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**There is no safe sex. There is no
safe life.**

**Fucking, transitioning, and resisting the state all
require admitting risk into your life.**

Devon Price

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the average person with genital herpes only experiences a couple outbreaks in their entire lifetime.

Given all that, I told my friend they could consider herpes to be just one of the mundane annoyances of living with people. We bump into one another, we get scraped by people's toenails swimming past them in the pool, a bedbug leaps from a couch to a blouse to our rug. We do what we can to mitigate risk and beat back the annoyance, but to be loved is to be annoyed. To be in community with other people is to be intruded upon, to make sacrifices every day, to consign oneself to sweet pain.

There are the paths in life that you don't pursue, the pleasures you deny yourself, the connections you fail to kindle, the skills you never take the time to learn, the wounds you don't tend the way that you should, and the truths you keep denying until they pull you to your grave. You can dance around certain dangers, but this earth is a minefield. Something will get you, if you keep living long enough.

I want to avoid getting sick or hurt as best I can, sure, but I can't keep myself "safe" by never choosing connection. I'll succumb to depression and self-harm if I do. If I remain locked away from others, never taking any risks, my immune system's functioning will decline, and my heart health will too, as happens to most people when they are profoundly alone. We'll never build a better world if we're all too afraid to knock on our neighbors' doors.

If I refuse to change as the world shifts around me, I may be left behind in a prison of my own maintaining. And so I have decided that it's more important to lead a life filled with experimentation and learning than it is to guarantee myself a long and dreary survival. And so I take risks, admitting them gladly the way I would a welcome visitor, understanding that they might hurt me but enjoying the pleasure of their company all the same.

I had to get a gonorrhea shot not too long ago.

Dealing with gonorrhea was a pain in the ass — the intramuscular injection hurt, and my arm stung for days. The antibiotic dose was heavy — a whopping 500 milligrams of ceftriaxone, as the once-standard dose of 250 milligrams no longer works for all patients (a not-so-ironic consequence of antibiotics being so heavily overprescribed).

Blasting my body with that much medication left me exhausted for a week. I had to stop having sex until the infection cleared up, and inform all my recent sexual partners about it. Some of them got frightened by any talk of disease and didn't want to meet up with me anymore. One couple even thought that I was accusing them of getting me sick, as if unknowingly transmitting a virus was an action for which they could be blamed (it is not). Since I'd been using condoms, I was a little surprised the transmission had happened, and that made me unwilling to jump into bed with unfamiliar partners for a while.

Through all this hassle, though, I never felt one iota of shame. Why? Because I understood that the kinds of sex I enjoy comes with risks, I had taken steps to mitigate the risks I found unacceptable, and I had long ago admitted to myself that it was better to pursue the life I wanted and pay a price for it than to not have much of a life at all.

Why Shame Doesn't Work

The following is an excerpt from my book, *Unlearning Shame. Just Say No* Isn't Enough. The first time I saw my mom order wine at a restaurant, I was five years old, and it made me unbearably distraught. As soon as the glass came to our table, I burst out crying:

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I grew up with abstinence-only sex education, and it did a real number on me. But I've shaken off enough of my old cultural pro-

gramming to realize that the transmission of bacteria and viruses is a thing that sometimes just *happens* when animals come together, no matter how stringently we might try to prevent it.

I have gotten urinary tract infections when a stray microbe found its way into my urethra after sex. Lube and bodily fluids have disturbed my vagina's pH and caused a yeast infection many times. So has wearing a bathing suit for too long without drying it, yet another "risk" worth the pleasures of swimming along the sea wall.

Once or twice I've had an outbreak of cold sores, just like 80% of humans. If I'm like most people, I probably caught oral herpes when I was very young, sharing a sippy cup or rolling around at a sleepover.

