

# THE POSITIVE SIDE

HEALTH INFORMATION & VIEWS

SPRING/SUMMER 2010

VOLUME 12 ISSUE 1

East-coaster  
Robyn Pardy  
reaches out  
to others and  
finds herself  
lifted in turn

## LIVING THRU GIVING

**ON THE RADAR**

*Hep C in poz gay men*

**IT'S CHRONIC**

*HIV & inflammation*

**HOLA!**

*Latino PHAs speak out*

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Atlantic Canada	11 am – 10 pm	11 am – 7 pm
Newfoundland	11:30 am – 10:30 pm	11:30 am – 7:30 pm



## EDITOR'S LETTER

One of my favourite parts of preparing each issue of *The Positive Side* is sitting down with people with HIV/AIDS (PHAs) and listening to their stories. PHAs are a resilient bunch, taking some serious knocks but always getting back on their feet with their heads held high. I marvel at the courage I hear in their tales, and this issue is full of courageous stories of PHAs from across the country.

There is courage in the dedication of activist Robyn Pardy, who in the 18 years she's been living with HIV has stood before countless groups and spoken her truth in her home province of Newfoundland and Labrador and as far away as Africa. Her tireless volunteering—500 hours in 2007 alone—also caught the attention of *Flare* magazine, which named her a national volunteer of the year in 2008.

There is courage in the Latino immigrant PHAs who share their stories in Samuel López's documentary *Nuestras Caras, Nuestras Historias*. They are a very visible face of HIV in a community that isn't always comfortable looking at the virus.

There is courage in the three HIV-positive men who tell their stories of being infected with hepatitis C through sex. With the goal of warning their poz brothers, they stare down stigma and put aside their discomfort to talk about some very personal issues.

On a lighter note, it took courage for Tom Hammond to face the cold of an early December morning as he fulfilled his dream of being an Olympic torchbearer.

After listening to all of these stories, and knowing there are countless more lived out every day, when I hear "courageous as a . . ." I don't think lion, I think PHA. As always, send your stars or cherry bombs to me at [dmclay@catie.ca](mailto:dmclay@catie.ca).

—David McLay

We're conducting a readership survey and want to hear from you! Fill it out online at [www.positiveside.ca](http://www.positiveside.ca)

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[www.positiveside.ca](http://www.positiveside.ca)

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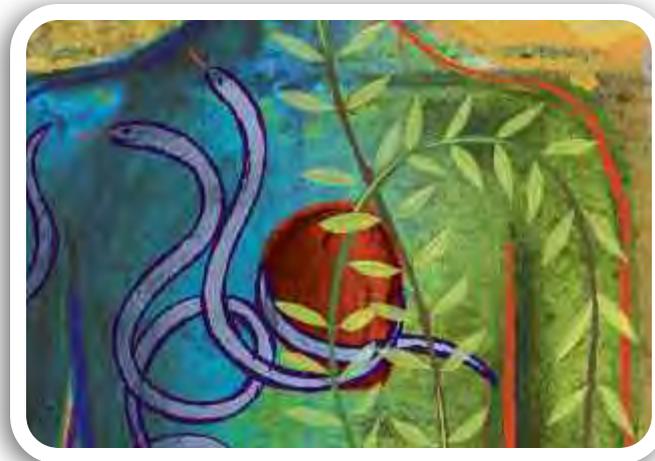
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calling 1.800.263.1638.

# FROM THE FRONT LINES

What's happening across Canada

## Youth Blaze the Trail

**Jessica Yee** gives props to youth groups that are taking the lead in HIV treatment, prevention, education and activism.

Being a youth myself and working at a national youth sexual and reproductive health organization, one of my favourite things to write about is the amazing young people I get to meet and work with all across Canada. Here are some HIV-related youth projects and organizations you just MUST know about!

### The Queer Youth Community Development Program (QYCDP)

AIDS Vancouver Island  
[www.avi.org/queeryouth](http://www.avi.org/queeryouth)  
1.800.665.2437

This project is worth mentioning because it is no longer funded and it really should be. Youth on Vancouver Island already know very well what it's like to live outside of an urban centre and to lack relevant programming. This very cool project sought to meet youth where they were at, with interactive high school workshops focusing on stigma-busting and peer role-modeling of HIV education information. Bring back QYCDP!

### TRIP Project

Toronto  
[www.trippproject.ca](http://www.trippproject.ca)  
647.822.6435

Thinking of hosting a party? Be sure to invite TRIP, whose volunteers will come ready to boogie down with enough safer-sex and safer-drug usage info and supplies to last you all night long! TRIP has been a part of the rave community in Toronto since 1995, which means that they've been listening to youth, helping them talk about health issues, and providing information and supplies for HIV prevention and harm reduction for more than 15 years of partying. TRIP's message is clear: Youth need to be aware and empowered to make decisions about their own bodies and spaces.

### YouthCO

Vancouver  
[www.youthco.org](http://www.youthco.org)  
1.877.YOUTHCO (968.8426)

Sigh. I love YouthCO so much—but really, who doesn't? One of the longest-running youth AIDS service organizations (ASOs) in Canada, YouthCO was started by and for youth some 15 years ago. YouthCO lives up to all the hoopla about its peer education model and more—they really just exceed all expectations in successfully working with youth in a meaningful way. With a pulse on emerging youth engagement trends such as "Theatre of the Oppressed," as well as community-based collaborative initiatives like the Aboriginal Harm Reduction Project, it's fair to say that if you work with youth and HIV, you likely already know about YouthCO. If you don't, be sure to check 'em out. While you are at it, look into becoming a YouthCO superhero!

### The Sense Project

Montreal  
[www.senseproject.org](http://www.senseproject.org)  
514.481.0277

Any project coming out of Head & Hands, the Montreal-based organization offering a full gamut of youth health-related services (including legal stuff!), has got to be awesome. The Sense Project, with its slogan "Because sex ed makes sense," definitely fits this bill. The project is a peer-based education program that offers young people the opportunity to get the real facts about sexual health. Partly motivated by the Quebec government's decision to yank sex ed out of the school curriculum (and instead "encourage" teachers to bring in materials of their own), the Sense Project makes sure youth have tangible options to get information about sex, HIV/AIDS and sexually transmitted infections (STIs).

We already featured Montreal-based JASE ([www.accmontreal.org/jase](http://www.accmontreal.org/jase)) in the Winter 2008 issue, so this time we want to tell you that Project 10 ([www.p10.qc.ca](http://www.p10.qc.ca)) also has a discussion group for HIV-positive youth.



## HIV/AIDS Arctic Youth Fairs

Pauktuutit Inuit Women of Canada  
[www.pauktuutit.ca/hiv/main.html](http://www.pauktuutit.ca/hiv/main.html)  
1.800.667.0749

For the past five years, whenever funding has been possible, Pauktuutit has supported communities wishing to host HIV/AIDS and Hepatitis C Fairs. The fairs are essentially contests where youth create projects to raise awareness of any aspect of HIV and/or hepatitis C; these projects are judged and prizes are awarded to winning participants. Aboriginal people living with HIV and/or hepatitis C travel to the fair to speak about their experiences. For the youth who attend, the fairs provide opportunities to share their perspectives and inspire each other.

## HIV/AIDS Labrador Project

Happy Valley-Goose Bay, Labrador  
[www.lfchvgb.ca/home/14](http://www.lfchvgb.ca/home/14)  
709.896.5144

A project out of the Labrador Friendship Centre, the HIV/AIDS Labrador Project was created due to the lack of information about HIV/AIDS in Aboriginal communities—50 to 70 percent of the Aboriginal population is under the age of 25. Youth MUST be part of the equation, as they have always had a place of leadership within the Aboriginal community. Taking this to heart, the project hosted Reawaken the Spirit—Aboriginal Youth HIV/AIDS Gathering, in January of this year. The two-day gathering of Atlantic-region Aboriginal youth (ages 16 to 30) brought young people together to talk with their peers about HIV. Building on the success of this event, the group's organizers continue to seek the guidance of youth to steer the project in the right direction.

## Positive Youth Outreach

Toronto  
[www.positiveyouth.com](http://www.positiveyouth.com)  
416.340.8484

An organization started by and created for HIV-positive youth (under the age of 30) has simply got to be incredible, right? Right. Positive Youth Outreach (PYO) was founded in 1990 to break isolation and create a safe space for Toronto youth. PYO has grown into an organization with a comprehensive roster of services that range from support groups and wellness weekends to career planning and skills-building workshops. Considered by its members to be a lifeline of hope in the city, PYO offers a space to kick it with other poz youth and many opportunities to nurture young health advocates. Once you've drunk from the fountain of PYO, it's hard not to be hooked and want to get involved. Which is perfect, since they're always looking for volunteers. Why not give back to a group that has given positive youth so much?

