, I've tried," he says with a laugh. Portraying straight characters isn't exactly in his comfort zone: "I don't think I'm the most convincing straight person."

But with his latest role in

Netflix's Norman Lear-produced dramedy "Boots," Heizer found himself in more familiar territory, resulting in his most personal work yet. He plays Cameron Cope, a closeted gay teenager who enlists in the Marines during the 1990s, a time when being out in the military wasn't just dangerous — it was illegal. Heizer delivers a performance rich in lived experience, one that underscores the importance of authentic queer representation and makes a strong case for why LGBTQ+ actors are uniquely positioned to tell LGBTQ+ stories with the kind

of depth and nuance that can't be faked.

Based on Greg Cope White's memoir "The Pink Marine," the show blends humor, homoeroticism and history to explore queer identity in an intensely masculine world. For Heizer, who describes the role as "extremely relatable," the project offered a rare opportunity to bring his full self to the screen.

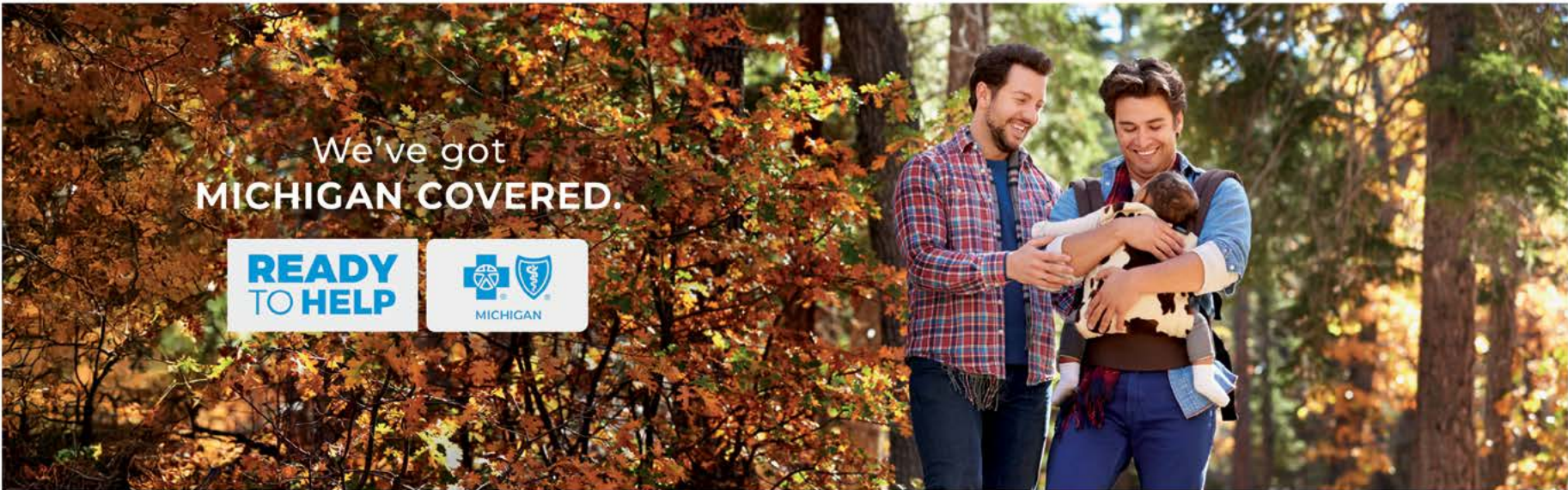
At the NLGJA: The Association of LGBTQ+ Journalists convention in Atlanta in early September, Heizer joined White for a screening and panel that

made clear how deeply personal this story is for them both. In a recent conversation, Heizer reflected on the emotional weight of that moment, the experience of making the show and the power of authentic queer storytelling — especially in spaces where LGBTQ+ voices have historically been silenced.

During the NLGJA panel, it was so moving to witness Greg reflect on seeing his story told onscreen. What was it like for you to be in that room?

