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Infectious Intimacy: Men Who Have Sex With Men (msm)'s Narratives of Risk Analysis During Covid-19

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Abstract

This thesis contemplates how men who have sex with men (MSM) have navigated risks associated with having casual sex during COVID-19 by using skills learned from the HIV/AIDS epidemic. I rely on a series of qualitative interviews I conducted with self-reported MSM, as well as qualitative, archival materials from throughout the HIV/AIDS crisis, to better understand how some MSM have performed risk evaluation and management throughout a(nother) pandemic. In my first chapter, I pull from Diana Taylor's theories on the archive, the repertoire, and scenario to argue that some MSM have revived and revised skills used to protect themselves from HIV infection to also protect themselves from COVID-19 infection. In the second chapter, I follow the intellectual lead of Michael Warner and Jenell Johnson to postulate how groups of MSM have organized around discourse related to the boundaries of the body during the twin crises of the COVID-19 pandemic and the HIV/AIDS epidemic. Moreover, I contend that scholarship on barebacking, which is unprotected anal sex between men, may help scholars better understand the motivations of some MSM who have continued hooking up during COVID-19.

Keywords: Archive and Repertoire, Barebacking, COVID-19, Ethnographic Methods, HIV/AIDS

Infectious Intimacy:
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by

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Acknowledgements

This project comes out of a conversation I had with my friend at the beginning of the COVID-19 pandemic in the spring of 2020. Since then, scholarship and theories related to pandemics have seeped into every component of my life. The way I talk with my friends, family, lovers, and colleagues about COVID and HIV have been radically altered by my crafting this thesis. The complex intersections of my personal and professional life as realized by this project have been rewarding and revealing.

Notably I would not have conceived this thesis if I had never come out of the closet as a gay man. I thank my dear friends Victoria Magallanes, Jax and Nicole Saunders, TJ Campbell, Michelle Wingard, and Sam Regas for their support during a pivotal time in my life. I also would like to thank the cast of What We Talk About When We Talk About Race, who gave me hope and courage that I would be able to make a life for myself as a gay man and introduced me to social justice and activism. Moreover, I thank the amazing queer community which I have found in Rochester. And, of course, I thank my parents Brian and Alice Knievel for their love and care for me throughout my life and since my coming out. I love each of you.

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dedication and criticism for which I could have hoped. My committee's commentary during defense and in exchanges since have radically improved my scholarship and for this they have my eternal thanks.

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I have so enjoyed my time at Syracuse University and the scholarship that I have read and written here. Although this thesis is the last line in this chapter, the story of my academic career and as a gay activist continues. I look forward to utilizing the skills and experiences I have collected here in the next stage of my career. Geaux Tigers.

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Introduction

For many queer men, COVID-19 is not the first time their lives have been catastrophized by contagion. Take, for example, the beginning of my conversation with Dillon.[1] Dillon is a gay man in his 50s who remembers the HIV/AIDS crisis vividly.

> **Dillon**: I didn't come out at an early age, I came out [in my 20s]. Which, back in the early 1990s, was relatively early because I survived the whole AIDS epidemic.[…] I didn't sleep with anyone, virtually no one, for, like, years and years and years of my young life and it probably kept me alive.[2] You know because I graduated from high school in [the early 80s] which was just about the time that AIDS was, you know, really identified […] And, as a result, I really didn't know people in the gay community. So, all these other gay men who were my age, a little older, like 'I've lost all my friends.' It's, like, well, I didn't because I really didn't hang out with them in the gay community then. So, I mean, I had friends who did die of AIDS that I kind of met throughout the years after that…anyway. So, I kind of already I kind of felt like I lived through my first pandemic back in the 80s. Then just basically refrain from, you know, basically, having sex [with] almost anyone, which I did not do during this pandemic so…at least for part of the time. I mean, I can give you my story if you want.

The connection between the discourses and performances surrounding HIV/AIDS and COVID-19 that Dillon described are key influences in this study. The complicated mixture of memory,

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[1] All of the pseudonyms in this study come from famous queer authors and storytellers. As I share the stories participants in my study trusted me with, I am simultaneously motivated to honor those queer storytellers that came before me.

[2] In this study, I use bracketed ellipses - […] - to refer to missing text whereas unbracketed ellipses - … - denote a pause on behalf of the speaker

embodied trauma, risk, and intimacy all inform this thesis. Moreover, invitations from participants to share their stories with me motivates one reason for this study: to archive, share, and honor the stories of men who have sex with men (MSM) in times of contagion. I use MSM as an acronym for men who have sex with men, regardless of sexual orientation. However, at the individual level, I refer to participants with the self-reported sexual orientation they shared with me during the interview.

Many MSM found themselves engaging with the same risk Dillon described as they continued having casual sex during COVID-19. Casual sex (also known as cruising, looking, or hooking up) refers to sexual encounters between MSM for which there is no anticipated, long-term commitment to each other. A study conducted by behavioral psychologists Sanchez et al. in April 2020 found that only 51.3% of MSM decreased their number of sexual partners in response to COVID-19. This may have been a result of less opportunity for some, however, as 68% reported fewer opportunities to find sex. Moreover, only 35% of MSM decreased their use of hook up apps like Grindr. Other scholars (Gwadz et al., 2021; Hong et al., 2022; Stephenson et al., 2020) have also tracked how casual sex has progressed throughout the COVID-19 pandemic. This largely quantitative research shows that many MSM continued to have casual sexual encounters during the COVID-19 pandemic. However, these articles do not include the reasons these men continue having sex during the pandemic. In fact, of the 417 articles pertaining to COVID-19 and HIV published in the first year of the COVID-19 pandemic, only 12 included a qualitative component to the research (Winwood et al., 2021, p. 4128). Less than three percent of studies pertaining to both HIV and COVID-19 asked participants to tell their stories in their own words. In this way, the contemporary academic archive of everyday gay life during COVID-19 largely includes statistical data and is lacking in oral history.

In this project, I queer the existing academic archive to include the lives experiences of MSM as reported in a series of qualitative interviews I conducted with participants in my study. These interviews were opportunities for MSM to tell their own stories, including the challenges and rewards of hooking up during COVID-19. I went into each interview with the intention of asking about COVID and risk, but each interview took a life of its own as interviewees and I laughed, lamented, and commensurated on the queer experience together. Because we were talking about plague and the interruption of our lives, HIV/AIDS always came up in my conversations with participants. Each time this happened was on the participant's lead. Using the stories entrusted to me in these interviews as evidence, I sought to understand how these individuals adopted and adapted risk management strategies from HIV to protect themselves from COVID-19.

First, I establish how embodied practices of risk management constitute what performance studies scholar Diana Taylor (2003) has referred to as a "repertoire." Repertoires are embodied ways of knowing which individuals in a community or culture often pass around to others and sometimes across generations. The embodied knowledge associated with the repertoire differs from the archive, which is a collection of recorded knowledge such as texts, artifacts, images, and other information that can be stored away from the body for later retrieval. The repertoire and archive are always in conversation with each other. Taylor (2016) also describes the "scenario," which is a narrative that requires embodiment and relies on repertoires to inform how individuals perform. I identify the Sexual Safety Scenario as one such situational context which MSM encounter that prompts activation of certain repertoires, in this instance Repertoires of Contagion. Next, I employ rhetorician Michael Warner's (2002) theories about the public-sphere and health communication scholar Jenell Johnson's (2016b) notion of "visceral

publics and counterpublics" to document and describe patterns of division that occurred within the queer community during COVID-19.

This complicated interweaving of embodied knowledge and publics formation prompted my interest in studying the way MSM talk about and use bodies when considering COVID-19 related risks. While scholars (Gwadz et al., 2021; Harkness et al., 2020; Sanchez et al., 2020; Stephenson et al., 2020) have conducted research about the degree to which MSM are hooking up during COVID-19, their quantitative data does not convey the morals, values, and new/repeated performances that shade and texture these decisions to hook up (or not). In this project, I use the term performance to refer to embodied actions that communicate meaning and that are informed by and inform the performer's (i.e., person's) surroundings in everyday life (Goffman, 1959). The quantitative data is necessary, especially when exploring how the pandemic has disproportionately affected marginalized communities. However, it is also necessary to expand this research to include accounts of the everyday lived experiences of MSM who have continued having casual sex during COVID-19. As Performance Studies scholar E. Patrick Johnson (2016a) insists, "it is important that the lives of queers and the stories we tell—about ourselves and about others—remain a priority for scholars in various fields who are invested in queering (and quaring) the archival record" (p. 64). While Johnson is specifically referring to the stories of Black queer men from the US South in his work, I share Johnson's insistence that narratives are critical in documenting the experiences of queer people.

In this project, I rely in part on interviews I conducted with MSM, during which they were given agency to tell their own stories about how they have lived and loved through public and personal health crises. In E. Patrick Johnson's case, and in my own, our positionalities as MSM offer informed access to these stories and the moral milieu in which they are lived and

told. In addition to documenting the narratives my interviewees shared, I incorporate interview excerpts as appropriate to show how specific MSM have adopted and adapted Repertoires of Contagion to perform in an ever-evolving Sexual Safety Scenario. Moreover, these interview excerpts also convey the ways in which pandemic conditions play into the formation of visceral publics. The interviews I conducted inspired additional questions, some of which I expand upon in Chapters One and Two. For example, how do the stories MSM tell each other affect their social performances in the gay community? [3] Are there commonalities or differences among repertoires involving different risks that study participants discussed (e.g., COVID-19 and STIs such as HIV)? How and why do MSM occupy visceral publics and counterpublics related to contagious viruses and risk-taking behavior?

Over the course of this study, I conducted almost 20 hours of interviews with 17 self-reported MSM. In this section, I expand on my methods of recruitment, interviewing, and coding of transcripts.

Recruitment

I limited the scope of participants in this study to those who identify as MSM, are over the age of 18, and reside in the United States. My participant pool consists only of men who are/were single for any amount of time after COVID-19 related restrictions began in March 2020. Participation required access to the internet, a device with a camera and microphone, and the ability to speak and read English. This study did not include women who have sex with women because the risks present for women who have casual sex are different than those present

[3] In this work, "gay community" refers to the overarching group of LGBTQ individuals who interact with each other in person or through dating apps like Grindr or Tinder. Similarly, "queer community" denotes the same. MSM are a subset of the queer community.

for men. I have also excluded those in polyamorous relationships because they navigate risk in relation to another person, which is beyond the scope of this study.

I recruited participants through convenience sampling using social media and listserv posting, along with word-of-mouth announcements. I advertised my study on Facebook, Twitter, and Reddit. Regarding Facebook and Reddit, I posted in subcommunities where MSM might be members. For reddit, this included subreddits where MSM build community and talk to each other about their experiences. For Facebook, this included groups for regional LGBTQ communities, such as those in certain cities or states, and those created to discuss and document queer history. Snowball sampling was an effective and efficient way of recruiting participants, as participants already enrolled in the study or those who heard about it through word of mouth were encouraged to invite others they know to participate. Sociologists Patrick Beirnacki and Dan Waldorf (1981) advocate that snowball sampling is "particularly applicable when the focus of the study is on a sensitive issue, possibly concerning a relatively private manner, and thus requires the knowledge of insiders to locate people for study" (p. 141). Because I understand that discussing one's sexual history on recording may be intimidating, I relied on snowball sampling for a lot of my recruitment. Indeed, after the interviews I conducted concluded, many participants offered to connect me with their friends.

By using multiple recruitment methods, I had a better chance of interacting with a wider variety of people and experiences. My ethos, however, changed across different interactions in relation to my positionality. I acknowledge this difference at the suggestion of ethnographer D. Soyini Madison (2005), who states, "it is important to be aware of power differences and status," because "if you are oblivious to or refuse to accept the power and privilege you carry with you as a researcher, you will be blind to the ways your privilege can be a disadvantage to others" (p. 32-

33). For example, race came up during many interviews. As a white man, I recognize how my experiences in the queer community *and* my privileges as an academic researcher may have been on the minds of interviewees. For example, race came up in my conversation with Virgil, an AAPI queer man in his 20s who recently moved to the US South.

> **Virgil**: I have dated white people, though against my better judgement **[Smiles, jokingly]**…sorry.
>
> **[Seth laughs and claps his hands]**
>
> **Virgil**: Sorry! **[Laughing]** It was a joke!
>
> **Seth**: No, no, no, you haven't offended me at all, **[Waving his hand, laughing]** you're totally fine.

In this interaction, we get a glimpse of how race influenced the ways that some MSM talked to me about their experiences. On one hand, it may be a sign of comfort that Virgil felt alright making a joke about my race. On the other, the joke is a reminder that there is a difference in experience which has real implications for the study. Thus, I include participants' self-identified demographics, including race, when these are relevant to interview excepts.

In terms of general demographics, I relied on information that my participants shared with me about themselves in the beginning of the interviews. This information was gathered informally, and therefore some participants choose not to or otherwise did not include information like their race or occupation. Based on information I did gather, roughly 6% of my participants self-identified as Hispanic or Latino, 23% self-identified as white, 6% self-identified as Black, 24% self-identified as mixed-race, 18% self-identified as Asian-American or Pacific Islander, and 24% of my participants did not disclose their race. For each of my participants of color, race came up in our conversation.

Self-reported age of participants also became an important aspect of this study. The pool of participants in this study included 10 MSM in their 20s, three in their 30s, one in their 40s, two in their 50s, and one in their 60s. Through interviews, it became clear how an MSM's age influences their history with, knowledge of, and relationship to the HIV/AIDS crisis (which many participants brought up during our conversations). For participants like Dillon, who came out during the 1990s, their knowledge of HIV/AIDS is very different than someone like me, who came out after the FDA approval of PrEP, which is an HIV preventative medication, in 2012. Although age played a role in how many study participants reported interacting with HIV, MSM are also not a monolith in terms of age-related experience with the HIV/AIDS epidemic. Indeed, Vincent, who is in his 20s, is intimately familiar with HIV/AIDS because he watched family members pass away due to complications from AIDS. Despite his age, he still has first-hand experience with HIV/AIDS. This is also a reminder that the HIV/AIDS crisis is not over, a point to which I will return throughout this thesis. Not only did the crisis never go away, but the closure of sexual health clinics and queer community centers in response to the COVID-19 pandemic potentially prompted a resurgence in HIV cases across the country (Qiao et al., 2020; Shiau et al., 2020; Stephenson et al., 2020). Moreover, the AIDS epidemic remains a pressing public health crisis not only because the virus is still infecting people but also because many of the institutional barriers and stigmatization which catalyzed the pandemic remain in place today.

I acknowledge my recruitment methodologies prevent objectivity because I have personal relationships with some of my informants. However, full objectivity is unattainable in all research (i.e., all researchers make subjective choices), and is not always necessary depending on the study. Some informants in this study, for example, may have been more comfortable revealing things to me, or some may have had longer interviews than others because they already

knew me. I align with Performance and Cultural Studies scholar Della Pollock (1999) who notes of her ethnographic study about childbirth narratives,

> I made little or no attempt to secure a scientifically valid sample, in part because I depend on a level of rapport built on prior acquaintance and/or identification, and in part because many of the women and men with whom I spoke sought a nonscientific environment in which to explore, among other things, their relationship to contemporary scientific practices. (p. 20)

I share this reliance upon interpersonal rapport, along with the interest to use a nonscientific environment while discussing issues of health, medicine, sexual behavior, and personal experience.

While I attempted to be unbiased in the ways I conducted interviews and how I present others' narratives here, I recognize that a closeness with some study participants affected their comfort level and potentially what they shared with me. Again, my subjectivity as a researcher and writer is unavoidable. Organizational communication scholar John Van Mannen (1988) discusses such subjectivity in his writings on ethnographic fieldwork, noting that "no ethnography…is written in a social and historical vacuum" (p. 66). Similarly, Madison (2005) argues that "we are not simply subjects, but we are subjects in dialogue with the Other. We understand that our subjectivity is an inherent part of research" (p. 9). While I cannot avoid subjectivity, I acknowledge it and recognize its benefits.

Interviews

When I reached out to participants to set up interviews, I made a commitment to each of them that the interview would last no more than one hour. Moreover, participants were told they could choose to end our interview at any time, and they could decline to answer any questions. There were only two instances that interviewees declined to answer questions, once related to

sensitive topics. For me, this is a reminder that on top of the traumatic commonality created by the pandemic, queer trauma continues to affect so many in the community. I scheduled interviews whenever was most convenient for the participant. This included one interview scheduled at midnight on a Monday, because this was the only time the interviewee could talk to me without fear of outing himself, as he remains in the closet and lives with his parents. These cherished moments of working with my participants to help secure their comfort brought me closer to them and the stories they shared in exciting and humbling ways.

At the beginning of each interview, I introduced myself, relatively informally, so participants had an idea about who I was and why I was interested in this work. My personal introduction always included my coming out to participants as a way of bolstering my ethos as an insider who will have access to the complexities of queer life during COVID-19. This was generally the last time I spoke about myself. Then, I attempted to follow performance and visual culture studies scholar Rachel Hall's (2014) cue "to let the [subjects] of study lead" the interview (p. 113). For me, this meant allowing interviewees to determine the course and content of the conversation. In each interview, I generally only asked two or three premeditated questions. I started the interviews, for example, by asking participants to tell me about themselves.[4] Then, I asked them to describe what their life was like in the months leading up to when the COVID-19 pandemic began. In most cases, this prompted a personal narrative which then led the course of the rest of the interview. I asked some questions along the way to clarify what had been shared, so I might better understand their experiences.

[4] The self-reported demographics included in this study often came up at this point in interviews.

To note, I did not introduce topics surrounding HIV/AIDS in any interviews.[5] However, every participant I spoke with voluntarily brought up HIV/AIDS during our discussions of risks related to COVID-19. The consistent inclusion of HIV/AIDS as a topic of discussion, prompted by each of the interviewees, corroborates the weight that HIV has on the collective psyches of queer men. Of course, when thinking about risks associated with casual sex during a pandemic, it is not a huge leap for many queer men to think of HIV. At the same time, the consistent occurrence of interviewees mentioning HIV is significant in terms of conceptualizing how MSM are thinking about and evaluating the risks of sex during a(nother) pandemic.

Transcribing and Coding

Zoom automatically transcribed the interviews I conducted with study participants, which accelerated the transcribing and coding process. Nevertheless, I found that the automatic Zoom transcription was roughly 85% accurate and therefore each transcript needed to be manually checked and corrected. After each interview, I watched the video--sometimes twice--with the automated transcript visible so I could edit any transcription mistakes I found in real time. After matching transcripts with the language spoken in the recorded interviews, I began my coding process, which I describe below. The process of manually correcting transcripts prior to coding means that I reviewed each interview transcript for accuracy at least 2-3 times.

As I was coding transcripts, I leaned on scholarship from Social Psychologists Braun et al. (2019), using what they refer to as "reflexive thematic analysis" (RTA). When using RTA, the researcher conceptualizes themes from the data they've collected. The difference between

[5] To obtain IRB approval, I was not permitted to ask planned STI-related questions, including questions about HIV, as I did not have access to the staff or resources necessary to support planned discussions of such topics.

RTA and traditional thematic analysis is that with RTA the researcher does not go into the data knowing what they want to find. While they may have a hypothesis, the data is the driver instead of the means to an end. Braun et al. suggest the researcher operates as a "storyteller [..] interpreting data through the lens of their own cultural membership and social positionings, their theoretical assumptions and ideological commitments, as well as their scholarly knowledge" (p. 845). This is also reminiscent of Performance Studies scholar Dwight Conquergood's (1992) assertion that ethnographers do not come back from the field with the same set of questions they went in with. Indeed, Braun et al. suggest that RTA is suited for work with a "social justice motivation–be it 'giving voice' to a socially marginalized group, or a group rarely allowed to speak or be heard in a particular context, or a more radical agenda of social critique or change" (p. 847). Because my motivation for this project was to allow MSM to tell their own stories, RTA was a fitting choice for coding.

With RTA, coding is also a way of discerning patterns that appear in interviews. This means that researchers do not expect participants to be consistent; there is flexibility for people to change their opinions, stories, or reported behavior even within the same interview. These points of contention are wellsprings for scholars to identify critical moments or tensions for the interviewees. I witnessed such tensions during several interviews. For example, Nathaniel, a white gay man in his 20s, told me near the beginning of our interview that he always practices safe sex. However, later in the interview he mentioned that he contracted a common STI from a partner with whom he was having unprotected sex. Moments like these illustrate how complex discussing sexual behavior can be for MSM. Is it possible that Nathaniel no longer has unprotected sex but used to? What could have prompted this change in behavior? Or, if Nathaniel simply forgot his initial claim, what does this say about the importance of condom

usage in Nathaniel's thinking? These are the types of questions that RTA allows researchers to explore.

