

Fighting the Conformity that Kills

Presented by

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ABSTRACT

This paper examines ways to empower disenfranchised black gay/MSM who have developed successful strategies for remaining HIV-negative by not conforming to the anal-sex norm. It looks at the development of that norm and how customs, social forces and ASOs reinforce it. Additionally, it calls for the development of cultural supports for these men and the wider dissemination of their successful strategies as a first step in changing HIV/AIDS prevention messages and thereby changing behavior.

Introduction

Black activists are fond of the saying, “Insanity is doing the same things over and over, yet expecting different results.” The statement is attributed to everyone and everything from Rudyard Kipling to Chinese proverbs to African folk tales. Regardless of the origin, it has a ring of truth.

The HIV/AIDS epidemic is now more than two decades old. Throughout that time, AIDS activists and educators have been pushing condoms. With little prompting most people can repeat standard prevention phrases, “Use a condom every time you have sex, every time,” and for the Hip-Hop generation, “Wrap it up!”

During that same time, infection rates among African Americans have skyrocketed and continue to rise. According to the CDC, African Americans, approximately 12 percent of the population, account for 35% of AIDS cases and half of newly diagnosed infections. A six-city study estimates that a third of African American men between the ages of 23 and 29, who have sex with men, are HIV-positive. African American women account for 64% of HIV cases among women. In 25 states with high infection rates, 80.1 per 100,000 African American women are infected. Many of these women were infected by “brothers living on the down low (dl).” Statistics for African Americans as reported on the Whitman-Walker Clinic web site are alarming!

HIV/AIDS Among African Americans

African Americans represent only 12% of the total U.S. population, but made up almost half (49%) of all new AIDS cases reported in this country in 2001.

- African Americans are estimated to make up half of the annual new HIV infections:
 - 64% of all infections in women in 2001
 - 43% of all infections in men in 2001
 - 50% of total infections in 2001
- The rate of new AIDS cases among African Americans was almost nine times higher than it was for whites in 2000.
- More African Americans, under the age of 45, die from AIDS than from homicide, cancer and heart disease.
- Researchers estimate that one in 50 African American men and one in 60 African American women are infected with HIV.
- It was estimated that, at the end of 2000, more than 133,000 African Americans were living with AIDS.

In 2001, more African Americans were reported with AIDS than any other racial group:

- 13,895 (44%) of the 31,901 new AIDS cases reported that year were among African Americans
- Almost two-thirds (63%) of all women reported with AIDS were African American
- Almost two-thirds (65%) of all pediatric AIDS cases reported were African American children
- The rate of reported AIDS cases among African Americans was 76.3 per 100,000 population: almost three times the rate for Hispanics and 10 times greater than the rate for whites.

HIV/AIDS is spreading especially fast among African American men

- 32 percent of African American men who have sex with men (MSM) were found to be infected with HIV in a recent six-city study of men ages 23-29, compared to 14 percent of Latinos and seven percent of whites in the study.
- African American men who have sex with men (MSM) are at two to three times higher risk for HIV infection than white (MSM). This may be a result of homophobia causing a disproportionate number of African American men to resist self-identifying as gay and therefore not taking precautions.

Sources:

AIDS ACTION, "Communities of Color and HIV/AIDS"

Center of Disease Control (CDC), *HIV/AIDS Among African Americans*

<http://www.cdc.gov/hiv/pubs/facts/afam.htm>

CDC, "Basic Statistics", <http://www.cdc.gov/hiv/stats.htm>

(http://www.wvc.org/hiv_aids_services/factsaa.htm)

Yet prevention programs targeting African Americans continue to push condoms. The “same thing over and over yet expecting *different* results.” In *Sex and death: why does HIV continue to spread when so many people know about the risks?*” Richens, Imrie and Weiss (2003) suggest that:

Control of the epidemic is retarded by unwillingness to acknowledge risk, unwillingness to sacrifice sexual freedom, difficulty in communicating invisible risks like HIV and lack of effective approaches to change sexual behavior.

They also suggest that “The ways in which we currently advise individuals how to protect themselves from HIV risk could engender a false sense of security.”

African American men who have sex with men, be they “gay-identified”, consider themselves “same gender loving” or living life on the “down low (dl)” are under tremendous pressure to engage in anal sex. That pressure comes from society, peers and the HIV/AIDS establishment’s emphasis on condoms. The emphasis on condoms promotes anal intercourse, the very behavior that keeps the epidemic alive. Additionally, 20-plus years of repeating this message, to the exclusion of other methods of prevention, has had the effect of cementing the practice of anal intercourse with gay/MSM identity. Anal sex is now considered what gay/MSM do.

During this same time period, those advocating other methods of prevention, particularly methods related to behavior change, have been branded “sex negative”, “anti-gay” and accused of “aiding and abetting the religious right.” As a result, other prevention

methods, such as abstinence, partner reduction and non-penetrative sex have all been stifled.

(Richens, *et al.*, 2003) state:

To combat HIV by suggesting that less sex is safer than “safe sex” would go strongly against the present climate of sexual freedom and the media portrayal of sex, adventure, excitement and risk-taking as essential ingredients for personal fulfilment (sic). It would raise suspicions that whoever was delivering the message was acting from a moral standpoint.

In spite of the lack of information on prevention methods other than condoms, and the pressure to conform to the anal-sex norm, which often includes vilification, some gay/MSM of African descent have adopted the successful strategy of remaining HIV-negative by not engaging in anal intercourse. Some adopted the strategy because they do not like anal intercourse, others specifically to avoid HIV infection.

This paper will look at those men, how they reached their decision and the pressure they face to conform to the anal sex norm. It will discuss ways to support these men and inform others of their personal prevention strategy. Additionally, the paper will call for research into prevention methods such as Uganda’s ABC program, the Man2Man Alliance and others that advocate behavior change.

Assumptions

It's What Gay/MSM Do

Media coverage of the recent Supreme Court ruling with regard to the Texas Sodomy Laws indicates the degree to which society believes that anal sex is what gay/MSM do. Reporter after reporter in newspapers, on television and on the radio used the terms sodomy and “gay sex” interchangeably. In the public’s mind gay and non-gay alike they are one and the same. Little or no consideration is given to the fact that heterosexuals also engage in anal intercourse and that gay/MSM engage in forms of sexual expression other than that of anal sex.

Part of the assumption stems from society equating sex with penetration. For heterosexuals, sex is a naturally penetrative act. As most people see it, the penis is supposed to be inserted into a hole. Logic therefore dictates that if one hole is not available, then another must by default be the substitute. If sex equals penetration and two men are having sex, then the anus of one *must* serve as the hole for the other to insert his penis. This assumption is expressed in everything from the so-called innocent question gay couples face, “which one of you is *um you know*, the woman; to soap on a rope jokes; to the fire and brimstone admonition, “man should not lie with another man as he lies with a woman.”

HIV/AIDS education and prevention programs further the notion that sex means inserting the penis into a hole. On the well-funded KnowHIVAIDS.org¹ web site under ways to reduce the risk of HIV it recommends: “Using a condom for vaginal or anal sexual intercourse, and barrier methods, such as a condom or dental dam, for oral sex.” The information is provided without any explanation of, or regard for, the differences of the “various holes.” Additionally, there is no discussion of hierarchy of risk, thus leaving the impression that vaginal and anal intercourse is comparable.

