

AFC in the News

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HIV Advocates Demand Re-Gaying of Prevention

By: Duncan Osborne

Publishing on the website positivelyaware.com, Jim Pickett wrote in August that AIDS groups and the government "continue to miserably fail gay and bisexual men in the area of HIV prevention."

Pickett, the advocacy director at the AIDS Foundation of Chicago, cited data from the federal Centers for Disease Control and Prevention (CDC) that was released in June and showed new HIV diagnoses among gay and bisexual men in the US in 33 states had increased 8.6 percent from 2001 through 2006.

"I was not in the least surprised," he wrote. "[We] have been essentially ignoring gay men of all colors in addressing this epidemic. Instead, we have chosen the politically expedient path of pushing the false notion of a generalized epidemic in which 'we are all at risk.'"

Since June, the CDC has released data showing the gay and bisexual men accounted for 57 percent of the new HIV infections in 2006. The agency reported that new infections among all other groups fell, but new HIV infections among gay and bisexual men reached their highest peak ever in the mid-'80s, declined by the early '90s, and then increased through 2006.

Separately, Walt Senterfitt, board co-chair at the Community HIV/AIDS Mobilization Project, wrote in a September CHAMP newsletter, "There has also been a consistent tendency over at least the last 15 years within much of the AIDS community itself - and certainly by the media and other institutions of civil society enlisted in the struggle against HIV/AIDS - to 'de-gay-ify' HIV/AIDS."

Both Pickett and Senterfitt called for a renewed focus on gay men and HIV and demanded that resources that match HIV's impact among gay men be spent on that population. Just as important, Pickett told *Gay City News*, "We have to claim this, we as gay men have to own this."

But nearly 30 years after the CDC reported the first cases of AIDS in a small group of American gay men, it may be that the broader community of gay men does not want to own HIV.

In a poll released earlier this year of 768 gay, lesbian, and bisexual Americans by Hunter College and Knowledge Networks, a research firm, the sample ranked discrimination protections, hate crime laws, "federal benefits for same sex partners," and "parental and adoption rights" as more important than "AIDS funding." Only same-sex marriage, "transgender rights," and ending the ban on gays in the military ranked lower.

Some community members may have been convinced by the effort to "de-gay-ify" AIDS, and they may feel that the virus is no longer an issue that the community need be concerned with.

"For some GLB folks, they may very well believe that it's really under control," Pickett said. "I think there's also real burnout in having it be our defining issue."

In 2006, the Los Angeles Gay & Lesbian Center launched the campaign "HIV is a gay disease. Own it. End it." after it found that participants in focus groups vastly understated the impact of HIV on gay men. The reaction by some to that campaign illustrates another obstacle. Some in the community see identifying AIDS with gay as defamatory, and they resist that association.

"It aroused this tremendously negative, overwhelmingly negative response in the community," Senterfitt said of the LA center's campaign.

Some gay men may be tired of reading about studies going back several years that report bad news about their peers and HIV. As Pickett said, "Their eyes glaze over at the letters HIV and AIDS... It's negative and it's exhausting."

Others, both HIV-positive and negative, may have devised strategies for contending with HIV as they maintain active sex lives and they see no need for collective action, especially if they perceive that such action might impinge on the sex they enjoy.

All of these reasons may bar the gay grassroots from supporting an effort that links gay men with HIV, even if such effort means that more dollars and more science to fight the virus would flow to the community.

Among gay and AIDS groups, there is a general consensus supporting the creation of a national AIDS strategy that would determine where and on what populations dollars are spent.

"I very much agree with them," said Ronald Johnson, deputy director at the AIDS Action Council, referring to Pickett and Senterfitt. "For us at AIDS Action, they just underscore the need for a national AIDS strategy that reaches the communities most affected."

AIDS Action has 25 member groups and 200 affiliate member groups across the country.

A national AIDS strategy would use data of the sort released by CDC to decide where resources are spent. It would fund only proven HIV prevention interventions and set targets. That would necessarily mean that the gay community would get more support.

"We need an evidence-based response," Johnson said. "The practices and the targets and the goals should be evidence-based."

Sean R. Cahill, managing director of public policy, research, and community health at the Gay Men's Health Crisis (GMHC), an AIDS group, said that the CDC numbers are too stark to be ignored.

"The data are the data," he said. "We are three in five of the new infections... I think we should be honest and I think that we should talk about health disparities."

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