Once again, it gave me even more reverence for the show and for Greg. It was so beautiful. To this day, Greg is like, "I'm so excited for you and it must be so surreal for you," and I'm like, "This must be extremely surreal for *you*." Obviously none of us would be here without Greg's incredible memoir. I just love getting any time that I can with him. Fortunately, he was here and it feels very right to spend the tail end of this [press tour] with him

See **Miles Heizer**, page 26



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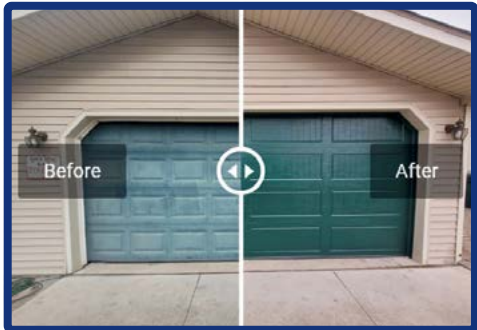
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Katy O'Brian in "Queens of the Dead." Photo: IFC/Shudder

The Queer Action Star We've Been Waiting For

From queer horror to action blockbusters, Katy O'Brian is reshaping the screen — on her own terms

BY CHRIS AZZOPARDI

Katy O'Brian has tackled lesbian neo-noir and gone full-throttle action, sharing the screen with Tom Cruise in "Mission: Impossible — The Final Reckoning" earlier this year. Soon, she'll appear in two of the year's most anticipated films: "Christy," the true story of lesbian boxer Christy Martin (with Sydney Sweeney in the title role), and "The Running Man," opposite Glen Powell.

It's no stretch to say that the 36-year-old Indiana native is redefining what it means to be a queer leading force in Hollywood.

Meanwhile, she's also helping to redefine how queerness is portrayed in film. In 2024, O'Brian was celebrated for her breakthrough role in "Love Lies Bleeding," which legendary filmmaker John Waters called "the best movie of the year." Alongside Kristen Stewart, O'Brian — as '80s-era bodybuilder Jackie — proved that women can be just as tough as men, without men. Even the sex scenes between the two felt raw and progressive, charged with desire rather than filtered through the male gaze.

Before going through a traditional audition, O'Brian caught A24's attention

with a simple tweet. In response to the studio's call for a lead actor, the experienced bodybuilder posted a photo of herself with the words "I'm free." That tough streak runs through her latest film, "Queens of the Dead," in which O'Brian faces off against zombies in a glitter-soaked, camp-horror thriller that assembles a who's who of queer Hollywood. Directed and co-written by Tina Romero — daughter of the legendary "Night of the Living Dead" director George A. Romero — the film follows drag queens and club kids fighting to survive a zombie outbreak during a warehouse drag show in Brooklyn.

Speaking about the film recently, O'Brian reflected on its sharp commentary on LGBTQ+ community dynamics and horror's enduring role as a haven for queer expression and survival.

This is Tina Romero's debut feature. Knowing that she's the daughter of George A. Romero, what was it like stepping into "Queens of the Dead" with that kind of legacy looming?

Tina has such a vibrant, fun and easy

personality. I'm sure she had a lot of pressure on her. But it didn't feel like I had to do anything other than deliver what was in the script. I think everybody came and showed up and just really was there and ready to have such a good time. It was a really cool honor to work with her, especially having done two other zombie projects. And then you're there kind of feeling like you're with the O.G. It was definitely an honor and really awesome. But the pressure, the weight of it, I feel like she might've felt, but she never made us feel.

Did you grow up watching Romero's films, like "Night of the Living Dead"? And how does "Queens of the Dead" flip the script on that kind of horror?

I did when I was young. I loved horror when I was a kid. I still love horror, but I watched everything. I did summer camps that were monster drawing classes. I remember babysitting my little cousins, and so we watched "Night of the Living Dead." It was probably a mistake. [Laughs.] I feel like over the years I've

See **Katy O'Brian**, page 27



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◀ Navigating Trauma

Continued from page 14

feel let down and betrayed once again by the system that harmed them previously."

