

# My epidemic

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1989–1997

## First loves

The first two loves in my life were HIV positive. I loved them at the same time.

In Pasolini's film *Theorem*, we see the members of the family of a Milanese industrialist falling in love and being sexually attracted by a man (played by Terence Stamp) who has arrived for no obvious reason in their bourgeois lives, the whole thing turning into a devastating tragedy. Jacques had the same effect on the town of La Rochelle, where he arrived in 1989 as director of the *Maison de la Culture*, even this was more like a "romantic comedy". Jacques was a seducer, decadent, snobbish, narcissistic and extremely affectionate. Most of the people he met fell in love with him. He was an obvious fantasy figure for all of us Provincials. His secretary, who was also my mother, was no exception, nor her partner at the time, nor me, even though I was just thirteen at the time. I quite literally obsessively desired Jacques, who covered me with compliments, gifts, attention and affection. Many of the inhabitants of that little town were deeply perturbed by his homosexuality and his "taste for paradoxes" (a personality trait that was highlighted in the short obituary that appeared in *Libération* on 22

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June 1995) and disliked him. Because of his hatred for French institutional terminology, Jacques had had time to re-baptise this *Maison de la Culture* a “theatre”, just before declaring it bankrupt and leaving town. My mother ended up unemployed. Jacques went back to Paris and we continued to see him on a regular basis. It was only after his departure that I learned that he was HIV positive. I went to his cremation, one day in June, right in the middle of the 1990s. I was living in Le Marais quarter of Paris at the time, and walked to Père Lachaise. It was a hot day. My mother was there too, but not my mother’s partner, maybe they had already split up by then. I can’t remember. After the ceremony, we went to a bar and had a drink with a few of his friends, some of whom I didn’t know. There were lots of women, and one of them even said how surprising it was that there were so many, and yet not that surprising, after all, given that many of his male friends must already be dead. Sure enough, his lover, Denis, and his best friend, Jean-Loup, had died a few months before.

Rodolphe arrived in La Rochelle a year after Jacques, from an even smaller provincial town, to go to the local high school. He was fifteen and very cute. The two of us dreamed of leaving our small town, and we’d spend days in cafés, smoking and talking about Paris, fashion and the cinema. We adored one another. After a time, my mother found a job at the theatre of a nearby town, and spent the week there for her work. I was living alone, and so Rodolphe moved in with me. I didn’t see him much because he used to go out all the time. He was in love with an older man. We never spoke about it, but I knew that he was going to gay clubs, which were extremely numerous at that time for a small town—as opposed to the situation today—and that he was screwing around a lot, and with lots of partners. That’s how Rodolphe “discovered” his sexuality. One day, we decided to get HIV tested. I had already made love, once or twice, casually, but I had taken no risks, so the idea was absurd. But at the time, around 1990–91, everyone was being completely paranoid about AIDS. We went to have the test together, for the first time in our lives. I went to get the results first and was negative, Rodolphe went a couple of

weeks later, and learned that he was positive. A girl we knew was so incredulous that she sent Rodolphe to be retested several times. He was sixteen, and I was fifteen.

## Politics

Shortly afterwards, Rodolphe left to live in Paris, where I followed two years later. I was studying public law and he was studying nothing. He wanted to be an actor (in the end, he became a director). We didn't see much of each other, despite living in the same neighbourhood, Le Marais, Paris's gay quarter, and the epicentre of an epidemic, as some put it, or the "ghetto" to quote Guillaume Dustan, who in 1996 published his first book, *In My Room*, a pornographic autobiographical tale which deals with being HIV-positive, problems with desire and love, sexual relations with or without condoms and life as a thirty-something in the "ghetto". There was a large number of gay clubs and bars in the "ghetto" at the time (I can remember their names: le Dépôt, le Cox, le Duplex, le Keller, le Transfert, etc...), far more than today. Rather impressive hoards of shaved, muscular men in bomber jackets gathered in front of these establishments. They looked as if they were having a good time, but a sense of death loomed over Le Marais. Rodolphe picked people up more in the aisles of the delicatessen at the Bon Marché Rive Gauche (despite its name, it's Paris's most expensive grocery store) where he also used to shoplift sometimes. He still went out a lot at the time, during his early years in Paris, before distancing himself completely from all that in disgust.

