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## Commodified Risk: Masculinity and Male Sex Work in New Orleans

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Commodified Risk: Masculinity and Male Sex Work  
in New Orleans

A Thesis

Submitted to the Graduate Faculty of the  
University of New Orleans  
in partial fulfillment of the  
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Master of Science  
in  
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Anthropology

by

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## **ABSTRACT**

In this research I examine the complexity of male sexuality and masculinity among male sex workers in New Orleans. Despite danger to their health and social standing, men engage in risky sexual behavior with other men for both business and pleasure. These behaviors may stem from the thrill of risk itself, or from other causes such as unexplored sexual inhibitions on the part of the male sex workers or their clients. Focusing on male sex workers, this ethnographic study explores why male sex workers engage in work that is high risk and potentially very dangerous. It examines the world of male sex work as one of the few places where men who adopt homosexual identity and those who refuse it are in intimate contact with one another. It offers us the opportunity to address questions about male sexual identity and homosexual desire, while attempting to understand the commodified spatial practices of a sexual culture in New Orleans.

### ***Key Words:***

Male sex work, risk behavior, sexual fluidity, masculinity, homosexual, queer space, Southern Decadence

There is nothing glamorous about turning tricks. We like to make believe it is it but when you have your cock inside some dirty, old guy ...that begs you for your load ... you can't help but wonder what was so awesome in the beginning, 'cause it's definitely not the money.

– Jean Luc (Interview, February 2012)

## **I. Introduction**

The mystery and beauty of New Orleans at night can sometimes lead us astray. Just blocks from Bourbon street, with its tourist filled nights and booming music, you can easily come across an even more sinister area, an area where the transsexuals holler at you as you pass by from the shadows and people step out of dark alleyways buttoning their pants. It is the world of male sex workers.

Most would associate the term “sex worker” with females. Even though arguably there appears to be an equal percentage of male and female sex workers in New Orleans [based on street observations and interviews], sex work is generally perceived as a uniquely female issue. Never the less, every hour male sex workers, -men who sell sex- are forced to navigate the complex social networks embedded on the dark streets of New Orleans. The term sex worker evokes endless negative connotations. The exchange of sex for money is often linked with society's traditional taboos such as illicit sex, sexually transmitted infection, illegal drugs, extensive alcoholism, and a full mélange of criminal activities. Conventionally, sex work in this framework involves a male sex worker providing a quick sexual release (i.e., orgasm) through masturbation, oral and/or anal sex. Other performative aspects of sex work, such as the adoption of certain styles of clothing, talking, and acting, as well as the interactions between worker and client, that are usually seen as incidental. The true commodity that is being bought and sold is actually the body-as-object. The research presented in this thesis investigates the controversial world of male sex workers while also attempting to understand how male sex workers negotiate

risks in the process of their daily lives. It examines the transformation of heteronormative space into something else that is quite different.

Men who are paid for sex, is not a new topic of study. Since the advent of HIV in the 1980s (*human immunodeficiency virus*)<sup>1</sup> there has been a significant increase in research on this population (Aggleton 1999; Allman 1999; Bell et al, 1995; Bimbi 2007; Boyd 1994; Brown 1996; Delany 1999; Dorais et al , 1987; Friedman 2003; Hall,2007; Denizet-Lewis 2004; Lloyd 1976; Padilla 2007; West et al, 1993). Most of this research implies that male sex workers (MSWs) were “vectors of disease” into the heterosexual world (Mores et al., 1991). The majority of these studies focused on young street workers (Lloyd 1976; Padilla 1999; West 1993). Yet, sex work is often not very different from the type of negotiated sex that happens between married or cohabitating adults, where it is fairly common for one partner to promise the other certain sexual favors on the promise of a material reward, whether that is a fancy “date night” dinner, a vacation, a new kitchen appliance, or whatever else they might want to exchange. One of the largest differences is that sex workers are usually where people go to indulge in all of their predilections and fantasies away from the sometimes judgmental “other.” From January 2012 through September 2012, I became a part of the daily lives of ten male sex workers who worked in and around the French Quarter of New Orleans, and who each found a place and family among the dark streets of the French Quarter alleyways, bathhouses, and sex clubs [while many more MSWs were interviewed, the primary focus of this study is on the lives of these ten]. The deep labyrinth of alleyways and dark corners throughout the residential areas of the French Quarter, bordering Rampart Street and Burgundy Street near Armstrong Park are the main areas where sex workers can be found. This area is only blocks from the series of both



high-end restaurants and prominent tourist attractions. It effectively creates a hidden space in the public sphere.

Sex work has a long history in New Orleans, as it does in most cities. What makes New Orleans somewhat unique is the extremely limited police presence to deal with both street sex work and the local neighborhood all-male sex clubs. While many cities have strict rules and laws about full frontal male nudity and/or sex in public spaces, New Orleans, in general, or the French Quarter more specifically, has created an environment that not only permits full male nudity but does not “discourage” public sex. It is for this reason that the city has become increasingly popular with gay tourists. A major reason for the influx of “gay” tourism seems to be these lax rules and the preponderance of sexual options, in the form of sex parties or festivals, and fully nude erotic dancing in the public clubs.

It was not too long ago that just blocks from the French Quarter, the legendary “Storyville district”<sup>2</sup> existed. Storyville was an area famous for its tradition of legalized prostitution. This area was somewhat unique because it was only one of two<sup>3</sup> that were legally established as districts in New Orleans. This area was not only a few houses that made up this “neighborhood,” but it was an area defined by law outside of which sex workers were not permitted to live or work. According to Al Rose in his book *Storyville, New Orleans*:

A Miss Carol, of Baronne Street, procured young boys for male homosexuals and established a house of assignation for this type of clientele on Lafayette Street. The staff of this specialized house of sin included such males as Lady Richard, Lady Fresh, Chicago Belle, Lady Beulah Toto, Mammy George, La Sylvester, and the burly “madam,” Miss Big Nellie. This place was known for large scale, noisy, interracial social functions that frequently attracted the attention and wrath of neighbors and police (1974:15).

A small group of ten sex workers chose this small stretch of area in the French Quarter along Rampart Street between Orleans and St. Anne as their main work area. Not only do they have access to “lost” tourists, looking for late night drunk sex, but it is along the sex club row

and is only blocks from the local bathhouse. The bathhouse also doubles as a relaxation spot where sex workers can make a few extra bucks while having a place to sleep and shower.<sup>4</sup>

New Orleans MSWs use of spaces are separated into three distinct meeting spots throughout this research, the Rampart Street / Burgundy areas intersecting St. Anne and Orleans Street, the gay bars and sex clubs and the local bathhouse on Toulouse Street. All three of these meeting spots are joined together through online connections established through smart phone apps and internet connections. In researching these diverse yet intersecting environments, my research suggests that male sex workers use these distinct meeting areas differently and maintain strikingly different expectations as both a means to maximize their earning potential and as a means of responding to an ever increasingly diverse clientele.

On any given night there are roughly 25–40 male sex workers between the hours of 2:00 and 8:00 am. While my interactions with many different sex workers took place over the year of this research, the majority of the MSWs I included consisted of ten of the friendlier and more easily approachable individuals, of which the *majority* were self-identified “heterosexuals.” They usually spaced out into “teams” of about two or three to work certain areas on the Rampart/Burgundy Strip, outside the local bars and/or sex clubs, or at the bathhouse. The majority of the clubs tolerate their presence, in large part because it keeps their customers “happy” and buying drinks. All except three of these sex workers were between the ages of 18–23, with only two being in their late twenties and one in his early thirties. All had started stripping at one of the local male strip clubs, with little or no intention of getting into sex work. But they ended up in different variations of the sex trade: full time, part-time or situational. During the research period it became evident to me that many of these young men are not only alcohol dependant<sup>5</sup> but also have extensive drug use habits, sometimes using with each other but

more often than not using with their clients at the client's expense. While shots are typically the preferred method for alcohol consumption among this age group as a whole, it is the shift towards "serious"<sup>6</sup> drug use over the course of the study year, which further reveals the impact of sex work on their daily lives. An important component of this study of male sex work in New Orleans is concerned with the relationship between the local male sex worker community and how it helps use and transforms the urban environment that contains it. Such transformation occurs while MSWs negotiate multiple risk taking behaviors that result from their work. My intent in this research is to show the many challenges in and reasons for purposefully accepting risk and at times disease for the possibility of cash and/or excitement. This risk taking occurs concurrently as MSWs attempt to present themselves as "extra" masculine as a means for increasing their earning potential.

One of the most important factors that can at times prevent people from making an effort to attain a healthy lifestyle is an individual's perception of actual health risks. Even when understanding the sometimes severe health consequences of some behaviors, some might assess their personal risk as low, based on age, experience, or even luck. One possible reason for an oftentimes incorrect estimation of personal risk is that sometimes it can take a very long time to develop symptoms and that some illnesses never develop any symptoms at all in certain portions of the population. Yet many of these risks can and do lead to real consequences, often both physical and/or financial. [It is because commoditization is a market force with supply, demand, quantities, and prices (Mankiw 2009: 643)], that I investigate how men in the male sex work market construct their identities and are influenced by social factors. This can, in turn, tell us about values men place on themselves and other men for commercial and perhaps non-

commercial sexual liaisons, while also helping us to understand the implications of space as they negotiate their commodified sexual bodies.

The French Quarter sex workers walk a fine line of mutual solidarity and betrayal as they scramble for their next client or moment of affection, their next night out of partying, the next hit of drugs and/or just a sense of feeling connected. All the while watching out for themselves and each other and haphazardly trying to take advantage of the people that cross their paths. In his seminal book *The Gift*, anthropologist/sociologist Marcel Mauss (1990[orig.1922]) argues that reciprocal gift-giving distributes prestige and scarce goods and services among people living in nonmarket economies. The MSWs with whom I worked seem to be doing something analogous or parallel to what Mauss describes. They often help each other with food, shelter, drug acquisition and often help create a support system to overcome challenges for survival. We can see how this group of male sex workers forms a tight social network of addicted bodies that are held together by their dependence on sex, drugs /alcohol and each other.

I begin this thesis by considering the significance of such research and its potentially useful applications. In Section 2, I review the literature, both new and old, tracing male sex work through concepts of sexuality, sexual orientation to the intersections of race and masculinity, and the recent trend and use of the internet and smart phones as a means to maximize earning potential. In Section 3, I situate MSWs in the urban environment and discuss how they transform spaces by both their sexual acts and their presence. In Section 4, I review the methods I have used in obtaining information. I also trace the process through which I become interested in sex work as a research topic. In Section 5, I introduce the group of sex workers with a brief history and outlook on sex work as they navigate their work environment. In Section 6, I delve into the ideas behind negotiating risk behaviors concerning sex, drugs or

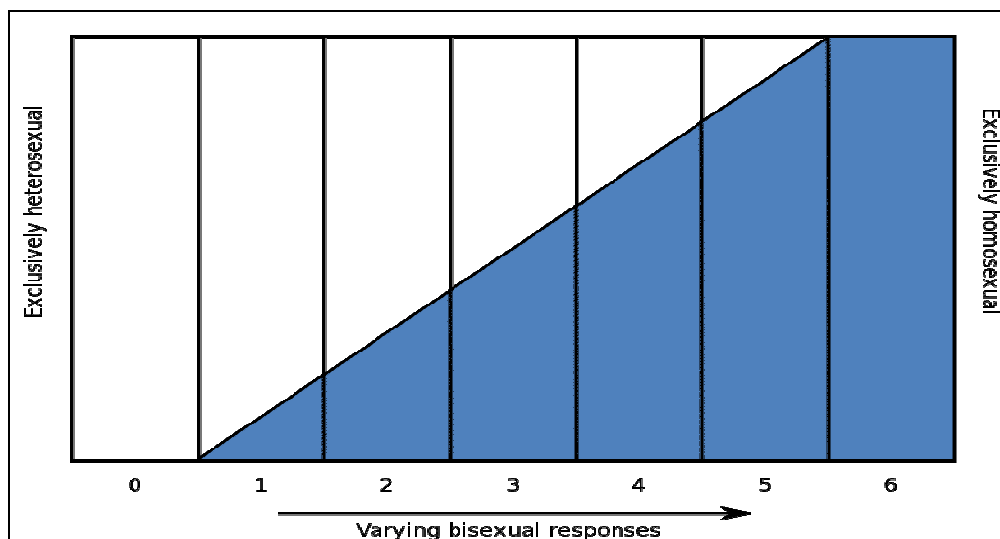
emotion. Finally, in Section 7, I introduce the ideas of sex tourism in New Orleans within the framework of Southern Decadence and the importance of sex parties to the sex worker community. In my conclusion, I look to the future for possible research and short-term policy recommendations and discuss the structural political and economic change necessary for long-term improvement of the lives of sex workers in New Orleans.

## **II. Literature Review**

One of the first scientific articles which focused on male sex work appeared in Germany (Scheinmann 1929). The article, entitled “*The Psychology of the Male Coquette*,” focused on two distinct types of MSWs: “*Normal*” men who only engage in sex work during financial hardship and “*coquettes*” who have homosexual tendencies and as such gravitate toward sex work because they enjoyed the sex and were looking for romantic involvement with someone of the same sex. Schienmann’s research, while innovative for its time, only interviewed sex workers from the street who were seen to be “delinquents.” Thus, it was the delinquent persona that was described for many decades. Fortunately, as times progressed so did ideas about sexuality. But it was not until Alfred Kinsey and his research on the Sexual Behaviors of the Human Males that a more well-defined understanding evolved.

In 1948, Alfred Kinsey in the *Sexual Behavior of the Human Male* had a significant impact on ideas about sexual behavior. In his research from the *Kinsey Reports*,<sup>7</sup> he gave the impression that almost everybody has the potential of being homosexual if circumstances did not permit access to the opposite sex. Kinsey states that there are “patterns of sexual behavior and that these two types (homosexual and heterosexual) are represented in the sexual world, and that there is only a small number of ‘bisexuals’ who occupy an intermediate position between the

other groups.” It is already well established that segregation in prisons and boarding schools results in homosexual behavior, but the Kinsey data showed that about one-third of prison populations engaged in homosexual behavior and that no heterosexual person continued with that behavior once freed. It was because of the Kinsey data that it was concluded that in the U.S one person in ten is a homosexual. This proportion has been pretty much accepted for all populations. Although Kinsey’s research was not intended for repressive purposes, his findings, in regards to the unexpectedly high incidence of homosexual behavior, was upsetting to mainstream society.



**Figure 1.**

From the *Kinsey Reports*, Alfred Kinsey established the Kinsey scale, which is often referred to the Heterosexual-Homosexual Rating Scale. It attempts to describe a person's sexual history or episodes of his or her sexual activity at a given time. It uses a scale from 0, meaning exclusively heterosexual, to 6, meaning exclusively homosexual. In both the Male and Female volumes of the *Kinsey Reports*, an additional grade, listed as "X," was used for asexuality.

Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats. It is a fundamental of taxonomy that nature rarely deals with discrete categories. The living world is a continuum in each and every one of its aspects.