None of this makes me disgusting, irresponsible, evil, or dangerous to others. It just makes me a living creature that exists in close contact with other creatures. I believe I have a responsibility to get tested regularly, to alert people who have been close to me when I get sick, and to use preventative measures like condoms, PreP, vaccines, toys, and masks to prevent the spread of infections as best I can. But I never imagine I can lead a life without risk — or that such a life would even be desirable.

There is no such thing as completely "safe" sex. A friend of mine can't use condoms because they give her bacterial vaginosis. She chooses instead to take PreP to prevent the transmission of HIV, have sex without condoms, and get anything else she catches treated. A guy I know who masks and tests religiously caught COVID while fisting someone (with a gloved hand!) at an air-filtered party. HPV is so prevalent that most sexual wellness clinics don't bother testing for it, and can't do much for a patient if they do have it. Our bodies are teeming at all times with various endemic viruses and microbes that we will never have the power to purge.

Then there are the possible costs of *not* having sex — vaginal atrophy, pelvic floor weakening, reduced access to endorphins,

edness of Black and Native struggles in such a concrete way has proven invaluable to me, and I know that rally touched the lives of hundreds of other people.

Just because an action turns violent and risky and results in arrest doesn't mean that it is not worth doing. At the very first BLM protest I attended in 2020, a sweaty Zoomer chanting and spitting into the air stumbled into me, and I felt certain I had just caught COVID. I told myself I was an idiot for having chosen to leave the house. But I didn't get COVID. The risk of outdoor transmission was, and remains, relatively low. And fighting the police state was well worth the risk.

Indeed, fighting the police state was a noble enough cause to be worth the risk of political failure, too. I do not look back on all those hours spent chanting in the sun all summer long with regret. I learned a great deal about how police kettlings work. I studied closely which neighborhoods favored staid, city-sanctioned marches and which ones briefly turned into something more revolutionary. And for a few moments on the museum campus when the Columbus statue began to shake under our ropes, I knew how triumph tasted.

No person can determine our risk profile but us — not even our allies who might wish to spare us some harm. Some of my friends nearly empty out their bank accounts donating to poor trans people and Palestinian's GoFundMe's. Others have welcomed complete strangers to stay for weeks in their homes. Something bad might happen to you if you choose to give so freely of yourself. But you also might gain a new world.

A friend of mine recently had their first-ever herpes outbreak. They felt ashamed, and were concerned that they'd never enjoy unprotected sex or spur-of-the-moment make-outs with strangers again. I reassured them that I'd enjoyed both those things since my first herpes outbreak, and told them that the virus is so widespread they'd likely already had it for a great many years. I shared that herpes has no long-term adverse health effects on the body, and that

cide in Palestine (and Sudan, and Congo!) to stop, then everything about how we are living must change.

If we want genocides to end, we must stop sitting home alone typing on mass-produced phones made from minerals that have been ripped from the earth by enslaved children and are designed to break down. We have to stop logging nine-hour workdays for wasteful corporations that send billions of our earnings to a government that cages and bombs innocent people. We need to stop investing our faith in a police state that defines “risk” in terms of damage to property, not neglect of human life.

And yes, we as individuals need to incur plenty of risks, changing how we feed ourselves, how we distribute resources, how we spend our time, and whom we trust, so that we can build a more interconnected world. Change is messy and frightening, and it does come with real costs. But it’s important we remember that nothing about the present moment is neutral. This world and this country are already menacingly unsafe to us all. As a trans person who is watching my legal “right” to exist be chipped away at more and more each day, that’s never been more apparent to me than it is now.

The most violent, ungovernable protest I’ve been a part of was the Black-Indigenous Solidarity Rally in the summer of 2020. It was not strictly organized or marshaled, and some activists chose to destroy city property, wrap the city’s Christopher Columbus statue in rope and pull it toward the ground, and toss gas canisters back at the cops as they descended upon us. It was a terrifying scene: as I ran under a bridge to hide from an oncoming rush of riot police, I found a friend stumbling across the museum campus bleeding from his skull.