As I went through interview transcripts using RTA, I found myself drawn to the many discussions of risk related to COVID-19, HIV, and other STIs. I was not only interested in the evaluation of that risk but also in the management of it. Moreover, the centrality of the body in my conversations with the MSM I interviewed became clear as I sorted through the transcripts. In Chapters One and Two of this thesis, I thus discuss the risk management and evaluation strategies that participants described related to COVID-19 and HIV. Another component that came to the forefront during the RTA process was the prevalence of group sorting. Participants explained how they identified themselves in ideological or behavioral groups (e.g., pro-vaccine, pro-PrEP, anti-condom) and how they recognized others as part of the same or disparate groups. Such data appears primarily in Chapter Two of this thesis.

I acknowledge that these are only two of many possible themes I might have followed through 900 pages of interview transcripts. Certainly, participants described a multitude of different experiences, strategies, and thoughts about living and loving during COVID-19 and other pandemics. I chose to focus on skills shared and utilized by the MSM I spoke with, along with the ways they reported sorting themselves into ideological and behavioral groups, because these were the most common themes across all 17 interviews. While many more stories, additional information, and common themes were shared with me, exploration of such themes is beyond the scope of this study.

Chapter Overviews

In Chapter One, I use Diana Taylor's (2003) theories about the archive, the repertoire, and the scenario to document and describe how the MSM I interviewed have adopted and

adapted risk management strategies from the HIV/AIDS crisis to protect themselves while having casual sex during the COVID-19 pandemic. For Taylor, archives are those reservoirs of data which maintain knowledge in a static, reliable way. Archives include traditionally conceptualized archival materials such as letters and diaries, but also include architecture, online data, and more. The repertoire is a different way of storing knowledge because it requires embodiment. Repertoires are culturally or communally specific ways of knowing through embodied practice. Examples of repertoires known by many MSM are how to prepare for anal sex, how to identify and court other queer people, and how to maintain a closeted identity. Finally, scenarios are narrative architypes that require embodiment. Whereas a narrative may be organized around a discourse, a scenario necessarily implicates the body. Examples of scenario may include being outed or possible HIV exposure. In each case, a body is implicated to perform in culturally informed and specific ways.

In this chapter, I describe a scenario for MSM which I term the Sexual Safety Scenario. The Sexual Safety Scenario is a complex situation in which individuals must find ways to protect themselves from violence, illness, and social repercussions while engaging in sexual congress. While this scenario is applicable to many groups, including women and persons of color, in this thesis I focus on how MSM perform in the Sexual Safety Scenario. For many MSM, the threat of exposure, contagion, and violence persists in moments of sexual engagement. As with all scenarios, this one has evolved over time. A century ago, for example, safety meant being covert and only sleeping with men in private. Following the sexual revolution in the 1970s, the scenario changed. However, when HIV/AIDS entered the sexual scene in the early 1980s the Sexual Safety Scenario again required a new type of performance from MSM.

To discuss such performances, I rely on what I call the Repertoire of Contagion. The Repertoire of Contagion informs how MSM mitigate risks associated with sexually transmitted diseases, and specifically HIV/AIDS. As the medical possibilities related to HIV/AIDS evolved so too did this repertoire. I posit that after FDA approval of pre-exposure prophylaxis (PrEP), or Truvada, the Repertoire of Contagion has included HIV-specific behaviors, which I call the PrEPertoire. Further, COVID-19 has also altered the Repertoire of Contagion for some MSM, as they attempt to protect themselves in the Sexual Safety Scenario. Repertoires are useful for scholars who want to discern patterns in communities or cultures over time. To that end, I paired stories shared during interviews I conducted with existing archives of qualitative data related to MSM and HIV risk, to learn more about how these repertoires have evolved over time.

I begin by describing the custom some MSM have of asking about previous risk behavior, such as mask/condom wearing, as a way of evaluating a potential sexual partner. Next, I describe how the practice of biome matching, which refers to how some MSM select partners based on HIV status (also known as serostatus), has been revived and recycled as a way to select sexual partners based on COVID-19 vaccination status and risk-averse behaviors such as mask-wearing and/or social distancing. In both situations, the body's ability to resist infection is a metric by which some MSM evaluate sexual partners. Biome matching is also a manifestation of a visceral public, which leads us into Chapter Two.

In the second chapter of this thesis, I rely on public-sphere theory postulated by Rhetorician Michael Warner (2002) and Health Communication scholar Jenell Johnson (2016b). Warner posits that publics and counterpublics are groups of people organized by their attention to specific discourses. Johnson expands this to describe visceral publics and counterpublics, which she defines as publics that arise out of discourse pertaining to the boundaries of the body

and intense feelings about engagement with those boundaries. Johnson's theory about visceral publics and counterpublics is useful for the purposes of this study because, as Johnson notes, having sex is a moment "when the boundary between the body's interior and its exterior are not just encountered, [they are] produced" (p. 5). Additionally, Rhetorician Ryan Mitchell (2021) notes how HIV/AIDS preventative publications during the early years of the AIDS crisis constituted specific visceral publics and counterpublics through the varying degrees of comfort people had with exchange of bodily fluids. Following this thread, I begin Chapter Two by describing excerpts from interviews in which study participants seemed to describe their identification with or against visceral publics and/or counterpublics. For many MSM in this study, for example, decisions to get vaccinated, be on PrEP, wear masks, or wear condoms all constituted visceral publics and counterpublics.

Finally, I discuss barebacking as a specific visceral counterpublic within the queer community. Barebacking is a practice in which MSM intentionally have unprotected anal sex despite the risks, in some cases because they believe that the emotional connection fostered by such physical intimacy is worth the potential exposure to viruses and other infections (Bailey, 2016; Dean, 2009, Shernoff, 2006). Scholarship on barebacking began appearing in the academy around the late 1990s, shortly after the introduction of antiretroviral therapy allowed persons living with HIV to prevent the onset of AIDS (CDC, 2021). HIV was no longer a death sentence for those who had access to these medications, but there were still no HIV preventative medications until 2012. In this way, barebacking constitutes an intentional risk of infection for MSM, many of whom were motivated by emotional connection. I argue that those braving COVID-19 risks to engage in sex similarly encountered risk of infection because of the anticipated fulfillment associated with queer, human contact. That is, queer community and

world making was worth the risk of COVID-19 infection for some of my participants, not unlike the promise of community associated with unprotected sex throughout the HIV/AIDS crisis.

The need for community and kinship was clear throughout many of my interviews, A moment that stands out to me, however, is an interaction that I had with Virgil, an AAPI queer man in his 20s who started the pandemic on the west coast before moving to the south. Virgil reported how a breakup shortly before the onset of COVID-19 restrictions in March 2020 textured his experience of the pandemic.

> **Seth:** So can you tell me what your life looks like when COVID-19 hit in March 2020.
>
> **Virgil: [Four second pause, looks up at the ceiling]** It was hard. Okay, my partner, and I, my boyfriend and I, at the time we actually…we actually broke up about a month before COVID-19. So, on my end it was difficult adjusting to like that that deafening silence right of being alone for like, for once, like every… it was weird because…in [Redacted] it's a very, like, beautiful nature area and, like in the sun, like as everything's getting lighter it was feeling darker, you know? It was very lonely. It felt unethical to…to see other guys and…I'm not sure if I'm going off track now? I'm not sure if I should be talking about…
>
> **Seth:** You're good **[Seth waves this away with his hand]**
>
> **Virgil:** But, on my end, like, because…Ughh God. Oh Seth. **[Virgil covers his face with his hands]** I got back on Grindr.[6] I tried Tinder. I was, like, seeing who was on in the area and it was hard because, like, people were saying 'don't meet up, to stay inside, you

[6] Grindr is a dating app used primarily by MSM which hosts 13 million monthly users worldwide (Elizondo, 2021).

> can’t do anything like that.’ And so, I felt bad. But I met two guys throughout the spring and whatnot.

For Virgil, the decision to get back on Grindr is one of which he does not seem proud. Nevertheless, the social conditions surrounding his decision seem like a key part of his story. Understanding the motivations, stakes, and strategies which texture the performance of MSM during the COVID-19 pandemic is an objective of this project. In the next chapter, I will postulate on how some MSM protected themselves while hooking up during COVID-19.

Chapter 1: Queer Archives and Repertoires of Contagion

For many men who have sex with men (MSM), the start of COVID-19 restrictions in the United States was the revival of anxieties, frustrations, and tragedy we have already associated with HIV/AIDS. Artist and activist Theodore Kerr (2020) recounts a movie screening he attended in New York City at the onset of the COVID pandemic, before lock downs began, where "some shared how the inept government response, the growing collective fears and the unanswered questions about risks were reminding them of HIV before it had a name, a test or treatment" (p. 110). Kerr acknowledges "most of the people sharing these thoughts were cis-gay men" for whom "the parallels between the early days of AIDS and COVID-19 were unmistakable and often painfully similar" (p. 110). In an interview Andre Hall et al. (2021) conducted with persons living with HIV about their experiences during the COVID pandemic, one participant said "I was more afraid of COVID than I was" of complications from HIV because "it really just keeps you in fear. There's just so much horrible you hear and death, death, death, death…And that's what I got in my psyche. It's death" (p. 4). For those of us stigmatized in relation to the HIV/AIDS crisis, the constant overwhelming of *death death* is all too familiar.

In this chapter, I expand on Dianna Taylor's (2003) theory of the archive and repertoire to describe "queer archives" as the range of media by and about queer people over time, along with queer repertoires. Although MSM have varying access to both "official" and queer archives, for example, often their access is facilitated or supplemented by embodied/spoken interactions with others in the community (i.e., through their queer repertoires). Following Taylor, the "queer repertoire" would denote embodied memory and actions that are passed down through generations, filling gaps in knowledge created by structural and historical inabilities to contribute their voices, opinions, and experiences to various archives. Notably, the way many queer folx

respond to the ongoing COVID-19 pandemic is by using their queer repertoire in relationship to the series of LGBTQ writings, films, and other materials in the queer archives. Peter Kane (2020), for example, acknowledges how seeing Dr. Anthony Fauci in the headlines again feels like "the ghoulish reboot of a television show." For those with knowledge of or access to the historical archives, it may be a source of rage to see conservatives complain about mask wearing (Freking, 2021) when, only forty years prior, some who associated themselves with the ideological right in the United States insisted on wearing masks to protect themselves from AIDS--which cannot spread via air (Falwell, 1983). Lamentations from the *Party of Lincoln* comparing vaccine cards with stars of David affixed to Jewish citizens under Nazi Germany (Li, 2022). Yet only forty years prior in an opinion piece printed in the *New York Times*, conservative zealot and founder of the *National Review*, William F. Buckley (1986) suggested that "everyone detected with AIDS should be tattooed in the upper forearm, to protect common-needle users, and on the buttocks, to prevent the victimization of other homosexuals" (p. A27). Effectively, the ways that many queer men are experiencing COVID-19 is shocking given the history of the AIDS epidemic.

The similarities and differences between the repertoires seemingly engaged during these two crises are haunting. The repertoire, meanwhile, is often animated by a resurfacing of feelings from past trauma. This resurfacing is reminiscent of a question Diana Taylor (2003) poses when thinking through the colonial history of South and Latin America: "How, then, do some ghosts dance over cultural boundaries while others are stopped, strip-searched, and denied entry" (p. 147)? For Taylor, to be haunted by something is to be connected to an unresolved trauma, often across generations. This experience of being haunted relies on both repertoires and archives.

One of my participants, Eugene, recognized similarities between their own experience during the COVID-19 pandemic and their knowledge about the HIV/AIDS crisis:

> **Eugene**: It's very interesting how the community that got blamed and got put as the pathological face of one pandemic suddenly disappears in the next. Yeah, that's institutional homophobia. I refuse to believe, for how easily we say we confined gay people in the past…you know now the Red Cross is crying about nobody's donating blood. [. . .] I don't give a fuck! That's not my problem, right? Because you tied queerness to disease before. And so the magical disappearance of LGBTQ people, especially queer men nowadays from any COVID analysis…We learned how that played out and HIV pandemic. [. . .] And to say that we don't understand how that happens now is complicity and death. Silence is death.
>
> **Seth**: I've heard that somewhere.
>
> **Eugene**: Right.

Eugene's comment reflects their connection to the archives of queer history and activism, as they are using the vernacular crafted by queer ancestors who came before them. Indeed, as queer people the way we process trauma is by relying on our knowledge both in archives and in our bodies. Charles E. Morris III (2006) alludes to the same archive Eugene relies on, arguing that "it is left to us to…recuperate and extrapolate and advance in a manner that will make movement of these precious archives - heeding the ever-pressing caution that 'silence = death'" (p. 148). Larry Kramer (1989), who contributed to ACT UP in the 1980s, "Silence = Death," recounts a need to write stories about gay men living through AIDS because these were "stories that weren't being written and that [he] felt demanded to be written" (p. 222). Those stories were written, although

not as commonly as less marginalized communities. In this chapter, I rely on such writings from people involved in the HIV/AIDS crisis to represent some of the historical record pertinent to this study.

Further, Morris (2006) calls on scholars to be *archival queers* by engaging with "the archive's promise as an inventional wellspring" in order to "warrant and arm our queer scholarship, pedagogy, and activism" (p. 147). I operate as an archival queer, as I use archived qualitative interviews with MSM across the HIV/AIDS crisis in this project. More specifically, I use the archives to discern the evolution of behavior of MSM since the onset of HIV/AIDS. I find it discouraging and energizing to read through accounts of queer people living through the first years of the HIV/AIDS crisis, knowing now how much progress has and has not been made to improve access to medical care and the avoidance of stigma in the face of COVID-19. Morris (2006) identifies this sort of charging prompted by queer archives which, he says, "affect [him] viscerally, evoking deep yearning and defiant purpose" (p. 145). Elsewhere, Schares (2020) suggest we "engage in the process of archival animation as a political act" (p. 252). This thesis animates the archives by pulling in voices of those queer ancestors who lived throughout the HIV/AIDS crisis and putting them in chorus with queer voices today.

As described above, in this chapter I use Taylor's (2003) concepts of the archive and repertoire to explore how the MSM I interviewed for this thesis have adopted and adapted existing scripts for their sexual health, and to protect themselves during the COVID-19 pandemic.[7] Additionally, I identify what I am calling the "Sexual Safety Scenario," which is a

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[7] I borrow "scripts" from Erving Goffman (1959), who uses the term to refer to expectations of dialogue and other interpersonal interactions that people are expected to perform in specific, everyday life social contexts. Different cultures or communities may pass around social scripts as a form of repertoires. For example, there are scripts among MSM for how to discuss safe sex.

specific, ongoing series of conditions that MSM must navigate to remain safe from disease, physical violence, and institutional dangers during casual sexual encounters. While the Sexual Safety Scenario may be a concern for multiple populations in different ways, in this study I am focusing on the experiences of MSM in relation to this scenario. I argue that MSM have developed and circulated repertoires, including what I term the "Repertoire of Contagion" and the "PrEPertoire," to protect themselves from disease. These repertoires help MSM determine how to perform within the present-day conditions of the Sexual Safety Scenario at any given time. Studying these repertoires allows us to trace the ways in which certain performances related to the Sexual Safety Scenario have changed for queer men over time. In this chapter, I include a review of relevant scholarship from the last forty years that focuses on the risk-taking behavior of MSM in response to HIV/AIDS.[8] I subsequently discuss of biome matching, which is a practice many MSM use to identify potential partners as part of a similar group (such as HIV+ or HIV-) (see Xia et al., 2006). Finally, I conclude this chapter by describing how this project is a form of queer worldmaking and activism.

Archive and Repertoire

Much archival work in the humanities relies of ephemera: letters, diaries, and notes all constitute an archive scholars rely on to conduct criticism (Morris & Rawson, 2013; Page, 2017; Van Heitsma, 2019). Elsewhere, scholars (Cifor, 2015; Dean, 2009; Manalansan, 2014) have written about queer archives which are not ephemera, such as hair. I use Diana Taylor's (2003), theory about the archive, which she states is composed of "supposedly enduring materials" such as "texts, documents, buildings, [and] bones" (p. 19). The archive is a relatively stable collection

[8] While such repertoires certainly changed for MSM prior to the 1980s, to limit the scope of this project, I am focusing on scholarship from the 1980s through the present day.

of seemingly permanent, enduring objects and texts. Critically, the objects in these archives do not change over time. Their relevance, reputation, or use may change, but the texts themselves remain stagnant. Moreover, the composition of the archive, what it does or does not possess, may change but the objects in the archive endure.

While there are rich archives for many cultures, others observe a deficit in their archives because of the impacts of colonialism, patriarchy, heterosexism, and racism, along with the ways in which some cultures rely on non-written, often embodied transfer of knowledge. Diana Taylor (2003) cautions scholars to consider "whose memories 'disappear' if only archival knowledge is valorized and granted permanence" (p. 35). While Taylor is discussing the conquistadors erasing Latin American cultures here, this caution about privileged archives rings true for other marginalized communities and cultures as well. For example, Morris (2006) explains that "queer lives, past and present, are constituted by voices that swell with the complex measures of our joys and our struggles against annihilating silence" (p. 146). This annihilating silence resonates with the shortcomings Taylor identifies in the archive: it excludes communities and traditions which those in power choose to not preserve, if not actively destroy.

The solution Taylor (2003) offers is in the repertoire. Unlike the archive, which is fixed, the repertoire "enacts embodied memory: performances, gestures, orality, movement, dance, singing" and other "acts usually thought of as ephemeral, nonreproducible knowledge" (p. 20). These practices exceed the archive's ability to contain them because of their live, embodied characteristics. The body is the medium through which one member of a culture passes the repertoire to another. Taylor (2003) describes the process as one where "people participate in the production and reproduction of knowledge by 'being there,' being a part of the transmission" (p. 20). For Taylor, the body is central to the repertoire. Moreover, the repertoire necessarily

changes over time unlike the archive which remains invariable. Taylor reminds us that "embodied acts are always present, reconstituting themselves—transmitting communal memories, histories, and values from one group/generation to the next" (p. 193). Taylor (2003) asks scholars to "take seriously the repertoire of embodied practices as an important system of knowing and transmitting knowledge" (p. 26). The repertoire is thus an important, alternative way of remembering and transmitting knowledge, especially for marginalized people. Performance scholarship, such as Taylor's, offers unique insight into better understanding the voices, practices, and experiences of people and cultures who are left out of the archive.

Embodied cultural performances necessarily evolve and shift over time, as different bodies learn and pass on these performances. The repertoire offers a framework for scholars to engage with such cultural evolution through the study of performances and practices. In this chapter, I follow Taylor's suggestion to document and describe the evolution of repertoires by engaging in ethnographic methods. I connect descriptions of (and from) the first decades of the HIV/AIDS crisis to experiences described by the participants I interviewed for this study. These connections reveal possible patterns in the performances of MSM over time, specifically in relation to contagion. Critically, describing the repertoire in writing contributes to an archive but does not itself capture the repertoire, which is ephemeral. What I am doing by writing this study is adding a description of a repertoire, at a specific point in time, to the queer archives.

An additional component of Taylor's scholarship that helps me explain the complex conditions related to the sexual health and safety of MSM is the concept of the *scenario*. Diana Taylor (2016) describes scenarios as social settings in which actors (i.e., people), in real time, play out narrative archetypes. Traditional narrative theory and scenario differ because with scenarios "the plot needs to be acted out rather than told or described. Experiencing, once again,

becomes a privileged way of knowing" (p. 137). Taylor (2003) also reminds us that "the scenario requires us to wrestle with the social construction of bodies in particular contexts" (p. 29). Scenarios are dynamic and require both embodiment *and* narrative. The expected or possible outcomes for the bodies involved in a scenario change depending on the scene. For example, coming out is a common scenario for queer men, because the coming out process has a narrative structure which includes consideration of the bodies involved. Is it physically safe to come out? How, where, and to whom do you choose to come out? To carry on the example, a coming out scenario is much different for many queer men today than it would have been 30, 40, and certainly 50 years ago. However, it doesn't just change over time, it also changes depending on the people involved, the geography, power dynamics related to positionality, and more. Coming out in 2022 in the United States looks different than in Tunisia. Moreover, a scenario in which a white man comes out has different stakes than one in which a Black man comes out, even in the same city.