While emphasizing the continuity of the gradations between exclusively heterosexual and exclusively homosexual histories, it has seemed desirable to develop some sort of classification which could be based on the relative amounts of heterosexual and homosexual experience or response in each history [...] an individual may be assigned a position on this scale, for each period in his life. [...] A seven-point scale comes nearer to showing the many gradations that actually exist (Kinsey et al 1948:639, 656).

Even today, some 64 years later many sexologists still use the Kinsey scale and find it relevant to sexual orientation, but just not comprehensive enough to cover all sexual identities.

Many studies of “primitive” natives have revealed that while in some populations homosexuality is often very rare, that in other populations it is incredibly common.<sup>8</sup> Margaret Mead in *Coming of Age in Samoa* called Samoans "peaceful and constructive . . . a people who plant and reap, fish and build, feast and dance in a world where no one is hurried . . . and life is harmonious and uninhibited ([1928] 2001)." Babies were “breastfed generously,” and "children are loved and cared for and reared in large stable families that do not rely on some tenuous tie between two parents for their own security." Mead noted that the only homosexuality she observed among the Samoans was the casual relationships between adolescent boys, which they soon outgrew.

There were several pairs of boys in the village....who were inseparable companions, often sleeping together in the house of one of them. Casual homosexual practices occurred in such relationships ([1928] 2001:49).

In reviewing the social science literature, it was important to understand the social construction of sex as it relates to male sex work. While sex is always a matter of biology (i.e., embodied acts and physical processes), the fact that specific bodily actions and performances are understood as sexual or erotic means that they take on a meaning that reaches out to encompass all aspects of our identities and practices. Virginity might be understood biologically as not

having had intercourse. But, socially it is surrounded by a complex range of assumptions and understandings of purity, cleanliness and innocence (just like there are “good” and “bad” ways to lose one’s virginity). This type of example suggests that not all sexual acts or identities are regarded as equivalent in our society. Anthropologist Gayle Rubin (1984) argued in her book *Thinking Sex*, that some sexualities are socially privileged while others are marginalized. With this in mind, it is feasible to talk about “good sex,” which is what the state, media, and law understands to be normal, natural and healthy. On the other hand, we also have “bad sex,” which is often depicted as “utterly repulsive and devoid of all emotional nuance” (Rubin 1984:117).

Some sexualities have shifted from “bad” to “good.” Rubin and others have spoken of homosexuality’s marginal and often criminalized status in the 1980s. Yet this has been transformed through the efforts of *homophile* and later, *queer activist* groups to a point that now many nations recognize same-sex civil partnerships and are offering homosexuals protection from discrimination and abuse (see Rubin 1984; Mores et al 1999; Bersani 1996; West 1993). Likewise, sexualities can move in the opposite direction from “good” to “bad.” For example, in ancient Greece, Athenian society revolved around male dominated and homosocial notions of bonding that encouraged older men to take young boys (usually between the ages of twelve to eighteen) as lovers (Halperin 2002). Today, Rubin notes, that kind of behavior would be considered pedophilia. As such, Rubin argues that “all erotic behavior is considered bad unless a specific reason to exempt it has been established, with the most acceptable excuses [being] marriage, reproduction and love” (1984:116). This argument has been developed further by researchers exploring how a particular coupled form of heterosexuality is made to appear natural and normal. This begets the concept of “hetero-normativity” (Mann 2012:237).



Most early discourse of male sex work emerged in the United States and Britain. Unfortunately, most research on sex work has focused on the more commonly discussed female variety, and offers very little to understand the more hidden masculine world of sex work (Bernstein 2007; West 1993). While both male and female sex work have a lot in common (mostly male clients, illicit activity, drug use, risk factors, etc.) male sex work remains more hidden and generally more stigmatized. In turn, this possibility makes it potentially more dangerous because of the cultural restrictions on sexuality and the moral and ethical boundaries laid out by society. It should be noted that rarely does research on female sex work inform its masculine counterpart because of the prejudices and stereotypes around homosexual desire and behaviors, and because of homosexuality's historically deviant connotation. Surveys of male prostitution, - in both scientific research (Aggleton 1999; West 1993) and popular media (Itiel 1998; Wilkinson 2009) - point out several geographic and cultural distinctions in the practice and forms of male sex work that make it difficult to generalize the phenomena over space or time. This difficulty has hindered research. Theories of sexuality pay particular attention to sexual minorities and marginalized sexualities because these are central to understanding majority and minority sexualities and sexual identities (McNamara 1994:56). Inclusion of male sex workers also alters the usual theoretical tools of power and gender, allowing for the "exploration of dynamics within genders in a novel way" (Marlowe 1997:15-16).

Today, not many MSWs or their clients self-identify as homosexual (Bimbi 2007; Dorais 2005). Allen (1980:385) describes studies of male sex workers that find less than 10 percent identify as homosexual. Since Laud Humphreys' (1980) *Tearoom Trade*, which focused on "impersonal" male-male sexual encounters in the U.S, there has been little to no work done outside of the scope of HIV. Interestingly, Humphrey's research was based on covert

observation methods, in which Humphreys' took the role of a look-out in public sex encounters to justify his presence as a participant-observer without disclosing the "true" purposes behind his research. This controversial work noted that men partaking in same-sex sexual behavior are unlikely to be found in surveys unless they choose to publicly reveal their sexual behaviors and desires (Calhoun 1992; Cameron 2004). The world of male sex work is one of the few places where men who adopt homosexual identity and those who refuse it are in intimate contact with one another. Research into this area offers us the opportunity to address questions about male sexual identity and homosexual desire.

Anthropologist John W. Burton's book *Culture and the Human Body: An Anthropological Perspective* stated that "there is no such thing as a natural body, that even basic biological functions are mediated by learned behavior" (2001). Since culture plays such an important role in the body and body image, it is easy to understand its implications on masculinity. This brings to mind, Marcel Mauss' ideas on "hexis" and "habitus", concepts largely taken from Mauss' essay on the techniques of the body (1935). In it, Mauss defined his techniques of the body as "the ways in which from society to society, men know how to use their bodies" (Mauss 1979:97). This work discussed a wide array of techniques, from walking, talking and running to dancing, swimming, riding a bicycle, or even engaging in sexual intercourse. He showed how our bodies are shaped and socialized into culture. We are thus socialized to use our bodies in ways specific to class, gender, and, as in this case, profession.

Susan Bordo's book *The Male Body* (2000) focuses on ideas about men's bodies and how they are influenced by society's expectations. Through social interactions, upbringing, schooling, and the media, men [and women] learn what is important, so this helps us understand

the cultural implications on our bodies. It is culture that can change what is right, wrong, and even healthy. Culture decides whether a man is to be circumcised or not, whether men should be happy with the size of their penises or not and even if they are or are not “manly” enough.

Further research into the anthropology of the body has the potential to help examine cultural concepts concerning human bodies. Medical anthropologists Nancy Scheper-Hughes and Margaret Lock (1987) have done extensive work on what they call the three bodies: the individual body, the social body and the body politic. This approach was constructed to argue that the conception of the body can be very different, depending on who is looking at the body. It is the body politic that refers to the regulation, surveillance, and control of bodies (both individual and collective in reproduction and sexuality as well as in forms of deviance and human difference. Historically - from slavery to women as property - ideas about the body have impacted politics and have guided or controlled ideas about how the body is treated.

Issues of the body play a large role in conducting research on male sex workers because they are impacted by not only the cultural manifestations of what the “ideal” male body is and should be, but by how the sex workers view their own bodies in relation to others. In many instances they appear somewhat or completely detached from the sex acts they perform. They often choose to accept a feminized role in the sexual encounter based on the commodity-customer relationship. This separation of the mind and body is assisted by the use of both drugs and alcohol as a way out of this male dilemma. This drug and alcohol use can be viewed as a form of camaraderie and as a vehicle for the expression of male solidarity among the sex workers. As such, doing drugs with clients falls outside of this framework, unless you consider the disposable income of clients, which are often used for the purchase of the drugs.

Culture defines ideas about what a man should look like, and a sex worker is no different. Sex workers are subjected to such cultural ideas. These established cultural norms and standards also set standards for how often and to what extent a sex worker is expected to achieve an erection and even how willing he is to engage in bareback sex (Dean 2009:79; Shernoff 2005). It is through their interpretations and perceptions about health and illness, in addition to serostatus and STI (sexually transmitted infection) prevalence, which can further show the detachment many feel when engaging in their work.

Anthropology's contribution to prevention and health promotion was summarized in a article by Raymond Massé in "Culture et santé publique: Les contributions de l'anthropologie à la prévention et à la promotion de la santé" (1995). It is based on many empirical studies and defends the idea that high-risk behavior is rooted in the social practices and cultures of the populations targeted by public health programs. In New Orleans, preventive strategies are put on the back burner, while test, identify and medicate are first and foremost.<sup>9</sup> There is surprisingly little attention to preventative education. Risk-taking is not "unconscious." Rather, it is "rational," since it is a means to an end and involves a personal and collective assessment of one's risk in comparison with others (Shaver 1996). For example, the risk of losing a lover by expressing mistrust with the insistence of a condom, may weigh heavier in the balance than the risk of losing one's health.

Here in the U.S, the idea of risk has come to dominate the vocabulary of popular, medical and policy making. The idea of risk is at a point that life-long drug therapy is often recommended for a significant number of middle aged people, as well as the obese, those with erectile dysfunction, among others. Health seems *to be viewed* as an achieved rather than an ascribed status, and each individual is expected to "work hard" at being strong, fit, and healthy.

Conversely, ill health is not viewed as an accidental state, but rather is attributed to the person's failure to live right, to eat well, and to exercise.

Anthropologist Emily Martin (1994) in "Flexible Bodies: The Role of Immunity in American Culture from the Days of Polio to the Age of AIDS," showed how earlier thinking about health emphasized the protection of the body surfaces from external threats by the practice of good habits.<sup>10</sup> It was not until later, with knowledge of the immune system, that body surfaces came to be seen as a complex system that responded to the body's changing environment. Contemporary biomedicine can directly emphasize the importance of the mind – body relationship as being one rather than two separate "entities" interacting with each other.

I work out every day! I like it; I get a lot of attention because of it and it keeps me healthy. I never even catch a cold, even when everyone around me is totally sick, especially since all sorts of people are always putting their hands all over my body when I'm dancing (on the bar). The truth is I've done some risky things and I think it's my being super healthy that has kept me from catching anything (Jerome February 2012 interview).

Some anthropologists consider the individual as an entirely conscious, self-willed actor responsible for his or her choices and actions (Mead 1928; Schwartz 1980). However when individual behavior is examined, individuals are not only constrained by social structures, but also by a whole set of factors that, when combined, act to reveal the true complexity of social behavior and whether or not people have real decision-making power.

In Michel Foucault's unfinished three volume the *History of Sexuality* (1978), he described how in pre-industrial European societies, sexual practices were primarily subjected to moral and religious scrutiny and categorized by its relation to sin, with nonreproductive sex represented as immoral. Yet, in the modern industrial era, Foucault described the varied "technologies of sex" and how they began to explore sexuality both within and beyond marriage, subjecting a more diverse range of bodily acts and practices to scrutiny as part of "scientific"

consideration of people's sexual lives that were taking place at the interface of psychology, psychiatry, psychoanalysis and psychotherapy. For Foucault, sexuality is a cultural production that appropriates the human body and its physiological capacities, connecting it to aspects of sex and gender:

Sex must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries gradually to uncover. It is the name that can be given to a historical construct [*dispositive*]: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power (Foucault 1978:105-106).

He further argues that sexually defined subjectivities (such as heterosexuality, homosexuality, and queer identity, etc.) whether considered normal or taboo are not the product of a set of "natural" inclinations. Sodomy for example was "an utterly confused category" in the Middle Ages (Foucault 1978:101). It was not until the 19<sup>th</sup> century, with the emergence of biopower, that sex and romantic love between men was defined as a perversion.

For Foucault, identities reduce rather than liberate freedom. If people define themselves as heterosexuals then there is a whole range of sexual practices that they cannot engage in without violating this category of identity. For Foucault, notions of sex and sexuality are historically specific constructions. Foucault implied that people are not naturally anything. His investigations into sexual practices in antiquity were additionally insightful. They showed how sexual practices had very different meanings and interpretations from those of today. For example, when Foucault discusses the sexual practices of free, male citizens in Greece during the fourth century, there was a relative absence of official (legal, moral, or judicial) controls on sexual behavior.

In an effort to shift MSWs from the object to the subject position throughout this research, it is important to challenge these power relations. I draw on Foucault's theory of power

relations between subject and object, in particular the relationship between heterosexual hegemony and the “objective” reality of homosexuality. In the first volume of the *History of Sexuality*, Foucault argues that people should rise above the notion that power is oppressive, *mostly it is because*, even in its most radical form, oppressive measures are not just repression and censorship but they can also be productive, often causing new behaviors to develop. In this sense power is usually understood as the capacity of a person to exert his will over the will of the powerless, or in this case the ability to force them to do things that they do not want to do. It is useful to refer to the terms “discourse” and “discursive formations” coined by Foucault. Through discourse, the forms of analysis which group subjects, (Foucault methodologically positions ‘subjects’ as ‘objects’), follows the manner in which they are spoken and written about. In the position of the objectified subject, gay identity is constructed through a series of legitimizing discourses, such as mental institutions, laws, religious prohibitions, and importantly, norms of sexual behavior. This legitimizing form of knowledge produces homosexuality as an objective reality, which then becomes *a form for understanding public space*. Sexuality, or more specifically, sexual behavior, has been bound up with the norms of heterosexuality, as opposed to homosexuality. For Foucault, discourse behaves like a “field,” operating by certain rules.

Sexual behavior and lifestyles are just one of the many key foci in anthropological and sociological studies. What is interesting is that in some ways sex workers could be seen as revealing the constructed nature of gender and sexuality by showing the fluidity involved in both gender representations and sexuality and at the same time, that by their “performance” of the hyper-male and hyper-sexualized identities, they may in fact also be reinforcing certain images and identities. It is this tension and contradiction that creates a fascinating area of study, all the while bringing to light how that tension is further impacted by the commodification process. By

commodifying things such as sex, sex work makes explicit things that are usually hidden. This could be because male sex workers serve multiple groups (i.e., gay-identified men, heterosexually-identified men, and their own sexual partners), making them a unique study group to test theories of masculinity and sexuality. Culturally the days of the sodomite who offended God and the homosexual that offended society have not passed; these are in fact constant debates currently going on throughout the world.

As previously noted, the literature on male sex workers is small in comparison to the information on experiences of female sex workers. Yet, some research does note important characteristics associated with male sex workers. It seems that early research has often alluded to the fact that male sex work has been on the rise in urban centers as a direct result of changing social standards (Kinsey et al. 1948:596). What this can mean to the future of sexuality is limitless.

As with female sex work, much of the research implies that male sex workers are runaways from corrosive home environments (Janus, Burgess and McCormack 1987; Earls and David, 1989 and 1990; West 1993). Tremble points out that the majority of his informants come from abusive homes. Earls and David (1989 and 1990) found that in comparison to control groups, male sex workers had experienced more physical and sexual abuse while growing up, and had witnessed more violence between parents while exhibiting more drug and alcohol use, and were more likely to engage in their first sexual experiences with men. Janus, Burgess and McCormack (1987) found that many male runaways were abused both sexually and physically, much more than “randomly sampled [male] populations.”