In the Spring of 1997, Rodolphe went with me to Act Up. I wanted to diffuse in my university (Paris I Panthéon-Sorbonne) flyers for a demonstration that Act Up was organising alongside other associations: *Nous sommes la gauche*. The aim of this demonstration, planned to occur between the two rounds of the elections organised after the breaking-up of the national assembly by Jacques Chirac (and which were won by the socialist left), was to put pressure on the socialists so that they would include in their programme various social and politi-

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cal questions that were absent, in particular with reference to the AIDS epidemic. I had heard about it from listening to Radio FG (or *fréquence gaie*, the gay techno station of the time, based on the same premises as Act Up). We went to get two boxes of flyers from the offices of Act Up, and Rodolphe broke into hysterical laughter at the sight of the shaved, muscular militants in bomber jackets as they gawped at a prototype left-wing female law student from the left bank. We didn't talk much with the militants of Act Up, who looked dumfounded, we just took the boxes and fled by their legendary service elevator. Handing out these flyers had no effect whatsoever. Most of the students, who were like me taking a master's in public law and state theory, had joined the ranks of one or other of the leading parties (the Socialists or the right-wing RPR), through the students unions which had been set up as springboards for a political career in one of these parties. I don't think that any of them were really interested in the question of AIDS, and this call was seen by all those young career militants as an underhand and counterproductive form of political dissidence, given that the question of AIDS remained, so far as they were concerned, ring-fenced within "categories of the population" that were too marginal to make it into a social question of general concern. I never went back to Act Up, I didn't become a militant or an activist, nor did I join a political party, and the last time I voted was in those very same elections, in 1997. Once I had got my masters degree in law, I hung around in Paris, doing nothing for a year, then I finally ended up burying the 1990s by going to art school. AIDS was never discussed there.

### Distancing

During that period, I followed from afar the controversies about *re-lapsing* and *barebacking* (the terms which this text aims to sound out), the opposition between Guillaume Dustan and Act Up (which I shall return to later), from Marseilles, then Nantes, and later Glasgow, the three towns where I went to pursue my art studies. I read articles about these topics in *Libération*, the books of Dustan or Hervé Guibert (who

was already long dead), and I sometimes spoke with Rodolphe, who didn't want to discuss the matter, I tried to remember Jacques and the others, and to stay in touch with the activities of Act Up in Paris. In the towns where I lived, people didn't speak about the epidemic with the same intensity as in Paris. There is a need for a scene, or a context, for such things to take on a deeper meaning which becomes vibrant and alive.

Despite being extremely well-informed, deeply involved and highly affected compared to the average and despite my first two loves—one who had died from AIDS, and the other being contaminated—in the 2000s I did not use rigorously and systematically the sole means to prevent contamination from HIV and other sexually transmitted diseases: the condom. It has to be said that the question of sex had not been paramount with those first two loves. Later, when sex really was the point, I don't think that such omissions were some sort of protest for a sexuality freed from the prophylactic frontier of the condom. It was—probably—more of a shared form of irresponsibility and oblivion. The fact of no longer seeing on a daily basis that shaved, muscular community in bomber jackets, moving in mass from one bar in Le Marais to another, at once living and dying, each day more excessive and liberated, as though prior to an imminent catastrophe, expending all of its energy on saving the world from the disaster while celebrating it, enabled me to distance myself a little, to take a breather and think about other things.

1997–2008

Ghosts  
(contamination and memory)

As opposed to this abandoning (and thus a relapse) which was rather shamefaced, shameful and unforgiveable, but also so common, and something no one talked about, because guilt-feelings ran high on the subject, a radical movement was being born in San Francisco in the

middle of the 1990s, at about the same time as the first combination therapies: barebacking. The barebackers stood up for—and still do, even if the meaning of the phenomenon has changed as research into the treatment and prevention of the epidemic progresses—total risk-taking, sex without condoms, with the conscious acceptance of the possibility of contamination, and even the quest for contamination, as a liberation from the dread of the virus while, in an underlying way, creating a form of solidarity with those who had already been contaminated, or even were already dead. Barebacking conveys, or propagates, the idea of reviving—or perpetuating—a form of pre-AIDS sexuality, as it existed before condoms and the fear of contamination, before death became associated with sex, or vice versa. In its terms, gay sexuality was not to be defined primarily as having sex with members of the same sex, but rather as the quest for a multiplicity of relations with strangers or loved ones, in semi-public spaces and/or in an open urban environment, at extremely variable frequencies. It is a sort of sexual serendipity, pushing back extremely far the limits of the couple or household, and of the governing of the private sphere by public institutions, so as to blossom in an infinite number of places and be diffused endlessly within other bodies.