The theme of queer survival seems omnipresent in the growing archive of queer scholarship. Indeed, because much of gay culture was underground for so long, much of the historical record for queer people has relied less on archive and more on repertoire. George Chauncey (1994) recognizes this phenomenon in his archival work, *Gay New York*. According to Chauncey because gay men don't have access to an archive, they must "invent – and constantly reinvent" a habit of "innumerable individual and idiosyncratic" reading of signals and texts. He insists "the folklore was typically passed on in bars and at cocktail parties, from friend to friend, from lover to lover, and from older men serving as mentors to younger men just beginning to identify themselves as gay" (p. 283-284). What Chauncey describes as "folklore" in this passage is how queer repertoires were passed around the gay community in New York City. Additional

scholarship (Eke, 2008; Oduaran, 2003) outlines how intergenerational mentoring in Africa may prove useful for HIV prevention, and there is scholarship (Simons & Russell, 2021) on how queer teachers can model for queer students how to operate in heteronormative environments.

Chauncey also describes the complex repertoire of cruising. Cruising is a unique cultural repertoire that gay men have learned and practiced for decades which involves vetting potential partners for sex, often covertly, to avoid the heterosexual onlooker. In an ethnographic observation conducted in bath houses by Henricksson and Mansson (1995), the researchers observed "a special cruising script, with its own choreography." In this carefully and quietly choreographed performance "the main form of communication consists of non-verbal expressions and movements." This series of gestures "tell the visitors how to approach each other in a proper way and the appropriate way of showing interest, or the lack of it" (p. 166). Cindy Patton (1990) also describes the way which cruising operates with a set of complex rules. She writes "determining the appropriate use of sexual codes or predicting how a set of sexual encodings will be interpreted, requires a complex understanding of registers." She continues, positing that "sexual performances, or what I prefer to call sexual vernacular, is contextual. The ways of being within sexual cultures are difficult to articulate, their process of acculturation – their practices – are to some extent unspeakable, unfathomizable" (p. 142). The embodiment of complex rules and customs described by these two scholars is the repertoire of cruising. This knowledge resists archival recording because it is embodied, again underlining the importance of scholarship which seeks to understand the repertoire.

Another repertoire, which I term the Repertoire of Contagion, involves interactions and experiences that MSM have related to disease in sexual contexts. Poindexter and Shippy (2008)

document this in an essay about older New Yorkers living with HIV. One participant they interviewed recounts:

> I notice that most people with the virus, including myself, have become so educated about HIV…I know all about my medication, the side effects, and most of the people that has this virus, all like myself, know about this thing…I seen that in people when I first got diagnosed and started going to agencies. I would hear people speak about this and that, and I would listen…and then I started learning from these people – not doctors or groups – my peers taught me what I know. I go now, I teach others, I tell others…and that's one of the greatest things that a person can get: to gain knowledge about something. (p. 729)

The participant is, albeit unknowingly, describing his learning and teaching of a repertoire. The participant describes his inability to learn from doctors, who have a repertoire based in a (medical) archive. However, the participant reports learning with ease from others living with HIV, whose repertoire is grounded in embodied knowledge, people with experience "being there." For some people living with HIV, this repertoire is a significant resource for them to maintain their health. These intersections of the archive and the repertoire in and outside of medical spaces are productive and influential for some people living with HIV, as they can influence both self-image and habits of care.

Not everyone living with HIV is a queer man. Thus, the repertoire of HIV treatment is not exclusive to the queer community. Moreover, not all men who have sex with men have the same repertoire for HIV prevention. What I am positing in this chapter, however, is that preventing HIV infection through sexual contact *is* a repertoire which men who have sex with men have learned. Further, this repertoire has been revived and revised to help some MSM navigate the risks of COVID-19. The complex situation, which now includes consideration of airborne illness, that MSM find themselves in constitutes a scenario, which they perform in using a series of repertoires related to contagion. Taylor (2016) reminds us that "while scenarios allow for a continuity of cultural myths and assumptions, they usually work through reactivation rather

than duplication. As opposed to a copy, the scenario constitutes a once-againness" (p. 139). By this, Taylor means that scenarios never happen exactly the same way twice. By extension, repertoires are not simply copied and pasted into revived scenarios; instead, they are adapted to fit the evolving conditions of the scenario. The reactivation of the Sexual Safety Scenario would involve the introduction of a new disease that threatens the lifestyle of some queer men. There are repertoires used to cope with this, but the evolution of the overarching Sexual Safety Scenario is what prompts the activation and adaptation of these repertoires.

For MSM, the Sexual Safety Scenario has involved concerns related to sexually transmitted infections like HIV. Yet the scenario has now been adapted to include protecting oneself from COVID-19 infection during a sexual encounter. Taylor (2003) posits that "for members of traumatized communities…trauma becomes transmittable, understandable through performance—through the reexperienced shudder, the retelling, the repeat" (p. 208). This "phantasmagoric repertoire of repeats" (Taylor, 2003, p. 144) allows communities to recycle and resurrect repertoires their people relied on in the past, so they may survive and cope with the present. The trauma of stigmatization and death related to HIV/AIDS, which has been levied on queer people by the state and other homonormative entities such as the church, inform their performances of risk management and sexual safety even today. As Marlon Bailey (2016) notes, "For many, since the AIDS epidemic, the risk of HIV infection has changed gay sex altogether" (p. 251). Even for those who didn't experience the first years of the AIDS crisis, that trauma and subsequent behavioral alteration has been passed down through repertoires.

Although there are differences between the HIV/AIDS crisis and the COVID-19 pandemic, my participants and others in the queer community have expressed a feeling of déjà vu, of "the retelling" as Taylor (2003) would say, which warrants a concurrent conversation

centered on the HIV/AIDS crisis and COVID-19. Dillon, for example, is a participant I interviewed for this study who came of age at the height of the AIDS crisis. Now that he is living through the COVID-19 pandemic he acknowledged, "I kind of already, I kind of felt like I lived through my first pandemic back in the 80s." Participants who did not live through the beginning of the AIDS epidemic, like Vincent, expressed similar feelings. Vincent explained that he was familiar with the anxiety thinking about COVID-19 caused for him, because the possibility that he could "catch a disease or an infection that could affect [him] for the rest of [his] life had always kind of been there." This is to say that comparing the risk management strategies and experiences of MSM during these two crises does not discount either disease; instead, it allows scholars to better understand the how repertoires have been adapted by MSM across multiple generations and pandemics.

Scholars have taken note of similarities between the two pandemics, and in this way the repertoire of HIV/AIDS is recalled in academic discussions of COVID-19, as well. Theodore Kerr (2020), for instance, posits that "seeing COVID-19 through the lens of AIDS is a reminder that the HIV epidemic continues to hold a unique place in our collective psyche" (p. 115). Quinn et al. (2020) argue that "while vastly different diseases…the lessons learned and experiences of individuals who are living with or at risk from HIV may be useful in understanding and addressing the psychosocial and public health challenges associated with COVID-19" (p. 7). For some MSM, the scenario of sexual safety now requires a repertoire for dealing with COVID-19. Some of the same practices, questions, gestures, and precautions have been rekindled in the face of the newest pandemic, which is in line with Taylor's (2003) notion that the scenario may "[bridge] past and future as well as here and there" (p. 58). Perhaps not true of all people living through COVID-19, but certainly many MSM are evaluating and employing lessons learned

from HIV/AIDS as they strive to protect themselves from COVID-19. The repertoire of COVID-19 safety is different from the repertoire of HIV/AIDS prevention. Yet the Sexual Safety Scenario for MSM shifted in response to the COVID-19 pandemic much like how it shifted when HIV/AIDS first received national media attention in 1982. In both cases, many MSM adapted their understanding and analysis of risk and their performance regarding risk in response to a new virus. Although the disease is different, the actors, actions, and end results are the same: to have sex without getting infected.

When I asked Walt, a gay man I interviewed, about how he broached conversations about risk with potential casual sex partners, he said he asked about STIs, but "when it came to COVID, I guess I wasn't sure what to ask." Walt was able to describe how he talked about HIV and condoms with his partners, but then describes a hesitancy related to discussions of COVID-19. This demonstrates an insufficiency in his repertoire, in terms of information or guidance about how to safely have sex during this pandemic. In the next section, I explore the how the ways in which MSM inquire about a potential partner's sexual history involves the use of a Repertoire of Contagion in response to an altered Sexual Safety Scenario. Subsequently, I investigate how a similar repertoire is at play in the practice of biome matching. In each of these sections, I include archival research from various stages of the HIV/AIDS crisis to show patterns of performance across queer history. Although the archive of qualitative, interview-based accounts of sexual safety practices is sparse, I pull from archives I could find and access, and put these in dialogue with the repertoires that interviewees in this study described to me. In doing so, this project demarcates some patterns within the Repertoires of Contagion MSM have used over time.

Evaluating Behavior

There is not much scholarship that explores stigmatization of men who have sex with many men. According to HIV/AIDS activist Andrew Spieldenner (2016), the phenomenon of "slut shaming," which is not exclusive to the gay community, has received little scholarly attention. However, this is a trend in the gay community which spans decades. Before HIV/AIDS, the stigma was less severe because the venereal diseases one could contract from a sexual encounter were largely treatable. When HIV/AIDS entered the equation, however, a permanent, lethal disease prompted a different response. Now, people tied morality to the number of partners with which one could engage (Patton, 1996). Debates about the morality of hooking up during a pandemic are not novel to this project, most notably, the debate among many in the San Francisco gay community about shutting down bathhouses in the 1980s. Larry Kramer, Diane Feinstein, the intellectual offspring of Harvey Milk, Randy Shilts, and others weighed in on whether or not they believed it was ethical to close bathhouses. These sexual risk specters continue to haunt the community today, most notably in situations where a person living with HIV fails to disclose their status to a sexual partner before sleeping with them.[9] In such cases, the person concealing their HIV status is often seen as immoral, and as endangering their sexual partner without giving them fair warning (Thrasher, 2019).

Patronizing a bathhouse, especially in the years of the crisis before the FDA approved antiretroviral drugs in the late 1990s, carried its own stigma. For example, in an interview that psychologists Eva Brendstrup and Kirsten Schmidt (1990) conducted with a closeted bisexual man about sexual behavior, the participant explains how "he did not consider bisexual men to be

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[9] For more information on these cases, especially how they can be racially motivated, consider reading Thrasher (2019).

at risk for AIDS," because they "did not frequent the saunas" (p. 717). In this instance, the participant believed a group of people were not at risk for HIV because they did not practice certain behaviors. In the Surgeon General's (1988) report on dating in the wake of HIV/AIDS, the federal government advised single Americans:

> You are going to have to be careful about the person you become sexually involved with, making your own decision based on your own best judgement. That can be difficult. Has this person had any sexually transmitted diseases? How many people have they been to bed with? Have they experimented with drugs? All these are sensitive, but important, questions. But you have a personal responsibility to ask.

The association of drugs, unprotected sex, and multiple partners with HIV risk influenced how individuals evaluated each other based on past behavior. That is, many MSM updated their Repertoire of Contagion to include these red flags.

Much like with biome matching, the process of evaluating sexual behavior was complicated by PrEP in 2012. In a now infamous opinion piece published by Huffington Post, David Duran bemoaned swathes of the gay community who allegedly believed their use of PrEP gave them a free pass to sleep with as many people as they liked. Duran (2012) explains:

> I just personally enjoy sex more when I know that I am doing everything to prevent myself from ending up with a sexually transmitted infection. Having a 'there's a pill for that' attitude is absolutely disgusting. Don't get me wrong: Thank goodness for the free clinic or the neighborhood pharmacy that will prescribe whatever lotion or pill or ointment you need to get rid of whatever you picked up from that random stranger, but HIV is not a 'whatever'

This form of slut shaming has permeated in the gay community where some people continue to harbor stigmas about MSM who use PrEP (Hascher et al., 2021; Schwartz & Grimm, 2019). Duran is highly critical of those who engage in casual sex with multiple partners without using a condom, reflecting what he feels is a violation of a moral boundary. He calls them disgusting. This boundary is a result of decades of stigma associated with behavior that would put one at risk of contracting HIV.

During the interviews I conducted for this study, the metric of evaluating STI risk based on a potential partner's previous sexual behavior was prevalent. For example, Nathaniel discussed the time he contracted chlamydia from someone who he thought he was "getting somewhat serious with," including how the experience was "frustrating, because it was like, 'well no, like you've been running around and hooking up with other people.*'"* It was this perceived exclusivity--based on a possible serious relationship--that prompted Nathaniel to engage in unprotected sex. He thought their behavior excluded sex with other people, and for him this prompted a comfort with risk taking. In my conversation with Jean, meanwhile, he discussed how he and his partner were not exclusive and so they wore condoms. Describing a negotiation with a casual sex partner about condom usage, Jean noted, "We always used a condom. He'd say, *we don't have to, I'm on PrEP.* And I'm like, *I don't know where you have been.*" In both cases, the perceived sexual behavior of another person played a part in terms of evaluating and responding to sexual risk, and thus seemed prevalent in each interviewee's Repertoire of Contagion.

I posit that many MSM have constructed a similar repertoire, which includes someone asking their potential sexual partner about their past risk-taking behavior. Instead of asking about potential exposure to HIV or other STIs, however, this repertoire prompts a conversation about past COVID-19 risks. For example, Jean reported quelling his potential partner's anxieties about meeting during COVID-19: "I did all my stuff remotely for work. I'd only go in person to class. I would sit in the back, so he felt comfortable enough, to like, want to meet with me. Because I said after class ends I bolt out the room." Jean uses descriptions of his behavior to support his claims of low COVID-19 risk, solidifying his serostatus as likely COVID-19 negative. Jean's partner was willing to meet with him, though they wore masks the first time they met because

vaccines were not available yet. This example shows how biome matching for COVID-19 serostatus can occur, as Jean and his partner agreed to wear masks in response to uncertain COVID-19 status.

In some cases, MSM I interviewed described combining their evaluation of COVID-19 risk behavior and STI risk behavior into the same category. For example, in my conversation with John, he expressed concerns about hooking up with people who were engaged in "reckless" behavior.

> **John:** I wouldn't want to have sex with someone that posts on Grindr, like, I just took six NUTS today, next one blah blah blah. Which, like, it's like no shade to you, like, you do that, but that seems so unhealthy and unsafe. That's like, I don't want to see you going out all the time, like, fucking taking shots out of a bottle that I've seen other people put their mouth on. Like, that's kind of weird.(…) It just seems like unnecessary, it seems recklessly unsafe

In this segment, John identifies both someone engaging in unprotected anal sex and someone sharing drinks as potential vectors of disease. The association of these behaviors with someone he would not want to have sex with shows how a potential partner's reported or witnessed previous behavior can influence perceived risk. For some MSM, the Repertoire of Contagion has expanded to include similar risk criteria for COVID-19 and STIs like HIV.

Another interviewee explained how he understands risks related to COVID-19 and STIs in a post-PrEP, post-vaccine world. He began by talking about STIs and "HIV specifically," before describing how he folds COVID-19 risk management into the same evaluative practice.

> **Seth**: What are some of the risks that you think about, and how do you handle those--or how do you talk to a potential partner about those?

[…]

Tony: So I guess some of the risk is, you know, like personal safety, right, that's something I consider. So that's kind of how I deal with that. Then, you know, risks of, you know, STDs, […] thinking of HIV specifically. […] I try to get tested regularly, I asked if they've been tested, and you know I always have safe sex so. So those are the kinds of risks I'm thinking about. You know, and then none of that really changed with COVID, it's just now I'm adding, *Okay, you know, are you vaccinated?* […] It's one of those things where it's like, okay is has this person being going out with, you know, tons and tons of people? Have they possibly been recently exposed or have they been more cautious? And, um, so that's something I consider. […] So it's like, hey, if I check their social media and they were at a party last week with you know 50 people, yeah, that's a 'no.'

Tony is not of the same mind set as some other participants I interviewed, for whom the vaccine mitigates enough risk that they are comfortable going out without a mask and/or having casual sex with strangers again. For Tony, the vaccine may help prevent COVID-19, but it is not a substitute for additional protection against risk. Tony is also cautious of MSM who take PrEP.

Tony: I think a lot of people are still far too careless about, you know (…) having unprotected sex, and just not seem to care one way or another. And the other thing I would know point out is you know all people say, 'Oh well, I'm on PrEP,' and I'm like Okay that doesn't, PrEP doesn't, PrEP--well that's great for HIV, doesn't protect you against all the other things, so.'

The correlation between Tony's standpoint on COVID-19 vaccination and use of PrEP--as each relates to engaging in risky behavior--shows how the repertoires of HIV and COVID-19 safety

can rely on each other. That is, in the Sexual Safety Scenario (during the COVID-19 pandemic), some MSM perform risk aversion by relying on repertoires they developed in response to HIV. For COVID-19, the use of masks and vaccine status seems paramount to determining someone else's risk status. On the other hand, HIV risk analysis relies on condom usage and PrEP.

Because condoms, masks, PrEP, and COVID-19 vaccines all weigh into how some MSM evaluate risk, many MSM I interviewed reported looking for partners that shared their risk management strategies. This practice of sorting sexual partners based on their resistance to or distance from risk of contagion is known as biome matching (Xia, 2006). In the following section of this chapter, I describe how biome matching as a practice involves its own Repertoire of Contagion.

Biome Matching

Although other communities may practice a form of biome matching, the strategy has become a hallmark in the Repertoire of Contagion and a key strategy for some MSM in performing within the Sexual Safety Scenario. Golden et al. (2008) define biome matching as "the practice of preferentially having sex with HIV-concordant partners or using condom with partners of discordant HIV status" (p. 1525). This is to say HIV- MSM will find other HIV- MSM to have unprotected sex with, or they will wear condoms when having sex with HIV+ individuals (see Parsons et al., 2005; Suarez & Miller, 2001). Donald Francis of the CDC pitched a variation of the practice to gay men at the 1985 Conference, where Francis suggested "the new epidemic could be stemmed if all 'gay men' were tested and had sex only with men of like antibody status" (Patton, 1996, p. 31). Randy Shilts (1987), meanwhile, published a fictitious account of that interaction in which Francis says, "people who are infected with the AIDS virus should only go to bed with people who are infected; people who aren't infected should only have

sex with other people whom they know to be uninfected" (p. 779). Defining men based on their serostatus, which is a medical term used to describe someone's status related to a virus (most commonly HIV), and discriminating against them because of their status, was not a particularly popular take for most gay men at the time. However, there is a lack of published research from the 1980s and 1990s about seroconcordant dating practices. Determining who was negative or positive for HIV at the time was tricky, as testing was hard to secure, and even those with access to tests often refused them.[10] Later studies (Beckerman, 2002; Eaton, 2008) about serodiscordant dating were sparse until pre-exposure prophylaxis (PrEP) became a viable option for MSM.

Condoms were a logical precaution for men having sex with other men, especially when serostatus was unknown. Brendstrup and Schmidt (1990) interviewed one young man who engaged in unprotected sex with a steady partner but was later upset because he said that after "we had fucked a couple of times [he told] me that he has been tested positive [for HIV]" (p. 717). Immediately, this individual began using condoms with all partners who were HIV+. In this instance, the body is central to decision making. The folks telling the interviewee in Brednstrup and Schmidt's study to wear condoms, many of whom were relying on an archival knowledge to suggest this, were unsuccessful.

Condom usage was an important part of how many MSM protected themselves during the early years of the HIV/AIDS crisis. However, as medical preventatives became more commonplace, condom usage became less so in the Repertoire of Contagion for many MSM. During our interview, for example, Dillon recalled when he started having sex with men in the late 1980s and described how condom usage then compared to condom use now.

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[10] For more information on this, see Larry Kramer's (1989) *Report from the Holocaust*

> **Dillon:** I really became sexually active in the later ‘80s. By then you knew: wear a condom it’ll save your life, but you know that. You know the whole gamut of everything so…and there were condoms everywhere! So, every gay bar was, had a big huge vat of condoms, and so you could just grab some and, you know, play safe, so.
>
> **Seth:** They don't do that anymore.
>
> **Dillon:** They don’t. But they did, I mean up until, oh, my God, I would say, up until PrEP started becoming more popular.