Growing up my mom worked two jobs, so I was always home alone. My best friend lived next door with his dad, but his dad was out of work so I hung out next door all the time, even when my friend wasn't there... that's kinda how it started I guess. I hung out with his dad and I'd offer a massage or something. I was like 12 (years old) at the time so one day his dad got hard and he had me jerk him off. Eventually he made me suck his dick and then eventually he fucked me. I remember he'd always give me the option of



where he was going to cum in my mouth or in my ass...and I hated sucking dick so I just let him cum in my ass. He had a small dick so it didn't hurt after a few times. I think it messed with my head a bit. I was just a kid and he was like 40...but I guess I kinda started it (Jerome March 2012 interview).

Soldiers and sailors made up the other category of MSWs, unlike the physically and sexually abused; these groups went into sex work strictly for the financial rewards (Dodé 2003). Interestingly if sodomy was involved the possibility of significant increases in earning potential was often well-worth it. In the literature, historically, it was sailors and soldiers who went into sex work out of a type of “tradition,” and then it developed into a means of income for the poor and needy homosexual.

The literature also reveals several characteristics that are exclusive to male sex workers. Weisberg (1985) demonstrated that many male sex workers exhibited many same-sex desires (also see Earls and David, 1989; Price, Scanlon and Janus, 1984) and as such some believe that homosexuality is a large contributing factor for entrance into sex work. Throughout the early literature, research showed that male sex workers had left home because of strong social prejudice in regards to their sexual orientation (e.g., family, friends, school) (Kruks 1991 and Visano 1987). Essentially, they were humiliated and rejected for their homosexual preferences (Brummelhuis 1995). In this regard, prejudice and discrimination in society pushed many of these young men onto the streets, where it has been theorized that necessity played a large role in their entrance into sex work (West 1993).

The most prevalent focus of the current literature on sex work is the relationship between sex work and HIV. Dan Allman in *M is for Mutual, A is for Acts: Male Sex Work and AIDS in Canada* reviews the literature on male sex work and AIDS in Canada. The objective of his research is to focus on the “health discussions about male sex work in relation to HIV and AIDS,” and to contribute to a better understanding of male sex work in Canada, furthermore it is to “inform the very pressing legal, ethical and policy debates on the roles and rights of sex

workers in Canadian society.” Allman further notes the limits of research on male sex workers, and suggests that most literature fails to recognize that males enter the sex trade for different reasons than females. Current research suggests that male sex workers are younger than female sex workers and that “troubled home environments” are a main contributing factor in male’s entrance into sex work (1999:18-20). Allman (1999) focuses on the HIV and AIDS literature, which he characterizes as lacking consistency with respect to “measurements used or of populations sampled.” Yet, when viewed in its entirety, Allman argues the evidence does much to refute the label of male sex workers as AIDS vectors of disease. Instead, it suggests that increasingly, male sex workers in Canada are protecting themselves, their clients and their sexual partners from STI and HIV infection and transmission (1999:72).”

Peter Aggleton (1999) in *Men Who Sell Sex: International Perspectives on Male Prostitution and AIDS* reviews the complexities surrounding the study of MSWs. In his edited book, Aggleton brings together studies and articles about the male sex trade from all over the world. He suggests that we understand sex work “not as a fixed state or identity, but rather as a continuum ranging from organized prostitution, through brothels and escort agencies.” His primary focus throughout the volume is sexual and gender identity, how sex work is a means of coming to terms with being homosexual, and HIV/AIDS.

In Canada, Jackson, Highcrest and Coats, (1992) found that HIV infection among nondrug using male sex workers was absent or low. The authors suggest it is important to provide sex workers with HIV-related intervention and prevention programs that differentiate between the needs of street sex workers and those working in off-street locales. Brock (1998) criticizes images that scapegoat sex workers as being responsible for spreading HIV. She argues that few sex workers have been found HIV positive and that most sex workers (except for young

women and men who recently entered the sex trade) practice safe sex. Dan Allman offers a similar view in his review (1999) of the literature on AIDS and male sex work. He argues that, "“viewed holistically, the evidence does much to refute the label of male sex workers as AIDS vectors”" (1999: 72).

Starting with George Simmel (1971) in 1907, sex work as a form of exchange has been of great interest to social scientists. But, despite this fact male sex work remains under-researched to this day. Recently there has been various researchers with interest in this type of research (Bimbi 2007; Weitzer 2000). In general, male sex workers are difficult to find in current economic, social, and gender theories of sex work because all participants are the same gender (Bernstein 2007; Marlowe 1997).

The research available on male sex workers focuses most often on those who work the street. In contrast, there is almost no information on male escorts, who arguably hold the highest position in the social hierarchy of sex workers.

Yet, the transition to the internet and the “increasing” social acceptance of homosexuality (Loftus 2001; Scott 2003), means that much of the discourse on sex work might no longer be accurate in the current political and social climate. More recent qualitative research has found that many of the explanations for entry into commercial sex work that were thought to explain it, seems to no longer apply today (Calhoun 1992). Researchers also have noted the unique social and epidemiological position held by MSWs because they serve numerous social groups: gay-identified men, heterosexually-identified men and their own noncommercial sexual partners (see e.g., Mores et al. 1991). MSWs thus interact with groups of men who are unlikely to interact with each other, potentially acting as a social and sexual conduit between various groups (Bimbi 2007).

Some current research suggests that MSWs are a significant portion of the sex worker population in the United States (Aggleton 1999). Unlike female sex workers, male sex workers are usually very independent and with little to no pimping or male brothels in the U.S. male sex trade (Logan 2010, Weitzer 2000) it is easy to understand how this allows for greater mobility up and down the hierarchy of the MSW work force. In this hierarchy, male escorts are most esteemed. They do not walk the streets (street workers are the lowest in the hierarchy), they take clients by appointment, and they are usually better paid than their street counterparts (Berlant and Michael 1998). While street sex workers are paid “a la carte” (per sexual act), male escorts are “contract” employees with greater control over the terms of their work and the services they provide. They almost always require a flat rate from their customers.

Male escorts used to congregate in “escort bars,” in New Orleans. Now, they hold a separate place as hustler bars (a more middle ground in the hierarchy of male sex workers). Historically these escorts have placed advertisements in gay-related newspapers to solicit clients. Yet, current research suggests that the male escort market now takes place most frequently online (Friedman 2003, Bimbi 2007). The standard operating procedure is straightforward. Some escorts pay a monthly fee to post their advertisements, which include pictures (usually including fully nude shots); a physical description (including penis size); their sexual preference (top or bottom); their rate for services (quoted by the hour); as well as contact information such as a telephone number or e-mail address. Many of these sites are actually free of charge (Qrushr, Manhunt, Adam4Adam, Grindr, Scruff, etc.).

There is very little literature that looks at racial aspects in the value among some men (see e.g., Green 2008; Robinson 2007). The intersection of masculinity with racial sexual stereotypes can create multiple forms of sexual objectification for particular groups of gay, bi

and straight men. It is evident that the value of a top (the penetrative partner) is not uniform for all tops. The worth of being a white top is not simply the addition of the value of whiteness and “top-ness.” Rather, there is an independent effect for men in this particular category who embody the highest position in the racial and sexual behavior hierarchies among gay men. The sex market appears to embody many of these sexual stereotypes in an explicitly fiscal way.

Bell (1995) and Kimmel (2005) both note that the American ideal of sexuality is rooted in the American ideal of masculinity, which each argues, requires an inherently racial dimension. For some white men, black men’s sexuality may become an object of desire because they are perceived to be sexually dominant and unrestrained despite also still being under the social control of whites due to their race (Allen 1980; Friedman 2003). This further adds to the idea that the bottom (receptive partner) is in actuality the one with all the control in the relationship or sexual encounter.

The stereotype of the sexually dominant black man, rather than being an agent of fear, seems infused in sexual fantasy and in certain circles can demand a high price in the sex market. In this theory, the general level of social interaction between black and white gay men is relatively low and occurs chiefly over sex. Black men who demonstrate hyper-masculine and sexually aggressive behavior are offered entry into white gay spaces, but this entry is often limited to sexual liaisons. McBride (2005) notes the limited range in which black men interact with whites in gay pornography. In such interactions the vast majority of black performers are tops who adopt an antisocial persona. According to Robinson (2007) men who defy racial sexual stereotypes may face markedly lower values. He finds that white gay men largely ignore and devalue black men who do not conform to the stereotype of the hyper-masculine black male, suggesting that the penalties for nonconformity may be particularly harsh (2007:16-18).

Robinson (2007:22) also suggests that the reverse is true for Asians, whose passivity and docility are expected. He describes the persistent stereotype that Asian men should be passive, docile bottoms (the receptive partner). As with black men, this racial sexual stereotype allows the larger gay community to limit the expression of Asian men's sexual preferences and differences. Asian men who do appear sexually dominant or aggressive are interpreted as being out of place. Robinson goes on to note that Hispanics are celebrated as passionate, virile lovers who are usually sexually dominant, although not exclusively so, this idea places them squarely in the middle as the most versatile (enjoys both receptive and penetrative) of the groups.

Given these racial sexual stereotypes, it is necessary to consider how the values of particular sexual behaviors differ by race. Denizet-Lewis (2004) found that dating "preferences for minorities often are tainted with stereotypical images: Asians as exotic, docile, loyal partners; Hispanics as passionate, fiery lovers; and Blacks as 'well-endowed,' forbidden partners." If the market for male sex work mirrors the gay community at large, we would expect black men who advertise themselves as tops and Asian men who advertise themselves as bottoms to command high prices, reflecting the value of conforming to racial sexual stereotypes, but they do not. In a broader context, these same racialized sexual stereotypes are not really very different from those used in the "heterosexual" world. As such we are all participating in the same broader culture.

My review of the literature on MSWs leads me to contend that there are a variety of factors which impact the MSW community. [From ideas in the reasoning behind entrance into sex work to ideas about how each person understands and sees their body, to even the intersections of race, sexuality and masculinity.] While originally the delinquent persona "set the stage" for our understanding of sex work, it was not until Alfred Kinsey that we understood the fluidity involved in human sexuality. His work implied that everyone has the potential for

being homosexual if the circumstances were right. This idea connects well with Gayle Rubin's ideas on what society understands as "good" and "bad" sex (1984). Society's impact on views of the body is vital to helping understand ideas about human sexuality (Bordo 2000). Sex workers often view their bodies in relation to the type of masculinity they mean to "present" to the world. These changing ideas about masculinity also change ideas about illness. [For example, what does it mean to be HIV positive or to have an STI.] My presentation throughout this literature review touched on male sex work as a means of coming to terms with sexuality. Yet the literature highlights the differences that exist among the sex workers. Furthermore while this review only slightly touched on race and its implications to the sex worker community here in New Orleans, the significance was nevertheless evident. Whether it was on how and where to find certain sex workers to ideas about what type of sexual behaviors they engage in. This leads me to want to understand what risks are considered on the part of the sex workers. What precautions do sex workers take in navigating the urban environment when engaging in sex work? What are the repercussions of some of these risks, relating to ill health as a social construction? Obviously, it must be assumed that reasons for entering sex work change as our society changes.

### **III. Situating Male Sex Workers in the Urban Environment: A Closer Look at the French Quarter of New Orleans**

When looking into the world of MSWs, a critical factor in their daily lives is how they interact and use the urban environment in the process of their public sexual encounters while navigating the risks involved in engaging in sexual liaisons in public spaces. Dark alleys, parking lots, parks and dark corners make up the majority of these spaces for sexual encounters. It is well-documented that sex work (and more specifically street sex work) is confined to specific and spatially constrained areas (Aggleton 1999; Allman 1999; Brock 1998; West 1992).

However, until recently very little research has touched on the process by which the spaces are produced and transformed. According to Phil Hubbard (2004), the spatiality and visibility of sex work in Western cities today, is considerably different from that of the industrial era. Previously sex work was confined to “notorious” red-light districts typically within areas of lower-class occupations in the inner cities. Now in an era of neoliberalism, the “cleansing” of the central city is having a significant impact on the spatiality of sex work. The visibility within a space of MSWs implies a commodified “queer space” for both homosexual and heterosexually identified clients. It is in the ways that these sex workers display, pose and “cruise” other men in the streets, in the clubs (both gay and sex clubs) or in the bathhouses that we can begin to understand the implications of this transformative space from heteronormative space into a type of “queer space.” Gay bars and sex clubs are the primary spaces that we can expect MSWs to meet their potential clients. This automatically lends itself to a more gendered space because of the strict rules and access that concerns women, in the form of limited access in specific bars and no access into sex clubs (as well as never allowed in the bathhouse). Gay bars have historically been one of the most common meeting places for the potential exchange of sexual services and for sex without obligation or commitment. It is in these spaces that we observe the most basic and characteristic patterns of social interaction in both the gay and straight world, that’s the meeting of complete strangers for the explicit purpose of engaging in sex known as the one night stand. Yet, these same spaces serve as an additional venue for the MSWs to meet potential clients. According to one of my informants named Jacques:

Lately, I have better luck at the club (Bourbon Street Dance Club). I think it’s easier and definitely safer than walking the strip (the Rampart / Burgundy study area) and the truth is, if I don’t get picked up there then I can still have a good time. At the very least I can get some old guy to buy me drinks as long as I give him lots of attention (Interview March 2012).



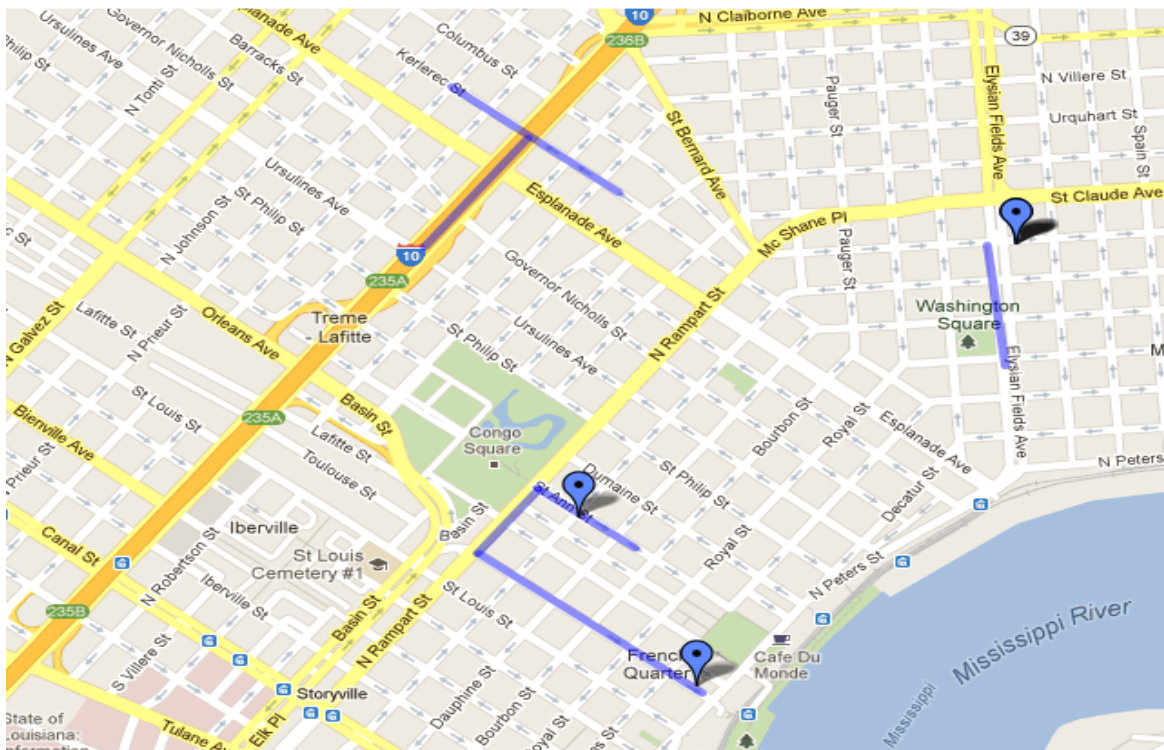
Outside of these spaces it is the invisibility of sex work in the public realm that sometimes leads to the mystery and misunderstanding of sex work. Of all the MSWs, Alex is often the most conscious of his surroundings:

I stay off the strip [Rampart / Burgundy] and away from the bathhouse because I have a few friends that go there [who are not aware of his sex work]. I try and meet most of the guys I go with, online or at the club. That way I could just say I met some guy and I was drunk or something and no one else has to know.