Gayhealth.com writes: “News flash: an anus is not a vagina.” Yet much of the site is devoted to information about how to “do it safely” and seems to promote the practice it calls, “the highest risk sex act that men who have sex with men can perform.”

The Executive Summary of the San Francisco AIDS Foundation’s “Qualitative Interview Study (QIS II) of 92 Gay and Bisexual Males Regarding HIV Risk and Sexual Behavior,” details the extent to which anal intercourse is part of gay male identity. The study, released in 1997, points out that: “Among gay men high numbers of sexual partners, active engagement in anal sex, and sexual exploration are perceived as norms that legitimize an individual’s gay identity.”

The study further states:

In QIS II, individual formulation of gay male identity and self-worth to a significant degree was based on adherence to specific sexual performance standards and practices within gay male culture. Men in QIS II frequently described anal sex, and particularly anal sex without

¹ KnowHIVAIDS.org is funded by Viacom and the Henry J. Kaiser Foundation.

condoms, as a means to affirm their gay identity, experience intimacy, and feel a broader social and cultural connection (1997).

Gay male culture and the larger MSM culture, link anal intercourse with identity. This process of identity formation presents a major obstacle for men who do not engage in anal sex.

Gay/MSM have always done it

The assumption that anal sex is what gay/MSM do extends to the belief that it is what men who have sex with men have always done. There is the additional belief that the current practice of anal sex with multiple partners has existed as long as gay/MSM have existed. Truth is the practice of concurrent multi-partner anal intercourse is a post Stonewall phenomenon and less than 35 years old. In the book *Sexual Ecology: AIDS and the Destiny of Gay Men*, Gabriel Rotello (1998) details the rise of current gay/MSM anal sex practices.

Regarding historical sexual practices of gay/MSM Rotello (1998, p. 42) writes: “The question must be approached with caution, since there are no studies comparing the practices. Nor should this suggest that anal sex was unknown or even rare.” Rotello describes gay/MSM activity prior to Stonewall as fleeting and clandestine. He writes:

Gay sex was more likely to occur on a lark in a big city, often with a sailor or workingman and in dangerous circumstances, than with a long-term lover or another gay-

identified partner. In such cases, it seems more likely to have been a blow job or masturbation than anal sex. (p. 42)

Rotello (1998, p. 42) makes the comparison with anonymous sex today, saying, “Even today, gay sex in public or semipublic places like parks and tea rooms tends to be oral rather than anal, although anal sex is not unknown in such venues.” He goes on to say:

And to many straight-identified men, an offer to be sucked or masturbated must have seemed more enticing than an offer of anal sex, since to be penetrated was unthinkable and to penetrate a male partner would tend to imply some interest in the partner. (p. 42)

Rotello (1998, p. 50) also points out that prior to the late sixties and seventies there was a “rough balance in STD rates between males and females.” He goes on to say, that following the change in gay/MSM behavior, “the balance in STD rates between men and women shifted dramatically.”

Rotello provides further evidence that what is assumed historical is indeed a recent phenomenon. He writes:

Perhaps the most significant change was the fact that some core groups of gay men began practicing anal intercourse with dozens or even hundreds of partners a year. Also significant was a growing emphasis on “versatile” anal sex, in which partners alternately played both receptive and insertive roles. (p. 57)

What most people assume is a long-standing gay/MSM practice is in fact a post Stonewall development, less than 35 years old.

This almost 35-year history of gay/MSM's obsession with anal intercourse has had disastrous effects on the health of that community. In the case of gay/MSM of African descent, the effects extend to the larger Black community. This has grown to the point where some groups have begun accusing (gay, same gender loving, down low) brothers of putting the Black community at risk of genocide.

Condoms make it safe

Perhaps the most deadly assumption is that condoms make it safe. While latex condoms do provide a barrier against HIV, anal sex remains the most efficient means of transmitting the disease. It accounts for more than 90% of male-to-male sexual transmission of HIV. Yet most people have come to believe that using a condom makes anal sex "safe sex." Studies conducted on penile - vaginal intercourse with condoms show a failure rate ranging from 10 to 20%. There are few studies on penile - anal intercourse. Existing studies merely state that anal intercourse is rougher on condoms and that failure rates are likely to be higher. As reported in a June 22, 2003 Boston Globe article, a draft report for the UN stated: "when people use condoms consistently, the failure rate for protection against HIV is an estimated 10 percent, making them a larger risk than portrayed by many advocate groups." This study, like most, used serodiscordant heterosexual couples.

Weller and Davis (2003) in the *Cochrane Library* estimate, “The proportionate reduction in HIV seroconversion with condom use, is approximately 80%.” This would indicate a 20% failure rate. The study also used serodiscordant heterosexual couples. At best, the condom solution offers a 10% failure rate.

Rotello (1998, p. 106) states: “By the mid eighties the use of condoms during anal sex was declared virtually the entire message of safer sex in the gay world.” Thus we hear, “over and over” the message “Use a condom every time you have sex, every time.”

The over emphasis on condom use is as Rotello describes it, “the least transformative idea.” It stems from an ideology of “Do not interrupt the cultural and behavioral context of AIDS transmission, it argues. Just interrupt the virus” (p.110). Unfortunately, the virus has refused to be interrupted and the cultural and behavioral factors that allow the disease to spread have become ingrained among gay/MSM. In the case of the Black Community, spread of the disease from gay/MSM to the larger community has occurred at a faster rate.

(Richens, *et al*, 2003) cite the condom as one of a number of approaches, along with treatment for STIs, antiviral therapies, voluntary counseling and testing, post exposure antiviral prophylaxis, circumcision and microbicides, that appear to “make it safer to maintain serial or concurrent sexual relationships.” They go on to say, “Many interventions to control HIV could be undermined by countervailing changes in behavior.” As an example (Richens, *et al*, 2003) cite the “Zenilman anomaly”, in which

there were no reported differences in STI rates between 100% condom users and 0% condom users. The anomaly suggests that the behavior of those using condoms may in fact mitigate the protection that the condom is designed to provide. They cite (Golombok, S., *et al*, 2001) “In a double-blind RCT of thicker versus standard condoms for anal sex it was noted that breakage rates were the same for both types but users of thicker condoms were significantly less likely to employ lubricants which lessen the risk of breakage.” Additionally there is evidence that condom users take more risks with regard to selection of partner, amount of contact and type of sex. The belief that condoms make it safe can also be seen in numerous Internet sex party announcements. It is now standard for such announcements to mention that free condoms and lube are available. Those same e-mails often mention alcohol and in some cases drugs. The message is that one can have as much sex, with as many different partners in whatever state of mind one desires but be spared infection by using condoms.

Gay/MSM will always do it

More than likely this is true. The real question however is will anal intercourse continue to occupy a central place in gay/MSM expression and identity or can the culture change so that anal intercourse becomes but one of many choices available as it was previously?

Concepts of beauty, desire and sexual practices are culturally driven. They appear to be fluid and change from time to time and differ among cultures. A look at gay male porn shows such a marked shift. Prior to the late 1980s the buff model of today was not the

dominant standard. The gym-toned look is said to have developed as a direct response to the wasting away caused by the AIDS epidemic.

