Have HIV, Will Travel

Getting away from it all takes some pre-vacation pains. Four PWAs share their adventures in Johannesburg, CancÃºn, Miami, Paris and beyond, while Griffin Shea offers tips for positive travelers. Extended postcards from Phill Wilson, Carlos Lopez, Jon Nalley and more.

June 1, 2000 By Griffin Shea

Call it the HIVer's holiday from hell. Three weeks before Donald AuCoin was planning to head to Italy, where he and some friends had rented a country house, he felt something strange on the skin of his back. To his friends, it looked like shingles. AuCoin, 48, a seasoned traveler, wasn't about to let a herpes zoster outbreak cramp his style, even if the trip was a bit of a trek: He had to fly first from Washington, DC, to London, then to Milan and on to Florence, where he would take a train to a small town in Tuscany. Then he would finally be somewhere beautiful where he could rest.

"I flew to London," he says, "but I was in so much pain that I cried in the airport." He made it all the way to Florence and found himself alone at dawn on the Tuscany train platform. Nothing nearby was open yet, not even a place to eat so he could down his morning meds with breakfast, and he hadn't packed any food or drink. "I had some aspirin, but I couldn't find any water," he says. Finally he got someone inside a closed restaurant to give him a glass of water. Even with all this, he beat his friends to Tuscany -- and the lovely but locked house. By the time they arrived several hours later with the keys, the pain was so bad that he'd had enough. The next day, he turned around and started back home. "It was the most expensive three-day trip of my life," he says.

It's one thing to take a drug holiday, but quite another to take your drugs on holiday. Getting vaccinated, finding clean water, sweating your way through border checks -- suddenly the footloose-and-fancy-free appeal of just getting away from it all can seem more hassle than it's worth. But with a little preparation, you should be able to travel in style.

POZ gathered advice from doctors, advocates and even the U.S. state department to help you guarantee a great trip. For Americans traveling inside the 50 states, it's simple: Take your insurance card, your doc's phone number, the number of someone to call in an emergency -- then grab the sunblock and hit the road. But a trip overseas can be more complicated, depending on where you're headed.

"In some countries, if you're even suspected of being HIV positive, you can be denied entry," says

the state department's Paula Williams. The good ol' USA is home to some of the world's harshest restrictions, with an almost complete ban on HIVer visits. Some countries, including Japan and many in Western Europe, report no restrictions at all. Others, such as Britain, can test you at the airport if, say, you look ill or even "gay." In most places, if you're planning to stay for more than three months, it's likely they'll require a test -- positive results mean you could be denied extended visas. (Get the state department's list of guidelines by clicking on travel.state.gov/HIVtestingreqs.html or by calling 202.647.5225.)

Being devious is the best revenge. "We advise clients to be very careful when they travel because customs can be tricky," says Larry Villegas, a senior health educator at Washington, DC's Whitman-Walker Clinic. He advises bringing your meds in a carry-on handbag or backpack in case the checked baggage gets sidetracked. If you fear that customs will ask you to explain what, for example, those 40-plus pills in that one-a-day baggie are, hide the meds in vitamin bottles or put them in a generic traveler's kit.

"If you're carrying instructions for the meds, you should keep them in a coat pocket or somewhere on you," Villegas says. Customs can be a lot like elementary school, he says, and sometimes a doctor's note will let you be excused. For countries with liberal entry policies, it's a good idea to have a letter explaining why you have so many pills; for more restrictive destinations, Villegas recommends something more carefully phrased: "If you have a secondary infection, the doctor could give you a letter with the specific treatment that you are taking without saying that you are HIV positive."

Some developing countries require vaccinations for diseases like typhoid, polio and yellow fever, so once the itinerary is set, check with your doc to see exactly which you'll need. A certificate of vaccination can also help smooth the path through customs, Villegas says. The World Health Organization has a form that your doctor can fill out and sign, available at passport offices and most travel health clinics.