And the experiences that cause that fear? Kattari didn't mince words. While smaller interactions like misgendering and using dead names can stack up, there are far more egregious experiences that are too common: refusing to touch patients because they're queer or trans, or conversely, touching them more aggressively and painfully. Blaming all health issues on someone's gender or sexuality. Not believing their reported pain levels. Using queerphobic and transphobic language, laughing at or about patients and flat-out denying care.

The intersectionality of marginalized identities compounds these barriers. "Racialized people, disabled people, lower income people, fat people, non-native English speakers are all already less likely to be believed by healthcare providers, more likely to be accused of faking it and/or drug seeking," Kattari noted. Many of these groups already have less access to providers due to systemic barriers like transportation, language access or insurance limitations.

The body keeps score

Daniel Horrigan, social worker and founder of Your Story Counseling in Metro Detroit, sees the ripple effects daily. "A lot of people are afraid to seek care even before experiencing medical trauma. This can be due to shame and then the experience of medical and healthcare trauma adds to that." The outcomes include increased infection rates, hormonal and physical changes and increased anxiety, depression and isolation.

As a clinician using eye movement desensitization and reprocessing (EMDR), Horrigan works to address layered trauma. "Often we find prior traumas that we might target first to cultivate strength and resilience," he said. "EMDR is a very somatic practice and I'm really trying to care for people's bodies including [with] this work." He refers clients to culturally competent providers including Corktown Health, Ruth Ellis Center, Planned Parenthood, Matrix and Be Well Medical Center in Berkley.

For some, the trauma lives so deeply in the body that walking into a clinic becomes a trigger.

Take Jordan Reyes, a nonbinary musician from Detroit who has turned appointment avoidance into an art form. "My doctor's office calls? Straight to voicemail," Jordan told me. They've experienced everything from invasive curiosity about their transition to being laughed at during a pelvic exam. "The last time, I made it all the way to the parking lot and then sat there

crying until I drove home."

Jordan now brings a friend to every appointment — someone who can witness, intervene or just hold their hand. "It's not just about moral support," they noted. "It's about safety."

That approach is something Kattari actively recommends. She practices what she calls "yes...AND" — acknowledging fears while encouraging care. "Your feelings are real and valid, and I really think you need to get this looked at."

Partners and loved ones can help by taking on the labor of finding explicitly queer and trans affirming providers, attending appointments to reduce new trauma while helping hold space for any PTSD activation and establishing post-care rituals, which can include anything from getting ice cream to sitting in a dark room with calming music. "Additionally, not shaming them when they do cancel appointments is huge," Kattari added. "It might take several rounds to be able to actually make it through the door."

A path forward: the HEAL model

As a nurse who's also been a patient, I sometimes feel like I'm living in the in-between space: the medical system both broke and built me. I believe in science and medicine, but I also believe that we can't heal what we won't name. And especially for queer and trans people, trauma courtesy of the healthcare system is something we have to name, treat, and prevent.

So, where do we start? The HEAL model:

Hold space. For yourself and others. Your fear, anger, and mistrust are valid.

Educate yourself. Find out your rights as a patient. Learn to spot signs of affirming care (inclusive intake forms, pronoun fields, visible nondiscrimination policies).

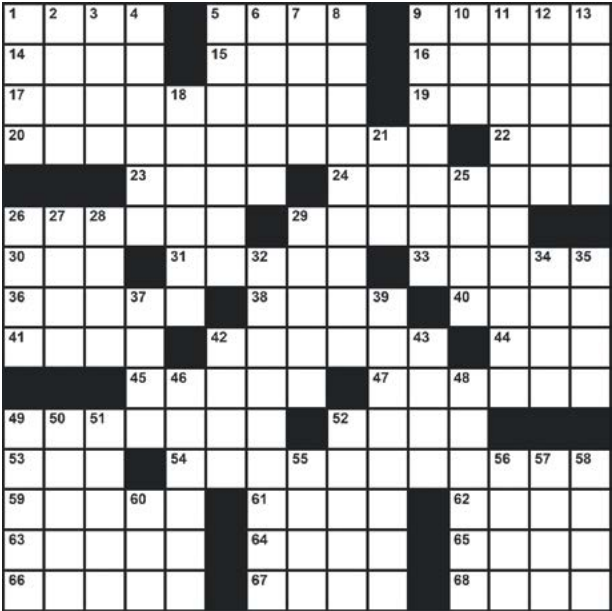
Advocate and ask. Bring a friend. Ask to record the appointment. Always have a notebook with you; taking notes can keep you grounded and providers behave better when they know you're writing everything down.

