



National Black Gay Men's Advocacy Coalition, Inc.

## **2007 Advocacy Agenda**

The National Black Gay Men's Advocacy Coalition (NBGMAC or "the Coalition") is committed to improving the health and well-being of black gay men through advocacy that is focused on research, policy, education and training. NBGMAC is the nation's first health policy coalition to address the rising incidence infections occurring among black gay men. The catalyst for the formation of the Coalition was the data released in June 2005, by the CDC reporting that 46% of black gay men were found to be HIV positive in a study conducted in 5 U.S. cities<sup>1</sup>. The Coalition's core purpose is fighting for the lives of black gay men – primarily by addressing HIV/AIDS and other health disparities. Principal among the NBGMAC concerns is health policy, focusing on national Federal and State policy makers and public health officials and community leaders. Through education and advocacy the Coalition aims to shift attention and resources to the long, neglected HIV and associated health needs of black gay men.

NBGMAC believes that if the United States is to achieve an elimination of HIV infections as a national goal to end the HIV epidemic the following principles must be adhered to:

- The lives of black gay men must be valued and respected.
- Our nation must establish and adhere to a national plan to combat the HIV epidemic.
- The leadership of black gay men and their organizations must be supported and promoted.
- Black gay men must be involved in all consultation, program planning and research to develop effective services to address HIV among our population
- Federal and State governments must commit to partnership with black gay men and must be held accountable for the allocation of resources that will enable a sustainable response.

In order to achieve these principles and to achieve a broad national policy and programmatic framework for addressing the HIV epidemic, it is imperative that our nation eliminate the marginalization of, stigmatization and discrimination against, black gay and other men who have sex with men (gay/MSM). African-American and other black gays and MSM, inclusive of

Caribbean, European and African born individuals, is the population hardest hit by HIV, with diagnosis rates twice that among white gays/MSM. Yet currently there is only one HIV prevention program that has been specifically designed for black gays/MSM. Investing in research to implement interventions for black gays/MSM is essential to reversing the epidemic in our communities. Promoting leadership among black gay/MSM and sustained capacity-building investments in the organizations that serve them is critical. NBGMAC is committed to an advocacy agenda that address these key principles and factors necessary to responding to the epidemic.

### **Overview:**

Numerous reports have been written on the status of the HIV epidemic and its dynamics in the United States. Federal and State reports have recently focused on the high impact of HIV on African-Americans. Many jurisdictions have also recognized the HIV crisis that is occurring among African-American communities with the declaration of public health emergencies. It has already been previously stated that NBGMAC itself was founded as a direct result of the CDC's 5 city study of HIV prevalence, unrecognized infections and HIV testing among MSM that showed, 46% of black MSM were HIV positive and 67% of them were unaware of their HIV status. While this policy paper does not seek nor do we believe it necessary to rehighlight the full scope of data on the epidemic, as we consider the impact of HIV on black gay men it is important to note:

- Although African American's only make up approximately 13% of the US population, 1/2 of the new HIV/AIDS diagnoses in the United States in 2004 were for African Americans<sup>ii</sup>
- Black gay and other men who have sex with men in the United States are more than twice as likely to be HIV positive as white and Latino MSM<sup>iii</sup>
- According to a 33 state study from 2003 – 2004, the most common mode of transmission for HIV infections for black males was sex with a man. <sup>iv</sup>
- CDC analysis suggests that undiagnosed HIV infection continues to play a significant role in the extremely high rates of infection among African-American MSM<sup>v</sup>
- According to a 2004 Syphilis Surveillance Report, syphilis rates among black men are five times as high as they are among white men. 60% of new infections syphilis cases are diagnosed in men who have sex with men<sup>vi</sup>

Clearly, the HIV epidemic has reached a critical phase among black gay men. Additionally, sexually transmitted diseases, hepatitis, sexual violence and other conditions have severe consequences in black gay men. Despite continuously accumulating data that demonstrates the significant health disparities among this population there has been little commitment from policy makers and elected officials at the Federal, State or local level to improving the health and well being of black gay men.

## **2007 Priorities:**

In recent months, many of our member and partner agencies have issued reports and recommendations that address the HIV epidemic's impact among black gay/msm, most significantly the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Minority AIDS Council (NMAC), and the Black AIDS Institute. We join in support of the context of those reports and the important leadership roles that these organizations have played in advancing an agenda that responds to the lives of black gay men.

