

**LIVE AT THE WITCH TRIALS**

OR

**NEW ADVENTURES IN HIV; FARCE AS DETERRENT IN HEALTH PROMOTION**

BY

**REX PILGRIM**

Around this time last year (mid 2010) I went to see a psychologist because I was worried about depression and I immediately became suicidal. This wasn't a good therapeutic outcome. Here's what happened.

The principal characters, beside myself, are two psychologists (the handmaids of this tale), my doctor, Queensland Positive People (QPP), a faceless "Panel" from Queensland Health, and a document called "Protocol for the Management of People with HIV who Place Others at Risk" more usually and benignly known as "the Protocol". And so, yes, you can see straight away that this is a story set at the deep end of HIV, but very late in an epidemic that no longer resembles the crisis that it once was. I've been poz for 18 years but this story begins with me heading to the Aids Medical Unit (AMU) in Brisbane where I had recently moved. The AMU shares a dreary, city-edge clinic with SHACS, a sexual health and AIDS counselling service and it's this convenience that ushers the principal characters together. The building's a crappy affair, one of the city's ugliest and it rests embarrassedly with detached neglect, like a used condom or dry dog's turd, near the Police Headquarters and Courts which form a sort of 'corrections' precinct. It houses a needle exchange and drug rehab, a sexual health clinic and also Aboriginal services as well as the AMU and you get a sense that these are disreputable things better swept under a carpet where little attention is paid but enforcement is handy. The sexual health clinic often lamely announces on a note beside the lift that no appointments are available that day. There's an ambience of overburdened underfinanced disservice. But please, welcome to the frontline HIV/AIDS service in Australia's third city.

Depression has shadowed my adult life, it contributed to my becoming poz, and being poz has made the depression worse, perhaps because of the HIV itself, or

perhaps because of a side effect of medication or a strange, unquantifiable combination of both. Either way, being poz is a burden. Depression is a burden. I take both seriously and the depression was worsening at the time with insomnia appearing as a new menacing part of the mix and it seemed reasonable to make some effort to forestall its worst affects. At its worst depression is, for me, paralysing. Memory, concentration and cognition disintegrate. Choice and decision-making become impossible. Confidence dissolves and worthlessness and hopelessness take its place. Inertia disables me and a strange pain, a mental pain that's like white noise, takes over - 24/7. This combines with the fatigue from HIV and sometimes suicide seems a good option. It's hard to judge therapeutic intervention, its effectiveness. It is, finally, subjective. There is no test. Not really. Some interventions have been longer, some shorter, some have been medical (antidepressants) others have been talking therapies. Some have been more useful, some less. I'm still depressed despite the interventions but I would probably be dead without them. I 'get by' but I'm never great and on this day at that period a feeling of wanting more than to just 'get by' lead me across the floor of the AMU to SHACS and the first handmaid. I had the thought and small hope that perhaps this time, this handmaid, would have a trick or skill that no one else had had before. She didn't. What she did have was a punitive weapon that she felt obliged to employ.

We had spent some time discussing my background, my social and geographical isolation, the strange shames which drive the isolation and my sense of being gay or queer or whatever and how that has shaped me. Some of this was superficial, some of it more detailed. And we talked about sex, what that's been like, its value, style etc. And she asked me if it was always safe and I said no. And she asked me if I always disclosed my poz status and I said no. From here the session fell apart. She revealed she was obliged to terminate the counselling and address safe sex and disclosure. I countered that I didn't believe this was a significant issue, that I was well informed, informed enough to know about risk reduction. I pointed out I'd come voluntarily to see her, principally about depression and I didn't want to be diverted away from that, believing that depression was more important. The meeting foundered. She announced that I was placing other people at risk of HIV infection and she was obliged to report me to Queensland Health's Panel that oversees the Protocol. She waved the Protocol at me, a red/orange document that shouted its warning with its colour. I sensed something was going very wrong. I said I didn't believe I had placed anybody at risk, noting that I'm an exclusive bottom who is not pumping infected cum up anyone's arse and that I've been able to maintain an undetectable viral load for years and have exemplary adherence with taking meds. None of this mattered. It didn't matter that most of the sex I have is sero-sorted, with other poz guys or that the amount of undisclosed *and* unprotected sex was only a small part of the sex I've had and that if there was any risk it was hardly "serious". But it had occurred. And I would be reported. I mentioned the 'Swiss report' and this was buried in an onslaught of caveats meant to demonstrate its inapplicability, caveats about the research relating to straights, vaginas not arseholes and to HIV in the blood, not semen, and didn't account for other infections like syphilis that could increase the chances of HIV transmission. It hadn't helped that I'd said that the protocol was an asinine document - I argued that the Protocol helps maintain

the stigma around HIV that's involved in creating a sort of poz ghetto or sexual underground, that uncannily resembles the island many people had once asked for HIV infected people to be quarantined on, and that this underground contributes to increasing rates of infection. Anyway, I said it was asinine and that nothing she could say would make me think otherwise. At this point communication between us had failed.