Within the public sphere it is the transformative nature of this heterosexual space into a “queer”<sup>11</sup> space as a means for commodified encounters that continually resists heteronormativity.<sup>12</sup> The dark, mysterious alleys (for which the French Quarter is famous), a nondescript doorway, or just the ways commercial sex can be disguised under the sign “private club” (i.e., bathhouse) all suggest how potential clients work out the locations of these “closeted” secret spaces.

Because these spaces focus on how MSWs negotiate the territories in a “straight geography,” it is not surprising that heteronormative space can quickly become a queer space. So how do MSWs transform this heterosexual space? It is through male centered sexual practices. Their bodies are subject to objectification, in particular through the gaze of potential clients. It is through this objectified gaze that clients can figure out (usually) who is an MSW.

**Figure 2.**



**The location of sex venues where male sex workers frequent. Sex clubs on Elysian Fields Avenue and St Anne Avenue. The bathhouse is located on Toulouse off Decatur Street. Highlighted areas are known sex worker cruising areas. Under I-10 off Kerlerec Street is restricted to transsexual sex workers.**

The assumption that MSWs want to be noticed by presenting a sexualized smile or leaning nonchalantly exposing their “packages” or backsides is how they show availability. Bare flesh further sexualizes them (the MSWs) and naturally is suggestive of intent. The politics of that objectified gaze relates explicitly to the status and privilege in the social stratification and class structure of not only society but the MSW community.

How can we begin to explore the relationships between MSWs and their clients at the moment of their encounter? If we consider that the locations their clients occupy are “queer” according to their sexual identity<sup>13</sup> and sexual behavior, how can we consider the same locations when occupied by MSWs, who might be “gay”, or be heterosexual but are engaging in “queer” behavior? By “queer” behavior I not only refer to homosexual behavior but any behavior which is outside the constraints of what is generally understood to be socially and morally acceptable.

This particular question opens up a possibility for considering whether there are different ways of producing and representing “space” in accordance with the “identities” of occupants, and the ways they “use” space (Bell and Valentine 1995).



Figure 3. Primary pick up area for MSWs



Figure 4. Sex behind cars and between buildings



Figure 5. “Strip” heading towards the sex



Figure 6. Orleans Ave is becoming more popular because of low lighting at night.



Figure 7. One of the major sex clubs on St. Anne St.



Figure 8. The Orleans Ave Strip between Burgundy and Rampart



**Figure 9. CCTV camera on Burgundy blocks from study area**



**Figure 10. CCTV camera on opposite side 2**

During my initial interviews it was critical to engage with MSWs from a position where they had the opportunity to shift from objects to subject (i.e. to become interviewees). It should further be noted that these spaces in which MSWs work, are actually produced through the performative sexual acts at the moment of the encounter and are otherwise “regular” residential areas throughout the French Quarter. These spaces are in essence produced by the manipulation of “place.” [My research maintains the importance] of place as a critical factor when engaging in sexual encounters. The act of displaying one’s body not only changes the use of these hetero-normative environments but it allows the clients to view the “merchandise” for purchase. During this research it became unmistakable that each MSW has certain movements and gestures that are specific to how they attract potential clients. James, Vinny and Christophe share their insight into how to get the best clients:

Sometimes it’s hard to tell the workers from the whores [gay men]. Everyone around here kinda dresses the same. Lots of guys hang around cruising for other guys so it can be confusing for the guys trying to pick one of us [MSWs] up. You kinda have to make it really obvious for these guys. Most of the time you have to be way [emphasis added] up front. Usually we’ll grab our cocks and lick our lips. -Christophe

Sometimes the way in which MSWs’ bodies become objects depends less on how they display their availability and more on how they show their masculinity by how they position

themselves, how they choose to sit or stand, and what areas they choose to dominate. This asserts Pierre Bourdieu's idea of "habitus" in that "every group entrusts to bodily automatism those principles most basic to it and most indispensable to its conservation" (Bourdieu 199:94-95) thus conservation can be extended to mean continual survival, in this case on the streets. The usual act of returning a look does not imply sex worker, because, after careful observations in the homosexual community, it just implies horny. How all types of people gay men, MSW, and clients, distinguish these signals can sometimes be fraught with confusion. However, with the successful navigation of these signals, the transformation of the space from heteronormative to a space of MSWs emerges:

Space and place work together in the formation of sexual space, inspiring and circumscribing the range of possible erotic forms and practices within a given setting. The atmospheric qualities of a given locale are thus hard and soft, immediate and (potentially) diffuse: location...architecture, décor, history and site – generated official and popular discourses merge into a singular entity (though there may be multiple interpretations of it). The immediate properties of a given space's atmosphere suggest to participants the state of mind to adopt, the kinds of sociality to expect and the forms of appropriate conduct. They also facilitate or discourage types of conduct and encounters (Green *et al.* 2008:5-6).

Often the city is a key site for controlling and disciplining sexuality through rules on nudity, public sex, permissible moral behaviors through media and/or implied restrictions on certain behaviors, as in Michel Foucault's ideas on biopolitics.<sup>14</sup> After extensive research it became apparent that New Orleans and more specifically the French Quarter, does just the opposite. While under normal circumstances there is a tendency towards the desexualization of public spaces (Hubbard 2004), there are some exceptions to this rule (Hubbard 2004). Some public spaces play a critical role in providing a shield of anonymity for those seeking sexual freedoms outside of the constraints of their daily lives. In the limited conversations with many of the clients, it became apparent that the majority of these clients did not want their sexuality to be visible, but these individuals adversely engage in sexual encounters in public spaces, even though it is often in a somewhat clandestine manner. Usually these spaces are where they are



sure that they will not be discovered by friends, co-workers or even their “regular” sexual partners. These types of public sex experiences are outside of the confines of their “regular” spaces, yet are in publicly accessible spaces. Iris Marion Young (1990:224) argued the “a city’s eroticism derives from the aesthetics of its material being, the bright and colored lights, the grandeur of the buildings, the juxtaposition of architectures of different times, styles and purpose...its social and spatial inexhaustibility.” This idea of being eroticized via the senses (through bright and colored lights), has given rise to one of the important aspects of the imagined urban/rural binary: the idea that the countryside is staid, conservative and moral in its sexualities; and that the city is sexually experimental, liberal, and promiscuous. It is for this reason that depending on one’s perspective, the city can be seen as either a sexual utopia or a site of sin and immorality. The latter descriptions have been a part of New Orleans’ reputation and arguably constitute a significant part of the city’s biopolitics.

Often times, space has a significant impact on behavior. Gay space, commodified sexual spaces, and even the transitions of these spaces, attests to the notion that certain spaces are both gendered and sexed. They are impacted by what is happening at different times. In turn, this implies that while space can be one thing, it can quickly become something else if only for a short while. This idea is significant because while most spaces do have multiple uses at different times, these sexualized spaces are often overlooked often giving priority to the social aspects of the environment.

#### **IV. Research Methodology**

It is difficult to pin-point the reasons for my undertaking research into sex workers in New Orleans. It started at a bar hanging out with a couple of guys talking to the bartender about their recent trip to England. There were two young men getting lots of attention at the other end of the bar. It turns out one was “straight” and one was gay and both were “students.” They had just returned from an all-expense paid trip with an “older friend” (initially they implied a sexual relationship with this “older friend”). After a couple of hours at the bar it was very unmistakable that they provided sexual services for this trip in exchange for money and the trip. They were quickly called away to see another of their “older friends,” and promised they would return in about an hour to continue their partying and to continue telling the story about their trip. They never returned that evening. This encounter raised a very simple, yet serious, question into how and why two young attractive men, obviously with means and an education, would choose to go into sex work. How did they get started and what kept them interested in this lifestyle? The idea that they were enjoying themselves made me want to understand not only the social factors that contribute to chosen lifestyle, but also what else they were getting out of these relationship other than the obvious of money and orgasms (and in this case free trips). Was it just money and sex or were affection and emotion factors?

The next day I decided to take an early morning stroll (3:00 am) through the French Quarter to see how visible male sex workers were in the early morning hours after midnight. It did not take long to find the popular areas and bars that were the center of sex trade in the area. After a few nights of observing local sex worker patterns I attempted to make “first contact” to further attain information on the way the sex trade works in the city. [Figuring out what I wanted to focus on came once I developed a few relationships and when the topic of prices for

sexual services came up.] After only a few conversations with some of the local sex workers it was very apparent to me that bareback sex was said to be the preferred sexual experience among clients [and sometimes went for a premium with older married men]. The topic of bareback sex raised the questions of STI/HIV rates in the city, and I was surprised to find that staggering rates for Syphilis and HIV within such a relatively small population (Louisiana Department of Health and Human Services 2011; CDC 2012). Within a period of only three weeks, I had already made limited social contacts and knew four sex workers by name and work area. I decided to volunteer with the NOAIDS Taskforce, a local HIV/AIDS prevention organization providing the largest amount of STI/HIV testing and counseling in the city, as a means to gauge what was being done for prevention within the population in the city. It was this organization that then helped me to become aware of the crisis impacting the young urban community through the incredibly high STI/HIV rates [namely Louisiana maintaining the nation's top position with Syphilis and top five with Gonorrhea and Chlamydia. Once I was situated with a few informants and started to understand the significant HIV/STI rates in New Orleans and Louisiana [specifically the staggering Syphilis rates], the direction my research would take became more well-defined. My literature review revealed that sex work outside the bounds of STI/HIV was rarely studied, and that the relationship between sex work and disease was so intertwined. While an undergraduate, I had studied the fascinating impact of syphilis on bones through a mortuary archaeology class, which had left me with a morbid fascination for the disease. It was then that I started taking field notes and began to go out much more frequently in an attempt to recruit more participants for individual interviews and to explore the possibility of shadowing a few sex workers on a more regular basis.



At first it was difficult to become a part of this tight knit group of untrusting and self-involved sex workers. At times, it was incredibly irritating to constantly not be believed in regards to the purpose of my presence, not to mention the constant requests for cigarettes and money. I was worried about not crossing any of the boundaries and lines I had carefully set out in my head before my research began. For example I certainly did not want a reputation for giving money or paying for their company and I certainly did not want to buy their friendship to obtain my research data. At the same time I had to share what I had (drinks, cigarettes, iPod, etc.) in order to show that I cared about these people as individuals, I wanted to build friendships with them and for them to allow me to continue coming around night after night, as a form of generalized reciprocity.

My approach to scenes described in the following fieldwork is premised on anthropology's tenet of which tells us to suspend judgment in order to understand and appreciate the diverse logics of social and cultural practices that at first evoke righteous responses and can sometimes prevent analytical self-reflection. Cultural relativism holds that each culture and its practices should always be understood in context, in terms of its institutions, ideas, values, and practices that make up the entirety of the culture. Historically, cultural relativism is anthropology's main weapon for countering ethnocentrism. For me, it has been the practical way to gain access to local realities of sex, drugs, crime and risk. The main premise of this research is to understand (1) what (if any) risks are considered by the sex workers, (2) what precautions are taken by them in navigating the urban environment when engaging in sex work, and (3) what are the repercussions that actually result from these risks, relating to ill health? In addition, I am interested in understanding the process of enculturation for those entering into the world of sex work and is sex work a liminal stage or a more permanent one for those that choose it?

I spent the next nine months walking the streets from 2:00am till 8:00 am in the morning, I engaged in participant observation and conducted over 200 in-depth interviews and was invited by sex workers to a variety of parties and events, as well as HIV/STI behavioral seminars and meetings. Since January 2011, I have participated in over 400 hours of anthropological fieldwork in order to get a better understanding of the lives of local MSWs and how they navigate and negotiate all of the risks involved in their work. Perhaps more importantly, I have engaged them in conversations about what they themselves perceive as risks and/or risky behavior. Most of the interviews and the parties took place From January through September 2012, concluding just after the Southern Decadence festival.

I was quickly faced with many challenges in conducting ethnographic fieldwork in risky and potentially dangerous situations. Of significant note, was the transition I experienced from being an “objective” researcher with emotional detachment from my informants, and the actual researcher guided by immersion, reflexivity and struggling for rapport with said informants? There were a few heterosexual men who absolutely refused to be interviewed about their sexuality and behaviors, because they felt it would get back to their wives or girlfriends, but otherwise “once you’re in, you’re in,” at least in a limited sense.

I recruited many of these individuals for interviews using three separate strategies: (1) approaching participants from various social networks to which I gained access, which included street corner groups and bars, (2) e-mailing online sex workers that advertise on popular websites and (3) during volunteer outreach with the NOAIDS Taskforce. During the recruitment of subjects and conducting interviews I was very much in control of what was going on. In those interviews I asked people who were interested to call my personal telephone number or to email me. Overall, people’s responses to my requests were positive. I was only nervous a couple of

times during my fieldwork when in dark areas with informants that I did not know well or particularly trust and/or in environments that were very secluded or private.

Although the interviews were open-ended, I used a short questionnaire to initiate and guide my conversations. The questionnaire included questions about topics such as sexual socialization, sexual identity, sexual communication, knowledge about HIV/ STI and safe sex, and sexual ideology. The interviews had a conversational format and there was flexibility to depart from the scripted questions. This format contributed to building a strong rapport. It also potentially contributed to greater openness and trust, which in turn helped many of the interviews.

There was no specific order in which I asked many of the questions. However, I was careful to ask questions about each informant's individual sense of sexual orientation before asking any questions about sexual identity or specific behaviors. The general idea was to avoid shaping self-perceptions of identity or suggesting labels to interviewees that could then be adopted by them. I usually tried to use the same labels of identity that the participants used and attempted to use those same labels throughout the entire interview by jotting down notes specific to each participant.