Gary Simon, MD, chief of the division of infectious diseases at the George Washington University Medical Center, says HIVers should take the same precautions as any other traveler -- especially checking for cholera or yellow fever outbreaks where you'll be traveling. One exception to the rule: Stick to the inactivated vaccines. This means no oral vaccines for polio or typhoid fever. CDC guidelines concur, though the CDC makes an exception for the measles vaccine. The yellow fever vaccine -- required and strictly monitored by many countries during outbreaks -- is only available as a live vaccine, but its safety and reliability for HIVers is uncertain. Some countries require proof of yellow fever vaccination or a waiver letter. And if you're traveling in a country when yellow fever hits, you could be quarantined for up to six weeks, Simon says.

HIVers should take killed vaccines just like everyone else, and get routine vaccinations such as diphtheria-tetanus. The CDC recommends against the cholera vaccine for any traveler, even if cholera has been reported in your destination. You can also take malaria prophylaxis, but Simon says not to take prophylaxis before the trip for traveler's diarrhea. Because the same pill can also be used for treatment, you should take it with you instead. And if you might need to inject your

own drugs in an emergency, ask your doctor for syringes.

After meds, water is the second-most important thing to stress about -- you have to swallow pills and avoid infections. Check with the embassy or a guidebook to see if tap water is drinkable; if it's not, boil it or buy bottled water. If you stick to a familiar name brand, you'll be less likely to wind up with repackaged tap water. Still, foreign companies are often affiliated with bottled-water makers popular in the United States, so check the label. Even a brand you don't know could have the Evian stamp of approval.

Other precautions: The state department recommends travel insurance with medical evacuation, which pays for you to be airlifted home if necessary. If you need accessible accommodations, check before you leave (see http://www.halftheplanet.com/advice/places's "Know Before You Go"). Investigate the health care system -- what's the equivalent of 911? (For numbers for most countries: ambulance.ie.eu.org/Numbers/Index.htm.) Will doctors there accept your insurance or will you be covered by the local system?

Chances are your managed care doesn't extend to Timbuktu, but Britain's National AIDS Manual has a searchable online database of ASOs and health care providers in 149 countries (www.aidsmap.com/services/). The system lets you find the name, address, phone number and sometimes a brief description of each group. Jot down some local listings before you leave -- just in case. (For about $25, you can go online to order a print edition online or call 011.44.171.627.3200.) The local U.S. embassy can also help you find a doc, and most major credit cards offer a referral service that can direct you to one in an emergency.

For his part, Donald AuCoin has scaled back his trips since the disastrous Tuscany excursion, and he prepares for them better. "The most important thing is to make sure you have enough meds," he says. For a vacation to Hawaii in March, he packed plenty of food and water. Then he sorted out all the meds he would need for each of the 22 days and put them in Ziplock bags with a note saying what day it was for. Sorting the pills took 45 minutes, but the trip was smooth sailing.

GREEN IS THE COLOR OF HOPE

As you fly over Africa, you notice that the earth, due to droughts and lack of irrigation, is a dusty brown. Then you hit South Africa, and as if you're Dorothy landing in Oz, you switch to color -- from the air, South Africa is so green! Once you land in Johannesburg, what you find most shocking, as an American, is that this isn't Tarzan's Africa. You don't see jungles or seaplanes; you see a fully functional international airport in an industrial city.

I often describe South African cities by comparing them to American cities: Capetown is like San Francisco, if San Francisco had the climate of LA; it's beautiful, hilly and temperate. Johannesburg is like post-auto industry, post-white flight Detroit, without a single major hotel left downtown -- if Detroit were in some hot place like Dallas. And Durban, where the International AIDS Conference will take place this July, is a developed resort town like Miami, with long strips of white sand

beaches and high-rise hotels.

But what really makes this country familiar to me as an African American are the race dynamics. Just as there are two Americas, one black and one white, there are two South Africas: a white one getting wealthier and healthier, and a black one that continues to become poorer and less healthy. Political and legal apartheid are dead at last, but cultural and economic apartheid are alive and well.