Likewise in chronicling the rise of anal sex, Rotello (1998, p. 42-43) describes the behaviors of MSM at the turn of the last century. He writes: “For whatever combination of reasons, oral sex seems to have been predominate enough that when gay men from that era speak of sex itself, that’s often what they mean.”

He cites Seymour Kleinberg (*Alienated Affections*, 1980), in which Kleinberg interviewed a 75 year old man about his youthful sexual life. The passage reads:

He found that this man reserved a special vocabulary for anal sex, using the terms “browning” and “up the back,” But “[w]hen he said he had sex, he took for granted that we meant oral sex and that being affectionate implied oral reciprocation.” (p. 43)

History indicates that gay/MSM expression can and has changed over time. However, currently gay/MSM cultural forces, societal forces and the HIV/AIDS establishment all support anal intercourse as the standard for sexual expression between men. Change will be difficult unless these forces change. There is also presently little or no support for men who do not conform to the anal-sex norm.

Web sites for major HIV/AIDS agencies: GMHC, APLA, San Francisco’s “StopAids”, San Francisco’s AIDS Foundation and Blackaids show no support groups or workshops

for men who elect not to engage in anal sex. Negotiation strategies are all directed toward condom use. One workshop listed on the GMHC web site was directed toward encouraging anal intercourse. It asked the question, “Would you like to be penetrated but don’t dare?”

The driving force at present is the assumption that anal intercourse among gay/MSM is innate. As a result, many question whether it is possible to move beyond anal intercourse as the defining act among gay/MSM. Cultural change is possible, doing so will require examining and redesigning the messages around anal intercourse that are currently sent to gay/MSM. Smoking cessation programs offer an example of how society can change the message and thereby change behavior.

While change may be difficult, it is not however beyond the scope of gay/MSM culture to move to a point where it can, 1. Acknowledge that there are men who chose not to engage in anal intercourse. 2. Provide support for those men and lessen the pressure for them to conform to the anal-sex norm and 3. Inform other men, particularly young men, that abstaining from anal intercourse is a viable and highly effective method of preventing HIV infection.

At present, gay/MSM culture and HIV/AIDS education and prevention programs continue to stifle this discussion.

Alternative expression

That this section is even needed indicates the extent to which anal intercourse has become central among gay/MSM. When a man says he does not engage in anal sex, the question that soon follows is, “Well what do you do?” Too often the only substitute men can think of for anal sex is oral sex. Wes, one of the men interviewed for this project has developed a list of 50+ things that he says can be done without anal penetration. He deliberately left oral sex off the list because it was too obvious.

Here’s Wes’s list:

- (1) Wrestling (with oil or without)
- (2) Frottage (dick2dick, cock rubbing)
- (3) Feet
- (4) Sweat (armpits/crotch)
- (5) J/O (solo or partner masturbation)
- (6) Nipple Play (heavy, light)
- (8) Spanking (heavy, light)
- (9) Mutual Oil Massage
- (10) Footsie (under the table in private)
- (11) Footsie (under the table public place)
- (12) Voyeur
- (13) Exhibitionism
- (14) Mutual Body Exploration (from head to toe)
- (15) Blindfolded Body Exploration (from head to toe)
- (16) Nude Dancing together
- (17) Private Strip tease
- (18) Strip Poker
- (19) Kissing
- (20) French Kissing
- (21) Telephone J/O (masturbation)
- (22) Verbal Abuse (talk dirty)
- (23) Domination/Humiliation
- (24) Role Playing
- (25) Uniforms
- (26) Leather (Heavy, Medium, Light)
- (27) Bondage (Heavy, Medium, Light)
- (28) S&M (no fluid exchange/blood letting!!!)
- (29) Mutual showers
- (30) Mutual baths
- (31) Dick between thighs (inter-femoral)

- (32) Riding the crease (rubbing penis along partner's butt without penetrating)
- (33) J/O (masturbation) with the feet
- (34) Licking food items from partner's body
- (35) Watching video
- (36) Making private video
- (37) Safe things out doors
- (38) Humping J/O (masturbation) in a pool
- (39) Read sex story to each other
- (40) Nude Twister with or without oil
- (41) Wrestling and J/O (masturbation) on the beach
- (42) Heavy Petting
- (43) Cyber sex
- (44) Erotic Marathon--5 or more items from this list!
- (45) Erotic Truth or Dare (safe!!!)
- (46) In an office building at night
- (47) In a car
- (48) Erotic room to room mood setting
- (49) Candlelight and Jazz
- (50) No hands erotic stimulation
- (51) Safe Sex Toys
- (52) Act out non-penetrative sexual fantasies
- (53) In the middle of the night erotic sex attacks!
- (54) THE REST YOU CAN ADD!!! (you have the idea brothers!)

Wes suggests that both partners turn the list into a survey. He suggests they individually put, yes, no or maybe next to each item and then discuss the list. In addition to providing an option for safer erotic discussion, he says it allows couples the opportunity to really explore shared likes, while discussing those areas that are "maybes."

It is important that the emphasis be placed on "pleasure" and not on "giving up anal intercourse." During the early 1980s, this approach was tried but was curtailed when it was decided that government funds would not be used to publish gay erotica.

The Internet may make such efforts easier such as in *Hot Frottage Session: Let me Show You Something*, an erotic story by "Boomer" about two young men of color on the Men

on the Net Erotic Stories site

(<http://www.motnes.com/index.cfm?method=article&ArticleRecId=298264>).

In the story, the two young men, one Black, the other Latino engage in frottage, even though they don't know, *what you call it*. They just know *it feels good*. Boomer writes:

“Now let me show you what I was talking about.”

He then leaned against me: chest on chest, stomach on stomach, thighs on thighs, and dick on dick—face to face. He took the underside of both of our swollen dicks and pressed them up against one another: shaft to shaft, balls to balls, head to head. It was incredible I could feel his dick pulsating to his heartbeat. The heat of our midsections and torsos against each other burned at 110 degrees it seemed. The feeling was unreal.

The story also emphasizes that it is safe and does not require condoms.

“You getting rubbers?” I yelled.

“Hell no,” he said. “We don't need no fucking condoms for this shit.” He had a big bottle of lotion. He popped off the top and squirted a huge glob of lotion at my crotch.

Throughout the story the young man serving as the *teacher* explains to his partner that it is a pleasurable experience and that no anal penetration will take place. The focus however remains on *pleasure*.

It was the most incredible Nut I ever had. I was wasted like I just ran ten miles in the desert. I fell on my back and Ramel fell right on top of me. He wasn't moving just breathing real hard.

“Damn, they don't got a name for what we just did?”

“I don't know if there's a name for it, but it's some good shit.”

Perhaps the most important thing for men of color is the spirit of cooperation emphasized by the story and for that matter non-penetrative sexual acts. Feelings of brotherhood could be a strong pull when contrasted against submission and domination as practiced in anal intercourse.

Societal Pressure

The assumption that anal intercourse is what gay/MSM do translates into a variety of societal pressures that come from a variety of sources, among them the HIV/AIDS establishment, the media and peers. At the core of this pressure is the process of gay/MSM identity formation, which as discussed earlier, now is linked with anal sex.

AIDS Inc.

The practice of pushing condoms began even before the discovery of HIV during the 1980s. It was first believed that the semen of multiple partners was suppressing the immune systems of gay men. Rotello (1998) points out that pushing condoms provided the answer to both a health and ideological dilemma.