## Klinik's Teen Talk

Winnipeg  
[www.teen-talk.ca](http://www.teen-talk.ca)  
204.784.4010

I've often said that YouthCO and Teen Talk ought to get together for a weeklong love fest of best practices for youth HIV and STI education, because the fabulousness of the YouthCO staff continues right on eastward to Teen Talk in Manitoba, which uses a similar peer-to-peer model for engaging youth. Everyone in Manitoba knows that if you want to talk to youth, not only about HIV and STIs but also about other crucial intersecting topics such as suicide and violence prevention, you call Teen Talk, the one-stop shop for these issues. This youth health-education service goes north, they go south, but most importantly they go wherever they can provide needed information, all the while training youth as peer leaders who can spread the message even further—in their own words, of course.

Jessica Yee is founder and executive director of the Native Youth Sexual Health Network. For more info about her work go to [www.nativeyouthsexualhealth.com](http://www.nativeyouthsexualhealth.com)

## Spring Cleaning

**We all have it in one form or another—the stuff we hold on to that we don't really need, that no longer serves us well. The clutter, the cobwebs, the clothes! Chatty CATIE asked four PHAs what they plan on clearing out of their physical and spiritual closets this spring.**

INTERVIEWS BY RONNILYN PUSTIL

### SCOTT GARY MAJOR, 38

Toronto

Diagnosed with HIV in 1997

CD4 count: 720

Viral load: undetectable

I actually started doing my spring cleaning in December. I'm getting a divorce, and in the process of moving out I basically decided that nothing that was "ours" would be "mine." I thought it would be too difficult to take things with me that were part



**It's just stuff, I don't need it and it's replaceable.**

of the last 10 years of our life together into my new life as a single person. So when I moved, I took everything that was strictly mine: clothes and some artwork, no furniture and no crap. I'd been amassing stuff that was perfect for our married life but not necessary for life outside of the marriage. It's just stuff, I don't need it and it's all replaceable, so what's the point?

This past year I also started taking care of myself more, going to the gym and eating better. I ended up dropping about 40 pounds, which has made me feel healthier and better about myself. I haven't had any serious health issues in the past 12 years and I've been very lucky with my HIV medications. I wanted to help my body along by taking better care of it.

I believe that everything happens for a reason, and the end of our marriage is going to be better for both of us. It will allow me to progress in my life and do things that I wouldn't have done because I'd become sedentary and didn't look beyond my marriage. I realized over the past couple of years that I was just letting everything happen around me.

Now I'm going to do what I want: travel more, enjoy life more, ride my bike more. I've never let HIV get in the way and I'm not going to now.

Having HIV is just a part of who I am, it's not *who* I am—just like I'm gay, I'm male, I'm tattooed, but those things don't define me. If you let something like HIV rule you, you can't survive it. If this disease is going to take me, it's going to take me, but I'm going to live a life I'm happy with.

### AL McNUTT, 59

Truro, Nova Scotia

Diagnosed with HIV in 1987

CD4 count: 270

Viral load: undetectable

To clean out my physical closet, I would like to give away all the clothes that no longer fit me properly. As we all know, HIV meds often cause body changes, such as lipodystrophy or lipoa-trophy. I have fat accumulation around my waist and chest area.



**If I could separate spirituality and religion, I could be more in tune with myself.**

Sometimes I like to think that it's not the medication—it's just the fact that I'm 59 and it happens to the best of us. But I'm sure the HIV meds also have something to do with this.

Some of us want to hang on to our favourite jeans or shirts in the hope that we may fit into them one day—even though we know full well that we're never going to be that size again. I also have shirts in my closet that my children or mother gave to me, and I can't let go of them for personal reasons. You cherish the love and caring behind the gift and you cannot part with it.

I've got to do a major clean out and get rid of those clothes. There are plenty of organizations that provide clothes to those less fortunate and there are so many people in need, so you can give those things away and feel good about it.

Switching to my spiritual closet, let me first say I am more of a spiritual person than a religious one, though often we confuse the two. The church I attended while growing up in a small rural town was evangelical, and it espoused the idea that you needed to be in touch with God and talk to God all the time. I'd like to clear those cobwebs out of my head because if I could separate spirituality and religion, I could be more in tune with myself and my surroundings.

I don't feel that one has to go to church to be spiritual. How I feel closer to my spiritual side is by going outside and watching the seasons change, seeing the many varieties of wild birds in my backyard and enjoying a coffee and relaxing with my partner. This is how I clean out the negative thoughts and regain my strength. Spirituality is an individual and personal thing, it's different for all of us.

**TINA**, 43

Montreal

Diagnosed with HIV in 1989

CD4 count: 630

Viral load: 20,000

At first I wanted to answer this question by focusing on my actual physical clutter—my body, lifestyle and self-image. Some of my routines—drinking too much coffee, eating comfort foods, smoking cigarettes, drinking alcohol to relax, only getting exercise by running errands—are not the healthiest, but they comfort me. Sometimes I need that pizza or that smoke after my meal! I'm a strong believer in moderation, and as long as my routine doesn't interfere with my well-being, I see it as giving myself the TLC that I need at the time.

But then I realized that the clutter is actually the constant feedback and judgment from others—society, friends, family. I want to de-clutter the negative, guilt-tripping messages I receive from other people. I want to let go of the notion that if I'm not perfect I have no worth. I want to cherish my own self-image and values more than those of others. Being free of these messages would be priceless compared to the prison I need to stay in to keep everyone's opinion of me above my own.

Finally, I want to always be open to learning new ways of coping and comforting myself, like I did this winter. In October I moved from Vancouver to Montreal. It was a long way from what I'd been calling home for the past 11 years, and I felt very vulnerable, alone and scared of the unknown. So I tried something new to comfort myself: I took up skating on Mount Royal. It brought me back to my childhood in Quebec and that kind of innocent fun. I'd forgotten how much I loved it. And I didn't care if my feet were freezing! I was having fun and getting fresh air and exercise. As a result, I didn't smoke as much, I was sleeping better and I felt more energized during the day.



## I want to de-clutter the negative, guilt-tripping messages I receive from other people.

I actually did my spring cleaning with this interview: All the introspection and feeling I went through in preparing my statement, then saying it out loud and sharing it publicly created a commitment within me. I realized I don't have anything holding me back.

I would suggest to anyone reading this article that you ask yourself this "spring cleaning" question. It's a great way to invest in yourself.

**TREVOR STRATTON**, 44

Port Colborne, Ontario

Diagnosed with HIV in 1990

CD4 count: approximately 400

Viral load: undetectable

This story is not only about my own spiritual house cleaning but that of my whole family and community.

I'm an Aboriginal person, from the Mississaugas of the New Credit First Nation. Our community's traditional territory is Toronto. Even though I live in the Niagara region, Toronto will always be my home.

In 1787 and 1805, our Chief and other leaders negotiated with the Crown the purchase of a vast expanse of land in southern Ontario, including the land on which Metropolitan Toronto would one day be built. Those negotiations were tainted by later breaches in the agreement, and so, in 1986, our community submitted a number of land claims, including the Toronto Purchase Claim, to the federal government.

We have been waiting over 200 years for fair payment for the rights to our traditional territory. In late January,



the federal government offered \$145 million for an out-of-court settlement. Our community is in shock. Elders are upset and families are painfully debating the offer. How should we respond? How do you put a monetary value on those presents and gifts that our leaders agreed upon in the original agreement? Although it's about money, which is tangible, it's brought up a lot of spirit in our community. It's a hard time for people to pick up those old bones. It's a time of real introspection for us.

It has been seven generations since our leaders were misled. Traditionally, when we address any issues in our communities, we always look seven generations into the future. This is our way. Seven generations ago our ancestors must have been thinking and praying hard for us for something like this to culminate.

My gut reaction to the offer was to think of my mother and grandmother and all my relations and all the people who waited for so long. I think of the pain I sometimes saw in my grandmother's eyes and the suffering our

**Although it's about money, it's brought up a lot of spirit in our community.**

people endured in the residential school system. I think of the multi-generational trauma passed down through the ages and how many of our people are now affected by HIV/AIDS and other health issues. How can we put a dollar sign on that?

OK, lighten up, Trevor. In terms of physical spring cleaning, I inherited five cats when my mother passed away in 2007. Now I'm the cat lady! One of my cats, Bones, found a way into my basement and made a mess by shredding old newspapers and marking his territory. This spring, while my family, community and I work through this time of soul-searching, I will be cleaning up my basement of old Bones. +



# Life of the Pardy

After being silenced for many years, **Robyn Pardy** of St. John's raised her voice and raised awareness about HIV/AIDS in Newfoundland and across the globe.

PHOTOGRAPH BY GREG LOCKE

**I**t was another ordinary day in April 2008. I was cleaning the house and preparing supper for the kids when the phone rang. It was Jennifer Brammer from Oxfam Canada. She called to tell me that Oxfam wanted to nominate me for the 2008 *Flare* magazine national volunteer awards. The awards were established in 1996 to celebrate the volunteer work of Canadian women. Jennifer said that I was the perfect candidate—I had put in more than 500 hours of volunteering in 2007 alone.

Five hundred hours hadn't seemed like that much. I guess they were impressed by the fact that a woman with HIV had given so much back to her community, but it doesn't surprise us, does it? Many of us who are HIV positive work in our community because we want to help people who are living the things we have lived. And, really, after the work of living each day with HIV, what's a little volunteering on top?!