Laugh (and let go). Because sometimes, the absurdity of a "we don't do that kind of care here" conversation can only be met with gallows humor.

Trauma doesn't disappear because we will it away. Healing, especially from medical harm, is slow and nonlinear. But every time we name it, talk about it or make a plan to get through the next appointment, we reclaim a little bit of power the system tried to take.

Reyes put it best: "I still get scared every time I go to the doctor. But I go. I show up with my friend and my playlist. That's what healing looks like right now."

Same, Jordan. Same. We may never stop flinching when the MyChart alert pings, but we're learning to open it anyway.



Paulson-ality
Types

Across

- 1 Tickle pink
- 5 Bulb unit
- 9 Singer Yma from Peru
- 14 Photographer Catherine
- 15 With respect to
- 16 Don of game shows
- 17 Trying to pick up, at a bar
- 19 Boss of Robin's Mork

- 20 Heist flick with Sarah Paulson
- 22 Ship with one tomcat and one pussy
- 23 Boy George's "Whether They Like ___ Not"
- 24 Leaf-raking times
- 26 Season of "American Horror Story" starring Sarah
- 29 John of the Ministry of Silly Walks
- 30 Gene Wilder in "The Producers"
- 31 Mt. Everest locale
- 33 McDreamy on "Grey's Anatomy"

- 36 Two under for Spencer-Devlin
- 38 Boy with a bow who shot your beau
- 40 Bas relief of Eleanor's husband
- 41 Muse of John Boswell
- 42 Balls
- 44 Cylinder put in the mouth, for short
- 45 "South Pacific" nuts
- 47 Where brides and brides can say "I do"
- 49 "The Wapshot Chronicle" author
- 52 Cold shoulder
- 53 Psychological horror flick with Sarah
- 54 Sarah won a Tony for the play in 2024
- 59 Paid for a hand
- 61 "West Wing" extra
- 62 Daughter of Uranus
- 63 Public spectacle
- 64 Second word of a fairy tale
- 65 Peter Rabbit's sisters
- 66 Rip up
- 67 Reclined
- 68 Since, to James M. Barrie

Down

- 1 Gay nightlife district of London
- 2 "Lawrence of Arabia," e.g.
- 3 Commercial time of day
- 4 Anal retentive's concern
- 5 Charmingly innocent
- 6 Filmmaker Kenneth
- 7 "Star Trek" counselor Deanna
- 8 Hat size at a gay rodeo

- 9 Saw
- 10 Egypt and Syr., once
- 11 Sarah plays an ERA opponent in this series
- 12 Hairspray brand
- 13 Hits on the head
- 18 Like the San Francisco Gay Men's Chorus
- 21 Pink, for example
- 25 Brought into play
- 26 "___ Baldwin Doesn't Love Me"
- 27 Elite Navy diver
- 28 Boo-Boo's buddy
- 29 Sarah plays Cate Blanchett's former lover in this film
- 32 ___ and Mary of the '60s
- 34 Arab head
- 35 Tavern inventory
- 37 Place for a stud
- 39 Harvey Milk portrayer in a 2008 film
- 42 Resign, with "down"
- 43 The word "queer," e.g., before "Queer Eye"
- 46 Gave the slip to
- 48 Ford classics, familiarly
- 49 Vulgar
- 50 Funny feeling
- 51 Penetrate
- 52 "Cabaret" line about screwing Maximilian
- 55 Kelly once of "All My Children"
- 56 Cruising greeting
- 57 Like Simon in "Love, Simon"
- 58 Give some relief
- 60 Uey from WSW

See p. 17 for answers



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and [his friend] Dale, who Ray is based off of in the show.

