

MEDICAL AND SCIENTIFIC CONSULTANT:
JOSEPH SONNABEND, M.D.

Chairman, Scientific Committee,
AIDS MEDICAL FOUNDATION

How to Have Sex in an Epidemic: One Approach

**HOW TO HAVE SEX IN AN EPIDEMIC:
One Approach**

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"Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious."

--Susan Sontag,
Illness as Metaphor

"What do you get when you kiss a guy?
You get enough germs to catch pneumonia
After you do, he'll never phone 'ya
I'll never fall in love again.

--Hal David

TABLE OF CONTENTS

PREFACE	1
INTRODUCTION	3
WHAT CAUSES AIDS?	5
WHAT YOU SHOULD KNOW ABOUT CMV	10
HOW CAN I FIND OUT IF I AM CONTAGIOUS FOR CMV?	12
THE EFFECTS OF CMV AND SPERM ON YOUR IMMUNE SYSTEM	13
HOW TO DETERMINE YOUR RISK FOR CMV	14
ETHICS AND RESPONSIBILITY	15
STAYING IN CONTROL	16
SELECTING YOUR PARTNER: THE IMPORTANCE OF TALKING	16
LEARNING TO ESTIMATE RISK	17
SUCKING	18
GETTING SUCKED	19
FUCKING	19
GETTING FUCKED	21
NO RISK SEX	23
KISSING	23

RIMMING	24
WATER SPORTS	24
DILDOES	24
SADISM & MASOCHISM (S&M)	25
FIST FUCKING	26
WASHING UP	26
BACKROOMS, BOOKSTORES, BALCONIES, MEATRACKS & TEAROOMS	27
THE BATHS	27
CLOSED CIRCLE OF FUCK BUDDIES	30
JERK OFF CLUBS	31
POPPERS	31
BUYING SEX	32
SELLING SEX (HUSTLING)	32
PERSONALS	33
SHOULD AIDS PATIENTS HAVE SEX?	33
GUILT, MORALITY AND SEX NEGATIVITY	35
LOVE	38
SOME CLOSING THOUGHTS	39

FOREWORD

by Joseph A. Sonnabend, M.D.

Gay men living in cities where the epidemic of AIDS has struck the hardest have a tremendous need for information in order to make informed decisions regarding the extent and nature of their sexual activities. This pamphlet is addressed to those who agree that no good evidence exists for the casual spread of AIDS and that there is, in fact, substantial evidence against this.

It is clearly not the authors' intention to discourage those who have chosen to refrain from all sexual contact during this epidemic; neither is it in any way an encouragement of promiscuity. The authors recognize that there are those who might consider sexual activity too hazardous despite modifications designed to protect one from acquiring CMV and from exposure to semen, while at the same time recognizing that many gay men are continuing to have sex. It is to this latter group that the authors direct their recommendations.

The authors have not produced a guide for the prevention of all STDs. Rather, they explore the many different forms of sexual expression open to gay men and clearly present suggestions to prevent exposure to sperm and CMV (which are probably key factors in the development of AIDS).

In some ways, the tragedy of AIDS is bringing gay men closer together and many are looking for more enduring and loving relationships. Perhaps the most important message contained in this pamphlet is the authors' premise that when affection informs a sexual relationship, the motivation exists to find ways to protect each other from disease.

I wholeheartedly recommend this pamphlet to those wishing to find a path through the confusing and contradictory advice emanating from so many directions.

PREFACE

The question on every sexually active gay man's mind these days is: "How can I avoid AIDS?"

Since no one knows for sure how gay men are developing AIDS, you may wonder how rational guidelines to prevent the disease can be formulated. Obviously, we believe that such guidelines can be formulated, but it is important to bear in mind that the guidelines offered in this pamphlet are based on the particular theory regarding the cause of AIDS to which we subscribe. This means that we will have to briefly discuss the different theories about how AIDS develops in gay men, and we do so in detail beginning on page 5.

Although we ourselves favor what is known as the multifactorial theory, it is important that you know that prevailing opinion appears to favor the view that a "new", as yet unidentified AIDS agent is most probably responsible for the disease in all affected groups.

The recommendations that we will propose are based on the multifactorial theory of AIDS in gay men. These guidelines are designed to teach you how to reduce your chances of exposure to CMV and other infections by suggesting ways to interrupt disease transmission.

And even if a new agent is ultimately discovered, these same guidelines may also reduce your risks even if a new virus is involved.

There are those for whom giving up sex would not be particularly difficult. For others, this would constitute a drastic reaction.

Some will respond to the worst possible scenario and avoid all sexual contact. Others may go so far as to avoid even casual,

non-sexual contact with patients--perhaps even casual contact with healthy gay men.

The decision to respond in such an extreme fashion must be yours. If you have made the decision to become celibate, we have no wish to change your mind.

However, if you have read this far, you probably belong to the group of men for whom such drastic measures would be warranted only if there were firm evidence supporting the existence of a highly contagious new AIDS agent. If you believe, as we do, that the evidence strongly suggests otherwise, read on.

INTRODUCTION

Today in most large urban centers, what began as sexual freedom has become a tyranny of sexually transmitted diseases. Some of the diseases which sexually active gay men have become all too familiar with include: gonorrhoea, syphilis, proctitis, urethritis and shigellosis; amoebiasis, giardiasis and venereal warts; hepatitis A, hepatitis B, hepatitis non-A/non-B; mononucleosis; oral and genital herpes; and lymphogranuloma venereum.

Added to this long list are two other serious epidemics which we believe are related: Cytomegalovirus (CMV) and Acquired Immune Deficiency Syndrome (AIDS).

Finding ways to have sex and avoid these epidemics might seem impossible, but we believe it's not. This pamphlet offers advice on one means of reducing (and hopefully eliminating) risk which has yet to receive proper attention: limiting what sex acts you choose to perform to ones which interrupt disease transmission. The advantage of this approach is that if you avoid taking in your partner(s)' body fluids, you will better protect yourself not only from most serious diseases but also from many of the merely inconvenient ones. The key to this approach is modifying what you do--not how often you do it nor with how many different partners.