This is a critical and transformational moment for our nation. As new leadership emerges in the Congress, a presidential campaign emerges and the nation's leaders confront the many challenges currently facing the United States, it is an opportunity to bring forward new solutions to our most pressing problems. It is critical, however, that collectively as a community, as advocates and as a nation that we commit to maintaining a focus on the HIV epidemic as a priority of our leaders. That focus should demonstrate a clear commitment to bringing an end to the HIV epidemic. The National Black Gay Men's Advocacy Coalition is committed to this goal by bringing about an end to new HIV infections among black gay men and assuring care to those who are infected. The coalition has adopted an agenda which if embraced by Federal and State policymakers will result in immediate gains.

We call on our nation's leaders and our community partners to join us in advancing the following legislative and policy priorities in 2007:

- Black gay men and other black men who have sex with men (gay/MSM) self-identify and engage in sexual behaviors that are characterized by both fluidity and compartmentalization that defy easy categorization. This complex reality requires and deserves targeted, behavioral research and attention from the relevant agencies and institutes of the Department of Health and Human Services (HHS). The inability to understand the affects of this fluidity in orientation and behavior has resulted in the poor adaptation of HIV prevention materials and programs originally designed for white gay men. Dedicated research is essential to identify, develop, test and implement effective interventions for replication in black gay and MSM populations.

In particular, the NIH and CDC have neglected to prioritize research, demonstration projects and evaluation of programs designed for black gays and other MSM over the life of the domestic AIDS epidemic. Most significantly, the National Institute of Drug Abuse (NIDA) has done insufficient research on the dynamics of HIV sexual risk, social networking and drug use among black gay men. This neglect has resulted in a deficiency of HIV Prevention interventions for Black MSM in its HIV Prevention Compendium at a time when they are disproportionately represented in the diagnosed HIV/AIDS epidemiological data. With little scientifically research-based interventions available to black MSM, CDC's effort to prioritize funding to "evidence based" programs disadvantages black MSM community based programs. The lack of scientific data also challenges the black MSM community's independent desire to know what works and implement effective interventions regardless of funding source.

The CDC and NIH must develop a coordinated plan and sufficiently fund high quality research initiatives to determine effective prevention interventions for black gay/MSM and to better understand the dynamics of the epidemic in this population.

- NBGMAC believes that every black gay man should regularly know his HIV status and supports routine offering of HIV testing and counseling during medical examinations. Individuals should be fully informed that the test is to be conducted and have the option to refuse the test. Once tested an individual should be assured confidentiality and referred for appropriate specialty care if warranted. NBGMAC also supports funding for community-based HIV testing in non-medical, non-traditional settings. The current data clearly demonstrates the rationale for ramping up testing in medical sites. However, with fully a quarter of individuals estimated to be living with HIV still unaware of their HIV status, and as previously noted recent studies showing that up to 2/3rds of HIV+ black gay men are unaware of their status, new, innovative testing strategies must be adopted to reach individuals who do not regularly seek medical care at medical sites and for those who are uninsured without regular access to healthcare. The CDC, Health Resources and Services Administration, Center for Medicaid and Medicare Services, Federal Bureau of Prisons, Veterans Administration must develop a coordinated plan and provide resources to community groups to support a multilevel approach to black gay men learning their HIV status and getting into appropriate care and prevention services.
- The CDC's National Center for HIV, STD and TB has a new Director, Dr. Kevin Fenton. The agency is also in the midst of a prolonged structural reorganization. Several key divisions of the Center are under review and have acting Directors. Concurrently, the CDC's five-year strategic plan addressing the HIV epidemic whose goal was to reduce infections by half has now expired. These combined situations have resulted in low staff morale and a lack of direction for the agency at a time when it is most in need. While NBGMAC is committed to working with Dr. Fenton and the NCHSTP leadership, we are deeply frustrated by the slow progress in developing a national response to HIV epidemic in African-Americans and to following up on the recommendations of the CDC's consultation on HIV and African-American MSM held in August 2005. A sense of emergency is desperately needed and demanded. NBGMAC calls on the new leadership of the CDC to urgently address its management vacancies, update its strategic plan with a core focus on African-American populations broadly, and black gay male populations, specifically, where the epidemic is most prevalent and to recommit to active partnership with the communities affected by the HIV epidemic through ongoing consultation, outreach and program partnership.
- 25 years into the HIV epidemic our nation is still under-resourced in its prevention system. This is in part due to a lack of sustained partnership and a viably funded network of HIV prevention providers. The current capacity building and technical assistance programs at CDC are broken – resulting in an absence of robust prevention service systems in the communities most in need. Anecdotal reports suggest that a majority of directly funded agencies are unsuccessful in maintaining their funding during recompetition cycles. While no organization is entitled to permanent funding, the ongoing disruption in community based organizations infrastructure has a profound effect on the capacity of the community itself to address its HIV epidemic and engage in