Here, Dillon gives us a glimpse of what life was like for some MSM before antiretroviral drugs, PrEP, and other HIV preventative medications. Locke, another study participant who was out during the HIV/AIDS crisis, reported making trips to bathhouses with his husband just to make sure there were condoms there.[11] Interestingly, Locke made a point of encouraging me to get the COVID-19 booster during our interview when I mentioned I had not gotten it yet. Locke’s current Repertoire of Contagion is thus not limited to HIV but extends to COVID-19 safety and vaccine advocacy, as well. For Dillon and Locke, condoms were an important part of the safe sex repertoire for MSM in the early years of the HIV/AIDS pandemic. Moreover, it is notable that Dillon associates the introduction of PrEP with the lack of condoms in gay bars today.

Once PrEP received FDA approval in 2012, serosorting became more complicated. The binary of HIV+ or HIV- now had another possible status: HIV- *and on PrEP*. Notably, this spectrum of HIV transmissibility was again altered in 2016 when the Prevention Action

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[11] Locke’s husband died of complications from AIDS after contracting the disease in an accident in a medical environment. While I cannot name his husband without betraying anonymity, I recognize that Locke’s husband’s contributions to AIDS research and to many lives is of immeasurable value.

Campaign started the Undetectable=Untransmutable campaign (The Well Project, 2021). Although MSM knew that this was true well before that campaign started, the scientific ethos of those behind the campaign assisted in changing much of the discourse for those living with HIV (Williams, 2022). The shift in serosorting practices to include consumers of Truvada (PrEP) is what Goodreau et al. (2021) describe as a "behavioral cascade of HIV seroadaption" (p. 3933) which included MSM becoming more comfortable with condomless anal sex depending on someone's PrEP usage. This final stage in this cascade includes a comfort with unprotected anal sex for someone who is on PrEP even if their partner is not. For some MSM today, one's own serostatus (HIV- and on PrEP) overshadows their partner's serostatus. This is different than serosorting during the early years of the HIV/AIDS pandemic. Studies (Grov et al., 2018; Wang et al., 2020), for example, have shown that HIV- individuals on PrEP are more likely to engage in casual sex with an HIV+ partner. Goodreau et al. (2021) corroborate that "the pattern does not present evidence for a sexual network that remains fairly segregated between men who are or are not diagnosed with HIV" (p. 3939). This means MSM have adapted the repertoire of HIV prevention through medical intervention to include "bridging the serodivide" (Koester et al., 2018). To navigate the Sexual Safety Scenario identified earlier in this chapter, I am positing that a recent manifestation of PrEP-specific repertoire, or what I term the "PrEPertoire," has impacted how some MSM interact with each other's bodies and how they perform in the Sexual Safety Scenario.

My participants reported using these strategies when determining what to do with their sexual partners. For example, when I asked Oscar about his sexual risk taking he included a few factors which influence his decision-making. Oscar, a gay man in his 30s living in the South,

described being militant about condom usage earlier in his life, but noted has become more open to raw sex in the last few years.

> **Seth:** Do you generally, like, go raw when you, like, have casual sex or does it depend on the situation? How do you make that decision?[12]
>
> **Oscar:** I think it kind of depends. I kind of feel like, I don't know, if I'm topping it doesn't really matter quite as much for some reason, like…But, yeah, and I don't know. If I'm bottoming, well, now that I'm on PrEP, but…If I was bottoming, if they weren't on PrEP I would make them wear a condom, but if they were then I was like, eh that's fine.

Oscar's first determination about whether he's going to wear a condom during sex is in relation to what position he plans to occupy. Although there is evidence to support his thinking here, Oscar only says he feels this way "for some reason," indicating that this is knowledge based in the repertoire instead of the archive. This is another instance where the repertoire and the archive intersect, as Oscar has indirectly accessed scientific archival knowledge without directly engaging with it. The CDC (2021) has shown that being the receptive anal sex partner poses significantly higher risk for HIV infection than being the anal insertive partner. Oscar's thinking this is true--even though he cannot think of how he knows it to be true--reflects engagement with a repertoire. This is embodied knowledge that he possesses and acts upon, even in the absence of an archive.

If Oscar is bottoming, he says his partner's PrEP status is how he determines if he will ask them to wear a condom or not. Like Goodreau et al. (2021) suggest, this is the current stage

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[12] For men who have sex with men, "raw" sex is sex without a condom. For more information, see Baily's (2016) "Black (Gay) Raw Sex."

of the serosorting cascade, where folx determine what they will do with someone based on their serostatus and in relationship to PrEP. For other participants I interviewed, a similar phenomenon was present. Langston, a white gay man in his 40s living on the East coast who takes PrEP, said someone not being on PrEP "may affect perhaps what we did, but it probably wouldn't leave me to decline a hook up." When I asked Herman, a gay man in his 30s, how he felt about people having lots of unprotected sex, he said it would be permissible if his partner was "on PrEP," or "undetectable." For Herman, being undetectable thus puts someone in a similar risk category to someone who is HIV- and on PrEP. Later in our conversation, Herman recalled a conversation with his doctor, who suggested that Herman should continue to use condoms even while on PrEP.

> **Herman:** I remember my doctor after he prescribed it to me, he said, "Just remember to use condoms," and I'm like, wait, read the room, maybe? Read the room! **[Laughing]**
>
> **Seth:** When you say read the room, what do you mean?
>
> **Herman:** I mean, just like, this is not like oops and accidental, like plan B in case the condom breaks. This is like, this is the, this is the line of defense, it's not the backup. **[Laughing]** You know what I mean?

Herman identifies PrEP as his primary method of HIV prevention, not condoms. Another study participant, John, said something similar when he explained to me, "I have only had unprotected sex once, [but] I consider that protected because they were on [PrEP]." This connects to claims by Goodreau et al. (2020): That the serostatus of an individual on PrEP is more important to them than the serostatus of their potential partner.

This complex PrEPertoire, which minimizes another person's HIV status in favor of one's own as a precautionary measure, seemed commonplace for several study participants. Participants described not worrying about a partner's HIV status because they were on PrEP. James, for example, described finally deciding to get on PrEP because he wanted to sleep with someone who was HIV+. James is a medical professional in the Midwest who grew up during the first two decades of the HIV/AIDS crisis. He reported that his aversion to HIV and COVID risk were informed by his experiences in medicine.

> **James:** I stayed away from [PrEP] for very long time. I am strictly a top. Never bottomed and have no desire to ever bottom. So, understanding my HIV risks are a lot lower than a bottom's, because of that I've stayed away from PrEP for a very long time. What finally did make me decide that I will go ahead and go on PrEP was that I had started talking to someone who was HIV positive, but was un- un-, umm, undetectable. And I was interested in actually meeting with this person, and so it was more like a suspenders and a belt type of situation. Well, I wanted the option of not using a condom at some point in time, and so I felt like that was the easiest way to do it, and now that I've started PrEP I'm, I'm glad that I actually did it, because now it sort of has taken away even a lot of the fear and anxiety of it. Like I said before, I don't trust people.

Much like Oscar, James describes a repertoire in which bottoming is riskier than topping. Nevertheless, James is now careful, as he describes it, insofar as he won't engage in sexual activity with someone he knows is HIV+ without protecting himself by taking PrEP. However, even if James is not certain someone is being honest about their serostatus, he still feels protected because he takes PrEP. This exemplifies how the PrEPertoire can allow MSM to consider their

own serostatus and medical/medicinal choices, rather than simply focusing on their partner's serostatus. Critically, it was not that James wanted to meet with a person living with HIV that inspired his choice to begin taking PrEP, it was that James wanted to have unprotected sex with this person.

This is also offers a view of the Sexual Safety Scenario in action. As Diana Taylor (2003) argues, scenarios "are not reducible to narrative because they demand embodiment. Scenarios, like narrative, grab the body and insert it into a frame. The body in the scenario, however, has space to maneuver because it is not scripted" (p. 55). James found himself in a scenario where he wanted to have sex with someone who is living with HIV. The narrative has a beginning (James meets person living with HIV), middle (James needs to take action to protect his own sexual health), and an end (James has unprotected sex with this partner without contracting HIV). He relied on his PrEPertoire to decide how to perform within the scenario. His body was not scripted, because he could have just found another partner or relied only on condoms. His maneuver, which was based on repertoires he had learned, was to begin taking PrEP to protect himself from possible infection.

The amendments to the Sexual Safety Scenario in response to cascading medical interventions influences how some MSM have performed risk management in relation to HIV/AIDS and, subsequently, to COVID-19. Whereas biome matching was seemingly a frequent practice through the 1990s and early 2000s, the introduction of PrEP lead some MSM to adapt their repertoire and alter how they chose to perform within the Sexual Safety Scenario. Whereas unprotected sex between serodiscordant partners would have been uncommon and perceived by many as unsafe 20 years ago, now it is something many interviewees I spoke with seem comfortable with. However, it took some time for this repertoire to evolve--based on individual

levels of comfort with HIV exposure, medical breakthroughs, and credible information about transmissibility.

A similar phenomenon has occurred with COVID-19. In the first stages of the HIV/AIDS crisis, unknown serostatus--because of the unavailability of or hesitancy regarding testing--often led people to wear protection when there was uncertainty. Notably, the use of at-home COVID tests as reported by some of participants in my study (Vincent, James, Jean) parallels the implementation of at-home HIV tests, which became more commonplace in the 2010s (Leu et al., 2012). This changed again when the FDA approved PrEP, which was an additional way of protecting oneself. I maintain that the same series of precautions manifested as part of the Repertoire of Contagion for COVID-19 before vaccines. That is, before vaccines sexual partners exercised more caution when there was no way to confirm COVID-19 status . They wore masks or otherwise sorted their partners based on COVID-19 transmission risk. However, once vaccines added a layer of protection, many MSM used those precautions with less frequency.

Masks operated as an added layer of security for some participants I interviewed, who were hooking up during the first stages of the COVID-19 crisis, when vaccines were not yet available. Much like how biome matching for HIV includes preferential treatment to partners with a specific serostatus (HIV+ undetectable, HIV- and on PrEP), some MSM give preferential treatment to partners who are more likely to be COVID-19-. During the COVID-19 pandemic, there are only two real serostatuses to consider: COVID-19+ or likely COVID-19-. That is, just because a person tested negative for COVID-19 yesterday does not mean that they are negative today. They may have been exposed to the virus after the test, the test could have given a false negative result, or the test may have fallen within the window in which COVID-19 is not yet detectable by a test, even if it is present in the body. Because of the uncertainty of COVID-19

negative status, like the uncertainty of HIV- status in the first two decades of the HIV/AIDS epidemic, added protection is necessary. For example, in the following interview excerpt, Walt describes his feelings of uncertainty regarding how to protect himself during his first casual sexual encounter during the COVID-19 pandemic. Walt is a gay man living on the East Coast who did not start having casual sex until a few months into the pandemic, after he ended a monogamous relationship. He described uncertainty about what to do during his first hook up after the COVID-19 pandemic began.

> **Walt:** The people who I hook up with are, you know, like, at least I know that probably, I hope that they know that there are the risks involved in hooking up. And maybe, hopefully, they're on PrEP or they hook up with a limited number of people and things like that. So, at least I kind of tried to know a little bit more about these folks before I hook up with them […] especially during COVID because, like, not only do you have STDs to worry about, you also have COVID to worry about, right? So, I remember my first time doing it, I was like should I wear a mask? Probably, I should wear a mask. Things like that. Should we kiss? So, the first [time] was really awkward, because, like, I was wearing a mask and I kind of told the other guy, like, let's wear a mask.

There are a few things to note in Walt's description of his thought process. First, that Walt has folded COVID-19 in with his existing Repertoire of Contagion, noting "not only do you have STDs to worry about, you also have COVID to worry about." For Walt, COVID is another type of risk he engages with, not unlike STIs, when having casual sex. Next, Walt notes how PrEP is, for him, an important moniker of sexual safety in a partner. The connection between these two diseases, as well as the reliance on the PrEPertoire while thinking about COVID risk, evinces

Taylor's (2003) claims that the repertoire constantly shifts and builds off existing scripts and knowledge. Finally, and perhaps most importantly, Walt's questioned himself, asking: "Should I wear a mask? Probably I should wear a mask." This uncertainty reveals that Walt's Repertoire of Contagion was missing information related to performing around COVID-19--knowledge that Walt had not yet learned from others in the community. Had he been hooking up earlier in the pandemic, he may have learned about other common risk management strategies MSM were employing. He would have picked up a broader repertoire. Because Walt did not have this knowledge, he resorted to a closing of bodily boundaries in response to a novel disease; this behavior is in tension with his expressed desire for same-sex intimacy.

Other scholars have documented the way these repertoires inform each other, based on the people involved in transmission. For example, Quinn et. al (2020) found that during COVID-19, MSM "likened wearing masks to wearing condoms, noting that it was necessary to protect themselves and others. As one participant, living with HIV, noted: 'I am used to protecting myself'" (p. 5). Another participant in Quinn et al.'s (2020) study explained "you have to do what is safe for you and the public. It's not the time to be selfish" (p. 5). Quinn et al.'s recognition that their interviewees were motivated by *protecting themselves and others* is also reminiscent of an AIDS prevention campaign conducted by Callen and Berkowitz (1983) where they encouraged gay people to consider the impact their risk behavior may have on the community, as opposed to thinking individually about disease prevention.[13]

[13] For more information on how this pamphlet encouraged safe sex, see Ryan Mitchell's (2021) "'Whatever happened to our great gay imaginations?': The invention of safe sex and the visceral imagination"

Much like PrEP, COVID-19 vaccines changed the landscape of biome matching. Now, many of my participants showed an interest in finding a partner who was also vaccinated. Herman, for example, recollected meeting a man he really liked, though he did not see longevity in the relationship because of his partner's refusal to get vaccinated. He rationalized that "one of [the men Herman was talking to] like, I just really hit it off with a lot. And I've hung out with him, and when I hang out with him I'm just like, *I would date this person.* But I'm just like: *Herman, like, he has to get vaccinated*." Cullen also expressed that vaccine status had an impact on how he evaluated potential sexual partners, noting that "I was relieved to know that [a man Cullen was talking to] was already vaccinated through his employer. So that made me a lot more comfortable hooking up with him." In both cases, these MSM described how vaccination against COVID-19 increased their comfort level, in terms of having a sexual encounter. Using vaccination status to help determine how to perform within the Sexual Safety Scenario during COVID-19 is thus an adaptation of the Repertoire of Contagion MSM used during the years of the HIV/AIDS pandemic and following the FDA approval of PrEP in 2012.

Moreover, vaccines added a layer of protection which prompted many MSM to abandon mask-wearing. Not unlike how many MSM report being comfortable having unprotected anal sex with folx on PrEP, so too have some interviewees I spoke with expressed taking off masks around those who were also vaccinated. Dillon, for example, expressed great relief when talking about two vacations, pre- and post-vaccine. I interviewed Dillon in late November 2021, just as cases of COVID-19 were starting to rise in the US due to Omicron variant.

> **Dillon:** I went [on vacation] in February of last year and […] I didn't go to one restaurant. I didn't go to one bar. I ate in my room. I sat out by the pool because I didn't get my first vaccination 'til [late] February right after I got home […] then I

> got my second vaccine two weeks later. [Then] I left [early] April for [a] completely different vacation. […] I went to all the bars. I danced at [redacted] with 300 gay men, not wearing a mask. […] I was hooking up with way more people. We went out to restaurants every single night. We went to the bars, because at that point we were doubly vaccinated and, you know, it's fine.

This section of my conversation with Dillon depicts Dillon's evolving comfort with COVID-19 risk in response to vaccination. Now that Dillon is vaccinated, he is more comfortable taking risks like not wearing masks. This shift in the Sexual Safety Scenario, prompted by the availability and effectiveness of COVID-19 vaccines, allows him to alter the way he performs risk management during casual sex. Much like with the PrEPertoire, Dillon relies on his own likely serostatus and level of personal protection (likely COVID-19- and vaccinated) more than the reported status of his partners. Dillon has navigated the Sexual Safety Scenario by engaging in necessary disease prevention before engaging in risky behavior with members of an unknown COVID-19 status. This new form of biome matching seems closely correlated with the history of HIV serosorting that, for some queer folx, is readily familiar.

In another iteration of what Taylor (2003) referred to as the "reexperienced shudder, the retelling, the repeat" (p. 144), one study participant noted a stigma related to COVID-19 and serostatus manifesting in the gay community, which seemed similar to a stigma that originated decades earlier. Eugene, a genderqueer, mixed-race person in their 20s, explained how they felt.

> **Eugene:** COVID is a part of sexual [safety] and I think what we're noticing, believe it or not, is a very similar trend with COVID around what we call Serophobia with HIV. Serophobia, rough definition, is how people partner based off of people's, um, reported or perceived or actually had HIV diagnosis. That's

> what serophobia is. It's like, oh this guy's HIV positive, I don't want to deal with them. And that doesn't change the fact that you may not know anything about HIV, and now you're equating it to a person with malicious intent rather than a virus that damages the immune system. One of those things is true. The first one is not. We're having a very similar phenomenon when it comes to on the vaccine right now. It's like, yes, is it morally responsible to get the vaccine. Absolutely. I, personally, am probably not gonna have any encounter with a guy who blatantly says, "The vaccine is fake and the government's trying to mind control you," or whatever QAnon, or whatever bullshit QAnon is coming up with next. I'm like, I'm not going to partner with a guy like that. However, people are using that as, like, again the social moniker, the social status now. Like, I'm vaxxed. I'm boosted. I'm clean. I'm not like other girls!

Eugene identifies an interesting condition of the post-vaccine stage of the COVID-19 pandemic, where people feel they are defined by their COVID vaccination status. Quinn et al. (2020) quote one participant living with HIV who, when contemplating the stigmatization brought on by the COVID pandemic, expressed, "I understand the value of not alienating a percentage of the population who may be positive with an illness, while still being mindful of proper best practices in terms of not allowing transmission" (p. 4). For Eugene, as well as men interviewed in various qualitative studies about the intersections of the COVID and HIV pandemics (Hall et al., 2021; Quinn et al., 2020), the renewed threat of stigmatization for queer people because of a new pandemic is all too real.

Biome matching relies on identifying potential partners as part of a similar or opposing group. This type of thinking includes the establishment of publics, which I explain further in

Chapter Two. Interestingly, a commonly cited scholar of public-sphere theory, Llyod Bitzer (1978), posits that members in a specific public possess an "inherited knowledge" that serves as a "source or carrier of truths" which is passed down from generation to generation. Often, these inherited truths help a public respond to "new truths and values" that may arise in the public. Bitzer cautions that without such "knowledge there is not competence, no authorization, and no public" (p. 90). As such "inherited knowledges" are strikingly similar to Taylor's repertoires and archives, in Chapter Two, as I expand upon how publics operate as important ways of understanding themselves in relation to others for some MSM. I also note how the Repertoire of Contagion operates within these publics, and how biome matching is an intersection of repertoire and public-sphere theory.

Conclusion

I conclude this chapter by discussing how these interviews are themselves a form of queer worldmaking because of the way in which they circulated the repertoire. As I have described, this project contributes to a queer archive by engaging with and documenting stories of queer people living through pandemic conditions. To be sure, queer archives do have the potential to enact change. A younger gay man who did not live through the first years of the HIV/AIDS crisis recounted that his experience with and knowledge of the HIV epidemic gave him "greater perspective and hope. An example of heroism and bravery to look back on" (Quinn et al., 2020, p. 5). For this participant, and for many of my participants who displayed a knowledge of the queer archives, the archive is a source of strength and power.

The repertoire offers the potential for activism and world building. For example, an older participant in Quinn et al.'s (2020) study discussed how the repertoire for political activism he picked up in the height of the HIV/AIDS crisis has served him in COVID-19. He said, "I learned

how to channel anger at poor leadership into action. This time it is virtual rather than going to die ins or demonstrations. Educating others, writing to legislators, city and state officials, and probably wasting my time writing to Trump to ask him to stop lying" (p. 5). The way this MSM adapts and uses his repertoire of activism today, which he garnered during the early years of the HIV/AIDS crisis, evinces the power of the repertoire to create change in a community.

There has also been an exchange of repertoire across many MSM whom I have interviewed. For example, I had discussions with several participants about how to find safe doctors and how to respond to discrimination from medical professionals. Moreover, interactions with my participants have expanded my own PrEPertoire throughout the course of the study. Some participants in this study, for example, reported an interest in taking PrEP but were not sure where to start. I shared my knowledge about a website (heymistr.com), which allows you to get PrEP delivered to your door for free, regardless of insurance status. Meanwhile, I had learned about this website during an early interview for this study. John, for example, is a mixed-race man in his 20s who has never taken PrEP. He was very interested in the medication, and thus a conversation during our interview expanded his PrEPertoire.