The question then became, if anal sex and promiscuity equal liberation, and AIDS is spreading due to anal sex and promiscuity, how can gay men control the spread of AIDS without sacrificing liberation?

These two challenges created a dual imperative that has characterized gay AIDS prevention to this day: to prevent the spread of HIV, but only in a way that defends gay men against attacks from the right and preserves the multipartnerist ethic of the gay sexual revolution. In what was undoubtedly one of the tallest orders a prevention

strategy ever had to fill, safer sex was to be a political and social as much as a medical or ecological construction.

(p. 92)

This over reliance on condoms since the 1980s has further identified gay/MSM with anal intercourse. Additionally, pushing condoms has all but excluded other prevention messages.

A survey of web sites for GMHC, APLA, San Francisco's "StopAids", San Francisco's AIDS Foundation and Blackaids reveals the degree to which condom use is presented as *the* solution. None of the sites presented information about the hierarchy of risk. None listed or presented any services or workshop for men who chose not to engage in anal sex. When not engaging in anal intercourse was even discussed it was presented as the *fear* option and often countered with statements to the effect that being safe does not mean denying yourself pleasure. At the same time, there was plenty of information about where to obtain free condoms, how to negotiate the use of condoms, and how to properly use condoms.

It might be that behavioral based solutions are beyond the scope of the HIV/AIDS establishment. Many of the organizations were founded by and are still run by people living with AIDS. There may be a need to separate treatment and prevention issues.

Media

Gay pornography

There is no need to go into depth with regard to the degree to which gay male pornography promotes anal intercourse as the standard for gay/MSM sex. Pornography has both created and satisfied the demand for anal sex images.

Internet

The Internet is awash in gay/MSM anal sex images and groups where men can meet to engage in anal sex. A CDC study of people seeking sexual partners on the Internet found them to be, “at a higher risk of contracting a sexually transmitted disease, including HIV, than those who seek partners in more traditional ways.” The study also found, “This group was also twice as likely to have had anal sex and to have had sex with an HIV-positive partner, both risk factors for acquiring AIDS.”

In addition, the Internet has provided a haven for bare-backers, “bug-chasers” and “gift-givers” groups specifically designed to spread HIV.

The Internet also serves as a distribution point for gay pornography, the overwhelming majority of which promotes anal sex.

The Internet's effect on promoting anal sex is a paper in and of itself. For the purpose of this paper it is sufficient to say that the Internet both creates and satisfies a demand for anal sex.

Peers

In March of 2003, a furious exchange of messages broke out on the Yahoo group, "Men of Adodi", an online version of ADODI a support group for same gender loving men of African descent.

The dispute began when the founder of the Yahoo group, "Blacks Against Anal Penetration", posted information about the group seeking members. The message read:

Blacks Against Anal Penetration (BAAP) was formed for three reasons: to bring awareness to the pain and suffering that anal penetration cause... two, to bring to light the fact that over 60 percent of the HIV/AIDS infections (and other infections) are the result of having anal penetration... and last, how to mantain a healthy relationship with your significant other without engaging into anal penetration.
(sic)

The message contained a link to the new group. It was followed by a message from a 48 year old man who said that he attributes his being HIV-negative and alive today to preferring oral sex. He suggested what he called a "positive spin", "Black SGL/MSM for oral penetration only." He also asked for more information about the group.

That message was soon followed by an exchange of messages between the original poster from Blacks Against Anal Penetration and his supporters and other members of the Men of Adodi group.

Excerpts from e-mail defending the practice of anal intercourse will be included here.

They are vehement, yet, very representative of responses faced by men who dare speak out against anal sex.

One response accused the group of promoting disunity:

As if there's not already enough division amongst people. The politics of exclusion seem to be running rampant. If we are to ever overcome our social and personal challenges, we need to embrace inclusion as the foundation for our personal and social politics.

If anal penetration be your pleasure so be it, if not, so be that. We don't need to polarize ourselves over it. Lawd have mercy! Now the ass may become a cause for conflict! What's next! (sic)

Another said he enjoyed anal sex.

I do agree with you concerning the sexual acts. I myself enjoy anal sex if its with someone I truly like and want to be with. I also agree its not painful as you think. (sic)

Still another told the group to keep it to themselves:

Jesus H. Christ, another anti-self human expression group! Would you give us all a break? If you don't want to have anal sex, keep it to yourself. But thanks for sharing, and I'll be sure to ask the Creator to continue to watch my back

now that the world has another self-hate human expression group on the rise. (sic)

Another discounted any societal or group pressure to engage in anal intercourse saying it was merely a matter of personal choice, while at the same time reinforcing the gay/MSM anal-sex norm.

THANK YOU, MY BRUTHA! WHY SO WE NEED A YAHOOGROUP JUST FOR THIS SUBJECT MATTER???! As the brutha said above, if one chooses not to do it then that's your choice. But to expend energy and dialog on just that one facet of sex to me is pointless. And that's my "I" statement.

If this is above reducing one's risk for HIV/AIDS, well then, again, the majority out there know the risk and decide to engage anyway. AGain, it's one's choice. (sic)

Another reinforced the prevailing notions, of "you just haven't met the right person" or "been done right."

Now, now my brothers,

We do have to embrace the fact that some of us don't like ass fucking. Let's not blur the lines between unsafe anal sex and anal sex with condoms either.

I feel sorry for those guys who may want to start a revolution because they went to bed with an insensitive top. Of course this could be an over simplification of the issue and I don't mean to offend anyone. What I am trying to say is that this could be some indication of how we treat each other in bed and that is something we need to consider. (sic)

Still another defended anal sex by saying it is not the cause of HIV.

I have worked in hiv/aids several years, have had many friends pass on, have had several people commit suicide, have seen Black gay mens, white straight mens, latino womens and children of all colors experience hiv/aids. some became infected through sex, others sharing of needles, others born being infected and some were not sure

how or when. i passed out the condoms, and clean needle kits and did the hiv 101 and all that education, counseling, etc. and i still hold true to “if we want to stop the spread of hiv, we need to get to the root of the issue.” and the root of the issue is NOT anal penetration, nor the use of drugs. now, i did say that i don’t believe in absolutes, and i don’t. however, i hold true that the root of the spread of hiv is not anal penetration or using drugs. and this is my opinion, and my opinion only. having a campaign to stop anal penetration just to stop the spread of hiv WITHOUT providing a feasible alternative to what folks get from anal penetration is not dealing with the real issue. deal with the FEAR of not wanting to become infected, that is much closer to the real issue than anal sex. (sic)

This is just a sample of the kind of peer pressure faced by men who don’t conform to the anal-sex norm. The message from peers is quite clear: 1. If you don’t engage in anal sex you’re not part of the group, 2. If you don’t engage in anal sex you’ll never find a partner and 3. If you don’t engage in anal sex, don’t you dare talk about it in public!

The decision not to engage in anal sex is dismissed as either fear, not doing it correctly or just not having met the right man. The effects of peer pressure on individuals will be explored further in the Personal Stories section.

Personal Stories

I was surprised at how willing men were to share their personal stories with me for this project. I interviewed men via telephone, e-mail and instant messenger. These stories in no way represent the definitive experience of men who elect not to engage in anal sex. At the same time they indicate that there are indeed pressures to conform to an anal-sex

norm. Almost to a man, they indicated they felt a sense of isolation from their brothers. They all said that their decision regarding anal sex and the reactions of friends and others in the Black gay/MSM community to their decision was the cause of that feeling of isolation. Several men are in long-term relationships, others are single and one is married. Several have faced violence either because of their decision regarding anal sex or that led to their decision regarding anal sex.