Two things worked against me. The first was that I insisted I was there seeking therapy for depression and rejected, as a distracting adjunct, talking about safety and disclosure. The second was saying the protocol was an asinine document. The first misstep might imply I was unco-operative and the second that I had abandoned the goals of safe sex and was recklessly opposing them. Well, there is no logical compulsion to infer either, and in fact either inference would be incorrect. But either one is enough to invoke the Protocol – it's on the flow chart, page 22. Either way though I was screwed, because it's true, I'd said I'd had unprotected sex without disclosing my status. We didn't discuss how often this happened or when. But the admission, augmented by a couple of careless statements, has got something about it. Yes? No? Surely it's cut and dried. Well, no. At this point it ought to have been possible to unpack the inferences etc. And it should have been made clear to me exactly what was at stake when I ruled out discussing disclosure and safety, that doing so would seal my fate with the Protocol. Well, the first never happened, and the second (discussing disclosure and safety) was presented as a *voluntary* option – which is misleading because if you don't volunteer to discuss safety and disclosure you are *forced* to, on the Protocol itself as it is instantly invoked under the Public Health Act - Orwell would have understood the misuse of the word volunteer in this sense. And so I said to the therapist she should do whatever it was that she felt she had to. And then, incredibly, the handmaid informed me with mendacious duplicity that she wasn't the "sex police" (her words, not mine) that the Protocol isn't punishment, it's "for your own good", and if she didn't report me her tenure as a SHACS psych could be at stake ("I could lose my job") and added this wasn't something she had "signed up for". I suppose I should have felt sympathetic – invoking the Protocol sat badly with her and discommoded her integrity sufficiently for her to flap these strange apologies at me; it wasn't clear if her motivation was public safety, my benefit, my punishment or her employment protection – but they're dodgy threats all round. The apologies limped with a disturbed effort to manage the dissonance between her role as therapist, the State's policing of desire and the maintenance of her self-esteem. Nevertheless, when push came to shove the handmaid complied and applied the Protocol. She *thanked* me for being honest. I was crushed. I suppose I had suspected more aptitude or latitude than this blind, narrow or black and white use of the article. But this is what the State requires.

The Protocol is a document intended to assist in the management of people with HIV whose reckless behaviour places others at risk and invoked to prevent serious risk to the life, health and safety of any person or to public safety. This is my paraphrasing but nevertheless the document turns on these words – "reckless" and "serious risk". The document's production evolved over several years and its most recent edition was published in 2008 - the same year the Swiss report was released. The Protocol has five levels of intervention starting

from a thin edge where mandatory “management” is done at the clinic level seeking behavioural change (which is where I found myself) and from there the management may escalate through supervision to detention and finally criminal legal action. It’s a serious document. It’s not law (this is curious in itself) but it means business and has the *weight* of law and its power derives from the Public Health Act 2005 and the Criminal Code Act 1899.

So, that’s what was waved in front of me. I was shattered. The full weight of the State’s scrutiny and suspicion annihilated me and left me feeling horribly exposed, trapped, fearful, panicked and mortally pained. It wasn’t pretty. I began to break down, involuntarily and briefly considered throwing myself out of the third floor window. I made the handmaid hold me. And didn’t jump. But the rawest of buttons had been pushed, and some of my most compelling fears had been triggered. This was the end of our session. I wandered home but there was no reprieve. I lay on the floor certain I was experiencing both a heart attack and a stroke simultaneously and I clumsily tried to call the psychologist but she wasn’t available. I didn’t really mind - at this point I preferred death and waited for it.

The pain was an intersection of the (seemingly) eternal hurt and grief that lives with me about being both gay and being me, the (greater or lesser) strain of the uncertain but constant battle to make a life despite the hunters’ slings and arrows of shame, hate and self-hate and, now, the terror of this new (but old) witch hunt. When does the persecution and scapegoating end? In that moment in the therapist’s office I felt several millennium’s hate against homosexuals and two and half decades worth of stigma and hate of poz guys being concentrated and manipulated against me; it was as if the hate were a pole-axe or ice-axe, Trotsky’s choice, being used by this handmaid to fatally hack me down. This is what it came down to, I was as dirty as everyone had been saying for thousands of years and nearly as dead as everyone wants poz guys to be, so just go ahead and do it – top yerself. Be Socrates, or Christ, make the sacrifice. The curious thing is that it’s this nexus of shame/hate/grief and identity that is, I think, the place a skilled psychologist would have tried to safely find and safely unpack in professionally managed therapy finding the protagonists and antagonists among the voices that make up me in my head and maybe also talk about abjection, sex and death among other things. That’s what I was hoping for from a psychologist, from this psychologist. But the therapeutic session had been shut down and this distressed state had been reached unwittingly with a brutal provocation of everything that was elementally most dangerous to me and followed by my immediate dismissal. There was nothing safe about this at all. Evidently Trust, Hope and Faith were syphilitic whores with suppurating teats. I felt more abandoned than at any time during the years I’ve been poz but this pox had erupted from the sensible pursuit of “therapy”. Trust, hope and faith can break - and never mend. The handmaid and her Protocol had probably not intended such damage, but it happened. And they seemed profoundly uninterested.

Two images or recollections instantly attached themselves to my mind that day. The first gave a sense of dread to everything that was happening. It was the recollection of a sex abuse case at a childcare centre that was generated by Christian evangelism and backed up by expert psychologists using (faulty)

retrieved memories and an argument that rebuffed reason. People were imprisoned and lives were ruined, most notably that of a gay man. But it was a mistake. My fear was that I was in a similar situation. The other image was from the 'stolen generation'. Here there's an old photo, possibly hand-tinted showing a uniformed nurse (white, starched, capped, red caped – beyond reproach) with children who are being removed from their families. I can *hear* the nurse saying, "It's for your own good." Dogma, prejudice and the State can be wrong, very wrong. I wondered if this was happening with me, here, with the Protocol. I was scared.

