THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

Monica Sweeney, M.D., M.P.H.
Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

regarding

The HIV/AIDS Epidemic among MSM of Color in NYC

May 1, 2008

City Hall
New York City

Good afternoon Chairman Rivera and members of the Health Committee. I am Dr. Monica Sweeney, Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control at the Department of Health and Mental Hygiene (DOHMH). On behalf of the Department, thank you for the opportunity to discuss the HIV/AIDS epidemic among men who have sex with men, or MSM, of color in New York City. Today I will identify and assess the extent of the epidemic, describe DOHMH programs and initiatives, and identify some of the key challenges that we face in addressing this problem.

Public health measures have been effective in preventing the spread of HIV/AIDS in New York City, with the number of new HIV diagnoses each year falling by nearly one-third between 2001 and 2006. A decline has occurred for many demographic groups, but is most notable among injection drug users, who in 2006 accounted for 248 new HIV diagnoses, a 70% decrease from the 835 new diagnoses made in 2001. The risk of acquiring HIV perinatally has also decreased dramatically. Of 447 HIV exposed births in 2007, just five infants have thus far been reported as being born with HIV. In the past 18 years, the number of children in New York City diagnosed with HIV infection before age 13 has fallen from a high of 370 in 1992 to 11 in 2006, the last year for which this data is available. And among all men who report having sex with men, the number of HIV diagnoses has declined by 2.6% between 2001 and 2006.

Despite this progress, recent data has shown that some specific demographic groups remain particularly vulnerable.

While HIV (non-AIDS) diagnoses among MSM older than age 30 have declined by 22 % during the past six years, the opposite is true for younger MSM. The number of HIV diagnoses among young MSM increased by 32%, from 380 HIV diagnoses in 2001 to 502 in 2006. Among the youngest category, aged 13-19, new diagnoses have nearly doubled. The under-30 group now accounts for 44% of all new diagnoses among MSM in New York City, up from 31% in 2001.

Blacks and Hispanics bear a disproportionate share of this burden. Among all MSM under age 30, blacks received twice as many HIV diagnoses as whites in 2006, and Hispanics received 55% more than whites. The disparity is even more striking among adolescents; more than 90% of the MSM under age 20 diagnosed with HIV in 2006 were black or Hispanic (81 out of 87).

Geographically, every borough except Staten Island has seen an increase in HIV rates among MSM under age 30 since 2001. The largest increases occurred in Manhattan (57%) and Queens (49%). The increase in Manhattan was concentrated in East and Central Harlem (up 115%, from 26 to 56), and in the Chelsea and Clinton areas (up 56%, from 25 to 39).

The increase in HIV rates is consistent with recent increases in syphilis among men in NYC, and taken together, the information points to the probability of increased risky sexual behaviors among MSM. It is also consistent with epidemiologic reports from other large cities.

Many theories have emerged to explain the recent increase in HIV/AIDS diagnoses among young MSM, and particularly young MSM of color. Some point to the relative success of antiretroviral therapy (ARV). Most young MSM grew up after the introduction of highly effective medications. As a result, some young MSMs falsely believe that HIV/AIDS is easily manageable by taking a few pills and does not otherwise negatively impact one's life. They may have not had the experience of losing close

friends, as in decades past, and this 'HIV treatment optimism' can minimize the impetus for reducing risky behaviors.

Other theories to explain this increase relate to changes in the way young MSM are finding sexual partners, for example, through the internet; and mistaken assumptions about the likelihood that partners are uninfected, which leads to low rates of condom use.

The prevention of HIV is central to the Department's overall plan to improve the health of New Yorkers.

Take Care New York, a health policy agenda for the City that prioritizes specific action steps to improve health, includes knowing one's HIV status as one of the top ten health priorities. To advance this step, the Department embarked on a broad-based plan to expand and routinize rapid HIV testing in New York City. Not only does the expansion of rapid HIV testing have the potential to greatly increase the number of people who know their HIV status, but will help us to identify young MSM of color with HIV earlier in the course of their disease in order to improve their health outcomes and reduce the spread of HIV to others.