In the end, how you have sex is a matter of personal choice. But in the age of AIDS, it is important to realize that each one of us is now betting his life on what changes we do or do not make.

As you read on, we hope we make at least one point clear: Sex doesn't make you sick--diseases do. Gay sex doesn't make you sick--gay men who are sick do. Once you

understand how diseases are transmitted, you can begin to explore medically safe sex.

Our challenge is to figure out how we can have gay, life-affirming sex, satisfy our emotional needs, and stay alive!

WHAT CAUSES AIDS?

There are two general theories under serious discussion at the moment: the "new" agent theory and the multifactorial theory.

The New Agent Theory: Some researchers believe that the cause of AIDS is a new AIDS agent, presumably a virus, which attacks the immune system and which is the common link between all of the groups at risk (Haitian entrants, I/V drug abusers, hemophiliacs and infants of high risk groups who are also victims of poverty). This theory proposes that this putative new killer virus has been introduced into the gay male community and is being spread by sexual contact. Some propose that even a single exposure to this virus will produce AIDS after a long incubation period.

The Multifactorial Theory: Other researchers believe that a number of different factors must occur in order for AIDS to develop. Rather than occurring after a single exposure, this theory suggests that the syndrome "builds up" over a period of continued exposure to sperm containing large amounts of cytomegalovirus (CMV). CMV (which is discussed in detail beginning at page 10) is a common virus and has long been recognized as a cause of disease in many different settings. It can also be carried by people who are in apparent good health.

What is the evidence for the "New" Virus theory? The argument in favor of the new agent theory rests on the appearance of a similar syndrome occurring in each of the risk groups listed above. Hypothetically, a disease resulting from a single agent transmitted by

sexual contact and by blood could link these groups. Hepatitis B, for example, is spread in such a way and occurs more frequently in gay men and people who receive blood transfusions than in the "general" population. But it's important to remember that it is an assumption that what is being labeled as "AIDS" in each risk group is in fact the same disease.

Added to the assumption that the disease is the same in each group is the further assumption that the disease is new in each group and that it develops the same way. Just because a disease is newly recognized does not necessarily mean that the disease is new. Many different agents are known to cause disturbances in the function of the immune system. Thus, one must be cautious in presuming that the appearance of similar diseases in different groups is occurring for the same reasons. Stated simply, although the pathways to immune suppression are many and varied, once a person become immunosuppressed, the diseases one encounters may be the same.

Thus, what is being labeled as "AIDS" may not actually be developing in the same way in each of the different groups.

Nevertheless, several viruses have been proposed as being responsible for the epidemic. These include a human T-cell leukemia virus (HTLV) and the African Swine Fever Virus (ASFV). However, HTLV has not been uniformly identified in all AIDS patients and it is possible that the presence of antibodies to HTLV is a result, rather than a cause, of the underlying immune deficiency. Studies on ASFV have yet to be done. Even if antibodies to ASFV are discovered in some AIDS patients, it is likely that this too will prove to be a

virus that affects individuals who are already immunosuppressed.

Although it would be economical to evoke a "new" agent to account for AIDS in each of the groups, the facts remain that in the three years since AIDS in gay men was first recognized:

1. No "new" virus has been shown to play a causative role in the disease;
2. Attempts to replicate AIDS in animals by injecting them with the blood and other body fluids of AIDS patients have all failed; and
3. Not a single health care worker has developed AIDS solely from patient contact.

In summary, no firm evidence has been produced to support the view that a new virus is the cause of AIDS nor that the disease can be "spread" by casual contact.

What is the evidence for the "Multifactorial" theory? The multifactorial theory of AIDS proposes that the key links in AIDS in gay men are repeated infection with CMV against a backdrop of mild immunosuppression caused by exposure to sperm. But, you may say, surely gay men have been exposed to their partners' sperm since the beginning of time. And since CMV is not a new virus, why would AIDS be occurring in gay men now?

To answer the pressing question of "Why now?", the multifactorial theory proposes that the new element in sexually active urban gay men is the shockingly high prevalence of CMV among sexually active urban gay men. Instead of proposing a new virus, the multifactorial

theory proposes that there is simply a lot more of an old virus.

Evidence suggests that the number of sexually active urban gay men carrying CMV has increased dramatically over the last decade. One New York City study has shown that as many as one out of every four sexually active gay men are capable of infecting their sexual partners with CMV in 1983.

Oversimplified, the multifactorial theory proposes that since you may be multiply and repeatedly infected with CMV, AIDS in gay men may be the result of the body's inability to free itself from these repeated CMV infections.

In this theory, AIDS is seen as developing over a period of time rather than spreading from a single contact in the classic sense of contagion.

In addition to repeated infection with CMV, other significant factors which we believe may be involved in the development of AIDS in gay men include the immunosuppressive effects of being exposed to the sperm of many different partners and the harmful effects of immune complexes.

Immune complexes are combinations of antibodies and the agent that stimulated the formation of the antibody in the first place. Immune complexes are not normally found in the blood of healthy individuals. Unfortunately, the lifestyle of a sexually active urban gay man can expose him to many different factors which produce immune complexes. For example, immune complexes occur on exposure to sperm and they have also been associated with hepatitis B, syphilis, CMV and possibly even gonorrhea.

So back to the question: "How can I avoid AIDS?" Theories are only theories; what

changes should you make? What risks can you afford to take?

As many have pointed out in the age of AIDS, all life involves some risk.

The advice in this paper is based on interrupting disease transmission, in particular transmission of CMV. In addition, our advice will help you to avoid sperm and its added immunosuppressive burden.