What do moments like the one you shared with Greg that day say to you about the importance of telling queer stories?

Growing up in the entertainment industry, I started at such a young age and a huge part of growing up was centered around this fear of being a gay person. I knew I was gay immediately, basically. [Laughs.] Never questioned that one. So I had a lot of fear of just what that would look like for being an actor in the entertainment industry. I had conversations with my representation as I got older about how to navigate that because, truly, not that long ago a lot of out actors sort of ruined their career. Obviously there are tons of gay actors who are in the closet, and I'm sure we'd be surprised to know, but I had just a lot of fear because that wasn't something I was interested in doing, trying to be someone that I'm not. I just am who I am. I don't think I'm the most convincing straight person [laughs].

And yet you've played straight characters.

Sure, sure. I've tried. [Laughs.] So, for me, to be in a world where "Boots" exists and to even just have studios like Netflix and Sony behind it, actually putting money into it and care, is so wild. It really is something that's only happened in the last five years. So to get to be a part of this is so special and exciting for me, and still a bit shocking.

I remember getting the audition and reading the pilot and being like, "I am so shocked that this is being made by Netflix," just because it's not that common that you see a military show where the central character and the way into the story is through this queer lens, and it's obviously what excited me the most about the show. So, again, it's just not wasted on me how wild it is that this is actually happening.

The show is premiering shortly after a renewed ban on trans people serving in the military. What message do you think "Boots" sends in this current political climate?

When the show was just getting off the ground, and even when we were making it, the political climate was very different. I don't think anyone went into this intending to send a message about today's society. It really was meant to be a period piece about a specific time in history. The show really is about all these different people having a secret they're hiding, and I think it's easy to enter that through Cameron's point of view because his secret is illegal, so the stakes are very

high. Having mutual respect for each other is the message of the show. That would hopefully be the message in today's political climate — showing all these people as people, which is the truth.

If you're not harming people, I think that we can really come together and agree that, especially in the military, if someone is willing to make this sort of insane sacrifice to protect not just themselves, but literally everyone, to tell someone that they can't do that because of this little thing about themselves that truly has no effect on anyone, doesn't sit right with me. I honestly feel that the majority of people would agree with that, and so hopefully it opens up a conversation about that given where we are now.

You described parts of "Boots" as not just gay, but "so gay." In that first episode alone, the homoeroticism is palpable.

What I love about the show is that entering it through this queer lens allows you to point out the humorous things about it. The reason I would say "so gay" is because of the terminology that's used — the things that they're doing are inherently funny to gay people. There's this conundrum of this hyper-masculine place with "putting your blouse on" and "mounting the bed," and obviously the insane intimacy of showering together and all of these things that are so gay, but they're in this world that's quite the opposite. I love that it's not necessarily super sexual or anything. But especially for gay people, we will clock it and see the absurdity of the whole thing.

The thing that drew me to the show the most is we have these military shows and bootcamp shows or movies that sort of tend to focus on — and this is completely valid — the struggle and the intensity of that. Our show does that, but it also shows the lightness and the humor that can be found in a lot of it. It comes from Greg's book. It's like you read that and he's so witty and funny and has such a funny perspective on the whole thing, and I hope the show translates that.

What about Cameron came naturally to you as a queer person yourself, and what challenged the way that



Author Greg Cope White (left), whose real-life story inspired "Boots," with actor Miles Heizer, who portrays him in the series. Photo: Netflix

you think about your own queerness?

