

Watermark

It's
My Party

...And I'll **DIE**
if I want to.

**A PEEK INSIDE THE BUG
CHASING CULTURE**

FLORIDA'S
**NEW HIV
INFECTIONS**
ON THE RISE

**'DALLAS
BUYERS
CLUB'**
TACKLES REAL-LIFE
HIV DRAMA

**WORLD
AIDS DAY**
EVENT SCHEDULE





Steve Blanchard
EDITOR
SteveB@WatermarkOnline.com



editor's Desk

IF THIS ISSUE OF *WATERMARK* MAKES you uncomfortable, I'm glad. The cover story makes me incredibly uneasy—and I wrote it!

My job has placed me in unpleasant situations before. But sitting across a small cafe table and listening to a young man talk about his immediate goal of contracting the virus that causes AIDS was heartbreaking—and confusing.

Why in the world would someone want to test positive for HIV? I've written in this space before about my experiences with the test, which I'm sure are universal. Even when you're certain results will come back negative, the wait for that conclusion from the 15-minute test is excruciating.

But "bug chasing" is a very real activity within the gay

community, whether we want to acknowledge it or not. It may be a small percentage of our ranks who actively seek out HIV infection, but any percentage is too large.

Finding sources for this story wasn't easy. In fact, I had to be somewhat resourceful and misleading to find the young men we feature. It was an awkward experience posting a faux "personal ad" on two social networking/dating sites, one geared specifically to those seeking unsafe sex and another one dedicated to spreading HIV infections.

I was amazed at the number of messages and "hits" my simple and vague profile received. By

simply asking if "any studs wanted to be injected by a Poz Top," my inbox was immediately flooded.

That's crass wording, I know. But I didn't create the profile on a whim. I read many of the ads listed, and saw a pattern in the language used to ensure a hook-up.

With each eager bug chaser who responded, I was direct and immediately told him I was a writer wanting to learn more about their desire to contract HIV. Reactions to my intent were varied.

Several were offended that I was using their community and the practice of willingly spreading HIV to "sell papers." Some were simply miffed that I wasted their time and distracted them from finding an HIV-positive partner.

Others simply corresponded.

The editorial team at *Watermark* discussed this story on bug chasing for several months, and each time it spiraled into discussions about free will, medications, AIDS research, historical timelines and stereotypes. Discussions went in even more directions when I presented the story to our advertising staff.

It was evident this would stir discussion, and I know some people will not be happy with our approach. I'm ready for your emails about perpetuating the stigma of what it means to have

HIV. Hopefully this story will disturb you. I want it to make you angry. Honestly, that was my goal from the minute I put up those profiles on these dating sites back in September.

We are fortunate to live in a time where anti-retroviral medications make HIV and AIDS a manageable condition. Overwhelming numbers of funerals resulting from the disease are a thing of the 1980s and '90s, and I'm thankful the younger generation of LGBTs will not have to experience what so much of our community endured over those two decades.

There's more good news about HIV now than ever: It's manageable. But HIV isn't a game, and most of our community, especially those living a positive life, know that. This cover story in no way seeks to imply that HIV-positive individuals are to be feared or pitied.

By simply asking if 'any studs wanted to be injected by a Poz Top,' my inbox was flooded.

In fact, I hope our readers understand that those living with the infection are responsible adults who simply must take extra precautions to remain healthy

and to ensure the health of those they love.

The timing of this cover is no accident. Dec. 1 marks World AIDS Day, and organizations around the globe and here locally are commemorating the day with special events. I encourage all of our readers to attend at least one of these solemn events, whether you have been directly affected by HIV or not.