Whether the cause of AIDS is a new agent or many common agents, this paper will show you how to substantially reduce or even eliminate the means by which any such agent or agents might be transmitted from one person to another. Simply put, the advice in this paper is based on what we do know about diseases--not what we don't know.

WHAT YOU SHOULD KNOW ABOUT CMV

As we have stated, we believe that CMV is the "trigger" causing AIDS in gay men. But even if the link between repeated CMV infections and AIDS is ultimately disproven, it is still crucial for sexually active gay men to learn about CMV since a single CMV infection can cause serious illness.

Although most gay men know little about CMV, major epidemics of CMV are being documented among sexually active gay men in New York and San Francisco. Many researchers believe that similar epidemics of CMV are occurring in the other cities reporting most of the AIDS cases in gay men.

1. CMV is excreted in the body fluids: saliva, blood, urine, sperm (and possibly seminal fluid). Exposure to sweat is probably not a significant risk for CMV.
2. The highest concentration of CMV is found in sperm and urine.
3. The concentration of viruses in a particular exposure can affect your chances of actually contracting the infection. Massive inoculations with CMV, such as would occur through rectal exposure to infected sperm, could overwhelm the body's natural ability to fight off the infection.
4. CMV is one of five different herpesviruses and can remain in your system for life after the initial infection. Like other herpesviruses, this latent CMV infection can be reactivated in immunosuppressed patients.

5. CMV appears to be one common link found in all gay men with AIDS. CMV has been found in the tumors of gay men with Kaposi's sarcoma. Some researchers believe that Epstein-Barr virus (which may be reactivated by CMV) probably explains the high incidence of lymphomas among gay men with AIDS and may also be one of the causes of lymphadenopathy.
6. A CMV infection usually causes flu-like symptoms. Some CMV infections may be mild and go unnoticed. These are called asymptomatic CMV infections. Other CMV infections can be serious enough to require hospitalization.
7. If you get a CMV infection you may be contagious FOR OVER A YEAR. Even if you have no obvious symptoms, you may be "shedding" or "excreting" the virus in your sperm for over a year. Though you may not realize it, it is not safe to continue having the kind of sexual contacts which might infect your partners. Also, since your CMV infection has weakened your body's ability to fight off other infections properly, you place yourself at greater risk for contracting other diseases.
8. If you discover that you have or had a CMV infection, do not panic. Having a CMV infection does not necessarily mean you will develop AIDS. Close to 100% of all sexually active urban gay men tested have had a CMV infection by the age of 30. (In one study, the comparable figure in sexually active heterosexuals was 54%.) According to the multifactorial theory, the risk for AIDS is repeated CMV infection.

9. One out of every four sexually active urban gay men is likely to be contagious for one or more strains of CMV. The gay men in the New York City study were a random group. The CMV excretion rate might well have been even higher than one in four if highly promiscuous gay men had been studied. (In sexually active heterosexuals in one San Francisco study, the comparable figure was one out of every 20.) The shockingly high levels of CMV excretion may be the "new" element which explains why AIDS is occurring now as opposed to 10 years ago (when, presumably, CMV rates were much lower).
10. Since the highest concentration of CMV is in sperm, rectal intercourse would permit a massive inoculation with CMV. Rectal exposure to CMV is probably the most hazardous.

HOW CAN I FIND OUT IF I AM CONTAGIOUS FOR CMV?

The only definitive test for CMV is to culture the virus from urine, semen and blood (and possibly from saliva). In addition to virus isolation, it is advisable to test the blood for antibody levels to CMV. The IgG antibody tests detect whether you have ever had CMV infection; the IgM antibody test indicates a recent or current infection.

A complete battery of CMV testing would consist of both virus cultures and antibody tests and may cost about \$200. Unfortunately, these tests have not been easily obtainable.

Private physicians should be encouraged to arrange for these tests either by contacting medical centers or determining which private

labs do these tests (not all do). Arranging for these tests will require some effort on the part of your physician and obviously are expensive.

But for two people who meet and want to become lovers and who wish to insure that they are healthy from the beginning of their relationship, this battery of CMV tests (in addition to routine VD and amoeba testing) would be a good investment. Once both partners are assured that each is free from CMV and other infections, they need not take most of the precautions that we will outline in this pamphlet since these precautions are designed to interrupt the transmission of CMV and other infections. Of course, remaining free from CMV and other diseases will depend on not exposing oneself to infection.

As with all laboratory testing, tests which attempt to culture CMV from sperm and urine cannot be guaranteed to be 100% accurate since CMV may be excreted intermittently. However, the antibody test, combined with attempts to isolate the virus should help to clarify the question of contagion.

Fortunately, efforts are underway to make tests for CMV quicker, cheaper and more readily available.

THE EFFECTS OF CMV AND SPERM ON YOUR IMMUNE SYSTEM

The AIDS crisis has focused a lot of attention on our immune systems. What is our body's immune system and how does it work?

The immune system is one of the body's defenses against infections. To oversimplify, when your body encounters a virus, bacteria or parasite, your immune system "recognizes" it as "foreign" and begins to mount an attack.

Antibodies and other substances are formed within the body to direct the various systems to attack the foreign agent. Cells are mobilized to destroy infected cells.

A number of different factors affect how well your immune system responds to an attack. For example, drug abuse, poor diet, stress, genetic factors, chemotherapy, increasing age and even overexposure to ultraviolet light impair to various degrees your body's ability to respond properly.

In addition, some infections themselves weaken your body's ability to mount an effective response to other infections. The strain which multiple infections place on the immune system is one element of what may be occurring in AIDS.

Recently, it has been shown that the introduction into the rectum of sperm from many different partners can result in immunological changes that may provide a background of immune suppression which could adversely affect the body's response to CMV and other infectious agents. Clearly these harmful effects of sperm have not in themselves caused obvious health problems. People have enjoyed fucking each other throughout history without ill effect. But the combination of sperm-induced immune defects together with repeated reinfection with CMV and other factors constitutes a major attack on your immune system.