But it was also the protest that finally got the city’s Columbus statue removed for good. And it was an incredibly spiritually moving event, with chanting and ceremonies led by the Chi-Nations Youth Council, Good Kids Mad City, and several other radical Black and Indigenous groups. Coming to understand the interconnect-

loneliness, touch starvation, the despair of harboring dreams that one never dares try. I can’t decide for anyone else which dangers loom the largest, but for me a gonorrhea shot is a fair trade for the hours of leg-cramping, bed-staining, hypno-kinky sex that led to it. There’s no guarantee that the next time I have sex it will be anywhere near as much fun, but the potential keeps me throwing the dice.

I hear quite frequently from sexually inexperienced Autistic people who crave an intimate connection, but desperately wish to remain responsible and “safe.” They want there to be a set of iron-tight rules they can follow that will guarantee they remain a virtuous person who never hurts anyone’s feelings, and never catches any sexually transmitted infection.

I understand why they want someone to impose order onto an unpredictable, terrifying world. But I can’t give that certainty to them, nor can anyone. All I can suggest is that they be honest with themselves about what they want, inform themselves of the costs and benefits to pursuing their desires, and then venture forward — proudly welcoming the *correct* risks into their life, rather than trying to avoid any risks at all.

Life is nothing but a negotiation of risk. If a person has gender dysphoria and they want to combat it, they must risk a transition they could one day regret. If an abolitionist wants to take a stand against the police state, they must plan for the possibility of arrest or political repression. When we open our hearts to love, we expose ourselves to grief— our partners will keep changing and growing, sometimes away from us. Each step that we take forward in life closes off potential paths. There is no avoiding this.

Instead of chasing after the false promise of “safety,” trying to remain completely insulated from harm and challenge forever, we must get better at *admitting* risk into our lives.

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Why do I speak of risk *admission* and not risk *acceptance* or *tolerance*? Because I want to emphasize the importance of choos-

ing *which* risks we take on, rather than deluding ourselves that we might avoid them altogether.

In your typical conversations about sexual health and harm reduction, all choices are treated as if they exist on a single spectrum that runs from “safe” to “dangerous,” with the same relative risk levels for all people. But the reality is that every person experiences risks differently, and weighs certain harms over others when they decide how to behave.

For me, the consequences of catching gonorrhea really aren’t that serious. But if antibiotics wreck your digestion or give you thrush, you might view the risk of STI transmission very differently. Even my choice to risk STI exposure must be measured against other considerations: the time and money it takes to visit the sexual health clinic, the frustration I might feel when I can’t be sexually active for a while, the new underwear I don’t want to stain with discharge or blood.

Sometimes I choose the emotional risks of sexual unfulfillment over the hassle of possibly falling ill. Other times, I chase passion and court disaster. Sex and love always come with trade-offs. Some days, we wake up having more to give.

When we acknowledge that we must always choose *between* risks rather than avoid all of them, we can be more clear-headed about the likely consequences of our actions. Risk admission means making peace with the losses we are most willing to endure before they even happen, and saying to ourselves, “I chose this, and I wanted it, and I know how to deal with what might happen.”

The pursuit of “safety” at all costs, after all, can be quite the damaging thing.

In early July, the Biden administration announced it no longer supported gender-affirming surgical care for transgender minors, despite having advocated for all age restrictions on transition-related care to be removed just three short years ago. Kamala Harris has been cagey about her policy positions since replacing Biden as the Democratic candidate for President, but seems likely

are untraceable; I have to explain that the anonymity is the point. When the sex you’re having was criminalized for decades and still carries the intense weight of stigma, sometimes it is safer to *not* be known. One man’s risk is another man’s refuge. It’s not the stranger touching himself in the bushes who has the most power to harm you — it’s the one you’ve invited into your home.

