Bathhouses don’t transmit HIV; people transmit HIV. This twist on a gun control bromide provides a brief, if oversimplified, synopsis of the debate regarding the role of bathhouses in the spread of HIV and other sexually transmitted diseases. In the early 1980s, government agencies forced the closing of bathhouses in many cities, citing them as the cause of the epidemic. More recently, bathhouses in some cities have reopened as commercial establishments to rejoin the social fabric for gay men and other men who have sex with men.

Bathhouses fall under the rubric of public sex environments, areas in which one may have sex in the presence of other people and, perhaps, with multiple partners. Public sex environments may be commercial establishments, limited to either homosexual or heterosexual activity, or open civic spaces like beaches, parks, and public restrooms. Open spaces are clandestine, illegal, and governed only by tradition. Bathhouses are public accommodations governed by rules devised to comply with health department licensure. Sex clubs, which are privately chartered, are governed by rules developed by and for members and, thus, are more likely than bathhouses to have their rules be communally enforced. This article reviews the research on risk and prevention in commercial public sex environments. While it focuses on bathhouses, much of it, particularly the discussion of cultural scripts, also applies to sex clubs.

Overview of the Research

Studies of men who have sex with men have found that men who patronize bathhouses are more likely to be infected with sexually transmitted diseases (STDs) than those who do not attend bathhouses.† For example, a study of men recruited from two different venues—a bathhouse and a medical clinic—found a much higher incidence of STDs among the bathhouse patrons.‡

The research literature also suggests that some men who have sex with men in bathhouses are more likely to engage in sexual risk behaviors. For example, a telephone survey of 2,881 men who have sex with men in four U.S. cities found that men who used party drugs and had unprotected anal intercourse with non-primary partners were more likely to go to public sex environments than were men who did not report such behaviors.† Furthermore, the study found that men who attended both bathhouses and open civic public sex environments were more likely to report risky sexual behaviors than men who reported frequenting only civic public sex environments or who attended neither setting. In contrast, other researchers have found that some patrons avoid sexual risk behaviors in bathhouses.§–∥ Briefly stated, current knowledge about bathhouses and sexual risk behaviors among men who have sex with men in this setting can be summarized by three statements.

First, bathhouses are commercial establishments that sell time in a controlled environment so patrons may pursue opportunities for sexual encounters with other patrons. Men look to bathhouses to provide them with a sure score. If bathhouses cannot provide such services, they will lose profitability and, thus, likely will close.

Second, space planning and architectural elements may facilitate sexual encounters for patrons. Such spaces include mazes, steam rooms (that include alcoves and extra-deep benches), and dungeons (elaborately equipped rooms for sadomasochistic sexual play). Even without these elements, sexual encounters cannot occur unless establishments have policies that permit and, perhaps, encourage sex. For example, most bathhouses encourage patrons to wear as
Editorial: Public Sex/Public Policy
Robert Marks, Editor

Bathhouses and sex clubs are not in the news as much as they were in the 1980s, when cities like New York and San Francisco struggled with the issue of whether and how to regulate these businesses. But maybe they should be. It has always struck me that bathhouses and sex clubs offer a route to influence the behaviors of those most likely to participate in high risk sex. But it has never struck me that closing down these places would stop the sex from happening.

The articles in this issue of FOCUS approach the risk reduction potential of public sex environments from two angles. Both William Elwood and Buzz Bense recognize the ways in which these settings might facilitate unsafe sex. Elwood focuses his attention on the gay "cultural scripts" that discourage the types of interactions that might lead to safer sex negotiation and the ways that prevention planners might influence these norms. Bense, who has put some of this theory into action, has been at the forefront of the movement to bring safety into public sex environments. By co-founding Club Eros, a San Francisco safer sex club, he has shown that there is a way of successfully introducing risk reduction into an inherently risky venue.