I was thrilled to learn that I was one of six women from across the country selected for the award that year. But it wasn't the award or the ceremony or the fancy hotel that meant the most to me. It was that phone call from Jennifer. For 14 years I had been doing education and outreach around HIV/AIDS, and while I certainly wasn't

doing it for the glamour and fame, it was amazing to be recognized for my contribution. It made me cry.

**W**inning awards was not my intention, I was just living my life. But, looking back, maybe it is remarkable how far I've come. I was diagnosed with HIV on December 15, 1993. I was 24, living in St. John's and eight months pregnant with my second child. I found out during a visit to my obstetrician. He did not handle it very well, and I remember him saying as he eagerly showed me to his office door, "If anyone asks why you are crying, just tell them there is something wrong with the baby."

I was uncertain of my future, uncertain of my unborn baby's HIV status, uncertain of everything, because back in 1993 a diagnosis of HIV meant certain death. What followed was a grey period: One day I was fine and the next day my whole world turned upside down. My husband even suggested suicide (he was diagnosed a short time after me) and for a moment it made all the sense in the world—he and I weren't going to live very long and I was convinced that my baby would be born with the virus. I didn't want to live with the thought of friends and family turning their backs on us while we died.

For a large part of my life, I had lived in silence—it was my coping mechanism. I was raised in an abusive home fueled by alcohol and drug dependence. Growing up, I was afraid to say anything or speak up for fear that I would be beaten. Being silent kept me safe. However, with my diagnosis, I knew silence wasn't going to work. I needed to talk about it.

Within weeks, I started to look around for information and help. I didn't know where to start, so my friend pulled out the phone book and looked under A for AIDS. No luck. We dialed directory assistance and got the number for the Newfoundland & Labrador AIDS Committee (as the AIDS Committee of Newfoundland & Labrador was then called). I phoned and made an appointment for the next day.

**I** still remember going through the doors of the agency building. I was afraid someone would see me. As I climbed the stairs, another woman was coming down. It was Trudy Parsons. I recognized her, as she was an HIV-positive woman who was very public about her status and was well known in the province. She said hello and we stopped briefly to chat. I told her I had just been diagnosed. She put her hand on my shoulder and said, "It's going to

be OK.” We both remember it. It was the beginning of a friendship that lasts to this day.

I quickly got involved in the agency, both as a client and a volunteer. I joined a women’s retreat led by Trudy. We were about 20 women, and I soon realized that many of us shared more than just HIV; poverty and domestic violence were common in our lives. I saw a link between those factors and our status, and I knew I wanted to do something about it.

I started volunteering as a public speaker. I wanted to raise awareness, teach prevention and battle stigma. But it also became my new coping mechanism—talking about my status helped me accept it. Trudy and I did a series of educational talks in public schools across the province and at the nursing and medical schools here in Newfoundland.

I loved my husband and felt very sad at his lack of support as an HIV-positive heterosexual man. But he did not like that I was speaking in public, so I would do it without telling him. When he did find out, it would send him into a rage. He never wanted to discuss the disease. He turned more and more to alcohol and eventually prescription and street drugs to cope. He became very abusive and violent toward me. This abuse went on for many years until I took my children and left. My health was deteriorating because of the stress of the relationship and I had reached my breaking point. Eventually, he gave up drinking and we worked things out. He was trying to get back on track, but it was too late. He passed away in 2004.

After my husband was gone I felt free to begin to find the voice that had been silenced for all those years. I became more public, doing more presentations and media interviews. I started to feel more empowered. People listened to me and didn’t criticize me...something that never happened in my life, ever!

**A**t a presentation I went to in 2006, David Hall, an activist who was living in Lesotho, Africa, talked about how

“Many of us who are HIV positive work in the HIV community because we want to help other people who are living things we have lived. We live every day with HIV, what’s a little volunteering on top?!”

women and girls there suffer abuse by their men and how they make up more than half of the HIV infections. Living in poverty and being abused sounded all too familiar to me. I spoke with him and mentioned off-handedly that I would be interested in going to Africa to do whatever I could to help.

A short time later, I received a call from the executive director of the AIDS Committee of Newfoundland & Labrador (ACNL), who asked me, “How would you like to go to Africa?” ACNL was partnering with Oxfam Canada to send a group of volunteers to Lesotho and Zimbabwe to address the issues of gender-based violence and HIV. What an honour!

During our two-week visit, I spoke to church leaders and parishioners, community-based caregivers, traditional healers, women’s groups, youth and people living with HIV/AIDS. I was

able to talk to women about the importance of getting tested, supporting each other, building networks and speaking out. It was a powerful and sobering experience to see how communities pulled together to face the epidemic, especially the women, who were trying to change cultural norms and advocate for their rights. Silent for so long, these African women were now finding their voice...just like me.

Upon my return, I continued my involvement with Oxfam, giving training workshops for volunteers and even speaking about my life and my experience in Africa at its annual national assembly in Ottawa. A year later, Jennifer Brammer called to talk with me about the nomination for the *Flare* magazine volunteer awards.

**W**hen I think of what motivates me to keep going, I think of my children, who are both HIV negative and now in their teens. They have been my constant support and give me unconditional love. When I was first diagnosed 16 years ago, I thought to myself, “I will never see them grow up, never see my daughter graduate, never see my son go to his first high school dance with a date.” Happily, I was wrong. I went to my daughter’s grade 12 graduation on my 40th birthday. I saw my son go to his first high school dance. Yes, I have had some terrible experiences, but I feel blessed that I have lived long enough to witness many beautiful things.

My goal is to help others understand that HIV is not just a health issue but also an environmental, social and economic one. I try to break down stereotypes, encourage access to resources, change policy and break the silence around the illness. HIV should be understood and not feared. Sexuality, race, age and religion don’t matter—what matters is that we are all human. It is not for anyone to judge, but rather to show compassion and respect for those living with and affected by HIV/AIDS. One of my favorite quotes is by Plato: “Be kind, for everyone is fighting a hard battle.” +

# Tom's Excellent Olympic Adventure

One PHA.  
One Olympic torch.  
One experience of a lifetime.



April 2009, I embarked on the opportunity of a lifetime: I entered a contest to win a chance to participate in the Torch Relay for the 2010 Vancouver Winter Olympics. One of the contest requirements was to write a pledge about how I would make Canada an even better place to live. As a person living with HIV for 18 years, and someone who has been delivering support to people living with HIV/AIDS (PHAs) for the past decade, I knew instantaneously that my pledge would be to continue to address HIV stigma and discrimination, both in my local community—Guelph, Ontario—and across Canada.

After my diagnosis, the AIDS-phobia I faced kept me from reaching out for the support and care that I needed. I lost control of my life. Years later, after I got back on track, I realized that I wanted to share my experience so that other PHAs would not have to suffer alone as I did.

In my work at the AIDS Committee of Guelph & Wellington County, I strive to empower and instill hope in people

**“My personal mantra is: ‘Imagine the possibilities.’”**

living with HIV. My personal mantra, shared with coworkers and clients, is: “Imagine the possibilities.” That mantra filled my mind as I completed the online application. It worked! I was selected to be Torchbearer 010; my leg of the relay would be 300 metres along the road heading out of Owen Sound, Ontario.

I had to prepare. In the months leading up to the relay, my coworkers, one of whom is an avid runner herself, thought it would be a great fundraiser to do regular training runs. I made a pledge to run 100 kilometres with the hope of raising \$1,000 for our agency’s contribution to the United Way. I didn’t think I would be able to run even 300 metres, but we trained three times a week, during our lunch break, running

five kilometres each time. As the summer progressed, I began to look forward to our training sessions, and despite the numerous running injuries that crept up, I met my goal.

Finally, the day arrived. December 29 was a typically cold winter morning: -20°C at 7 am. As I stepped off the shuttle bus, the people who came out to see the flame began to approach me wanting to have their photos taken. I encouraged them to hold the three pound torch as I answered their questions. As camera flashes popped in the early morning darkness, my face was lit with a perma-smile. The caravan of vehicles approached and I saw my fellow torchbearer preparing to pass the flame. As the Olympic volunteers moved me into position, I was circled by security. Our torches touched and mine burst to life. My moment had arrived; I took a deep breath, turned to the crowd and reflected for a moment on my pledge. Then I ran. +

Tom Hammond is executive director of the AIDS Committee of Guelph & Wellington County.



# SEX AND THE POZ GAY MAN

**Derek Thaczuk on building good sexual health.**



# If

being HIV positive raises a million questions, being poz and sexually active raises a million more. In his article “Law & Disclosure” in *The Positive Side*, Glenn Betteridge wrote about one such question for people living with HIV/AIDS (PHAs): When are you required by law to inform your sexual partner of your HIV status? (For the answer, see the Spring/Summer 2009 issue, at [www.positiveside.ca](http://www.positiveside.ca).)