The Department considers HIV testing an effective form of HIV prevention. Research shows that people who find out they are HIV positive reduce their risky behaviors by approximately 50%. The earlier people learn of their status, the earlier they are able to benefit from life-saving treatment and reduce their viral load, making them less infectious to others.

The scale-up of HIV testing is occurring on many fronts. The Department provides free and anonymous rapid HIV testing and counseling services in all of our 10 STD clinics. In 2007 our STD clinics performed more than 60,000 HIV tests, nearly double the number of tests done in 2003, when we did approximately 33,000 tests per year. STD clinics have also been using a new test to screen for individuals who are newly infected with HIV. These individuals often have high viral loads and are therefore highly infectious. Identifying these individuals increases opportunities for primary care, where both treatment and counseling will help further prevent the spread of HIV. Our 10 DOHMH Tuberculosis clinics also offer rapid HIV testing to their clients, and rapid HIV testing is now routinely offered to inmates upon admission to NYC jails, where the number of people undergoing voluntary testing has increased from 5,000 in 2003 to about 25,000 in 2007.

Outside of our own facilities, thanks in large part to the continued commitment by the Speaker and the Council, the Department contracts with hospitals, clinics and community based organizations for rapid testing services. Many of these testing sites are located in areas of the city that have been disproportionately affected by HIV/AIDS, and together these sites conducted close to 50,000 rapid tests in calendar year 2007.

The U.S. Centers for Disease Control and Prevention (CDC) also recognizes the importance of expanding HIV testing to help curtail the epidemic. In October 2007, the CDC awarded DOHMH a $5.4 million grant to expand HIV testing among populations that are disproportionately affected by HIV, which in New York City includes primarily African-Americans. This funding now supports new services and programs including evening HIV testing hours at DOHMH STD clinics in Jamaica, Chelsea and Fort Greene. CDC funding is also being used for a Bronx-wide HIV testing initiative, which will attempt to ensure that all Bronx adults are offered an HIV test.

A new social network-based recruitment model for HIV testing focuses on populations that are sometimes difficult to reach by standard models, such as young MSM of color. With support from the CDC, DOHMH is funding six community-based organizations, four of which specifically target MSM of color, to recruit individuals for testing within their own social networks. These programs focus on vulnerable populations ranging from transgender youth to Latino sex workers.

In order to further reach young MSM of color for testing and treatment, the Department is collaborating with the Health and Hospitals Corporation and New York University to conduct HIV testing at two New York City bathhouses.

Prevention through the promotion of condom use is a key priority for the Department. Since the launch of the NYC Condom in February 2007, male condom distribution increased from 250,000 per month before 2005 to an average of more than 3 million condoms per month now. As part of our distribution strategy to promote safer sex to young MSM of color, the Department is continuing to conduct targeted outreach, and established partnerships with NYC clubs, bars and other businesses where MSM frequent. Sixty-eight venues are currently participating in our NYC condom program, and our outreach workers continue to identify and approach new venues.

DOHMH staff also participate in the Connect to Protect Coalition and the NYC Association of Homeless and Street-Involved Youth Organizations. These networks bring together government agencies, community-based organizations and interest groups serving young MSM of color and other vulnerable youth throughout the city. Their goal is to provide a more comprehensive service landscape for this diverse population which is at risk for HIV infection.

I would now like to turn to the Department's HIV prevention programs which are more specifically tailored to young MSM and young MSM of color. In 2007, the Department re-contracted its CDC HIV Prevention portfolio to provide a greater proportion of funding to community-based organizations that conduct behavioral interventions and/or develop anti-stigma campaigns that target high-risk populations. Fourteen of our funded behavioral intervention activities specifically target MSM, and five activities focus exclusively on MSM of color. These programs focus on the promotion of safer sex behaviors, risk-reduction skills building, avoidance of substance use or substance use relapse, and provision of peer education around HIV prevention and sexual health. In addition, our portfolio currently supports two community based organizations, Gay Men of African Descent and Hispanic AIDS Forum, to develop and disseminate anti-stigma campaigns specifically addressing discrimination against MSM of color.

