



Interview with David Halperin

By Windy City Media Group

David Halperin on What Gay Men Want

Gay men have a lot to talk about, according to author David Halperin.

Halperin, author of *What Do Gay men Want?*, will be a guest at Project CRYSP's upcoming community forum on gay men's health, "‘Good’ Sex? ‘Bad’ Sex? Just What Do Gay men Want Anyway?" The forum, which will also feature panel experts such as DePaul University's Dr. Gary Harper and Northwestern University's Dr. Michele Morales, will take place Thurs., April 17, 6 p.m., at the Center on Halsted, 3656 N. Halsted. ([Event Details](#))

The debate will revolve around gay men's relation to sex and risk, and will touch on issues such as barebacking, the clichés that are still used to attempt to understand gay men and much more.

WCT: (Windy City Times) Are there a lot of conversations that we aren't having when it comes to gay men's health?

DH: (David Halperin) I think there aren't enough of them. Part of it is the need to approach gay men's health in a holistic way that isn't centered just on disease or on various kinds of social problems such as alcohol abuse or domestic violence or HIV prevention—so, the need to look at gay men's health and gay men's sexual health, in particular, in a larger context.

WCT: So, have we been taking the wrong approach?

DH: No, I think it's natural that we should be concerned about these things. But, the other conversation that we need to have that we haven't been having enough of is are we really going to stop using condoms? If we are going to stop using condoms, or if we're going to use them less, and if we are trying to protect ourselves from infection of HIV by other means—by means that don't involve using condoms—what exactly are those means? How can we make sure we pursue them intelligently so that we don't fail at preventing the spread of HIV?

WCT: Why is the community stopping condom use, after years of pounding it in our heads that this is what you need to do?

DH: A lot of studies indicate that condom use is falling off. Some places, including the San Francisco Department of Public Health, have been promoting alternatives to the use of condoms for HIV prevention.

WCT: What are some of those alternatives?

DH: Things like partner selection, which is often called serosorting. The notion that one could perhaps avoid these condoms if one is having sex with someone who has the same HIV serology status as oneself. It's a technique that works better for HIV-positive men than HIV-negative men, since they are the ones who actually know what their HIV status is. Someone who tells you he is HIV-positive is probably not lying to you. But if we were to put more emphasis on sero sorting and partner selection, and less emphasis on condoms, certainly we need to talk about that and we need to try to make sure HIV risk reduction practices don't inadvertently produce risk increases.

WCT: Are these strategies new?

DH: They aren't all that new. They've been going on for 10 years, at least, but they are spreading out more and perhaps being used a little less deliberately than they should be.

WCT: The fact that someone like me thinks it's fairly new—is that because there has been so much emphasis on condom use?

DH: I think that's right. The CDC [Centers for Disease Control and Prevention] has not been promoting sero-sorting. The CDC has been promoting condom use and most HIV/AIDS prevention organizations promote condoms. But there has been relatively little attempt to try to figure out what gay men are actually doing on the ground and to try to adapt health initiatives to what people are actually doing, rather than do it to get gay men to adapt to health initiatives. Another reason you might not know about this is a lot of this has been taking place in HIV-positive communities.

WCT: Is another one of the issues that health officials have not tried to figure out what gay men really want?

DH: Right. There is a huge amount of energy being devoted to figuring out what gay men really want, but it's usually in the key of disease or impaired psychology. So the notion is, “Oh, we really have to figure out what gay men want because we have to explain why they are behaving so badly and so self-destructively—why they are doing these terrible things? What on earth is going on in their little minds? What explains this weird, self-destructive, harmful behavior? Why would a normal person ever act that way?”

WCT: So it's very negative.

DH: It's very negative. It posits that there is some irrational behavior going on, and it tries to imply a medical reason, which is usually some form of impairment to explain this “irrational” behavior. Those explanations can range from the supposedly gay-friendly one like post-traumatic stress disorder or grief mourning, and so forth, all the way to lack of self-control, various psychological deficits.

WCT: So, they are just using clichés about gay men?

DH: Right. Exactly. What I've been disturbed by is the way the topic of prevention revives a lot of old-fashioned medical thinking about male homosexuality, and incidentally, about homosexuality more generally because some of the times, these psychological clichés about gay men are unthinkingly extended to all queer people, even lesbians. So that's very much a problem, it seems to me. But I'm also concerned about the fact that what this does is that it reminds us that the inner life of homosexuality is something that we probably would be better not looking into because we won't like what we'll find and it's going to be bad and it's going to be used against us. Whereas I'm interested in finding non-psychological ways to talk about the inner life of male homosexuality so that the whole category of gay subjectivity doesn't have to be bracketed in favor of some truly political notion of gay identity.

WCT: What are your suggestions for creative, non-judgmental ways that we can hinder the spread of HIV?

DH: The book that I wrote is really about the political consequences of different styles of thinking. So, that's what I do. I'm not an expert on the HIV field. I'm more of a social theorist. So, I try to do this to clear away a lot of these tendencies so people really doing the hard work of prevention on the ground are able to do the positive and practical work that they're doing. They are the ones who should really be talking about the positive things that we can do. I can observe some of the ways that HIV-positive communities have responded, like POZ magazine, and in the old days,

Diseased Pariah News, that were designed to claim back a voice for HIV-positive people that would not simply allow HIV-positive people to be spoken about in sympathetic or pitying tones by others. And we can talk about the particular initiatives that are being made here and there to try to do HIV prevention in ways that assume that sex is a great thing—that people should have more sex, rather than less sex. This is one of the things that Chicago is doing with Project CRYSP and LifeLube [LifeLube.org]. That's a stellar example. Things have been tried in similar ways elsewhere in the world in Australia, in France. It's a question, for me, anyway, not so much of prescribing these changes that should happen, so much as noticing the creative things that people have already invented here and there, and trying to champion them.

WCT: With the hopes that more cities will do this, right?

DH: Yes. It would also be good to have some legal changes. I mean, in the state of Michigan, where I live, if you're HIV-positive, in theory, it's against the law to have sex with anybody, no matter how safely and what kind of sex, without announcing to them your HIV status in advance. That's a recipe for ensuring people won't get tested. It would be good to also get the law off our backs, and there are a lot of states that have similar laws. I think it's more the rule than the exception.

...If we had in this country a national HIV prevention strategy, which we have never had, to our enduring disgrace, it might be possible to address some of these policy issues in a coherent way at a national level. Obviously, states have to enact their own laws, but the federal government, for example, nonetheless, knows how to get states to enact speeding laws when it wants to. [Such as] the former 55 mile-per-hour speed limit by denying a state's highway funding if they don't pass them. Similarly, with drinking age.

WCT: So, why not do something like that?

DH: Why not do something positive for HIV prevention that would carry across a national level? This is not something that's on the books. There has never been a major push in the U.S. by the government to get gay men, sex workers, IDUs [intravenous drug users], various other communities—there's never been any move to empower them to help themselves. These groups of people have formed collective responses in the teeth of federal indifference or hostility.

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