Even if you’ve managed to keep the courtroom out of your bedroom, plenty of other uncertainties remain. Does having an undetectable viral load mean you’re no longer infectious? How do sexually transmitted infections (STIs) affect people with HIV? How do you initiate sex if you think your prospective partner may be poz-phobic?

HIV-positive gay men may find these questions especially pressing. Gay culture can put a lot of value (and pressure) on having sex. How can a poz gay man feel healthy and horny when sex seems so fraught with potential landmines? Here are some issues that you might consider as you chart your course.

First, you can begin by acknowledging that just as your life didn’t end when you were diagnosed with HIV, your sex life doesn’t have to end either. Sexual health is an important part of your overall health; it means taking care of yourself as well as your partner’s well-being—physical, mental and emotional—while still getting hot and heavy.

Second, there are countless shelves of material describing how to lower HIV transmission risk through safer sex. Check out some of these for yourself at [www.catie.ca](http://www.catie.ca), or better yet, call CATIE’s HIV information line at 1.800.263.1638 to get all the info you need. But a worthwhile sexual health discussion certainly shouldn’t begin and end there. Poz gay men need to hear that they are still sexual and sexually desirable, despite the homophobia and AIDS-phobia that may surround them. They need to know how to discuss HIV openly and honestly with their partners. And they need accurate facts—not just about HIV transmission risk, but about STIs, hepatitis C, recreational drugs and more.

One of the most recent controversial questions is whether an HIV-positive person on antiretroviral treatment and with an undetectable viral load can pass on HIV to another person through sex. While it’s impossible to do justice to this question in just a few words, the short answer is yes—it is still possible to transmit the virus. Although there is convincing evidence that an undetectable viral load can lower the risk considerably, there are too many variables to be certain and there has been very little study of this issue in gay men (see “Sex, Drugs and Viral Load” in the Winter 2008 *The Positive Side*).

Third, sexually transmitted infections other than HIV may require special attention if you are HIV positive. Some, such as herpes, can be more severe in people with HIV. Others, such as syphilis, can require more aggressive treatment (currently, while a single dose of intramuscular penicillin is the standard treatment for early-stage syphilis, some

## POZ PREVENTION

While HIV prevention usually only targets HIV-negative people, there’s a growing understanding that everyone—positive, negative and those who don’t know their status—can help prevent new HIV infections, without blaming or demonizing those living with the virus. Lovers of buzzwords call this **poz prevention**. After all, many poz gay guys know a great deal about HIV and safer sex, and we often end up educating other people, including the ones we have sex with. Some AIDS service organizations (ASOs) now feature poz prevention programs.

experts may prescribe a stronger course of treatment for PHAs). Additionally, certain types of STIs—such as syphilis, herpes and gonorrhoea—can increase the risk of transmitting HIV during sex. Take-home message: Sexually active poz gay men should get tested for STIs regularly.

Finally, all of this assumes that you’re willing and able to have sex in the first place. But this can sometimes be a challenge. For many poz gay men, being positive creates a lot of anxiety and guilt, and there may not be the desire to have sex at all. Some men may wish they were more interested in sex; others have the desire but have trouble getting or keeping an erection. Many things can conspire to lower your sex drive and/or your ability to get hard—low testosterone, depression and anxiety, and using prescription or recreational drugs, to name a few. But very often there are steps you can take to overcome these challenges. (For some personal and medical perspectives, see “Sexual Healing” in the Fall/Winter 2005 *The Positive Side*.)

Like many other aspects of HIV, sexual health is a big and often complex subject. By talking about some of the million questions that arise for poz gay men, we can come to realize that being HIV positive and “sex positive” can, in fact, go hand in hand. +

Derek Thaczuk firmly believes that gay men and all PHAs have the right to bring sexy back.

The publication *Positively Healthy: a gay man’s guide to sex and health in Canada* (CATIE Ordering Center catalogue number ATI-26083) was developed by and for gay men living with HIV across the country. Its brother publication is *HIV and Disclosure: a legal guide for gay men in Canada* (ATI-26081). Both publications, produced in partnership with Ontario’s Gay Men’s Sexual Health Alliance, HIV & AIDS Legal Clinic (Ontario) and Toronto PWA Foundation, can be found at [www.catie.ca](http://www.catie.ca) and copies can be ordered through the CATIE Ordering Centre. People in Ontario should refer to the Ontario versions of these guides. In Ontario, contact your local ASO to obtain a copy.



# INFLAMMATION INFORMATION

**Derek Thaczuk** explains why the concept of HIV as a disease of inflammation is the talk of the HIV research community.

ILLUSTRATION BY KEVIN GHIGLIONE

## Inflammation

is not a new concept in medicine, but it has recently become the big new buzzword in HIV. Inflammation is part of the body's response to infection, and fighting a long-term chronic infection like HIV throws the immune system into an ongoing state of activation, or chronic inflammation. This idea of chronic inflammation is hot right now because researchers are discovering that it may play a major role in many widespread problems among people with HIV/AIDS (PHAs)—such as heart attacks and cardiovascular disease as well as brain, liver and kidney damage. The metabolic problems experienced by many PHAs were long thought to be mostly due to the side effects of certain antiretroviral drugs, which has led many people to delay or interrupt treatment.

Antiretroviral therapy (ART) may be both friend and foe when it comes to heart disease. While certain (but by no means all) anti-HIV drugs are known to raise the risk of heart disease, we are also learning that successfully controlling HIV with ART may reduce the risk of the same problems, by reducing the chronic inflammation caused by untreated HIV. So, is your heart better off with or without ART? What does this apparent contradiction mean when it comes to starting or staying on ART? Experts are still trying

to answer these questions, but in the meantime, here's an exploration of what we know so far.

### SMART TO STAY ON ART

Many antiretroviral drugs are notorious for causing metabolic disorders—disruptions in the body's normal biochemistry. Some of these metabolic problems, such as abnormal lipid (fat) and glucose (sugar) levels in the blood, greatly increase the risk of heart attack, stroke and other cardiovascular disease.

However, metabolic complications have also been seen in HIV-positive people who are not taking ART, so drug toxicities clearly cannot be the only cause. A trial called the SMART study gave the first conclusive evidence that prolonged and excessive immune activation—inflammation—is another major cause of ongoing damage in HIV disease. This large international trial looked at PHAs who either remained on continuous ART or took structured treatment interruptions—stopping ART when their CD4+ counts climbed above 350 and resuming when their counts fell below 250.

The SMART study did not even finish before the evidence was in: Compared to people who stayed on continuous

therapy, those who took treatment interruptions were more than twice as likely to become seriously ill or die. This was not limited to death from AIDS-related conditions; treatment interrupters also had higher rates of heart, liver and kidney diseases—problems that are often associated with inflammation.

Researchers highlighted two messages from the SMART study: First, it is a bad idea to stop treatment once started. SMART hammered the final nail into the coffin of structured treatment interruptions. Second, researchers interpreted SMART results as follows: When people stopped ART, their virus came out of hiding, made copies of itself and cranked up the immune system, that is, caused inflammation. These bouts of inflammation increased the risk of inflammation-related conditions such as heart disease.

### GOOD INFLAMMATION TURNED BAD

But what does inflammation—an immune response to infection—have to do with heart disease? “Inflammation is a much broader process than simply an immune response to infection,” explains Marek Smieja, associate professor of pathology and molecular medicine at St. Joseph’s Healthcare hospital in Hamilton, Ontario. “Inflammation also includes mechanisms that repair and defend against damage to bodily tissue.”

Smieja adds, “There has been an idea prevalent in cardiology for quite a long time, which is that the process that leads to heart disease, atherosclerosis, is an inflammatory response to injury.” The process goes something like this: Blood vessels are damaged—by high blood pressure, high blood sugar, cholesterol or whatever factor—and the body produces inflammation in attempt to repair the vessel wall.

## BUZZWORDS

**INFLAMMATION:** The immune system’s response to infection or tissue damage, also called immune activation. Inflammation helps to fight infection and also repairs damaged tissues. Inflammation can be short-lived (acute), such as the redness and swelling around an infected cut or the body-wide aches and fever when you’re fighting off the flu. However, lower levels of inflammation can persist for years without any obvious symptoms. This is called chronic inflammation.

**METABOLIC DISORDERS:** Disruptions in the body’s normal biochemistry, such as abnormal levels of cholesterol and fats (lipids) in the bloodstream and abnormal levels of blood sugar (glucose). Over the long term, these problems can increase the risk of cardiovascular disease.

**CARDIOVASCULAR DISEASE:** Disease that affects the heart or the blood vessels. The most common is **atherosclerosis**—the stiffening and thickening of blood vessel walls due to a build-up of fatty clots—which can lead to **heart attack** or **stroke**.

However, since the damage continues—unless we listen to our doctor’s advice and are able to reduce our blood pressure, blood sugar levels, cholesterol or whatever—the inflammation persists and becomes chronic.