Of course, those people who actively desire to participate in unsafe sex, rather than those whose safe sex efforts are undermined by cultural scripts such as silence or unequal power dynamics, will not find Club Eros to be a satisfying experience. For those men, Elwood prescribes a broader prevention approach that reclaims the concept of "community." He is not the first to suggest that the post-AIDS world—particularly the one populated by younger men with no experience of the epidemic of death that stretched through the mid-1990s—requires a rethinking of what "community" means and how it might be harnessed. But he has related this idea to the conditions that influence both public sex venue owners and participants, and taken advantage of the inspiration for sexual freedom that underlies both past gay liberation movements and public sex.

Bathhouses and sex clubs are structures that facilitate behaviors that are ultimately individual. What goes on inside a person's head when he or she—and there appear to be a growing number of heterosexual "swingers" clubs—has unsafe sex is a psychological process. But the structure of the world has a great influence on how individual psychology plays out, and efforts like those of Elwood and Bense to re-structure public sex are crucial to controlling the reinvigorated epidemic among men who have sex with men.

References

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An emerging script is the practice of barebacking, which has become increasingly common among gay-identified men. Barebacking is the conscious pursuit and enactment of unprotected anal intercourse with multiple partners. This desire makes the act of unprotected sex different from risky sexual behavior among men who intend, but fail, to use condoms. Some 21st century men who have sex with men perceive unprotected anal intercourse as an act of gay liberation, because barebacking violates the public health policies that these men perceive as undermining sexual identity and consent. A subset of barebackers—"bugchasers" and "giftgivers"—subscribe to the idea that to be infected with HIV is to be quintessentially gay. Ironically, the independent, gay-identified spirit seemingly expressed in this cultural script may result later in dependency upon government benefits.

In combination with other gay cultural scripts, barebacking, which also occurs in private sex environments, becomes particularly dangerous in bathhouses. For example, the script for silence allows each sexual partner to project his own meanings of the sex act on his partner. A sexually subordinate partner might attribute his insertive partner's lack of condom use to a lack of infection. At the same time, the top man might attribute his partner's willingness to participate in unprotected anal sex to his assumption that the subordinate partner is already infected or desires to become infected and, under this belief system, enrich his gay identity. The final cultural script relates to the status accorded HIV; unlike other infectious diseases, HIV remains an exception to the standard disease control practice, which involves the patient as the primary actor in prevention activities. For example, efforts to enact HIV-related partner notification programs, similar to those existing for other STDs, have met with protests about the loss of confidentiality among already stigmatized gay men. It is only recently that HIV prevention programs have begun to consider people with HIV as a target population for messages that remind people with HIV of their responsibility to prevent transmission. Although many people with HIV protect their sexual partners as a matter of course, their systematic omission from HIV prevention messages inadvertently may have fostered the idea among some individuals (in this case, barebacking men with HIV who have sex with men) that people with HIV are not part of the transmission equation. Some public sex venues, however, are challenging this script. For example, a Florida bathhouse recently commissioned a series of advertisements with color photographs, some of which expressly ask men with HIV to protect themselves and to protect their partners by using condoms for anal intercourse.

There are other issues, specific to individuals rather than to the gay male culture as a whole, that can influence the occurrence of unprotected anal sex. Denial, depression, abuse histories, and alcohol and other drug use all have been found to be associated with unprotected sex. These and other factors coalesce with cultural scripts in the bathhouse setting to construct a situation that leads some men to engage in unprotected anal sex.

**Culture, Behavior, and Bathhouses**

Although bathhouse sex is public sex, its commodification renders it an individualized experience. Such sex seldom relates to (or celebrates) the connections between or among these men. In fact, at the same time as the cultural scripts associated with bathhouse settings facilitate anonymous casual sex, they impede the experience of intimacy and emphasize the single-minded notion of achieving orgasm. Given this focused perspective, it is not surprising that some bathhouse patrons lack the motivation to practice safer sex. Some participants report that they negotiate condom use in bedrooms and in private bathhouse cubicles—but not in bathhouse public areas, stating, "I'll wear one only if he asks." In response to these concerns, health education efforts for men who have sex with men might seek to establish and encourage a cultural acceptance for speaking about condom use during sexual encounters in bathhouses.