HOW TO DETERMINE YOUR RISK FOR CMV

Determining your chances for contracting CMV (and most other STDs) will be a function of three interrelated factors:

1. The NUMBER of DIFFERENT sexual partners you have.
2. The number of these different partners WHO ARE CONTAGIOUS FOR CMV; and
3. WHICH SPECIFIC SEX ACTS YOU PERFORM that are capable of transmitting CMV.

ETHICS AND RESPONSIBILITY

Before we examine specific sexual acts for their risk for CMV, a few words about sexual responsibility are in order. Since we are a community, taking responsibility for our own health during sex ultimately requires that we protect our partners health as well as our own.

When you are deciding what sexual acts will take place, you must not only ask "Will this pose a health risk to me?", but also: "Will this pose a health risk to my partner?"

In all recommendations which follow, it is vital to the survival of each member of the sexually active gay community that the issues of your own health and the health of your partner(s) never become separated.

The precautions you will need to take in order to protect yourself from getting CMV or any other infection will depend on what sexual acts you prefer. Safeguarding your own health means you must plan ahead of time what you will do, how you can do it safely and what items (like rubbers) you might need to have available. PLAN AHEAD!

• STAYING IN CONTROL

Staying in control of what you do is the key to this approach to medically safe sex. In the heat of passion it's easy to throw caution to the wind. But if you finally become sick of getting sick, it should become easier to stay in control.

Discussing precautions before you have sex might seem like a turn off, but if you enjoy staying healthy, you may eventually come to eroticize whatever precautions you require prior to the sexual encounter.

If the man of your dreams starts dragging you out of your favorite cruise bar, you must be especially cautious and guarded. Don't let yourself get into situations where temptation may get the better of you. Simply stated, if you can't resist rimming, be sure your head is never within striking distance.

Safe sex requires that you be sober. Alcohol, poppers and other recreational drugs can impair your decision-making abilities. Gauge yourself honestly.

SELECTING YOUR PARTNER: THE IMPORTANCE OF TALKING

Decide ahead of time that your partner must respect your health concerns. Some of the hottest men you meet may have their heads buried in the sand when it comes to protecting their health (not to mention your health). But since worrying about disease (or death) during or after sex simply has to be affecting everyone's enjoyment, you may be able to convince your partners to stop denying the reality of disease and to join you in finding ways to have sex which will protect you both.

Demonstrating a concern for healthy sex may even make you more appealing!

LEARNING TO ESTIMATE RISK

The advice in this pamphlet is based on interrupting the transmission of cytomegalovirus. There are three reasons for this.

First, if you believe CMV plays a role in the development of AIDS, then these measures will prevent exposure to the virus and reduce your risk for AIDS.

Second, if a new, as-yet-unidentified virus is responsible for AIDS, the measures proposed to prevent CMV transmission are likely to be effective in preventing the spread of any such virus. If such a new agent exists, it is clearly not infectious by casual contact since there have been no cases of AIDS among individuals taking care of patients. Therefore, transmission of such an agent by sweat or by air-borne droplet exposure would seem improbable.

Third, even if CMV does not contribute to the development of AIDS, it still is capable of causing serious illness.

THIS IS NOT A VD PREVENTION MANUAL. We are speaking about CMV and AIDS. Please always keep in mind that there are diseases which can be spread by mere body contact: syphilis and herpes are but two examples. We urge you to consult one of the many useful VD pamphlets.

With CMV, it is easy to estimate your own risk. Simply ask yourself: "If I perform this particular sex act, will I take in my partner's body fluids? If so, is there any way I can reduce or eliminate this risk to me and to my partner?"

The importance of cleanliness is obvious. In settings such as backrooms, where your partner may have had multiple partners and where you must assume he has had no opportunity to wash up properly, your risk for diseases such as amoebiasis will obviously be high.

Now we will examine specific sexual acts and teach you to estimate your and your partner's risk. Remember, in the examples that follow, we are primarily examining your risk for a specific virus--CMV.

SUCKING:

Unfortunately, sucking your partner cannot be made risk free (unless your partner is wearing a rubber!). Since the highest concentration of CMV is carried in sperm (and urine), swallowing a load of come can be a massive inoculation of CMV.

If you want to REDUCE your risk of getting CMV, suck -- but don't let your partner come in your mouth. This will substantially reduce your risk for CMV. (No one knows for sure, but it seems possible that CMV may be carried in low concentrations in the seminal fluid (pre-come) which precedes orgasm.)

If your partner "accidentally" comes in your mouth or if you get a taste of pre-come fluid, spitting it out will probably reduce your risk for CMV.

REMEMBER:

1. Sucking is a moderate risk for CMV.
2. If you suck, you can reduce your risk for CMV by preventing your partner from coming in your mouth.

3. If your partner accidentally comes in your mouth (or if you taste pre-come fluid), reduce your risk by spitting it out.
4. Apart from CMV, sucking can of course transmit other diseases such as syphilis and gonorrhoea and in certain settings amoebas.

GETTING SUCKED:

Getting sucked by your partner probably poses no risk to you of contracting CMV since you are not taking in any of your partner's body fluids. However, since you are concerned about protecting your partner's health, protect him from CMV -- DON'T COME IN HIS MOUTH.

REMEMBER:

1. Getting sucked probably poses no risk to you for CMV, but is a risk to your partner if you are contagious for CMV and if you come in his mouth.
2. For your partner's sake, make sure you wash before sex.
3. Apart from CMV, you could still get other diseases such as herpes simplex and syphilis if your partner is contagious for any of these infections.

FUCKING

Fucking someone also probably poses no risk to you of contracting CMV since it is unlikely that your partner's body fluids will be absorbed through the urethra of your penis.

Unless you're absolutely certain that you aren't contagious for CMV, protect your partner from CMV by always using a rubber. If you cannot adjust to rubbers, the next best thing is to limit your partner's risk by pulling out before you come. A compromise might be to fuck without a rubber until you feel yourself close to coming and then put on a rubber before you shoot.