Karl 20s London

Karl is a man in his 20s of West Indian descent living in London. He said that he had a relationship end because he would not engage in anal sex. He said he enjoys frottage or as he describes it “dick2dick.” Karl said, he was in a relationship with another brother who knew what he was all about. He thought they had a good bond until one day his partner decided that he wanted Karl to “top him.” Karl complied saying to himself, “Hey, don’t be selfish about stuff”. After a while I refused as it really wasn’t for me at all!” He says, “The relationship ended not long after as he wanted more than the ‘superficial stuff’ as he called it.” Karl indicated that his former partner has expressed a desire to get back together but only on terms that they engage in anal sex.

Karl mentioned that his decision has led to his being ostracized and ridiculed by the largely West Indian gay/MSM community. Karl says, “Meet some fine and good Black guys here who really like me to the max. But as always, when it comes to the big ‘A’ thing, they decide we can only be friends, as being gay you must do the ‘A’ thing.”

He says his friends think his sexuality is weird. “All my peeps who I hang out with are top, bottom or versatile, without any other preference included. They know what I like when with another guy and are bemused as to why that’s all I do!! the dick2dick,” he said.

Will 30s Silver Spring, Maryland

Will is a man in his 30s living in Silver Spring, Maryland. He says, “I am not particularly interested in anal sex - giving or receiving. When I have been in a relationship, I would give in to it but I really am not into it at all. It is difficult to meet people who feel as I do and that is why more of my time has been out of a relationship than in a relationship. That is probably why I am single now.”

Will has faced both verbal and physical threats as a result of his decision not to engage in anal intercourse.

I recall one person that I was dating. We dated for about two to three weeks before sex ever came up. Then one evening while just relaxing on the floor watching TV, we starting getting intimate. Well needless to say when I wasn’t ready to penetrate him nor was I ready for him to penetrate me, he copped a serious attitude. He cursed and screamed and yelled at me like you would not believe. I never felt so degraded as I did on that night.

On another occasion, with another individual, (someone I thought I knew well), when he was hanging out at my apartment after returning from seeing a movie, he knew I wasn’t really into anal sex. He told me that I just didn’t know what I wanted and decided he was going to ‘teach me’ to be a bottom and I’d end up enjoying it if I just lay

there and relax. I at first thought he was just playing but I realized just how aggressive and forceful he became. Fortunately I was able to jump up grab some scissors and threatened to use them on him if he didn't get up and get out.

Will says that his last relationship lasted three years. His lover said that he did not mind the he was not interested in anal sex. His suspects now that this might not have been true as the relationship ended abruptly without explanation. He says that he has met other men who say that they do not enjoy anal intercourse but most will not say so publicly.

Patrick 30s Houston

Patrick is a man in his 30s living in Houston. He has been in a relationship for just over a year. He says, "Coming to a decision about not engaging in anal sex was not entirely my decision. When I met my current partner, the first thing he expressed to me was his sexual practice." Patrick is a sexologist and while he says that not engaging in anal intercourse was a challenge for him, it came at a time where he was questioning the demands of anal sex. "I was at a point where I was getting tired of people asking 'are you top, or bottom or versatile,'" he said.

Patrick has worked with HIV/AIDS agencies and has lost friends to the disease. He spent two weeks talking with one friend who died last year. "His life story about back in the day and Studio 54, was not just mind blowing but a cautious narrative as to how risky and care free we can live our lives sometimes," he said.

Patrick believes that it is worth the effort to educate Black men about sexual alternatives but also knows that it will be difficult. He says, "Education is the key but acceptance is the other end of the bargain. Through all my travels and encounters, confronting the Black men of America is the toughest job I have ever encountered."

He emphasized the importance of changing the message if we are to change behavior. "We need to start sending out messages that sexual practice is not only about anal sex. As long as we allow the media and the rest of the community to treat gay people or homosexual men as men who have anal sex with other men, then we are not helping anybody," he said.

Patrick also feels the effort needs to be comprehensive and needs to begin now, "We need to put out information in the papers, on the web and in the community about alternative sexual practices to penetrative anal sex," he said.

While he sees reeducation as a massive effort, Patrick offers a note of optimism, he says, "We need to accept that the process will be tedious and might be slow. As long as we support one another and encourage one another, we can eventually get the message across to a bigger mass."

Clif 30s Iowa

Clif is a man in his 30 living in Iowa. He laughed calling himself a rarity, “A Black gay man born and raised in Iowa.” He is not sure if his decision not to engage in anal intercourse is a long term one. He suspects that he probably will again but not casually. He has been celibate for the past three years and found that he did not miss anal sex. He says his decision to be celibate is both a conscious choice and the result of circumstance. He says that if he does engage in anal intercourse again it will only be, “After a long period of getting to know and learning to trust the other person”, he says. He fears being alone and says, “Sex is a way to keep someone.”

Clif says he was raped at a young age and has lived with it since. He says that he was in a relationship about six months and had willingly been engaging in anal intercourse. He said that on one occasion his lover did not wait for him to prepare himself and used no lubrication. He described it as a painful experience, “The anus does not lubricate itself like a vagina,” he says. “Lubrication is needed.” The relationship eventually ended but set the pattern for him being considered a “bottom.” “It’s because of how I’m built,” he said. When asked to explain, he elaborated saying the statement, “was in reference to my ass to put it plainly. It apparently has a very eye pleasing shape. According to my ex in LA, I have ‘the most perfect ass’ he’s ever seen on man or woman.”

Stan 40s married, suburban Philadelphia

Stan is a married man in his 40s living in suburban Philadelphia. He says that his decision not to engage in anal sex is a long term one based on several factors. 1. He does not like it. 2. He did not want to bring any diseases home to his wife from those few occasions when he did have sex with other men. Losing a dear friend to AIDS helped cement his decision. Stan says, “He suffered a long, painful and lonely death at the age of 29 years. It still fills me with grief, because he just wouldn’t listen to me when I was trying to tell him of the dangerous game he was playing.”

Stan says that he is not pressured to engage in anal intercourse. “I’m not really out there,” he says.

He does think HIV/AIDS education programs have done a disservice with their over emphasis on condoms. He says, “The message has made anal sex the standard.” He also doesn’t believe condom use is as high as is reported among gay/MSM. He says, “People don’t really take the use a condom message seriously, they’re *too* into the moment.” “They think about it afterward and that’s what they report,” he says.

He also does not see much hope for behavioral change among Black gay/MSM. “It’s [anal sex] gone on for too long and gone way beyond what anyone can do to change it.” Although he believes that an effort should be made to reeducate people, he says, “People reject new ideas. I give changing it [emphasis on anal sex] less than a glimmer of hope.”

Wes 40s Washington, DC

Wes is a man in his 40s living in Washington, DC. He is in a 16-year, “non-anal” relationship with another man. He says, “From the time I came out there was peer pressure to have anal and oral sex. It was as though it was some kind of *right-of-passage* as a gay male. Even then, I felt uncomfortable about the push, especially from older gay men to have anal sex as though it were a requirement.”

