

Where's The Outrage? HIV Rate Soars in Young Gay Men

July 15, 2008 By [Peter Staley](#)

I kept looking for a response, from anyone. How about an editorial in a major newspaper? How about an editorial in the gay press? How about the blogosphere?

[Andrew Sullivan](#) and [Michael Petrelis](#), two of my favorite gay bloggers, didn't say a thing about the new stats. They usually post long entries whenever they find a one year "trend" pointing to possible good news on HIV infections in gay men. I guess the latest news has them so stunned they don't know what to say about it. Michael actually wrote [an entry about the CDC's press release](#), but didn't list a single statistic from it. Instead, he thought it was much more important to know if the epidemiologist announcing the news was gay or not.

Oh wait, I found something on [Towleroad.com](#) – an [eighteen word bullet](#) in a long list of Andy Towle's daily dish. It was ten bullets below the lead about "*American Gladiators*' first-ever gay contestant." (To be fair, all these bloggers write extensively about AIDS issues – I'm just trying to push them a little to tackle the "gays behaving badly" headlines as well).

So what's the big news? On June 27th, the CDC [released stats](#) showing that the number of young gay men being newly diagnosed with HIV infection is rising by 12 percent a year. The news was big enough for front section articles in both the [Washington Post](#) and [New York Times](#). But I guess most readers, including many gay men, just read it and turned the page.

The data covered 33 states that had name-based HIV reporting from 2001 to 2006, including New York, Florida, New Jersey and Texas, all of which have historically high numbers of people living with HIV.

 I guess it's good news that when looking at gay men of *all* ages, those diagnosed only rose by 1.5 percent a year. Notably, the other demographic groups, heterosexuals and IV drugs users, saw substantial declines (falling annually by 4.4% and 9.5%, respectively).

The 12 percent a year increase is happening in gay men ages 13 to 24. It's been falling 1 percent a year in 25-to-44-year-olds, and rising 3 percent a year in gay men 45 and older.

In the youngest age bracket of gay men, the yearly rise averaged 8% among Hispanics, 9% among whites, 13% among American Indians and Alaska Natives, 15% among blacks, and 31% among Asians and Pacific Islanders.

The “Second-Wave” Epidemic in Gay America

As the Washington Post article put it bluntly, the CDC report “appears to confirm impressions that a ‘second-wave’ AIDS epidemic is underway in gay America.”

Other studies back this up. A group at the University of Pittsburgh, led by Dr. Ronald Stall, conducted a review of HIV incidence rates from 1995 to 2006. An incidence rate is the number of new cases within a specified time period divided by the size of the population initially at risk. In Stall’s review, they looked at the percentage of gay men in the U.S. that were becoming HIV infected each year.

They found in their review of the entire published literature on new infection rates among MSM (Men who have Sex with Men, or how the scientific literature lists gay men) that the average incidence rate of HIV infection among gay men in community based samples in the United States approached 2.5% a year. They continued their analysis to estimate what this rate of new infections would mean within a group of young men who were all seronegative at age 20, but who seroconverted at a rate of about 2.5% a year through to the age of 40. By the time that this group of young men reached the age of 40, Stall’s group estimated that approximately 40% would be HIV positive.

Dr. Stall’s group also showed that these predicted rates of HIV infection are not significantly different from current HIV seroprevalence rates published by the CDC among MSM. For instance, the CDC estimates that 37% of gay men ages 40 to 49 are HIV positive.¹

I emailed Dr. Stall to discuss his findings, and he concluded by saying “at current HIV infection rates now known to exist among gay men in the United States, we are likely to be reproducing very high rates of HIV infection across generations of gay men.”

What Now?

There are some leading AIDS activists, including [Larry Kramer](#), that think prevention doesn’t work – that nothing can be done to stop this inevitable “second wave” of gay men living (and dying) with HIV.

I strongly disagree. As far as I can tell, we’ve never even tried. Ever since the early years of the AIDS crisis, our government has basically told the gay community “sorry, you’re on your own.” Homophobes in power, like Reagan and Helms and a complicit Congress, made sure that the CDC could never fund effective HIV prevention campaigns targeting gay men (a version of Helms’ “No Promo Homo” amendment is still ensconced in the CDC’s HIV Content Guidelines).

When the country finally demanded that Washington respond to the rising epidemic, Congress dramatically increased the AIDS *research* budget. A serious national *prevention* effort has never been launched, let alone contemplated.

Want to know how hard we’re fighting the spread of HIV now? The CDC’s current HIV prevention

and surveillance programs account for 3 percent of all federal HIV/AIDS funding. Three percent!

Imagine a country where the President said it was a priority to fight the spread of HIV among gay men (or women, or African Americans). Imagine a country where the President asked Congress to appropriate \$1 billion a year towards this effort.

A huge response would follow. Prevention programs that have been proven to work (there are dozens of studies showing that various types of programs actually work, like carefully tailored counseling programs) would finally be tried on a larger scale. The gay community would start to feel it had a fighting chance to lower infection rates, for good. We'd stop wagging our fingers and stomping our feet (the Larry Kramer approach, which obviously doesn't work), and get down to work.

It would be our "yes we can" moment.

Speaking of which, all of this just might be possible with Obama in the White House. He's made the right promises with regards to increasing our nation's prevention efforts, so the trick will be keeping his feet to the fire and forcing him to follow through. Bill Clinton sounded much the same when he first ran for office, but got little done while in the White House. To be fair, Clinton had a much more Republican Congress than Obama likely will.

But first things first. Where's our outrage?

(1) HIV Prevalence, Unrecognized Infection, and HIV Testing Among Men Who Have Sex with Men --- Five U.S. Cities, June 2004--April 2005, [MMWR, June 24, 2005 / 54\(24\);597-601](#).