successful prevention efforts. Further, the public's investment is not put to good use if these services are not able to produce long-term results. This situation is repeated in the lack of culturally competent service providers, including primary care, substance abuse prevention and treatment services, mental health services and housing in many jurisdictions across the country. It is urgent that CDC and other HHS agencies reinvigorate their investment in capacity building to enhance our nation's ability to combat the HIV epidemic and to maintain the health of black gay male communities. State Health Departments have also not invested sufficiently in responding specifically to the epidemic among black gay men because of a reported lack of capacity or perceived lack of identified community based leaders. The Federal and State Governments have an obligation to facilitate the development of the infrastructure necessary for meeting the nation's goal of ending the HIV epidemic. NBGMAC supports a comprehensive plan at CDC and among all HHS agencies to develop the capacity of a high-quality prevention and services network, targeted to service black gay men, that is sustainable for multiple grant cycles and provides the continuity of community based service required for effectiveness.

- **There is a clear and urgent crisis among African-American black gay youth.** The CDC has reported that more than 60% of young persons aged 13-25 years diagnosed with HIV/AIDS in 30 States were African-American. Further, "a study of young MSM 15-22 years of age conducted in 7 U.S. cities in 1994-1998 showed that incidence in young black MSM was 4% per year, which was higher than for any other racial/ethnic group." (CHAC Report on Strategic Plan Objectives, working draft, 4/18/06). In 2004, the CDC also reports that nearly 70% of gonorrhea cases were African-American. As this is a disease of the young and predicts in sexual risk, it is a trend worth noting. Additionally, in 2004 the rate of primary and secondary syphilis was nearly 6-fold higher in African-Americans than whites, and 41% of reported primary and secondary syphilis cases were black. Many social and economic factors put young persons at risk for HIV and other health conditions. Among these, childhood sexual abuse is far too common occurrence among young African-Americans. This issue is addressed as a major mental health issue later in our agenda. To reverse the trends of HIV infection among black gay men, it is absolutely urgent that a concentrated effort be placed on providing HIV prevention services and access to health and social services to black youth and young men under the age of 25.
- Homelessness is also having an increasingly disproportionate impact on youth of color. A recent report from the Policy Institute of the National Gay and Lesbian Task Force indicates that while 3-5 percent of the U.S. population identify as lesbian and gay, 42 percent of the nation's homeless youth population is lesbian and gay. African-American gay youth who have been marginalized and abused by their families or in the community make up a large segment of this population. In 2004, 73% of black male high school dropouts in their 20s were also jobless. Of high school graduates, 1/2 were jobless. These young people are placed at risk for a host of adverse conditions due to drug use, the need for survival sex and the increasing isolation from society caused by homelessness. Because of each these psychosocial factors individually and often concurrently, the risk for both HIV and other long-term consequences for this population are profound. NBGMAC calls on the Departments of Education, Housing

and Urban Development and Health and Human Services to create a joint task force to develop and fund public/private community-based initiatives that provide, literacy and vocational skills development resulting in stable employment and affordable housing for population.

- The intersection of alcohol, drug use and sex has long been known factors in HIV transmission. For black gay men, alcohol and crack cocaine have been shown to be co-factors in creating behavioral conditions in which help facilitate HIV transmission. There are few culturally competent programs that exist in the United States to address substance abuse prevention and treatment for black gay men. Additionally, those that do exist face a constant challenge of long-term funding and sustainability. NBGMAC calls on the Substance Abuse and Mental Health Administration to fund and support culturally competent prevention and treatment services for black gay men at risk for HIV infection due to drug and alcohol use.
- Early childhood sexual abuse has been recognized as a major factor in many behaviors associated with HIV risk, including alcohol and drug use, depression, and sexual risk taking. Numerous studies have shown the synergistic consequence of childhood sexual abuse for vulnerability to HIV infection (Stall, XVI International AIDS Conference, 2006). Moreover, the long-term impact of other forms of abuse, stigmatization and isolation can cause severe psychological stressors that place individuals at great harm. The Medius Institute (Living on the Edge: Gay Men, Depression and Risk Taking) and others have recently published reports showing the consequence of these stressors, including not identifying as gay, queer or homosexual, multiple episodes of antigay violence in the previous five years, and history of childhood abuse as contributing to depression among gay men (Gay Urban Men's Health Study). The National Institutes of Health report that depressive disorders affect an estimated 9.5 percent of Americans ages 18 and over – about 19 million adults. The Medius Institute reports that studies suggest that gay men are about three times more likely than the general population to experience depression and that there do not seem to be significant racial differences in the incidence of depression. African-Americans, however, tend to utilize or have mental health services made available to them far less frequently than whites. NBGMAC calls on the Center on Mental Health, SAMSHA and the National Institute of Mental Health, NIH to conduct research and fund community based initiatives expanding mental health services for black gay men with an emphasis on addressing childhood sexual abuse, depression and other related conditions
- Black men are incarcerated to an unacceptable degree in American society. In fact, according to data from the U. S. Census Bureau and from Human Rights Watch while Blacks comprise 13% of population (39.7 million), 30% of people arrested, 41% of people in jail, and 49% of people in prison are African-American. Recent studies draw significant correlation between HIV infection rates in the Black community and the percentage of Black men incarcerated. Those incarcerated include black gay men, transgender and those who only engage in situational sex with other men caused by the prison setting. NBGMAC calls on Congress to support and pass legislation that will provide for condom distribution, HIV testing and health care services in correctional settings.