Wes says he eventually succumbed to the pressure:

I met a popular track star at one of the local colleges where I lived and thinking he was committed to a relationship, I agreed to have anal sex with him one day when he had no real lubrication and without thinking, agreed to let him use hair grease. Well that one mistake cost me greatly. Thank God it was not HIV, but he gave me VD and not long after that same unsafe act led to my developing anal warts which required surgery to burn them from my anal tract. That led to months of very painful recovery from the surgery, but it taught me the sad but true fact, that “no one is going to represent your best interest but you!”

Wes says that he eventually learned to love himself enough not to give into the peer pressure. He also says that once he gave up anal sex he became a more sensual person. He says, “I found that there were so many ways to please and be pleased without either anal or oral sex.” Wes offered a list of 50+ “safe” erotic things to do with a partner that appears elsewhere in this report.

Malik 40s New York City

Malik is a man in his 40s living in New York City. Malik says his decision not to engage in anal sex evolved over a period of years. “My first lover and I had anal sex once (he fucked me) and when I wanted to fuck him he had a problem. This alerted me that this might be an issue of power and control. So we didn’t do it again.”

He returned to the practice during his next relationship. He says, his second lover taught him a lot about sex and they “screwed each other.” He went on to say that this lover was rather promiscuous and infected him with venereal disease. “When I contracted gonorrhea in 1980, my lover had no concern and thought it was just part of being gay. I however was very upset,” he said. It was at that time that he began to take his health seriously. He insisted on condoms from that point until the relationship ended in 1983. In 1984, the first of his close friends died from AIDS. Malik stopped having anal intercourse after the death of his friend.

He says his friends have yet to accept his decision, “They think I am being pious or paranoid.” “When I met my third (last) lover, I gave this big speech before we went to bed. He accepted it and it was not an issue. I was surprised and it made me realize that for some guys having anal sex is not something so important,” he said.

Malik is currently not in a relationship although still sexually active with men who do not engage in anal intercourse. He says he’s found, “I don’t always have to give a big

speech!” He attributes that to living in New York City, which he says provides more options. “I talk to people in smaller cities and there just doesn’t seem to be the level of awareness or tolerance on this issue.”

Although he has found a certain level of tolerance, most of his friends still tease him, “All my friends though (or nearly all of them) seem to place a lot of importance on it [anal intercourse] and they tease me about it. I do have a sense of humor but it’s like they are expecting some man to come along who I will ‘give it up’ to.”

Malik also sees the emphasis on condoms as promoting anal sex, “They give out condoms in the bars and this implies, ‘Have safe sex—FUCK with a condom.’” He said, “I have friends who are HIV-positive and have told me about holes in condoms and condoms breaking.”

He says he sees the beginning of a movement but doesn’t see it changing things any time soon. “We as a community are not especially good at talking about sex in general. We have that down-low mentality and ingrained homophobia. Most of the people are not listening to the few voices offering real sound food for thought. So, no, I’m not very optimistic.”

Malik also sees the defenders of anal sex getting louder, while those who do not conform to the norm continue to remain silent. “The larger gay anal-fixated community is louder

and more vocal about their point of view. I think a lot of us simply keep it to ourselves,” he said.

Lee 40s Wisconsin

Lee is a man in his 40s living in Wisconsin. His decision not to engage in anal sex has resulted in physical altercations on more than one occasion. Lee describes the first situation:

The day went on, with some easy foreplay. I thought things were going nicely. He soon began playing with my ass, moving his hand closer to my anus. When he attempted to slide a finger in and I tensed up, he started with the ‘relax’ speech. I told him that I didn’t care to get into that, and rolled over on my back. He then stopped the touching, kissing, whispers that I was loving, and giving in return.

He sat up on his elbows and asked what was wrong. When I told him that I didn’t think that I wanted to get into anything anal, his comment was, ‘Well, that’s what I want and I get what I want.’ He reached for me, and I turned and got up out of the bed. I began to tell him that I didn’t understand why he would assume that I would want him to penetrate me since I hadn’t voiced that in any way, shape, form or fashion. His reply was that he gets what he wants, and that he likes me a lot and he ‘wanted to get deep up in me.’ He went on to tell me that I just needed to allow someone to love me right and then I’d be alright. I said no. He started begging me. Then he got up, got dressed and said he’d see me around, when I came to my senses, since he knew that I wanted it as badly as he did.

Lee said he still runs into this man around town. He says that the man contends, “it ain’t sex if there is no penetration involved.” They have had no further dealings other than passing each other on the street.

Lee was involved in another altercation that became more violent.

We undressed each other, and the passion was so thick up in the room that you could cut it with a knife. He told me to hang on a minute that he needed to go do something. He went into the bathroom. Not a problem. He came back and laid down next to me. Some more kissing and touching. Finally he reaches behind him and gets a condom and asks me if I want to put it on him or should he just do it himself.

I said that there was no reason for either of us to put one on since it wasn't that kind of party. He grabbed me and shoved me over. He tried to force himself over me. It wasn't going to happen. Not with me, not in my own house. I literally kicked him off me, jumped up and swung on him a few times, tapping his eye once.

He's now furious, but hey, so am I. He comes at me, and I guess he forgot that I have taught defense and combat skills in my former job. I dropped him, right next to the dresser. I hate that he hit his head, but hey, he started it.

I grabbed his pile of clothes, threw them at him and told him that he had two minutes to get dressed and out of my house or I was calling the police. He left, half dressed. He didn't care. I didn't care.

The man later called to apologize. Lee says, "He said, that he was just over come with my personality and charm and that he had to see if I were really non-practicing or not. He figured that he'd be the one to make me change my mind."

Malcolm 50s Prince George's County, Maryland

Malcolm is a man in his 50s living in Prince George's Country, Maryland. He and his partner are in a 24-year relationship that is now non-anal. He says they met in the late 1970s and for the first four or five years of the relationship engaged in anal intercourse.

“We thought it was required,” he says. After a heart-to-heart talk, they decided that neither of them much cared for it. “Neither one of us wanted to be fucked all the time,” he says. Malcolm was the one to bring up the subject and had to convince his partner that their relationship could be just as satisfying with out anal intercourse. What they soon discovered was that their relationship was more sensual. He says that they have really gotten to know each other’s bodies and enjoy, oral sex, masturbation, frottage and massage. He says he doubts we “would have sustained a relationship this many years if we had continued with anal intercourse.” He say, that not engaging in it has really made them equals.

Malcolm says that he and his partner have reluctantly become elders in the community. He says, “I’ve lost so many people to it [AIDS] that I feel deprived of close personal friends.” He says that all of them were into casual anal sex. He particularly mourns the loss of one friend. He says this friend considered himself a “bottom and just had to have sex.” He said the friend would ask for phone numbers of willing men and have sex with whomever.

He says that being a community elder is demanding and that he is not sure he and his partner really live up to it. “We have talked about writing a book,” he says but both of them are so busy. He says that he does talk to young people, some of whom are gay family members and tells them about their experiences. He also said that he and his partner keep in touch with a young gay couple. “They’re further along than we were at that point in our relationship. They recently bought a house together,” he says.

Malcolm also said that anal sex is very much ingrained in gay/MSM culture. He says that when he tells people that the two of them do not engage in anal intercourse the response is “Yea right!”