There was talk of a sexuality of absolute contact and intimacy, a sexuality of the circulation and transmission of sperm, blood and other bodily fluids, but above all of the invisible: in other words of the epidemic and the virus. The barebacker fetishises a potentially lethal virus and, by communing with those who have died of AIDS, pays homage to them. Such a wild dream is morbid, but paradoxically is also a poetic gesture establishing a relationship between memory, transmission, sex and ghosts. But when barebacking started to spread its extremely disturbing image across the rest of the USA and Europe, it was accused of being quite the opposite. It was said that barebacking was an insult to those who had died of AIDS, and to the incredible efforts made by the associations who were struggling against the epidemic, and that barebacking was utterly opposed to any collective vision of a community or of survival.

Thus it was that barebacking presented a strange temporal ellipse. It was projecting itself way too far into the future by postulating that, with the arrival of combination therapies, the epidemic was over, solved, having become a “condition” it was possible to live with. It wanted to exist in the present while taking pleasure without limit, and cultivating spontaneity and risk. At the same time, it highlighted a past that many barebackers had never experienced, by bringing back to life sexual practices from before fears of the lethal risk of AIDS.

A blank sheet  
(sexual practices and morals)

In her bestseller *The Shock Doctrine*, which was published in 2007 and does not discuss the AIDS epidemic, Naomi Klein maintains that most political reforms of a neoliberal inspiration require a shock, or a crisis, after which they can impose themselves. Brutal, authoritarian systems, making the most of liberalism, either took advantage of these crises, or else provoked them so as to open up utterly new and virgin ground, wiping out swathes of political and social history, which had allowed individuals to organise themselves collectively in order to act against systems of economic or ideological oppression. As an introduction, and metaphor for her entire thesis, Klein speaks of electric shocks and the way they were used by the CIA in experiments on the human brain, with the idea of using so-called divergent individuals (weirdos, queers, outsiders, etc...) as guinea-pigs, selected for their supposed unsuitability for “normal” society, and who could, under the effect of shock therapies, become blank pages on which new stories could be written, reformatted and emptied of their own identities, in conformity with the dominant social model. In general terms, *The Shock Doctrine* is aimed at Pinochet’s “coup”, Thatcherism after the Falklands, the mood of security after 9/11, the economic rebuilding of Thailand after the Tsunami, etc... This succession of political or environmental crises had created the possibility to sweep away a former culture and means of organisation that had been acquired during

a long and complex process of self-determination and of social and political claims.

If Naomi Klein did not mention what might be called the “AIDS crisis” in her book, then this is doubtlessly because it was a crisis that actually led to forms of collective organisation and emancipation without any real equivalent in the history of social struggles, in particular in terms of the management of knowledge, the control of scientific and economic data, and the analysis of political and administrative decisions. The ill, along with the most affected categories of the population, seized hold of the space left open by the public authorities and private industries. New types of highly technical, very well-informed demands arose, allowing both individuals and organisations to put pressure on the media, research, governments, administrations, etc... But, as such, that is to say as an unprecedented epidemic in the homosexual community, this crisis also led to the end of a corpus of specific practices, a multitude of places, territories and sites dedicated to sex and to codes, gestures, possibilities, and free, random, uncultivated configurations. Of course initially, it was the fear of contamination that emptied the parks, clubs and backrooms of their regulars and their habits. But, subsequently, in other words after the end of the 1990s/beginning of the 2000s, it is possible to talk more of a convergence of conservative lines, neoliberal forces and activist movements engaged in the fight against the epidemic. The moralistic and xenophobic discourses of the right-wing, the projects for gentrification of the neoliberal urban economy, and the guilt and fear propagated by certain gay associations ended up delivering the same message: this epidemic would require authoritarian measures and forms of stigmatisation like, for example, the control of backrooms as recommended by the associations, which was rapidly interpreted by conservative forces as a plea for their closure.

In 2001, the managers of the Parisian backroom Le Dépôt were summoned by Act Up to answer to the closure of their establishment by the Direction Départementale des Affaires Sanitaires et Sociales (DDASS). This sort of method, which can be understood as a desire



to accept and negotiate a form of sexuality collectively and publicly, also turned out to be very useful to more reactionary forces, and their paranoid imaginings about sexuality. It would also be possible to cite, almost randomly among the huge number of declarations and manifestos published at the time, a passage from a statement published in *Le Monde* in June 2001 and signed by several associations working against AIDS: “We find out too little information about our sexualities from our parents, the school or TV. We, young gays, discover it on the internet, in sex-shops, in the woods, in toilets, in pick-up bars, too often having been left to our own devices, with no constructive models or positive references,” which indicates on the one hand a form of scorn or contrition in terms of one’s own sexual practices and, on the other, a strange form of confidence in the patriarchal, normalised institutions of the family, television or school...