The interviews lasted on average between 20 to 40 minutes, although some were longer than two hours. Most of the interviews were recorded on audiotapes and then transcribed. Most participants were uncomfortable about being recorded at first, but most of them quickly relaxed as time passed.

I conducted participant observation in several settings and with people belonging to different social groups. Of particular importance was my work as a volunteer with the NOAIDS Taskforce, a local no-profit HIV/ AIDS organization.

Participant observation at the NOAIDS Taskforce provided me both with background information about HIV/STI prevention activities in New Orleans and with insight into the development of educational programs in the city, both their potential and their limitations. Furthermore, as I developed friendships and ongoing social relationships with members of the NOAIDS Taskforce, they provided me with important data, about how individuals interpreted their sexuality and whether or not they integrated protection against HIV/STIs in their sexual lives. Participant observation in this context allowed me to observe changes in perceptions about sex and HIV/STI as the social conditions surrounding particular individuals changed. It also helped me gain access and insight into many of the conditions influencing sexual encounters. Included were the encounters involving risk behaviors and how many of the participants never intended to stay safe from HIV and STIs? At this point I often questioned how my emotional engagements with my participants would affect the kind of data I would be creating? Yet, participant-observation was, for me, the best method available to understand the specifics of this subculture.

Some of my conversations resulted from a great many social interactions with people whom I initially interviewed and who continually talked to me as their personal situations changed. Sometimes, some of these conversations were just to tell about their having taken an HIV test or having a successful work night. Other times these conversations occurred during regular work night conversations.

My research led me to encounter a wide range of people: those who were familiar with HIV prevention and those that did not care; men of different social classes; and people who engaged in a variety of homosexual, bisexual, and heterosexual behaviors; and people who had a variety of ways of specifying their sexual identities.

Participant observation for this study took place during working hours in offices and public spaces and after hours in parties and outings to local bars and sex clubs. In all of these environments, sex and HIV were commonly topics of conversation, although it seemed as if they were regarded as more appropriate topics for nighttime events. As a major part of my on-going observations, I had the opportunity to witness transactions between sex workers and clients, and witness many sexual acts in public places. Participant observation helped me to accumulate large amounts of data on the everyday experiences of MSWs, while providing me the additional opportunity to follow the history of several MSWs over many months.

As previously noted, the majority of interviews were audio taped and later transcribed verbatim. To ensure confidentiality, participants were asked not to use any names or personal references, and any such information that was found in the audiotapes was omitted in the transcripts. Access to the audiotapes was strictly limited to me. All participants quoted in this thesis had the option of choosing their own pseudonyms. They generally report having had a good time trying to choose their “alias.”

Data resulting from participant observation were recorded in field notes, which I wrote regularly within a few hours after each recorded event to ensure reliability. The transcribed text of all interviews, along with all field notes, were all put together into a single document and then coded. Before beginning this thesis, I reread all the interviews in full and created a coding guide. Using the original text, I created separate files for each informant. Nancy Howell’s *Surviving Fieldwork: A Report of the Advisory Panel on Health and Safety in Fieldwork* (1990) was one of the founding pieces of work to catalogue the multitude of hazards and threats of the field in a more systematic and objective manner. Yet, it was the *Handbook of Methods in Cultural Anthropology* (1998) and *Research Methods in Anthropology: Qualitative and Quantitative*

*Approaches* (1995), both by H. Russell Bernard that were most useful in their comprehensive definition and description of the foundational methods of anthropological fieldwork methods.

### **The Role of the Researcher**

According to Creswell qualitative data often requires interpretative research, as such it is important for the researcher to employ the use of reflexivity in the research design to acknowledge and recognize the investigators' past experiences, including personal biases, values, and personal background, such as gender, history and socioeconomic status, etc. (Creswell 2009:177). Doing research on human sexual behaviors further adds the challenge of gaining entry to very personal and private settings. My biological sex, along with my sexual orientation were both strengths when attempting to gain access, and further put many of the participants at ease when discussing very personal and emotionally taxing issues.

### **Ethical Issues**

A serious and potential danger involved in researching illicit sex, serostatus, illegal drug use, alcoholism, and other criminal activities all within a vulnerable minority population or subculture is the sometimes precarious and uncomfortable sexual scenarios and situations sure to be encountered. Initially, I had not truly understood the significant dangers involved in doing this type of research. I had been mostly concerned with the rules and regulations of the Internal Review Board. Its emphasis was on the welfare and risks to my informants and to the university. There was little regard for the situational and ambient dangers involved to me personally. By *situational* I have in mind Raymond M. Lee's terminology from his book *Dangerous Fieldwork*. According to Lee, situational refers to the "out-of-nowhere" bar fights or knife fights (or even shootouts or riots) that can occur when engaging in fieldwork (for me dealing with sex work and illicit drug use with-in a population with a large statistical probability for said behaviors). The

*ambient* dangers are those that were a more constant form of violence threatening your presence. Thankfully, it was the additional time and effort it took to become part of the lives of the MSWs, which often saved me from strange or uncomfortable situations. I was often harassed or threatened with rape during the initial stages of my work. I often laughed such threats off as a joke. Whether they were actual threats or a show of dominance I was often left pondering those very questions for hours. Oftentimes I thought those types of comments were to gauge my reaction in case they decided to enforce that type of behavior on someone in their circle (while I never witnessed any such behavior, it was always an implied repercussion to those that did not adhere to the situational hierarchy of the streets). I was very conscious of how the threats and/or harassment could adversely affect the ways with which I approached my research as well as how I was beginning to interpret many of the social interactions with-in it. One challenging issue was the purposeful infection of clients by sex workers with HIV or STIs. Not disclosing this information accurately when asked was putting many people in harm's way nightly. When not asked information about serostatus was never willingly volunteered. While my intention was not to judge or comment on this type of behavior, I thought it best to exclude the MSWs who were not up front about their serostatus with clients from my research study. While I did want to understand the reasoning behind their choices, the limitations imposed on the scope of this study did not warrant the potential negative impact on my research should it be discovered and my silence imply support of their decisions. On a slightly less serious note, a further ethical concern was my inability to acquire consent from informants during the interview process if they were high or drunk. While all participants signed consent forms, it was only later in my fieldwork that I realized that some were high or drunk. This caused some apprehension on my part. While

oftentimes the drugs and alcohol allowed for a more comfortable conversation and/or interview. It should be noted that drugs and alcohol was often present.

## **V. The Study Group: Ten Guys, Ten Experiences**

To fuck guys is one thing but to be a homo is something else. Jacques (Interview, January 2012)

Historically, there has been much interest in understanding the motivations for people entering the world of sex work. Within the previous literature, there seems to be two main ideas concerning why people go in the sex trade. The most widespread of these ideas concerns runaways. It characterizes sex workers (both male and female) as runaways from “unloving” homes, full of violence, sexual assault or who are motivated to engage in sex work because of low self-esteem or drug and alcohol dependence (West 1993, Padilla 2007). The second involves the rational choice (sometimes for sexual exploration but sometimes for ease of access) as the primary motivation for entering sex work (Friedman 2003, Dorais 2005). Unlike with female sex work, male sex workers are rarely forced.

*Henri* is currently a medical student and works as an EMT (Emergency Medical Technician). Twenty-six years old, he has been involved in sex work for the past two years, since moving from New York City to New Orleans. *Henri* usually works by first logging online before heading out to stroll the clubs looking for a trick. During special events such as Mardi Gras or Southern Decadence, he goes out and walks the streets. He usually makes about \$100 per hour depending on where he finds his clients, which is much more than the \$20-40 going rate charged for oral sex in alleyways. Even when he is hired by the hour, clients usually finish in about 15 minutes, giving him a significantly higher income than the \$16 per hour he makes as an EMT. *Henri* says he enjoys doing sex work “I really dig being the center of attention and being someone’s fantasy.” He says that he thinks it makes him better suited to deal with people after



he finishes medical school. Even though he makes more money with the men he meets through his online ads, Henri has fun working the sex clubs and the bathhouse:

I have always been someone that did things outside of the box. I like the excitement and the sexual arousal I get from turning tricks. Truth is the sleazier the better. The good majority of the guys aren't really that bad looking, and before I started turning tricks I usually fucked 2 or 3 in a night but didn't get paid for it. Now I get multiple blowjobs and even some ass and I get home with extra cash.

Henri is not like many of the other sex workers who hang out in these clubs and who are sometimes guided by a type of conspicuous consumption through his attempts at impressing others.

I'm super educated, I come from a great family and I even have money and a nice car. Lots of people can't understand why I would want to hook up with guys for money." I only work the streets during special events like Mardi Gras or Southern Decadence, but that's when you're competing with actual porn stars and strippers.

Henri moved here from New York and loves the fact that the police do not hassle the male street workers.

In New York I wasn't really into sex work as a student, but I had lots of friends that did it. It's a totally different world here. The cops drive by and don't give a fuck. It's almost like it's okay here. Even the bars let you have sex in them, there's not a night that goes by that you can't find something sexual going on. That's not totally weird especially in gay clubs, but you could never do that in NY. Clubs get raided for sex and drugs all the time.

Henri's experiences both before arriving in New Orleans and most definitely after, lends itself to "impersonal male-male encounters" revolving around the homosexual community. While many researchers have addressed these types of "naturally" occurring behaviors, it is anthropologist Gayle Rubin's work on what is considered "bad sex" (that which is socially understood as "devoid of all emotional nuances") that shows societal ideas about what is appropriate and what is not.

*Jean-Luc* began working in the bathhouses when he was sixteen in New Orleans, just after leaving his parents' home in Mississippi. Now nineteen, he describes his youth as difficult and abusive. His bisexuality was a major point of contention during his high school years. He

left his family to live with an older man he met online so he could explore gay sex. The “relationship” did not work out as he had planned. After finding out he was HIV positive, he thought it made sense to go into sex work since “most of the guys are positive anyway.”

As it turns out, he found a new “family” (his term) amongst the sex workers situated consisting of about ten men, mostly white between the ages of 16 and 30 years old, who often lived together, partied together (took drugs together), and hung out while working and/or playing together. These “nodes” (the people in a person’s social network) comprise a type of “situational safety net” for all of the sex workers involved. Jean-Luc is a fairly untrusting young man with people outside of the group. He says that he found strong support, affection, and affirmation of his sexuality through this new social circle. As both Sheinmann (1929) and Kinsey (1948) found, sex work often attracts those with latent homosexual tendencies as a justification for exploring said behavior.

Unlike Henri, Jean-Luc does not see the possibility of a future. Desperate for affection and affirmation, he looked to his clients for such things. He has often been beaten up for trying to steal from his clients while at their hotels or apartments. He also reports having been raped a few times by clients with whom he decided not to have sex with after following them back to their hotel or home.

Having a basic understanding for how HIV /STIs are spread and understanding the basics of viral mutation is definitely a self-imposed harm reduction strategy for some of the sex workers.

Most guys hate using condoms, usually they tell me upfront and it doesn’t bother me but sometimes if the situation seems weird or sketchy, I insist on a condom. I never tell people I’m positive so I [would] rather be with guys that look negative so I don’t get sicker.<sup>15</sup>

While the majority of the sex workers involved in this study believe that once you have HIV, it no longer matters if you engage in bareback sex, the actual reality is that if a person is co-infected with another strain of HIV then it will mutate and render the current medications unable to fight that new strain of the virus. Understanding these types of “good habits” for harm-reduction practices touches on how people whether consciously or subconsciously apply different strategies for self preservation. At present, Jean-Luc is still working as a sex worker. He does not currently have a place to live so he spends most nights at the bathhouse where for \$16 he can stay, shower and sleep for eight hours before going back out and hanging out at the bars. Here in New Orleans, bars rarely close and the early morning hours are sometimes the best time to pick up a client, especially if they are already drunk or high.

*Jacques*, is a skinny, 22 year old. He is usually high and is always trying to get something from people, a cigarette, a dollar, or even gum. He never talks about any one thing. He jumps around and tells wild stories about his successes and his friends in high places. He is incredibly sweet and pleasant, but can get very angry if you do not pay attention to everything he says. He also gets angry when any attention is paid to other sex workers when he is around. He does not seem to be violent, but his stories usually end up with him in some sort of physical confrontation with either his clients or with prior girlfriends. He does not self-classify as either homosexual or bisexual. He is adamant about being “straight.” He says that he got into sex work because “it was easy money and all these old queens care about is a big cock.” He has not had a steady girlfriend in years but is always talking about the women he picks up and how he likes to “fuck them senseless.” In *The Male Body* (2000) Susan Bordo touches on societal expectations for men to be aggressive, virile, and generally well-endowed as a show of their masculinity. Jacques has a difficult time understanding why these women never want to get

involved more than in a few casual sexual encounters. He says that he figures that one day he will “find the right one and get married.” For the time being he engages in all kinds of sex with clients including both bareback and bondage. Recently started being the passive partner (bottom) in these encounters because he does not have to achieve an erection that way.

Unless I have a pill or an injection to get my cock hard, it takes a lot of work. Sometimes it’s easy if I’m high but it depends what I’m partying with [what drugs he’s using] and if I can think about other things. Most guys don’t seem to care ‘cause my cock is so big. Getting fucked makes it pretty easy I just lay there and get fucked for a few minutes and it’s done. I won’t lie it feels good sometimes, I just try not to think it’s a dude doing it.

Jacques does not really have contact with his family but thinks that he has a strong support system in his life with a few of his older clients. He always has nice clothes and a current iPhone, which he says helps business. The majority of the sex workers now have smart phones with internet access that they use all day, every day to set up appointments with clients. “I just found all these apps on my phone that really make finding guys [clients] a lot easier.”

When I first got to the city, I had met a few guys and they took me to a few gay bars, I realized pretty quick about the obsession with big dicks. After a few guys found out I had a big one, some guys suggested I should start stripping at the bar. After just a few days I found that guys were willing to pay just to suck my cock. Kinda seemed like a win-win.

I saw Jacques recently at the NOAIDS Taskforce, after having found out that he had syphilis and was there to get one of the multiple injects<sup>16</sup> required for treat it. Syphilis (*treponema pallidum*)<sup>17</sup> has seen a huge spike in recent years here in Louisiana, and for the third year in a row Louisiana has the highest incidence of syphilis in the country (CDC 2012).<sup>18</sup> He seems unconcerned with his recent infection and was not very concerned about potentially contracting HIV.<sup>19</sup>

You can usually tell who has it and so with them you just make them use a condom if they’re going to fuck you. Otherwise it’s only oral. If I can get hard I’ll fuck them and so then condoms don’t matter that much because it’s really hard to catch... if your topping.

Sexual identity [how one thinks of oneself in terms of whom one is romantically or sexually attracted to] plays a significant role in most MSWs gender presentations and ideas about

how they view and manage their bodies. Not understanding how some diseases are spread and what preventative measures are needed under different sexual circumstances suggests a need for better preventative education for the 1990s generation.