The Department is also planning to use a targeted media and social marketing campaign to reach young MSM of color. In the past seven months, we held six focus groups to develop culturally sensitive HIV prevention campaigns that will resonate with this population. The Department is also planning an internet campaign which will include testimonials about condom use and an illustration of the long-term health effects of HIV and its treatment.

I would also like to highlight that the HIV Prevention Planning Group (PPG), a citywide consortium of community members that advises the Department on HIV prevention activities, has one of its eight workgroups devoted exclusively to key issues of relevance or concern among MSM.

Despite these efforts, many challenges remain in addressing the HIV/AIDS epidemic among young MSM of color. As a society and community, we must address the new and potentially dangerous community norms that may have resulted from the success of ARV treatment. There is a need for a better understanding of the ways the internet affects risk-taking behaviors, and to evaluate the impact of the broad range of prevention strategies and programs currently employed in NYC and in other jurisdictions. Young MSM of color must also negotiate safer sex activities.

Controlling the spread of HIV/AIDS requires a coordinated effort at the federal, state and local levels. Unfortunately, today's fiscal climate is further constraining an already limited pool of available public health funding. With this in mind, it is our collective responsibility to direct resources as efficiently and effectively as possible to control this epidemic. The Department appreciates the Speaker and the Council's commitment to this issue, but we remain concerned that some of the nearly $20 million in Council funding for HIV/AIDS programs included in the FY2008 budget may not be having its intended impact. We look forward to working with you in the coming weeks to develop an HIV budget for FY2009 that maximizes these limited resources.

I am happy to answer any questions you have at this time.

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News from...

SENATOR THOMAS K. DUANE

29th SENATORIAL DISTRICT · NEW YORK STATE SENATE

Testimony of State Senator Thomas K. Duane
Before the New York City Council Committee on Health
Regarding The Rise in HIV/AIDS among
Young Men of Color Who Have Sex with Men
Thursday, May 1, 2008

My name is Thomas K. Duane and I represent New York State's 29th Senate District. I am also a member of the New York State AIDS Advisory Council. Thank you for the opportunity to present testimony before the New York City Council Committee on Health's oversight hearing regarding the rise in HIV/AIDS among young men of color who have sex with men (MSM).

As a longtime advocate for people living with HIV/AIDS and in the fight against the spread of HIV/AIDS, I applaud City Council Speaker Quinn and Council Members Rivera and James for holding this timely and critical hearing. The hard truth is that not only is HIV/AIDS still spreading three decades after the epidemic began, but prevalence is disturbingly high among young MSM of color.

A June 2005 Center for Disease Control (CDC) report detailed the bleak results of a study it had conducted of four American cities, including New York City. As in earlier reports, the CDC found that not only is the highest rate of HIV prevalence in young black MSM, but that demographic is also unfortunately the most likely to be unaware of their HIV status. The April 17, 2008 *Gay City News* article "An Epidemic Unabated," cited New York City data indicating that 3,596 13- to 24-year-olds first received an HIV diagnosis from 2001 to 2006, and among those who were male, 52 percent were African-American and 34 percent were Latino. The fact that any young people test positive for HIV nearly three decades after the epidemic began, given our understanding of how transmission can be prevented, is devastating. The fact that the overwhelming majority of them are men of color underscores the critical challenge that we must address with concerted and immediate action.

It is because we have known so much for so long with regards to the methods of HIV transmission that studies like these, which show a striking rise in HIV prevalence among certain demographics, are so shocking. That young people like those in these studies still participate in unsafe behaviors points to a lack of specific, frequently-imparted information during their formative years. Rising HIV rates are in part a result of inadequate HIV/AIDS education in our school system. Molding the behavior of young people before they are sexually active is vital to reducing the rate of HIV cases in our communities and in our city. We need to be doing more and we need to continue to do more for HIV/AIDS education from the earliest grades through high school. Explicit sex education for all young people and all those who continue to be at risk

is essential to stop the spread of HIV/AIDS. We must not allow future HIV prevalence studies to repeat such bleak results for young MSM of color, or any young people.

