



Dr. Brian J. Troth // Is risky behavior exciting and sexy? If we believe this to be true, then what happens when risk becomes harder to define, harder to pinpoint? In the year 2019, the risk of becoming HIV-positive is more mitigated than ever before thanks to a revolutionary preventative approach called PrEP. Critical regard of the behaviors, experiences, and attitudes of men who have sex with men in the PrEP era allows us to reimagine what risk is, what constitutes risky behavior, and how certain behaviors can occur without fear.

We understand risk as a modern phenomenon that resulted from the shift between a feudal mindset that assumed man was predestined to a mindset borne of the Industrial Revolution whereby man felt that he controlled his own fate (see Beck; Joffe; Ericson & Haggerty; Douglas). We also see risk as a future-facing phenomenon in which we ask ourselves what *will* happen if we engage in certain behaviors. Yet within the context of the HIV/AIDS epidemic, this questioning coexists with the notion that previous experience should inform present reasoning: why do people engage in risky behavior when they should ‘know better?’

A litany of literature has suggested that men who have sex with men (MSM) are sexually excited by risk and that MSM are compelled to engage in self-destructive behaviors (see Freud [the death drive]); Bersani [“Is the rectum a grave?”]; Halperin [abjection]; Warner [“Unsafe: Why Gay Men are Having Risky Sex.”]). In the HIV/AIDS epidemic, the most-vilified of sexual behaviors was anal sex, an act furthermore defined by societal perceptions of disgust and disdain (see Curtis; Biran; Miller; Nussbaum; Menninghaus). Risk was at the heart of moral debates in the 1990s when HIV+ men made the conscious decision to engage in risky behavior despite recommendations from HIV advocacy groups. The pushback against wearing condoms, particularly between seroconcordant partners, is known as barebacking and its practitioners barebackers.

In France, for example, a body of literature appeared that placed barebacking at the center of a debate of what it meant to be responsible in regards to risky sexual behavior (see Erik Rémès and Guillaume Dustan). Controversy found its way to more visible platforms, notably with the authors being decried in explicit campaigns that Act Up published for Paris Pride 1999. It is impossible to leave this debate in the 1990s, however, as a stage interpretation of Guillaume Dustan's *Dans ma chambre* was performed in the month of June 2019 in Paris and recent statistics from popular pornographic websites show that bareback sex is still one of the most frequently searched terms.

Yet we cannot talk about sex and risk in 2019 that same way we talked about it 20 years ago. The past two decades have harbored advances in medication and HIV/AIDS knowledge. We know now, for example, that HIV-positive individuals cannot transmit the virus if they have an undetectable viral load (this is commonly referred to by the acronym U=U). It has further been shown that HIV-negative people can take the drug Truvada as a preventative measure (called PrEP), with the CDC's risk prevention tool suggesting that condomless sex *with* a PrEP regimen is more effective at HIV-reduction than sex with condoms *without* PrEP when partners are serodiscordant.

It is, therefore, true that sex without condoms in 2019 may not be considered risky behavior, at least in terms of HIV transmission. At the very least, we should no longer be speaking of unprotected sex between partners because protection can exist on a molecular level. Medication protects the individual from the inside out, as opposed to more traditional methods of protection that focused on creating a barrier between partners that prevented the passage of fluids from one person to another. That's not to say that risk is not still present. While extremely effective, PrEP has a margin of error and it does not protect users from other common STIs, many of which are reaching epidemic proportions themselves. Yet other STIs have not borne heavy loads of stigma since the rise of antibiotics (see Sontag), and as a society, Western nations simply do not think of risk in the same way.

It is common to hear gay men – often those who feel more heavily impacted by the AIDS epidemic – criticize MSM who feel empowered to abandon condoms because they follow a PrEP regimen. These men (the former), I would argue, are traumatized by the AIDS epidemic; either they were sexually active at its height or they came of age in its immediate aftermath, when anal sex was seen as dangerous and deadly, and when engaging in it was a source of shame for putting one's health at risk. On the opposite side, many men – particularly young ones – have a very different relationship with the disease because they never saw it at its worst and because they feel that they have good reason to fear it less.

We could draw parallels between the barebackers of the 1990s and MSM engaging in condomless sex in 2019, but I caution us not to confuse the two. They are quite different in regard to their relationships with the notion of risk. Two HIV-positive men are no longer preoccupied with the possibility of contracting the virus. Their risk, to borrow historic ways of using the term, has come to pass. In 2019, gay men may not see their risk of HIV as being particularly high. It is this very particular relationship to risk that must guide the ways in which we talk about risk going forward. A new generation of MSM is coming of age: one that has not lived through the same fear of HIV

and one whose sexual behaviors are informed by their perception – or lack thereof – of threats to their health.

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