What’s Really New About the HIV Epidemic and Young Black Men?

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Since the beginning of the epidemic, HIV in the U.S. has been widely described by mainstream media as a White, homosexual disease. What hasn’t been as widely reported, at least until

recently, is the disproportionate impact of HIV on the Black community, particularly on young Black MSM (men who have sex with men). In December 2013, the New York Times published an article titled “Poor Black and Hispanic Men Are the Face of H.I.V.” Citing data from the U.S. Centers for Disease Control and Prevention (CDC), it reported that “[w]hen only men under 25 infected through gay sex are counted, 80 percent are black or Hispanic.” The Times article depicted an epidemic among MSM of color with insurmountable problems and no long-term solutions. In fact, there are solutions. They begin with government, the LGBT community, HIV service organizations, those affected by HIV, and the community at large recommitting and reengaging to fight the epidemic, with particular attention to young Black MSM.

Since the impact of HIV/AIDS on MSM of color became above the fold, front-page news, some have incorrectly labeled Black MSM “the new face of the epidemic.” The fact is HIV has always had a racial and socio-economic divide. For the past 25 years, CDC surveillance reports have shown the ever-increasing toll of HIV on Black America. As early as 1996, the CDC reported that Blacks outnumbered and had the highest percentage of persons living with HIV/AIDS of all racial and ethnic groups. This trend is magnified in locations with greater health disparities, high unemployment, poor access to education, and more drug abuse/use.

In July 2013, President Obama launched the National HIV Care Continuum Initiative, which provides critical guidance on addressing this disparity. The initiative focuses on addressing gaps in HIV/AIDS care for all infected, from HIV diagnosis to the goal of viral suppression. In February, GMHC worked with the New York City Department of Health to produce a care continuum specific to young MSM ages 13 to 29 by race/ethnicity. As illustrated in Figure 1, compared to their racial/ethnic peers, young Black MSM are less likely to be linked to and retained in care, least likely to start antiretroviral therapy (ART), and more likely to fall out of care before reaching viral suppression. This underscores the need for young Black MSM to be connected to HIV specialists who prescribe the most effective medical treatment and for health care and support systems needed to ensure long-term viral suppression.

Epidemiological studies and biomedical interventions are critical to bridging these gaps in care for young Black MSM. However, they are not the complete solution. We also must address socio-economic disparities and the cultural and institutionalized stigma and discrimination that drive the epidemic. Only then can we prevent young Black MSM from even becoming infected.

GMHC will soon publish “Breaking the Silence: A Call to End the Disproportionate Impact of HIV on Black MSM.” This human rights report addresses the drivers of the epidemic and provides answers to the questions left by the Times article. The report is organized into five actions. The first, “A Call to Action,” highlights the state of HIV/AIDS among Black MSM. “Rates for Action” provides a comprehensive overview of epidemiological data on Black MSM nationwide, in New York City, and in the South. “Causes of Action” summarizes research on the health disparities, socio-economic inequality, as well as familial, cultural, and institutionalized stigma experienced by young Black MSM. “Organization for Action” describes Outstanding Beautiful Brothers (OBB), GMHC’s award-winning HIV prevention program for young Black MSM. The final section, “Course of Action,” details critical steps in funding, preventing, creating dialogue, advocating, and mobilizing towards HIV

incidence rates that fall below epidemic proportions.

The HIV/AIDS epidemic in the United States is far from over. At the current incidence rate, more than half of the population of young Black MSM could seroconvert in the next decade. While this disproportionate impact isn't new, we must leverage the mainstream attention that is new to chart a visionary course of action, focused on cutting edge, culturally competent, effective prevention and treatment programs for young Black MSM.

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