Ideological combats  
(cultural practices and the media)

And then there was the confrontation between Guillaume Dustan and Didier Lestrade. What Guillaume Dustan was blamed for was quite simply the content of his books, which told of his erring ways when it came to condoms, his difficulty in envisaging a long-term sex-life with condoms, and his refusal to conform to the model of fidelity so as to solve this issue. Dustan made frequent allusions to the movement of the barebackers in the US, as well as to the observable reality of relapsing... Above all, Dustan supported the freedom for those who were contaminated by HIV to manifest their repugnance at the idea of having to protect themselves for the rest of their lives, or else make love without a condom only with contaminated partners. He stood for at least this form of freedom, for people who knew that they were condemned or who lived with the fear of death: the freedom to enjoy each other. But, at the time, there was much talk of superinfection. This described the possibility of an already contaminated person being infected by a different strain of the virus, forcing the

virus to mutate, thus accelerating the process of its invasion and replication in the body. This question still has not been cleared up: we do not know if it is a myth, just an instrument to guarantee the continuity of the message of prevention, and heighten the guilt of those who have already been contaminated... On this point, let's leave behind the French context for a while and quote the text published by Gran Fury in 1995, announcing their breakup and deploring the guilt-laden messages and the disinformation published by associations acting against AIDS (in the extract quoted, the disinformation concerns possible infection by fellatio, even though this was later admitted to be a minuscule risk). "Ten years of fighting AIDS has shown us the HIV education is not a conversion experience. Prevention must become an ongoing effort that addresses not simply the mechanics of safe sex, but also our psychological needs. (...) Rather than simply printing up a list of 'Do's and Don'ts', AIDS organisations need to recognise the importance of individuals weighing the risks of certain sexual acts against their needs for sexual pleasure and emotional intimacy."<sup>1</sup>

The movement against Dustan—who regularly appeared in the media wearing a blond wig and hamming up an actually rather unbelievable character—and against barebacking became an essential objective for Act Up France, which in 1999 launched a famous poster campaign: *Baiser sans capotes, ça vous fait jouir?* ("Does fucking without a condom make you come?"), followed up, at the beginning of the 2000s, by a large number of manifestos, texts and communitarian appeals. These were genuine condemnations, which were extremely violent, with a will to exclude Dustan's position from the public space of the epidemic. In November 2001, Act Up published four texts against Dustan, and a "special dossier" entitled "An End to Dustan"<sup>2</sup> There was talk of "people like him" or "sexual grenades". In the end, this was an ideological and philosophical debate, in which the body, sex, blood, sperm and intimacy

1. "Good Luck... Miss You", flyer distributed during the exhibition "Temporarily Possessed" at the New Museum, 1995, [www.actupny.org/indexfolder/GranFury1.html](http://www.actupny.org/indexfolder/GranFury1.html)
2. [www.actupparis.org/spip.php?article201](http://www.actupparis.org/spip.php?article201) ; [www.actupparis.org/spip.php?article203](http://www.actupparis.org/spip.php?article203) ; [www.actupparis.org/spip.php?article202](http://www.actupparis.org/spip.php?article202) ; [www.actupparis.org/spip.php?article205](http://www.actupparis.org/spip.php?article205)

had become more political than ever. The model proposed by Dustan would thus be a neoliberal one: freedom must not and cannot be limited by society and forms of government, it is irreducible, and responsibility needs to be taken for oneself, and never for others. Opposing him, associations fighting against AIDS offered a form of collective organisation, an interdependency of individuals, a communism of responsibility that legitimised the authority of their interventions, and a control, organised down to the processes of creation and fiction. The aim was to arrive at zero risk. Paradoxically, the notion of zero risk is a proposition made by a contemporary neoliberal society.

Guillaume Dustan died in 2005, of an accidental drug overdose. By then, he had withdrawn from public life, had fled Paris, where he could no longer evade controversy, was living alone and writing rather incomprehensible books. From a form of hyper-contact, in every sense of the term: literary—with a total exposure of his private life in his books in a clear, direct style—mediatic and above all epidemiological, Dustan shifted to total isolation: geographical, public, personal and literary, while developing opaque, almost unreadable literary forms as of the beginning of the 2000s.

