



The Realities of Unprotected Sex

Barebacking in a post-HAART HIV culture

By Trevor Hoppe

Like many gay men, I have had bareback sex. As a 22-year-old gay man who came of age in a time when HIV was not the mystery it was when I came into this world, you might think my behavior inexcusable. Yes, I knew the stakes going into it. Yes, I had explored safe sex websites and taught myself the ins and outs of transmission risks. I even took classes on the subject in college. I made an informed decision.

Before you conjure up images of crystal methamphetamine and online bareback solicitations, let me say that I do not fit the profile of what most people think of when they hear the word “bareback.” This is because I only have bareback sex, on average, once or twice a year and I am never high on “Tina” when I decide to do so. Much of the dialogue around barebacking has focused on the extremes: bug chasers (HIV-negative men who seek out HIV-positive sexual partners in hopes of contracting the virus), meth-heads (men who have sex, sometimes unprotected, while binging on the stimulant crystal methamphetamine), and, more recently, the alleged “superbug” (an unconfirmed, therapy-resistant strain of HIV rumored to progress to AIDS significantly faster). These are certainly important and legitimate topics to consider when talking about bareback sex and the HIV/AIDS epidemic. However, many people who are talking about bareback sex, especially the outspoken gay male pundits, have failed to consider those not located at the extreme. There has been little interest in why many gay and bisexual men choose to go “bare” some of the time.

For many of these men, having sex with a new partner brings with it an analysis of risk. While some simply have not been educated well enough about STDs to make an informed decision, others know very well the “ins and outs” of sexual risk and HIV transmission. Anecdotally, many men have described to me a process for risk evaluation that they engage in with every new sexual partner. Essentially, they make a judgment call about what the odds of contracting HIV are with a given partner. They explain a sort of split second, subconscious sorting of a number of factors—their partner’s age and sexual history, their location and the city’s infection statistics. The result is little more than an unscientific gut feeling, but for at least some men it seems to be influencing their behavior.

On numerous occasions, other men have stonewalled my attempts to gauge how they perceive sexual risk and how that perception impacts their decision to use or not use a condom. “Bareback” is often too taboo for discussion. I know from the gay men who have been willing to talk to me that many have had unprotected sex at some point in their lives. Yes, there are gay and bisexual men out there who have never had sex without a condom. There are also probably men out there who have never had sex *with* a condom. Most, I think, can be found somewhere in the murky grey area in the middle—a population whose size no one seems willing to consider. Many public health officials and educators are more than willing to congratulate the people always fucking safely while simultaneously demonizing those who refuse to do so, yet they cannot even fathom considering the numbers of people who do not belong to either party.

It seems that for a great deal of gay and bisexual men, barebacking is not a deliberately sought out way of having anal sex. Instead, it can be the result of any number of unintentional circumstances. It can happen after first dates when fiery emotions trump rationality. Or after being picked up by the “hottest” guy at the bar, when lust clouds sensibility. It even happens in perfectly average sexual encounters when a thorough search through the nightstand yields only empty wrappers. Many gay men have found themselves, for whatever reason, in one of these situations. The classroom or lecture setting—where typically, gay and bisexual men talk about condoms, safe sex, and sexual decision-making—looks nothing like the emotional, vulnerable setting that is the bedroom.

Sex is an incredibly complex, hormonal, and emotional event that can complicate the otherwise uncomplicated decision. Without being able to talk about these encounters openly and honestly, it is difficult to come to a subtle, layered understanding of what leads men to make the decision to have unprotected sex in the first place. Silence breeds ignorance.

Unfortunately, too often the few discussions that do occur on the topic are characterized by anger and rejection. Condemnation certainly does not lend itself to fruitful dialogue. Many people with perfectly good intentions assume that it

is reasonable to expect gay and bisexual men to use condoms every single time they have sex. For those people, straying just once from that lofty expectation is the equivalent of failing the entire LGBT community. These high expectations can foster, for those who do not measure up, a sense that they have somehow failed as a "good" gay man. This sense of failure can lead to shame, which in turn can promote even more potentially unhealthy sexual decisions like crystal methamphetamine use and, possibly, more unprotected sex.

The reality of the American HIV epidemic has fundamentally shifted since the introduction of protease inhibitors in the late '90s, yet it seems many people have failed to recognize the significance of this dramatic shift. ACT UP's infamous slogan of "Silence=Death" does not bring to mind any current crisis, but harkens back to another time when an entire generation of gay men was threatened with extinction. Whether we like to admit it or not, we all live today in a world in which a positive test result no longer represents the first nail in the coffin. An HIV diagnosis has shifted, for many who have access to the expensive medications, from terminal to chronic, from untreatable to manageable. So, too, have the ways gay and bisexual men perceive it.

A new generation of gay and bisexual men has come of age without the looming specter of AIDS constantly at the horizon. This does not just mean *young* gay men, but also any gay or bisexual man who has "come out" since the late 1990s. A recently out 42-year-old may perceive the domestic HIV/AIDS epidemic in the same way that an openly gay 22-year-old does. This new generation does not have memories of a community nearly crumbling or of weekends filled with memorial services for friends, lovers, and mentors. They have not known such tragedies. Strategies to beat HIV must accommodate this shift in experience that is, increasingly, how many gay and bisexual men interface with the epidemic.

Because of this change in experience, both public health advocates and individuals need to be more realistic when talking about unprotected sex. Promoting shame will not deter anyone from engaging in unprotected sex. I am not interested in advocating unprotected sex. I am, however, asking that people be willing to listen and understand our experiences so that we might engage in a national conversation about gay men's sex lives that is honest, open, compassionate, and free from judgment. If we have learned anything from the escalating battle with crystal meth, it is that public health campaigns driven by shame and judgment do nothing but reinforce a spiral of guilt that leads to more unhealthy decisions. We can expect the same from shame driven conversations and campaigns about bareback sex.



Trevor Hoppe is a first-year M.A. student in human sexuality at San Francisco State University. He recently graduated with a B.A. in political science from the University of North Carolina at Chapel Hill where he was also the first student to earn a minor from their Program in Sexuality Studies. He can be reached at trevor@trevorhoppe.com.