The problem is that chronic inflammation, which begins as a healing mechanism, eventually has the opposite effect—it causes more damage to the vessel. The accumulating damage causes atherosclerosis: The blood vessels stiffen and thicken due to the build-up in the walls of fatty clots called plaques. These plaques contain cholesterol as

**THE SINGLE BIGGEST DRIVER OF HEART DISEASE AMONG PEOPLE WITH HIV REMAINS SMOKING, WITH HIGH LIPIDS A CLOSE SECOND.**

well as large numbers of immune cells, including T cells, macrophages and other, more exotic, creatures such as foam cells.

Problems really start when the plaque gets so large that it blocks the flow of blood or it ruptures. A ruptured plaque forms a fatty plug that can travel through the bloodstream and become lodged in a blood vessel. If the blocked vessel is in the heart or brain, the result is a heart attack or stroke.

### UNIFYING HIV AND HEART DISEASE

So, where does HIV fit in? It’s well known that HIV activates the immune system when it replicates (makes copies of itself) and that untreated HIV disease leads to constant low-level activation—a sort of permanent state of inflammation. Researchers hypothesize that this inflammation caused by HIV (or another infection) might trigger atherosclerosis in blood vessels or it might promote atherosclerosis that has already started. (In support of this, Smieja points out that an episode of pneumonia increases the risk of heart attack for several months thereafter, presumably due to the sudden burst of immune response to the infection.)

While it might not be intuitive that an infection could cause heart disease, it makes sense if we consider that what we call “inflammation” is actually a physical process involving immune cells and chemical messages, and these cells and messages travel through blood vessels while fighting an infection. It’s possible that in doing its job of battling infection, “inflammation” also has the unintended effect of promoting atherosclerosis in the blood vessels.

Cardiovascular disease is generally thought to be caused by multiple factors working together. Infection, including

## THE CANADIAN HIV VASCULAR STUDY

The Canadian HIV Vascular Study is investigating the relationships between HIV medications, metabolic abnormalities and cardiovascular disease among PHAs. Originally sponsored by the Ontario HIV Treatment Network (OHTN) for two years, additional funding from the Canadian Institutes of Health Research (CIHR) has resulted in a five-year, multi-site cohort study following roughly 300 PHAs from seven major Canadian cities.

“We’re using a measure called carotid intima media thickness—essentially a measure of how much the arteries are thickening, which is a very good predictor of heart attack risk,” says Marek Smieja, the study’s lead investigator. “We are looking at how this is affected by cholesterol levels, by aging, by smoking and by different antiretroviral drug regimens; and we are also looking at a number of markers of inflammation.”

Studies like this will continue to tease out the complex interactions between traditional cardiac risk factors, HIV infection, inflammation and antiretroviral treatments. So far, Smieja says, “we’ve shown that protease inhibitors and stavudine (d4T, Zerit) cause more atherosclerosis than other drugs, and that high cholesterol, smoking and high blood pressure are all major risk factors.” The risk of heart disease due to inflammation has appeared to be “borderline,” he says. “You do get more cases of heart disease in people who have more inflammation, but the jury is still out on whether inflammation adds a risk over and above the traditional risk factors like smoking, age, high cholesterol levels and blood pressure.”

it’s more controversial whether we should start ART earlier specifically because of heart disease.” He is certain that the “single biggest driver of heart disease among people with HIV” remains smoking, with high lipids a close second. Those lipid levels “may be partly due to HIV disease, but they are mainly driven by the antiretrovirals.”

So, while experts may not yet agree as to the precise role that inflammation plays in the damage that HIV disease inflicts on our bodies, it is clear that there are many things we PHAs can do to better our heart health, such as: quitting smoking, controlling blood pressure, keeping diabetes and cholesterol in check and getting exercise. +

For practical advice on heart health, check out CATIE’s Fact Sheet “HIV and cardiovascular disease: keeping your heart and blood vessels healthy.” Find it at [www.catie.ca/facts.nsf](http://www.catie.ca/facts.nsf) or call 1.800.263.1638 to order a copy.

Derek Thaczuk has been writing and speaking on HIV and health topics for 12 years. He has been blessed with good health since his own diagnosis in 1992 and thinks that everyone with HIV should be able to expect the same.

HIV, might be one more of these causes to add to the list. In fact, researchers are now thinking that many of these factors may cause inflammation and this explains how together they lead to cardiovascular disease. Inflammation, Smieja says, may be “kind of a unifying hypothesis, meaning that it’s still the smoking or the diabetes or the hypertension that’s ultimately causing cardiovascular disease, but inflammation is a final common pathway that allows us to better integrate all these different risk factors.” Seeing inflammation in this central role allows researchers to better understand how cardiovascular disease risk factors, including HIV infection, influence each other. This may one day help physicians decide how to best treat PHAs who are at risk for heart disease.

The consequences of ongoing immune activation do not begin and end with cardiovascular disease. In fact, chronic inflammation seems to drive what can be seen as an accelerated aging process, much like what is being seen in people with long-term HIV infection. Marianne Harris, a family doctor and clinical research advisor for the AIDS Research Program at St. Paul’s Hospital in Vancouver, says that with normal aging “you have a low-grade, chronic inflammatory state, which eventually ceases to be beneficial and instead causes tissue damage to slowly accumulate.” The chronic immune activation of long-term HIV infection accelerates the process: “The changes you see with chronic HIV—heart, bone, brain and kidney disease—are very similar to what happens in the normal aging process.”

### DO HEARTS ♥ ART?

Research into the role of inflammation is gathering momentum, and many details remain to be investigated. One central issue, as mentioned earlier, is that ART may have two opposing effects. On one hand, certain antiretroviral drugs are known to increase the risk of heart attack and maybe stroke. On the other hand, the inflammation theory argues that effective treatment reduces inflammation caused by the ongoing viral replication of untreated HIV disease and, overall, lowers cardiovascular disease risk. What exactly does this mean for a PHA who is thinking about the pros and cons of starting treatment?

So far, the medical community has acted on the evidence that leaving HIV infection untreated poses greater future health risks than ART does, as SMART and other studies suggest, by recommending earlier treatment (that is, by recommending treatment initiation at a higher CD4+ cell count). The most recent guidelines published by the U.S. Department of Health and Human Services (DHHS)—the granddaddy of guidelines for HIV treatment—now recommend starting treatment when CD4+ counts fall below 500, with some members of the expert group even calling for treatment at counts above 500 cells. (Check out *Treatment-Update 176* at [www.catie.ca/tu.nsf](http://www.catie.ca/tu.nsf) for an in-depth report on the changes to the DHHS guidelines.)

Whether starting ART is going to reduce the risk of heart attack and stroke for PHAs is an open question. Not all experts are convinced, and Smieja is among them: “I think

# On the Radar



Reports of hepatitis C infection among HIV-positive men are raising the possibility that hepatitis C may pass during sex. What can you do to reduce the risk of transmission?

# In

late 2002 on a trip to London, England, Gary found out he was infected with HIV. The then 47-year-old Montrealer was travelling frequently to the British capital for business and had been tested for HIV while seeking medical care there for another sexually transmitted infection. Back in Montreal, Gary found an HIV doctor and started antiretroviral therapy a few months later. As his doctor was monitoring Gary's response to treatment, he noticed an increase in the levels of liver enzymes in Gary's blood—a sign the liver was being damaged. A hepatitis C test came back positive.

Gary's case is not an isolated one. Reports of hepatitis C co-infection among HIV-positive gay and bisexual men (referred to as "poz" men in this article) have appeared in England as well as in other Western European countries, the United States and Australia since the beginning of the millennium. Researchers began to study these outbreaks of co-infection to determine why they were happening. When asked, the men in the outbreaks said they do not inject drugs—the most common way to pass hepatitis C.

These outbreaks of hepatitis C among poz men who deny injecting drugs have raised the possibility of sexual transmission of the virus. Researchers are now trying to understand more about the factors involved in sexual transmission and to determine who might be most at risk. In the meantime, advocates and co-infected men are urging their brothers (poz or otherwise) to get informed and make healthy choices.

## NEW ROUTE OF TRANSMISSION

Hepatitis C is transmitted through blood-to-blood contact and is generally not thought to be passed easily during unprotected sex, at least according to the results of studies among monogamous heterosexual couples. The Canadian AIDS Society transmission guidelines rate the risk of passing hepatitis C through unprotected vaginal or anal sex as low.

The outbreaks among groups of poz men, which researchers surmise to be the result of unprotected sex, were therefore surprising. So researchers began to look for factors that might have made transmission more likely in these groups. One possibility is that some sex activities increase the risk of transmission. Another possibility is that having HIV makes people more vulnerable to hepatitis C infection. Both may be at play.

Researchers found that the kind of sex these men were having seemed to be a factor in the outbreaks. Poz men infected with hepatitis C talked about having unprotected anal sex, group sex and rough sex, including fisting. They also talked about using erectile dysfunction drugs, such as Viagra (sildenafil), and street drugs, such as crystal, ketamine, GHB or ecstasy, while having sex. Gary says that he

attended sex parties in London that involved group sex, unprotected sex, fisting and street drugs such as cocaine and ketamine.