> **Seth**: It's called heymistr.com and it's, like, really cool. You basically just go there and they do everything for you; it is 100% free. And they send you the STD tests, you take them at home, you have like a three or four minute zoom with a doctor, and then they just mail the PrEP straight to your door.
>
> **John: [Mouth agape in surprise]** Whoa…
>
> **Seth**: It's like super easy.
>
> **John:** Is it expensive? Do you have to pay for it.
>
> **Seth:** It's free!

John: **[Shaking his head]** That sounds like a scam.

Seth: Totally crazy, yeah. I know some people that use it. It's pretty chill.

John: **[Typing on his computer]** Well if I don't do it right now…

Seth: I think PrEP is a really good idea, but I also understand why some people aren't on it, or like you know… Where did you get that information that you can't take it again once you get off?

John: My ex.

Seth: Ah, oh no.

In this example, John's PrEPertoire changes during our interview. Moreover, his comment that he heard you cannot get back on PrEP if you stop taking it is another indication of how misinformation can be passed around communities through verbal interaction. Another study participant disclosed to me after our interview to that he is now using heymistr.com to get PrEP.

Participants shared knowledge with me, too. For example, one participant shared an alternative way of taking PrEP, called the 2-1-1 method (San Francisco AIDS Foundation, 2022). Using this method, a person takes two Truvada tablets 2-24 hours before sexual intercourse, then one 24 hours later, and a final one 24 hours after that. The efficacy of the 2-1-1 method is comparable to taking PrEP daily.[14] Truman's PrEPertoire informed my own behavior. This update to my PrEPertoire allowed me to perform in the Sexual Safety Scenario with increased safety measures.

Overall, the archive and repertoire are useful ways of thinking about queer history, memory, worldmaking, and even activism. As I have shown in this chapter, the Repertoire of

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[14] When my doctor neglected to fill my PrEP refill in February 2022, I was able to use this method to protect myself from HIV infection until I could get my prescription refilled.

Contagion has evolved over time to meet the changing conditions of the Sexual Safety Scenario MSM negotiate. Contributing to or circulating the Repertoire of Contagion is a political act, and one which helps build a safer and more comfortable world for queer folx.

Chapter 2: Boundaries of Sexual Bodies

Men who have sex with men (MSM) often align themselves with specific ideological or aesthetic groups. For example, different genres of kink culture constitute loosely connected subcultures within the queer community such as leather daddies or those who prefer discretion (or down low, DL) interactions with other men. Moreover, those who dress or present in disparate ways, such as twinks or bears, constitute similar subcultures. Not only are these distinctions used in the everyday vernacular of many MSM, but they are included in many of their profiles on dating and hook up apps. There is a rich history of these groups throughout queer history, and the ways in which members interact is a critical part of defining the boundaries of those interconnected communities. For example, George Chauncey (1994) describes how "gay men developed a highly sophisticated system of subcultural codes—codes of dress, speech, and style—that enabled them to recognize one another" (p. 4). Although these codes were initially used to identify other gay people regardless of their sexual interest, they later evolved into the "hanky code," which allowed men to visually identify themselves with specific kink genres or sexual desires. Later, with the public discovery of HIV/AIDS in the early 1980s, social groups began to form around MSM's response to the epidemic (Dean, 2009; Grunig & Childer, 1988; Shernoff, 2006). Many of these groups, including those stigmatized during the HIV/AIDS epidemic, continue to constitute interdependent subcultures within the gay community.

I begin with a note on the compartmentalization of the community because this chapter works at the boundaries of some of those communities. More specifically, I use Michael Warner's (2002) writings on the public sphere and Jenell Johnson's (2016b) theory of "visceral publics" to describe how MSM organize themselves around discourses related to COVID-19 and

STIs such as HIV. For Warner, discourse is the "speaking, writing, and thinking" connected to texts about which people may share or differ in opinion (p. 85). Publics and counterpublics, according to Warner, are groups of individuals who share an attention to specific types of discourse, with counterpublics specifically subverting the beliefs of actions of dominant groups within the society. Visceral publics, according to Johnson, are those which form around intense feelings related to boundaries of the body such as skin, orifices, and points of permeability like membranes and mucous. Because COVID-19 is a disease which enters the body through these porous boundaries, the ways in which some MSM have organized themselves around that discourse warrants an application of this theory.

Moreover, the body is central to how all participants in my study talked about COVID and STI risks, necessitating attention to the *visceral* component of public sphere scholarship in this chapter. As early as my first few interviews, it was clear that the body was a key component in terms of how many study participants described their experiences with risk and intimacy. I became interested in exploring the connections between how some MSM talk about their bodies in relation to others as a way to gain insight to how some MSM perform risk management and evaluation. Often, this performance of risk management involved the identification of visceral publics and counterpublics (of course, not in these terms). By identifying the idiosyncrasies and thinking through the histories of how these visceral publics and counterpublics were created and are maintained, scholars might better understand how some MSM evaluate and navigate risk. This understanding is important, as the distinctions between visceral publics and counterpublics can serve to stigmatize or oppress individuals in certain groups. In this chapter, I outline relevant scholarship about publics, counterpublics, and visceral publics. Then, I describe how visceral publics manifested in my interviews with MSM; often words or actions used in these

conversations demarcated specific visceral publics. Specifically, I explain how the visceral publics organized around sexually transmitted diseases, including HIV, are similar to--and at times conflated with--those that organized around COVID-19. Subsequently, I focus on a specific visceral counterpublic among MSM, barebackers.

I contend that scholarship about barebacking, which was published in the years following antiretroviral therapy for HIV infection in the mid-1990s, may help scholars understand why some MSM voluntarily engaged in risky sex for contracting COVID-19. There are some discrepancies among the definitions for barebacking. For example, behavioral psychologists Carballo-Diéguez and Bauermeister (2004) and psychotherapist Michael Shernoff (2006) assert that barebacking is anal sex between men which introduces the risk of HIV infection intentionally. Queer scholar Marlon Bailey (2016) agrees that barebacking includes anal sex without a condom but does not believe the term necessitates intentional HIV infection risk.[15] Notably, Bailey's scholarship comes four years after the FDA approval of pre-exposure prophylaxis (PrEP), which prevents HIV infection when taken daily, and therefore the context of HIV risk varies between his time and that of Carballo-Diéguez and Bauermeister and Shernoff. For the purposes of this study, I use queer theorist Tim Dean's (2009) definition for barebacking, which is when "gay men deliberately abandon condoms and embrace unprotected sex" (p. 1). In this way, barebacking is a catchall term to refer to unprotected anal sex between men. I conclude

[15] Marlon Bailey differentiates "raw sex" and "barebacking" as having race and class distinctions, however I have not found other scholars who also differentiate these terms, and my interviewees used the terms interchangeably. Therefore, for the purposes of this study barebacking, raw sex, and unprotected sex all mean anal sex without a condom, regardless of race.

by considering the risk of antagonistic discourse from the media and some within the gay community that creates stigmatization.

The stories told about MSM in the media, especially MSM who take sexual risks, are often harmful and misleading. I have thus dedicated this project to asking and allowing MSM to tell their own stories of risk and intimacy. I acknowledge that there is danger in further marginalization of these individuals by writing about such risk-taking and have attempted to approach their stories with fairness and understanding. Following scholars who have written about risk-taking during the HIV epidemic, I remain keenly aware that writing about risk-takers may lead to further stigmatization. For example, social psychologist Jeffre Cheuvront (2002) warns that "marginalizing the risk-taker as damaged other" obfuscates "unique experiences, feelings, and circumstances" that the risk-taker occupies (p. 12). Rhetorician Ryan Mitchell (2021) also touches on this idea, noting that "for groups already deemed deviant, controversy, especially medical controversy, poses a serious risk of shoring up marginalization" (p. 30). Performance studies scholar Evan Schares (2020) reasons there are "contradictions and tensions" in queer history "that the critic must understand with a knowing and loving ethic" (p. 253). Further, as ethnographer D. Soyini Madison (2005) insists, ethnographers "are not motivated by judgement but by understanding" (p. 35). In other words, I do not want to change or criticize the behavior of those I interviewed; I want to document it.

Sorting MSM into categories based on their behavior poses a risk of stigmatization and other types of violence. Activists (Kramer, 1987; Shilts, 1985) during the first decade of the HIV/AIDS crisis proved how stigmatization of individuals during a pandemic has implications for those who are deemed "risky." The way these orators vilified individuals they found contemptable, such as those going to bathhouses, fractured the queer community at a time when

unification may have prompted change quicker and saved lives. Mitchell (2021) expands on this, noting how in the 1980s "bodies that were infected by the still mysterious AIDS virus were seen as breaching established social codes that demanded the body be bounded, contained, and singularized." (p. 30). As one interviewee in psychologist Andre Hall et al.'s (2021) study recounted, the stigma erected around COVID-19 is "that same stigma, that same hatred and negativity" they saw throughout the HIV/AIDS epidemic. HIV/AIDS has created division among MSM from the first years of the crisis through today. If scholars and activists do not heed the lessons we learned from, and that we are still learning from, HIV, we are liable to experience a lot of that same division, that same prejudice, and that same heart break due to COVID-19. We are already seeing this. As I will describe, the #GaysOverCOVID controversy during 2020 and 2021 is just one example of how the same weapons of stigmatization and prejudice used in the HIV/AIDS crisis may hurt people during the COVID-19 pandemic, as well. The @GaysOVerCOVID Instagram page featured gay men who flaunted COVID restrictions. Following the creation of this page and its associated hashtag, some people who were shown on the page lost jobs, received death threats, or experienced severe mental health complications--each in response to other members of the queer community targeting them because of their behavior, as depicted (and shamed) by somebody else on social media. The individuals who engaged in COVID-19 risks, in many cases, did so because they felt alone and disconnected from their community (Borsa, 2021). How does their community turning on them help? I cannot answer this question in this thesis, but I can avoid engaging in that same condescension and, instead, try to validate these individuals by offering space for some to share their experiences, voices, and stories.

Public Sphere Theory

Following Michael Warner (2002), for the purposes of this thesis I use the term public to refer to "an ongoing space of encounter for discourse" (p. 419). As with Chapter One, I am interested in how the participants in my study talked about their experiences with casual sex and risk-taking. Warner's theory about publics is useful for this project because it privileges communication, as opposed to action, as the primary bonding agent for publics and counterpublics. There are seven defining qualities of publics Warner defines. While I do not expand on each of the seven qualities, I include those most pertinent to this project. First, Warner asserts that "a public is constituted through mere attention [as] the principal sorting category" (p. 419). Warner's position is that a public is constituted by attention alone, rather than by attention and action. This is a departure from previous theories about the public sphere (see Dewey, 1927) which asserted that action was a defining characteristic of a public. Warner is concerned, meanwhile, with the attention to discourses that people share. For Warner, discourse is the "speaking, writing, and thinking" connected to texts about which people may share or differ in opinion. For example, the way that MSM discuss HIV risk (PrEP usage, condom usage, last tested date, etc.) constitutes a discourse, while the object of discourse would be medical interventions related to HIV. That is, a man who asks each of his partners about their HIV status would occupy a different public than someone who does not ask about HIV status with partners. The individual who does not ask occupies a counterpublic.

Counterpublics are groups organized around discourse that oppose the cultural majority group's discourse. As Warner (2002) posits, counterpublics "differ markedly in one way or another from the premises that allow the dominant culture to understand itself as a public" (p. 81). Effectively, counterpublics do not share defining characteristics, mostly related to discourse

and experience, with the majority group. Warner holds that "a counterpublic maintains at some level, conscious or not, an awareness of its subordinate status" (p. 85). Much of the difference between a public and a counterpublic relies on the distribution of power. For example, those who went to the bathhouses during the late 1980s and did not ask about HIV infection or condom use constitute a counterpublic. This is because those at the bathhouse aligned themselves with a discourse contrary to the dominant discourse at the time, which was to adhere to strict condom usage and monogamy. This disengagement with the discourse of sexual safety for MSM in the late 1980s could have consequences such as HIV infection, along with the intervention of the state in the form of mandatory contact tracing, civil suits, and more. Yet, scholars (Kanouse, 1991) found that some MSM declined to change their sexual behavior because they did not feel they were at risk for contracting HIV, among other reasons.

Next, Warner holds that a public is not static, and membership can grow and shrink because "people come and go from membership in the public as they desire" (p. 420). Because membership constantly shifts, publics can be comprised of strangers. This is to say that members of a public share common discourses and desires but may not know everyone else in the public. The possibility of connection or difference brought on by heterogeneity within a public is key. Warner explains, "if a community knows everything about everyone, there is no room for a public" (p. 85). Take, for example, one of the gay bars in Syracuse, New York. Queer folx build communities there because patrons see each other and know each other. It is a medium sized town after all, and gays talk. This is a community and not a public because they are organized not by commonality of discourse but by physical location and proximity. A counterpublic that may be present within this gay community might be Trump supporters--who occupy a minority

position within the community and the country at large. A community can contain multiple, conflicting publics.

In this chapter, I also apply health communication scholar Jenell Johnson's (2016b) theory of visceral publics, which she developed to describe municipal debates surrounding fluoride in public water. Johnson elucidates that visceral publics "emerge from discourse about boundaries, and they cohere by means of intense feeling" (p. 2). For Johnson, "the visceral refers to more than just the body or the body's insides. It concerns the surfaces and orifices—the skin, the mouth, the lungs, the alimentary tract—that link the inside to the outside…the porous membranes that bring the body and world into relation" (p. 2). In other words, a public or counterpublic is considered visceral to the extent that it focuses on the boundaries of the body and the intense feelings around these boundaries. Johnson notes the connection between a body's inside and outside, stressing that having sex is "a moment when the boundary between the body's interior and its exterior is not just encountered, it is produced" (p. 5). What is fascinating about visceral publics related to sexual intercourse is that, for some people engaged in sexual congress, pleasure is derived from the engagement with those boundaries. Because every participant in my study discussed their experiences with sex and risk, these interviews point to visceral publics and counterpublics that the participants in my study occupy.

To be clear, visceral counterpublics are also present in the discourse related to MSM and sexual risk. A counterpublic is distinguishable from a public because of its subordinance, in terms of power, to the dominant discourse. Thus, a visceral counterpublic is distinguishable from a visceral public because the former departs from the mainstream discourse. The visceral nature of those counterpublics continues to rest on its felt intensity and its relation to the boundaries of the body. For example, a subset of MSM enjoy a practice known as "pup play," which is where

they wear leather dog masks, harnesses, and sometimes anal plugs with a tail (Wignall & McCormack, 2017). This subgroup is controversial within the gay community, as many believe it is akin to bestiality. Because this group of MSM's discourse about sexual behavior contrary to the majority of MSM, and their discourse involves intense sexual pleasure and prompts alternative ways of engaging with the boundaries of bodies, this group constitutes what Johnson terms a visceral counterpublic.

While the boundaries of the body are relatively straightforward, the measure of "intense feeling" warrants more explanation. For this, I draw from Aristotle's writing on pathos, where he argues that "intensity is a function of proximity," further elaborating that "the intensity of emotions can be described in terms of the nearness or remoteness of the objects of emotions" (Smith & Hyde, 1991, p. 451). That is, the magnitude of emotion related to publics is derived from the members' psychological nearness or susceptibility to discourses or objects. Rhetoricians Ashley Mack and Bryan McCann (2017) contend something similar in an article about a mass shooting in their neighborhood in Louisiana, stating that "discourses can resonate based on the presence of intimacy – the *felt* experience of closeness, empathy, or perhaps even responsibility, to the Other" (p. 336, emphasis in original). For Aristotle and Mack and McCann, adjacency with the object of emotion is the primary indicator of intensity of emotion because that proximity prompts discourse to resonate more fully. If visceral publics necessitate an intensity of emotion, as Johnson maintains that they do, then feeling physically or emotionally close to an object or subject, such as disease, is a critical component of how publics are created.

To better understand how perceived proximity might distinguish publics and counterpublics, I draw on Cathy Cohen's (2002) writing about Black communities during the first decades of the HIV/AIDS crisis. Cohen writes that in the early years of the HIV/AIDS

crisis, many Black folks thought the disease could only infect urban white gay men, because this was the population that received media attention. Because urban white gay men saw themselves in the news, they held intense feelings about the disease because it felt close to them. Meanwhile, many Black queer folx did not believe they needed to worry about the virus, because they felt distanced from it. As Black queer communities saw a rise in cases they became concerned, because they realized the disease had an immediate adjacency to them. The change in how Black queer communities communicated about HIV/AIDS represents a transition from a visceral counterpublic to a visceral public, because many changed how they discussed the disease. This change in communication also prompted a change in behavior, including the ways they policed the boundaries of their bodies.

Discourse about embodied boundaries contribute to visceral publics and counterpublics. In the next section, I demonstrate how visceral publics and counterpublics have formed around STIs, especially HIV, and COVID-19. As I noted in the introduction of this chapter, I have no intention of comparing HIV and COVID-19 directly. Instead, I am interested in documenting the discourses that some of the MSM who were interviewed as part of this study have erected around these diseases. I argue that analyzing these discourses will allow scholars to better understand how some MSM evaluate and navigate risks related to casual sex.

Visceral Publics and Counterpublics among Men Who Have Sex with Men

While visceral publics may be present in everyday discourse, such as fluoride in the drinking water or discussions of food and digestion, visceral publics become more policed in times of bodily danger. For instance, Mitchell (2021) argues that “containing healthy populations from sick ones suggests that disease transmission can be prevented through fortifying imagined social and bodily boundaries, through strengthening a visceral public” (p. 30). In this way, the

presence, legibility, and membership of visceral publics influences those in the society in which these publics exist. In other words, when someone is identified as part of a visceral counterpublic, there are consequences related to that position such as mandatory quarantine or medical disclosure, as many individuals who are deemed sexually risky or dangerous are targeted by people both inside and outside of the queer community (Bailey, 2016; Mitchell; 2021; Thrasher, 2019).

I posit that identifying similarities and differences in the ways that some MSM discuss COVID-19 and HIV risk is productive, because these diseases require MSM to police some of the same boundaries of their body, sometimes simultaneously. Determining how visceral publics arise around the same bodily boundaries for different viruses may reveal which threats to the body are most pressing for MSM. Further, if MSM knowingly take risks, then the expected pleasurable outcome likely outweighs the risks for them. In this section, I describe how some MSM organize and communicate within visceral publics related to COVID-19 and HIV. I note the intersections of these publics, along with how these points of convergence may operate as grounds for the stigmatization of all MSM. Although I only interviewed a small sample of MSM for this study, I argue that the risk of stigmatization is omnipresent for all MSM because of the consistent historical stigmatization of queer people.

One important feature of public-sphere scholarship is how members in a public or counterpublic communicate with and identify one another. I draw from Warner (2002), again, who asserts that counterpublics use discourses that "ordinary people" do not--and such "ordinary people [would] not want to be mistaken for the kind of person who would participate in [the] kind of talk" that occurs within the counterpublic (p. 86). Warner provides an example of Black individuals using racial slurs casually, which is a way of speaking and writing that other publics

would not encounter in the same way. Similarly, for some queer people, the codes MSM use to cruise each other have very little meaning to those outside of the know. Nevertheless, the counterpublic of cruising is itself constituted by a shared, although not unanimous, understanding of those symbols.

Many of the men I interviewed in this study used terms like “poz,” “raw,” or “bareback” without explaining what that meant, likely because they knew I was part of a similar public that would be familiar with those terms. Indeed, in most cases, I was. However, there were instances in my interviews where participants used words unfamiliar to me. For example, Walt described a genre of white gay men who were into him because he is Asian. Walt described flirting with one such person:

> **Walt**: And I think during the first initial conversation…I think he mentioned that he was one of those so called **[finger quotes]** “Rice Queens.” So, I'm like, oh okay.
>
> **Seth**: I'm not familiar with that. What's that?
>
> **Walt**: So, I think it means that you’re a white person into Asians…
>
> **[Seth’s mouth opens in surprise, Walt nods]**
>
> **Walt:** Because rice is our staple. I know it’s kind of, like, derogatory, when you think about it.