South Africa has the most sophisticated tourist infrastructure in Africa -- multilane highways that are better maintained than many in the United States, all the major rental car companies, a comprehensive train system. But that infrastructure was built on apartheid logic, to constrict the lives of black people and to provide white people with plausible deniability about the inhumanity of apartheid. Roads were built with high walls or low in valleys to block white motorists from viewing black areas; the beltways were routed around, not into, the townships to limit black mobility. So in my many trips to South Africa, I've always followed the roads less traveled.

One reason I'm drawn here is the very real possibility that these inequities will be overcome. America has largely ignored the lessons of the civil rights movement of the '50s and '60s, but in South Africa there's a chance that justice and equality might actually prevail. Traveling to South Africa reminds me of my obligation to contribute to a more just planet and reinforces my faith in the human spirit.

I've been told that during apartheid protests of the pass laws (a system that controlled the movement of black South Africans), black women would gather at transfer stations in townships and sing, over and over, "We are the ones we've been waiting for." A remarkable image: They understood that if apartheid was going to be defeated, they couldn't wait for some outside force to save them. They had to do the defeating themselves.

On one visit to South Africa in 1996 for an AIDS training, I met Mercy Makhalemele, a tiny fireplug of a woman who was infected by her husband. When he found out that she was HIV positive, he physically attacked her, kicked her out of the house and exposed her to her employer so that she lost her job. She was disgraced; she had the perfect excuse to give up. But she didn't. She knew that her life and the lives of other South Africans facing these challenges depended on her not giving up. She knew she was the one she'd been waiting for.

South Africa is the revolutionary place of our times. But it's a fragile revolution. So I come here partly to do my little bit to help it succeed -- to contribute my knowledge about AIDS, to provide moral support and to bear witness. I also come to absorb some of the revolution's power -- so I can work on keeping our own revolution alive, back in the United States.

Over the years I've learned that one of the most transformative things you can do as an HIV positive person is tell your own story. Nowhere is this more true than in South Africa, where the stigma around AIDS is so severe that many HIV positive people live in total isolation, and where the hope you can give as an openly HIV positive person is overwhelming. I remember participating

in the first rally by PWAs in Soweto. When it was my turn to speak, I simply told my story, mentioning that I'd been living with HIV for 19 years. Once I said that, there was this rush to the stage -- it happened so quickly that I couldn't move! So many people wanted to touch or hold me, to gain hope from saying, "I met someone who's lived with the disease for 19 years." To them my presence meant that such a thing was possible.

I'm afraid that as the world turns its eye to South Africa during this summer's International AIDS Conference, they'll see Durban, this modern city, gussied up in its Sunday best, and they'll get a false picture of what AIDS is really like in Africa. In the townships, almost every one lives in poverty -- people don't have indoor plumbing, they have to travel to get water -- and even within that general poverty, there are these cardboard-box cities. Walking through them, you pass structures that look like flea-market stalls, but they aren't places to buy things; they're places where people live. In stall after stall, you see children too sick and too weak to bat away the flies. But you also come upon children who have crafted toys out of wire and tin cans and are able to find enough joy that they have astonishingly hopeful faces.

South Africa is physically so beautiful -- and so diverse: amazing mountains; green, green rain forests; gorgeous coastlines, like at the Cape of Good Hope, where the Atlantic and Indian Oceans meet, and you feel like you're at the end of the world. It's so rich in agriculture and natural resources, you truly understand that it's a place worth fighting for.

My many trips to South Africa have taught me that you don't really know this place until you take in both this majestic beauty and the country's horrible political legacy -- and still understand its promise. That is the continuing story of South Africa: horror, majesty, but most of all promise.

-Phil Wilson

TRAVEL ALERT: South Africa

South Africa is one of the safest African countries to visit as far as health risks go. Except in the most remote regions, good health care is never far away, and the city of Durban itself (where the International AIDS Conference will take place in July), in the KwaZulu-Natal province, is not a malaria zone. (Conference organizers plan to provide on-site medical facilities in case of emergencies.) But diseases like malaria and bilharzia still pose threats, especially in the eastern part of the country. No vaccinations are required for entering South Africa.