It would be tempting to blame the outbreak on the (non-injection) drug use seen in these men, since sharing straws or bumpers to sniff drugs is a known way to pass hepatitis C. As well, since the outbreaks have occurred in poz men who engage in sex that involves multiple partners, drugs and rougher activities, talk among some circles has highlighted those men as being the only ones at risk.

"We shouldn't make the mistake that was sometimes made with HIV in the early 1980s. Back then, some men assumed that HIV was only something to worry about if you were one of those 'fast-lane' gays—had lots of sex, especially the rough kinds, and did drugs. We now know that you can get HIV from just one act of unprotected intercourse," says Sean Hosein, CATIE's science and medicine editor. "Some people are making the same assumption with hepatitis C. The hepatitis C virus can be spread via unprotected intercourse, particularly among HIV-positive men who have weak intestinal immunity. You don't have to be fisted to get it."

While this view may be up for debate, there is growing evidence to support it. Take the case of Doug, a 46-year-old poz man from British Columbia who was diagnosed with hepatitis C in 2007. He says that he definitely had unprotected group sex in the months leading up to his diagnosis, but he never sniffed or injected drugs. He assumes that he must have been infected through sex. He was devastated by the news, he says, because "I didn't

think you could get hepatitis C through unprotected sex. It wasn't even on my radar."

## HEPATITIS C AND SEX

There are several factors that could increase the risk of transmitting hepatitis C during unprotected anal sex among HIV-positive men. As Hosein mentions, HIV infection weakens the immune system in the intestinal tract, which includes the anus and rectum. This could make it easier for poz men to be infected with hepatitis C through anal sex. While anti-HIV therapy suppresses HIV, allowing the immune system to regain some strength, it does not fully restore the immune system in the gut. Immune cell numbers may increase, but these cells are not as effective at fighting off germs as the cells in an HIV-negative person.

Having multiple partners increases the risk of transmission for all germs, including hepatitis C. Unprotected rough anal sex increases the risk of breaking the skin (or the fragile linings of the anus and rectum) or producing blood. Unlike the vagina, the anus (of a man or woman) does not produce lubrication when stimulated. Without lube, microscopic cuts can occur during unprotected anal sex, which

**"I DIDN'T THINK YOU COULD GET HEPATITIS C THROUGH UNPROTECTED SEX. IT WASN'T EVEN ON MY RADAR."**

increases the risk of transmission. Some street drugs dehydrate the membranes lining the anus and rectum, making them more prone to tearing. Street drugs can also impair judgment, leading people to take risks, and alter perception, so people don't feel the pain from the physical damage being done or they don't care.

Sexually transmitted infections (STIs) can create sores on the genitals as well as inside the genitals and anus—providing entry points for HIV and hepatitis C—and people often don't know they have these sores. In high-income countries like Canada, STI rates are very high in men who have sex with men (MSM) who have multiple partners. Finally, in co-infected men, detectable levels of both HIV and hepatitis C virus have been found in the semen, which means that transmission of hep C through semen is at least a possibility.

Many of these factors apply to more than just poz men — they also apply to HIV-negative MSM and, in some cases, anyone who has anal sex. This is leading some people concerned with larger public health issues to take a cautionary approach when it comes to thinking about how to reduce hep C transmission.

It is not yet clear the extent to which hepatitis C can be passed on during sex. In studying the outbreaks of hep C in other countries, researchers so far have not observed similar outbreaks among HIV-negative men, but this does not mean that HIV-negative men are not at risk. It is possible that HIV-negative men are not being tested as frequently for hepatitis C, so the cases are not being picked up. It's also possible that an outbreak has not yet occurred in that population.

### WHAT ABOUT CANADA?

Has there been an outbreak of hepatitis C among poz men in Canada? There are no published reports and anecdotal evidence is not definitive. Dr. Patrice Junod of Clinique Quartier Latin in Montreal says he has not seen a dramatic spike in the number of cases of hepatitis C among poz gay men in his clinic, and he hears similar observations from his colleagues across the country. However, he adds, "I am testing for hepatitis C among my HIV-positive patients more often since we have learned of the outbreaks elsewhere."

According to Rob Gair of Vancouver's Health Initiative for Men (HIM), unpublished preliminary results from a 2008 study of MSM in Vancouver's West End neighbourhood found that about 5 percent have been infected with hepatitis C at some time. Looking at only HIV-positive MSM, the level of hepatitis C co-infection is much higher, about 18 percent. These numbers concern Gair, especially considering that a significant portion, 20 percent, of MSM with hepatitis C (both poz and HIV negative) in the survey said they do not inject drugs. If nothing else, poz gay men should be more aware of hep C and its potential to be passed on during sex.

While it seems that an outbreak has not yet occurred in Canada, this could change given the international networks among gay communities. There is evidence that the virus seen in outbreaks in different areas is genetically related, suggesting that men infected in one area travel to another where the virus is passed on, or, as in Gary's case, men travel to an area where hepatitis C infection is established, pick it up and then bring it home.

### TREATMENT DOUBLE TROUBLE

Some poz men might think, "What's the big deal about getting another virus? I already have HIV." That attitude is easily understood, but being co-infected with HIV and hepatitis C brings on a whole new set of health challenges.

Hepatitis C damages the liver. It generally takes a couple of decades before severe damage develops, but if you already have HIV, the damage can occur much faster—up to three times faster, particularly if your CD4 cell counts are low or you are in generally weaker health. If you haven't already started taking antiretroviral therapy to treat your HIV, you most likely will one day, and you need your liver to be as healthy as possible to help you process the anti-HIV drugs.

The only way to know for sure whether you have hepatitis C is to have a blood test; there are often no symptoms during the initial infection. Harlon, 45, who was diagnosed with HIV in 1987, only learned of his hepatitis C infection in 2006. Similar to Gary's case, Harlon's doctor ordered a hepatitis C test when Harlon's liver enzyme levels came back abnormally high. But viral hepatitis infection does not always lead to elevated levels of liver enzymes in the blood. Harlon, from Mississauga, Ontario, has never injected

drugs and thinks he might have been infected with both viruses back in the late 1980s when he was having lots of sex—meaning he lived with hepatitis C for two decades without knowing it.

While there is treatment for hepatitis C, being co-infected makes treating this virus more difficult and lowers the chances of therapy being successful. (Successful treatment does not protect against being re-infected with hepatitis C.) Treatment worked for Gary and Harlon—their hepatitis viral loads went to undetectable and stayed there. Doug wasn't so lucky. Even after 15 months of treatment (the usual course of treatment is up to 12 months), he still had detectable hepatitis C virus in his blood. He's hoping that one of the new treatments in development might help him one day; until then, he's staying as healthy as he can.

Hepatitis C treatment involves daily pills of ribavirin and weekly injections of pegylated interferon. Side effects, including flu-like symptoms, anemia, irritability and depression, are known to be difficult. "Hep C treatment was an assault on my mind and body," says Harlon, who was particularly hard hit by treatment side effects. "Initially it took me four days to recover from the injection. I felt like I



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was hit by a truck. I was tired but I also had insomnia. I lost my appetite. I had psychological effects, too—seeing or hearing things that were not there, especially at night. I was paranoid to go out, as I felt that everyone could see how sick I was.” Harlon gained control of his treatment by managing his side effects one at a time, but he was very glad when treatment ended.

Gary, on the other hand, considers himself very lucky because he had relatively few side effects: “For the first four to six weeks, I was nauseated and tired after the weekly injection but then my body seemed to adjust and my energy came back. I did feel blue sometimes, but it was not nearly as bad as I had read about.”

Hepatitis C treatment is expensive, upwards of \$20,000, and finding financial support is not always easy. Not all private insurance plans cover hepatitis C treatment. Coverage by provincial prescription drug plans varies across the country and often requires that certain conditions be met. Check out [www.hepcinfo.ca](http://www.hepcinfo.ca) for comprehensive information on hepatitis C, including getting help with costs for treatment. See also “Double Duty,” an article about HIV/hepatitis C co-infection in the Spring 2008 *The Positive Side*.

### SPREADING AWARENESS, NOT THE VIRUS

Co-infection is not only a burden when it comes to taking care of your health, it also has social and psychological effects. “Having hepatitis C adds a whole new layer to the stigma and discrimination we face as poz gay men,” Harlon says. Though hepatitis C is much more common than HIV in the general population, it has the reputation of being an infection of injection drug users. Canadian estimates from 2007 put the number of new cases of hepatitis C at almost 8,000, compared with 2,400 reported new cases of HIV the same year. Of those new hep C cases, the vast majority (83 percent) involved injection drug use. Many people assume that a person with hepatitis C is an injection drug user and then they pile on all their preconceived notions and prejudices. Harlon thinks it’s important for people to know that hepatitis C can be passed during sex so these old stereotypes can be broken down.

Stigma and discrimination from poz men can also be a problem for the co-infected. “People don’t know about hepatitis C—not the gay community, not even the broader community,” Harlon says. “Ignorance turns to fear, and fear can kill a hot time that’s developing. Guys have walked away from me when I told them I was co-infected.”