But again there was no reprieve. I was shunted a week later to another psychologist, the second handmaid. Her office was next to the first handmaid's. Let's dress her in white starch. It's easy, and you know you want to. Like the first psychologist she was at pains to reassure me that the Protocol was "for my own good" - she was terminally concerned. Her voice was grave, saccharine, addressing me like I was in kindergarten, or intellectually handicapped and telling me there's been a death in my family that she's sorry to have to announce. It was odd. Suddenly it was apparent that this new meeting was to coerce my rehabilitation into the missionary position and there would be no opportunity for defence. What if I'd made everything up? Apparently the first handmaid's word was good enough and the Protocol was now, amazingly, with no questions asked, a fact. This new handmaid seemed pleased with her power and presented a summary of my "case" that was self-serving (for her) and asked my opinion of it. This felt like Kafka or a Soviet show-trial all over again. Anything I said that wasn't penitential or didn't renounce my last performance and capitulate to their wisdom would dig my hole deeper. I told her with sudden succinctness that her summary was pathetic. Her saccharine guile hardened and she impatiently asked for facts to show how the Protocol was punishment. This was smart, a rhetorical tango, used like a weapon and it was clear I was to be re-educated into having correct feelings – mine weren't correct. They were counter-revolutionary or something, counter-something. Then she asked what being on the Protocol would cost me, coolly mentioning time and possibly money for sessions in re-education and seemed not to notice that she'd just said the Protocol wasn't punishment. You had to hand it to her - she did sanctimony and self-deception really well. The words 'fatuous' and 'sadist' came to mind. I knew I couldn't talk with her about anything, at any time - there was no rapport, how could there be? I felt only contempt for her. I decided to leave, unreformed.

I'm sure the handmaids debriefed. The handmaids must have debriefed. I imagine that debriefing as a burlesque routine taking place in the dreary waiting area of the AMU. For this the waiting room has become transported and is now a set, a stage, in the tiny, fantasy theatre of my mind. The routine is a high-kicking number, gaudily triumphant, accompanied by chamber orchestra with an early Kurt Weill arrangement. The psychologists join together with the receptionist from reception and they link arms and kick. No.2's starched uniform looks snappy. My imagination supplies the lines and so the handmaids are able to sing The Handmaid's Song:

(Trio, except where stated)

*Now we've got his number  
We've really got him pegged  
He's a paranoid megalomaniac  
With a massive persecution complex  
But we've got news for him  
And all the boys  
Who like the cocks  
Of other boys  
Without the piece of rubber*

*(1<sup>st</sup> Maid) You're bad guys  
(2<sup>nd</sup> Maid) Or mad guys  
(receptionist) Or sad guys*

*But we'll bring you down to size  
And round up every one of you  
To keep you in control  
It's the word from the top  
It's all got to stop  
We're pretty maids all in a row  
You know  
Pretty maids all in a row*

On stage, the handmaids separate. The first writes her report about the great work they're doing and all the lives they're saving. It looks impressive. It's widely circulated and well received. The second maid sings another song while idly looking at the posters for HIV health promotion in the waiting room. She uses a simple rhyme, from kindergarten, but the arrangement is all Weill, a dirty, discordant dirge for trombone, cymbals and accordion. The 2<sup>nd</sup> Handmaid's Song:

*2<sup>nd</sup> Maid  
I really made him squirm today  
He got it up the arse  
A short sharp shock is what it takes  
To change their minds;  
I'm smart.  
Fear is valid, fear is good  
There's quite a lot at stake  
We'll grind him down and spit him out  
If he doesn't take the bait*

The musical's director or the clinic's director or someone from infectious diseases (it really is hard to tell) steps from the wings into the staged waiting room and flaps his arms and barks "Fantastic," "Brilliant." Grateful for the recognition the handmaids vigorously applaud themselves. Freud's ghost appear from an office, and unsuccessfully tries to pull the director back behind the theatre's curtain. Freud makes an uncertain bow to the auditorium, mumbling apologies and drops his cigar as an intermission sign appears but even he's not

sure if his uncertainty is because of his cocaine dependency or his disappointment that the handmaids' clinics he's witnessed have blotted the exemplary standards of the clinical method and placed the patient at serious risk. Transference has been sabotaged. Freud's certain the debacle will prevent any further analysis. More generally though he's just unsure if his description of the Libido is good theoretical science or not in fact a mythical mapping of his personal, extensive experience with cocaine and sex. So anyway, doubts and apologies on both counts. The intermission is a relief and Freud summons all his paternalism to ask the thirteen year old, bubblegum blowing, Lolita-like ice-cream girl for a chocolate-dipped frozen yoghurt banana. Freud is impressed by the girl's sweets and thinks how sophisticated the Colonies can become. He salivates and remembers his friend Pavlov, with the dogs. But Lolita interrupts him and says, in a tittering sort of way, Oh my god, that's so phallic, would you like AIDS with that? Freud blushes, says, no, just the banana. Then suddenly, with terrific skill, vitality and sexual enthusiasm, in skates Skater Boy, on his board, in his boardies. The kid whistles, belches and farts and teases Lolita further by saying, "come back, it was only a rash." With more skill and speed he rides away. Lolita screams. She can't stop screaming. **Pervert!** The kid has gone as suddenly as he appeared and Lolita, confused, points at Freud in horror. Aroused by prurience, but uncertain of the exact cause, the audience becomes frenzied, madly shouting righteous taunts and jeers against something offensive or inappropriate or wrong. They demand blood - of course, they love an execution; it says something important is being done on behalf of their fears and safety. Suddenly it's clear to Freud - this is no intermission, it's part of the performance and he, Freud, is the joke here. He's shattered. Bugger. He meant to ask for a condom with his banana. But it's too late.