Malaria is a no-nonsense disease that can kill within days. Fortunately, only one type of mosquito carries malaria, and if you're traveling during the country's winter months (June through August), you're less at risk. There is no vaccine for malaria, but there are several pills that ward off the disease. You should talk with your doctor about which regimen is best for you. But note: You often have to start the pills a week or two before leaving.

The best way to avoid malaria is to not get bitten in the first place. Wear long pants and long-sleeve shirts, and cover your clothes with mosquito repellent. For exposed skin, use repellents

containing 30 percent to 35 percent DEET, but wash it off once you're back inside. (If you have skin problems, check with your doctor.) You may want to bring along your own mosquito net impregnated with repellents. Some hotels provide netting.

Bilharzia is a disease passed through water by worms that hitch rides on freshwater snails. To avoid it, don't get into streams or touch pools of standing water. Tap water in most major South African cities is fine to drink but elsewhere drink only sealed bottled water or water boiled for at least two minutes.

Some tour operators such as Travelsafe offer special packages for HIVers, which include trips into national parks and other rural areas with a doctor or nurse in the group. For more info call 011.082.571.2838.

-G.S.

AMERICAN BEAUTY

There is nothing like the sound and smell of the sea to bring me complete peace and relaxation. This is especially true on a sunny, breezy day when I can walk on the beach for miles and contemplate my place in the scheme of things without interruption. My trips to Florida afford me that opportunity, and I look forward to them as Canada's icy winter winds begin to howl and the freezing rain and snow start to fall, threatening to leave me alone with my cabin fever. In recent years, Florida has become my regular mid-winter escape, a chance for some emotional and physical healing. Trips to the United States always offer a chance to stop in New York City as well, to visit experienced HIV doctors and to stock up on therapies that haven't been approved yet in Canada (as I did once with saquinavir, long before protease inhibitors were available at home). But it's never easy to get there.

Shortly after I was diagnosed with HIV a little more than seven years ago, I learned that I was now designated an "undesirable alien" by the United States and banned from traveling there. This news paled in comparison to the news that I was about to die -- one doctor told me I had only two years to live -- but soon travel to the United States took on considerable importance. I became quite ill with bronchitis in the fall of 1994, and friends suggested that I spend the winter in the South. I was desperate to do so but terrified at the prospect of having to explain to immigration officials the reasons for my visit. What if I were refused entry to the United States for a long period of time -- or indefinitely?

I decided to travel with my mother, using the excuse that I was taking her for the winter -- when, in fact, she was taking me. The form we had to fill out was simple, asking our destination, reason for traveling and the length of our visit; the troublesome part was when an immigration officer with the power to demand a search reviewed the form and then begin to ask us whatever questions she chose. She expressed pointed interest in the fact that my company had allowed me such a long leave from work, but when I didn't volunteer a response, thankfully, she let it go.

Every trip I make to the United States requires careful planning. I'm not a good liar so I stick as close to the truth as I can, but crossing the border is still terribly nerve-wracking. And lying to officials about my health, as a woman who's normally very open about my HIV status, always feels like a real indignity. I've wanted to tell the truth to immigration officers so many times, but at the border, you never know what to expect.

These trips have become more perilous in the age of drug therapies because I have to carry all of my meds with me -- and they'd be almost impossible to explain if I were searched. I'm presently on a three-drug combination of d4T, 3TC and Crixivan, plus prophylaxis for PCP and herpes as well as a thyroid replacement -- a total of 13 pills per day. I always take along several types of antibiotics, a vitamin supply and some painkillers -- just in case. So whenever I travel, I have with me at least 20 bottles of pills. I can't even spread them around my luggage to make them look less conspicuous; since I can't afford to risk losing them, I pack them all into my carry-on. (Once, to avoid all this, I tried to mail pills across the border, but they were stopped at customs and shipped back to my doctor.)