The growing epidemic among MSM of color is not a new revelation to the hardworking community-based organizations that focus on this population. In particular, the New York State Black Gay Network, a coalition of 16 groups, has been instrumental in pushing this issue into the spotlight. The Network knows that education and prevention programs that have proven relatively successful with one group of people may not be effective for another. The "We Are Part of You" campaign, an effort to fight homophobia and promote safe-sex methods in communities of color, is just one tool that the Black Gay Network has utilized in its advocacy. Members of the Black Gay Network include the Gay Men's Health Crisis (GMHC), People of Color in Crisis, Gay Men of African Descent (GMAD), the Ali Forney Center, Harlem United, and the Community HIV/AIDS Mobilization Project (CHAMP), among others.

Each of the member organizations has done its part in educating young MSM of color about the harsh reality that they are a high-risk group and need to protect themselves and each other. For example, GMHC's "I Love My Boo" campaign features positive images of men of color together with the tagline "Safer sex is one way we show our love" on every poster. Its outreach to these young men through various volunteer-driven initiatives like "Soul Food," "Proyecto P.A.P.I.," and "Gay Gotham" show why GMHC is considered a leader in the fight against HIV/AIDS, and demonstrates its understanding of, and commitment to ending, the rise of HIV/AIDS in this demographic. GMAD's mobile testing vans and T.I.M.E.S. Project are other examples of a Network member using innovative techniques to fight the spread of HIV/AIDS among young MSM. While these efforts are making a difference, it is clear that the City needs to do more. I know that the Network was instrumental in securing this oversight hearing and I anticipate that its members' collective expertise will serve as a guide for the Committee on Health today as it explores appropriate reactions to this trend.

I am hopeful that today's oversight hearing will do much to inform the Council and the general public about the grave trend of increased HIV prevalence among young MSM. That HIV/AIDS is affecting so disproportionately one demographic indicates that something about current methods of prevention outreach is not working, and cries for a response tailored to the needs of this community. I do not pretend to have the answer to solving this problem, however, one thing that is clear is that access to regular health care is crucial to prevention and early detection, and therefore reducing further transmissions. We must end the appalling lack of equal access to health care across different communities in our City and State, and we must take this inequity into consideration as we look to address this current crisis.

I thank the City Council's Committee on Health for holding this hearing and look forward to working with you in the future to reverse this devastating trend.

the institute FOR GAY MEN'S HEALTH

Black Gay Men's Lives Matter!

New figures released by the Centers for Disease Control and Prevention (CDC) estimate that nearly 1 in every 2 Black gay and bisexual men (46%) is infected with HIV. Yet, when these findings were made public in June 2005, there was virtually no response or reaction – not from the media, not from mainstream activist groups, not from public health officials. Although appalling, this lack of a reaction is not surprising when the lives of Black gay men are routinely reduced to sex acts and when Black gay men are continuously labeled as sexual pariahs or portrayed in the media as the vectors of disease. Forty-six percent can be interpreted in a number of ways. The Institute for Gay Men's Health chooses to read this number as indicative of this country's shameful inattention at addressing the specific HIV prevention needs of Black gay men, and we challenge this failure!

At this point, it seems prudent that we start with the basics. We must begin to imagine an HIV prevention agenda in a world **where the lives of Black gay men mattered,** an agenda that by necessity would call for social change.

The Discourse...

There are very difficult conversations that can no longer be put off within mainstream gay and Black communities. We can no longer afford to be silent on the issues that reinforce isolation and promote a compromised self-image for Black gay men. Too much goes unspoken and unchallenged as Black gay men are marginalized or rendered insignificant in these conversations.