He says that while his decision was one of preference and not health related, he’s glad to be alive. He feels that if word gets out there, people can change. In response to whether the emphasis placed on condoms by HIV/AIDS education and prevention organizations has resulted in a greater emphasis on anal sex. “Absolutely!” he says, “Why else would you need them if not for anal sex?” He says, “Anal sex uses the heterosexual intimate model and does not look at the variety of ways that gay men can relate to each other.”

Developing Support

While there is tremendous pressure on men who don’t engage in anal intercourse to conform to the anal-sex norm, there is very little support. The only support found during the course of this study were a handful of Yahoo groups and web sites. Among them: Black Dicks Rub Together, (<http://groups.yahoo.com/group/Blackdicksrubtogether>) a group about frottage that discourages anal and oral sex among gay/MSM. Black Men No Penetration (<http://groups.yahoo.com/group/Blackmennopenetration>) which advocates that men pursue relationships without anal penetration and Blacks Against Anal Penetration (<http://groups.yahoo.com/group/Blacksagainstanalpenetration>) which takes a

more political perspective and provides information warning of the health dangers of anal penetration.

Activist Bill Weintraub operates two connected web sites and an MSN group, Cockrub Warriors, that provide support and advocate for men who do not engage in anal intercourse. Heroic Homosex (<http://www.heroichomosex.com>) is for gay-identified men. The Man2Man Alliance (<http://man2manalliance.org>) is a more general site, which recognizes that men who do not identify themselves as gay, also have sex with other men. The sites advocate phallus-to-phallus intimacy, masculinity, and fidelity.

A survey of web sites operated by major HIV/AIDS organizations revealed no support for men who chose not to engage in anal sex. The sites emphasized condoms. Not only was there no support, the sites seemed to dismiss these men. For example on its web site GMHC had the following in its FAQ for gay men

(<http://www.gmhc.org/basics/men.html>):

Q. I keep hearing about harm reduction, harm reduction. Whatever happened to “no means no?” As in, don’t have anal sex. Or don’t do drugs. I don’t do those things anymore because they’re too dangerous for me. Hello, gay men? Clue phone: it’s for you.

A. Every pleasure, or even things that are useful without always being pleasurable, come with risk. That’s why so many people drive in cars despite thousands of annual deaths in auto accidents. Gay men have a lot of practice in balancing risk and pleasure, gauging the safety of going home with a stranger, or coming out at work, or other things that seem both important and potentially dangerous.

How quick you are to give up a particular activity usually depends on how important it is to you. If it's not important as anal sex may not be to you it's easy to give it up. Those decisions vary from person to person.

As mentioned earlier in this paper, GMHC actually reinforces the anal-sex norm. Listed among its workshops is the following:

Bumper to Bumper

When and with whom do you have receptive anal sex? Would you like to be penetrated but you don't dare? What is stopping you? Can you imagine wanting to? We'll discuss these questions and more in this workshop.

One thing that seemed consistent across web sites providing support for men who elect not to engage in anal intercourse was a growing sense of isolation, frustration and anger stemming from an inability to find partners, not being taken seriously and being victimized by men seeking anal sex.

Rotello (1998) says, "The fault lines are everywhere." He warns:

Indeed, the gay world may experience a general cleavage between those who adopt a lifestyle of sexual restraint and those who drift further into an acceptance of homosexuality that is inevitably diseased and death-ridden. (p. 287)

It appears that the lack of support from the larger gay/MSM community, including AIDS Inc., for men who do not conform to the anal-sex norm is now resulting in the first movement along those fault lines.

Call for further study and reeducation

This call for further study suggest that health agencies, particularly, HIV/AIDS prevention organizations take a close look at men who have elected not to engage in anal intercourse. They have the lowest HIV infection rates among MSM.

Many AIDS activists argue that there is no need for further study. They support their response by saying, we have known about HIV transmission since the 1980s. We just need for men to use condoms and everything will be all right.

There are still critical questions to answer, most importantly; What does the general public know about the role that anal sex plays in the transmission of HIV? Have HIV/AIDS prevention programs built upon an ideology designed to protect anal sex obscured how the disease is transmitted? Can behavioral change methods such as those advocated by Uganda's ABC program or the Man2Man Alliance provide additional prevention support?

Anal sex as a vector for transmission

While most people know that it is a vector in the transmission of the disease, to this day, most people do not know that anal sex accounts for *more than 90%* of all male-to-male sexual transmission of HIV. Most people do not know that anal intercourse is now believed to account for a larger percentage of heterosexual transmission than previously

expected. Most people do not know that many who claim to use condoms 100% of the time are infected. Not only is there need for further study, there is a need for reeducation. Rotello (1998) points out, “The desire to avoid ‘transformative’ change in gay sexual culture was a cornerstone of prevention.” He quotes medical activist Edward King:

The known effectiveness of condoms in preventing HIV transmission during anal sex means that the appropriate intervention for gay men who enjoy fucking is to encourage condom use, rather than attempt to persuade them to abandon anal intercourse in favor of non-penetrative forms of sex. (p. 109)

The confusion surrounding the extent of anal intercourse’s relationship to HIV transmission, has resulted in numerous knowledge gaps. Among them: 1. Few people know that a large core of gay/MSM remain uninfected. 2. People do not clearly understand the hierarchy of risk. 3. There are still some people who do not know the relationship between anal sex and HIV.

1. Core of uninfected gay/MSM

Most people do not know that gay/MSM who do not engage in anal intercourse remain largely uninfected. A good many of these men have lived through the worst years of the epidemic and are now in their 40s, 50s and 60s. To date there is no research on their lives, their decisions and their strategies.

Activist Bill Weintraub writes: “I lost my partner of 13 years to AIDS in 1995, but despite having a passionate sexual life with him, I remained and remain uninfected. Because we did not have anal sex.”

During the course of my research, I received numerous e-mails like the following from men who had not heard of frottage or other non-penetrative forms of sexual expression.

I am a 40 year old Black man who has decided to be celibate because of the AIDs epidemic it has been 9 years since my last sexually encounter this is my first time, ever hearing about Frottage. And yes I to am so sick of the Top, Bottom, and Versatile Question. I thank you for a new Begenning of love and hopefully love making, In the spirit of love I say you are loved by many thank you. (sic)

2. Hierarchy of risk

The “sex is dangerous” theory abounds. Scientists continue to spread the message that “all” sex is dangerous. This is done without explaining that there has been a well-established hierarchy of risk since the 1980s. Anal penetration with or without a condom is the most dangerous. Non-penetrative contact, such as masturbation and frottage are considered relatively safe. As a result you have Nada Chaya a senior research associate at Population Action International in a June 22, 2003 Boston Globe article about condom effectiveness, stating emphatically, “‘There is no safe sex, Safer sex?’ She said, ‘Yes.’”

