

safe-sex burn-out:

There are men out there who want to be infected with HIV, and among other names, they're called "bug chasers."

BY JUSTIN BARTON-CAPLIN

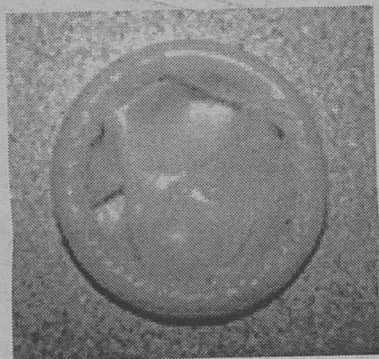
Recent data from the Centers for Disease Control (CDC) and some state Health Departments highlight increases in risky sexual behaviors in men who have sex with men (MSM), particularly in urban areas. These increases in risky sex have coincided with rises in sexually transmitted infections (STIs) like syphilis, gonorrhea, and chlamydia, and have coincided with rises in estimated HIV infection rates (CDC, Oct 2000).

It seems that as we start into a third decade of the HIV/AIDS epidemic, gay populations have given up on or are ignoring safer sex practices. In a time when most people recognize the risks around unprotected sex and have been inundated with HIV prevention information, the choice to engage in risky sexual behaviors is often an informed one. The reasons for such a decision are varied and multi-layered, including optimism about new drug therapies, the desire for increased intimacy with a sex partner, the search for intense sensation, spontaneity, a sense of denial, fatalism (we all die anyway), low-self esteem, apathy, thrill-seeking, wanting to belong to a particular sub-culture, and even the desire to be HIV-positive.

To some of us, these rationales may seem ridiculous or even abhorrent, but to the men engaging in barebacking, or unprotected anal intercourse, they are real and motivating. As an HIV/AIDS educator, I must be aware of these reasons and try to understand while trying to adequately address them. However, I must also recognize that, for some men, this is a life choice and I must respect their decision. As men having sex with men, we need to be aware of these issues and check in with ourselves and with our sexual partners.

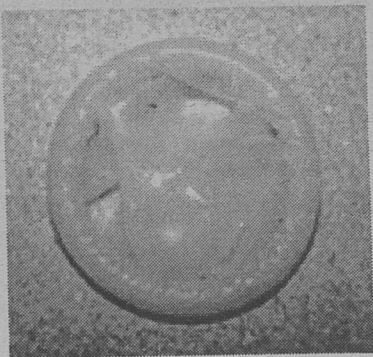
With the advent of multiple drug therapies, which now include protease- and reverse

transcriptase-inhibitors and other anti-viral medications aimed at slowing down HIV production, there seems to be the myth that HIV-positive people live "normal, healthy lives." While it is true that many people on HIV anti-virals live much longer today than people on therapy a decade



ago, their quality of life is still heavily impacted by both their HIV infection and the side effects of their treatment. These "miracle" drugs can induce intense bouts of nausea, prolonged periods of diarrhea, noticeable body wasting, increased deposits of fat in the abdominal areas, and even chronic fatigue. San Francisco officials pulled HIV drug ads from newspapers and television because they showed only athletic and totally healthy individuals. SF decided that such ads did not adequately portray the symptoms and side-effects of being on an HIV drug regimen and that they thus promoted the myth that one could be infected with HIV and be completely healthy. It was considered misleading at best, a form of fraudulent advertising at worst.

For most people, sex is a pleasurable experience. So, when we start talking about safer sex



and condoms and dental dams, we always hear about the decreased sensitivity and a lack of intimacy or spontaneity. While not wanting to minimize people's concerns, I must mention the "Sex Positive" movement. That's where you talk about alternatives to intercourse, discuss sexual outercourse (where penetration does not happen), bring up tantric sex,



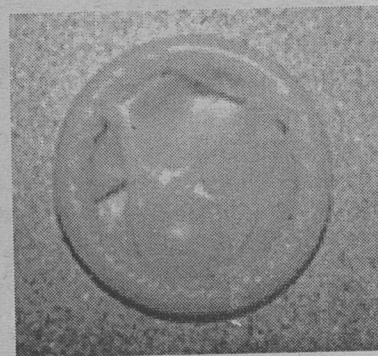
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and brainstorm how to make latex sexy. Be creative! Allow sex to be an extension of your creativity! There are preliminary studies that show that the Sex Positive approach has had beneficial effects and may help reduce STI and HIV infection rates, particularly among men who have sex with men (MSM).

Some people choose to bareback because they are in denial about the risks of HIV infection: "It won't happen to ME." Living in Vermont, we often lose touch with the realities

of HIV/AIDS, thinking that it is isolated to urban centers or to sub-Saharan Africa. HIV/AIDS is a global issue – an epidemic with roots in rural areas. If you live in an area with other human beings, you live in an area with HIV. It can infect anyone engaging in risky behaviors.

In a similar vein, there are those people who view the HIV epidemic as a function of fate. They view their lives fatalistically as pre-determined. There is nothing that they can do that



will change their life-course.

We also have within our communities gay men dealing with low self-esteem. Often, these men don't care enough about themselves to worry about their health or about even protecting their lives. Thus, when presented with a sexual opportunity, safe sex is not the first thing that pops into mind. Apathy has the same effects on safe sex. There are prevention programs, such as Mpowerment, that aim to improve gay men's sense of self-worth and control over their own lives. Studies have shown them to be effective in reducing HIV transmission rates.

Finally, some men choose to bareback either because they are already positive and think that they don't need to

There are men out there who want to be infected with HIV, and among other names, they're called *bug chasers*. The motivations for wanting to be infected may include guilt, thrill-seeking, not wanting to worry about safe sex any more, wanting to belong to a community, and even getting access to disability checks and other financial services available to HIV-positive individuals.

In some areas of the country, barebackers have united and even identify as a group. There are barebacking parties: with all positive men; with all negative men; with both positive and negative men (known as conversion parties); and even with both positive and negative men where the negative men take their chances that they will become infected (known as Russian Roulette parties; usually the participants don't know who is positive or negative). Obviously, current prevention practices are becoming ineffective and are not adequately reaching all MSM populations.

Discussions of the body fluids that transmit HIV (blood, semen, vaginal fluid, and breast milk), the importance of using condoms or dental dams, and other basic HIV prevention information just aren't cutting it any more. The need now is for the data package to be expanded and combined with information on risk reduction. In other words, if MSM are going to engage in barebacking and other risky sexual behaviors, then how can they reduce the risk of HIV transmission? Has there been a culture shift that now demands a shift in



worry about HIV, or because they want to be positive too. HIV-positive people are still at risk for HIV. The virus mutates, or changes, very quickly. If you are HIV-positive and are having unprotected sex with someone else who is also HIV-positive, then you may re-infect yourself with a new strain, or different version, of HIV. Sometimes this new strain can be more virulent (and make you sicker faster) or it can be drug resistant (and thus reduce the available drug options).

prevention efforts? What messages do we send out so as not to sound contradictory? These are the questions facing MSM programs focusing on HIV Prevention. As individuals, we need to consider the options and decide what is appropriate for ourselves and decide how to cope with any consequences. Here are the choices: becoming HIV-positive or using condoms. ▼

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