If Black gay men mattered, they would be the point of reference as we strategize our HIV prevention responses. We would routinely confront problematic ideas of masculinity. We would begin to expose language that shames and isolates. We would identify when and how overtly moralistic attitudes about sex and drug use negatively impact the lives of Black gay men. Homophobia, in its many guises, would be exposed, rejected, and altered. Similarly, we would unapologetically name systemic racism, class discrimination as well as gender violence when it was happening and point out how it was hurting. We would, for example, question the disproportionately high numbers of Black men held in the criminal justice system. And we would **always** begin our conversations about HIV/AIDS by reaffirming the strengths and resiliencies of all Black gay men.

The Funding...

Funding directed at Black gay men for HIV prevention is certainly not commensurate with the demonstrated level of need, a fact that has been true since the start of the HIV/AIDS epidemic. Black gay communities have been shortchanged when it comes to having opportunities to freely create culturally relevant, varied, and home-grown HIV prevention interventions.

If Black gay men mattered, HIV prevention funding and policy-making would be adequately and strategically targeted to Black gay men. Funding initiatives would be flexible and allow for a focus on building community capacity to organize and mobilize. Funding would allow for explicit and real conversations about sexuality and sex; these conversations would be free of moralistic judgments and abstinence-only initiatives. Funders and policy makers would listen to the communities of Black gay men and realize that efforts to combat homophobia, HIV/AIDS stigma, transphobia and racism are critical and legitimate HIV prevention strategies worthy of significant support.

The Interventions...

With few exceptions, the operating paradigm within public health initiatives defines the risk for HIV infection as behavioral or cognitive in nature, usually framed in terms of deficits in individual knowledge, attitudes, motivation or skills. This paradigm makes it easy to justify intervention approaches that pathologize and patronize Black gay men with pre-determined solutions that they were not involved in creating. Moreover, public health institutions have adopted an evidence-based orientation at a time when available evidence has little to do with the interpersonal, social, cultural and environmental realities of Black gay men's lives.

If Black gay men mattered, HIV prevention interventions would be democratically developed and framed in the language of love, intimacy, connection and sex. HIV prevention would honor the knowledge and wisdom Black gay men bring to bear in creating solutions that make sense to their day-to-day realities. We would embrace this knowledge as credible evidence. Moreover, interventions would be:

- Strength-based
- Non-judgmental
- Open-ended
- Sex positive
- Contextualized
- Culturally connected
- Engaging
- Entertaining
- Oriented to reducing harm and promoting wellness.

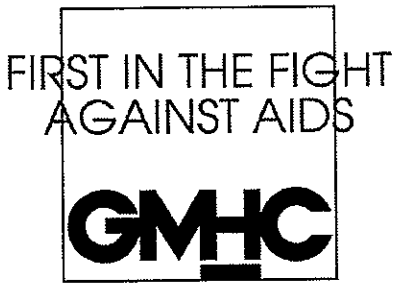
The Responsibility...

Stemming the tide of the HIV epidemic among Black gay men must be a shared responsibility. While different communities have different work to do in addressing the impact of HIV on the lives of Black gay men, we cannot afford to get trapped in conversations about who is allowed to work with or on behalf of Black gay men. **We are all accountable for the lives of Black gay men!**

If Black gay men mattered, we would resist the tendency to single-out any one group in assigning responsibility for the wreckage created by the HIV/AIDS epidemic in Black gay communities. We would all feel a deep and genuine sense of responsibility for creatively reversing the situation. We would return to the promise of coalition work. And we would share responsibility for coordinating a diverse range of responses that advance an agenda for social change, including:

- National partnerships that combine resources to adequately respond to the epidemic with community level-efforts aimed at challenging the many silences that exist around masculinity, race, sexuality, sex, family, and desire;
- Publications that put the lives of Black gay men back into their family, community, social and sexual contexts;
- Public awareness campaigns designed to make homophobia, sexism, gender violence, racism, class discrimination, and HIV/AIDS stigma socially unacceptable;
- Community forums as well as kitchen table chats that focus primarily on issues determined by Black gay men;
- Steadfastness with national sustained campaigns promoting the message that Black gay men's lives matter; and
- Mobilization and advocacy efforts for and by Black gay men.