Additionally, bathhouses have found that it is good business to make free condoms available to their patrons. Many bathhouse managers state that they make condoms (and even lubricant) visibly present throughout their establishments, allowing patrons to maintain the egocentric nature of bathhouse encounters while facilitating prevention goals. Others distribute condoms only upon request. Social marketing efforts—including prevention posters encouraging patrons to use condoms—have been found to motivate safer sex behaviors among individuals and might increase condom requests.
and condom use. These efforts might also be effective in establishing a script that normalizes the prevention of disease during the pursuit of pleasure in bathhouses.

Despite common references to "the gay community," some scholars and activists argue that few gay men demonstrate behaviors involved in the establishment of a community in the word's original sense, which relates to terms such as communion, communal, and communication. Today, "community" is used to describe coalitions of nations, tract-house subdivisions, and groups of people in order to invoke ideas of a shared identity, universal goals, and mutually enriching behaviors—even on occasions when any shared elements are lacking among the individuals labeled as members of that community.

One research subject, after berating researchers who merely came to town, did their research, and "did nothing for the gay community," described his own unprotected anal sexual activity, in which he continued to participate from the time he suspected that he might be infected, through his HIV diagnosis, and into his AIDS diagnosis. Only when he developed neuropathy and went on disability did he start using condoms during his bathhouse encounters. To influence this man and other men who maintain similarly inconsistent beliefs and practices, researchers must define how such men understand "community" and how their understandings affect their actions. In due course, prevention program planners can build upon these findings to establish a more commonly held understanding of "community" that can lead to more authentic feelings of connection and to safer behavior.

One approach to accomplish this grand task would be to draw upon post-Stonewall notions by describing condom use with anonymous partners as an act of gay liberation. After all, if the goal of gay liberation—an individual as well as communal ideal—is to ensure full citizenship to people who physically and emotionally love people of the same sex, then men who have sex with men should help one another remain alive to enjoy the unfolding of this vision. For example, one might restate the San Francisco AIDS Foundation's old slogan, "Be here for the cure. Be here for each other." Linking the idea of HIV prevention to gay liberation preserves the individualized nature of bathhouse sex at the same time as it encourages men with HIV to see their prevention responsibility as an affirmative act of gay identification rather than as an act that denies pleasure and reinforces stigma.

Conclusion

Briefly stated, bathhouses are businesses that sell time in a space so that men can have sex with one another. Given their sexually oriented character, it seems only natural that bathhouses would make condoms and lubricant available to their sexually oriented patrons. Many, if not most, bathhouses find that this practice makes good business sense. In fact, some bathhouses cooperate with public health departments as distribution sites and receive free condoms and lubricant that they, in turn, make available to their patrons. Such an arrangement allows bathhouses to be socially responsible and to maintain profitability.

Patrons—in this case, men who have sex with men—have an equal obligation to be socially responsible. Researchers and program planners have the task of fostering attitudes that will lead men to practice regular condom use during bathhouse sex and make condom use everybody's business.

Clearinghouse: Public Sex

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Coates TJ, Acree M, Stall R, et al. Men who have sex with men in public places are more likely to have unprotected anal intercourse. Presentation from the XI International Conference on AIDS, Vancouver, Canada: July 1996.


Step through the Buzzer Door: Safer Sex and Public Sex

Buzz Bense

HIV prevention workers who deal with gay sex clubs and bathhouses can easily conceive of these venues as being problematic sources of disease transmission, drug use, and anonymous sex. My experience owning and running Club Eros in San Francisco has taught me a lot about the value of bathhouses and sex clubs and their role in preventing HIV.

The men who patronize these clubs often are attracted to these settings because they seek an experience of freedom, safety, and community that is unavailable elsewhere. When stepping through the buzzer door of a club, you know that the usual rules and mores of the hetero-dominant world no longer apply. This is men-only, gay space, where you can be naked, cruisy, blatantly sexual. In this protected environment, you don’t have to think about cops, muggers, your job, or the judgments of the straight world. The weight of the anti-gay, anti-sex culture is left behind and new opportunities present themselves, including the opportunity to learn more about and experiment with gay sex.