Getting used to rubbers might take some time, but stick with it.

Be aware that rubbers are not designed for assholes and might rip apart during penetration. The more expensive ones are made from "animal membranes" and are thin, sensitive and durable. FOUREX rubbers are considered the strongest and most reliable. They have an elastic base which reduces the chance that the rubber will come off during sex.

If you are using a rubber, hold onto it at the base when you pull out of your partner in order to prevent leakage of sperm and to prevent the rubber from sliding off inside your partner.

REMEMBER:

1. Fucking someone probably poses no risk to you for CMV.
2. Protect your partner's chances of exposure to CMV by wearing a rubber.
3. If you aren't wearing a rubber and you aren't sure whether you're contagious for CMV, never come inside your partner's ass.
4. When wearing a rubber, check before you come to make sure that your rubber hasn't slipped off.
5. If you're using a rubber, make sure that it stays on while you're pulling out of your partner after you've come.

6. Again, apart from CMV, other STDs can be transmitted to you through fucking.

GETTING FUCKED:

Getting fucked poses a great risk to you if your partner is contagious for CMV and comes inside you when he's not wearing a rubber. Evidence suggests that gay men who have been fucked by many different men are at a higher risk for developing AIDS (and many other STDs) than those who primarily engage in other sexual practices.

Because of the ridiculous and dangerous stereotype that being "passive" and getting fucked are somehow "unmanly," some gay men tend to be defensive about any warnings concerning the medical hazards of anal passivity. Remember that the issue is disease--not sex. The risk isn't the act of getting fucked; the risk is getting exposed to CMV and the sperm of many different partners. It is an unfortunate biological fact that passive rectal intercourse is one of the most dangerous sexual activities from a disease transmission standpoint. This is so because:

1. Sperm generally contains the highest concentrations of CMV which your partner may be "shedding";
2. The inner lining of your asshole is easily penetrated by infectious agents;
3. Unlike infectious which occur outside your body, an infection in your rectum may go unnoticed for long periods of time; and

4. Sperm itself introduced rectally probably produces more harmful immune responses than if introduced by mouth.

CMV carried in your partner's sperm might pass directly into your bloodstream through ~~the~~ the delicate mucosa which line your asshole. The only protection between you and CMV is a thin layer of body fluid which may be washed away by douching. If your partner is willing to wear a rubber, douching in moderation is up to you. (Discuss douching with your doctor.)

The best way to protect yourself from CMV (and many other STDs) while getting fucked is to provide your partner with a rubber and encourage him to use it.

If your partner just can't adjust to rubbers, you may substantially reduce your risk for CMV by making sure your partner doesn't come inside you. A compromise might be to let your partner fuck you without a rubber and make sure that he either pulls out or puts a rubber on before he comes.

REMEMBER:

1. Getting fucked without a rubber is the highest risk for CMV.
2. Unless you're certain that your partner is not excreting CMV, provide your partner with a rubber and encourage him to use it.
3. If your partner won't use a rubber, make sure he pulls out before coming or see that he puts the rubber on just before he comes.
4. Avoid excessive douching.

NO RISK SEX

In terms of CMV, no risk sex is sex which does not involve taking in each other's body fluids. You can virtually eliminate risk for CMV by limiting your sexual contact to: (1) creative masturbation; and (2) creative penetration. As always, keep your hands away from your mouth until you have washed.

Creative Masturbation offers alternatives to jerking off alone at home. These include: mutual masturbation, group J/O, body contact, fantasy, dirty talk (verbal), voyeurism, exhibitionism, touching, fingers (not fists), titplay, toys, etc. (See section on Jerk Off Clubs on page 31.)

Creative Penetration includes the use of condoms, fingers (not hands) and "toys." (For a discussion of safe dildo practices, see page 24.)

REMEMBER: Merely touching your partner's body poses no risk for CMV, but touching may still involve risk for those infections such as herpes simplex or syphilis which can be transmitted by mere body contact.

KISSING

Kissing poses a moderate risk for exposure to CMV since CMV may be contained in saliva. However, the concentration of CMV carried in the saliva of a person with an active CMV infection is believed to be generally lower than in the sperm or urine. In addition to CMV, saliva may contain other herpesviruses (such as Epstein-Barr virus which causes mononucleosis).

Kissing friends and lovers is a natural and wonderful expression of affection. Many gay men who are worried about disease are finding kissing the hardest thing to change.

Kissing with your lips closed or kissing parts of the body which do not expose you to your partner's body fluids probably poses no risk at all for CMV.

RIMMING

Rimming is a high risk for CMV as well as for many other infections. Although the risk would be reduced if the partners are mutually monogamous and are certain of their good health, there is no way to make rimming risk-free. If you love to rim, consider entering a mutually monogamous relationship with a lover who has been tested. (See also "Closed Circles of Fuck Buddies, page 30.)

WATER SPORTS

Water sports can pose a grave risk to your health because urine can carry very high levels of CMV. For this reason, swallowing piss is extremely dangerous. If you must play, play it safe: aim below the neck.

Never let your partner piss into your ass. The inoculation of CMV which could result would be massive.

DILDOES

Medically safe assplay can include fingers (not fists), fucking with rubbers and dildoes. Since our primary concern here is to avoid

taking in sperm and infectious agents, dildoes actually offer a relatively safe alternative to fucking if you follow certain guidelines.

Most physicians willing to discuss it recommend that the length of the dildo not exceed (approximately) 8 inches.

The dildo should be made of very soft, flexible rubber or plastic. The surface should be smooth--not defined.

Be sure that the dildo is wide enough at the base so that it won't get lost inside you.

Never use dildoes made of hard plastic, metal or which are metal-lined. Avoid dildoes which can be cranked or twisted inside you. Dildoes which are not flexible may puncture the lining of the lower intestine and cause serious injury. Never put any other objects up your ass.