3. Completely unaware of risks of anal sex

More than 20 years into the epidemic most people assume that everyone is aware of the vectors for transmission of the disease. Yet, there are still some people who do not know about the role that anal intercourse plays in the transmission of HIV. Much of that

confusion results from terms like “bodily fluids” and the overemphasis on condoms. Some groups, in particular “straight-identified men”, use condoms for penile - vaginal sex but do not see them as necessary for anal intercourse. Many men living on the “dl” consider themselves heterosexual. In a study on the role of anal sex in heterosexual HIV transmission, Halperin (1999) reported:

Several Hispanic men, for example, stated they definitely would not share a bottle or eating utensil with someone who they thought might be HIV-positive, yet indicated they would have little compunction having (unprotected) anal intercourse with an unknown woman. One young man explained that, “Why would doing it ‘in the behind’ [*por detras*] be bad; could the virus survive in such a ‘dirty’ place?” Yet most of the men reported preferring to avoid unprotected vaginal or oral sex (and, for several informants, even kissing on the lips) with women who are not “virgins” or who one “doesn’t know very well.” ([12]:717-730)

There is still additional work to be done with regard to informing people about anal intercourse, the most efficient vector of transmission. Some people need to be told directly. HIV/AIDS education programs continue to blur the facts.

ABC Program

The ABC program was pioneered by Yoweri Museveni, President of Uganda. According to Edward Green (2003):

Beginning in 1986, Uganda tried to bring about nothing less than fundamental change in sexual behavior. It developed a low-cost program whose message, delivered by everyone from President Yoweri Museveni on down, was this: Stop having multiple partners. Be faithful. Teenagers, wait until you are married before you begin sex.

This is what has become known as the ABC model:
Abstain, Be faithful, use Condoms if A and B fail.

Between 1992 and 2002, Uganda experienced a 66% drop in HIV prevalence. The ABC program is a uniquely African solution. It is based on an African model that suggests, if something is a “human problem” humans *must* to solve it. In the West, we look for technological solutions. The technological solution with regard to HIV/AIDS prevention is an ancient invention, the condom.

As Rotello (1998) writes:

We will also have to accept the idea that unlimited sexual freedom could continue with a simple technological fix was mistaken. The use of condoms and the use of newer, better drugs must be augmented with behavioral changes based in ecological self-knowledge. (p. 291)

This is exactly what Uganda’s ABC program does. The program could be adapted by Black gay/MSM to reflect our current situation.

One adaptation might look as follows: A (avoid anal intercourse), B (be faithful), C (use condoms if not practicing A or B). Such a program would call for a radical reeducation and may be a difficult sell at first.

It will be a difficult sell because anal sex has become a major part of their lives, but it is worth a try. It will require that Black gay/MSM be informed of alternative non-penetrative means of sexual pleasure. It is important that the emphasis be placed on *pleasure* and not on *giving up anal sex*. It will also require that these men and the larger

community be fully informed about the health risks—HIV and others—associated with anal intercourse and not just given a simplistic solution, “use a condom every time.”

The development of such a program would also require further study into the nature of male couples. Gay/MSM culture and the larger culture work against the development of strong male couples. The larger society, offers no support for same sex couples and stigmatizes those involved in such unions. Gay/MSM culture works against unions by promoting the belief that by settling down, one is cutting himself off from the full benefits of gay/MSM sexual exploration.

Another difficult sell for such a program is that it shifts the focus of prevention away from condoms. Most gay/MSM have been conditioned to see condoms as the primary tool of prevention. Some may continue to use them as such, while others may be fooled into believing they are not important at all.

Perhaps the most difficult sell for such a program or for any program based in behavioral change is that such programs have a moral tone to them. Gay/MSM have been so damaged by religion, that many are conditioned to reject anything with a moral tone.

Man2Man Alliance

The Man2Man Alliance at present, a web site only, offers a variety of supports for gay/MSM, who do not conform to the anal-sex norm:

- A personal stories message board where men can find true stories and peer-support from other men who do not engage in anal sex.
- More than 2,000 archived oral histories and statements from men who do not engage in anal sex.
- Statements by men who enjoy the intense sexual pleasure available to men safely through “frot” frottage.
- Statements about survival through the use of non-anal alternatives.
- Essays by Weintraub and other activists examining the history of and cultural reasons for the prevalence of anal sex and promiscuity among gay/MSM.
- Closely-monitored spam-free cyber-dating boards for men looking for non-penetrative, non-promiscuous partners.
- Calls for political/cultural action such as e-mail campaigns to sites like gayhealth.com requesting a page on non-anal alternatives, including “frot” frottage.

The Man2Man Alliance actively seeks input from men of African descent and includes it throughout the site. The site currently averages over 80,000 visitors per month in spite of having no money for advertising, no coverage by the gay press and consistent rejection of requests for links by major sites such as AIDS.org and KnowHIVAIDS.org.

Activist Bill Weintraub says, “I have repeatedly asked major sites like, KnowHIVAIDS.org and AIDS.org to include us in their links section to no avail.” He also says, “I have asked GayHealth.com to include a page on frottage and link back to the Alliance site. They have refused.” Weintraub says, “I have even written to Tom Coates, author of QIS II, asking him to support non-anal alternatives. He has also refused support.” “The whole thing is beyond frustrating,” he said.

Additional areas

Two additional areas in need of further study are 1. The high rate of incarceration among Black males, and 2. The *significance of booty* in African culture. Both may have an effect on rates of anal intercourse among Black gay/MSM.

High rates of incarceration alter hierarchical structures and the individual's need for status. This may play out in roles of dominance and submission, common during anal sex.

The cultural *significance of booty*, effects every thing from song lyrics, to clothing styles, to dance moves. It may likewise shape attitudes toward anal sex. Both are beyond the scope of this paper but worthy of additional research.

Summary

It is time to acknowledge that the over reliance on condoms has not stopped the spread of HIV among gay/MSM of African descent. Approaches stressing behavioral change offer new opportunities to reduce the rates of infection. This call for further study into behavioral changes is based on a simple truth, “We could reduce the rate of new HIV infections in our community, if we would reduce the rate of anal sex.”

Changing gay/MSM cultural patterns that promote anal sex will be difficult but not impossible. Anal intercourse is currently central to the identity of many gay/MSM. There is however nothing innate about this identity. It is manufactured and less than 35 years old. The anal-sex norm is reinforced by cultural messages, customs and social institutions. Additionally, the condom message as put forth by HIV/AIDS education and prevention programs for more than two decades, has served to further cement this identity.

Men who chose not to engage in anal intercourse are considered outsiders and pressured to conform to the anal-sex norm. Developing support for these men could be the first step in redesigning HIV prevention programs that emphasize behavioral change.

Conclusion

It is imperative that gay/MSM of African descent develop new strategies to contain the spread of HIV. Our survival and the survival of our community depend upon it! Removing anal sex from the core of our identity offers the best chance for that survival. Anal sex is not only spreading the disease among gay/MSM of African descent, it keeps it alive and spreads it to women and children as well. We are reaching the point where gay/MSM will be blamed for the destruction of the African American community. We can avoid that happening if we begin to examine our behaviors now.

In referring to the larger gay community Rotello (1998) writes:

The irony is that now, when faced with the necessity of adapting gay sexual culture in order to survive, gay men need to make changes that sometimes seem to bear a resemblance to what moralists have been urging. Since these changes are dictated by biological survival, our acceptance of them would be in the name of gay self-preservation and pride and not surrender to homophobia. (p. 300 - 301)

He goes on to say, “So for gay men to successfully contain AIDS while remaining gay and remaining sexual would deeply undermine the homophobic agenda.”

The role of gay/MSM of African descent is even more critical. If we arrest the spread of HIV within our ranks, we will prevent further spread throughout the Black Community. Our failure to do so could result in further stigmatization of Black gay/MSM and further destruction of the Black community.

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