Look at it as an educational experiment. Like with our cover of this issue of *Watermark*, you may be a little uncomfortable at first, but you'll walk away with a knowledge you can use to help us push HIV/AIDS to just a reference in the chronicles of history. | • |

CONTRIBUTORS



ZACH CARUSO is a musician and journalist from New Jersey who now lives in St. Petersburg. He has a bachelor's degree in Journalism and a M.A. in writing. **Page 18**



KEN KUNDIS is a Florida native and a long-time contributor to *Watermark*. He lives in New York City. **Page 29**



CHRIS AZZOPARDI is the editor of Q Syndicate, the international LGBT wire service and has interviewed a wide range of celebrities, including Cher and Lady Gaga. He lives in Canton, Mich., and can be reached via his website at Chris-Azzopardi.com. **Page 49**

Greg Burton, Scottie Campbell, Zach Caruso, Amy Dees, Kirk Hartlage, Rev. Phyllis Hunt, Joseph Kissel, Ken Kundis, Mary Meeks, Stephen Miller, David Moran, Gregg Shipiro, Greg Stemm, Brett Stout, Jim Walker

PHOTOGRAPHY

Nick Cardello, Angie Folks, Tom Eckert, Julie Milford, Travis Moore, Chris Stephenson, Lee Vandergriff, Tinkerluff, Lonnie Thompson

DISTRIBUTION

Debbie Oliver, Phil Garris, Ken Caraway

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WATERMARK STAFF

Publisher: Tom Dyer • Ext. 305 • Tom@WatermarkOnline.com
Chief Financial Officer: Rick Claggett • Ext. 108 • Rick@WatermarkOnline.com
Editor-in-Chief: Steve Blanchard • 813-470-0899 • SteveB@WatermarkOnline.com
Reporter: Susan Clary • 104 • Susan@WatermarkOnline.com
Online Media Director: Jamie Hyman • Ext. 106 • Jamie@WatermarkOnline.com
Proofreading: Ed Blaisdell
Art Director: Jake Stevens • Ext. 109 • Jake@WatermarkOnline.com
Production Assistant: Andrés Duputel • Ext. 107 • AdProduction@WatermarkOnline.com

Sales Manager: Mark Cady • Ext. 102 [Orlando] • Mark@WatermarkOnline.com

Tampa Bay Sales: Bill Jeffries
Ext. 301 • 813-454-9064 • Bill@WatermarkOnline.com

Orlando Advertising Sales: Sam Rennels
Ext. 103 • Sam@WatermarkOnline.com

Orlando Advertising Sales: Jeremy Williams
Ext. 105 • Jeremy@WatermarkOnline.com

Nat'l Ad Representative: Rivendell Media Inc. • 212-242-6863

ORLANDO OFFICE
P. O. Box 533655
Orlando, FL 32853-3655
TEL: 407-481-2243
FAX: 407-481-2246

TAMPA BAY OFFICE
TEL: 813-655-9890
FAX: 813-849-2986

Chasing The Bug

With a goal of 'achieving' a positive status, young men proudly practice risky behaviors

FINANCING CARE

Doctor visits, medication and supplements cost HIV patients in America nearly \$50,000 a year.

MENTAL HEALTH
COUNSELING
APPOINTMENT REMINDER

GET READY TO PAY

Estimated costs of HIV medications range from \$2,000-\$5,000 a month!

LIFETIME OF BILLS

The average HIV patient will spend more than \$600,000 for medical care in his lifetime.

DON'T FORGET THE SIDE EFFECTS

Anemia, dry mouth and fatigue are just some of the side-effects of medication.

VITAMINS ARE ESSENTIAL

You'll need way more than a one-a-day to keep your immune system healthy.



MULTIPLE VISITS TO DOCTORS

To remain healthy, HIV+ patients must manage numerous doctor visits, sometimes making several trips a week.

DAILY MEDS

A rigorous regimen of medication is needed to keep HIV at bay. Miss a day and you may have to start all over.



Steve Blanchard

SITTING IN A TAMPA COFFEE SHOP, “Brandon” is visibly excited about his upcoming weekend plans. The 23-year-old, a customer service representative for a cellphone carrier, hopes to achieve a very important goal on the upcoming Saturday night.

“I’m going to finally get HIV!” he says with a smile. “I’ve tried before, but this is the first time I’m really boosting my chances.”

Brandon (not his real name) shares that he has plans to attend a “Conversion Party” at a private residence in Hillsborough County. There, he adds, he will “bottom” for multiple partners, most of whom are already HIV-positive.