Right here, right now, writing this, the mordant musical comedy surprises and amuses me but I see it doesn't disguise my anger. At the very least it's an entertaining way of containing it and introducing humour into health promotion. I'm inclined to let it stand as a testimony to the impact the "criminal" scrutiny had on me, and note that rage is a protest against pain or against being treated unfairly. And Freud's piece, I dunno, I like it, partly because it's about the instability of psychology as a discipline, which is something I like, but also because I think Freud, here, is disappointed by how insipid modern practice has become, lacking in competence and creativity. Again, I'm inclined to let it stand. It tilts the story toward the mix of Public Health, fear and safety that I'm heading for and there is also in the image a sense of falling into a wildly distorted world like a nightmare, or down Alice's rabbit hole and finding a scene from Monty Python, or something suggested by Anthony Burgess, Kafka, Orwell or the (anti) Soviet satirist Alexander Zinoviev. And this is an impression I want to make, because it's exactly how it has been for me.

Few things have been quite as weird for me than contrasting how I once worked creatively and deliberately, hoping to make being GAY something better with what was suddenly been enacted against me. In a relative sense my experience of HIV has been mild, nowhere near as awful as it has been for many friends, especially (and obviously) the friends and acquaintances who did not survive. But yes, I withstood being diagnosed with a terminal, untreatable infection. I

blistered my way through shingles. I live with fatigue and withdrew from a promising career. I've managed the rigours of new medications and their side affects (for years the Melbourne in my head was a set of co-ordinates that were public toilets or other available conveniences which meant I could get around town safely - usually). And I've lived self-consciously for twelve years with liopdistrophy and facially altering lipoatrophy that marks me as infected. But here I was being plunged into a new nightmare. The weirdness is that it felt like, still feels like I have been attacked by something that I had once given a lot of support to and had in a small way helped design and encourage in its development - I mean gay life and the wider public response to gay culture and HIV. I expected it to be supporting me, not attacking me.

My guess is that nobody here in QLD, or perhaps even in Australia, has yet written about experiencing an HIV Protocol, how it affected their life and what they subsequently thought of it all. This is my attempt to. Obviously there is a cautionary tale here. Why on earth would you seriously risk becoming HIV positive, or seriously risk infecting anybody when this is how you may find yourself treated, the type of criminalising scrutiny, suspicion and stigmatisation that you are subject to? Then again, is this story, or the Protocol itself, any kind of deterrent against HIV and risky practice? Where is the value in the Protocol? If this is only a cautionary tale, QLD Health is probably happy that there is some value in my experience - you know, it may be useful as say a Health Promotion Narrative or something, but there's more at stake, I think; in the meantime though, on with the story.

After seeing psych number two my wish was for the nightmare to end, for the pain, once again, to end, once and for all. I walked around the darker parts of the city, all night, in winter. It was cold. And this was Friday night, Brisbane was at its least attractive with incredibly intoxicated kids pissing and vomiting on the Valley footpaths. At other times this has amazed me, the extensive public vulgarity of this spectacle called fun, but this night it just seemed like QLD, and really, why should I care? Were any of these kids the ones who attacked me a few weeks earlier saying I looked like a junky and wanting drugs? Were any of these kids the Melbourne boys who bashed me with a tyre iron shouting, "kill the faggot"?

Later, at a 24hr net-café I emailed one friend goodbye. A sort of 'thanks for the friendship and sorry', kind of note. In the early hours, during another panic attack similar to the one I'd had after meeting the first psych, I flicked a text to a good poz friend who had a previous association with the NZ AIDS Foundation. Direct and desperate, the text read, HELP. And he did, phoning instantly. He talked me through the choking howls of pain until I was able to explain most of what I've written here. I was barely coherent. He was shocked, but helpful. His advice led me during the following week to QPP, where he'd thought that advocacy for PLHIV would be available.

From his distance he was dismayed that the Protocol had been used in the circumstances it had and added that, even there (NZ), misgivings had arisen when the States here (AUS) had initiated their various Protocols - misgivings

over their possible misuse or damaging consequences or stigmatising propensities. This was important, I needed to hear it – it meant someone had thought there were problems with Protocols and this held out the possibility that there may be someone here who might think my situation was unjust or was in some way a failure of duty and who might have the authority to intervene on my behalf. This was a small hope for a fragile mind but it was critical because with any more pressure I would, I was sure, go mad or, continuing to see myself as a monster, top myself.

So, there you go. I ran off to my new doc and QPP. I ran through all of the above story twice, three times and made it clear that I wasn't up for any more punishment, I was at my wit's ends. I was winging it, unsure that my admissions would not in fact get me into a worse situation than I already was.

In fact QPP took me very seriously. Firstly, and most obviously, because I was in distress - POZ guys and girls in distress are something they deal with, or try to. And secondly, the distress was because of the Protocol and SHACS at the AMU. They are anxious to know about problems relating to these services – it's part of their gig. It was understood that I probably wouldn't be presenting to QPP with these admissions if I had something serious to hide. I said that I believed the psychologist was being overzealous in her use of the Protocol and that it's impact on me was counter-productive to both the therapeutic process and the Protocol's purposes. I said I was shocked that the State was willing to be so punitive and coercive under these circumstances. I also mentioned that during the preceding days I had spoken with a number of poz acquaintances, trying to get a handle on the nature of the situation i.e. had this happened to other men, what did they think?

Just quickly, I can report that the men's first impressions were shock, mainly about the loss of confidentiality, which had seemed more theoretical than something that really would happen – most guys thought this wasn't legally possible, and they also thought my circumstances hadn't warranted intervention (although the Protocol is on-line and in the public domain, guys clearly don't consult it before heading out or getting between the sheets). The shock was followed by fear - I wasn't doing anything these men weren't also doing; if this was happening to me it could happen to them. Many of the guys said, "oh, oh well, I only tell them [the psych, the doctor] what they need to know or what they want to hear, anyway." Unsurprisingly, my story reinforced their behaviour and where guys were just first hearing about the Protocol they instantly adopted the same caution. Hmmm. Truth, honesty and trust are clearly casualties of the Protocol, probably the first casualties. How useful can this be?