Those of us who travel to the States swap stories from time to time, and the common thread is feeling disrespected and afraid. I remember a trip with one friend who has more pronounced outward signs of AIDS than I do. He was so anxious at the border that I thought he was going to confess his HIV status without even being asked. Another friend's bags were randomly searched, and his pills were discovered. He was sure his goose was cooked but stated honestly -- if vaguely -- that they were "antiviral drugs." For whatever reason, he was allowed to cross with no further discussion. He has never forgotten the close call, and neither have I. You would think that after successfully crossing so many times, I'd stop worrying about being caught. But I never do. Once is all it takes to be sent packing, and you never know when that time might come.

I accept the right of every country to set reasonable rules about who can enter its borders and for what purposes. The U.S. government is likely concerned that people like me will spread the disease or become sick during our stay and use public hospitals. But my own experience is that PWAs are of no risk to others during their visit, and certainly when Canadians become ill, we want to return home -- where health care is paid for and we're near our own doctors -- as quickly as possible. From my vantage point, the travel restriction appears to be just another way to let HIV positive people know that we are not welcome or even tolerated -- as if we hadn't already guessed.

-Name Withheld

TRAVEL ALERT: U.S.

America displays a "Do Not Enter" sign to all HIV positive travelers from other countries, with exceptions only for people attending medical conferences or those with close relatives already here.

While it’s not hard to slip through customs -- and no one can make you take an HIV test without your written consent -- some HIVers do get turned away at the airport. Physical appearance can be key: Dress up and wear clothes that fit well, especially if your weight has changed. Make meds in your bags as nondescript as possible. Customs agents watch for people who look like they might try to illegally immigrate, so if you look young or don’t have a job, bring a letter showing that you have commitments in your home country.

If you need emergency care, U.S. hospitals should treat you regardless of your ability to pay, and your illegal entry shouldn’t be a problem there, either.

-G.S.

A YUCAN REBIRTH

Two summers ago, I took my first vacation to the interior of Mexico. Being of Mexican descent, I had always wanted to make this trip, but my visits had been limited to a couple of border towns. I decided to go to the Mexican Caribbean. Although heavily touristed, it is a gateway to Mexico’s fabled interior. My traveling companion was a longtime friend who I knew could handle things should I encounter any problems, health or otherwise. We flew into Cancún without a hitch. I was a little concerned about possibly having to explain all the drugs in my bag, but no one searched them; had they done so, I was instructed to simply say that they were for “a medical condition.”

We had decided to keep brief our visit to the “spring break” capital of the world. We stayed in downtown Cancún on the mainland, and ventured only once to the Hotel Zone, the 14-mile barrier island where most tourists stay. Not unlike back home in New York City, the only other Mexicans I saw in the Zone were people employed by the service industry. After checking in to our air-conditioned hotel, our first destination was the supermarket to purchase the gallons of bottled water I would need for my Crixivan dosing. Using two different guidebooks back at home, I had already mapped out the places we would eat, sticking mostly to places where I knew I could get vegetarian meals and/or seafood, although we occasionally strayed from the list to try a restaurant with an enticing menu. Most of the time we ate at a health food chain called 100% Natural, where the patrons were mostly Mexican, usually a sign that the food was good. I wanted to try a batido, smoothies made with soy milk, fresh fruit and ice, but my paranoia about water got the better of me. When at our second meal I saw someone hauling in large bags of ice from a truck with the words agua purificada on it, I decided it was safe.

But another tempation came at night, when local women would set up elaborate food carts with different meats and every taco filling you could imagine. A multitude of people would gather, eating and socializing. My mouth watered watching the scene. But I resisted because meat left out for long periods of time can be like a sponge to bacteria. Ultimately, I didn’t encounter any digestive problems, apart from a two-day bout of diarrhea. It probably helped that I was downing yogurt several times a day.

The night before we left Cancún to venture into the interior, we visited two of the gay bars listed in the Spartacus guide, Caramba and Picante Hot Bar (don't laugh, New York City's Splash and Barracuda aren't any more cleverly named). Unlike other nightspots, the clientele was almost exclusively Mexican, perhaps because Cancún hasn't quite attracted the gay jet set that, say, Acapulco has. Refreshingly, the beer was cheap and the attitude almost non-existent -- but so were the condoms, safe-sex posters or any other signs of the AIDS-related outreach common in many U.S. gay bars.