Many poz men have found a sense of community with their HIV-positive brothers. In the coffee shop that can mean sharing updates on CD4 counts and treatments; in the bedroom it can mean serosorting—having sex only with men of the same status. Not every poz man serosorts, but it’s not uncommon either. Serosorting among poz men can lead to barebacking (unprotected anal sex) because the men decide that the benefits of unprotected sex with another poz man outweigh the risks.

Throw a poz man co-infected with hepatitis C into the mix and things can get complicated. First, there is a risk of

the hepatitis C virus passing among poz men who bareback but aren’t aware that their partner may be co-infected. Second, a co-infected man runs the risk of being ostracized if he discloses his status, compounding his sense of isolation. Gair is also concerned that this could lead to a new level of serosorting, where poz men choose sex partners who are HIV positive and hepatitis C negative. The problem with serosorting for negative partners is that one can never be sure of the partner’s negative status. Poz men who serosort for hepatitis C and bareback may think they are safe but

## GET HIP TO HEP C

What can a horny poz guy do to reduce his chances of getting or passing on hepatitis C? Since the virus is transmitted by blood (and potentially by semen), safer-sex messages about HIV also apply to hepatitis C.

- Use condoms for anal sex and latex or polyurethane gloves for fisting. Change them often, and change them every time you change partners—when you are the top and when you are the bottom.
- Don’t share sex toys. If you do, put a new condom on the toy every time it is used in someone different.
- Lube it up and use lots (water- or silicone-based, not oil-based if you’re using latex condoms or gloves). Make sure everyone has their own supply and they use it only on themselves.
- If you bareback, try to limit the number of partners you have sex with during one session.
- Take care of your hands, your ass, your dick and your mouth. Be aware of open cuts, hemorrhoids or red swollen spots anywhere—they can all increase the risk of passing on hepatitis C and HIV. Start out easy during fisting or rough sex to let sphincters dilate. Keep fingernails short and smooth with no sharp edges (that might tear a glove or the lining of the rectum). Don’t brush or floss your teeth for a couple of hours before the session.
- Check in with yourself before doing that extra bump of ketamine or line of crystal. Are things going OK? You might decide to wait a while before the next hit.
- Talk about it. This can be hard in a group situation, but if you and your partner(s) know that hepatitis C is in the equation, you can decide to dial it back and still have a good time.
- Keep yourself healthy, including getting tested regularly for sexually transmitted infections.

might actually be putting themselves more at risk of becoming infected with hep C.

How poz men are going to handle this new information isn’t clear yet. While Harlon feels compelled to inform others about his experience, Gary takes fewer risks nowadays but acknowledges that when the urge to party hits, it can be hard to play safe all the time. Gair says we need to raise awareness of the issue. Poz men know how to be healthy and horny—given the right information, they can prevent hepatitis C from becoming a serious issue in our communities. +

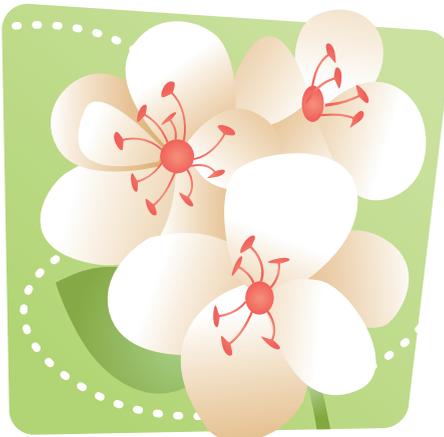
# ASK THE EXPERTS

Get answers to your treatment questions

## Allergy Strategies

I've got seasonal allergies and I've got HIV. Is there anything I should know about dealing with my springtime bout of sniffles, congestion and weepy eyes? – P.H., Summerside, P.E.I.

INTERVIEWS BY JENNIFER MCPHEE



### RYAN COOPER, MD

Physician, Northern Alberta HIV Clinic  
Edmonton

So far, there is no conclusive evidence indicating that seasonal allergies are more common or worse among people with HIV/AIDS (PHAs) compared with the general population. And, for the most part, PHAs with seasonal allergies can fend off their symptoms the same way everyone else does. However, it's important to know that some allergy medications can interact with certain anti-HIV drugs, so make sure your HIV doctor knows that you have seasonal allergies and keep your pharmacist in the loop about any new allergy medications you're taking, including over-the-counter ones, so he or she can check for potential drug interactions.

Here are some general tips for allergy sufferers:

- If you're uncertain about the source of your allergy, get an allergy test. You may think you have a seasonal allergy to the pollens from trees, weeds or grasses outside when

you're really allergic to the dust inside—or you may be allergic to both.

- Don't let your allergy symptoms get out of control. Ignore a chronically runny nose, for instance, and you could end up with a nasty bacterial infection of the sinuses (sinusitis).
- Try to reduce your exposure to what you're allergic to. For many people, this may simply mean popping an antihistamine before going to the park or wearing a mask while mowing the lawn. Others, however, have such severe seasonal allergies that they must completely steer clear of what triggers their allergic reaction.

### VINCE YU

Pharmacist, St. Paul's Hospital  
Vancouver

If staying clear of what you are allergic to isn't enough or isn't possible, there are medications to help. The first option is usually over-the-counter antihistamines, and all the usual

warnings about side effects apply to everyone. In most cases, choose the newer second-generation antihistamines such as fexofenadine (Allegra) or loratadine (Claritin) over older-generation medications like diphenhydramine (Benadryl) because newer antihistamines last longer and won't make you feel drowsy.

Save the older-generation antihistamines for when you're dealing with a severe allergic reaction because they are faster acting. But keep in mind that these pills are more likely than the others to cause side effects, including dry mouth and eyes, difficulty urinating, constipation and drowsiness. And be cautious about taking older-generation antihistamines if you have pre-existing glaucoma, thyroid disease, prostate problems or heart disease because these medications could make your condition worse.

Over-the-counter decongestant pills such as pseudoephedrine (Sudafed) and nasal sprays such as xylometazoline (Otrivin) improve nasal congestion and drainage from the sinuses. They

are a good choice if congestion is your main symptom. In terms of side effects, these medications can cause insomnia and heart palpitations and can raise blood pressure. They should be used cautiously and you should be closely followed by a doctor if you have heart or thyroid disease, diabetes, glaucoma or prostate problems. Another piece of advice about decongestant nasal sprays: Take a break for a day or two after using them three days in a row.



Otherwise these sprays might not work as well or may cause “rebound” congestion (plugged nose all over again) when you do stop. Try switching to a saline nasal spray—it can help loosen things up without the same risks.

For more severe allergy symptoms, doctors may prescribe corticosteroid nasal sprays. These work well to bring down swelling, however, PHAS on anti-HIV therapy should use these medications, in particular fluticasone (Flonase), with caution. This is because some anti-HIV drugs, such as ritonavir (Norvir and in Kaletra), can slow the breakdown of corticosteroids and lead to a build-up of that drug in the body. Among other things, ongoing exposure to high levels of corticosteroids can cause Cushing’s syndrome, a hormone disorder with symptoms that include weight gain, fatigue and a swollen face. If you are on ritonavir and need a corticosteroid, use the smallest amount for the shortest time needed.

For sinusitis, I also tell PHAS who are taking tenofovir (Viread and in

Truvada and Atripla) to limit their use of over-the-counter anti-inflammatory pain pills such as ibuprofen (Advil, Motrin), acetylsalicylic acid (Aspirin) and naproxen (Anaprox). In rare cases, the combination may worsen kidney toxicity.

PHAS may have elevated levels of antibodies involved in allergic reactions due to the inflammation and immune activation thought to be caused by HIV. (Read “Inflammation Information,” on page 14, to learn more about HIV and inflammation.) This has led some researchers to think that allergies might be more common or worse among PHAS. Studies to date have not shown a conclusive link, but it is perhaps something to keep in mind.

Finally, allergy shots as a form of therapy to reduce the body’s reaction to allergens are controversial in terms of safety and effectiveness in the PHA population. There is a need for more research in this area. This step definitely deserves a talk with your HIV doctor.

**PAUL SAUNDERS, ND, PhD**  
Naturopath, Canadian College of  
Naturopathic Medicine  
Toronto

I tell seasonal allergy sufferers that during allergy season they should avoid anything else they’re allergic to. For instance, if you have seasonal allergies and are also allergic to pets, don’t spend spring weekends at your pet-owning friend’s cottage—or at least don’t let their cat snooze on your bed.

Also, about two or three weeks before allergy season begins, start taking quercetin with vitamin C twice or three times daily. When you take this

## HERBAL INTERACTIONS

Some herbs can interact with prescription medicines, including anti-HIV drugs, and over-the-counter products. This can change the medication’s effectiveness or make worse any side effects of the drugs. Be sure to let your doctor know about all the herbs, supplements and other complementary therapies you take.

plant-derived bioflavonoid with vitamin C, it functions like a natural antihistamine by reducing the body’s production and release of histamine. And it doesn’t cause drowsiness or dryness, which are symptoms often associated with over-the-counter antihistamines.