I mean, sad answer, but virtually all of it was extremely relatable to me. I see actors interviewed and they're like, "I want to do something that's so different and so challenging," and I'm like, I would rather do this. I am pulling from very personal experiences. I think for Cameron, he's used to hiding himself and trying to blend in as I think a lot of queer people do. We find things we're good at, and we stick to that because we don't want too many eyes on us. We don't want people to see this thing that's different about us. That was just so me growing up. Even around other boys, I had this fear that they were going to somehow be able to tell I was gay and therefore make fun of me or make me feel like I didn't belong or imply that I made them uncomfortable, just with my presence as a gay person. I denied myself of a lot of male friendships growing up because of that.

Does it make you feel like you might've missed out on some relationships with straight men when you were younger?

I'm sure that I did. Genuinely not a single one. All girls.

What would you tell a closeted teen who might be watching this show, and what do you hope they take away from "Boots"?

I know it's very complicated a lot of times because we don't feel like coming out is safe. I know for some of us, there's legitimate safety concerns. My forever advice would be to try and

find someone or some type of community that you can open up to, because when you're able to find people that love and uplift you, it's so life-changing in a way you can't really imagine. It's just being able to breathe and be yourself.

Even if you're not comfortable coming out to the world, just having a small group or even one person will really open up your world in ways you can't imagine. I think Cameron has that with Ray, and I certainly had that as I was growing up. I grew up in a very conservative family, very nervous about how I would be perceived by them, and I think finding these people that loved me no matter what allowed me the strength to approach coming out in my own way as I felt comfortable. And I hope that the show sends that message as well. And also just that you might be surprised by the people that you're able to connect with.

If "Boots" gets a second season, how do you hope Cameron's story evolves?

Cameron's arc is really centered around this character of Sergeant Sullivan that he sort of looks up to and idolizes. By the end, he starts to realize that this person is actually the exact example of what not to do, and who he doesn't want to be. Then he's given this alternative, which is to leave, but that alternative means just going back to his family who wasn't there for him and didn't uplift him. So he's left in this weird middle ground of having to carve out a new path. I would just love to explore that and see where that takes him. And I would like to see a little romance for Cameron. It just does not pan out for him in the first season, and I think he deserves a little something.

probably seen all of them, but I also, over the years, forget a lot of the minute details; just certain things stand out. So I know that she's got a lot of little Easter eggs in this. But, obviously, Tina's a DJ, so music is such a big part of the film, along with queer culture. Her dad was a social commentator in his films, but I think this is very focused within the queer community and not just overall society. Our zombies are glitter zombies, but it was still very important to her that they were slow. And I think she was bummed that we didn't have the budget for red eyes for all of them.

Horror has always had a unique relationship with queerness, going back to Frankenstein. What do you think that this movie is saying about queer survival today?

I think it was a community message. And part of that was how divided we can be in a lot of ways. And they use the two separate parties as one of those ways. But then we're all arguing about little petty things too. We have messages about drug culture; one character is very QAnon and has all of these opinions about what a queer person is like and doesn't even interact with them. But when you have to survive, none of that matters. Community connections matter, helping each other matters, teamwork matters. Those things matter in society more than all these little differences that don't in the end.

Politically, as a wedge is being driven between those within the LGBTQ+ community, this movie seems to emphasize what you're saying about our own community.

It's kind of a shame. And this is historically what people do. It's like, when you feel like maybe part of your group is threatened, but there's someone else that could be threatened even more, you just throw them under the bus. And I feel like that's what a lot of people are doing with the trans community, which is terrible. But everyone is a different gender in this movie. It's so inclusive and so fun and it literally doesn't matter. We all bind together and we all serve the story in a way so that everyone is a bit of a hero.

Nina West, Dominique Jackson, Margaret Cho — what happens when you get such an iconic cast of LGBTQ+ talent together?

I hope everyone else had the same experience, but I just had so much fun just getting to know each other. I feel like there wasn't a single person I didn't want to flirt with in a very



Katy O'Brian in "Love Lies Bleeding." Photo: A24

platonic way — but everyone is just so lovely and beautiful. We just had such a good time. And everybody really came through with their characters. And I'm not a stage actor, but I think almost all of them are. So it was a bunch of theater kids getting together, singing all the time and joking around. And yeah, there was a lot of downtime when we were sitting around and chatting. We had a bunch of extras around; we were all just gathered and talking. We didn't really have a trailer to go back to or anything, so we just hung out and had the time pass while we were all hopefully falling in love.