I had gone to Mexico, in a way, to reconnect with my roots. But I felt a strange disconnect. Most people I spoke to in Spanish responded to me in English, shattering any notion of ethnic camaraderie between us. A feeling of being dispossessed overcame me. I had always considered myself Mexican. But it was clear to the Mexicans I encountered that I was an American tourist with U.S. dollars. Perhaps it was naïve to think I would be taken into the fold. But I felt like a man without a country.

If I couldn't bond with the people, I have many great memories of getting to know the land. At Xel-Ha, a national park with lagoons, we rented snorkeling gear and spent the day swimming with giant sea turtles and a rainbow assortment of fish. We also splashed around in the icy water of Grand Cenote, one of the sinkholes found throughout the region, most interconnected by underwater caves. We roamed the ruins of Tulum, the last known Mayan stronghold and the only one built on the coast. And I climbed the tallest pyramid in the Yucatan at the Mayan ruins of Coba -- then spent the next hour panic-stricken about how I was going to get back down. I finally descended backward, clutching a rope. Even though the water in my bottle warmed to the temperature of hot tea within an hour, it tasted great under an unmercifully blazing sun.

I had once felt that I had all the time in the world to take this trip. But about a year before I finally decided to go, I found myself in the hospital, my wrists strapped to the bed rails to keep me from pulling the respirator out of my mouth. The highlight of my day was being unbound and rolled onto what looked like an oversized produce scale, while morphine provided a much-needed escape.

I bounced back rather quickly after beginning combination therapy, and so here I was at our hotel, on a quiet stretch of Caribbean oceanfront, where hours went by without my seeing another soul. There wasn't much to do but swim and lay on a hammock to read or nap. After midnight, a few giant turtles would emerge from the ocean and slowly make their way onto the dry sandy beach to dig a hole for depositing their eggs. It was a great setting in which to begin the second half of my life.

-Carlos Lopez

TRAVEL ALERT: Mexico

Anyone who's been to Mexico -- free of bans on HIVers -- has a horror story about how a glass of tainted water kept them in the bathroom for an entire day. But it's fairly easy to avoid getting traveler's diarrhea: Wash your hands with soap and water before eating; avoid street food unless

you plan to boil, cook or peel it; and avoid dairy products unless you know they've been pasteurized.

And don't drink the water! Stick to bottled water (with the seal intact) or carbonated drinks -- and don't have ice that's made from tap water. Use tap water only with a filter (look for "absolute 1-micron or less" on the label) or iodine tablets -- ideally use both. They are available at camping or outdoor supply stores.

Emergency codes vary by city and state, so check locally. Certain rural areas in Mexico are malaria zones, so take anti-malaria precautions if you're heading to Campeche, Chiapas, Guerrero, Michoacán, Nayarit, Oaxaca, Quintana Roo, Sinaloa or Tabasco. The CDC does not recommend malaria drugs for the major tourist resorts on the Pacific and Gulf coasts. They have kinder, gentler mosquitoes.

A BACKROOM OF ONE'S OWN

The French teenagers and surly Catalonian merchant mercifully remained down by the narrow, rocky beach along the cove. A chocolate éclair ice-cream bar and a 125-peseta can of Coca-Cola facilitated my third and final daily dose of Viracept. Trudging up the hill in motorcycle boots, with a small, carefully chosen stone in my hand, I looked down to see Portbou, the town in Spanish Catalonia near the French border -- now infamous as the last stop for eminent German-Jewish man of letters Walter Benjamin. Fleeing the Nazis and their Vichy French cohorts, an ailing Benjamin struggled over the Pyrenees into Spain only to be captured by police. Exhausted, he committed suicide on September 26, 1940, and was interred -- the lone Jew -- in Portbou's small Catholic cemetery on a bluff above the Mediterranean. As is customary, I left the stone on Benjamin's headstone (one among the hundreds of stones already there). This was the latest of my many pilgrimages to Holocaust-connected sites, an emotional touchstone of all my trips to Europe. The other thread connecting these travels is AIDS, beginning with my first trip, when I believe I got infected.