*Alex* is an 18-year old, restaurant worker who also usually works certain streets but only on the weekends. He has been living with an older “friend” but does not admit to being homosexual. Rather, he insists he is just doing sex work for fun, while still liking women. He says that he “only smokes pot” and would rather not use any other drugs. He says he has a great group of friends who do not know that he is a sex worker. He says that “unless we’re partying” he feels a little distant from a lot of the other MSWs who work the streets. He appears to me to be a slightly aggressive. He thinks he has to show what a man he is when he is on the street or with clients:

These guys always try to take advantage of you out here. If it’s not trying to get you drunk or high so they can fuck you it’s to take whatever you have. I don’t get fucked or suck dick. You can blow me, or let me fuck you but that’s all there is. I don’t use no condoms cause it takes all my concentration just to get my dick hard.

Alex started working as a sex worker after one of the older men that he was living with took him to one of the sex parties he frequented. He says:

All these young guys just having sex and making money seemed like a lot of fun. I was only 15(yrs old) back then and my ‘friend’ kinda pressed (pressured) me into it, at first it was with a few of his friends then it was strangers. I got to have all the fun I wanted and was making my own money on the side. My older friend now pretty much leaves me alone, he blows me every so often but it beats paying rent.

Alex spends his weeks working and living in the suburbs with his older lover/roommate, but comes into the city on the weekends and for special events Southern Decadence , which he claims “is the best, you end up making so much money, it’s crazy,” he says. It seems he always finds a place to crash and pretty much stays away from the bathhouse because he believes “everyone in that place is so fucking pushy.” Every so often he would make a comment to me to

the effect that he is just not sure if he is “straight” anymore, and sometimes “it’s fucking hotter with a dude.”

Sexual identity is an often fluid and ever changing part of a person’s life. [Just as Kinsey (1948) and others have attested it is this type of sexual fluidity that often naturally occurs in life that makes strict identities restrictive.]

*Brandon* is 25 years old. He is a frequent visitor to the sex work scene in the French Quarter since he found out he was HIV positive and had TB (*Tuberculosis - tubercle bacillus*)<sup>20</sup>. The news did not really come as a surprise to him since he happily and freely admits to engaging in bareback sex, and “knows that some of those guys were poz [HIV positive].” Brandon says:

I fucking hate condoms, I never liked them when I was young and I still hate them now. I always used to come into NOLA for the weekends and definitely for Mardi Gras and Decadence. I’d end up at a sex party or a sex club and just fuck all night long; sometimes I’d do 6 or 7 guys in one night.

After getting multiple STIs over the past few years, he has now been positive for about a year.<sup>21</sup> Brandon was very well informed on HIV and STIs and yet nothing about his illness seems to faze him. He says that he always figured it was “inevitable” that he would become positive “so why not do what I like.” He says: “Now I take a few pills a day and do not really worry about getting it.” The feeling that it is inevitable that you will contract HIV is more common than I would have thought. Many informants claim it is the reason behind their not caring about catching something. Brandon goes on to say: “It’s not really that serious, and I can still live a normal life...I just have to take a few pills a day to do it.” “Now I don’t have to worry about it and can fuck anyone I want, however I want.”

Brandon was an easy going, friendly guy when he was not using crystal meth (methamphetamine). When on crystal meth he became very talkative, jumping from topic to topic and expressing paranoid feelings. He would frequently get up from the table during

interviews to look around and down the street, as if expecting someone to show up any minute. He also drank heavily, seemingly unaware of the severe impact that alcohol and the TB medication was having on his body and appearance.<sup>22</sup> He frequently commented on how much weight he had lost and also on how good he looks.

*Christian*, age 20, is very new to the sex work world. He just moved here about a year ago and started working at the local strip bar. When I first met him he had only just started sex work. He frequently found his clients while stripping at the local strip club. He rarely walked the streets even though many of his circle of friends were all sex workers. He had still not been to the bathhouse but it was on his “to-do list” sometime “soon.” Most of the sex clients he had wanted to engage only in oral sex. He said that could not understand why he was the one performing oral sex for clients all the time when all the other MSWs are receiving it. He goes on to say:

Sometimes sucking dick can be fun, especially when you're high but it seems like it's all I fucking do. I'm so sick of these old “straight” guys just wanting me to suck them off all the time. It's a fucking lot of work to suck a guy off after he's been drinking all night, not sure if it's worth the \$40 bucks but I guess when I do enough of them it's cool.

Christian does not present himself as an aggressively masculine guy. He is young and some might say even “pretty.” He typically takes the passive role when hanging out with his friends. He is usually the one that goes to buy everyone cigarettes. In conversation he seems to do a lot of the agreeing with others. He does not view his body as especially manly and he frequently makes comments about people liking him because he looks to be fourteen. He is very adamant about not being labeled “gay,” despite the fact he says that he wishes he could just meet a nice guy for a relationship. As one of the youngest looking MSWs when dancing at the strip club, he usually finds that his clients are significantly older and always trying to dominate him both in bed and in public. He repeatedly tells stories of men trying to tie him up or put him into

a sling.<sup>23</sup> So far he has safely avoided such situations but his experiences in sex work seem to be heading in a negative direction:

I don't know how some of these guys don't get tired of all this. Dancing at the club even gets boring. I couldn't imagine doing this for very long but it nice to get so much attention. It just doesn't seem like a good place to meet someone [for a relationship].

How each sex worker presents themselves while working has a significant impact on their experience as a sex worker. The more aggressive and masculine men typically appear to have more “fun” and get more of what they want out of their clients. All the while not presenting as excessively masculine put the sex worker into a more passive “feminine” role.

*James* never talks about his age. Whenever asked, he always says he is an “old soul.” He looks to be about 21. He is always talking about back when he was in college. He seems to believe he is the best and smartest the New Orleans underworld has to offer. He says that he likes to do “nice things.” *James* says that he spends much of his part-time sex work income going out to shows and the cinema. He always talks about how he just went to one of the new fancy restaurants in the area. He usually finds his clients online and through various websites. He often boasts about all the gifts he receives. He loves talking about his expensive clothes and the vacations he has been taken on. His identity as an escort pretty much dominates every conversation he has. He is not shy about what he does as a sex worker, and he often mentions how he has gotten into dangerous situations while engaging in sex work. His preference is to work for clients staying in hotels. He rarely meets with clients who are local. He says that “it's safer if they're from out of town. You have hotels which are pretty safe and they never want to cause a scene. Once or twice have I gone to some guy's house who lives here and you never know what's up with them.” *James* is adamant about always using condoms, but does not shy away from doing drugs with his clients. He reports that:



Only once did I wake up getting fucked without a condom and I freaked out. The guy said he was safe [negative] and that it must have fallen off. I don't know how long I was out [unconscious] but I been tested since then and I'm fine [negative].

While only some of the sex workers I met are even slightly concerned about HIV/ STIs, it is more common for them to express idea that it is not that big a deal to get sexual diseases.

*Vinny* is 23 years old and just celebrated his birthday. He is the only Latino in the group and often does not really understand what everyone else is saying. He is incredibly talkative when speaking in Spanish and when in the group, he says that he sometimes feels a little isolated especially when his best friend is not around: "My parents moved here like seven years ago for work after Katrina, but they just moved away." He seems somewhat bitter about not really understanding everybody. He always talks about how busy he is: "I get at least three tricks a day." He is well-built, with a very exotic Latin look. His best friend is *Christophe*, who mostly speaks French [from Quebec]. They seem to always be together. *Christophe* is usually the one who explains things to him and makes sure he is having fun. Most of the other members of the group call them "boyfriends". They try to find clients who are willing to pay them both together and they say that they are very successful at it. "We usually charge less per person so it only comes out a little bit more for both of us." They prefer to have sex in front of other people but usually perform sexual acts with the clients as well. They always insist on using condoms unless engaging with each other. One of their goals is to save some money to move to a bigger place together. This exchange of favors and privileges extends from drugs with clients to housing and survival tactics on the streets. *Christophe* usually takes the lead and seems to enjoy sex work much more as per his remarks and interviews.

*Christophe* is 26 years old. He comes across as a street-savvy, tough guy. He moved here from Quebec a few years back and seems to know everyone out on the street. He frequently gets potential clients to buy him a lot of free drinks and many of the bartenders have told me

stories of having had sex with him for free. He has a serious crystal meth dependence and says that he does not like to be in one place for very long. His interviews were frequently cut short and incredibly erratic. He spoke nicely of Vinny but also asserted that they were not a couple:

He [Vinny] likes to make all these rules about sex with tricks, like always use a condom, don't do drugs with them. Try and get me to come along. It gets a little old, so I just don't tell him everything. Like if a guy wants it bareback for extra cash...fuck yeah. Using condoms costs me way too much money.

Christophe often showed a methodological type of adaptation to his surroundings. He was constantly trying to build new relationships with people, in bars, restaurants, shops and other sex workers throughout the French Quarter, as a form of survival. By building “relationships” with other sex workers he believed he was creating created a “safer” environment that both increased financial rewards while potentially decreasing risk factors such as violence.

*Jerome*, is 33 years old. He is a stripper and sex worker at a popular gay club. As one of the oldest sex workers that I met in the Quarter, he has been doing sex work for over ten years. Jerome is a very well-built personal trainer who moonlights as both a stripper and a sex worker. He says that he makes great money stripping, so these days he is incredibly picky about taking on private clients. He is a very popular attraction at the gay bar and is famous for his large penis. Not surprisingly, Jerome does not spend any time on the streets. The majority of his clients, if and when he chooses to take one on are all found, in the bar where he strips. As one of the few strippers who work almost every night, he has a very deep understanding of the local world of sex work. Other sex workers see him as a mentor when and if he is out with the group. Because of his work as a personal trainer, he spends a significant portion of his days at the gym working out. He identifies himself as “very heterosexual,” when he does decide to take clients on, he usually only works with very feminine men or transsexuals. Jerome says that he has a master's degree. He is very well spoken and kind, and seems to really enjoy his life. He laughs at his

“good fortune” over the years: I remember when ass fucking was illegal<sup>24</sup> it’s a good thing times have changed, not that it stopped me before.

He does not seem to be bothered by the drugs or risky sex that surrounds him. He likes to pride himself as having good health and great habits. He is not much of a drinker and says that he stays away from anything he considers risky or dangerous. The risk for Jerome, concerns the clients he selects. He says that “bad things happen.” He recently got mugged by a group of transsexuals on a busy night after work. They ended up beating him up and taking all of his earnings for the night. In telling about this incident, he is embarrassed at how that could have happened to him, considering his muscular physique.

In the profiles above, covering only a few of the many sex workers I worked with in this research project, my immersion in the daily lives enabled relationships to develop with me over a long period of time. This gave me access to unarticulated and often “secret” behaviors that would otherwise go unnoticed or unspoken. Through these brief profiles, I have attempted to place a human face on data through real-life stories and occurrences. [It was my attempt to help identify the discrepancies between what people say they do and what they actually do, not only with clients but with each other.]

## **VI. Negotiating Risks of the Trade**

There seems to be a general consensus among all the sex workers that I worked with, that even though there are obvious advantages in sex work, there are still multiple dangers and risks involved. The social constructions of these risks and benefits are in essence the guiding factors for the day-to-day decision making. Sex itself is often seen as suspect, dangerous, and a threat to the well being of society, when viewed outside the constraints of what Rubin (1984) defined as “good sex.” For many of the sex workers, violence or diseases are parts of their everyday

existence, as are legal and societal consequences if they are arrested. In the state of Louisiana if someone is convicted of selling their bodies [prostitution] they were required to register as sex offenders. This requirement only affected people prosecuted under the state's "crime against nature by solicitation law,"<sup>25</sup> which was used when a person was accused of engaging in oral or anal sex in exchange for money.<sup>26</sup> Until recently, Louisiana was the only state that had separate laws depending on what kind of sex acts a sex worker engaged in. While "homophobic crimes" are rare in the French Quarter, they do still occur based on reported incidence to the New Orleans police department. During these informal interviews with local police officers it was suggested that these types of crimes impact the transsexual sex worker community much more frequently than on the non-transsexual sex worker community. In addition to all of these potential dangers, there is always the continual threat of assault from other sex workers in an effort to establish their street persona, or to dominate certain areas. There are also potential conflicts with clients for payment or drug dealers also for payment. In short, sex work is an unpredictable, high-risk activity. All the while, the threat of losing their place in the fragile social network, with a new young, more willing sex worker ready to swoop in and take their place, hangs overhead.

All of the participants in this study have their own methods for protecting themselves. For example, whether it is only taking clients in hotels or engaging in sex work in teams, none can ever be sure of how the night will end once they are alone with a client. MSWs perceptions concerning HIV/STIs did not include infection on their list of risks, while it did for others. Initially, I assumed that many sex workers would insist on protecting themselves, but when examining the lives of many of the sex workers it became evident that many are not concerned about this. It can be concluded that they are willing to do almost anything for money. Whether it is to support their drug habit, to pay the bills, or just for the excitement involved. Intravenous

drug users are even more at risk for sexually transmitted diseases. With the growing trend of “slamming” (intravenous drug use of cocaine and /or meth) the implications for drug using sex workers are serious. Some less experienced sex workers often let their guard down and take more risks when under the influence of alcohol or drugs. Many of the part-time sex workers are strangely unconcerned with HIV/STIs even if when this lack o concern could potentially impact their private lives with girlfriends or lovers. Some like Jean-Luc that have decided become a sex worker *because* of his serostatus, sees this as an opportunity for affection and excitement. He says: “I party almost every night, if it’s not slamming then its drinking. I rather be high than think about my life, it’s not like I’m going to find a girlfriend that is okay with me being poz [HIV positive] (interview May 2012).”

It became apparent [through my observations] that in the process of negotiating many of these risks many sex workers have to weigh the “benefits”, such as exciting sexual experience or money. It is no wonder why this younger generation has not taken seriously the prevention education that should play a larger role in their sexual lives.

The majority of sex workers in this study have some difficulty insisting on condom usage when they are working, not just because it could mean that trust with clients is an issue, but because illness is not viewed by them as one of the more immediate risks. It is also quite evident that many clients also prefer bareback sex and, it appears, so do those who are getting into sex work. When clients pay for sex, they expect all of their desires and fantasies to be fulfilled. This expectation contributes to a loss of control for the sex workers.

Intimacy, confidence, and friendship do not easily coexist with fear or wariness. We now have a generation of people coming to sexual age in an era of HAART (Highly Active Antiretroviral Therapy). This generation did not experience the initial devastation of the first

wave of the AIDS epidemic in the early 1980s.<sup>27</sup> They are also, arguably, in a culturally defined period of rebellion, [so risk-taking while figuring out who they are as individuals and sexual beings is a large part of that.] Furthermore, both the clients and the sex workers place a great deal of importance on penis size both as an extension of their masculinity and as a means to dominate another person's masculinity as well. There also appeared to be general consensus among clients for a preference for uncircumcised men,<sup>28</sup> based on sex worker interviews. This was often a deciding factor when choosing a sex worker from the multitude.

All societies have ideas about what a normal life should look like. Anthropologist Gay Becker has observed that here in the United States, the general ideas about the life course is viewed as a linear progression of events from birth to death that occurs in a generally predictable fashion. [Life is an orderly process. Chronic and life threatening illnesses challenge this view of continuity and order.] After the initial crisis subsides, a person usually needs to come to terms with it so they can reestablish continuity and normalcy. Becker further states that "Management of a serious chronic illness that has frequent ups and downs entails a continual reworking of identity." For many HIV-positive individuals, the sudden realization that they still have a future, even if it is limited to only an additional 30 – 40 years, is a significant realization. The difficulties involved with reorganizing one's identity to move forward into the future and the disappointment, frustration and depression that can sometimes manifest is no small matter.