Walt uses terms which demarcate a specific discourse that relates to him because of his race. In fact, every single study participant who self-reported a race other than white mentioned that they have been fetishized by men in the dating pool. This is an example of how race prompts different discourses for queer folx, and these discourses are each marked by a specific lexicon.

There are other symbols that men use to describe themselves, such as their sexual preferences or romantic objectives. These markers of self-identification impact how MSM

evaluate each other in terms of sexual risks. For example, James discussed what it means to him if someone says in their Grindr profile that they are vaccinated. James is a Black medical professional who is very keen on protecting himself from COVID. He reported positive feelings about seeing someone else's "vaccinated" status on a social media dating profile.

> **James:** Even in just talking to somebody on the app, I do look to see if they tell you whether or not they're vaccinated. […] I think it's a sign, advertising that you're vaccinated… Telling it to people is a sign of responsibility in my mind. And so I kind of look at a person under a better light if they say that they're vaccinated.

James prefers to have sex with men who have been vaccinated, and so he appreciates when it says on their profile that they have received a vaccine. This is an example of James trying to identify others within his visceral public (vaccinated individuals), and a display of biome matching as described in the Chapter One. Notably, these symbols on public dating profiles create what Warner (2002) describes as the "potential for commonality or discordance" (p. 417). Because users on these apps may reject other users based on the information present in profiles, these public announcements amongst strangers are effective ways of self-sorting publics.

User profiles on gay dating and hook-up apps include space for individuals to denote their HIV serostatus. Grindr began allowing users to include their HIV status in 2016 (Florêncio, 2018), and today users can indicate if they are HIV-, HIV- and on PrEP, HIV+, or HIV+ and undetectable. Scruff and Jack'd also allow users to include this data in their profiles. This self-reporting is not mandatory, nor is it verified in any way. Users are also able to report their last tested date for HIV. While Grindr has not included COVID-19 vaccine status or last tested date, other apps like Hinge have allowed users to do this. Tinder, meanwhile, offers digital stickers

which users may put on their profile to indicate if they are vaccinated or support vaccination.[16] Both Cullen and Tony told me that they put in their tinder profiles that they are vaccinated. Vincent also said that he included this information in his profile, but did not indicate which app. While describing this decision to me, Vincent explained that having it in his profile felt like having "a badge."

While some study participants described excitedly putting their vaccination status in their profile, others in the study were not so enthusiastic about sharing their vaccine status. For example, Nathaniel discussed whether he included vaccine information in his dating profile when he was single. Nathaniel is a gay man in his 20s living in the US south, where COVID cases were rampant for much of the pandemic. Nathaniel is also one of few participants in this study whom, at the time of being interviewed, had contracted COVID at some point during the pandemic.

> **Nathaniel**: I honestly don't think I did [include vaccine information], because that was just one of those things, like, I let people know kind of more individually. Honestly, just because I probably could have, but I'm just one of those people, I'm really weird about bios. I keep it super simple, and so that's why I was like, 'I'll just let them know individually,' rather than putting 'vaxxed' and a date. Like, they don't really need to know my health information like that.
>
> **Seth**: Yeah, and did you, you know, at that time when you were meeting people, would their vaccination status be important to you? Like, if they were or were not vaccinated, did that have an influence on whether or not you would meet with them.

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[16] Hinge and Tinder do not include HIV status in their user profile options. This may be because these apps are oriented toward a straight audience.

Nathaniel: [Tilts his head, thinking] Honestly, it had an impact, but not the largest. Like, if someone was unvaccinated it wasn't the largest deal to me.

Interestingly, Nathaniel seemed relatively apathetic about the vaccination status of potential partners. Nathaniel occupies a different (non-visceral) public than James, Cullen, Vincent, and Tony, because he pays less attention to the discourse about vaccinations on dating apps, and because he does not have intense feelings about whether his potential partners are vaccinated or not.

Other participants I interviewed did share intense feelings about the vaccine. For example, when Jean went to classes in-person during the pre-vaccine phase of the pandemic he recounted telling his classmates, "[If] you don't get the vaccine, back the fuck up. Yeah. I don't want you near me." Tony, shared similar feelings about those he referred to as "anti-vaxxers." To note, anti-vaxxers are a visceral counterpublic which centers on a discourse related to the distrust of vaccines. Many of these individuals have resisted or refused to get the COVID-19 vaccine because, among other reasons, they may believe that COVID is a hoax, the vaccine is unsafe, or government mandates are not appropriate for this vaccine (Bergengruen, 2022). Tony is a closeted gay man in his 20s who works in education. During his interview, Tony described strong negative feelings about anti-vaxxers.

Tony: I didn't go out at all until I got fully, until I got my two vaccines. […] But, again, at that point, because, I worked in [Redacted], I got it a lot earlier than most people did. […] So, even after I got fully vaccinated, it was still a few more months […] until I really started to go out, you know, for dates or casual sex or whatever.

> **Seth Knievel**: You can correct me if I'm wrong, but it sounds like it was not only important that you were vaccinated when you were out dating, but it was also important that the person you were going on a date with is vaccinated, is that right?
>
> **Tony**: Absolutely, yep.
>
> **Seth Knievel**: Okay, so when you talk to people would you just ask them straight up if they've been vaccinated or not?
>
> **Tony**: Oh yeah. Frankly, I was, frankly…all these anti-vaxxers and whatnot, I wouldn't want to even get together with anyone who is, like, an anti-vaxxer.

Effectively, Tony refused to associate with individuals who would not get a COVID vaccine. Tony has intense feelings about having unvaccinated individuals within physical proximity to him, which is a visceral public he occupies. Larry, a medical professional in his 50s--who also has children from a previous relationship--described similar feelings toward people who have refused to get the vaccine.

> **Larry:** I ask them straight out, again, 'have you been vaccinated?' For one, because I have to protect myself, for my career, for my children, for everything. […] And I think people would be foolish not to ask that question […] If they're not, then I say well stay away then.

Larry, like Tony and Jean, will not associate with people who have not been vaccinated. Anti-vaxxers, in this instance, constitute a visceral counterpublic because they do not want the vaccine, feel strongly about this, and their discourse is in opposition to the majority (making it subordinate). This is also an example of biome matching because Tony is choosing sexual partners based on their vaccine status.

Although these two visceral publics seem to be diametrically opposed, Michael Warner's (2002) assertion that these groups are permeable remains still applies. Later in my conversation with Tony, for example, he described a coworker who was an anti-vaxxer but changed her mind after contracting COVID-19.

> **Tony**: One of [my coworkers] was [an anti-vaxxer] […] And, lo and behold, she posts on Facebook the other day that…I mean…she ended up on a ventilator […] Thankfully she turned out to be okay, and she basically said, admitted, you know, "Lesson learned. I wish I'd gotten the vaccine."

Warner posits people can come and go from publics as they like, and Tony's description of his coworker is an example of this phenomenon. Something similar happened with James, who told me about how he was not interested in PrEP for a long time. He did not think he was at risk because he is a top. However, when he met an HIV+ individual and wanted to have unprotected sex with that person, he decided to get on PrEP. Although James and that individual are not involved any longer, he remains on PrEP. For James, much like with Tony's coworker, the proximity of the risk prompted him to join a visceral public: MSM who take PrEP to protect themselves from HIV infection.

As with vaccines, there is a counterpublic that exists around PrEP usage. Two study participants, for example, explained their rationale for not using PrEP. Although this is not true of everyone in the visceral counterpublic for PrEP, both participants were very educated about PrEP and still decided against its use.

> **Larry**: I'm against it […] until the meds kind of get a little better. Because, as you know, in the press, and so forth, Truvada has caused some problems. I'm diabetic so I don't want any more problems with my possible kidney problems!"

Larry is a medical professional who works routinely with HIV patients, and therefore is also very educated about the disease and its risks. Larry occupies a visceral counterpublic because he is engaged with the discourse surrounding Truvada yet protects his body by not consuming the drug. Truman, a gay man in his 20s living on the west coast of the US, reported having many conversations with his doctor about PrEP and explained why he was not on PrEP.

> **Truman**: I realized that I wasn't having a lot of casual sex, and so I didn't necessarily feel the need to continue to take [PrEP] […] There's, you, know, some degree of, you know, long term side effects for kidneys and bone density and so that was just, you know, an aspect that was like a…if I'm not having actual, you know, casual sex then that's not necessarily something that I feel like I need to be taking.

For both individuals, the risk of PrEP damaging their body outweighs the risk of HIV infection. However, they mitigate HIV risk in other ways. For example, Truman only engages in what he considers low-risk sexual activity, such as oral sex or mutual masturbation. Larry, on the other hand, evaluates his potential partner's behavior. This may be a repertoire Larry developed in the first decades of the HIV/AIDS crisis, as Larry was an active gay man before the introduction of antiretroviral drugs or pre-exposure prophylaxis. Therefore, he learned how to mitigate risks without such medical intervention. Since he does not want to take PrEP, he continues to rely on his previous Repertoire of Contagion.

Another point of convergence between the visceral counterpublics related to PrEP usage and COVID-19 vaccination is the skepticism of the science surrounding the medication and vaccines, respectively. Herman, for example, recounted some of the people he has met who were not on PrEP, and explained why they chose not to take the medication.

> **Herman**: So, they're like, oh, you know, 'My health insurance doesn't cover it' or, like, or they'll be like, 'I don't know what's in it. I'm kind of scared of it.' Those are the same guys, I later find out, [who] did not get their vaccination!

Herman's observation that these are "the same guys" shows the intersection of these two visceral counterpublics. The counterpublics share a hesitance regarding medications they do not trust. Although Herman did not expand on what exactly his potential partners were concerned may be in the vaccine or in PrEP, he did add that these individuals were traveling during the pandemic and engaging in bareback sex.

Other participants in this study also offered observations regarding the intersection of HIV and COVID-19 risk. For some participants, their evaluation of risk for COVID-19 and HIV were interdependent. For example, Vincent seemed to believe those who were taking sexual risks were likely also taking COVID risks. Vincent is a gay man in his 20s who was strict about quarantining, at least for the first year of the pandemic. Although he was not alive during the first decades of the AIDS epidemic, Vincent has family members who were HIV+ and died of complications from AIDS during his lifetime. He contemplates risks associated with COVID-19 and STIs using similar schemas:

> **Vincent**: Also, kind of, gauging their level of activity or risk and […] I'm gauging that risk with maybe STIs or something else with COVID as well. Kind of conflating the two even though, yeah, they're all unique and different […] But I'm almost treating them as kind of the same if they are open to unsafe sex […] if they're open to the risk of that, they're probably open to the risk of [not wearing] a mask.

The "conflating" of HIV and COVID that Vincent describes here demonstrates that for some MSM the repertoires of evaluating past behavior and biome matching for HIV and COVID-19

rely on each other. Earlier in this section I discuss how information on dating apps, or "badges" as Vincent described them, help MSM determine if a potential partner occupies the same visceral public. The conflation of these two visceral publics and their respective counterpublics means that if someone communicates membership in one visceral counterpublic (barebackers, for example), some MSM may associate them with an entirely different visceral counterpublic (those skirting COVID restrictions, for example), because they read risk-taking related to the two viruses in similar ways. Not only does this assumption pose a risk of miscategorization, but it also bifurcates queer people as either responsible or risky.

This is a pressing issue, as such polarization of publics can lead to stigmatization of those who engage in risk-taking behaviors. This came up in my conversation with Jean, a gay man in his 20s, who narrated his first time in a bathhouse. Jean went with someone he met on Grindr to a bathhouse during the COVID-19 pandemic, though Jean chose not to participate in the sexual activity.

> **Jean**: I mean I was just there, and I saw people not wearing masks and just casually just doing it wherever. That's how that goes. And that was my first experience ever seeing that. Being in that type of environment, of like, this is kind of what gives the stigma, and I mean the stigma of HIV and AIDS. So that was interesting to see, because you could tell who was being safe. Because you could visibly see it and then also see who wasn't.

While thinking about those who ignore COVID-19 masking recommendations from the CDC, Jean reanimates a stigma associated with HIV. His observation about those "not being safe," by which I infer he meant having unprotected sex because of his invocation of HIV/AIDS, at the bathhouse immediately followed his comment about people not wearing masks. Later in our conversation, when I asked about his decision not to get on PrEP, Jean commented "I'm always

nervous about HIV, of course, because of the stigma, and I'm very aware of it." For him, and for many other MSM, the stigma of HIV persists. When describing a stigma related to masks and COVID-19, Jean based his description on his understanding of stigmas related to HIV.

The stigmatization of MSM who continued to engage in casual sex during the HIV/AIDS crisis is occurring again with COVID-19. In an interview Hall et al. (2021) conducted with persons living with HIV, for example, one participant noted, "the same stigma that we were getting, people with [HIV], the same treatment that we were getting, people that had COVID or people that were survivors of COVID, they are getting that same stigma…that same hatred and negativity" (p. 6). Additionally, a scandal in 2021 involving the Instagram page @GaysOverCOVID circulated stigma about those deemed risky for COVID. @GaysOVerCOVID is an Instagram account that was created to shame gay men who went to circuit parties during the COVID-19 pandemic, prior to vaccine availability.[17] Later, the practice of outing people who were deemed sexually deviant or risky (based on discourses that the Instagram account prompted) led to an individual's HIV status being shared publicly (Crellin, 2021). This is another conflation of the stigmas attached to two different counterpublics, as Jean described. What happened with @GaysOVerCOVID also shows the danger of certain groups being deemed "risky" based on this type of conflation; it has real consequences on the lives of the men who have been stigmatized. Therefore, it is important to learn about the stories MSM have regarding their experiences during pandemics, and to take these seriously--without condemnation or stigmatization.

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[17] Circuit Parties are huge dance parties that gay men attend in order to enjoy drugs and sex. It is a tradition in gay circles that dates back to the liberation months after Stonewall. For more, see Weinstein (2017).

In the next section of this chapter, I engage with the visceral counterpublic of men who have sex with men with the explicit intention of not wearing condoms. Dignifying and contextualizing the stories of those who take risks is vital to combatting the stigma affixed to these men. The stigma associated with risky sex generally relies on the misunderstanding of those who engage in that risk or the exclusion of parts of their story in justifying that prejudice. Barebacking is a common practice in MSM communities, in part because the risk of infection signifies a level of trust between MSM (Bailey, 2016; Dean, 2009; Shernoff, 2006). I argue that the research about voluntary risk-taking related to HIV may provide insight into the motivations of those who voluntarily take COVID risks while engaging in sex with other men.

Barebacking

Barebacking has been growing in popularity since the introduction of antiretroviral drugs in the mid-1990s. Nursing professors Dave Holmes and Dan Warner (2005) describe the rise in unprotected anal intercourse starting in 1999, only a few years after the FDA approval of antiretroviral drugs for HIV+ individuals. At that stage in the HIV/AIDS crisis, because of medical intervention, HIV was no longer a death sentence. Those who intentionally engage in unprotected sex are not simply forgetting or unaware of the risks, they chose to engage with those risks because they feel the reward may be higher than the evaluated risk. Much of the scholarship on barebacking includes theorizing about why MSM engage with risk in specific sexual contexts. Further, I argue that much of the scholarship on HIV risk and casual sex may be applicable to MSM who have willingly had casual sex during COVID-19. This is because, I believe, in both settings some MSM engage in risky sexual behavior voluntarily and with an understanding of that risk.

Men who have bareback sex with other men constitute their own visceral counterpublic. The discourse that binds this counterpublic together is not an attention to HIV risk and prevention. Instead, this counterpublic congeals around the idea that unprotected sex is worth the risk of HIV exposure because the pleasure it prompts is valuable enough to warrant the risk. For barebackers, Others are not merely potential carriers of disease but potential sites of human connection and sexual pleasure. Moreover, the visceral counterpublic is constituted not by an inattention to the discourse about HIV risk but instead by an attention to the discourse about HIV treatment and prognosis. Much of the discourse which barebackers focus on is included in the PrEPertoire, and other Repertoires of Contagion.

Notably, barebacking is visceral because the sexual component of the practice includes the boundaries of the body being exposed. Much of the scholarship on motivations for barebacking are similar to Johnson's (2016b) definition for the visceral component of visceral publics. As AIDS activist Raphael Díaz (1999) describes, in an article about Latino gay men, those in his study disliked condoms because they inhibit the "flesh-to-flesh, mucous-membrane-to-mucous-membrane" experience associated with intimate, personal sex. Bailey (2016) contends a similar position, that "for Black gay men, condom usage presents a *barrier* to pleasurable and satisfying sex that may be a source of deep intimacy" (p. 254). For some sexual encounters, the exposure of bodily boundaries is not merely a byproduct of the experience but the objective of the experience. As Johnson (2016b) holds, sex is "a moment when the boundary between the body's interior and its exterior is not just encountered, it is produced" (p. 5). This is to say, the engagement with the "interior" and "exterior" of bodies through consensual and unprotected anal sex is not only a way of communicating trust and creating pleasure, but also a way (re)producing the boundaries one's own sexual body in concert with another. Following

COVID restrictions, such as isolation or quarantine, this recrudescence with producing those boundaries--and willingly engaging these boundaries with unbridled trust--is significant from an emotional and embodied perspective. Moreover, this corroborates Mack and McCann's (2017) claims that felt proximity is related to intimacy. The barrier introduced in safe sex provides distance; those who engage in raw sex are closer and have more intense feelings attached to those sexual acts (Bailey, 2016).

An interesting tension among MSM around the time barebacking was becoming more commonplace occurred between gay porn star Paul Morris (1998) and Co-Founder of OutWeek Magazine Gabriel Rotello (1997). Morris was of the belief that unprotected sex is a necessary component of gay culture specifically because it carries on an embodied tradition in the community which predates the HIV/AIDS crisis. Morris (1998) argues "'unsafe sex' is not only insane, it is also essential" and later holds "the subculture and the virus require the same process of transmission." Rotello (1997), on the other hand, believes sexual freedom cannot supersede mortality. Tim Dean (2009) outlines the stakes in this debate clearly, postulating:

> From Morris's perspective, gay culture ceases to exist once we relinquish our sexual freedom; from Rotello's point of view, gay culture will cease to exist *unless* we relinquish some sexual freedom. To put the matter bluntly, one views gay promiscuity as genocidal, while the other views abandoning that promiscuity as genocidal. (p. 58)

These positions constitute their own visceral public and counterpublic. Cindy Patton (1996) also writes about this, positing that "the gay community's general failure to conceptualize changing norms as an intracommunity project left warring groups of gay men to blame each other for stretching the boundaries of sexual experimentation" (p. 23). These "warring groups of gay men" constitute visceral publics and counterpublics. As HIV treatment has become more widely available and implemented in some communities, the debates over barebacking have become less vociferous. Nevertheless, the tension identified by Dean remains.

For those who do engage in raw sex, the emotional benefits abound, as evinced by barebackers for decades. In an article written for Poz Magazine by Scott O'Hara, a gay male porn star famous in the 1980s and 1990s, O'Hara (1997) explains "the risks are commensurate with the rewards. Bareback sex indicates a level of trust, of cohesion that I don't think is achievable when both partners are primarily concerned with preventing the exchange of bodily fluids."[18] Elsewhere, Shernoff (2006) reports "many gay men are articulate about how thrilling and intimate it is to the feel of the warmth of a lover's unsheathed penis and the smooth stimulation of skin against skin" (p. 75). Other scholars (Vincke et al., 2001) found "the incorporation of semen is an important value for many in gay cultures, a means of showing devotion, belonging, and oneness. Unsafe sex can therefore be an expression of positive values and of good feelings" (p. 58). As these scholars describe, barebacking can have important meaning to MSM and convey feelings of belonging, trust, and pleasure.

Raw sex is not only raw because of the condition of the penis but also the emotional condition that those who have raw sex occupy during the intercourse. AIDS Researchers Pinkerton and Abramson (1992) argue that sexual fulfillment derived from risky sex "encompasses a range of physical, emotional, and psychological factors including, but not limited to, physical pleasure and release, emotional intimacy and security, enhanced self-esteem, and actualized sexual identity" (p. 565). AIDS scholar A. Prieur (1990) argues that for many of these men engaging in unprotected sex, "an active sex life may be the only tie to community. All

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[18] Scott wrote this magazine article after moving to Wisconsin to escape "the 24-hour cruising…and relentless obituaries" in San Francisco. He left the porn industry because his KS lesions were becoming more visible. He died of AIDS related complications four months after Poz Magazine published the article. I include these details here, as I am consoled by the fact that #WhatIsRememberedLives.

social needs are released there; it is the only means of experiencing closeness to others. For a number of gay men, sex is almost a social amenity" (p. 111). Moreover, O'Hara (1997) explains how "[condoms] made [gay men] into careful actuaries, weighing risks instead of savoring pleasures." For barebackers, then, raw sex is a method by which to express and experience queer kinship.