Judging by the mouth sores, chills, 104-degree fever and flu-like symptoms that hit me several days later, it must have happened that sex-drenched September week I stayed at the Amsterdam apartment of gay journalist Yehuda Sofer: the nights having sex in the basement of the Argos, just downstairs from the bar where Freddie Mercury chatted with friends; the bearded guy from Calgary I sneaked into Yehuda's; the rough Dutch top from the Eagle, a leather bar, who banged me around a loft. There, too, in the midst of my twentysomething debauchery, I managed to visit the house where Anne Frank hid from the Nazis. Unlike Benjamin, she ended up in a mass grave, where stones left by visitors have to be shared.

After watching the sun set over Benjamin's grave, I caught one of the last trains back to Barcelona. The dusky Catalonian countryside passed by me -- Catalan station signs bearing little resemblance to the Spanish town names on my official tourist agency map -- as I eagerly anticipated my last night at Barcelona's leather bar. Just six days before, I'd stumbled into some

very unexpected, fortysomething debauchery there. Unexpected not only because I'd made it to 40, but because, living in New York City (where, under Mayor Rudy Giuliani, public sex has become verboten), it was a revelation to get fucked, sucked off and pissed on without fear of a flashlight-wielding bar employee ordering us to stop.

Arriving at Passeig de Gracia station in Barcelona, I rushed to the Gotic quarter's Hotel California, where I was staying, to change into chaps, harness and leather motorcycle jacket. I didn't want to lose a second. The Metro took me to the bar on Passeig de Sant Joan, where I had beer with the guys I had gotten to know over the past few days. Again, I ventured back into the maze of backrooms -- once to fist a blond with a bubble butt who had a thing for "daddy types" (argh!), another time to make out with a young skinhead. The guy I fisted asked how I'd liked Portbou, then demanded my e-mail address. An encounter just like this one, 12 years earlier, had sparked a long-term friendship.

I met Klaas, a squatter and anarchist, during my 1987 trip to Amsterdam. He stood by the bar in the Argos, having a beer, as I came upstairs from the same back room I'd reveled in -- and likely been infected in -- three years earlier. Soon we became regular correspondents. Along with personal missives, photographs and postcards, I sent him a barrage of ACT UP flyers and fact sheets. Late in 1989, he got sick. While the care and social support he received as a Dutch citizen was excellent, his body was failing. If I wanted to see Klaas alive again, my time was running out; I managed to take off for three weeks during the winter of 1990 to stay with him.

My host put on a brave face, but he was in pain, suffering excruciating headaches that would later turn out to be toxoplasmosis. One Saturday night was especially fitful. I escaped into German-dubbed versions of Psycho and Soylent Green on ZDF, while Klaas' hacking cough reverberated down the hall. Day trips I took by myself, to Rotterdam and the Hague, were brilliant and sunny; ominously, one to the nearby walled city of Deventer with Klaas was gray and rainy. After poking around Deventer and its museum, Klaas and I stepped into its gay center to seek coffee and shelter from the deluge. Perusing a Dutch gay magazine, I saw a full-page obituary for Yehuda. Noting the flush in my face, Klaas pulled the magazine from my hand. "You knew him?" he asked. I nodded, but said nothing, hoping to shelter my sick friend from my grief. Klaas himself died a year later.

For me, Europe is an emotional mix of sorrow and liberation. The ghosts of six million Jews killed in the Holocaust are ever present, as are the spirits of my brothers consumed by AIDS. Carousing in my leatherwear and bonding with men in ways I seldom can at home affirms the lives of my buddies no longer here to enjoy it. I went to bed that last night in Barcelona as sated as I'd felt since my trip to Paris the year before, when I discovered a leather, uniform and rubber bar near the Pompidou museum.