Magnets for Responsible Sex

Contrary to popular opinion or media-induced myths, sex club and bathhouse patrons are not composed only of sex addicts, men with low self-esteem, and “old men who can’t get it elsewhere.” In fact, many men choose to patronize these establishments as a healthier alternative to going to bars and spending the night drinking in order to pick up someone. Men who rigorously practice safe sex can enjoy jack-off clubs or safe sex clubs because the rules are clear to everyone and negotiation is not necessary—everyone is playing safe.

While the data on sexual behavior indicates a greater likelihood of high-risk behavior in sex clubs or bathhouses, there is no reason that they have to be magnets for irresponsible sex. Just as some people do not practice safe sex in their own bedrooms and others are careful about protecting themselves and their partners, there is a great variation among bathhouse and sex club owners in how their establishments are managed. These variations are reflected in the tone and atmosphere a club creates, which in turn attract people with different desires and priorities. Tone and atmosphere create expectations ranging from “be sleazy, anything goes” to “have a good time, but be responsible and take care of your health.”

Running any business comes with many responsibilities. Owners have to comply with building codes, fire department requirements, and lighting and bathroom needs. But a sex-oriented business has additional responsibilities, which include creating the right atmosphere to make customers comfortable, providing the setting and furnishings that make sex possible and attractive, and responding to public health considerations. Some club owners take these responsibilities seriously, some don’t.

House Rules

I know from my own experience in running a sex club for more than 10 years that it is possible to set norms about sexual responsibility and even modify behavior, and still create an atmosphere in which men can enjoy themselves. Club Eros, located on Market Street—the main

Authors

Buzz Bense has been a safe sex activist and instructor for more than 15 years. Club Eros, which Bense and his life partner Bob West created in 1992, has been acknowledged for its HIV prevention efforts by the Mayor of San Francisco, the STOP AIDS Project, the San Francisco Bay Guardian, and the Centers for Disease Control and Prevention.


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See also references cited in articles in this issue.
**Club Eros House Rules**

Alcohol or illegal drugs are not permitted in the club. Anyone “under the influence” or found with items may be denied entry.

BAREBACKING is NOT allowed. If you fuck without a condom, you will be asked to leave. NO exceptions!!

Leave your POPPERS at home, or leave them in your locker if you brought them.

Fingers in a butthole can spread germs. If you insert fingers or do butt play, the use of a latex glove is advised.

Cum on me, not in me! Don’t take another guy’s cum into your body.

Taking cum in your mouth or swallowing it increases your risk for infection.

Rimming (oral-anal contact) can transmit hepatitis, amoebas, parasites, and other harmful organisms.

Use common sense. Wash with soap and hot water after you play.

Safe sex supplies are provided in all play areas. No oil-based lubricants allowed.

Feel free to let someone know you’re hot for him. If they’re not hot for you . . . accept it and move on. NO means NO! Try to show the same courtesy towards others that might come on to you. Have fun and let them have fun too.


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street of San Francisco—is in the heart of the neighborhood with the highest concentration of gay men in the city. Across the street is a Safeway and Starbucks, next door is an insurance office and a fancy restaurant, down the block is a light rail stop. In this location, we attract many out-of-town visitors, closeted married men, and young men who are coming out, as well as men living in the neighborhood.

With such a diverse clientele—young, old, inexperienced, non-English speaking, unfamiliar with safe sex—communicating our house rules becomes very important. We have had them translated into nine different languages: Spanish, German, French, Italian, Portuguese, Tagalog, Chinese, Japanese, and Russian. In order to avoid problems inside, customers must read and agree to these house rules before they are allowed to enter. Not only do we insist that “If you fuck you must use a condom,” we also ban popper and drug use, and screen out men who are intoxicated. (See “Club Eros House Rules” above.) By signing the Eros membership card, each man agrees to play by the house rules and be responsible for his own behavior. We have asked customers who flaunt these rules—including fucking without rubbers—to leave.

**Structuring the Experience**

The layout of a facility and its play areas has a great influence on sexual behavior. At Eros, free condoms and lubricant are available within arms reach wherever sex might occur. Lighting enables both customers and staff to see what’s happening, a precaution that is furthered by having only semi-enclosed spaces. When coupled with explicit house rules and the eyes of the community itself, this environment can be very effective in deterring barebacking.