The men I spoke with said many things, one was that a person who practices safe sex or risk reduction or disclosure most of the time represents a public health success, not a failure ("yeah, where's my medal"), and another main theme was that whomever it is that designs Protocols has little idea what goes on between gay men, or how or under what circumstances. Most said tersely, clearly "it's unworkable" [the Protocol] and none of the men thought it was "for their own good" – the Protocol hasn't been well received and has little support and it's in

this sense that it's felt to be something that is enacted against this group. The Protocol's got an image problem.

QPP has an advisor on the Panel that manages the Protocol and can advocate for PLHIV. We spoke. He was cautious but also concerned for my mental/emotional state. He agreed to discuss with the psychologist what had occurred and to confer with the Panel about what would happen next. Yes, I would have to wait anxiously for these discussions to happen, yes I was still in the firing line but some of the anguish and burden was eased slightly by the possibility of advocacy. I was still a wreck. But there would be Valium for that, and then Xanax.

My doc and I had no history. This was the very beginning of our relationship. It was a messy meeting, humiliating. I cried and felt stupid. I said that against the Panel I was more or less powerless. He said I had power even if this meant to do nothing; this seemed, to me, more rhetorical than anything and a stupid thing to do. He wondered if I might be over-reacting to the Protocol; I wondered what the *right* reaction to being placed on the Protocol was (one of the senior QPP guys said he was surprised I *hadn't* left town or topped myself, two things he thought he might consider under my circumstances). To my doc I said I needed someone with his authority, in addition to QPP, to advocate for me because I couldn't and didn't know how to manage and survive. I raised my voice, he asked me to lower it. I felt I was asking him to take sides and it's true, I felt, and feel, there is a divide between poz guys and Public health, poz guys and neg guys, poz guys and the public and sometimes poz guys and their doctors, a divide that both fear and law generate. This produced an awkward moment.

Many things were being judged, not just me. I sensed his discomfort and hesitation. I guess he was assessing my honesty or trustworthiness and need for help and balancing this against something else, perhaps personal and professional ethics - was I deliberately infecting partners, would he be compromised personally, professionally, legally if he advocated for me, what was his correct role here? This was understandable. It all hung there for a few beats in his surgery. This is where the Protocol takes you. Like QPP's main man he was cautious. Calls needed to be made etc. But he'd see how he could help. He did help - he's the biggest hero here - it took months of management. QPP is the other hero.

I'm anxious to cut straight to the chase. But first, what's left to tell of the story I'll give here in a nutshell: my doctor, together with QPP, organised for the Protocol to be laid aside temporarily so my fragile state could be addressed and it was agreed I could later see a Panel-approved counsellor of my choice when I did do the Protocol. I opted for a gay man. The Panel agreed to release me to the management of my doctor. He took on a huge job. The panic attacks continued. In quick succession there was a week's hospitalisation with a sudden cardiac condition that required a procedure to eliminate an electrical short circuit, an event that I believe was triggered by the panic attacks, and a much less pleasant visit to hospital because of suicidal ideation. The panic continues but has improved. Xanax has got me through the year.

Actually no, the nutshell doesn't work. There were some repercussions from the Protocol that distorted or undermined the visits to hospital. Once the Protocol had been invoked it set off detonations wherever it was mentioned. Explaining the background of the panic attack to Emergency personnel I mentioned having been placed on the Protocol. Incredibly, at triage I discovered that this mention had become wildly distorted - the nurse's notes read that I was HIV positive and having unprotected sex with prostitutes. Alarm bells had begun ringing - apparently 'HIV' and 'unprotected' are buzzwords - detail was overlooked, my objections/corrections were ignored, and this fantastic record stood. Soon after, locked down in the emergency Mental Health ward the 'bouncer' took my gaunt appearance to mean I was an addict. He wouldn't relinquish his belief - he didn't believe addict's stories. Finally my doctor was able to get me released. But later, on a follow-up at the outpatient's crisis team centre, a new psychologist felt compelled to explore the Protocol connection and once again 'alert' my doctor to my dangerous practices. Again it was all buzzwords and alarm bells, details were unimportant and my own explanation was discounted. Again my doctor had to defuse the impasse. Shit sticks, and somewhere in Brisbane's health files is this paper trail of alarmed referrals about my fictional sexual practices. It was insane. I was incredulous. My doctor was dismayed and frustrated. A circuit of professional referrals through the public mental health agencies had produced a lot of alarm and a lot of fresh panic for me, but no help for depression.

But okay, finally - here are some of the things that the Protocol has made me think about.

The Protocol turns a criminalising gaze on PLHIV that's stigmatising and finally counter-productive to health promotion because both criminal scrutiny and stigma are disincentives to test for HIV. The law presently places 100% of responsibility for transmission on the poz person. Not knowing one's HIV status absolves a person of any responsibility. Blaming people who are poz may be personally satisfying, and convicting people who are poz may be socially satisfying and give a sense that something is being done against a health menace, but both gestures work against health promotion and provide a false sense of security. Being tested and on meds and engaging in risk minimisation is the best strategy to lower the rate of infection.