- Access to safe, affordable and stable housing meets an essential human need and should be considered the birth right of every person. Compelling new research data validates the direct correlation between health, wellness and risk for HIV infection and disease progression to the ability to access appropriate housing. Homelessness is a societal failure that disproportionately impacts men of color – especially African-Americans, self-identified lesbian, gay, bisexual and transgender persons, those with low-income, the poorly educated, the previously incarcerated, and the unemployed or underemployed. Homelessness is having an increasingly disproportionate impact gay youth of color. A recent report from the Policy Institute of the National Gay and Lesbian Task Force indicates that while 3-5 percent of the U.S. population identify as lesbian and gay, 42 percent of the nation's homeless youth population identifies as lesbian or gay and most are youth of color. NBGMAC calls on the Department of Housing and Urban Development in partnership with the Health Resources and Services Administration, HHS to develop, implement new program guidelines and increase funding to local communities that will enhance housing opportunities for high-risk populations of young people and for black gay men living with HIV.
- As the CDC moves deliberately to collect information about individuals living with HIV/AIDS, indigenous funded programs should receive adequate compensation and not experience undue burden from data collection. Further, a framework must be established for the evaluation of the efficacy of targeted, indigenous programs. In the meantime, CDC should ensure that no existing program shall be defunded based on independent surveillance data where efficacy of the program has not been fully evaluated. The CDC should also provide data on the proportion of all black gay/MSM who are receiving targeted prevention with analysis of the form of organization providing those services. The NBGMAC calls on the CDC to provide accurate data on the number of Black MSM living with HIV/AIDS in the U.S. and the number and scope of work of indigenous, Black gay organizations funded directly by the CDC to address the HIV prevention needs of this disproportionately impacted community.
- The fluidity of sexual orientation also extends to the complexity of gender identification. Science and public policy is still at an early stage in understanding the lives of transgender persons of all phases of identity, including those transitioning from male to female identities or those who recognize themselves as one identity but whose behavior places them outside the accepted norm of any particular gender (for example, effeminate men who may come under abuse whether they identify as gay or straight). As a result of the stigmatization and discrimination that occurs in communities when a person acts outside the recognized norm, many persons are placed in danger of violence or economic deprivation. For many male-to-female transgender persons the only economic opportunity is prostitution or other forms of survival sex. Drug use is often a component of a quest for stability. Studies have shown the increased risk for tuberculosis, hepatitis and sexually transmitted diseases for this population. As many transgender persons most impacted by HIV and its associated health risks also identify within the black gay male population, NBGMAC calls on the public officials at all levels of government to establish forceful policies that will reduce the marginalization of this population and to create and fund specific HIV prevention services for those with minority gender identities.

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<sup>i</sup> CDC “HIV Prevalence, Unrecognized Infections, and HIV Testing Among Men Who Have Sex with Men-Five U.S. Cities, June 2004 – April 2005.” *MMWR Weekly*, 54(24), June 24, 2005.

<sup>ii</sup> CDC *HIV/AIDS Surveillance Report, 2004*. Vol.16 Atlanta: US

<sup>iii</sup> CDC “HIV Prevalence, Unrecognized Infections, and HIV Testing Among Men Who Have Sex with Men-Five U.S. Cities, June 2004 – April 2005.” *MMWR Weekly*, 54(24), June 24, 2005.

<sup>iv</sup> CDC “Racial/Ethnic Disparities in Diagnoses of HIV/AIDS – 33 States, 2001 – 2004.” *MMWR Weekly*, 55(05), February 10, 2006.

<sup>v</sup> CDC “Racial/Ethnic Disparities in Diagnoses of HIV/AIDS – 33 States, 2001 – 2004.” *MMWR Weekly*, 55(05), February 10, 2006.

<sup>vi</sup> CDC. Syphilis Surveillance Report 2004.

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