THEY SHOOT BAREBACKERS, DON'T THEY?

Tony Valenzuela is AIDS activism's most misunderstood man

By Stephen Gendel
Photos by Blake Little for POZ
Valenzuela never intended to be the poster boy of the gay movement. Yet, during his lifetime, he was a pivotal figure in the struggle for gay rights. After his death, he became a symbol of the fight against AIDS and the struggle for equal rights.

His story is one of resilience and courage. Despite facing discrimination and prejudice, he continued to fight for what he believed in. His legacy continues to inspire others to stand up for their beliefs and to fight for justice.

Valenzuela was born in the Philippines in 1956. He moved to San Francisco in the 1970s, where he became involved in the gay community. He was a member of the first AIDS coalition in the United States and worked tirelessly to raise awareness about the disease.

In 1994, he was diagnosed with AIDS and passed away in 1995. His death was a shock to the gay community, but it also raised awareness about the need for more research and support for those affected by the disease.

Valenzuela's legacy lives on through the work of organizations like the AIDS Housing Network, which was founded in his honor. The organization works to provide housing and support services to people living with HIV and AIDS.

In 2019, the city of San Francisco renamed a street in honor of Valenzuela, and a plaque was unveiled to commemorate his contributions to the gay community. His story continues to inspire people around the world to stand up for their rights and to fight for a better future.
An HIV negative prevention activist goes through the latex looking glass to discover who’s doing it raw, and why

A Ride on the Wild Side

by Michael Scarc

every Thursday through Sunday night in San Francisco’s Castro district, someone named Marshall uses his house to host a party for other gay men who share a similar sexual interest: no condoms. Admission is $8, and after I pay, Marshall hands me a piece of paper. “This is a bare back party,” the house rules read. “It is assumed all guests are HIV- or have made the decision to attend this kind of party. Therefore, there will be no discussion of status, illness, or medicine.” Partiers must also sign a statement of their intention not to infect anyone with HIV. Whether or not they mean it, this relieves the host of any responsibility under the new California law that criminalizes HIV transmission. After signing in, I peel off my clothes, stuff them into a white trash bag labeled “Michael S” in black magic marker and, with a sense of repulsion, proceed downstairs into a large bedroom occupied by a dozen naked men in various positions of sexual action. A red bulb provides the only light, casting an eerie glow over the room. A TV screen flickers with porn videos. The men are a diverse group, running the gamut in age, ethnicity and body type. Moving between the bodies, I take a seat and watch the center of the action—two tops take turns with a bottom. The sex is silent, senseless and very intense. It continues for what seems like an hour, finally culminating with the two tops each getting off inside the bottom. Afterwards, he remains on his hands and knees, waiting for others to mount him. During this pause, I find myself, as a 29-year-old gay man, wondering if this is what carefree sex was like in the ’70s. No one here but me betrays anxiety.
of why some men choose to eliminate condoms, I've
found it enormously helpful to consider barebacking in a
different framework like safer sex, on a continuum of
"un-safer" with varying degrees of protection and danger
(pulling out before ejaculation is less "unsafe" than not).
It's worth noting that as the risk of HIV infection escala-
tes, so do moral judgments. This is why raw sex between
positive men is often merely frowned upon, but when the
partners are serodiscordant, words like murder and suicide
enter the discussion. It also explains the notion that an
HIVer who tops is more "guilty" than one who bottoms.
Zach, who is HIV negative, barebacks only as a top
when he has sex with positive men—in his mind, an act
relatively low on the "unsafe" continuum. He arrived at
skin-to-skin sex through the practice of negotiated risk (a
harm-reduction strategy common outside the United
States). He'd been in a series of relationships with men
where neither of course, and it's

tremely difficult to go back to latex.*

But the decision to abandon condom use is not always
a one-way street. Dave, an HIV negative man who once
herself in the latex-free life for several months, is
one example: "I decided to stop barebacking because of
the potential health risks—and not just HIV—although I
definitely feel that latex negatively affects my sex life. But
he says he is still very much drawn to raw sex—"somewhat
like a moth to a flame." Health concerns that drive gay
men back to condoms include such STDs as herpes,
hepatitis, gonorrhea and anal warts. And for positive bare-
backers, these STDs can significantly impair the immune
system, accelerating the progression of HIV disease. The
risk that has placed barebacking at the center of national
debates on gay sexual mores, of course, is that of HIV.
Many HIV negative men are barebacking, and while some
attempt to do it only with other negative men, it's impos-
sible to be absolutely sure of a partner's serostatus.