The anecdotal material I've gathered from dozens of poz guys about their experiences with doctors and psychologists is worrying. Almost all of the men experienced difficulty around constantly being seen as possible criminals. There is a pervasive mistrust of services when confidentiality is removed and a subsequent resistance to using the services. The minefield of risk involved is confusing or fear-inducing. And depending on which services and where the services are being sought the responses are wildly arbitrary. For instance, I had told my doctor at the AMU many of the same things I told the psychologist in an adjoining office. Why did one feel compelled to have me placed on the Protocol and not the other? Why did one person consider me a "serious risk" and not the other? It's a minefield for poz guys. And evidently it's a minefield for health workers. What is a "serious risk"? Does "serious risk" imply a continuum of risk,

going from lesser to greater? Most guys were keeping their heads down, avoiding the strain and conundrum of thinking about it, feeling angry because they weren't able to talk about it without the risk of being criminalised or shouted down and simply hoped to remain under the radar - nobody was comfortable. Here's one of the things these men know: on any day an enormous amount of unsafe sex is occurring with guys who are poz. Failure to disclose is not extraordinary. If we are as infective as it seems popular to believe the rate of new transmissions would be really high, really, really high - much, much higher than it is. It's not. The arguments against us don't stack up with our experience. And the hardline of Public Health is difficult to swallow when it is doesn't reflect reality. It's curious that disclosure is demanded of PLHIV to allow informed choices to be made during sex, but information about treatment-as-prevention is something Public Health is denying us.

The infectiousness of poz people on treatments has been under debate for many years. Anecdotal evidence and small studies were suggesting it was low. In 2008 the Swiss Report, already mentioned, detailed a significant study that tried to address this evidence more fully. It concluded that people on treatment were barely infectious and that this had important ramifications for the legal status of PLHIV. The report was widely reported and hotly contested and dismissed. It ran counter to general belief and health practice. During the time since I began drafting this essay the HPTN 052 trial, the largest study to date, was published. The trial was funded by the National Institute of Allergy and Infectious Diseases (NIAID) and its results were conclusive and arrived at so quickly the research was published early. The conclusion was that PLHIV on meds and treatment adherent are barely infectious. The study received the endorsement of the World Health Organisation (WHO).

To me, the Protocol in its most recent 2008 version more closely resembles a response to a critical epidemic rather than a manageable condition involving people on treatments who are barely infectious. For some health workers the Protocol seems to mean pursuing a zero tolerance of risk, and disease eradication at any cost. In 2010 the Public Health position was already arguably deficient, conservatively lagging behind medical evidence. When I tried to present the Swiss report to the psychologist it was dismissed. I think part of the reason the Protocol was enacted against me was because I disputed the Public Health model and contested the value of the Protocol. It's clear this wasn't acceptable. Later, my doctor, in a role as devil's advocate, argued that "serious risk" may not in fact refer to sex practices having greater or lesser probabilities of transmission but refer instead to HIV being "a serious risk to the health of anyone contracting it" - so any possibility of transmission, no matter how small, is serious, a handy one-size-fits-all policy, and every poz person's practices are susceptible to suspicion, and they can and will be chased down, every last one of us. Yet the risk of transmission from oral sex is not considered serious, and is exempt. So, distinctions can and have been made about risk, and decisions by doctors are in fact being made daily about the risk individual PLHA may represent. Who does or doesn't take a hardline against risk? Why? In a swiftly changing medical and cultural environment is the hardline tenable? Another question is why one manageable condition and not others is considered a serious

enough risk to a person's health to warrant being managed by a Protocol. The arguments around "serious risk" are staggeringly inconclusive and confusing. The Protocol document answers none of them, but it does respond to the fear about risk. I'm inclined to think the responses represent the public's fear and prurience more than they represent current medical knowledge. There is more fear around HIV and more prurience around gay sex than just about anything in the universe. PLHIV live with this and are required to take 100% of the responsibility for all the risks occurring, and take the blame and be punished even as they have minimised their risk. The public does not have to address the validity of its fear about HIV or prurient interest in gay sex. It's a very one-sided world weighted heavily against PLHIV. Public Health is caught somewhere in the middle, perhaps more on the public's side. But there's a widening gap between the way PLHIV are experiencing their manageable condition and the scrutiny they are receiving from Public Health, with the scrutiny being perceived to be less sympathetic than it once was. By appearing not to have recognised the swiftly changing culture and beliefs that PLHIV have, especially in regard to treatment-is-prevention, Public Health is losing its agency, voice and authority with PLHA. Many people simply "switch off" from health promotion – this is partly a strategy for avoiding the constant stigmatising of our status and partly a way of managing the contorted space between the opposed positions. My guess is that sensing this switching off, there is a tendency for Public Health and the State to counter it by applying harsher treatment to PLHA and applying the law more visibly and more often - this increases the mistrust and fear yet inclusion is more persuasive than rejection. The gap between Public Health and its audience widens.

Public Health is fearful of the way that people may interpret the findings of both the Swiss Report and the HPTN 052 trial. The fear is that people will stop having safe sex when they learn the risk of transmission is low and there will be a new wave of epidemic or big increases in the rate of new infections. The contending argument is that by having the maximum number of people with HIV on meds the overall community viral load will be lowered and this will more than compensate for any increase in risky behaviour. This hasn't been proved. Public Health is cautious. But arguing that treatment is good prevention doesn't mean safe sex should be abandoned. There are many good reasons to continue having safe sex including preventing HIV being contracted from people who don't know they are positive, and also for preventing other STI's. PLHIV on treatments are caught in a confusing position between new evaluations of risk and the terrific silence from Public Health. The elephant in the room is treatment-is-prevention and it's bigger than Texas – it needs discussion. The stigma we experience may be reduced both by an honesty and openness about our infectiveness, which is arguably low, and by the removal of the suspicion and criminalising scrutiny that supports stigmatisation. It's a reasonable argument. Why have we been silenced about this? Why can't we say it without being shouted down, or being thought criminal? And why must we be told what to think?