Overuse of dildoes can cause inflammation. Monitor how your body responds.

Never share dildoes. Always make sure that a dildo has been disinfected before using it. (See "Washing Up, page 26.)

SADISM & MASOCHISM (S & M)

S & M can involve a wide range of medically safe sexual play provided that you follow the previously mentioned guidelines for safe sexual contact and washing.

Leather, bondage, discipline, spanking, titplay, verbal, worship, teasing, affection, humiliation, gadgets, toys, etc., are some of the basics of S & M which you can do without posing any risk of disease transmission.

S & M usually begins with talking in order to determine compatibility, set limits and establish trust; this can also be the time for you and your partner to take health

precautions into consideration when determining what you will or will not do.

FIST FUCKING

Fist fucking can be extremely dangerous. However, fistfucking appears to have no established relationship to the development of AIDS.

Cytomegalovirus, as mentioned, may be found in the intestinal tract and it is conceivable that it could be transmitted from hands to mouth.

WASHING UP

Always wash before sex. Showering with your partner can become an enjoyable part of foreplay.

Always wash well with soap and water immediately after sex.

The soap doctors and health care workers most often use is Betadine, which is available over the counter at most drug stores. Betadine is a "de-germing cleanser" that looks like and contains iodine.

Another choice is a bactericidal surgical scrub called Hibiclens which contains chlorhexadine gluconate, an anti-microbial skin cleanser. Like Betadine, these soaps can be used on a daily basis and are especially recommended if your sexual contact involves assplay. (Follow the instructions on the containers: avoid getting these soaps into your eyes and ears.)

In addition, you may also want to use PhisoHex (available only by prescription). It contains chlorine which is believed capable of killing some bacteria and amoebic cysts.

For complete and thorough washing, a fingernail scrub brush is also recommended.

BACKROOMS, BOOKSTORES, BALCONIES, MEATRACKS & TEAROOMS

These settings permit diseases to spread like brush fire. If you have sex with someone who has just had sex with 3 partners, each of whom just had sex with 3 partners, diseases are spread exponentially. Dark settings where there are no facilities to thoroughly wash up are very dangerous places to have any sexual contact, let alone to have multiple sexual partners.

THE BATHS

As experience has taught many gay men, the bathhouses are full of disease. Often, going to the baths becomes a habit which many gay men are now finding difficult to break. One way some gay men are cutting down on their attendance is to make it a rule to always jerk off before you go. You may just find that it will sometimes change your mind about the "need" to go.

Having medically safe sex at the baths is definitely not practical, but this doesn't mean it isn't possible. The moment you step into a bathhouse, you are at risk for disease. But there is much you can do to minimize this risk by adopting what might be called a scientific approach to the bathhouse.

The four essential elements to this scientific approach to the baths are: talking, washing, light and rubbers.

"Been here long?" This famous bathhouse inquiry represents an unscientific attempt to

determine how likely it is that a potential partner is sick. It reflects the fact that the longer a person has been at the baths, the more sex he is likely to have had; and the more sex he has had, the more likely it is that he has come into contact with diseases. In addition to asking someone if he's been here long, you should also tell him what it is you enjoy and how you plan to do it safely.

Safe sex does not require that you know your partner well, but it usually requires that you both agree before you have sex what you will and will not do. This makes it important to talk to your potential partner(s).

Talking is one way of instructing your partner about your sexual needs and can be quite erotic. If a potential partner becomes defensive or critical of your health concerns, it's probably because he feels you are implying that he might give you a disease. Since this is exactly what you are implying, be polite and move on.

Find a partner who will be reassured by your concerns -- not put off by them. Having sex with a person who also wants to protect his health is the first step towards insuring that both you and your partner stay in control.

The importance of washing is obvious. Showers also provide an opportunity to observe a potential partner for rashes, drips, sores, sobriety, etc. Suggest showering together so that you can examine each other more closely. You don't have to be clinical. Make it a part of foreplay.

While you're showering, take the opportunity to talk about precautions and health concerns. Showering is a perfect opportunity to introduce the topic of rubbers. If all of these concerns turn him off, it's probably best to move on.

The scientific approach to the baths unfortunately means that the days of total abandon are over.

Limit yourself to one or two contacts.

Also, as part of talking, attempt to get phone numbers of your partners. If they won't give you their phone numbers, you can still give them yours and encourage them to contact you if any STDs develop.

As always, don't have sex with anybody unless you are sure they have washed thoroughly.

REMEMBER:

1. The moment you set foot in the bathhouse, you're at risk for disease.
2. Go with the idea that you will have no more than one or two contacts.
3. Make absolutely sure that you have inspected your partner's body before sex.
4. Make absolutely certain that both you and your partner shower well before (and after) sex.
5. Use rubbers. See that no exchange of body fluids takes place.
6. Talk about your general health and about specific limits and precautions. Be absolutely explicit.
7. Attempt to exchange phone numbers and always contact partners if symptoms develop.
8. The essence of having medically safe sex at the baths is staying in control of what you do while you are constantly being tempted into sexual abandon. The baths are an extremely dangerous place to lose control, make compromises, or take risks with a man who seems healthy,

CLOSED CIRCLES OF FUCK BUDDIES

The concept of a "closed circle" of fuck buddies is merely an expanded version of monogamy. Instead of two partners, a group of partners agrees to limit all sexual contact to members of the closed group.

Clearly the safety of the entire group depends on the trustworthiness of each individual. The larger the group, the greater the risk that this trust will be broken.

A major advantage of a closed group of fuck buddies is that once each member has been tested beforehand for CMV and other infections, each member of the group can safely engage in any sexual act which a mutually monogamous couple might do.

Any logistical difficulties in forming and maintaining such a group might be outweighed by the variety of couplings which such a closed group would permit. This arrangement offers the variety of "promiscuity" with the safety of mutual monogamy.