2008–2014

Moral guilt  
(literature and punishment)

In 2008, Tristan Garcia, a young writer born in the year when AIDS appeared, in 1981, won the Prix de Flore, for his book, *Hate: A Romance*, the very same prize that Dustan had received for *Nicolas Pages* in 1999. *Hate: A Romance* is an extremely approximate treatment of the ideological clash between Dustan and Lestrade, which is also very free with the facts. For example, Will<sup>3</sup>, the character inspired by Dustan, dies alone of the disease in a provincial hospital. The description of the end of

3. The real name of Guillaume Dustan, a pseudonym, was William Baranes.

Dustan's life is terrifying, full of the worst homophobic representations and fantasies that surrounded the disease at the beginning. Garcia added an extremely painful detail: the loss of mental faculties and senility. In another scene, Doumé, the character inspired by Didier Lestrade, takes a close female friend of Dustan's to see one of the barebacking writer's former lovers, Richard, who is a young, infected doctor. The woman finds the sight of the disease's stigmata unbearable. The dying man expresses his infinite regret at his irreparable irresponsibility, the fact of having made love with Will one day without a condom. The novel is a revolting stigmatisation of unprotected sex, but in the scene in which the young doctor becomes infected, having asked Guillaume Dustan, who he knows to be HIV positive, to "give him a baby", the dialogues are extremely closely modelled on bareback terminology. In this language, the transmission of the virus is a gift, received by the breeder, with the barebacker being metaphorically impregnated by his partner and the fruit of their love being the virus. Richard says to Will: "I want you to fuck me, see, like that, with no condom, I want you to do it like you'd make me a baby, you understand?"

The moral condemnation of the main character is quite clear, though expressed ambiguously, in an interview given by Tristan Garcia to the review *The Varsity* in 2011<sup>4</sup>, in which he describes his character as being someone "who is insufferable, (...) defends indefensible values, and who willingly infects his partners". Then he adds: "In reality, I'd probably dislike a being like William." Aware that his model was an actual person, who was also a writer, like him, Garcia has thus written a book while detesting that writer (even if he claims to like his character). *Hate: A Romance* builds up a rhetoric of guilt and justice. Fiction and literature thus become the means to inflict a punishment: an atrocious death from a knowingly transmitted virus.

By writing a book about AIDS and the controversies within the Parisian homosexual milieu of the 1990s, Tristan Garcia, a heterosexual man aged under thirty, freed himself from what defined or categorised

4. <http://thevarsity.ca/2011/03/14/sexual-politics-tristan-garcia-hate-a-romance/>

him socially and sexually: “I’m not from Paris, I didn’t live through this period, I don’t belong to the community that is the canvas of the novel: basically, my legitimacy in writing it was null.” (Garcia, once more in *The Varsity*.) He raised fundamental doubts about the notion of “situated knowledge” and positioned himself radically against auto-fiction (in numerous interviews, Garcia has expressed his lack of interest in this genre). “I don’t know if I’ve succeeded, but when writing I tried to see to it that I was not expressing myself through my own voice. It is a sort of rational trance, perhaps.” I find this project to be interesting, and even crucial. But, in pushing to the extreme his exercise in delocalised identity by staging characters he deeply despises, and which he perhaps sees as being his opposite in a large number of aspects, places, points, traits and inclinations, he ends up by reiterating a polarisation of sexual, racial and historical identities. I don’t think that Garcia’s project can work unless he finds a negotiation point between auto-fiction and a criticism of subjectivity, and that he fails unless he establishes a contact, an intimacy, a possibility for transmission and disturbance between his position and those of this characters, no matter how distant they might be from one another. And yet, what Tristan Garcia does—and does not—is coherent with his book’s approach: he protects himself from any contact with his characters and establishes a prophylactic frontier between them and himself, thus making any contamination or transmission impossible, so as to position himself morally and condemn his characters.

### Biological immunity

At the same time as the publication of *Hate: A Romance*, in 2008 a group of Swiss researchers were working on validating a hypothesis based on the increasing improvements of combination therapies, whose effect was to reduce the viral load (quantity of the virus circulating in the blood). When the viral load of someone who is HIV positive is very low, the virus may not be transmissible. In 2014, this hypothesis was confirmed. This means that someone who is HIV

positive, on combination therapy, and whose viral load is undetectable, cannot contaminate their partners. Thus, combination therapy works both as a treatment and a tool for the non-propagation of the epidemic. Between 2007 and 2009, in the USA, a trial called *iPrex* was conducted on 2,500 men having sexual relationships with other men and whose generally intense sexual activity put them potentially at risk. This was followed up by a trial conducted on 1,950 vulnerable woman (prostitutes, in particular) in Kenya, Tanzania and South Africa, and then a trial conducted between 2009 and 2011 in Kenya and Uganda on 2,500 heterosexual couples in which one of the partners was HIV positive. What was being tested on these extremely varied populations was the preventive efficacy of a drug previously used in combination therapies, in other words as a cure. This drug, taken prior to sexual relations, could considerably decrease the probability of contamination of people with risky practices, or who could be victims of defective prevention techniques. The results—which were conclusive beyond all expectation—of these trials led the Drug and Food Administration in 2012 to recognise that Truvada had preventive properties, and to authorise its marketing in the USA. After 2012, these trials were followed by *Ipergay* in France and *Proud* in the UK, whose spectacular conclusions confirmed the DFA’s decision over the next two years.