Before concluding the discussion of many of the risks involved socially, specific mention should be made of STIs. Sexually transmitted infections constitute a special category of infectious disease because of their social connotations and the difficulty in treating them. Biomedicine has in recent times been less effective in controlling STIs than most other infectious

diseases. Although antibiotics have “changed the battlefield” in that they can often cure many of these infections, STIs remain a significant health problem.

One reason for the persistence of these infections is related to the stigma associated with contracting them. Because the symptoms are often not obvious, many of those that are infected do not and cannot seek treatment until they have infected others. Using condoms can typically prevent most STIs, yet most of the sex workers in this study and their clients do not use condoms for oral sex and oral sex, which constitutes a significant mode of transmission as per the CDC and the NOAIDS Taskforce. This can be argued because of culturally determined attitude, including the unacceptability of condoms themselves, reluctance to plan for or disturb intimacy, and the social condemnation involved in illicit sexual activity. For society to successfully control STIs it would be necessary to make it acceptable to discuss private and intimate details of people’s predilections and behaviors.

This study illustrates the importance of sociological factors as determinants of health risks. While external factors, such as exposure to the risk of illness, it is the sociological factors that determine the lifestyle choices that increase or diminish that risk. Whether an individual is in a liminal or peripheral state, their place within the social hierarchy and their earning potential, all impact their decision making perceptions of risk. It is the threat of criminal repercussions that drives many sex workers to the margins of society, often resulting in high risk behavior, infectious disease transmission, and sometimes violence. Yet, for some, the financial gain is worth these risks.

## **VII. Southern Decadence, Sex Parties and Drug Use**

Understanding MSWs in New Orleans requires an understanding of the importance of many of the festivals that make New Orleans such a popular tourist destination. While Mardi

Gras plays a large role in the lives of the urban residents, no festival is more important in the lives of the MSWs than Southern Decadence. Often referred to as the “Gay Mardi Gras,” [by many of the city’s visitors] it plays a large role for the homosexual community nationwide with many visitors coming from all over the world. Crowds are known to range anywhere from 100,000 to 300,000 people. Southern Decadence is a week-long festival and always falls during Labor Day week, climaxing with its extravagant parade through the French Quarter on the Sunday before Labor Day. This festival while vaguely reminiscent of Mardi Gras is much more sexual in tone. While there have been many controversies surrounding issues of public sex and nudity, it is difficult to overlook the economic impact a festival of this magnitude plays with local businesses after a usually hot, miserable and “slow” summer, of limited tourist revenue. Much of the opposition comes from religious and conservative groups protesting and attempting to have the festival cancelled altogether,<sup>29</sup> to no avail. The economic impact is usually roughly in the \$150 million range.

It is during these festivals that male sex work is in its height in the City of New Orleans. While at any given time a multitude of street, bar or sex club MSWs can be found, it is during these festivals that the city sees a significant increase in the number of male sex works from all over the country and sometimes abroad. This year for its forty-first annual festival was no different.

During Southern Decadence it is not uncommon for many websites and clubs to have advertisements for private sex parties in many hotels that cater to all proclivities. The majority of the bars import porn stars and professional sex workers to dance and perform sexual acts on the bars and at different venues. During these times, public sex, drug use and/or sex parties are the norm. While much of my initial research was done while interviewing and observing



amongst the local bars, sex clubs and the local bathhouse, it is during Southern Decadence, that [many new observations were acquired.] While the sheer numbers of visitors to the French Quarter can at times feel intimidating, the significant numbers of MSWs who migrate into the city sometimes lead to over 300 on a given night based on conversations and observations, and at least 100 of these MSWs are walking the “strip” nightly, crowding the clubs or offering services at the bathhouse. Many of the local MSWs sometimes feel intimidated by the vast numbers and the competition involved during these special events as based on their comments and interviews. Fortunately the numbers are on their side. With over 100,000 people potentially looking for sex, they just have to be at the right place at the right time. While a significant number of visitors engage in casual, anonymous sex in sex clubs, at the bathhouse, or even on the street, to many the excitement of paying for it is unparalleled. [This excitement coupled with the potential possibility of attaining a porn star, or exotic dancer.] The prices for these specific men can sometimes range anywhere from \$500 - 700 per hour.

I can't wait for decadence! I always make bank (a lot of money) and most of these guys are fucking hot. Half the time I'd do them for free, but they like the idea of payin for it...so even if I like 'em I make believe I don't, so I can make some cash. Sometimes I even go down on the price but there just so many guys out here.  
Brandon (Interview August 2012)

New Orleans during this time of year (the summer), it typically hot, humid and in full bloom in the midst of hurricane season. Yet, even Hurricane Isaac could not stop the festivities this year (2012). The streets were pulsing with sexual energy. Everywhere you look you see well built shirtless men, in tight pants or short shorts. The lines outside of every club, bar, restaurant, sex club and even some hotels wraps around the block, with people patiently trying to get inside. The music is pumping through the city as this year's official song: Starships by Nicki Minaj plays in the distance. It is during the late hours that the majority of the MSWs come out to work. [Once they have partied, and danced.] Once they have a high or are running out of drugs. The

Rampart/ Burgundy Strip seemed incredibly crowded, full of young men just walking around the block. Vinny and Christophe came down the street with huge grins and invited me to go grab a drink. How's it going guys? What a night! It's been awesome. Vinny, the sweeter and more naïve of the two, starts to tell me all about how they danced in the streets and have been drinking since noon. Christophe who is slightly more reserved says he'll catch up with us and starts to walk in the other direction towards a tall muscular man in his mid-fifties. Vinny not really paying much attention goes on with his story and is excited to be able to ramble on in Spanish. We get to the bar and have a few drinks. "Hey guys, I was looking all over for you" Christophe says with a slight smile as he walks in the door some 30 minutes later. Later, when Vinny goes to the bathroom, Christophe thanks me for keeping him busy. "That guy was fucking hot" he says. "Work or pleasure? I ask. "a little of both," but "Vinny always wants to do everything with me so I just needed a bit of a break." "So what happened, I ask. "We didn't feel like waiting in line to get in (to the sex club) so we went down to my favorite alley. He gave me \$50 bucks to fuck me, but I probably would have done it for free." As Vinny returns, he quickly changes the topic and orders a drink.

"What time is the party downtown?" Vinny asks "The email said it starts at 4(am)." As we gather our stuff and start walking towards the CBD (downtown) all three of us are in silence as the crowds of people make it almost impossible to walk or talk down the street. The "party" we are all heading to, was in an ad on Craigslist calling for escorts to come and party later that night. The standard operating procedure for these private venues consists of someone placing an ad on one of the many chat or sex sites and requests people to send in their "stats" (all their information, height, weight, penis size, sexual preference (top or bottom) serostatus) along with

naked pictures and a list of things they like to do. Surprisingly they said I could come along but would have to watch TV in the other room.

The ad said this:

Looking for 15-20 guys for a raw, mild to wild party for Southern Decadence. Coming into town from Montreal with 4 escorts for a wild fuckfest. Please send pics and stats in your first email to get this party started. Working boys limited to 6 and prices negotiable. Favors (drugs) included. Everyone will be required to take a quick 15 minute rapid HIV test at the door to take part in the party. We are looking to fill a few guys up so tops preferred. In downtown New Orleans.

As we arrive at the lavish downtown hotel, I started to get visibly nervous and both Vinny and Christophe grabbed my arms and pull me along, across the lobby and into the elevator. As we arrive at the penthouse we knock on the door and a naked older man in his late forties opens the door. “Hey guy, great, you look just like your pictures, who’s this? I start to introduce myself as Christophe walks forward and starts to undress. The older gentleman, Paul, looks visibly conflicted, but lets me in anyway. He walks into the bathroom and comes back out with 3 rapid HIV tests<sup>30</sup>, which consist of a Q-tip looking thing but made of plastic and tells us all to open our mouths as he rubs it along the insides of our cheeks. “It only takes about 15 minutes, so can I get you guys a drink?” As we’re sitting in the living room I notice the size of the room. It looks like it’s roughly 1000 square ft with a full living room set, plasma TV, piano, balcony and full bar. The archway leads into the bedroom along with the huge marble bathroom, easily doubling it in size. The bed already has 4 naked young men in it, just “hanging out” watching TV. Vinny and Christophe walk outside with Paul to discuss the financial arrangement. Paul comes back inside and walks over to check our results and then opens the safe to pay the guys. “You’re going to have to at least take your clothes off if you’re going to be here” he tells me. “No problem” I respond and strip down to my underwear. As I sit there two of the young French (Quebecois) naked MSWs [Claude and Pierre] step out of the bedroom and come join me on the couch [they are still naked.] We all introduce ourselves and they ask about my research. They

tell me they are from the countryside and hardly speak any English. As sex workers they are “stupéfait” (amazed) that I’m writing about their experiences and gladly offer themselves up for an interview. After I open my backpack and pull out my tape recorder and notebook, I look for the consent forms I haphazardly translated into French. After reading and signing the forms they made a few jokes about my verbiage on the forms and go off to get drinks. Christophe comes back into the room and tells me he’s going to “slam” (inject cocaine) and was wondering if I wanted any. After declining his “generous” offer everyone leaves me in the living room for the next 30 minutes as they all huddle into the bathroom to do drugs. I took the opportunity to write down everything that’s happened so far and am just finishing up when more men arrive at the front door. I spent the next hour or so retelling the same stories about what I’m doing as the “party” gets underway. All of the “action” is happening in the next room but after a while Claude comes out to talk to me.

Growing up I always wanted to get out of the countryside, so last year I moved to the city. I ended up working at a coffee shop but hated it until I met Paul. He had me move in with him and lets me do whatever I want. He buys me clothes and stuff and sometimes I get to drive his very nice car... This is just the world he lives in. He likes to pay for sex and likes all the attention he gets from all of us. I think I have a good deal. He decided to throw this party for me, as a gift. He said he wanted to watch me get fucked and filled up by 20 guys, so he could film it.

As the evening progresses a few of the sex workers come out to talk to me about how they got into sex work and why, surprisingly most implied that they all felt lucky to get to travel and have everything paid for. “We get to go anywhere we want.” In these kinds of situations it’s often better to just let people talk about what they want and so I hardly said a word. Having all previously given consent I just let the tape recorder record what is being said.

Paul only picks guys that have big dicks and like to get fucked. He has a huge collection of movies from all the different vacations that are a lot like this. He has tons of money and loves sex and drugs. He usually only keeps a guy around for a year or two and then finds a new one. He’s a doctor so he’s real careful about HIV. He picked up a case of those HIV tests when we got into town.

Some of the MSWs tell me Paul was the one who introduced them to drugs. They tell me they had not really planned on it but Paul had pressured them into it that first time. “Once you do it you realize it’s no big deal and that it’s great, so you just want to keep doing it.” By about 6:20 am as the sun slowly starts to change the color of the sky, I decide to leave the “party” and go check out what was happening on the Rampart/Burgundy strip. As I walk by the sex club the line is still halfway down the block, but the streets are fairly empty and I decide to call it a night.

New technologies are impacting sexual behaviors but even in a time when a simple HIV test can be done in 15 minutes (providing a false sense of security); the reality of these behaviors is being overlooked. While rapid HIV test are designed to detect antibodies to HIV, it is still possible to be exposed to all other STIs (syphilis, gonorrhea, Chlamydia, herpes, hpv etc.). Furthermore, it does not take into account any recent bareback behaviors (which are likely) and the possibility of not having seroconverted<sup>31</sup> and that it could still spread the virus to all participants.

## **VIII. Conclusion**

Much has changed over the preceding three decades, from the sex wars against pornography to a time when same sex marriage is becoming a reality. Transgendered persons are no longer completely ostracized, and it is becoming more and more difficult for people to admit their homophobia. [A time when homosexuals are now allowed in the military and constant changes are occurring.] In the case of male sexuality, I believe that the future will require a deep analysis of many of the issues raised in this research project regarding human understand of illness and health. Gender studies are plagued with feminine and feminist concerns leaving a distinct void in the changing paradigms within masculinity. The emotional, physical, financial and social-cultural structure of what has “made” a man has seen more changes

in the last 100 years than at any other time in history. The young generations of gay and straight young men do not understand the sexual repercussions of disease, illness as some struggle with gay identity. The challenges facing the new generation are different, but instead of guiding this new generation it looks like the older generation is merely preying on their youth, to exploit, infect and release. It is furthermore a time when even HIV no longer holds the same death sentence of the 1980s and early 1990s, now 30-40 years are expected if diagnosed positive, thus challenging societal needs for a more preventive care in dealing with such things as HIV and STIs. Barebacking has noticeably become of type of fetish, not only related to its implied “extra” intimacy and trust but as more exotic and forbidden form of pleasure, further putting pressure on sex workers to engage in said behaviors. HIV/STIs form a type of hyper-endemic facet of their daily lives, one which demands close attention, not only for public health but for their cultural and social implications to a broader sexually active society. While previously sex work might have been a liminal stage [Victor Turners usage of the term] as a way to adjust to a new environment or situation or as a temporary mean to make some extra money, it can easily become a more permanent status for many of these sex workers, until they are forced to do something else [which is usually after 30.] As Turner suggests: “a liminal state may become ‘fixed’, referring to situations where the transitional state becomes the natural state of being. People who get trapped in a liminal state are often said to not be able to act rationally for two reasons: “first, because the structure on which ‘objective’ rationality was based has disappeared; and second, because the stressful, emotive character of a liminal crisis prevents clear thinking” (Turner in Szakolczai 2009:154).

[they] are always marginal characters; outsiders, as they cannot trust or be trusted, cannot give or share, they are incapable of living in a community; they are repulsive, as – being insatiable- they are characterized by excessive eating, drinking, and sexual behavior, having no sense of shame; they are not taken seriously, given their affinity with jokes, storytelling, and fantasizing (in Szakolczai 2009:155).

Male classification of sexual identity and changes in awareness about different groups of people and sexual lifestyles are strongly influencing people's senses of themselves and others [Development of self-identification as homosexual or gay is a psychological and socially complex state, something which, in this society, is achieved only over time, often with considerable personal struggle and self-doubt, not to mention social discomfort.] How people view themselves or their actions impact changing trends and views on the human body and the cultural perceptions on illness. It seems that available sexual scripts and the rules of interaction are constantly being contested and transformed. The cultural manifestations of gender (masculinity), illness and even risk and how they are conducive to increased risk behavior as a means to male solidarity and sexual exploration is increasingly a cultural construction. If our ideas about the body are continually changing and adapting to current cultural trends is it possible that HIV/ STI rates<sup>32</sup> [which are highest among 14-25 year olds, respectively] will continue to grow exponentially as more and more people disregard the severity of chronic illness and its impact on our societal safety net.