The urgency to act swiftly, boldly, and unapologetically has never been more palpable. In our actions however, we must dare to look differently at old issues and underscore our collective work to end HIV/AIDS with courage and hope. **We must do so precisely because the lives of Black gay men do matter.**



Gay Men's Health Crisis Testimony for May 1, 2008 City Council Hearing on MSM of Color

Dr. Marjorie Hill, CEO, Gay Men's Health Crisis

Thank you for holding this hearing today on this critically important issue, and for the opportunity to present the concerns and recommendations of Gay Men's Health Crisis. GMHC is the oldest AIDS organization in the world. We serve 15,000 clients each year; half of these live in Brooklyn, Queens, the Bronx, and Staten Island. Two thirds of our clients are Black, Latino or Asian. About 60% are gay and bisexual men.

Local and national data released over the past few months indicate that we are failing in our efforts to curb the spread of HIV, particularly among gay and bisexual men of color.

- HIV infections are up 33% among gay and bisexual men under 30 in New York City since 2001; 4 in 5 of these men are Black or Latino.
- Nationally HIV incidence is up 13% among gay and bisexual men of all races from 2001 to 2005. However, among Black gay and bisexual men, reported infections are up a stunning 80%, according to the Centers for Disease Control and Prevention.
- About 50% of new HIV infections in the US, and in New York City, are among men who have sex with men (or MSM).
- Nationally 27% of new infections are Black and Hispanic MSM. Greg Millet of the CDC has found that most of these MSM identify as gay men.
- Last fall the *Wall Street Journal* and *Washington Post* reported that the CDC will soon announce that annual new HIV infections are occurring at a much higher rate than we thought. Instead of 40,000 new infections a year, the CDC is expected to announce soon that 60,000 new infections occur each year in the U.S.

Clearly, this is an emergency situation. We are experiencing a second AIDS crisis among gay men, and especially gay men of color. The development of the proposal by the Emergency Response Coalition for MSM of Color is based on an unprecedented level of partnership and coalition building among community-based organizations working directly with high risk MSM of color. The proposal is based on real experience and expertise working with MSM of color.

The City has emphasized individual and group level interventions, HIV testing and condom distribution in its prevention efforts, and these are important, but these approaches alone are not going to solve the problem of HIV among gay men of color. We support the recommendations of the Emergency Response Coalition, of which GMHC is a proud member. These recommendations include:

- the expansion of community level interventions which will impact the large numbers of men that must be reached
- the support for an integrated service model provided by agencies with experience and relationships with gay men of color
- and the support for technical assistance and best practices, and research efforts to assure that services are culturally relevant, evidence-based and replicable.

In addition to urging your support for the Emergency Response Coalition's proposal, we wish to bring two other important and related matters to your attention.

There are **two other things the City should be doing**:

First, implement the Dignity for All Students Act, in order to discrimination and harassment against lesbian, gay, bisexual and transgender students, and promote supportive interventions, like Gay Straight Alliances.

A growing body of research shows that gay-affirmative interventions in schools and other social institutions correlates with health and resiliency, and makes young gay and bisexual men less likely to engage in HIV risk behaviors. It also promotes better mental and physical health overall and better school performance.

We are pleased that the Department of Education is implementing some aspects of DASA, such as training school staff in the Respect for All curriculum. We are also glad to know that some schools—about one in seven—have a gay-straight alliance. But it's important that we do more, and make all schools safe for LGBT youth. This should include the inclusion of LGBT issues in a tolerance curriculum that is taught to students, not just to teachers and other staff.

Second, provide comprehensive sex education in schools, including condoms – we're not doing this to the degree we should be and there is not the monitoring or enforcement to ensure the city is in compliance with state law. We need to provide all adolescents with the information they need to stay healthy and avoid HIV, other sexually transmitted diseases, and unwanted pregnancy.

Gay Men's Health Crisis looks forward to partnering with the City to achieve greater sexual health for all, and particularly for gay men of color who are so devastated by the HIV epidemic. Thank you.

