



National Black Gay Men's Advocacy Coalition, Inc.

Statement of the National Black Gay Men's Advocacy Coalition:

CDC Revised Incidence Data Shows Continuing Impact of HIV on Young Black Gay Men

August 3, 2011

Our nation has made considerable progress in addressing the HIV epidemic in the 30 years since the first cases were reported by the Centers for Disease Control and Prevention in June 1981. Community leadership, sound public health and our investment in science has resulted in a decrease of HIV infections from an estimated incidence of 130,000 in the early 1980s to a current CDC estimate of 50,000 annually. **The revised incidence report released today on PLOS, however, shows that the burden of HIV among young black gay men (13 – 29 years of age) is unacceptably high and the need for a greater investment and new approaches to stem the epidemic in the United States.**

The CDC report highlights that 44% of infections occur among African-Americans, 8 times that of whites, further evidencing the concentration of the epidemic among America's racial minorities and the poor. Additionally, 77% of infections occur among males, and that black males comprised over 30% of estimated cases. 61% of new infections are reported to be occurring among gay and other men who have sex with men (MSM). The CDC classification of MSM of all races and ethnicities, including transgender women, is the only population that continues to show increases. Overall, 3% of estimated infections also occurred among MSM who inject drugs, adding to the impact of HIV in the lives of gay men.

Most disturbingly to the National Black Gay Men's Advocacy Coalition is the 48% increase of estimated infections among young black gay men between 2006 and 2009 (from 4,200 incident cases to 6,500). This population stands alone in the startling disproportionate burden of HIV and demands immediate attention at all levels.

Dishearteningly, the incidence data comes despite evidence that show this population engages in less risk behavior but has more infection due to higher levels of sexually transmitted diseases, lower levels of HIV testing and access to healthcare and treatment.

The HIV incidence data comes on the heels of two other reports released this week that cause concern to our community. The CDC reported on Monday in the *Annals of Internal Medicine* that rates of primary and secondary syphilis disproportionately increased in recent years among black, Hispanic, and young men who have sex with men. Syphilis has been on the rise since 2000, and studies suggested MSM accounted for a majority of the new cases. In this new study of 27 states, the largest increase in between 2005 and 2008 were found among MSM in their teens and 20s. In 2008, MSM ages 20-29 had the biggest increase in syphilis, to about 12 cases per 100,000. That same year, the absolute increases in syphilis rates among black MSM were 8 times the rate for white MSM. Black MSM had 19 cases of syphilis per 100,000 population, Hispanic MSM had over 7 cases per 100,000, and white MSM had 4 per 100,000. ("Primary and Secondary Syphilis Among Black and Hispanic Men Who Have Sex with Men: Case Report Data from 27 States," and the editorial, "Resurgent Syphilis in the United States: Urgent Need to Address an Evolving Epidemic," *Annals of Internal Medicine* (2011; 155:145-151 and 192-193, respectively).

NBGMAC is further concerned by a new study commissioned by Janssen Therapeutics and the National Medical Association (NMA) that reported social stigmas are still the largest barriers keeping African-American frontline physicians from testing their patients for HIV and AIDS. Numerous studies have shown that Black gay men are often unaware of their HIV status even when in care. The Janssen-NMA study reported of the physicians interviewed for the study, only one-third of their patients had been tested for HIV in the past year, and not because the patients themselves were opposed to testing. The study states that "physicians were unwilling to recommend HIV testing because of social stigmas associated with the procedure." This misguided attitude among our health care providers is deadly and has no place in the practice of medicine.

The HIV epidemic in black communities across the United States demands urgency, especially in addressing the lives of young black gay men. In response to the new estimated HIV incidence report and these other studies, NBGMAC calls for:

- The CDC to immediately increase the funding that it anticipates awarding in the next month to organizations providing services to young MSM and transgender of color from \$9 million to \$14 million.

- The CDC and the Health Resources and Services Administration jointly create an investment fund for to strengthen the capacity of indigenous black gay organizations to provide HIV testing, prevention and treatment education and linkage to care services.
- The HRSA and the Center for Medicaid and Medicare Services require all physicians at publicly funded institutions or receiving public reimbursement for the delivery of health care services in high prevalence areas to undergo continuing medical education and certification in HIV testing and treatment.
- The White House Office of National AIDS Policy convene a high-level consultation on young black gay men and HIV with the full participation of the National HIV/AIDS Strategy coordinating agencies.
- The White House to reconvene it's meeting on HIV and Black Men, to include Black Women, and to develop a specific strategy on ending the health disparity of HIV among African Americans.
- The NIH Office of AIDS Research to develop and issue a high priority research plan to address HIV among gay men, especially American and Latino gay men in the United States, including using novel technologies and strategies to lower the viral load and prevalence in these communities.

Availability for comment:

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