

“A normal desire”

Barebacking needs a harm reduction approach

by Jeff Anderson

In a scene from the film *Fire*, directed by Deepa Mehta, a passionate protagonist rebuffs a suitor but she continues to flirt with him.

“Hunt—it’s my favourite word,” she says. “It means to pursue, to chase for game, or to kill. Whenever we stop hunting, our desire fizzles out. You don’t want that to happen to us, do you?”

He shakes his head. “But at what cost?”

Her gaze lowers. “At all costs,” she replies.

Sex, ideally, rises from an unconscious, impossible-to-ignore impulse: love. In the bargain, we get thrills and joys. But if you have HIV, sex also brings worry, fear, anguish, the risk of criminal charges and recrimination—and the risk of death for your sexual partner. What, then, could possibly motivate a person with HIV to engage in bareback sex? This quandary troubles all PWAs and angers many who don’t have HIV.

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It is, frankly, easy to see why barebacking PWAs wrestle with self-loathing. They are pariahs around the world, shunned by the uninfected, because it’s our fault we’re HIV-positive, isn’t it? Well it is—and it isn’t. For just a moment, though, let’s leave right or wrong to another discussion. Let’s first ask: “Why?”

There are various reasons why a person who is HIV-negative would engage in condomless sex with an infected partner. Some want to share the burden of HIV with their infected partners, some don’t care enough to take precautions, and some are rumoured to want the financial benefits accrued by

the infected. Others want, as one newly infected woman told me, “to get it over with.” Some people honestly believe their own rationalizations, while others want a convenient excuse for the urge to have passion, not reason, rule their lives.

In England, a recent gay men’s sex survey showed that last year nearly 45 percent of all survey respondents had condomless sex and about one-third of HIV-positive respondents had sex that could have passed on HIV to their partner. Investigators observed that the days of “use a condom every time” messages are in the past.

And they are. In announcing a recent workshop for HIV counsellors and health providers titled “Without Condoms” based on a book of the same name, gay therapist Michael Shernoff noted, “condoms are still the best way to prevent HIV and STDs. But the data show that a lot of gay men bareback some of the time. It’s not a small group of ‘bad guys’ who do it all the time. You have to start from the point of view that wanting sex without condoms is a normal desire—whether you act on it or not.”

Despite recent studies that confirm that sexual arousal alters men’s values and decisions, barebackers are often considered hateful louts—people who care only for their own pleasure. But that view is too simplistic. It is widely accepted that there are many contributing factors to HIV, including poverty, powerlessness, and poor self-image. Barebacking is similarly symptomatic of larger social pressures. Because our passions are shaped as much by social forces and conditioning as by instinct, logic, and reasoning, barebacking can be seen as a socially-influenced behaviour like smoking or overeating.

Like smoking and drug addiction, barebacking needs a harm reduction approach to lessen the damage and offer choices for alternate behaviours. Our social and health care responses need to recondition the public, and health providers need to offer compassion and understanding to people who engage in condomless sex. Some health and social care providers are beginning to understand this challenge. And not a moment too soon. ⊕

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