By 2014, it was estimated that, with this treatment, risks of contamination were reduced by 90%. But a 10% risk still remained. This 10%, which is implicitly accepted, remains very far from the zero risk sought by Act Up... The “official” approach, which seems rather far from actual practices, thus far has been to say that Truvada should be combined with the use of a condom...

With these therapeutic trials, many new ideas emerged, which sometimes contradicted those that had preceded them and which had presided over the past two decades. The notion of there being populations at risk is not new, but the implicit recognition of a failure of prevention among certain categories and their motivations, which are not always based on vulnerable social or geographical conditions, cer-

tainly is. The fact that vulnerability is not the sole situation in which risky practices might be envisaged is also new. One of the recruitment criteria for *Ipergay* was that the men should have had at least three unprotected sexual encounters during the six months preceding the start of the trial. By bringing risky behaviours into the institutionalised structure of research, a radical break had been established with the marginalisation and silence that used to be associated with them.

From a form of prosthetic prevention (the condom can be seen as a prosthesis) which is visible, palpable, and submitted to a transparency and negotiation between partners, a shift had been made towards a biological, diffuse and invisible prevention, and a secret, confidential immunology.

### A farewell to barebacking

- To this day, from the time I started PeEP—42 weeks ago, I had:
- 58 Sexual encounters (ex: an orgy equals an encounter)
  - 34 New partners
  - 11 “Old” partners (with whom I had sex before using PrEP)
  - 6 Encounters with the use of condoms
  - 38 Encounters where at least one anal penetration without condom took place
  - 14 Encounters where no “penetration” took place
  - I had 5 STI screenings.<sup>5</sup>

Paradoxically, this invisible immunology has led to an ever-increasing number of comings-out, so as to counter the criticisms and stigmatisation that Truvada has come in for. The—paranoid, reactionary and guilt-ridden—vision of the rich gay rake (for whom, in the more extreme versions of homophobia, the virus is almost a just punishment),

5. Extract from the contribution of Patrick Dionne-Charrette “My Slutty Irresponsible 2014: Why I asked for PrEP in 2013” to the symposium “Generation PrEP: Are We Ready”, organised by ACCM in Montreal, 2014, [www.positivelite.com/component/zoo/item/my-slutty-irresponsible-2014-why-i-asked-for-a-prep-in-2013](http://www.positivelite.com/component/zoo/item/my-slutty-irresponsible-2014-why-i-asked-for-a-prep-in-2013)

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has once more become rife, just as it has done regularly since the appearance of AIDS. The most homophobic instincts and those of the most conservative wing of the gay community have joined up all over again. For Truvada is often seen as being a luxury treatment (12,000 dollars per year) supposedly guaranteeing an abnormally intense and varied sexual activity for privileged individuals living in abnormally rich countries. These criticisms are a moralistic reminder that, while the AIDS crisis might be over in Europe and the USA, it still afflicts many other countries and continents. And it is true that it would be strange to imagine that we are now going to treat people *who are not ill*, while others who are have no access to treatment. But in this discussion, I think we should be envisaging how these new preventive techniques used by such “privileged men” could benefit other more vulnerable categories of the world’s population, without forgetting that the trials were not carried out just on rich men with rich sex lives living in rich countries, that it is the pharmaceutical laboratories (in this case, Gilead) and the imperatives of capitalism that fix the prices of these therapies, and that it is this aspect that should be fought against, rather than having recourse once again to the good old rhetoric of guilt.