Many new insights arise from the above observations. Perhaps most importantly, this work underscores the importance in broadening our understanding of male sex work, and the experiences on how they negotiate sexual liaisons because it is possible that this is a trend throughout this generation. This work relates to broader society in that while some of these MSWs might or might not have homosexual tendencies, the sexual fluidity many show attests to much of the work done by Kinsey (1948); Foucault (1976); Rubin (1984); Humphrey's (1970) and even Bordo (2000) and implies that sexual "identities reduce freedom rather than liberate" and that "people are not naturally anything" (as per Foucault), it is our culture that defines us.

The nature of sex work seems to imply that the majority of men who engage in sex work have a strong proclivity towards homosexuality. This can be assumed because the activities in which male sex workers engage almost always exclusively consists of sexual contact with other men regardless of how they self identify. In discussions with many of the sex workers, it was surprisingly apparent through many discussions with my informants that most clients whether “heterosexual” or homosexual were more interested in a masculine partner. Regardless of the reasoning behind the encounter, the more masculine the sex worker the more likely to have offers for “work” While this is not the case for all (such as sex worker Christian whom is more effeminate than the others) it plays a significant role on what types of sex acts they engage in. For those that pick up someone like Christian, his youthful appearance and adolescent body place him in a feminine role, this role being as the predominantly passive partner (who is generally expected to perform oral sex and get tied up). Furthermore, the top-bottom (active-passive; insertive-receptive) rules seem to no longer apply. It is those that can perform the role of masculine man whether in their demeanor or just in dress and attitude, find themselves with more control in sexual encounters and less need to perform “feminine” sexual roles (unless they prefer it). It was surprising to find heterosexually identified sex workers willingly allowing themselves to be penetrated in an effort to not have to achieve erection or gain arousal. Many often struggled with ideas of male-to-male sex but often could not be aroused, often taking the passive role to avoid having to get an erection. The growing dependence of erection medication whether in pill form or through an injection, can further attest to the separation that many MSWs struggle with, both emotionally and physically. The very high frequency for engaging in bareback sex regardless of the consequences also begets further inquiry because it creates an environment where bareback sex is expected.



The risks originally assumed for the MSWs as far as illness and disease were in fact not the risks perceived by the sex workers. The true commodified risks involved are in actuality the loss of the emotional bonds that they have established within their new “families.” Illness appears to be a cultural construction just as much as gender, and so if the “culture” to which you have become a part of does not view HIV/STIs as an illness(es) and views it as just part of the life they’ve chosen, then it is no wonder that HIV is not a concern for most of them. So it is important to understand each person within the group, to get an understanding of the strength of these bonds formed on the dark streets. For some of the informants in this study it can be argued STIs are a type of rite of passage within sex work and viewed as a necessary part of the job.

It should also be noted that the introduction of the internet has created a venue that encourages people to go into sex work that would have perhaps never done so; in a sense facilitating it. Many gay chat sites cater to this demographic as a means to entice many homosexual and so-called bicurious men. Escorts have complete control over the type and amount of information conveyed in their advertisements. Through the websites, clients contact escorts directly and arrange for appointments at the escort’s home (known as an “incall”) or the client’s residence or hotel (an “outcall”). More recently street walkers and hustlers have started to advertise their services in addition to walking the streets or “cruising” the bars for clients. This is a means to maximize their marketing potential to clients. So what can this mean to the hierarchy of male sex workers as it begins to blur? The Internet creates an environment in which walking the streets is really not necessary. Not just in regards to sex work, but gay culture in the past few years has undergone some significant changes in regards to “hooking up.” Many apps, such as Manhunt, Adam4Adam, Rentboy, Scuff and Grindr provide constant availability for sexual encounters and they do not discourage “escort ads.” Many of the tourists in New Orleans

can shop around for sexual encounters. They have unlimited access for meeting people on a minute to minute basis both for pay and not for pay. Many of these apps provide information, about where you are in relation to the encounter, as a result, you can better decide if it is suitable for whatever your schedule permits. Jacques is someone that does sex work full time and got into it for its ease.

Nevertheless, it remains exciting, an environment where people can live their “normal” lives and procure a sex worker or become a sex worker as a means to fulfill homosexual desire or curiosity. Is it possible that with the current rate of deindustrialization and its increase in service jobs we can potentially see a movement towards more young adults going into sex work? The anonymity of the internet permits men looking for sex to find others willing to exchange sex for money in multiple spaces. While promiscuous sex has always been associated with homosexuals, the internet / smart phone apps have significantly increased already high numbers of sexual partners for both homosexuals and MSWs. If the option is making \$15 an hour working as a clerk in a store or \$100-\$200 an hour for 20-30 minutes worth of “work” as a sex worker, is it possible that more young men will look towards sex work during or after college when debt is high and job options are limited?

The cultural conceptions of MSWs sexual identity rests, less on sex-role differentiation, then with how their community perceives them. Surprising, are the notions that no longer does insertive (top) versus receptive (bottom) decide how MSWs perceive their sexuality as has been the case historically, but it is the notion that how friends, family and society sees them is what matters. Foucault’s ideas on biopolitics and biopower make for a strong case in terms of making a difference through policy and interventions. Shaping policy through biopower can potentially help individuals reduce the impacts of structural violence and suffering. In *Righteous Dopefiend*

Bourgois and Schonberg argue for using biopower to intervene on behalf of heroin addicts, as such I would assert those same principles to harm reduction practices to the sex worker community (2009). They (Bourgois and Schonberg) are aimed at redressing the ‘useless suffering’ that is imposed politically and institutionally on the socially vulnerable. I would argue that many prescription HAART (HIV drug therapy) programs attempt to control HIV positive individuals, by strict guidelines on when and how they can acquire their prescriptions. I see this as a form of biopower by not allowing HIV positive individuals to have back up quantities of these drugs and by not allowing them to get them early, thus creating a scheduled dependence on when, how and if they can acquire these necessary live saving drugs.

Throughout the time period of my research, there was also a racial divide among sex workers. African American males (except for transsexuals) usually only provide sex work online, rarely I ever walking the “strip” or offering services at the sex club or bathhouse. Arguably, homosexuality is still not readily accepted in the majority of the black community. Becoming a sex worker allows for someone to be paid for their sexual curiosity and not have to break the cultural stereotypes to which they are confined.

### **Ideas Towards the Future**

This research has introduced the lives of a small but real few; coming of age in a time when serious repercussions can manifest from lack of education, emotional detachment or adventure seeking. In a time when HIV statistics are rising among the young, a time when STIs are mutating into incurable forms, it is noticeable that the current abstinence-only model through which the majority of schools follow is a serious and significant failure.

Since 1981, the U.S government has strongly promoted this abstinence-only education in schools through the Adolescent Family Life Act<sup>33</sup>. Yet, its impact on our young generation is

such that it is like not teaching any sex education at all. The unrealistic denial that these young adults will not engage in sexual behavior is single-handedly leaving these young people ill prepared to deal with the physical and emotional challenges involved in transitioning into adulthood. While we understandably need to re-contextualize sex as something that is completely natural and a basic human function, the rise in HIV/STI rates might in fact change sex into a lethal and dangerous aspect of our social lives.

Throughout the months of becoming a part of the lives of these MSWs, the lack of information and disregard to health practices was copiously visible. To address the growing HIV epidemic among young people, I propose a comprehensive sexual education model in public schools, which include HIV/STI rates and its impact, as well as cultural sensitivity for those impacted and infected.

Education alone might not be enough to stop the growing generational impact of HIV/STI rates. While many groups advocate the legalization of prostitution, I will bypass the significant benefits such as mandatory health checks for sex workers and safer working standards for those involved and jump to a change in the law that requires sex workers to register as sex offenders once arrested.

The idea that incarceration or labeling as a sex offender would be a prescription to “save” sex workers, seems absurd and increasingly at odds with allowing people the choice to enter into sex work. There is a growing understanding of the right to sexual self-determination. Laws that criminalize and dehumanize populations at the highest risk of HIV--including men who have sex with men, sex workers, transgender people and injecting drug users--drive people underground, away from essential health services and heighten their risks.

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## Notes

<sup>1</sup> HIV is the virus which causes Acquired Immune Deficiency Syndrome, or AIDS. Once in the body, HIV destroys the immune system by binding to CD4 cells (which are white blood cells) which recognize and fight infections.

<sup>2</sup> New Orleans' legally established red-light district, which existed from January 1, 1898 to its fall in 1917, when it was closed in large part thanks to the United States Department of the Navy.

<sup>3</sup> The other being on Claiborne Avenue and Orleans Street, which is the current location for mixed income housing.

<sup>4</sup> The bathhouse rents small 4 x 6ft rooms for about \$16 dollars for a maximum of 8 hours and provides an additional opportunity for a little extra cash for certain sexual services while providing a small private space.

<sup>5</sup> Dependant defined as "needing" 5 or more drinks per night or feeling physically ill when drinking or drugs were not available.

<sup>6</sup> Serious drug use as seen by "slamming" the injection of cocaine and/or crystal meth.

<sup>7</sup> The Kinsey Reports are two books on human sexual behavior, *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953), by Dr. Alfred Kinsey, Wardell Pomeroy and Clyde Martin.

<sup>8</sup> Robert Kronmeyer of NY, after 25 years of clinical experience helping homosexual men and women, wrote a book, *Overcoming Homosexuality* (Macmillan, 1980). In this book Dr Kronmeyer related the observations of Margaret Mead, who studied the behavior of many native groups of the South Seas.

<sup>9</sup> NOAIDS Task Force 2012.

<sup>10</sup> The idea that the body is a temple, and needs to be fortified against attack is a common idea among the health conscious. It comes from Corinthians 6:19-20. <sup>19</sup> Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; <sup>20</sup> you were bought at a price. Therefore honor God with your bodies.

<sup>11</sup> By queer, I refer to a critique of all things oppressively normal, especially conventional ideas about sex.

<sup>12</sup> Heteronormativity is the assumption that heterosexuality is natural normal, and right. Queer theorists argue that heteronormativity is core to the very construction of woman, man, masculinity, femininity, romance, intercourse, adulthood, morality, marriage, childbirth, parenting, and aging.

<sup>13</sup> Sexual identity refers to how one thinks of oneself in terms of whom one is romantically or sexually attracted to. Sexual identity and sexual behavior are closely related to sexual orientation, but they are distinguished, with identity referring to an individual's conception of themselves, behavior referring to actual sexual acts performed by the individual, and sexual orientation referring to romantic or sexual attractions toward the opposite sex, the same sex, both sexes, or having no attractions.

<sup>14</sup> French philosopher and social theorist Michel Foucault first discussed his ideas on biopolitics in his lecture series "Society Must Be Defended" given at the Collège de France from 1975-1976.

<sup>15</sup> Serosorting is the practice of using HIV status as a decision-making point in choosing sexual behavior. It is failed attempts at serosorting that are the leading cause of people contracting HIV.

<sup>16</sup> A single intramuscular injection of long acting Benzathine penicillin G for primary, secondary or early latent syphilis. Three doses at weekly intervals for late latent syphilis.

<sup>17</sup> *Treponema pallidum* was known as the great imitator because so many signs and symptoms are indistinguishable from those of other diseases.

<sup>18</sup> Louisiana in number 1 in syphilis, number 2 in gonorrhea and number 5 in Chlamydia nationwide (CDC 2012).

<sup>19</sup> Genital sores caused by syphilis make it easier to transmit and acquire HIV infection sexually. There is an estimated 2-5 fold increase risk of acquiring HIV if exposed to that infection when syphilis is present (CDC 2012)

<sup>20</sup> One – third of the world's population is thought to have been infected with M. tuberculosis with new infections occurring at a rate of about one per second. In 2007, there were an estimated 13.7 million chronic cases globally. In 2010, 8.8 million new cases and 1.5 million deaths. More people in the developing world contract tuberculosis because of a compromised immunity, largely due to high rates of HIV. Worldwide TB is one of the leading causes of death among people infected with HIV. (Centers for Disease Control and Prevention 2012)

<sup>21</sup> Having both an HIV infection and TB is an AIDS defining condition (CDC 2012).

<sup>22</sup> When taking TB medication, it has a strong impact on your liver, so drinking or any other drugs are strongly discouraged.

<sup>23</sup> A sling is a type of harness designed to allow sexual intercourse while a partner is suspended while the other moves freely. Though there is considerable variety in the exact specifications, the most common sex swings have a support for the back, another for the buttocks and stirrups for each leg, which can be adjusted while the user is suspended in the air.

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<sup>24</sup> In 2003 the Supreme Court removed all existing sodomy laws in the U.S. Canada repealed sodomy laws in 1969 but it was restricted to adults over 18.

<sup>25</sup> Louisiana's legislature enacted its crime against nature law in 1805 and revised it 1807, 1896, 1942, 1975, and again 1982. The 1942 act took the present definition from § 50 of the 1937 proposed Illinois Penal Code since it was more explicit than the former Louisiana statute. In its present form, R.S. 14:89 is part of title 14 of Louisiana' criminal code and categorized in section 89 as offenses affecting the public sexual immorality.

<sup>26</sup> In Louisiana, the driver's license of a registered sex offender is inscribed with those words in bright orange letters. Registered sex offenders appear in a state database and must notify neighbors of their legal status making it difficult to find other employment and/or housing. In New Orleans, nearly 40 percent of the people registered as sex offenders are on the registry because of a crime against nature conviction.

<sup>27</sup> CNN Health on August 3rd, 2011 reported that new HIV infections in U.S have remained steady at about 50,000 cases a year.

<sup>28</sup> HIV infection is less common among circumcised males and their partners in some places but could also be related to religious, cultural and historical factors. While many researchers support male circumcision to reduce female to male transmission of HIV, some point out that the problems involved in changing this practice, is the incorrect belief that male circumcision alone without practicing safer sex would prevent HIV transmission. The MSM community in the U.S, most of who were circumcised, made up the largest number of people infected with HIV during the first two waves of the epidemic.

<sup>29</sup> Grant Storms, the pastor who spearheaded a formal petition to have the festival cancelled was arrested in February 2011 charged with masturbating in a public park (Metairie Park) while watching children on a playground. He was convicted in August 2012 (Nola.com August 2012).

<sup>30</sup> In October 2004, OraSure Technologies, Inc. announced that it had FDA approval for a rapid HIV test that can detect antibodies to both HIV-1 and HIV type 2 (HIV-2). This is called the OraQuick Advance Rapid HIV-1/2 Antibody Test. It can provide results in 15 -20 minutes using oral fluid, a finger-stick sample of blood, or plasma (it costs about \$25-\$40 at Walgreens).

<sup>31</sup> Seroconversion can take anywhere from 2 weeks to 6 months while the virus replicates, during that period you can still infect others.

<sup>32</sup> Louisiana currently ranks No. 1 in the country in terms of HIV incidence among young people between the ages 13 and 24, figures show. Twenty-five percent of new HIV diagnoses fall within this age category, according to Louisiana Department of Health and Hospitals (2012)

<sup>33</sup> The Adolescent Family Life Act (AFLA) is a United States federal law enacted in 1981 during the Reagan Administration. AFLA provided funding for a series of social programs aimed at promoting abstinence through reproductive health education. According to the U.S Department of Health and Human Services, funding for these programs increased significantly from 1996-2006.

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## VITA

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