Raw sex may also be a resistive practice used by gay men to reject homophobia in the medical industry. Tim Dean (2009) asserts "barebacking may represent a means to resist 'health' as an instrument of power" (p. 66). When Dean references oppressive health regimes, he is specifically talking about restrictive, heteronormative mandates set down by the CDC and other government institutions. The closure of bathhouses, mandates on reporting sexual behavior, and suggestions of monogamy all constitute infringements on progress made by the gay activists during the sexual revolution of the 1970s. Cindy Patton (1996) expands on messaging from the federal government, noting safe sex campaigns that advocate for "'avoiding exchange of fluids' [are] clearly directed toward gay men, whose penetrative reversibility might be described as 'exchange' in a way that heterosexual intercourse can only count as a 'deposit'" (p. 152). In this case, distinctions of types of sex are critical because they stigmatize and control specific bodies in what Patton refers to as the 'national pedagogy' surrounding HIV/AIDS education and prevention.

There are risks involved with barebacking, however these are risks many MSM are comfortable taking. Patton (1996) articulates that "danger lurked in the body fluid that the erect penis foretold: a penis dressed in a condom was a penis made safe" (p. 5). Although the danger is present, it is not prohibitive of sex. Pinkerton and Abramson (1992) stress that "for certain individuals, under certain circumstances, risky sexual behavior may indeed be rational, in the

sense that the perceived physical, emotional, and psychological benefits of sex outweigh the threat of acquiring HIV" (p. 561). For many MSM, the emotional connection and fulfillment I have described warrants the risk involved with raw sex. In this way, requesting condom usage may be seen as an insult to some MSM. Shernoff (2006) outlines how "use of a condom, for example, may be associated with a negative message because refusing semen may be perceived to be a rejection with far-reaching emotional implications" (p. 88). Thus, the risks associated with raw sex are not unknown, instead they are a defining part of the experience and motivation for many of those individuals. Nevertheless, some MSM hold contempt for barebackers as reckless or unsafe (Bailey, 2016).

Some of the same stigma related to promiscuity and HIV has arisen for COVID-19, as many of the conditions related to the former pertain to the latter as well. For example, gay newspaper columnist P. Julian (1997) found barebacking allowed some men to process emotional trauma, feelings of isolation, and to connect with others in the community. Some MSM I interviewed reported feeling this way as well. For example, Virgil explained that having sex during COVID-19 was an important coping strategy for him after moving across the country for work. Virgil is a student in his 20s who moved after the start of the pandemic to a new state where he did not know anyone. He was aware of COVID risks but did not think they outweighed the potential fulfillment he may have achieved by engaging in sex with other men.

> **Virgil:** I'm not an at-risk person for having a complication from COVID, as from what the stats are. I've been fully vaccinated. So, for myself, it's like if I were to get COVID I feel like odds are I'll be fine. There's a chance I would not be, but odds are I would be OK. And very much it's this thing that if I… **[pauses, deep breath]** If I didn't…Seth I

> don't know how I would get through this…like, I'm not sure how I would get through living in [the South] or school in general.

This corroborates Shernoff's (2006) observation that "isolation and loneliness among gay men lead to poor self-esteem and taking risks in an attempt to connect to others sexually" (p. 72). Although many Americans experienced feelings of isolation and loneliness during the pandemic, LGBTQ individuals are almost twice as likely to be single than straight Americans (Brown, 2020) which may lead to increased feelings of isolation. Also, the closing of gay bars, where many men find community and kinship, may have increased feelings of isolation from the community (Bauer, 2020). Moreover, Virgil, and other participants in my study such as Walt and Langston, expressed feelings of minimal risk for COVID-19. Similarly, at the height of the HIV/AIDS crisis Kanouse et al. (1991) found "by far the most common reason given for not using condoms is that the respondent believes he and his partners are not at risk for AIDS" (p. 45). This is yet another point of overlap between risk evaluation for COVID-19 and HIV/AIDS. Moreover, in both cases the felt apathy for the disease arises from a feeling of distance that the speaker supposes they have from the disease.

Not only did participants I interviewed display similar evaluations of risk; their descriptions of these risk-taking experiences were also similar. That is, the barrier created by wearing a mask during sex or by only engaging in virtual sexual relations mirrors the barrier maintained by condom usage during sex. Virgil noted how "the mask is like it's a shield, you know, it creates a barrier, and we don't want that." This is parallel to Bailey's (2016) observation that "the condom symbolizes a barrier that inhibits physical and emotional connections with men" (p. 245). Indeed, Shernoff (2006) insists "many gay men use barebacking as an attempt to find closeness and fulfillment of profound emotional needs" (p. 96). Oscar described feeling this

way when he had an intimate interaction with a neighbor in the first few months of the COVID-19 pandemic. Oscar is a gay man in his 30s who works in the service industry. When COVID related restrictions began, Oscar lost his job and his group of friends and coworkers with whom he enjoyed spending time. He described feeling fulfilled after finding someone to spend time with after months in isolation.

> **Oscar**: I have a neighbor that moved in, like, I think the month before the pandemic hit who's gay and I was going to the pool in our complex a lot and he basically just, like, invited me over to his house and we smoked a little weed and then we just started, I don't know, making out and we didn't do anything. **[Pause]** We didn't really fool around but we…we just…we made out for a little while and kind of just like felt each other's bodies and stuff. And…and I kind of wanted to fool around [but] he was like, 'you know, we're neighbors, like, we've got plenty of time for that later if that's going to happen.' And, like, because we were both kind of drunk and high and…but uh…yeah…but I remember, like…because, I want to say that, then…maybe about like two and a half months or so after, like, just like being locked down and I remember just, like, leaving his place…just feeling like man, like, I…I really did, like, need that. That…that human connection or just, like, that physical touch. **[Oscar smiles]** Like, I was just, like, I forgot what it…what it was like to just kind of like have that again.

For Oscar, the intimacy he shared with his neighbor, even though it did not include sexual intercourse, was refreshing and critical. The experience Oscar recounted is similar to how Shernoff described the experience of bareback sex, as "profoundly connecting and, some feel, even sacred" (p. 80). With both raw sex and sex during COVID-19, the risk of infection is less pressing than the need for human contact.

As many have experienced, navigating the risk of COVID-19 infection is exhausting. As society grapples with the impact COVID-19 safety has had on our daily lives, we may feel overwhelmed. During the COVID pandemic, much like HIV epidemic, the risk of infection was a source of constant and overwhelming anxiety for queer people. Tim Dean (2008) writes "in view of statistics on new seroconversions, some AIDS educators have begun to acknowledge that, unlikely though it may seem, remaining HIV negative in fact poses significant psychological challenges to gay men" (p. 137). Elsewhere, Holmes and Warner (2005) write about how gay men during the HIV/AIDS crisis "express a feeling of 'prevention fatigue.' They overtly report a sense of exhaustion with regards to prevention messages that fail to provide alternative sexual practices that would fulfill their needs" (p. 16). The burnout of safety during HIV/AIDS led many MSM to engage in risky sexual behavior. It is not a huge leap to conclude the same feelings of fatigue related to COVID-19 safety may prompt MSM to respond by taking similar sexual risks even though the magnitude of exhaustion differs.

These sexual risks are not simply present; they are the point. Tim Dean (2009), a seminal scholar on a trend in among MSM known as "bug chasing," (where men intentionally seek out HIV+ partners to infect themselves with HIV), writes about how "viral transmission facilitates fantasies of connection" (p. 87). Bug chasers eroticized HIV infection because the anxieties involved with maintaining an HIV- status were debilitating for many gay men. Once one contracted HIV, many of them thought, you could have as much unprotected sex as you wanted without fear of HIV infection.[19] Holmes and Warner (2005) echo this, asserting "it is *the idea associated with penetration and semen exchange* that modulates the pleasure of the experience"

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[19] For more information on this, see *The Gift* (2003).

(p. 14, emphasis in original). Bailey (2016) shares in this observation by describing his personal experience, stating "it is the *risk* of seroconversion created by raw sex that enhances the pleasure, not seroconversion as an *outcome* of raw sex" (p. 251, emphasis in original). Thus, whether some of the participants in my study contracted COVID-19 as a result of their sexual risk-taking behavior is less important to them than the fact that they shared risk with their partner.

Vincent described his first time meeting up with a sexual partner during COVID-19. It was after vaccines had been introduced and so he was vaccinated at the time of the meeting and so was his partner. They agreed to wear masks for the interaction but once his suitor arrived, Vincent rethought his position.

> **Vincent**: And the masks I'd say were on at the beginning, but the comfort level kind of maybe changed as we were getting into it. But still swapin' spit was not quite something that…I wouldn't say it was off the table for both of us, but for…for me it was, like, you know, right now I'm kind of stepping out of this comfort zone little by little. But maybe getting all up in, you know, in their face […] is not something that I want to, at least for this first time

While the exchange of bodily fluids did not occur, as it would in barebacking, there is still an engagement with risk in the story Vincent provided. It is notable Vincent reported fluid exchange was not "off the table." Similarly, Odets (1994) reports on how, in the 1990s, "a decade of prohibition has made semen exchange relatively unusual and 'special,' it has become all the more powerful and meaningful" (p. 432).[20] It is reminiscent of the AIDS epidemic that

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[20] Walt Odets started writing about HIV around the time that his husband, Rob, contracted HIV. Rob later succumbed to the illness. I find it necessary to name him in this work and to remember him.

"swappin' spit" is the forbidden fruit for these men, as in the AIDS crisis the exchange of semen was forbidden and therefore, for some men, desirable.

Vincent's comfort with his sexual partner seems predicated on familiarity, as he described them talking on the apps for weeks before meeting. In writing about the HIV/AIDS crisis, Tim Dean (2009) articulates, "bareback sex often involves intimacy with strangers without predicating that intimacy on knowledge or understanding of the other" (p. 211). In other words, barebacking shrugs off the stigmatization and fear of the Other by allowing them to be sites of pleasure instead of only sites of potential infection. While I would not argue Vincent committed an epistemological violence on his sexual partner, I am interested in the difference between Vincent's experience and Oscar's. Vincent was satisfied with his experience, but the experience did not seem as sacred as Oscar's--possibly because it lacked the embrace of the Other. I pull from Dean (2009) again, who argues "our fear of strangers involves a fear of strangeness that is only inflamed by the rhetoric of safety and domestic security pervading official political discourse. To the extent this rhetoric of safety—including discourses of 'safe sex'—deters contact with strangers, it should be subject to ethical critique" (p. 204). In other words, Dean argues that any epistemology that motivates fear of the Other, especially in sexual contexts, should be investigated. As barebackers are a visceral counterpublic so, too, are those who engage in casual sex during COVID-19.

The evaluation and potential stigmatization of those who engage with the visceral counterpublic of barebacking or of casual sex during COVID-19 has consequences for the wider gay community. For many of the participants in this study, these infectious intimacies are important world-making interactions which intervene in the complete drought of connection and community brought on by COVID-19. Especially for queer men, this lack of social fulfillment

poses a risk of trauma. It is ethical to approach, to understand, and to engage with the Other. The traversing across visceral publics is a humanitarian gesture. Weighing in on the debate between Morris (1998) and Rotello (1997), Dean remarks some gay men believe "in order to sustain a culture, some of its members must represent the culture in and through their own bodies, no matter how painful or even fatal that embodied representation may be" (p. 57). With COVID-19 and HIV/AIDS there are risks associated with sex. However, many of those who engage with that risk seem to do so because they believe the potential connection fostered by that behavior is worth the risk.

Conclusion

In this chapter, I have used scholarship on the public sphere and visceral publics to argue that compartmentalization of MSM plays a key role in how some individuals perform risk management and evaluation during a pandemic. Using interviews and archival research, I have identified how some MSM communicate their membership within certain visceral publics and counterpublics. I subsequently described barebackers, a very specific visceral public within the MSM community comprised of men who engage in raw sex. In conversations with participants in this study about risk management and intimacy, I found that scholarship on barebacking during the HIV epidemic may provide insight to what motivated some MSM to engage in casual sex during COVID-19. Although not all MSM hooking up during the COVDI-19 pandemic did so in the same way or with the same motivations, risky behavior had a fulfilling effect for some participants in this study.

As members of the LGBTQ community or as allies, we have a responsibility to care for those who engage in risky behavior and to understand their motivations. While we do not need to endorse their behavior, we must attempt to understand their motivations if we want to come up

with strategies to help mitigating the risks they take. Bailey (2016) hypothesizes how “the inclusion of an examination of the linkage between pleasure and risk might reveal important insights into the factors that underpin Black gay men’s engagement in high-risk sex” (p. 244). I agree that scholars should seek to identify motivations related to risky sexual behavior. As we have seen, shaming those who engage with dangerous activity (Kramer, 1985), and publicly castigating our queer siblings (Shilts, 1987; or @GaysOVerCOVID) will not help them.

Conclusion

I began my analysis by positing a few key concepts related to Diana Taylor's (2003) theory of the archive and the repertoire. First, I identified a specific scenario I call the Sexual Safety Scenario which includes the complex, evolving series of risks and rewards related to queer sex. Over time, the safety and stakes associated with men having sex with men have included the risk of shame, social consequences such as job loss or exile, violence, and even death. The Sexual Safety Scenario has always included an awareness of sexually transmitted diseases; however, these were all treatable until the onset of the HIV/AIDS crisis in the early 1980s. The introduction of a terminal, untreatable illness that was associated with gay sex significantly changed the ways in which many MSM performed within the Sexual Safety Scenario.

The performances of MSM, specifically related to sexual behaviors and discourses, were adapted to include what I call Repertoires of Contagion because of HIV/AIDS. Repertoires of contagion include practices, performances, skills, and embodied knowledge that the queer community has developed in response to HIV/AIDS. Further, I argue that MSM have now adopted and adapted this Repertoire of Contagion to protect themselves against COVID-19 infection while engaging in casual sex. While there are many facets of this repertoire, I have focused on discussions of risk-related behavior and biome matching. Many of the MSM I interviewed for this study reported discussing risk with their potential partners before engaging in casual sex, such as their past condom usage or number of sexual partners. Several participants in this study also reported folding questions about COVID-19 risk into their existing repertoire for risk evaluation.

Meanwhile, biome matching--a practice many MSM have used to sort potential partners based on their HIV serostatus--has also changed over the last few decades, following medical advances related to HIV/AIDS. One change that I was particularly interested in was the repertoire associated with PrEP, a preventative HIV medication, which I call the PrEPertoire. The PrEPertoire is notable because it includes embodied knowledge passed around a group of MSM that pertains to the acquisition and efficacy of PrEP. I argue that this specific Repertoire of Contagion is useful for MSM to combat COVID risks as well. Because the boundaries of the body policed regarding COVID and HIV are similar, biome matching related to these two medical statuses has been productive for many of the interviewees in this study.

Biome matching is also related to my discussion of visceral publics. Following Michael Warner (2002) and Jenell Johnson (2016b), I argue that the emergence of visceral publics during times of plague aids some MSM in sorting sexual partners but also poses the risk of further stigmatization. I identify and compare visceral publics and counterpublics organized around HIV with visceral publics and counterpublics surrounding COVID-19. Some MSM I interviewed described how a potential sexual partner's identification with one visceral counterpublic (like being anti-vaxxer) suggested to them that this person may occupy a similar visceral counterpublic (like those not taking PrEP). Following this, I describe a specific visceral public that has received minimal scholarly attention in the humanities so far: barebacking.[21] Barebacking is a practice among MSM which involves intentional, unprotected anal sex. Barebacking is motivated primarily by the exhilaration caused by the risks related to unprotected sex, and the sense of trust and community conferred by engaging in those risks with a sexual

[21] See, for example Bailey, 2016; Dean, 2009; Shernoff, 2006.

partner. I describe how a similar phenomenon has occurred with MSM during COVID-19, because that same expression of fraternity and trust may be present for those skirting COVID-19 restrictions and formal public recommendations (e.g., from the CDC) together.

The performance of sorting potential sexual partners based on their risk of infection is parallel in many ways to the organization and occupation of visceral publics, which I discuss in Chapters One and Two, respectively. Diana Taylor's (2003) theory of the archive and repertoire pairs well with theories related to visceral publics and counterpublics. For example, repertoires of biome matching and the creation of visceral publics both involve the evaluation, organization, and exclusion or inclusion of others within the community. Moreover, these performances include the use of embodied knowledge, which has often been passed around the community or passed down from generation to generation. While I would have liked to write more about the intersections of these two chapters, I maintain that future scholarship that inspects such intersections of performance and rhetorical theory is warranted.

Chapter Two concludes with an expansion of the danger of stigmatizing individuals who engage in COVID-19 or HIV-related risks. Public shaming of individuals who continued having risky sex during the HIV/AIDS crisis, such as that conducted by Randy Shilts (1987), prompted severe stigmatization and in some cases led to death threats and further social isolation (McKay, 2014). A similar danger has arisen during COVID-19, particularly in relation to the Instagram account @GaysOverCOVID, which has publicly shamed individuals skirting COVID-19 restrictions by posting photos of them and their private, personal information in public online spaces. Due to the additional trauma such stigmatization can place upon an already stigmatized and marginalized group, I argue that scholars should approach those who engage in sexual risk-taking with the intention of understanding their motivations and a willingness to validate their

experiences and feelings. If epidemiological campaigns targeting MSM are going to be successful, then an understanding of the risk management strategies related to disease are necessary.

Although I am exhausted after finishing this thesis, the work itself is not. Instead, there is much more to be said about the ways in which queer men negotiate health risks. I believe that future scholars would do well to investigate the Sexual Safety Scenario for other groups of people, as well, such as women or persons of color. Moreover, there were unfortunate realities I faced related to study recruitment that could be expanded upon or improved by future research. For example, my sample largely included MSM in their 20s and 30s. This work would have been enhanced, had there been a balance that included additional older participants who have had more direct experience with the early years of the HIV/AIDS crisis. Future scholarship that includes these specific communities and experiences would potentially complicate and challenge some of my positions in this thesis in necessary and exciting ways.

Finally, I am optimistic that increased scholarship such as this thesis, which allows queer men to tell their stories and documents these stories with care, will continue to thrive in and drive the humanities to new and interesting places. The “annihilating silence” that Charles E. Morris III (2006) has described in his work on queer archives may be alleviated, in part, by an unwavering commitment among scholars to include queer folx in their work and to validate and record queer experiences wherever and whenever possible. This project has been my addition to that essential, endless endeavor.

References

Associated Press. (2014, April 6). *Divide over HIV prevention drug Truvada persists*. USA Today. Retrieved December 5, 2020, from https://www.usatoday.com/story/news/nation/2014/04/06/gay-men-divided-over-use-of-hiv-prevention-drug/7390879/

Bailey, M. M. (2016). Black Gay (Raw) Sex. In E. P. Johnson (Ed.), *No Tea, No Shade: New Writings in Black Queer Studies* (pp. 239–261). essay, Duke University Press.

Bauer, S. (2020, November 19). *Pandemic puts added strain on LGBTQ mental health*. NBCNews.com. Retrieved December 6, 2020, from https://www.nbcnews.com/feature/nbc-out/pandemic-puts-added-strain-lgbtq-mental-health-n1248266

Bergengruen, V. (2022, January 26). *How the anti-vax movement is taking over the right*. Time. Retrieved April 7, 2022, from https://time.com/6141699/anti-vaccine-mandate-movement-rally/

Berkowitz, R., & Callen, M. (1983). *How to have sex in an epidemic: one approach*. News from the Front Publications.

Biernacki, P., & Waldorf, D. (1981). Snowball Sampling: Problems and Techniques of Chain Referral Sampling. *Sociological Methods & Research*, *10*(2), 141–163. https://doi.org/10.1177/004912418101000205

Bitzer, L. (1979). Rhetoric and public knowledge. In D. M. Burks (Ed.), *Rhetoric, philosophy, and literature: An exploration* (pp. 65–87). essay, Purdue University Press.