And yet... in the homosexual community there has been talk (in a way that might be said to echo debates about contraception in the 1960s) of “Truvada Whores”, when it comes to describing these new generations who are going to be able to make love with numerous partners, and in numerous situations, without having to protect themselves so scrupulously, and without fear. Is this break from the constant concerns of the previous generations an insult to their combat, to their sex lives guided by the need to minimise risks, to their endless anxieties and to their collective struggle? Whereas barebacking established, in my opinion, a sombre, melancholic form of communication with the dead of AIDS, Truvada and its “whores” are based, instead, on a minimisation of risks, opening up a new form of immunity, and a future in which the risk will stand at the very low (negligible or not negligible????) rate of 10%. Barebackers lived with maximal expenditure and loss (at once in terms of health and legitimacy),



whereas men on Truvada are sexual bookkeepers, as shown in the list drawn up by Patrick Dionne-Charrette, which is itself an instrument for legitimisation. Furthermore, such testimonies, which are appearing more and more regularly in public debates, are distancing themselves from barebacking. They evoke it as an epiphenomenon, or a virtually folkloric “moment” in the history of AIDS. During this conference, Patrick Charrette-Dionne added tardily and almost incidentally: “Let’s make a stop in the early 2000s (...) And I’ll dare to speak about, you know... barebacking. Let’s recall. This became to be known with Quebec’s public sphere through Eric Rémès. His book *Serial Fucker – Journal of a Barebacker* was infamously provocative.” But most of the men in question, who chose pre-exposure prophylaxis and/or openly declared that they had sexual encounters without condoms, did not consider themselves to be barebackers. For good reason. Barebacking can exist only in a close promiscuity with risk. Without risk, there is no barebacking. Or perhaps just a vision of it, as a nostalgic recall of a vanished sub-culture.

In the perhaps not so distant future, it might be imagined that barebacking will be exhibited, or exhibit itself, in other words that it will continue to survive in a purely exhibitionist way, while having lost the foundations that defined it, in the same way that cultural phenomena or entities are revived for public display in fairs, universal expositions or as tourist attractions, thus removed from the reasons for their existence. Such a specific display, or entertainment, which will commemorate a sub-cultural practice, will probably exist mainly in pornography and the cinema. Barebacking will then be carefully filed away as a category, or pornographic sub-genre. This is perhaps already happening. Are not the facts that I am a viewer of bareback movies and that I programmed the bareback film *Nigga’s Revenge*, released by Dick Wadd Productions in 2001,<sup>6</sup> for my students, both signs that it has already become part of the denatured mainstream sphere?

6. [http://en.wikipedia.org/wiki/Niggas'\\_Revenge](http://en.wikipedia.org/wiki/Niggas'_Revenge)

Invisibility  
(cinema, prophylaxis)

Indeed. But over and above the depiction of unprotected sexual acts and their probable folkloric categorisation in a risk-free future, bareback cinema does present a few particularities, which in my opinion make of it a distinct genre in the pornographic film industry. Paul Morris set up his production company, Treasure Island Media and started to produce bareback films at the end of the 1990s, after studying music with Terry Riley and Robert Ashley. He defines his cinema as being a virtually ethnographic practice, documenting sexuality as it is actually experienced, far from the fallacious image of sex and prevention as conveyed by mainstream movies. His actors are voluntary participants, most of the scenes are unscripted, and the physical types are not based on any particular fetishes or segregation: all of them are represented, mixed and shaken up. A participant in one of his films can quite clearly be seen to have the stigmata of AIDS, which is quite unthinkable in any other porn production.

Paul Morris's films make visible a set of practices and individuals that are excluded from the cinema industry and the public world (of discourse). Paradoxically, the problem he has to face, which also applies to all other films documenting barebacking (leaving aside their exclusion from classic distribution circuits, which require the industry to use condoms) is as follows: how to document and convey something that remains invisible on the screen? The point of barebacking is internal ejaculation, a particular form of transmitting not only fluids, but also the deepest intimacy, viruses and the specific spirit of an epidemic. And this transmission is impossible to film, at least in its fullness. This characteristic is in contradiction with the stereotypes of porn movies in general, in which ejaculations are mostly spectacular and external: across the breasts, arse, face, curtains, and so on... Such highly visible ejaculations are what the industry calls "money shots": the most sought-after scenes and juiciest climaxes, both financially and symbolically. But

with barebacking, money shots are impossible. As a result, it is necessary to invent techniques allowing the unrepresentable to be represented, and to animate the invisible in erotic imaginings. In his book *Unlimited Intimacy, Reflections on the Subculture of Barebacking*<sup>7</sup>, Tim Dean lists the various techniques used by Paul Morris to convey this invisibility through erotic imagery. One of them is piss, which provides a metaphor for ejaculation with a clear absence of any prophylactic barrier, but without “wasting” any overly precious sperm. Another is what Tim Dean calls the “reverse money shot,” which consists in garnering the sperm that has accumulated in the “breeder’s” sphincter during a series of penetrations. This precious liquid is collected in a receptacle which is then exhibited and passed around as a trophy. There is also the use of subtitles which “dub” the sometimes inaudible dialogues between the participants, as they describe aloud the imminent ejaculation, its sensations and power. Placed in the middle of the screen, instead of being always at the bottom, they too become an image and practically replace the action being filmed. But these techniques remain substitutes, or cinematographic metaphors. Barebacking is essentially invisible, and not something that can be represented. What can be depicted are cultural groups, generations and particular scenes, with men, gestures, practices and an entire set of sexual variations that pertain to them.