“I found several gift-givers willing to give me the bug,” Brandon explains. “I’m excited. It’s going to be a really hot night and it will accomplish something in the process.”

Gift-givers, he explains, are HIV-positive men who prefer unprotected sex and don’t mind transmitting the disease to those who want to be infected.

To a majority of gay men

who were raised on the lessons of the AIDS crisis of the 1980s, Brandon’s plans would seem alarming, irresponsible, or at the very least, inappropriate.

But he shrugs off criticism. He says he knows what it means to be HIV-positive and he gladly embraces the title of “bug chaser.”

“I know a ton of poz people,” says Brandon, who responded to a social networking post *Watermark* placed on a site focused on HIV infections. “I’m a good-looking guy and I’m in great shape. I love sex and I know it’s just a matter of time before I get it anyway. It’s like ripping off a band-aid. Why wait to find out in a year that you have it, when you can just get it, get on the drugs and go on with life? To me, this is the responsible thing to do. I’ll know I have it and I’ll be able

to treat it.”

Although people working within the HIV arena have heard of “bug chasing” and have heard the arguments for it, most would quickly disagree with the Tampa resident’s assessment.

A MISINFORMATION BATTLE

While there’s always a focus on raising funds to combat the disease among local populations through AIDS Walks and other fundraisers, there’s a challenge with getting those at risk to understand what living with HIV entails.

“Sixteen years ago, my clients looked very bad,” recalls William Harper, the executive director for the AIDS Service Association of Pinellas. “They were scrawny, had lesions or tremendous wasting. People looked bad and were dying.”

But with advances in medication, especially anti-retroviral drugs, appearances improved.

“Kids think you can take a few pills and you’ll be alright,” Harper says. “But there’s so much more to it than that.”

According to the Centers

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▶▶ | **Bug Chasers**
from pg.37

for Disease Control, the “bug-chasing” communities seem to be much larger in major metropolitan areas like New York City; Washington, D.C.; and Los Angeles. However, that doesn’t mean smaller major cities like Tampa, St. Petersburg and Orlando don’t have their own bug chasing communities.

“I would say it’s very rare,” says Dr. Jay Flicker with Hope and Help of Central Florida. “But it does happen. Often times the term is used incorrectly. There is a difference between a ‘bug chaser’, someone who is actively seeking the virus, and an individual who is complacent about getting it.”

It’s rare that a client will identify himself as a bug chaser, but it does happen.

“I’ve tested someone who came in and first didn’t identify himself as a person who was looking to get infected,” recalls Abby Nicholson, Metro Wellness and Community Centers’ HIV Education & Prevention Coordinator. “When it came back positive, he was like, ‘Finally, it’s done now.’ That caught me off guard, but then he told me that he tried to get infected for a long time and that he had a lot of HIV-positive partners. He was relieved and excited.”

Nicholson adds that while she doesn’t understand the desire to become positive, she treats every case the same and wanted to make sure the client knew what living with HIV meant.

“There’s a lot of misinformation out there, among the bug-chasing community and otherwise,” Nicholson says. “I wasn’t going to tell him if he was right or wrong. I just wanted to see what he knew.”

But even those who say they know what it means to live with HIV are still willing to become infected. That’s exactly what “Travis” accomplished in 2012.

“I found out I was HIV-positive on April 5, 2012, and that’s a date I plan to celebrate every year,” the 29-year-old Plant City resident says. “I’m on the right drugs, I see my doctor regularly and I always disclose my HIV status before I have sex with someone.”

Travis (not his real name) says he doesn’t plan to transmit the

disease, but wouldn’t rule out becoming a “gift giver” sometime in the future, if he meets someone with a desire to become positive.

“For me, getting infected was a way for me to start the next phase of my life,” Travis says. “I knew it would happen eventually, so I now know my status, I have a drug plan and I’m very healthy. It’s better than finding out later that I have HIV and starting treatment too late.”

That’s a very common practice among bug chasers, according to Dio Diaz, a prevention specialist with Metro Wellness and Community Centers.