How the club staff interacts with customers also has a strong influence on how customers behave and treat each other. The Eros staff is composed of men who are “out,” comfortable in their gay identity, educated about HIV, and proud of the place in which they work; this combination encourages customers to respect themselves and feel unashamed. Regular customers build friendships with staff and other regulars. Customers ask staff about HIV transmission, for example, the risk from blow jobs. The result is a mini-community built of like-minded men who are aware of their inter-relationships. As part of our ongoing commitment to educate our staff, Eros hosts in-house trainings presented by local experts on such topics as syphilis transmission, substance abuse, transsexual issues, and first aid.

HIV and sexually transmitted disease (STD) prevention educators often are not aware that sex clubs can assist them in their work. Approaching owners with a non-judgmental attitude can create partnerships in prevention. Sex club staff members know their customers, and their experience can be integral to effective prevention. While outreach workers need to keep in mind that this is a for-profit business and a sexual environment, innovative programs that appreciate the desires of customers can thrive. At Eros, an HIV prevention organization provides onsite HIV/STD counseling and testing without disrupting the atmosphere of the club. Eros also makes available written materials that support and reinforce well-designed HIV education programs. Finally, Eros hosts workshops that speak explicitly to the customers about HIV risk and prevention in ways that cannot be accomplished in other venues.

**Conclusion**

The leap to condemn bathhouses and sex clubs as havens for unsafe sex may lead to missed opportunities to reach the people at greatest risk for transmitting and contracting HIV. Joining with sex club and bathhouse staff, however, may offer opportunities to HIV prevention providers to understand these individuals and deliver effective messages and services to help them avoid risk.
Confronting Risk Justification in Public Places
Harding R, Dockrell MJD, Dockrell J, et al. Motiva-

A London study found that an HIV risk reduction strategy that highlights discrepancies between desired and actual sexual risk taking can be effectively implemented in settings such as cruising grounds, bars, and bathhouses. The focus of the cognitive intervention is on “heat of the moment” thought processes used to justify risky sexual behavior that is discordant with the individual’s general attitude toward sexual risk taking.

A total of 900 gay men filled out a five-minute questionnaire concerning past sexual practices, personal safer sex goals, perceived HIV status, and rationalizations they used to justify risky sexual behavior. Using questionnaire responses, volunteer interviewers initiated one-on-one conversations with participants about unwanted risk taking, the cost of the risks taken, and the effectiveness of the client’s risk-reduction strategies. Despite the social nature of the environments, 70 percent to 80 percent of the men approached accepted the interview process. Interviewers faced more challenges in bars and bathhouses, where loud music often made in-depth conversation difficult. The study was not able to determine if clients reduced their HIV risks as a result of the intervention; however, it did prove that it is possible to approach individuals in these settings and undertake a complex cognitive intervention with them. This process was facilitated by the written questionnaire format, which provides both structure and confidentiality in a social setting, and the individualized nature of the intervention, which by focusing on discrepancies between the clients’ safer sex goals and practices, avoids imposing a universal safe-sex standard.

Structural Prevention in Public Sex Venues
Wohlfeiler D. Structural and environmental HIV prevention for gay and bisexual men. AIDs. 2000; 14(Suppl 1): 552–556. (University of California, Berkeley.)

A review of published research reveals that HIV-related sexual risk behavior is more likely to occur in private homes than in commercial sex settings such as sex clubs and bathhouses. Public sex settings can, however, have a large impact on the rate of new infections because of the number of potential partners available during a short period of time.

Local government officials, HIV prevention agencies, and the owners of commercial sex venues throughout the United States have employed sometimes conflicting structural interventions—which modify social, economic, and political structures—as well as educational strategies to combat HIV infection in commercial settings. New York City, for example, has undertaken an environmental approach, modifying the physical space in which people have sex by outlawing sex in the common areas of bathhouses and confining sexual activities to private rooms.

A coalition of sex clubs and HIV prevention agencies in San Francisco, however, has taken a different approach, eliminating private spaces to encourage patron and staff monitoring of condom use. San Francisco’s ban on private rooms has also called into question the extent to which an individual’s right to privacy is affected by public health concerns.