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. *Handbook of Research Methods in Health Social Sciences*, 843–860. https://doi.org/10.1007/978-981-10-5251-4_103

Brendstrup, E., & Schmidt, K. (1990). Homosexual and bisexual men's coping with the AIDS epidemic: Qualitative interviews with 10 non-hiv-tested homosexual and bisexual men. *Social Science & Medicine*, *30*(6), 713–720. https://doi.org/10.1016/0277-9536(88)90256-0

Brown, A. (2020, October 2). *1. A profile of single Americans*. Pew Research Center's Social & Demographic Trends Project. Retrieved March 15, 2022, from https://www.pewresearch.org/social-trends/2020/08/20/a-profile-of-single-americans/

Buckley, W. F. (1986, March 18). Crucial steps in combating the Aids epidemic: Identify all the carriers. *New York Times*, pp. A27–A28.

Carballo-Diéguez, A., & Bauermeister, J. (2004). 'barebacking." *Journal of Homosexuality*, *47*(1), 1–16. https://doi.org/10.1300/j082v47n01_01

Centers for Disease Control. (2021, April 21). *Ways HIV can be transmitted*. Centers for Disease Control and Prevention. Retrieved February 20, 2022, from https://www.cdc.gov/hiv/basics/hiv-transmission/ways-people-get-hiv.html#:~:text=Anal%20sex%20is%20the%20riskiest,the%20body%20during%20anal%20sex.

Chauncey, G. (1994). *Gay New York: gender, urban culture, and the makings of the gay male world, 1890-1940*. Basic Books.

Cheuvront, J. P. (2002). High-risk sexual behavior in the treatment of HIV-negative patients. *Journal of Gay & Lesbian Psychotherapy*, *6*(3), 7–25. https://doi.org/10.1300/j236v06n03_02

Cifor, M. (2015). Presence, absence, and Victoria's hair. *TSQ: Transgender Studies Quarterly*, *2*(4), 645–649. https://doi.org/10.1215/23289252-3151565

Cohen, C. J. (2006). *The boundaries of blackness: Aids and the breakdown of black politics*. University of Chicago Press.

Crellin, Z. (2021, January 7). *Here's the tea on how an insta that exposed Covid-unsafe gay raves wound up getting cancelled*. PEDESTRIAN.TV. Retrieved March 14, 2022, from https://www.pedestrian.tv/online/how-gaysovercovid-got-cancelled/

Davis, J. D. (2020). *Sex in the COVID-19 Pandemic*. The Cranky Queer Guide to Chronic Illness. Retrieved December 5, 2020, from https://crankyqueer.org/sex-in-the-covid-19-pandemic

Dean, T. (2008). *Beyond sexuality*. Univ. of Chicago Press.

Dean, T. (2009). *Unlimited intimacy: Reflections on the subculture of barebacking*. University of Chicago Press.

Dewey, J. (1927). *The public and its problems*. Swallow Press.

Duran, D. (2012, November 2). *Truvada Whores?* HuffPost. Retrieved April 19, 2021, from https://www.huffpost.com/entry/truvada-whores_b_2113588

Díaz, R. M. (1999). Latino gay men and HIV: Culture, sexuality, and risk behavior. *Cultural Diversity and Ethnic Minority Psychology*, *5*(3), 292–293. https://doi.org/10.1037/1099-9809.5.3.292

Eaton, L. A., West, T. V., Kenny, D. A., & Kalichman, S. C. (2008). HIV transmission risk among HIV seroconcordant and serodiscordant couples: Dyadic processes of partner selection. *AIDS and Behavior*, *13*(2), 185–195. https://doi.org/10.1007/s10461-008-9480-3

Elizondo, R. (2021, January 26). *Grindr unwrapped: A snapshot of sex & dating on Grindr in 2020*. Grindr Blog. Retrieved April 12, 2022, from https://blog.grindr.com/blog/grindr-unwrapped-2020

Falwell, J. (1983). Aids: Homosexual Disease Threatens American Families. *The Moral Majority Report*.

Florêncio, J. (2018, April 6). *Grindr's HIV data problem began when it asked users to disclose their status*. The Conversation. Retrieved March 13, 2022, from https://theconversation.com/grindrs-hiv-data-problem-began-when-it-asked-users-to-disclose-their-status-94337

Freking, K. (2021). *Republicans rebel against mask requirement in House chamber*. ABC News. Retrieved February 22, 2022, from https://abcnews.go.com/Health/wireStory/republicans-rebel-mask-requirement-house-chamber-77784422

The gift. (2003). *The Gift*. Retrieved from https://www.youtube.com/watch?v=oN4w8e432_o.

Goffman, E. (1959). *The presentation of self in everyday life*. Anchor Books.

Golden, M. R., Stekler, J., Hughes, J. P., & Wood, R. W. (2008). HIV serosorting in men who have sex with men: Is it safe? *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *49*(2), 212–218. https://doi.org/10.1097/qai.0b013e31818455e8

Goodreau, S. M., Maloney, K. M., Sanchez, T. H., Morris, M., Janulis, P., & Jenness, S. M. (2021). A behavioral cascade of HIV seroadaptation among US men who have sex with men in the era of prep and U = u. *AIDS and Behavior*, *25*(12), 3933–3943. https://doi.org/10.1007/s10461-021-03266-0

Grov, C., Rendina, H., Patel, V. V., Kelvin, E., Anastos, K., & Parsons, J. T. (2018). Prevalence of and factors associated with the use of HIV serosorting and other biomedical prevention strategies among men who have sex with men in a US nationwide survey. *AIDS and Behavior*, *22*(8), 2743–2755. https://doi.org/10.1007/s10461-018-2084-7

Grunig, J. E., & Childers, L. (1988). Association for Education in Journalism and Mass Communication. In *Reconstruction of a Situational Theory of Communication: Internal and External Concepts as Identifiers for AIDS*. OR.

Gwadz, M., Campos, S., Freeman, R., Cleland, C. M., Wilton, L., Sherpa, D., Ritchie, A. S., Hawkins, R. L., Allen, J. Y., Martinez, B. Y., Dorsen, C., Collins, L. M., Hroncich, T., Cluesman, S. R., & Leonard, N. R. (2021). Black and Latino Persons Living with HIV Evidence Risk and Resilience in the Context of COVID-19: A Mixed-Methods Study of the Early Phase of the Pandemic. *AIDS and Behavior*, *25*(5), 1340–1360. https://doi.org/10.1007/s10461-021-03177-0

Hall, A., Joseph, O., Devlin, S., Kerman, J., Schmitt, J., Ridgway, J. P., & McNulty, M. C. (2021). “that same stigma...that same hatred and negativity:” a qualitative study to understand stigma and medical mistrust experienced by people living with HIV diagnosed with covid-19. *BMC Infectious Diseases*, *21*(1). https://doi.org/10.1186/s12879-021-06693-5

Hall, R. (2013). Letting the Object of Study Lead: A Cultural Studies Ethic. *Text and Performance Quarterly*, *34*(1), 113–114. https://doi.org/10.1080/10462937.2013.846474

Harkness, A., Behar-Zusman, V., & Safren, S. A. (2020). Understanding the Impact of COVID-19 on Latino Sexual Minority Men in a US HIV Hot Spot. *AIDS and Behavior*, *24*(7), 2017–2023. https://doi.org/10.1007/s10461-020-02862-w

Hascher, K., Jaiswal, J., Lorenzo, J., LoSchiavo, C., Burton, W., Cox, A., Dunlap, K., Grin, B., Griffin, M., & Halkitis, P. N. (2021). 'why aren't you on prep? you're a gay man': Reification of HIV 'risk' influences perception and behaviour of young sexual minority men and medical providers. *Culture, Health & Sexuality*, 1–15. https://doi.org/10.1080/13691058.2021.2018501

Henricksson, B., & Mansson, S. A. (2003). Sexual negotiations: An ethnographic study of men who have sex with men. In H. ten. Brummelhuis & G. H. Herdt (Eds.), *Culture and sexual risk: anthropological perspectives on AIDS* (pp. 157–178). essay, Routledge.

Holmes, D., & Warner, D. (2005). The anatomy of a forbidden desire: Men, penetration and Semen Exchange. *Nursing Inquiry*, *12*(1), 10–20. https://doi.org/10.1111/j.1440-1800.2005.00252.x

Hong, C., Horvath, K. J., Stephenson, R., Nelson, K. M., Petroll, A. E., Walsh, J. L., & John, S. A. (2022). PrEP use and persistence among young sexual minority men 17–24 years old during the covid-19 pandemic. *AIDS and Behavior*, *26*(3), 631–638. https://doi.org/10.1007/s10461-021-03423-5

Johnson, E. P. (2016a). Put a little honey in my sweet tea: Oral history as quare performance. *WSQ: Women's Studies Quarterly*, *44*(3-4), 51–67. https://doi.org/10.1353/wsq.2016.0035

Johnson, J. (2016b). “A man's mouth is his castle”: The midcentury fluoridation controversy and the visceral public. *Quarterly Journal of Speech*, *102*(1), 1–20. https://doi.org/10.1080/00335630.2015.1135506

Julian, P. (1997, February 7). Prevention may be getting wise. New study puts Aids risk in the context of reality. *San Francisco Frontiers*, 11–13.

Kanouse, D. E., Berry, S. H., Gorman, M., Yano, E. M., & Carson, S. (1991). *Response to the Aids epidemic: a survey of homosexual and bisexual men in Los Angeles County*. RAND.

Kerr, T. (2020). How to live with a virus. *QED: A Journal in GLBTQ Worldmaking*, *7*(3), 109–116.

Koester, K. A., Erguera, X. A., Kang Dufour, M.-S., Udoh, I., Burack, J. H., Grant, R. M., & Myers, J. J. (2018). “losing the phobia:” understanding how HIV pre-exposure prophylaxis facilitates bridging the serodivide among men who have sex with men. *Frontiers in Public Health*, *6*. https://doi.org/10.3389/fpubh.2018.00250

Leu, C.-S., Ventuneac, A., Levin, B., & Carballo-Diéguez, A. (2012). Use of a rapid HIV home test to screen sexual partners: A commentary on Ventuneac, Carballo-Diéguez, leu et al. 2009. *AIDS and Behavior*, *16*(1), 1–4. https://doi.org/10.1007/s10461-011-9920-3

Li, L. (2022, January 13). *A congressman compared COVID vaccine cards to nazi-era passes. The Auschwitz Memorial says he's exploiting the Holocaust.* CBS News. Retrieved February 22, 2022, from https://www.cbsnews.com/news/warren-davidson-covid-vaccine-caerds-nazi-auchwitz-memorial/

Maanen, J. V. (2016). *Tales of the field: on writing ethnography*. University of Chicago Press.

Mack, A. N., & McCann, B. J. (2017). “Strictly an act of street violence”: Intimate publicity and affective divestment in the new orleans mother’s day shooting. *Communication and*

Critical/Cultural Studies, *14*(4), 334–350. https://doi.org/10.1080/14791420.2017.1366661

Madison, D. S. (2005). *Critical ethnography: method, ethics, and performance*. SAGE.

McKay, R. A. (2014). "Patient Zero": The Absence of a Patient's View of the Early North American AIDS Epidemic. Bulletin of the History of Medicine, 88(1), 161–194. https://doi.org/10.1353/bhm.2014.0005

Mitchell, R. (2021). "Whatever happened to our great gay imaginations?": The invention of safe sex and the visceral imagination. *Quarterly Journal of Speech*, *107*(1), 26–48. https://doi.org/10.1080/00335630.2020.1863453

Morris, C. E. (2006). Archival Queer. *Rhetoric and Public Affairs*, *9*(1), 145–151.

Morris, C. E., & Rawson, K. J. (2013). Queer Archives/Archival Queers. In M. Ballif (Ed.), *Theorizing histories of rhetoric* (pp. 74–89). essay, Southern Illinois University Press.

Odets, W. (1994). Seronegative gay men and considerations on safe and unsafe sex. In S. A. Cadwell, R. A. Burnham, & M. Forstein (Eds.), *Therapists on the front line: Psychotherapy with gay men in the age of AIDS* (pp. 427–452). essay, American Psychiatric Press.

O'Hara, S. (1997). Safety first? The Advocate (Los Angeles, Calif.), (737), 9.

Page, M. M. (2017). One from the Vaults: Gossip, Access, and Trans History-Telling. In R. Gossett, E. A. Stanley, & J. Burton (Eds.), *Trap Door: Trans cultural production and the politics of Visibility* (pp. 135–146). essay, MIT PRESS.

Parsons, J. T., Schrimshaw, E. W., Wolitski, R. J., Halkitis, P. N., Purcell, D. W., Hoff, C. C., & Gómez, C. A. (2005). Sexual harm reduction practices of HIV-seropositive gay and

bisexual men: Serosorting, strategic positioning, and withdrawal before ejaculation. *AIDS*, *19*(Supplement 1). https://doi.org/10.1097/01.aids.0000167348.15750.9a

Patton, C. (1996). *Fatal advice: How safe-sex education went wrong*. Duke University Press.

Pinkerton, S. D., & Abramson, P. R. (1992). Is risky sex rational? *Journal of Sex Research*, *29*(4), 561–568. https://doi.org/10.1080/00224499209551667

Poindexter, C., & Shippy, R. A. (2008). Networks of older New Yorkers with HIV: Fragility, resilience, and transformation. *AIDS Patient Care and STDs*, *22*(9), 723–733. https://doi.org/10.1089/apc.2007.0260

Pollock, D. (1999). *Telling bodies, performing birth: everyday narratives of childbirth*. Columbia University Press.

Prieur, A. (1990). Norwegian Gay men: reasons for continued practice of unsafe sex. *AIDS Education and Prevention: An Interdisciplinary Journal*, *2*, 109–115.

Qiao, S., Li, Z., Weissman, S., Li, X., Olatosi, B., Davis, C., & Mansaray, A. B. (2020). Disparity in HIV service interruption in the outbreak of covid-19 in South Carolina. *AIDS and Behavior*, *25*(1), 49–57. https://doi.org/10.1007/s10461-020-03013-x

Quinn, K. G., Walsh, J. L., John, S. A., & Nyitray, A. G. (2020). "I feel almost as though I've lived this before": Insights from sexual and gender minority men on coping with covid-19. *AIDS and Behavior*, *25*(1), 1–8. https://doi.org/10.1007/s10461-020-03036-4

San Francisco AIDS Foundation. (2022). *Prep 2-1-1 - san francisco AIDS foundation*. San Francisco AIDS Foundation. Retrieved February 22, 2022, from https://www.sfaf.org/services/prep-pep/prep-2-1-1/

Sanchez, T. H., Zlotorzynska, M., Rai, M., & Baral, S. D. (2020). Characterizing the Impact of COVID-19 on Men Who Have Sex with Men Across the United States in April, 2020. *AIDS and Behavior*, *24*(7), 2024–2032. https://doi.org/10.1007/s10461-020-02894-2

Schares, E. M. (2020). Witnessing the archive: Stormé Delarverie and Queer Performance historicity. *Text and Performance Quarterly*, *40*(3), 250–267. https://doi.org/10.1080/10462937.2020.1807045

Schwartz, J., & Grimm, J. (2019). Stigma communication surrounding prep: The experiences of a sample of men who have sex with men. *Health Communication*, *34*(1), 84–90. https://doi.org/10.1080/10410236.2017.1384430

Shernoff, M. (2006). *Without condoms: unprotected sex, gay men & barebacking*. Routledge.

Shiau, S., Krause, K. D., Valera, P., Swaminathan, S., & Halkitis, P. N. (2020). The burden of covid-19 in people living with HIV: A syndemic perspective. *AIDS and Behavior*, *24*(8), 2244–2249. https://doi.org/10.1007/s10461-020-02871-9

Shilts, R. (1987). *And the band played on: Politics, people and the AIDS epidemic*. Penguin Books.

Spieldenner, A. (2016). Prep whores and HIV prevention: The Queer Communication of HIV Pre-Exposure Prophylaxis (prep). *Journal of Homosexuality*, *63*(12), 1685–1697. https://doi.org/10.1080/00918369.2016.1158012

Stephenson, R., Chavanduka, T. M., Rosso, M. T., Sullivan, S. P., Pitter, R. A., Hunter, A. S., & Rogers, E. (2020). Sex in the Time of COVID-19: Results of an Online Survey of Gay, Bisexual and Other Men Who Have Sex with Men's Experience of Sex and HIV Prevention During the US COVID-19 Epidemic. *AIDS and Behavior*, *25*(1), 40–48. https://doi.org/10.1007/s10461-020-03024-8

Suarez, T., & Miller, J. (2001). Negotiating risks in context: a perspective on unprotected anal intercourse and barebacking among men who have sex with men-where do we go from here? *Archive of Sex Behavior*, *30*, 287–300.

Surgeon General. (1988) "Understanding AIDS." Washington: Government Printing Office.

Taylor, D. (2003). *The archive and the repertoire performing cultural memory in the Americas*. Duke University Press.

Taylor, D. (2016). *Performance*. Duke University Press.

Thrasher, S. (2019). Discursive hustling and queer of color interviewing . In A. Ghaziani & M. Brim (Eds.), *Imagining queer methods* (pp. 230–247). essay, New York University Press.

VanHaitsma, P. (2019). *Queering romantic engagement in the postal age: A rhetorical education*. The University of South Carolina Press.

Vincke, J., Bolton, R., & Vleeschouwer, P. D. (2001). The cognitive structure of the domain of safe and unsafe gay sexual behaviour in Belgium. *AIDS Care*, *13*(1), 57–70. https://doi.org/10.1080/09540120020018189

Wang, L., Moqueet, N., Lambert, G., Grace, D., Rodrigues, R., Cox, J., Lachowsky, N. J., Noor, S. W., Armstrong, H. L., Tan, D. H., Burchell, A. N., Ma, H., Apelian, H., Knight, J., Messier-Peet, M., Jollimore, J., Baral, S., Hart, T. A., Moore, D. M., & Mishra, S. (2020). Population-level sexual mixing according to HIV status and preexposure prophylaxis use among men who have sex with men in Montreal, Canada: Implications for HIV prevention. *American Journal of Epidemiology*, *189*(1), 44–54. https://doi.org/10.1093/aje/kwz231

Warner, M. (2002). Publics and counterpublics. Public Culture, 14(1), 49-90. https://doi.org/10.1215/08992363-14-1-49

The Well Project. (2021, November 5). *Undetectable equals untransmittable: Building hope and ending HIV stigma*. The Well Project. Retrieved February 20, 2022, from https://www.thewellproject.org/hiv-information/undetectable-equals-untransmittable-building-hope-and-ending-hiv-stigma#:~:text=In%20early%202016%2C%20a%20health,by%20people%20living%20with%20HIV.

Weinstein, S. (2017). *The unsung history of circuit parties, where gay men seek sex and freedom*. VICE. Retrieved April 12, 2022, from https://www.vice.com/en/article/ywzjam/gay-circuit-parties-history-lgbtq-mickey-weems-interview

Wignall, L., & McCormack, M. (2015). An exploratory study of a new kink activity: "Pup play." *Archives of Sexual Behavior, 46*(3), 801–811. https://doi.org/10.1007/s10508-015-0636-8

Williams, C. (2022, March 24). *An undetectable history – investigating undetectable HIV: 1981 – Today*. Emen8. Retrieved April 12, 2022, from https://emen8.com.au/health/sexual-health/an-undetectable-history-investigating-undetectable-hiv-1981-today/

Winwood, J. J., Fitzgerald, L., Gardiner, B., Hannan, K., Howard, C., & Mutch, A. (2021). Exploring the social impacts of the COVID-19 pandemic on people living with HIV (PLHIV): A scoping review. *AIDS and Behavior, 25*(12), 4125–4140. https://doi.org/10.1007/s10461-021-03300-1

Xia, Q., Molitor, F., Osmond, D. H., Tholandi, M., Pollack, L. M., Ruiz, J. D., & Catania, J. A. (2006). Knowledge of sexual partner's HIV serostatus and serosorting practices in a California population-based sample of men who have sex with men. *AIDS, 20*(16), 2081–2089. https://doi.org/10.1097/01.aids.0000247566.57762.b2

Vita

Seth Knievel is a gay activist, artist, and scholar from Texas. He studied Communication Studies and English Literature at the University of North Texas, where he also contributed to two original, staged performances (including one he wrote and directed). While working on his MA in Communication and Rhetorical Studies at Syracuse University, Knievel became interested in HIV/AIDS activism and memory, which informed this thesis. During his time at SU, Knievel also wrote, directed, and staged two performances that were supported by the Department of Communication and Rhetorical Studies. After graduating from SU, Knievel will begin PhD coursework in the Department of Communication Studies at Louisiana State University.