The concept of a closed circle of fuck buddies is not to be confused with a sex club. Recently, a number of clubs have been formed which use various methods (such as membership buttons) to indicate an individual member's perception of the status of his health. While these clubs also rely on the trustworthiness of the members to accurately represent the healthiness of its individual members, it would probably be foolish to trust this system to protect you from disease.

JERK OFF CLUBS

Another interesting effect of the AIDS crisis has been the recent proliferation of jerk-off clubs.

J/O clubs are usually private membership clubs which require that each member agree to restrict all sexual contact to masturbation--group, mutual or self. Sucking and fucking are often prohibited and the "rules" are generally clearly posted.

Many J/O clubs provide a unique atmosphere which is friendly, communal, well-lit and intensely erotic.

The best way to find these groups is to ask around. Also, check the listings of your local bar guide or try to form your own group by placing an ad in the personal section of your local gay newspaper.

POPPERS

Early in the AIDS debate, poppers--amyl and butyl nitrite--were regarded as a possible cause. As more has become known about AIDS, poppers have been pretty conclusively ruled out as the cause of AIDS.

Poppers can however cause headaches and dizziness. Poppers are poison if swallowed and can cause burns and inflammation if spilled on the skin. Never get poppers in your eyes, your mouth or your asshole.

Also, because poppers cause the blood vessels to dilate (this is the rushing sensation), they may actually facilitate the entry of microorganisms into the blood stream primarily through the lining of the ass.

The medical jury is still out on poppers. In the meantime, be aware of how your body

responds if you use them and if you have any questions, talk to your doctor.

BUYING SEX

Since most hustling is done in urban centers where the levels of sexually transmitted diseases are the highest, you should insist that your partner respect your health concerns. Since you are the one who is paying, it will be up to you to make sure your contact is risk free. Always talk before getting together about whatever precautions you plan to take. If he doesn't see that your concerns are meant to protect both of you, find someone who will.

Hustlers in any part of the country are a risk since they have sex with men from literally everywhere. Escort services--like used car salesmen--will always promise that their "models" are healthy. Because CMV and other STDs don't always produce obvious symptoms, you should apply whatever precautions are required to prevent yourself from being exposed to CMV.

SELLING SEX (HUSTLING)

If you hustle for a living, you know that your livelihood depends on protecting your health. If you solicit through ads, you have the opportunity of stating clearly what you will and will not do, emphasizing your concern about protecting your and your partners' health.

Since hustlers are in the business of satisfying someone else's needs, you must protect yourself by setting your limits before you get together to have sex. This may attract

the more responsible men and weed out those who may tempt you into compromising or taking health risks.

Encourage your partners to let you know if a health problem arises and you will increase the likelihood that they will.

PERSONALS

Placing a personal ad in a gay publication is becoming a popular form of cruising in the '80's. Ads are not just for shy people. Ads allow you, quite privately, to spell out clearly any health concerns you want your potential partners to respect.

If you find that you are uncomfortable talking about health concerns face to face in a bar or bathhouse situation, ads offer an alternative method of screening out those men who do not share your health concerns.

Attracting responsible partners through an ad will make it easier for you to avoid taking risks.

Since people are not always honest, plan to meet potential partners for the first time in public places such as a bar or restaurant. Then after you meet, you have the option of going home alone or together.

SHOULD AIDS PATIENTS HAVE SEX?

This is quite a controversial issue, but regardless of what one feels, the fact is that some men who have been diagnosed with AIDS are continuing to have sex. Of course, for some AIDS patients, sex is the furthest thing from their minds. But for other AIDS patients, sexual desire remains. Some are limiting the sexual contacts they have to other AIDS patients. Others are having sex only

with their lovers. And some AIDS patients are continuing to have multiple sexual contacts.

AIDS patients are human beings and need affection and human contact. AIDS patients object to being treated like lepers and some end up taking this anger and frustration out to the baths and backrooms.

The issue of AIDS patients having sex must be viewed from two perspectives: the risk to the patient and the potential risk to his partner.

The one thing AIDS patients know for sure is that they are immune suppressed. This means they are more vulnerable to infections. In addition, if they do develop an infection, they know that they will have a more difficult time recovering. It is possible that sex is more of a danger to the AIDS patient than to his partner. Considering the risks to the patients themselves, multiple sexual contacts, particularly in settings such as the baths and backrooms where disease is rampant, is extremely unwise.

In terms of the risk to the partners of AIDS patients, we believe that the primary danger is the transmission of CMV. Of course, if you believe that there is a new virus which is the cause of AIDS, having sex with an AIDS patient might transmit such a new virus.

The decision of whether and how AIDS patients should have sex and the decisions of whether and how partners should have sex with AIDS patients are difficult ones to make. Each person must weigh the evidence, determine his own risk, and act accordingly. However, WE BELIEVE THAT AIDS PATIENTS HAVE AN ETHICAL OBLIGATION TO ADVISE POTENTIAL PARTNERS OF THEIR HEALTH STATUS.

We believe that AIDS patients must allow their potential partners to make their own choice. There are gay men who are willing to have sex with AIDS patients and who are willing to take the necessary precautions designed to protect both partners' health. Obviously, we believe that lovers of AIDS patients may continue having sex with AIDS patients if they exercise the precautions outlined in this paper. There are AIDS patients who are continuing to have "safe sex" and who are recovering from their immune suppression. And there are lovers who have continued to have sex safely with AIDS patients who are not showing signs of immune deficiency and who are not contracting CMV.

But apart from the issue of sex, in the absence of firm evidence that AIDS can be transmitted by casual, non-sexual intimacy, we see no reason why hugging and affection should be discouraged or withheld.

GUILT, MORALITY AND SEX NEGATIVITY

The AIDS crisis has forced many gay men to examine their lifestyles. It has also produced a lot of recommendations which are really misplaced morality masquerading as medical advice.

