Joking Through the Tough Parts of Cancer

Anal cancer was the latest in a long string of challenges that speaker and activist Daniel Garza has faced since his youth. Thankfully, his (slightly sick!) sense of humor has gotten him through it all.

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The very, very funny, Los Angeles–based comedian and health activist Daniel Garza had already gone through so much—always with a dose of humor—when anal cancer came into his life in 2015.

Garza, 54, was born in Mexico to a Mexican mom and a Texas dad of Mexican descent, but they all moved to Dallas when he was 3. Growing up there, he was the target of extreme bullying because of his gay mannerisms (before he even fully knew he was gay), and he was sexually molested before he was 13. When he came out to his family at age 17, his parents took it OK, but his sisters didn't speak to him for two years. The twentysomething Garza acted out his trauma with alcohol, drugs and tons of sex, some of it without condoms, which led to his getting HIV. He nearly died of AIDS in 2000, but even after stabilizing himself with HIV meds, his substance use was so out of control that he ended up in rehab in 2007.

"It was the best summer vacation I'd ever had," he says of the experience, "where I learned to be a man and hold myself accountable for what I'd done." Finally, after that, life proceeded happily, including meeting his current partner, Christian, in 2012. "Life was good," he says.

But what he didn't know—what, in fact, many folks living with HIV, as well as their health providers, still don't know—was that as both a gay man (this goes for transgender women too) and a person with HIV, he was at higher risk for anal cancer than people in the general population. Anal cancer, like cervical cancer, is caused by human papillomavirus (HPV), a common sexually transmitted infection. Garza also didn't realize that if he wasn't regularly and properly screened and treated for anal precancer, it could progress to actual invasive cancer, which is often extremely painful to treat.

Unfortunately, that's exactly what happened. In 2014,, Garza started having trouble pooping and

felt constantly bloated. “It was like everything I ate hit me wrong,” he recalls. (Even tacos! Ask him what brings him joy in life and he swiftly replies, “Carne asada with onions, cilantro and a very hot red sauce!”) A hernia was diagnosed and treated, but the tummy and butt problems persisted. That’s when his doctor gave him a digital rectal exam—and said, “Uh-oh.” “This isn’t something you ever want to hear from any man when his finger is up your butt,” Garza jokes.

Daniel GarzaAri Michelson

It was no laughing matter, however. Even though an anoscopy rather than a colonoscopy is the proper screening tool for anal cancer, it was the latter, after the digital exam, that subsequently

found a tumor in his sphincter. Recalling everything he'd already been through, he thought, "Of course I have cancer! I'm Daniel G. Garza!"

His second thought was to announce the news in a video to his online followers, not only to garner support for himself but also to educate gay men—particularly Latinos—about anal cancer. "I knew that somebody out there would be like, 'That's me. I'm going through that,'" he says.

Daniel's partner, Christian, says, "Daniel and I made a commitment to remain lighthearted, to embrace humor and not to sink into negativity and depression."

Then began the treatment, which included two weeklong rounds of chemo and a whopping 38 rounds of radiation. It was supposed to be 40, but after 38, Garza was wiped out. "I was dehydrated, I could barely eat and I had radiation burns on my buttocks," he recalls, pausing slightly before delivering the rim shot: "Talk about a hot ass!"

This treatment went on for months. The radiation injured his muscles in the treated area so badly that he ended up with a fistula (an abnormal passageway between two body parts) that landed him in the hospital with blood loss so severe that he says he died and was brought back to life three times before spending eight days as an inpatient. "I had anesthesia for the procedure but was still awake," he recalls, "so I kept making butt jokes, and the doctor was like, 'Stop, this is serious!' But the nurse was laughing."

The radiation damage to his rectal area was irreversible, so Garza had to be persuaded to have surgery to create a permanent ostomy, an opening, usually on the abdomen, through which waste passes into an attached plastic bag that has to be regularly emptied and changed. "At first, I was like, Nope, no way," he recalls, "but eventually I just couldn't do diapers anymore."

A decade on, Garza has had no more major health complications, but he's still learning how to live with an ostomy bag. "I've named him Tommy," he says, noting that he was inspired by others who urge that one "make friends" with one's ostomy rather than live in opposition to it. "So we're buddies, even though we have a very twisted relationship."

On a more serious note, Garza shares that having a permanently compromised butt and an ostomy bag has cut deeply into his sense of himself as a desirable, sexual being. "It's caused me a lot of body dysmorphia and a discomfort with being intimate," he says.

And, of course, that ties into his relationship with Christian, which, he notes, has also been

challenged by the two of them winding up in the respective roles of patient and caregiver. “There’s a very fine line between bonding over something that nobody else can really understand and codependency.”

