Forgotten Sons

Rates of HIV among young black men who have sex with men continue to skyrocket, leaving people wringing their hands and asking, “What are these men doing?” But the problem is not so much what young black men are *doing* but rather what is being—and what has been—done to them. And what hasn’t been done for them.

January 9, 2012 By Tomika Anderson

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Michael Tikili remembers vividly the night he lost his home and his father.
After an evening out with friends two years ago, Tikili, then 23, was confronted by his Pentecostal minister dad in the hallway of their Brooklyn home. Tikili was chastised for missing two Sundays at church, for being generally disrespectful—and for being caught in bed with another man.

But before Tikili’s parents could march him upstairs to pack his belongings and leave, he decided to give the man who’d raised him and his four siblings a piece of his mind.

“I told him that the reason most of my life had been shit was because of his so-called church,” says Tikili, whose family hails from Nigeria but who grew up here.

“I told him all he did was preach hate. I told him I felt my entire existence was an abomination, and that was why I had tried to commit suicide [as a child].”

And then Tikili lowered the boom: Not only was he queer—he was also HIV positive.

“I think that was the first time I saw my dad have any sort of emotional reaction,” recalls the MBA graduate, now 25, who was diagnosed the summer before grad school. “He just sat there, stunned and silent. Then it was like, ‘Alright, well, thanks for the conversation. See you later.’”

Although Tikili’s father would later apologize for “all the things he’d done wrong” in his life—including not believing him when Tikili revealed that a male friend of the family had sexually molested him at the age of 10—the damage that had been done to their relationship over the years was irreparable.

To this day Tikili's voice cracks when he speaks of the day he divorced his father in his heart.

"What kind of shitty parenting is that?" he exclaims. "When you finally accept that I was raped, the only question you have for me is, 'Did it affect your sexuality'? What about my well-being, my mental stability, my human interactions—my effing life, for crying out loud?" (It's a common misperception that childhood sexual trauma makes a person gay.)

Gjvar Payne, a 24-year-old senior at Southern University and A&M College in Baton Rouge, tells a similarly painful tale.

Originally from a small town in Illinois, the soft-spoken Payne says he chose a school on the other side of the country to escape the strict household run by his father, who is in the Army.

"He was really hard on us," says the bespectacled, baby-faced Payne, referring to the strict curfews his dad imposed on him and his four brothers—even on prom night—and the white-glove-type dust inspections they'd be subjected to after cleaning the house every Saturday. "It was pretty miserable," he says. "I grew up feeling like no one really loved me."

Payne says he tried to win his father's affections by enrolling in activities he thought he'd approve of. "I was always trying to prove myself," he recalls, "becoming drill team commander in ROTC [the Reserve Officers' Training Corps] and the choir director at church—anything so that somebody would be proud of me."

Fear of further disappointing his dad was one reason Payne opted not to tell him he was gay. Besides, with so many other pressures—including financial problems—on his family, "it just never came up," he says. "Telling him [I was gay] would have just been the icing on the cake."

To block out the disappointment of family life, Payne began immersing himself in marijuana and booze. During his first semester at Southern he began taking weekend road trips with his new "gay family"—a group of college friends—to party in nearby New Orleans.

"That's when I really started drinking," the business management major says. He became such a "master at mixing drinks" that people would ask him to bartend at parties.

Payne basked in all the newfound attention.

"I never thought I was cute [before then]," he says shyly. But once away at school, he switched up his wardrobe and discovered his own style. And it worked, he says: "People started noticing me."

Payne admits he would have unprotected sex with other guys simply because they told him he was cute. "I wasn't worried about asking, 'Do you have any STDs,' [sexually transmitted diseases] or anything. We'd be drinking, and you know, that all played a part in [my contracting HIV]."

Tikili and Payne are just two of hundreds of thousands of faces behind a three-alarm-fire: the HIV

crisis ripping through the black community.

In August 2011, the U.S. Centers for Disease Control and Prevention (CDC) was the official bearer of bad tidings. It released a report that showed an upward tick consistent with what researchers have seen during the 30 years since AIDS emerged: The rates of infection among young black men who have sex with men (MSM) are skyrocketing. The CDC estimates that each year, about 56,300 people contract HIV in the United States. African Americans, regardless of gender or sexual orientation, comprise 44 percent of these cases, and MSM comprise a whopping 73 percent of the total cases among black men. What's more, rates of infection increased 48 percent between 2006 and 2009 among black MSM between ages 13 to 29. (Based on the CDC's projections, young MSM in general were the only group to experience an uptick in infection rates during this time.)

But these black men don't get the sympathy afforded to some heterosexual black women who've contracted HIV from male partners (the "down low" myth, discredited as the main driver of HIV among black women, continues to stigmatize black MSM). In fact, many activists and academics say, too few people care about what happens to black MSM, in part because of judgments made about their sexuality.