You recently did "Mission: Impossible." How do you compare those experiences?

Obviously, "Mission: Impossible" just felt like there was no limit, no time constraints. With this, we could do maybe one or two takes, and we just had to move on. So you just had to be very intentional, and Tina had to be very intentional with any notes. It's just like, you got to move on. With "Mission: Impossible," we could just do my parts for 12 hours. And do it over and over and over again, and really grind away at the performance. I learned to scuba dive — just for two seconds underwater onscreen. The sets were incomprehensible. Just showing up and seeing what they had put together to fake a submarine, but make it as practical as possible. It was incredible. And I don't want to say that people weren't there for the love of it. A lot of people that had worked on "Mission: Impossible" had worked on it for five-plus years and were still bringing joy to work every day. So it was still a wonderful experience, just with maybe more convenient circumstances.

In "Love Lies Bleeding," you brought incredible emotional and physical depth to Jackie, a character that

usually see. There's aggressiveness and violence and vengeance. It's just a story that's usually reserved for a guy that we got to do.

Do you think that it opened the doors for a movie like "Christy" to happen?

It did. I don't know that they would've known who I was. [Director and co-writer] David Michôd said that he saw "Love Lies Bleeding," and he's like, "That's the only person that will play Lisa Holewyne." When I got to know Lisa and I got to see her pictures, she and I are very similar. From neck down, our bodies were almost identical. She used to body build, she was in very good shape. We're like the same height, we're both mixed. And in talking to her, she was one of the main reasons I wanted to do that project, because

"Our sexuality had nothing to do with any of the conflict. And we were morally questionable. There's aggressiveness and violence and vengeance. It's just a story that's usually reserved for a guy that we got to do."

— Katy O'Brian on her 'Love Lies Bleeding' role

broke a lot of stereotypes about queer women onscreen. Why were you drawn to that film at that particular time in your career?

If I got a script like "Love Lies Bleeding," I would do it every single day. [Director and co-writer] Rose Glass, first of all, has just such an interesting mind to even pop something like that out of the air. I connected so much to it because I do bodybuilding, I like lifting weights, I like feeling strong, I like being strong, I like having muscle. I like all of those things. But I'm not just some brute. A lot of people see bodybuilders or people with buff bodies as that. And oftentimes, it's like armor. So I don't think that what you look like is almost ever an indicator of who you are. So I really loved that that role led to a lot of opportunities for vulnerability. I immediately understood who that person was, minus the murder and steroids aspect [of the film].

Also, when Kristen and I were discussing it, we loved that it wasn't like your typical lesbian period drama, where we're just sharing glances for the first two hours in the movie and then maybe you kiss at the end. And it's scandalous. Or one of us is engaged to a dude and we're coming out. Our sexuality had nothing to do with any of the conflict. And we were morally questionable. We both really loved it because it was a massive break away from what we

in talking to her, she was like, "I want you to play me. I feel represented by you playing me." It was scary to play someone for real.

What did it mean to you to bring that story to life and what was it like sharing this space with Sydney Sweeney?

It's such a terrifying story to tell because it's so personal and so intense. I so respect Black Bear Pictures for doing this: They had Christy Martin there as often as they could. She was constantly there to consult for the film, consult Sydney. And when you're telling a story about someone where violence has been done to them, having their consent and their approval on that project is so important in an industry that often takes advantage of that.

And with Sydney, I cannot even begin to tell you how hard she worked on this project. It was not easy. We didn't have a lot of shoot days; again, it's low budget. And also they're trying to match Christy's fights directly. So it's a lot of choreo, like a 12-hour-plus shoot day. And then on top of that, you got to go to fight training after and learn 14 different fights. And eat a disgusting diet. It's a lot. So she worked really hard and she was very dedicated to just making sure that she brought Christy's story to life, but also honored her as well.

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