Another area where many people yearn for guarantees of “safety” and where true informed consent is not present is in the realm of political activism. I’ve been attending many pro-Palestinian actions in recent months, of varying degrees of legality, and I’ve noticed that many novice and liberal-leaning activists get hung up on ensuring all actions remain “safe.”

“Listen to our protest marshals and police liaisons!” organizers will dictate— and then they’ll happily march a crowd of thousands in a four-block loop that’s been approved by the cops.

“Don’t escalate, it makes people of color unsafe!” white allies caution, disavowing the Palestinian teen who leaves a sticker on a building or climbs up a flagpole.

“No justice no peace! We will disperse after the third police warning!” messages the admin in the Signal chat, seeming to not notice the irony of their words.

These activists mean well, but when the full force of the United States government is turned against immigrants, queer people, women, Black people, and an Indigenous population that’s being actively slaughtered, it’s hard to find sympathy for those still upholding the rule of law.

So many protestors want assurance that the actions they’ll be attending will always be low risk, that there will be no arrests, police violence, rioting, or property destruction. That’s because they’re still dreaming they can convince the leaders of the government to care about them. Good liberals want to walk down the street holding banners, chanting peacefully, and then go home to a town that has not fundamentally changed. But if we truly wish for the geno-

what they must do to “improve” their health with little room for pushback or expressions of doubt, and prevented from directing their own care.

When medical providers assume they know what presents a high “risk” to their patients, they introduce new dangers into the patient’s life. For example, very few gynecologists will ask cis female patients about their anal sex habits, presuming, I guess, that a lady would never do such a thing. What providers don’t ask about, they can’t know, and so thousands of cis female patients go without anal STI screenings and PreP prescriptions they need.

Similarly, many public health workers are shocked by the risks queer men incur by enjoying anonymous sex in bathhouses and backrooms. These professionals gaze at the throngs of nude men wandering about in warm water trading bodily fluids but not names, and all they can recognize are the possible dangers. What they don’t see are the equally real dangers that come from *not* having access to such spaces.

Far too many people forget that it’s still dangerous to be a visibly gay man in public, and with the rising moral panic over “groomers” demonizing our every move, it’s only getting worse. Every time a queer man opens up to another person about his sexuality, he risks a potential beating, sexual assault, accusation of predatory behavior, or a firing. But in a cruising space, queer men can look after one another, prevent acts of sexual assault and hate crimes, and enjoy intimacy without outing themselves on a massive scale.

At Steamworks, I can play with no-strings-attached, blindfolded sex, knowing that I am surrounded by dozens of other patrons and staff and that condoms are freely available. I am not guaranteed safety, but fucking publicly with a ton of like-minded onlookers is certainly less risky than being with a stranger alone in my house.

When I have told colleagues who work in public health about my encounters, I have been scolded for having sexual contacts that

to echo Biden’s stance, especially given her history opposing gender-affirming care for prison inmates.

An Op-Ed in Out Magazine by Chase Strangio on Kamala Harris’ anti-trans stances during her time as Attorney General, originally published in 2019.

Earlier in his career, Biden stated that “trans rights are the civil rights issue of our time,” but this year his team proved all too willing to rush to the right to pander to conservative voters and save his doomed Presidential campaign. This is just one small component of his, and the Democratic party’s, reactionary turn: his administration (of which Kamala Harris is a part) has criminalized undocumented immigration, ramped up deportations to record-breaking numbers, refused to hold Israel accountable for its ground invasion of Rafah, and gladly poured billions of dollars into funding the ongoing Palestinian genocide, all to assure an increasingly authoritarian and xenophobic American public that he is preserving their “safety.”

Transphobes have been using youth gender transition as a polarizing wedge issue for quite some time now. A few years ago, it was difficult to convince the public that no human beings should be allowed to alter their bodies. But it was comparatively easy to pass restrictions on medication and surgical access under a banner of “protecting” youth from future regret.