Invisibility also characterises pre-exposure prophylaxis. It is possible to protect yourself “chemically” in an invisible, private way, which remains hidden to everyone. The heretofore public dimension of sexuality in terms of the epidemic thus returns to an extremely private domain: the secret of cells, biology, and undetectable medicine. This can be seen as a regression: this new invisibility thus signifying the abandon of principles of shared responsibility, dialogue, negotiation, instruction, and all of the positive forms of exchange over and above the sexual (but preferably prior to it). Indeed. But what does mutual responsibility mean, when violence is the foreplay to a sexual act, when sexuality cannot be spoken about, and domination governs

7. The University of Chicago Press, Chicago, 2008

My...

relationships? These are not the situations that most of the American men now taking Truvada have to confront, but they are the situations which millions of men and women throughout the world (including Europe and the USA) do face. For people in a situation of weakness, in terms of their partner(s), in terms of language and in terms of those notions of self-determination that mean so much to us in Europe and our privileged milieus, not having to negotiate for the use of a condom will be a genuine form of liberation. (Do you have to be a feminist on the pill to understand this simple strategy?) It is for this reason that I want to pay homage in this text to Guillaume Dustan, to Truvada Whores, to barebackers, to Paul Morris, and to the oversexed rich who have altered this epidemic, deliberately or incidentally, by questioning the affect pertaining to an orthodoxy—that of the condom and its prophylactic border—by exposing the conceptual and physical limitations which it gives rise to, in terms of that desire for absolute intimacy that we seek from love. All those protagonists who have made themselves vulnerable, transparent and fragile for us.

2015-...

I wanted to describe briefly and awkwardly the 25 years during which I have lived with the AIDS epidemic. I have no idea about what's going to happen during the next few years. I know that we'll go on living with the epidemic, including the generations that have not experienced its emergence and their successors, even if prophylaxis becomes invisible. Given that I know nothing about the future, and that I above all wanted to think through the moral conditions that allow certain judgements to dominate and become fixed as the intangible and indisputable manifestations of reason, I would like to cite the past once more: a text written by Douglas Crimp seven years after the publication in 1987 of the crucial special October edition of "AIDS, Cultural Analysis, Cultural Activism", and two years before the publication by Dustan of *In My Room*. It is entitled *De-Moralizing Representations of AIDS*<sup>8</sup> and was initially presented at a conference on AIDS in 1994,

just as the text you have almost finished reading was written for a conference. I delivered it at WIELS in Brussels on 19 December 2014, during the launch of the 6th edition of the feminist review *Petunia*, which I co-edit with Dorothee Dupuis and Valérie Chartrain.

It must, I think, be acknowledged that the historical circumstances of people who have been coping with AIDS for over a decade have changed drastically in the past few years. Our disaffection from AIDS activism is but one indication. Another, which we are even more loath to discuss publicly, is that seroconversion rates among gay men, including those gay men best informed of AIDS, have begun to rise again after a period of fairly steady decline. This means that many men who had been consistently practicing safe sex no longer are. It is difficult for us to speak openly about this because, on the one hand, we have been rightly proud of the fact that we had changed our sexual behaviours more thoroughly than anyone could have predicted. On the other hand, being open about this fact immediately draws the scorn of those who have *never* cared about our welfare. Thus the moralising rhetoric of “relapse,” “irresponsibility,” “selfishness” and “compulsivity”; and sadly, the moralising is not limited to our declared enemies. A new political group of gay men calling themselves HIV Prevention Activists has formed in New York. Their mission is to close gay sex clubs. One of their members, Gabriel Rotello, an openly gay columnist for *New York Newsday*, wrote a column sensationally entitled “Sex Clubs Are the Killing Fields of AIDS” in which he describes unprotected sex in a gay sex clubs as “sex murder/suicide.” But moralizing will not help any of us through this new crisis any more than will the repetition of a heroic rhetoric of our past achievements in fighting the epidemic. What is necessary now is the self-representation of our *demoralisation*.

8. This text was read by a group of activists at the 10th international conference on AIDS at Yokohama in August 1994. It was then published in the collection *Melancholia and Moralism* (MIT Press Cambridge, 2002).