Outline of a Critique:

Black MSM/SGL/GB Invisibility and Consequences in HIV Prevention

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Outline of a Critique

- Highlights of an Historical Overview of the Relative Invisibility of Black MSM/SGL/GB in the Fight Against HIV.
- Consequences of the Invisibility
- An Agenda for Correcting the Invisibility
Bottom Line

- Improved outcomes in prevention for this community will not be sufficiently dramatic unless the community itself--Black SGL/MSM/BG--develops capacity and systemic strategies to address health needs related to this crisis, and also the next crisis, for ourselves, with the help of the scientific, public health and philanthropic community, of course!

- Visibility is Unavoidable!
Recent data from CDC continue to show alarmingly higher rates of HIV infection in Black MSM, higher than for MSM in other groups.

Although there are many hypotheses, research appears to have a long way to go to fully explain the disparity.
From a community perspective, at least from this observer’s point of view although the problems has gotten progressively worse, the disproportional rates of HIV/AIDS in Black MSM have always been there but largely discounted, not noticed and or ignored.

- I and others saw the disproportional in CDC data as early as April of 1983.
Historical Overview

- Early in the epidemic AIDS data was generally disseminated in terms of number and percent diagnosed or of who has died, by race/ethnicity and mode of transmission—the large numbers where white gay men.

- Media reporting of other affected groups, often got preceded by the phrase, to date “only” X number or only X% are.....
Historical Overview

- Affected groups were often portrayed as gay men--usually White; Drug Users--usually Black; and innocent victims--usually Black women, Black babies, and transplant patients. AIDS in Haitians was also highlighted and handled poorly.

- Black MSM/SGL/GB, when covered by the press were usually sensationalized as disease transmitters, especially in the transmission of HIV to Black women, with “Down Low” being the more recent iteration of this phenomena and a distraction from the need for research and prevention targeting Black MSM/SGL/GB.
Historical Overview

- The early, mobilized White Gay community did not fully grasp the need to include Black MSM in its early advocacy work.

- On the whole, Black Institutions have rarely affirmatively spoken for or about Black LGBT or Black MSM in particular.
Racism, separatism and lack of capacity for cultural and linguistic competence in the mostly white led LGBT, community-based organizations was a feature noted by Black and other MSM of color who organized within their own communities—with less ability to exercise political influence or garner resources.
Historical Overview

- Collective Failure--Lack of engagement of the population in planning and providing and evaluating programs, as well as engaging Black SGL/MSM professionals or professional allies.
Historical Overview

- There was a collective failure to communicate or translate significance of epidemiologic trends about HIV in Black MSM or to project them into the future (rates versus total numbers).
  - Easier to Talk About Other Groups
  - Although rates were high the numbers (actual population size) were small.
  - Receptive ears were difficult to find
Historical Overview

- Black MSM did organize, but in many communities it is a relatively small and yet very diverse community, in which the diverse and also collective voices and experiences were not effectively expressed. There are still not enough voices speaking out now, given the nature and scope of the problem and we need strong voices and organizations in every community.
Historical Overview

- Regarding Blacks and HIV, People are more likely to recognize the name of an Arthur Ashe, or a Magic Johnson, or the ABC News anchorman, Max Robinson, whom Jesse Jackson assured us at the time of his death “was not gay” (God forbid, I would add as commentary).
Consequences of the Invisibility

- Limited or delayed political influence and pressure
  - Insufficient public and private resources to meet the need for prevention.
  - Limited to no early behavioral research to address prevention in this population.
  - Limited programs targeting this population.
Consequences of the Invisibility

- Although stigma is universally acknowledged as a barrier, there has been too often an accommodation of stigma rather than a confrontation—anybody can get HIV/AIDS... we serve everyone... Health and Wellness Approach as the approach to take... a Health and Wellness approach is needed that is specific to this community... why abandon specificity?
Consequences of the Invisibility

- Poor materials—cultural and linguistic incompetence...lack of specificity
- Under-funded and unfocused programs—there is an unacknowledged cost differential—There is need for:
  - Building Infrastructure were there is none
  - Translating community information into the language of public health, while also being culturally competent.
  - Developing capacity for Black MSM to address Health for themselves—an investment that will pay off over the long run.
Consequences of the Invisibility

- No systemic approach to comprehensively address need
  - Small population/High Rates/Often Hidden
  - Sexual networks that cut across jurisdictions, and now the Internet
- Considerable factors and co-factors
  - Minority Stress
  - Substance use
  - Stigma and Isolation
Consequences of the Invisibility

- Lag in Benefits of Scientific Advances
  - Poorer health outcomes for those who are infected
Consequences of the Invisibility

- Continued lack of affirmation of the value of individuals from this community
- Voices of self-Affirmation are not sufficiently heard and disseminated
  - Many were lost or are still being lost to HIV.
  - Affirmation is a necessary part of prevention of affirming the value of life and its preservation.
Consequences of the Invisibility

- Invisibility is self-reinforcing. It takes courage and self-sacrifice to take on leadership, and that may be beyond the personal resources and financial means of many in the Black LGB community without external help. In some communities there is a perceptible diminution in Black LGB/MSM/SGL self-organizing and advocacy.
- The problem deepens—gets worse!
Agenda for the Future

- There is no magic bullet—Finally, the big “demonstrated intervention for this community”
- Only systemic approaches involving many evidence-based interventions at many different levels will work if coupled with mobilization and capacity-building for Black MSM/SGL/GB to take care of health for ourselves.
Agenda for the Future

- What is needed is a new or renewed alliance of Black MSM/SGL/GB advocates, behavioral scientists, grant-making institutions, public health agencies, and allies in the Black and broader community that upholds Black MSM/SGL/GB voices and leadership—the common sense of the guys on streets and an effort that engages the skills of the professionals in this target community.
Required Elements

- Dramatically stepped up level of resources supporting prevention targeting this community
- Stepped up research involving behavioral scientist from Black MSM/SGL/GB population.
- Application of research findings in community settings
Agenda for the Future

- Infrastructure and capacity building for sustainable systems-level approaches to health promotion and prevention in this population—not a collection of demonstrated, evidence based models carried out by isolated, uncoordinated and under-funded organizations.

- This includes mobilization of Black MSM/SGL/GB—specific and run services. Give more weight to the history and evidence of Black MSM/SGL/GB ability to “do for ourselves” than to stigma in the Black community or elsewhere as the barrier.
Agenda for the Future

Can we study and chart the development of Black MSM/SGL/GB individuals—chart the lifecycle and the systems-level opportunities in that life path for interventions that promote health and well being, including:

- Provide the training to caregivers and other adults and professionals who can intervene in culturally specific ways at various points with Black SGL/SMS/GB youth.

- Develop culturally specific interventions for Black children, teenagers and adults, not just at the backend when they are sexually active and when all the factors and co-factors have to be negated—

- The epidemic in the US turns 30 next year.
Agenda for the Future

- Remember Syphilis and Gonorrhea!
  - There is great hope and expectations being raised about Pre-Exposure Prophylaxis.
  - The benefits of scientific advances have not usually accrued (e.g. prevention and treatment for STDs) to African Americans.
  - Capacity for Black MSM/SGL/BG to advocate for and address “health” for ourselves will remain an issue after PrEP and after HIV/AIDS.
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