“I have seen a lot of bug chasing over my years with the HIV community,” Diaz says. “It’s usually the younger community that have boyfriends and they want to get infected because they don’t want to worry about getting infected anymore. So they willingly contract it.”

Others may want to contract it to make their relationship “easier,” especially if one of the partners is already positive.

Different strains of the virus could infect each partner differently, however, and can only complicate things.

NOT A NEW TREND

“Bug chasing” isn’t typically a topic of conversation, or even on the radar, for most of the LGBT community. However, that doesn’t mean it hasn’t been around for decades. In fact, before anti-retroviral medicines improved the overall health of positive individuals, many saw infections as a financial windfall.

“That was when there was a lot of money in the HIV arena,” Harper explains. “There was money for housing, legal services, dental services, those kinds of things. It was very attractive to some people to become positive because they could access those services. It even helped with rental assistance and housing vouchers. So it really was a financial windfall for someone who may not have many resources. It was an attractive plan.”

And bug chasing is all about intent, explains Flicker, who is a psychologist.

“The intent of a bug chaser is to fulfill a need, whether it’s to find a sense of belonging to a group or if it’s what used to be called a ‘disability queen,’” Flicker

“Why wait to find out in a year that you have it,

says. “It was about getting those social services that just, really, aren’t around as much as they used to be.”

In larger metropolitan areas like New York, for example, Harper explains that some HIV-related housing opportunities still exist, which could explain why there’s a larger bug-chasing community there.

“We honestly don’t hear much about it down here in Florida because there is simply no financial reward to it,” Harper explains. “Years ago, an HIV diagnosis would get you on disability. But today, medications are great as are treatments. You have to have one foot in the grave these days, or multiple diagnoses like HIV, hepatitis C, or another opportunistic infection to get any kind of major assistance.”

GETTING ‘POZZED’

When Travis decided it was time to become positive, he looked to websites to find a person to infect him. He joined several social sites that

advertised bareback sex or “conversion” themes.

“But most of the guys I was interested in were too far away,” he says. “I wasn’t going to travel across the country to get pozzed. But I wasn’t going to get infected by someone I wasn’t into, either. If I’m getting pozzed, I’m going to get pozzed by someone hot.”

Travis decided the best way to become HIV-positive was to visit a bath house. That’s a popular tactic, according to Diaz.

“A lot of people who love to go to bath houses do it in the areas of Orlando, Tampa Bay and Fort Lauderdale,” Diaz says. “It’s a place to hookup to have random sex with random men, so that boosts infection rates. It’s really a triangle for easy sex.”

And while most bath houses or sex clubs provide free condoms, if a bug chaser wants to find a positive partner with whom to have unprotected sex, that’s easy to do.

“If you’re into bareback sex or are bug chasing, these are great places because it’s an environment that’s non-

judgmental,” says Diaz. “There is someone there willing to do whatever you want and you’re also not forced into a situation you don’t want. If you don’t want a barrier, there’s someone there who is willing to not use one either. That’s a large part of the infection numbers.”

Travis, who was infected in 2012, believes he contracted HIV during several encounters at a bath house in Central Florida. He wouldn’t say which one, however.

“I was there for nearly eight hours,” Travis recalls. “I have a certain ‘type’ and I knew that going to this one particular bath house would provide me with plenty of opportunities to hook up.”

Travis explains that his approach to the evening was to approach men for sex by offering his “raw hole.”

“For a lot of guys the idea of bareback sex is a huge turn on,” Travis says. “They don’t want a long discussion about condom use or want to hear the reasons behind why you want raw cock. But if you approach them and

when you can just get it, get on the drugs and go on with life?

— 'BRANDON' IN TAMPA

simply tell them what you want, you'll get a quick yes or no answer. Honestly, there are rarely 'no' answers."

Three weeks after his night at the bath house, Travis tested positive for HIV. He says that he's thankful for the "gift giver" who passed along the infection, but doesn't really care who the particular individual is.

"I know some bug chasers who compare getting infected with getting pregnant," Travis says. "That's just stupid. I just wanted to get it so I could go on with life. It has nothing to do with a relationship."