"Without a doubt homophobia is contributing to the problem of high rates of HIV among black MSM," says Linda Villarosa, who is the journalism program director at the City College of New York. A former New York Times reporter, Villarosa is contributing to a documentary on HIV/AIDS in the black community, to be broadcast on PBS this year. "Where there is judgment and sexual shaming, there are high rates of HIV," she says. "Where there is fatalism, fear and secrecy, there are high rates of HIV. In a conversation about high rates of HIV among black MSM, I once heard a young man say, 'Nobody cares about us, including us.' That's not entirely true, but it is sad."

Kai Wright—a black gay activist and the editor of the political e-zine Colorlines—says a prevailing sense of hopelessness puts young black gay men at risk for HIV. "Young, black gay and bisexual men are among the most economically, emotionally and culturally beat-up groups in the United States," he wrote in an essay published last August by Colorlines and the Black AIDS Institute. "They are uniquely at risk for a long list of social ills—hate crimes, homelessness, honestly just about any of the things researchers look at when measuring health risks among young people. So of course they are uniquely at risk for HIV, too."

Kenyon Farrow, former executive director of Queers for Economic Justice, agrees. He says getting HIV is generally just one symptom of much larger life issues.

One common scenario, he says, is that kids get kicked out of the house once their families find out they're gay. As a result, they're cut off from traditional support networks—and once they're homeless, they're subjected to a range of situations where they're more likely to contract HIV. "If you're black and you get ostracized from the black community," Farrow says, "you're screwed."

Farrow adds that the church—which has been the backbone of the black community since Africans were brought to this country in chains—often exacerbates the problem. "[In church] gay people

are taught that they're going to hell," he explains. "As a result, someone who's gay may have serious mental health issues to work out. And those issues can impact their relationships. Someone who doesn't feel good about themselves may not use condoms all the time or learn to negotiate their own body and what safety means to them."

Joseph Richardson, PhD, assistant professor of African-American studies at the University of Maryland at College Park and an expert on at-risk black men, sees this lack of self-love reflected in the carriage and demeanor of many of the black teens and young men he encounters—be they gay, straight or queer. These are men already shackled by the chains of poverty, fatherlessness, mass incarceration and a lack of educational opportunities.

"I am sure there is a significant population of alienated black men who may 'put in work' [slang for street hustling] by trading sex for drugs or simply engaging in [sex with men] for money to survive," says Richardson, who is also a MacArthur Foundation grant recipient. "I read an article on black transsexuals recently. It examined how many of them have to engage in sex work to support themselves because the stigma of being transgender hinders them from integrating into society," he says. "At least 50 percent have attempted suicide at some point in their lives, and at least 20 percent are HIV positive. [Theirs] are the stories that are not being discussed enough in the black community."

Tikili took advantage of free therapy when he attended Duke University; nonetheless, he says that as a black queer man he often walks around feeling invisible—like a second-class citizen. "I was on this panel a few weeks ago, and we were talking about the lack of role models in the queer world," says Tikili, who is now a community organizer with Health GAP (the Health Global Access Project). "I was like, There aren't that many black queer or gay role models, you know? So we have to create our own communities in order to not feel isolated and alone. [Even] the term 'gay' is a mainstream, white thing."

Eliminating labels like "gay," "transgender" or "MSM" would help put an end to the stigmatizing, says Cleo Manago, founder of the national nonprofit AmASSI, the African- American Advocacy, Support-Services and Survival Institute. "Can we just refer to folks as what they really are, which is human?" he asks. "We're always so busy trying to categorize people, we forget [their humanity]."

Manago helped organize an often heated panel discussion about black manhood this past July—a month before the CDC's latest bombshell. He recorded the event and turned it into a 37-minute educational film. About 200 black people gathered for the historic "I Am a Man: Black Manhood & Sexual Diversity in the Black Community" summit, held at the Reverend Al Sharpton's National Action Network headquarters in Harlem. Civil rights leader Sharpton, Manago and others sounded off on a range of topics influencing the community—from Uganda's aggressive anti-homosexuality campaign to same-sex marriage to hip-hop's hypermasculine message—offering lengthy opinions on just about everything but the hulking elephant in the room: HIV.

The omission was no accident. "What we attempted to do at this forum," Manago says, "was go beyond the typical HIV discussion, go deeper into some of the prejudices, the brainwashing, the

attacks on black men and the way black male voices and attitudes in our community are compromised." When events are billed as HIV related, he says, people don't show up.

Farrow makes a similar point. "Most media coverage of AIDS here—as opposed to coverage of HIV/AIDS in Africa—is stigmatizing," he says. As examples, he mentions stories about black men on the down low and criminal prosecutions of people accused of not telling a partner their HIV status. "No wonder people avoid public forums discussing HIV," Farrow says, adding that such forums draw mostly people already living with the virus or people working in the field.

The question remains: Does the solution ultimately lie in more community-based initiatives—or further government intervention?

The CDC insists it's the former.

Researchers there say the federal agency is already doing its part to extinguish the flames of the crisis by expanding funds for disproportionately affected populations. In addition to launching the "Act Against AIDS: Testing Makes Us Stronger" campaign—the latest phase of an ongoing public awareness and education campaign to encourage testing among black men who have sex with men—the CDC recently unveiled a new five-year, $55 million funding opportunity for community-based organizations (CBOs) to expand HIV prevention services for young gay and bisexual men of color and their partners. It's all part of the National HIV/AIDS Strategy unveiled by the Obama Administration in 2010, which aims to cut new HIV cases by 25 percent by 2015, reduce overall health disparities and get more HIV-positive people on treatment and into care.