There may be a case for something like the Protocol being used where a person is deliberately and maliciously and deceitfully infecting other people. I think this was the original intention of the Protocol. It was probably also intended to be an

intervention that would prevent criminal charges being adopted as a standard response to transmission. This recognises the risks in criminalising sexual behaviour and transmission. That's a brilliant. But oddly, the Protocol hasn't prevented PLHIV from being subject to criminalising scrutiny - it's just more diffuse or veiled and subtle.

The problem may be in the Protocol's widest use. Co-opting health care providers to use the Protocol as a coercive mechanism to alter 'risky' behaviour is contentious. The term 'risk' is vague and subjective and coercion is arguably of little value, possibly even counter-productive. The authors of the Swiss report hoped to alter the legal scrutiny of PLHIV. Low risk made sense to them. Their findings should have sounded a note of caution in the way PLHIV were to be considered and to whom and how Protocols might be applied. The HPTN 052 study gives this a new immediacy and impetus. The problem may be that having adopted fear as a critical response and deterrent, it's now unclear how to relinquish or wind back this strategy and unclear what effects this may produce. Then again the problem may be right at the Protocol's heart; despite offering some softer rhetorical alternatives it still, ultimately criminalises sero-positive status. But if individuals on treatment are much less infectious this means the most significant route for HIV transmission is with people who don't know or don't care to know they are poz, or who simply don't care about transmission: training the massive and expensive firepower of the Protocol at people who are minimising risk is like shooting fish in a barrel - the wrong fish, the wrong barrel, and blowing the case to bits.

One of the doctors I spoke with said that the Protocol hadn't and couldn't lower the rate of infection, it didn't engage the people it needed to (people who don't know or care that they are poz), it could only be used punitively and by using it Public Health is seen to be pro-active about HIV on behalf of the Public's welfare. His comments mirrored my thoughts and those of most of the men I'd spoken with. His disclosure is contrary to the Public Health model he works under so (just in case) I've protected his identity rather than risk his reputation. That's me being defensive. Sadly, the defensiveness is now also present under other circumstance and means I'm no longer especially open with health workers and I've left the AMU - it's hard to know who or what's safe and second-guessing ruins the occasion. Once again this mirrors the stories of the men I spoke with. A trail of stories led repeatedly to the AMU. I learned that quite a few men had left there, which pointed to the cultural practice of the place being problematic. Others said they had a general reluctance to see their doctor about *anything* unless it was pressing because of suspicion about their sexual safety. This hadn't been their experience in the past. By telling my story I'm also telling theirs, and they want it to be told, because something needs to change and improve.

Well, and so, I think my point is clear, or points. My Protocol experience was bad, nearly fatal and I believe unwarranted and hard to justify. Certainly the damage was disproportionate to value. It ranks among the worst things that have happened to me since becoming positive. I once said that the Protocol was asinine - my opinion hasn't changed. On the other hand my small trust in the competence of psychologists and Public Health has disintegrated. Every contact

between health workers and PLHIV is an opportunity to advance or retard community relations. The contact here was corrosive. Possibly it was stupid of me to imagine a more lenient use of the Protocol in a State (QLD) that still hasn't got its age-of-consent right, although there may be no connection. Whatever the case, in my circumstances QLD hasn't been a great place to be gay or poz.

But let's go out with a bang. Yes, there's more fun to come.

Back in the fantasy theatre of my mind there's a staged protest occurring, a smart piece of agitprop. Check it out; lets go there again, to the AMU and SHACS, to their waiting room. Here again are the handmaids and let's put them beyond reproach, both in nurses starched whites and lamentably sensible shoes. In addition there's a cast of 100 or so poz guys who are combating the stigma attached to PLHIV by the Protocol.

The atmosphere is throbbing. The swelling numbers of poz guys overflow the reception. Among them are the twins bumfun and bumflu, Pozbttmboi, trough+boy, arsebandit, fffist and bblokes – a colourful crew, yes: but also they are or were accountants and mechanics and students (post graduate and undergraduate), a chef, two commercial cleaners, a taxi driver, one pastry hand, a personal trainer, an insurer's claims assessor, one high functioning user, an optics retailer, an optics wholesaler, a self employed electrician, a Big Issue sales person, a photographer and his hotel-clerk boyfriend, a homeopath, a barman, one estate agent, a panel-beater(!), a call-center operator, one radiographer, a young recently discharged soldier, two actor/waiters, a low functioning user, a checkout operator, an MP's PA, a surfboard maker, a journalist, a racquet sports enthusiast and his swimmer boyfriend (in Speedos) plus a senior partner of a law firm and his well hung personal car detailer etc etc. Shocked by the agitation but determined, the original handmaids of this tale mount a protest in their own defense, although they've never felt so powerless. Most particularly they're worried about their doppelgangers, two poz guys in mock-nurses fetish gear, ensembles of fishnets, stilettos and impossibly short skirts with appropriate garters, and blouses yielding to exotic breasts and brassieres with finely embroidered lace scenes from pages of sex manuals. They're well depilated, these guys/girls. Expertly, expensively depilated. The Maids feel mocked by the sophistication, attacked by glamour. One doppelganger's cleavage is elaborately tattooed with a red rosebud and twining inscription that reads *sniff my bum flu*. It's very discreet. You need to be close. And then you realize, yes it's madly sardonic but it's sero-status as emblem, not stigmata, a rude challenge with truth. It's a good look. The 'girls' are maybe channeling Katy Perry, with fcuk-my-face lipstick exactly the same shade of red as the breast's rosebud and their caps are like, so cute. Really. Like, really cute. The doppelganger whore-nurses are joined by a stud-porn Policeman. The theatre can begin. Again we get a dirty Weill arrangement for cymbals, trombone and barrel organ. They blast a taught and filthy intro.