Says Christian: “We have been together for 12 years and are both in our mid-fifties, so sex is no longer critical in our relationship. We have found that a high level of intimacy is far more beneficial to our relationship. We also both maintain our own sanctuaries we can retreat to when necessary.”

Amid these complicated feelings, Garza notes a silver lining: “We still like each other’s company and make each other laugh.” (Thankfully, he says, Christian shares his ability to joke about even painful and difficult things.)

And Christian has some advice for his fellow caregivers out there: “Give yourselves time for self-care each week. Seek outside help to manage your psychological well-being. Have a dear friend or family member relieve you for a day or two each week so you can recover and express the emotions you hold back when you are with the one you are caring for. Write Post-it notes and put them in strategic places with reminders of how amazing you are, how you are being of service and that their recovery is not dependent on you.”

Another coping tool in Garza’s arsenal is his seemingly endless ability to turn lemons into lemonade. “All the things I’ve been through, from the addiction to the HIV to the cancer, have given me material to travel the world, perform, tell my story and help other people,” he says. “Yes, I’m vain and I love attention!” he laughs. “But I want to show others that you can walk through this valley with dignity.”

One way he accomplishes that is through his position with Cheeky Charity, a nonprofit founded in 2021 that aims to spread awareness about anal and colorectal cancer risk, screening, prevention, treatment and peer support, largely within the LGBTQ community. Garza is Cheeky’s director of anal cancer, HIV and HPV advocacy.

“My main job is to go to [LGBTQ] Pride events, health fairs and conferences to share my story and convince people to get screened, teach them about prevention and help both them and their caregivers cope with their treatment and remission,” he explains.

Cheeky Charity is, in fact, just one way Garza has been able to leverage his health journey to earn a living. “Most of these speaking gigs I get paid for,” he says. “You don’t get all this for free!”

But as he pauses after that crack, you can almost hear the beat before his punch line. “Well,” he adds, “you could if you brought me some tacos.” Rim shot!

Daniel’s Tips for Coping With (any Form of!) Cancer

- Have a sense of humor. “My partner Christian and I made butt jokes all the way through my anal cancer treatment, and a nurse told us, ‘Keep laughing, and you’ll make it through the difficult times.’”
- What if you don’t have Daniel’s sense of humor? “You’ve got to search for the silver linings. Mine were that I had friends who all knew what I was going through—so I could talk about it with them—my relationship with Christian, the fact that I was going to get better and that it gave me more stories to share in my speaking and stand-up work.”
- Remember that no matter how awful, treatment will usually give you more life. “Just being able to wake up and take a breath in the morning can be your silver lining. Yeah, you may be going through hell—but just keep walking through it.”

Anal Cancer: The Basics

(adapted from the American Cancer Society)

1. Anal cancer is rare compared with many other cancers, but factors that raise one’s risk include:
   Having human papillomavirus, or HPV (most sexually active people have some of the more than 200 strains);
   Being the receptive partner in anal sex (which is why rates are higher among gay men and transgender women);
   Having HIV;
   Having a weakened immune system;
   Smoking;
   Having a history of other cancers (especially of the cervix, vagina and vulva, also caused by HPV).
2. One way to reduce the risk of anal cancer down the road is by getting the HPV vaccine. The Gardasil 9 vaccine protects against nine HPV types that cause cancer or genital and anal warts. The vaccine is recommended at age 11 or 12, with catch-up vaccination through age 26. But some older people can still benefit, so ask your doctor.

3. People with these risk factors should talk to their primary care providers about being screened for dysplasia (precancerous growth) as often as yearly for those living with HIV or every two to three years for those without. You may have to show your provider the American Cancer Society guidelines or federal HIV guidelines explaining that you’re at higher risk—many providers don’t

know, and some may even (wrongly) think that a colonoscopy screens for anal cancer. Screenings include digital exams, anal Pap tests and tests for cancer-causing HPV strains. If the tests come back positive, follow up with a high-resolution anoscopy (during which a small lighted bulb is inserted into the rectum to allow a clear view).

4. If dysplasia is found, it can usually be easily and mostly painlessly treated. (It's a piece of cake compared with actual anal cancer treatment!) Treatment for more advanced precancer, known as neoplasia, is more complicated.

5. If invasive anal cancer is diagnosed, treatment may include surgery, radiation, chemotherapy or immunotherapy. Often some combination (such as chemo and radiation) is the best option. Treatment can be difficult and painful, and some people may need a permanent ostomy bag. Recurrence stats are inconclusive; one large analysis found a 27% overall recurrence rate within five years.

6. As with many cancers, anal cancer can profoundly affect one's mental health, quality of life and sense of self. The Anal Cancer Foundation is just one group that offers support and resources to those on treatment, their caregivers and survivors.