Thirdly, I find out more about my patients’ exact symptoms in order to recommend a homeopathic remedy that helps remove their specific symptoms. One of the principles of homeopathy is that those ingredients that would cause a certain symptom in a healthy person can be given to help cure the same symptom in a sick person. We don’t know exactly why this works; we just know it has helped a lot of people.

It’s also worth mentioning that psychologist Louise Hay, who wrote a lot about the relationship between disease and emotional states, believed that sinusitis was, in some people, a psychological response created when people don’t get enough space in a relationship. Based on my own experience with patients, I believe she may have been on to something.

To clear the sinuses, I often suggest a tincture of horseradish, or simply adding horseradish or wasabi to food, for example, wasabi-coated tuna or salmon. And, during the allergy off-season, keep your immune system strong so you are better equipped to deal with allergies in the spring. I often recommend taking a combination of the herbs astragalus and codonopsis, which improve immune function against viral infections. However, we don’t know whether these herbs interact with anti-HIV drugs, as no studies have been done.

Make sure you exercise and eat well. Finally, although there are no studies about the effect of vitamin D on allergies, research does show that this vitamin is essential for maintaining a healthy immune system. +

Jennifer McPhee is a Toronto-based freelance writer who contributes regularly to *The Positive Side*. Her work has also appeared in numerous publications including *Chatelaine*, *The Globe and Mail* and *Childview*.



# Latino Positivo

In his film *Nuestras Caras, Nuestras Historias*, artist and activist **Samuel López** puts a human face on his community—HIV-positive Latino immigrants in Canada.

INTERVIEW BY ASTRID VAN DEN BROEK

**S**amuel López learned early in life about how tragedy can ravage a community. The son of a Baptist minister, López grew up in 1970s El Salvador, a country on the verge of a civil war that would last from 1980 to 1992. His father's church, Emmanuel Baptist Church in San Salvador, had a clandestine involvement in Comadres, a human rights group formed by the wives, mothers and sisters of men who "disappeared" while struggling against the right-wing regime. As part of its work with Comadres, the church helped found an orphanage where some 100 children found refuge.

López and his parents were very much involved in the orphanage. "I still vividly remember one time as a teenager when we went to the mountains to rescue six siblings whose mother was dead and whose father had gone to war. It wasn't easy—we had trouble with the directions—but eventually we found them," he recalls. "We arrived during a battle and were nearly killed while saving them and bringing them back to the orphanage. It was terrifying. We were all living this

experience of a civil war, and so community devastation is something that's quite easy for me to understand."

Experiencing social injustice and violent repression in his homeland planted deep activist roots in López. Now, more than two decades later in a world away from the bloody conflicts that back then were tearing apart several countries of South America, the 41-year-old Toronto resident continues to stand up for people's rights, passionately advocating for change. But today, instead of starting an orphanage, López does his part with a film lens, most recently by directing the 17-minute documentary film *Nuestras Caras, Nuestras Historias* (*Our Faces, Our Stories*). Initially created for screening at the 2008 International AIDS Conference in Mexico City, the film has continued to attract attention at film festivals in and around Toronto.

Simple in execution yet packing a punch, the film tells the stories of six people with HIV/AIDS (PHAs) who immigrated to Canada from Latin America. They speak of the stigma they often felt in their home countries because of

their HIV status and how within the Canadian health-care system and in the broader community HIV is more "normal." Though there are growing and vibrant South American communities in many Canadian cities, the HIV-

**"We were all living this experience of a civil war, and so community devastation is something that's quite easy for me to understand."**

phobia and homophobia that can exist in Latino communities make it hard for Latino PHAs to feel welcome. (Several of the PHAs in the film are also gay, compounding their sense of isolation.)

As an HIV-positive gay Latino man who arrived in Canada in 1984, López can relate to many of the experiences



shared in the film. His own immigration story represents two waves of Latino immigrants who have come to Canada—the political exiles of the late 1970s and the more recent newcomers who left Latin America because of their sexual orientation.

Calling attention to the lack of services available to HIV-positive Latinos in Toronto and across the country is one goal López has for his film. There is a need for HIV-positive Latino peer counselors, he says. However, he points out that immigrant Latino PHAs often do not have the skills or experience to provide that support. And no wonder—the stigma and discrimination Latino PHAs face in their home countries often forces them to live in isolation and fear and can rob them of a chance to develop those skills. It is the same hostility and repression that drives them to emigrate.

Seeing the opportunity to make a difference, López and others have created Latinos Positivos Ontario, an advocacy group for Latino PHAs in the province. One goal of the group is to support and train Latino PHAs to be peer mentors.

*Nuestras Caras, Nuestras Historias* is not López's first foray into storytelling through film. In 1992, he produced *Samuel & Samantha on the Emancipation of All*, a documentary about the start of the gay Hispanic community in 1990s Toronto, narrated by López and his drag alter-ego Samantha. "I don't have a formal education in filmmaking," he says, "and I learn a lot from these projects."

His next work, a documentary that spun off from *Nuestras Caras, Nuestras Historias*, continues to examine themes of displacement and community. "It's called *El Cañaveral* (*The*

*Sugar Cane Field*) and it tells the tale of one man's arrival in Canada during the International AIDS Conference in Toronto in 2006 and the dramatic story of his struggle to gain refugee status here," says López, who is currently in search of funding to complete the project. "All those years ago in El Salvador my consciousness was born. And today when I see injustice, I'm still unable to handle it. I have to get involved." +

Astrid Van Den Broek is a Toronto-based freelance writer who's written for a number of magazines including *Chatelaine*, *Best Health*, *Canadian Living* and *More*.

## SUPPORT FOR HIV-POSITIVE SPANISH SPEAKERS

Latinos Positivos Ontario is an advocacy organization specifically for (and run by) HIV-positive Spanish speakers. They are working to partner with The Centre for Spanish Speaking Peoples ([www.spanishservices.org](http://www.spanishservices.org) or 416.925.2800) to develop programs for Hispanic PHAs in and around Toronto. Latinos Positivos Ontario can be reached through Toronto PWA Foundation, [www.pwatoronto.org](http://www.pwatoronto.org) or 416.506.1400.

Montreal has its own Latino Positivo group, which is associated with AIDS Community Care Montreal ([apoyo@accmontreal.org](mailto:apoyo@accmontreal.org), [www.accmontreal.org](http://www.accmontreal.org) or 514.527.0928).

# HIV by the Numbers

Short or long grain, rice can make HIV statistics easier to swallow.



In

the HIV world, we are often surrounded by statistics, and they can be so difficult to comprehend. To bring sense to these numbers, Dr. Basmati, the alter-ego of CATIE's bilingual educator Melissa Egan, led the creation of the exhibit *The Power of One: Visualizing HIV Epidemiology*.

In the exhibit, HIV statistics are presented as piles of rice, with each grain representing one person. The exhibit's power is in its

visual punch—try to imagine the size of a real pile of 65,000 grains of rice. (We've used measuring cups here to give you a sense.)

*The Power of One* recently completed a cross-country tour. If you missed it, you can ask your local AIDS agency to request that CATIE bring it to your town.

The exhibit is based on ideas used by UK theatre company Stan's Café and is funded by the Public Health Agency of Canada. ✦



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**IMPORTANT:** Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatments in question.

The Canadian AIDS Treatment Information Exchange (CATIE) in good faith provides information resources to help people living with HIV/AIDS who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

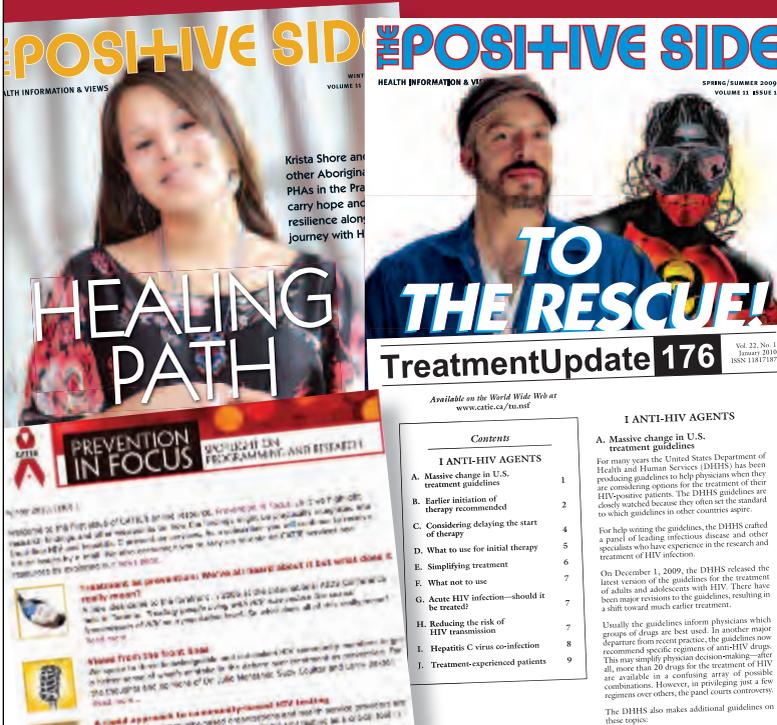
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