"We are making sure we direct our resources—in these days of limited resources—toward those interventions that will prevent the greatest number of new infections," says Donna McCree, PhD, MPH associate director for health equity at the CDC's Division of HIV/AIDS Prevention. "We are supporting only the best combination of interventions—making sure that they're targeted to the right populations and that they're at a scale big enough where we can make a significant difference."

Manago, founder of the nonprofit AmASSI, takes issue with the CDC's approach, which he says is increasingly focused on HIV testing.

"The CDC is no longer putting most of its money into prevention, instead primarily focusing on testing," he says. "How the heck does testing somebody prevent HIV?"

Indeed, as has been shown again and again, black men and women consistently have the same or fewer sexual partners and risky behaviors than whites. But the high prevalence of HIV in African-American communities means that each sexual encounter carries a higher risk than for other groups.

Moreover, Manago says, the CDC approach doesn't help get young black MSM into care if they do test positive.

He believes the reason the agency stopped placing a heavy emphasis on behavioral prevention is that the approach has failed to reach targeted populations over the years—largely because it did not address HIV among black men in culturally relevant ways.

“None of their models were originally tested on black men,” he explains. “They have no models that are organic or [respectful] of black men’s lives and communities. If you test models that are affirming and motivating to black men—and considerate of their lives and culture and inter-dimensionality—you will have more success,” Manago says.

Other experts add that the same can be said of HIV medicine itself—meaning, for instance, that for years researchers ignored the need to recruit black participants for drug trials. Or that insensitive research terms have not been adjusted.

“The term ‘MSM’ is one used by health providers, not our community,” Manago continues. “If you keep on calling everything [that targets us] ‘MSM’ or ‘gay’ [it won’t work.] The whole reason the term MSM was created in the first place was to categorize diverse men who did not identify as gay. But they keep on giving that MSM money to gay-identified organizations, which defeats the purpose.”

Ron Stall, PhD, chair of the University of Pittsburgh’s Department of Behavioral and Community Health Science, says the problem goes far beyond the CDC.

“HIV prevention programs are terribly underfunded for gay men of all races,” he says. “Over 60 percent of all new HIV cases in our country now occur among gay men. Prevention can and does keep gay men from becoming infected with HIV, and this saves the health care system a lot of money. Given this simple fact it would be great if the White House and Congress did more to invest in HIV prevention among gay men, which would yield especially impressive dividends among black gay men.”

Stall wants to see the government put its money where its mouth is—and for the black and gay communities to step up. He lists some essentials: “Provision of better access to medical care for black gay men [is critical],” he says. “Also the creation of social settings where black gay men feel welcome and valued as human beings, not only in the gay community but in their home communities.”

For this to happen, says University of Maryland professor Richardson, the federal government must be willing to work with grassroots community organizations to create more spaces for youths who are too often shunned or abandoned by their families, churches and communities for being gay.

“We need to make more of an effort to serve as and support ‘social parents,’” he says. “Some of the best parents for our youth are not biological. We need to invest in the unusual suspects—those who can do the most work with black male youths—because they play valuable roles in their lives,” Richardson says. “I gained some of the most insightful lessons about manhood from my

coaches, uncles, teachers and older men in my community. When you talk truthfully to a young man about the insecurities you have personally experienced while evolving into a man—whether it's school, sports, sex, whatever—they identify with you. Your presence also has to be consistent."

Richardson—who helped conduct a study of juvenile incarceration in the Washington, DC/Baltimore metropolitan area before funding ran out—says the government needs to create social welfare policies to give young black men in general a fighting chance. That includes more effectively tackling black unemployment, winning the war on drugs and not being so quick to send a black man to prison.

"We must change our mass incarceration policies, which remove so many black men from families and communities," he says. "Mass incarceration is draining our community of social capital, which has a snowball effect on everything. Parents have to become better parents, but when men are not working, the black family will ultimately remain broken."

The damage and disenfranchisement emerged historically, Richardson says. "The disruption of the black family occurred around the same time as de-industrialization, when black men could no longer support a family as unskilled or semi-skilled workers. Now one out of three black men can expect to be incarcerated, which basically excludes us from the labor market, student loans, voting rights and public housing."

In short, Richardson says, the United States must be willing to take responsibility for two centuries of systemic racism and oppression that have stripped black people of the will to properly care for themselves—or for each other—emotionally, psychologically and physically.

"We have to make it more culturally acceptable for black men to see a doctor," he adds. "One reason black men are so afraid of hearing bad news [from the doctor] is that we already have enough to deal with. This is just one more thing to add to our plate—now we have to learn we're not healthy. As men we have to begin to encourage each other to stay on top of our health, not in a nagging way, but we need to be our brother's keeper."

And that's true whether you're straight or gay, positive or negative.

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