Gay men have always been criticized for having "too much sex" with "too many" different partners. Because the development of AIDS in gay men is obviously somehow connected with the amount and kind of sex we have, a lot of advice has focused on "reducing" the "number of different partners". Wherever we turn we are reminded of the joys of romance and dating by those who claim they are only concerned with our health.

In this age of AIDS, the advice most often given is that we should try to "cut down" on the number of different partners we have sex with, and try to limit those partners we do have sex with to "healthy" men. This advice confuses many gay men. What is meant by "cut down"? Is it going to the baths once a month instead of once a week? Is it having two partners a night instead of four? And how can we determine whether or not a potential partner is "healthy" when there are many infections which don't have obvious symptoms? While having less sex will definitely reduce our chances for all STDs, it will certainly not eliminate them.

Advice which focuses only on numbers and which ignores ways to interrupt disease transmission is incomplete. For example, a gay man who is concerned with protecting his health may decide to "cut down" on the amount of sex he has by limiting himself to one different partner a month. At the end of the year, he will have had sex with 12 different partners. Few gay men would consider having 12 sex partners a year being "promiscuous", but this example illustrates the point that the issue isn't sex, it's disease. Since one out of every four of his 12 sexual partners was probably contagious for CMV (despite his best efforts to guess who was "healthy"), he will have been exposed to CMV 3 times that year--unless he limited which sexual acts he performed to ones which interrupt disease transmission.

If a concerned gay man makes the tremendous effort to change his sexual behavior by reducing the number of different partners, yet fails to modify what he does, chances are high that he will still often get sick. This has to be demoralizing. He may even feel that all his efforts have been useless and go back to

his old patterns. Or he may respond by giving up sex completely.

But deciding to stop having sex because sex may lead to AIDS is not the same as deciding to stop smoking because smoking can cause cancer. Smoking is a habit, a luxury, a "vice." Sex is a natural and important human need. Although every individual will ultimately have to balance need and risk himself, to do so will require that he have the information necessary to make informed changes.

And while we're on the subject, what's all this talk about "anonymous" sex being dangerous? Anonymity in itself has nothing to do with disease transmission.

If your partner introduces himself, he is no longer an anonymous partner. But if he's contagious for syphilis, you'll get syphilis. It's as simple as that.

A lot of this talk about "anonymous" sex being "bad" smacks of misplaced morality. The issue is disease--not sex.

One reason why anonymity can be dangerous is that when you don't know your partners, you may not be as cautious in protecting him from disease. We need a more precise vocabulary to talk about the various lifestyles we lead.

When you are receiving advice about sex, it's very important to make sure that the advice is based on sound, scientific understanding of how diseases are transmitted. Don't be fooled just because the source of advice seem authoritative. Verify what you are told by talking to physicians and consulting other sources of information.

If we are to celebrate our gayness and get on with gay liberation, we must stay healthy. To stay healthy, we must realize that the issue isn't gayness or sex; the issue is simply disease.

LOVE

It came as quite a shock to us to find that we had written almost 40 pages on sex without mentioning the word "love" once. Truly, we have been revealed as products of the '70's.

It has become unfashionable to refer to sex as "love-making." Why might this be so?

If the sexual revolution that began in the '60's confirmed one thing it was that sex and affection--sex and love--are not necessarily the same thing. The concept of "recreational sex" has gained widespread acceptance.

At the same time, as the rising epidemics of STDs have demonstrated, there are certain unfortunate (and unforeseen?) side effects when love and affection become so separated from sex.

Without affection, it is less likely that you will care as much if you give your partners disease. During the '70's fantasy was encouraged. Sex with partners you did not know--and did not want to know--was justified as being personally meaningful even if it wasn't interpersonally so. Put another way, did gay male culture of the '70's encourage us to substitute the fantasy of the man we were holding for his reality?

Gay men are socialized as men first; our gay socialization comes later. From the day we are born we are trained as men to compete with other men. The challenge facing gay men in America is to figure out how to love someone you've been trained to "destroy."

The goal of gay male liberation must be to find ways in which love becomes possible despite continuing and often overwhelming pressure to compete and adopt adversary relationships with other men.

Gay male politics have historically suffered from fractionalism. Might this be a symptom of the competitiveness between males? And why has it been so difficult to involve gay men politically? Is it possible that all this great sex we've been having for the last decade has siphoned off our collective anger which might otherwise have been translated into social and political action?

The commercialization of urban gay male culture today offers us places to go and get sick and places to go and get treated. Too many gay men get together for only two reasons: to exploit each other and to be exploited.

Sex and "promiscuity" have become the dogma of gay male liberation. Have we modified the belief that we could dance our way to liberation into the belief that we could somehow fuck our way there? If sex is liberating, is more sex necessarily more liberating?

It has certainly become easier to fuck each other. But has it become any easier to love each other? Men loving men was the basis of gay male liberation, but we have now created "cultural institutions" in which love or even affection can be totally avoided.

If you love the person you are fucking with--even for one night--you will not want to make them sick.

Maybe affection is our best protection.

Hard questions for hard times. But whatever happened to our great gay imaginations?

SOME CLOSING THOUGHTS

The party that was the '70s is over. Taking ignorance to the baths and backrooms is not sexual freedom--its oppression.

Not all gay men are well-educated and well-off; not all gay men can afford the benefits of proper health care. What we as a community must do is to make available vital information about how diseases are transmitted so that each of us can make informed decisions about our lives. If AIDS proves to be the result of the epidemic rise of CMV and other common infections, the AIDS crisis may prove to have been a crystal clear reflection of just how little we knew about protecting our health.

What's over isn't sex--just sex without responsibility.

HOW TO HAVE SEX IN AN EPIDEMIC:
One Approach

by: Richard Berkowitz &
Michael Callen

With Editorial Assistance by:

Richard Dworkin

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NFTF
c/o P.O. Box 106
70 Greenwich Avenue
New York, New York 10011