In San Francisco, most sex clubs are gay owned and operated, and owners are more likely to have interests in the health and safety of their community. The city also encourages owners to support the health department’s HIV risk reduction efforts, in lieu of closing sex clubs for public health reasons. In New York, on the other hand, fewer sex clubs are gay owned, and owners have been less directly involved in HIV risk reduction efforts.

San Francisco and New York have taken different approaches to HIV prevention in bathhouses: one eliminating sex in private spaces, the other allowing it only in private rooms.

Sexual Risk and Condom Use in a Public Park

An anonymous survey of men who frequent a London park that serves as a local cruising ground for gay men, revealed that 61 percent of the respondents had
anal intercourse with contacts made in the park, and 85 percent had oral sex. Thirty-six percent of respondents did not bring condoms with them to the park.

The anonymous questionnaire was part of a safer sex kit including condoms and lubricant distributed to men at Hampstead Heath over a five-month period by the Gay Men Fighting AIDS in London. Kits were both handed out by volunteers and placed in illuminated boxes in areas with high levels of sexual activity. Of the 2,210 kits distributed, 141 questionnaires were returned and analyzed. Of the 141 respondents, 28 percent visited the park once or more per week, 34 percent went once or more per month, and 26 percent went once or more per quarter. Volunteers also studied the intervention’s effectiveness by staging a park clean-up picnic and examining the contents of the litter collected, facilitated by the fact that GMFA-distributed condoms were identifiable.

The presence of used GMFA condoms confirmed that the safer sex kits were reaching the target group in the park. For example, the contents of one refuse collection bag revealed 47 of 51 used condoms were from GMFA. They also found brands of condoms that were not part of the distribution program, suggesting that the Heath users were not relying solely on the condom distribution program.

The survey also revealed that 93 percent of the Heath users were sexually active only with men, suggesting that a higher percentage of public sex participants than previously thought might identify as “gay” or “bisexual.” Respondents also claimed to know about HIV risk and transmission, ranking condom distribution and information about other sexually transmitted infections as their most needed resources; other resources included “cruising safety,” drug information, and information about other agencies.

HIV Risk Behavior in Public Parks


A large U.S. city found that about 41 percent of the men observed in three public parks over five months engaged in potential HIV-related risk activities such as direct sexual contact or entering or leaving an area where sexual contact was known to occur. In addition, observations suggested that the presence of law enforcement officers did not deter gay men from engaging in sexual risk behaviors, but rather increased the level of covert sexual activity.

Three outreach workers distributed safe sex kits to men who have sex with men in three public parks known for cruising activities and collected ethnographic data about 614 men in the park. The outreach workers—each of whom totaled 154 hours of observation over the five-month study period—reflected the demographics of participants: all were gay men under 30, one was African American, and two were White.

Of the sexual acts directly observed by the outreach workers, 11 percent involved anal sex and 78 percent involved oral sex. On two separate occasions, men who had been arrested for sexually explicit behavior told outreach workers that they continued to participate in the “sex scene” and that the legal consequences were not an effective deterrent.

Many of the initial meetings occurred near the edges of the parks, with the men moving toward more secluded areas in the center of the parks to engage in sexual behavior. Initial communication between men was limited in the more heavily trafficked areas of the park, and both verbal and non-verbal communication increased as the men moved to more isolated areas.

Next Month

The XIV International Conference on AIDS in Barcelona made headlines with emphatic calls for global resolve to combat the pandemic with coordinated HIV prevention and treatment approaches. This conference, with the direst predictions yet of explosive epidemics in poorer countries and increasing HIV incidence among men who have sex men in richer countries, was different in terms of the confidence some expressed that the world possesses tools to respond to the worst of these challenges.

In the October issue of *FOCUS*, three attendees offer their perspectives on the proceedings. Pamela DeCarlo, Communications Specialist at the UCSF Center for AIDS Prevention Studies (CAPS), reviews presentations related to HIV prevention. Mallory Johnson, PhD, a researcher also at CAPS, covers presentations regarding issues for people with HIV. Lisa Loeb, MPH, Research Manager at the UCSF AIDS Health Project, discusses the overall epidemiology of the pandemic.
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