HIV made history in the summer of 2013. In July, the CDC released that for the first time, every part of the United States had reported cases of HIV. Locally, the communities of Orlando and Tampa saw substantial growth in the prevalence of HIV. So much growth, in fact, that both cities now rival infection rates of New York, San Francisco and Los Angeles.

It's frustrating for those battling HIV, especially when

people still believe that a positive test result means the end of safe sex.

"There's an assumption that I'm already positive. What's going to happen, I'll get HIV again?" says Flicker. "Actually, yes, you can get a different strain."

And those strains affect medications, which makes treatment even more of a challenge.

"If you're positive with one strain, you may have an option of 30 medications to sort through to find treatment," Flicker says. "But if your strain changes, you may suddenly find you only have 10 medications to work with."

And, as with a case Flicker encountered several years ago, one client had a strain of HIV that was resistant to all known anti-retroviral drugs.

"He was essentially untreatable," Flicker says. "He had to remain untreated until a new class of medications came out."

COMMON MISPERCEPTIONS

As he talks about the conversion party just days away, Brandon is visibly excited. He's excited to contract HIV, but also about the act of doing so.

"Everyone knows barebacking is way better than wrapped sex," he says. "It feels better for the top and for the bottom."

And Brandon believes that becoming HIV-positive will improve his sex life because he won't have to use condoms or worry about getting infected. However, that isn't necessarily true, according to Nicholson.

"A lot of gay men, unfortunately, see getting infected as a means to an end," she says. "I got it, I don't have to worry anymore' is a popular myth. But you do have to worry because in addition to sexually transmitted infections (STI) and opportunistic infections, there are co-infections. You don't just get to do what you want because you're infected."

Medicines, Nicholson explains, affect people differently. If you have a strain of HIV, your medications have to be tailored to combat the disease. If someone

gets a different strain of HIV from another positive partner, the original medicine regimen won't work anymore.

"And there are certain kinds of medications you just can't deal with," adds Diaz. "If you have sex with people who are positive and are on different meds, the strains of HIV get combined and those meds are essentially ineffective."

Medicine has come a long way since the 1980s, when HIV and AIDS was killing people daily in the United States. It's both a blessing and a curse, since it's saving lives but creating an appearance that HIV belongs in history books.

"There's a perception that meds are all but a cure," Nicholson says. "Young gay men see older gay men on meds and going to the gym and in great shape. They think it's no big deal to be positive as long as you take your meds. There's no concept of the side effects of those medications and what those hot men in the gym are dealing with at home and in private. They also don't understand

the severity of other illnesses that are exacerbated when HIV is involved."

Harper is quick to point out that a majority of HIV positive people are responsible and disclose their status to potential sexual partners. Gift givers, he says, are a minority.

"The majority take care of themselves and live a healthy lifestyle," Harper says. "Positive individuals should not be characterized as anything other than everyday folks, just like a diabetic taking their meds. They have to be more careful with sex and other activities, but there are many responsible HIV-positive people out there."

AWAITING THE RESULTS

Just days after his "conversion party," *Watermark* reached out to Brandon via a social networking site dedicated to HIV infection to ask about his experience.

"It was awesome," he says of the party, where he had "at least" four partners. "But I did the rapid HIV test and it came back negative. I'm guessing that the infection is just too new to show up, so I'll go again next week."

The rapid test uses a simple finger prick of blood to determine whether a person is HIV-positive. A "postive" rapid test is then sent to the state for further analysis and confirmation. After that, HIV service organizations like ASAP, Metro, Hope and Help and The Center step in to help clients navigate living with HIV.

There may be more to Brandon's thought process than simply wanting to get infected, according to Flicker. There could be mental health issues at play.

"He thinks becoming positive will fulfill a need, and I would want to find out what is that need," Flicker says. "It sounds like it's a case of learned helplessness that he's going to get infected anyway. But we have a choice today and make those choices through our actions. HIV is not a guarantee if you act responsibly."

But Brandon isn't interested. In fact, he's more determined than ever to get his positive test result.

"As soon as I get the positive test back I'll let you know," he says. "But if it doesn't happen this time, I know I can always go to another party." | ● |