An expert voyeur, I joined the writhing mass of brothers in the basement and watched the guys fucking. Amazingly, nearly everyone getting ready to enter butthole reached into his pocket, pulled out a small wrapper and opened it. Quickly, the condom would cover his endowment and -- "Voila!" A husky male voice whispered in my ear that I might like a certain bar near the Bastille

better. He was right. As soon as I walked in, I saw a guy getting fist-fucked at the bar, something I hadn't seen in New York City since the Mineshaft days. On the night daylight savings started, I cruised in a bar near where I was staying by the Place de la République. A blond named Philippe introduced himself and soon began to play with my butt. Like the guys two nights earlier, he adeptly removed a wrapper and had a condom on his cock lickity-split. We fucked sweetly, lost in our own world, as the clocks turned forward an hour.

The next morning, I had horrible nausea. Whether it was because of the AZT or the Viracept or both, I don't know. It was all I could do not to throw up as cars and scooters zipped around corners and busy Parisians maneuvered through the traffic on foot. Deep breathing and mind-over-matter thoughts eventually quelled the churning -- freeing me to visit the Louvre and the Memorial to the Unknown Jewish Martyr, an homage to French-Jewish victims of the Holocaust. By evening, I was eating dinner and watching Absolutely Fabulous with French subtitles at the apartment of a Parisian friend in Le Marais. At least I had protease inhibitors: Klaas had vomited without them. I remembered gently stroking his back on New Year's Day 1991 as he puked into a tidy Dutch gutter.

Now I was amid crowds again, fumbling for the last of my pesetas to buy a ticket to the airport as commuters in Barcelona's Placa de Catalunya Metro station rushed about. Sharing that pocket were pieces of paper with phone numbers from guys I'd met during my stay. Some, I knew, might lead to substantive relationships; others would congeal into memories. Kent Seidl, an American from San Francisco, slipped one such note into my pocket during my last visit with Klaas.

I met Kent in Amsterdam's Stedelijk museum at an exhibit of AIDS activist art. We were dressed identically -- leather motorcycle jacket, baseball cap, 501s and black boots -- as if we were versions of each other; Kent came up and asked if I spoke English. "No, only Esperanto," I snapped. Like me, it turned out, Kent had come to Europe because of a friend dying of AIDS. "I've eaten alone every night," he said. "I was wondering, would you mind having dinner with me?" I accepted and insisted on a rijstafel, telling him that he hadn't visited Amsterdam unless he'd eaten at an Indonesian restaurant.

Over dinner, in this city of my seroconversion, the specter of AIDS hovered over our flirtation. Afterward, we both had to get to Centraal Station. I, to get home to Klaas; Kent to make an English-language 12-step meeting. I showed Kent how to use a Strippenkaart on the tram and pointed him off. We kissed -- the deep tongue kind. The next time I saw his face was in 1993, when I picked up a copy of The Bay Area Reporter and saw his obit.

It was almost noon by the time I checked my bags at the Barcelona airport's British Airways counter. I was on my way back to New York City, three months past my 40th birthday. Turning 30 in 1989, as my friends, neighbors and coworkers died all around me, I thought I'd be dead by my mid-thirties. But my genetics, the "cocktail" and luck have given me these extra years to make it to Paris, to Madrid, to Barcelona . . . to spend pleasant summer weeks in Provincetown. Hell, I was even dumping money into my 401(k) and thinking about retirement! I'd made it this far, which is more than I could say for Yehuda or Klaas, my dear Dutch hosts, or Kent. Waiting for my flight, I

began to imagine another European vacation for next year.

TRAVEL ALERT: Europe

The enlightened European Union has no travel bans for HIVers. The Netherlands and France both boast a reputation as particularly progressive on social issues; Spain may require an HIV test for permanent residence or student or work visas.

If you're packing mucho meds, though, you may raise some eyebrows. "Please have a letter from your doctor stating that you need the medicine and the amount you need for the time you are going," the Dutch Embassy's Susana Koopmans says. "It should be clear that it is for personal use."

If you need a doctor, emergency numbers for an ambulance are listed on phone books and displayed on most public phones. Health care for natives is covered throughout the EU, regardless of where you get sick,but Americans should rely on international insurance.

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http://beta.docker.poz.com/article/Have-HIV-Will-Travel-10257-7752