Eighteen years into the HIV epidemic, a gay
man—regardless of serostatus—is likely to
have an immensely complex relationship
not only to unsafe sex but to the virus
itself. Barebackers, like Zach, focus on the
positive values of semen exchange:
"There's no better way to bond with a man
than to give or receive sperm. A lot of bot-
toms take it into their bodies and keep it
there as a way of remembering the sex. They want to feel
it inside them and keep experiencing that closeness. It's
a physical expression of intimacy."

Yet as Walt Odets, William Johnston and other experts
on the psychology of HIV negative men have documented,
there are also other emotions drawing them to the virus,
including survivor guilt, a sense of inevitability about the
prospect of seroconversion, an identification of AIDS with
gayness, an association of seroconversion with a positive
life transformation and more. Pete, a 33-year-old gay man,
expresses this ambivalence. "I was so afraid of becoming pos-
tive for such a long time," he says, "and once that happened,
I felt relief. I also decided I didn't want to spend my whole
life going without the sex I love the most." For many, libera-
tion from the necessity of condom use with other positive men
presents a certain appeal. A popular and ironic barebacking
(continued on page 70)

Safer Barebacking
Considerations

This is not a set of HIV prevention guidelines. Intended only
for gay men who have already decided not to use condoms for
anal sex, these strategies may help reduce the harm associated
with barebacking, some advocates believe. Here, harm should be
interpreted more broadly than HIV infection; these tips may also
help reduce the risk of other STDs. Bear in mind that much of this
information is anecdotal and debated by researchers.

1. POPPERS AND VIAGRA Dilated blood vessels in the rectum
caued by sniffing poppers make it easier for viruses to enter
your bloodstream, so if your partner ejaculates inside you,
you're wide open for infection. Viagra works similarly—
increasing blood flow to the pelvic region (facilitates
erection) and to the rectum—and poses similar risks.

2. LUBRICANT Use it generously to help prevent tears that
allow infection. Don't rely on saliva. Nonoxynol-9 may
afford limited protection against some STDs; however, by
irritating them, it may increase the urethral or rectal
tissues' susceptibility. One study of N-9 use in gay men's rec-
tums found it didn't create irritation that would signifi-
cantly increase risk of infection, but the medical literature
yields conflicting data. An over-the-counter contraceptive
gel, like Advantage 24, is unlikely to fully coat the rectum
and provide complete protection.

3. EARLY WITHDRAWAL Pulling out before ejaculation may
reduce risk. But since HIV and other infectious agents are
in pre-come, this method still poses a risk.

4. RATIONING Limiting your barebacking over time can
reduce exposures and sex partners—which may decrease
the risk of harm—and allows time for healing of tears or
trauma in the rectum, urethra and outer skin of the penis.

5. NEGOTIATION Try to talk with partners about STD status,
including HIV, herpes, hepatitis and human papilloma
virus (causes anal and genital warts). If talk isn't part of
your sex, you may be able to see or feel warts, lesions,
discharge or other physical signs of STDs. But one may be
asymptomatic yet still infectious. Decide ahead of time if
you're willing to come in your partner or allow him to
come in you, then assess your ability to trust your mutual
adherence to that agreement.

6. BEFORE- AND AFTER-CARE Douching or using enemas
with harsh detergents can strip away protective cells in the
rectum. If you use an enema before sex, try warm water. Be
careful not to create tears inside or around the anus.

Some believe lubes, especially oil- and silicon-based, can
trap germs against the skin, increasing likelihood of infec-
tion. Douching with a spermicidal foam or homemade
vinaegar-and-water solution after sex may render some in-
titious agents inactive, but little research has been conduct-
ed. If having sex with multiple partners over a short time,
don't douche until after the last one. Try to urinate right
after sex. Urine's acidity can help clean out the urethra.

7. IMMUNITY The more stressed, under the influence of
alcohol or drugs, tired or ill you are, the higher the chance
that an exposure will result in infection. If you have HIV
and another STD, you're more likely to transmit HIV. If
you're HIV negative with an STD, you're more likely to
become infected.

8. VACCINATIONS Get vaccinated for hepatitis A and B.
Barebacking exposes you to fecal matter and other hepati-
tis-carrying fluids.