In the view of Biden, Trump, and numerous other transphobic politicians and their supporters, medical transition is an active choice that comes with salient dangers, but allowing a child to undergo a puberty they viscerally do not want is somehow not.

The science, of course, does not bear this out, and nor do the lived experiences of transgender people. Refusing to intervene when a trans child suffers from dysphoria is not a “neutral” act. It is a *decision* to risk the child’s emotional wellbeing, sense of control over their own body, social acceptance, and future presentation, all in the hope they might one day stop being transgender. And let’s be honest here, *that* is what the desire to prevent youth medical

transition is all about — hoping that a child will be wrong about who they were all along, and punishing all the trans children who were right for years in the process.

There is a real *cost* to forcing thousands of adolescents across the country into years of agony unnecessarily, dangling a chance to feel at home in their body before them and then cruelly snatching it away. Biden’s policy comes with a literal death toll; that much is unquestionable. When transphobic or homophobic legislation passes, the suicide rate among queer youth reliably spikes. But even for the many transgender teens who survive this difficult period, there will be long-lasting physical and psychological shockwaves.

I am a person who has detransitioned, retransitioned, and honestly still harbors deep reservations about my identity. I also have a developmental disability that’s associated with a slower speed of emotional maturation and a slippery sense of self. I am ostensibly the kind of person that Biden’s restrictive policy aims to protect — the risks of letting me make my own choices is supposedly higher than it is for most. Yet I can say without hesitation that access to top surgery would have improved my life immeasurably as a teen, I wouldn’t have ever regretted it.

I’m still not sure I like it when a partner calls me strong or handsome, and I don’t really know which labels apply to me. But I have *always* known that I did not want boobs. Top surgery wasn’t a permanent declaration of a male identity for me, it simply relieved the sensory disturbances and mental despair I always felt at having breasts. There’s plenty in life I am uncertain about — but when your body is torture to inhabit, you *know*. And when no one will let you escape that body, you dream instead of escaping your life.

Non-transgender people are obsessed with weighing the potential “risks” of transition and preventing as many of them as possible, but they don’t understand how trans people’s cost-benefit analyses change as we come to accept ourselves and unlearn decades of shame. I didn’t think I wanted body hair, but now I think it’s cute. I’m sad that vaginal sex is more difficult sometimes, but I’m

so goddamned thankful I don’t have periods. Yes, I might go bald, but bald men are fucking hot.

I wasn’t going to remain the girl I was forever, whether I picked up testosterone gel or not. Loss and change are a natural consequence of aging. We get married, we get divorced, we earn a degree, we make a sudden career change, we rack up credit card debt, we have children, we get tired, we get less flexible, we can’t find time for our creative projects anymore. There’s a danger in every choice, and we will never be safe in our march toward death. We should get to keep marching anyway, along our own circuitous path.

If I had transitioned to male as a teen I might have eventually reduced my T dose or decided that I wasn’t transgender, who knows. But I would have *always* felt that my body was my own to use how I liked, and to make my own mistakes with. Instead I starved myself, over-exercised, allowed condescending doctors to force me onto birth control that I did not want to take, and let men into my body who didn’t respect me, because that body never felt like it mattered, or was mine.

The therapeutic power of freedom — of admitting certain risks into our lives for the sake of making those lives *ours* — cannot be overstated. And the risks of shutting a person away from the world and removing their choices in the name of “safety” cannot be emphasized too much either.

In order for us to really admit risk, we have to know what we are getting ourselves into. In the healthcare system, there is a frightening lack of what I like to call true informed consent: patients deserve access to all the information about what a treatment or medication might do to them, in language they can understand, with a provider on-hand who will respect them and empower their decision-making by answering all of their questions.

The only places where a patient typically gets this experience is in an informed-consent gender clinic (if they are lucky), or a high-end weed dispensary. Everywhere else, a patient is left to fend for themselves, bombarded with intrusive questions by a doctor, told