1<sup>st</sup> Doppel  
*Please explain*  
*Yes, explain*

*Just like we're six years old  
How it is you can claim  
That you're not the sex police*

*2<sup>nd</sup> Doppel  
Because from here  
It's quite clear  
You're minions of the State  
With grave powers  
We've come to hate*

*1<sup>st</sup> Maid  
Well, we're faced with a bad bug's rate  
Of increasing infection*

*2<sup>nd</sup> Maid  
The health law's a cool tool  
For forcing protection*

*1<sup>st</sup> Maid  
We'll stop all the rot of felching and fisting  
And those things you keep doing  
People find  
Most disturbing*

*2<sup>nd</sup> Maid  
That involves Cum and Arses  
Those nasty French farces  
By de Sade, Gide, Genet and Foucault.*

*1<sup>st</sup> and 2<sup>nd</sup> Maid (together)  
No,  
We're not charmed by the theories  
Of the cocksucking fairies  
de Sade, Gide, Genet and Foucault*

*1<sup>st</sup> Maid  
Our law's a cool tool for forcing protection &  
Demanding disclosure &  
Aiding  
Informed consent*

*2<sup>nd</sup> Maid  
Risk is risk  
It's not a matter of size  
Low risk won't console the guys  
You infect*

*1<sup>st</sup> and 2<sup>nd</sup> Maids (together)  
You're angry and wild*

*In a state of denial  
But you've said it yourselves  
The bug's a life sentence  
Do the crime then the time behind bars  
Oh, do the crime then the time behind bars  
Yes, do the crime then the time behind bars*

There's a general low-level murmur of discontent among the guys, an unsettled shuffling and anxious look that suggests a dissatisfaction and hope that the Doppelgangers can produce the goods. It's now clear but unstated that this is a contest between competing explanatory stories about criminalization, sex and risk.

1<sup>st</sup> Doppel  
*Hmmmm..... It's not quite so simple  
And we're terribly wary  
About your criminal theory  
And its increasingly frequent use*

2<sup>nd</sup> Doppel  
*Tell us again  
Like we're six years old  
How it is that you know that it works?  
What dictates that you make  
Crimes out of the bug  
To prevent the bug's work?  
Please show us how well it all works*

1<sup>st</sup> and 2<sup>nd</sup> Doppel (together)  
*You're both decent and mild  
It's strange that you're styled  
As the State's sex police*

*But your vigilant caution  
Can use some assistance  
Will it help if we're all under arrest?  
We need to be under arrest  
We demand to be under arrest*

1<sup>st</sup> Doppel  
*It's a whimsical action  
That's more fun than harm*

2<sup>nd</sup> Doppel  
*While your law does more  
Harm than good (we think)*

1<sup>st</sup> and 2<sup>nd</sup> Doppel (together)  
*Though our crimes are uncertain  
Your laws*

*Seem certain*

(1<sup>st</sup> Doppel) *To spook*

(2<sup>nd</sup> Doppel) *The flock*

1<sup>st</sup> and 2<sup>nd</sup> Doppel (together)

*We suspect*

*On a day*

*Whose dial's queered*

*By*

*The leer*

*Of effects you never saw coming*

*You'll see guys crash*

*From the play*

*By jumping from bridges or swinging*

*Or turn away, singing*

*Heads down*

*Bums up*

*Rubbers off*

trough+boy interjects above the growing murmur "and then the shit/will really hit/the fan"

*Oops*

*Heads down*

*Bums up*

*Bugger off*

Trashy as it is it's not such bad agit-prop, it strikes a popular chord and the guys go wild, wolf whistling and hooting and the wet-dream muscle-policeman seizes the whore-nurses wrists to mock-savagely restrain them with enormous velvet trimmed handcuffs. The cymbals and trombone brightly dischord while the guys hoot and whistle more. The handsome twins bumfun and bumflu dart out from the crowd to quickly unfurl a strident banner and raise it above all their heads. It has its own provocative call – **POZ - YES, GUILTY - NO: HANDS OFF** - that the guys take up.

A short distance away in the Courts and Police Headquarters the mounting disturbance is gaining attention. The energetic chant of the poz guys reverberates through the AMU and out into the corrections precinct and as it does the indifferent dust of the building's languid years is stirred. **POZ - YES, GUILTY - NO: HANDS OFF**. The chant is insistent and declarative and the dust billows and thickens until little can be seen. It's a little like Jericho and the walls do in fact tremble and threaten collapse. A sharp mind, a smart mind, from a clerk of the court who can see this pillar of dust, thinks about some funny and moving pages he's just read from a story that takes place at an AMU where a protest about criminalization and stigma occurs on the final page and the building collapses in dust. The literary image is a bold one: the reckless and sanctimonious demands of unrepentant homos destroy the fabric of society (again). Perhaps. So, let's make it ironic, an ironic image and use it in its own

defense against those who see homos that way. He stares at the rising and thickening cloud and knows this is Life imitating art. It makes him happy. He composes a mental note to mark the occasion: **HIV IS NOT A CRIME**. Still, the dust is too dense to determine an outcome. It's not clear where the maids and whore-nurses and police or poz guys stand – who gains the upper hand, what collapses. But the dust will clear, the dust better clear; many people depend on it.

Special thanks to: Gavan Bright, Michael Stevens, David Herkt  
& Richard Zimler

JUNE - OCTOBER 2011.