LATINO COMMISSION ON AIDS
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TESTIMONY OF DENNIS DELEON ON BEHALF OF THE LATINO COMMISSION OF AIDS BEFORE HEALTH COMMITTEE ON MAY 1 2007 HEARING CONCERNING THE INCREASES IN THE RATE OF HIV INFECTIONS AMONG YOUNG GAY MEN OF COLOR

The HIV Infection Problem: Black and Latino men who have sex with men between the ages of 13 and 29 have each been experiencing very significant increases in new HIV infections over the period from 2001 and 2006. The Research and Evaluation Department (RED) of the Latino Commission on AIDS analyzed the data from the New York City Department of Health in the context of the total number of all Black and Latino men from the updated 2000 Census in the City of New York When analyzed in this matter the data becomes even more disturbing. Latino men showed an increase from 15.6 per 100,000 in new infections in 2001 to 20.9 in 2006 for a rise of 24%. Black men who have sex with men experienced an increase from 25.6 per 100,000 to 34.2 in 2006, an increase of 24%. But there are some cautionary points that need to be made.

- **The increase in new HIV infections in young men between 13 and 29 is not unique to Black and Latino men who have sex with men.** The data from the New York City Department of Health (analyzed by RED) showed that White men who have sex with men showed an increase in HIV infections from 6.7 per 100,000 in 2001 to 8.6 per 100,000. This is an increase of 23%. So while White gay men between the ages of 13 and 29 showed lower rates of new infections the infections they did have were very near the percentages of Black and Latino gay men. The increased vulnerability of young gay men of all races and ethnicities must be taken in any plan that is made into account. What ever is causing this increase in new infections among young gay men may be part of a phenomenon related to all groups.

- **The increase in new infections among Latino and Black young gay men does not mean that gay men 30 and above are not getting infected.** Using data from the Health Department and the Census (analyzed by RED), a disturbing pattern emerges. In 2001 the rates per 100,000 for gay men were 35.6 for Blacks, 28.7 for Latinos, 29.5 for Whites and 2.1 for Asians. In 2006 these rates dropped to 26.6 (26% decrease) for Blacks, 23.7 (20% decrease) for Latinos, 21.8(26% decrease) for Whites and an increase for Asians to 7.7 (an increase of over 300%). Why are these numbers important? Because they demonstrate that while the rates of infection among young gay men are increasing, they are equal to and in some cases even lower than the infection rates for gay men 30 and above. The chart below is provided to make the point even clearer:

YEAR/AGE	BLACK	LATINO	WHITE	ASIAN
2001 <30	25.6	15.6	6.7	NA
2006 <30	34.2	20.9	8.6	NA[1]
2001 >30	35.6	28.7	29.5	2.1
2006 >30	26.6	23.7	21.8	7.7

- **The interaction between age and race/ethnicity has not been investigated for MSM in the United States. All we have are some very disturbing numbers the Centers for Disease Control and Prevention and a number of provocative theories.** The CDC issued a report in June, 2007 from a five city survey from 2001 to 2004. The rates for young gay men between 13 and 19 years of age showed rates among young Hispanics MSM were 5 times higher than that for Whites and 19 times higher for young Black MSM. The CDC also found (consistent with New York City data) that rates of infection among all gay men between 13-19 increased 14.1% per year and 13.3% between 20-24. But increases in **rate of new** infections drops dramatically in all other age groups. This does not mean older gay men are not being infected in high numbers but only that infections are relatively stable. So clearly we have a phenomenon which is hitting Black and Latino gay men harder than White gay men but it is none the less hitting all gay men in these younger age groups. The infections among older (over 30) are happening a high levels but the rates are stable.

Key questions regarding higher infections among young gay men but especially among Black and Latino gay men

- **Why is there such a sharp increase in HIV infections among young gay men when compared to older?** A few convenient explanations have been put forward. First, young gay men feel a sense of inevitability about becoming infected. This may be a general explanation among all gay men but it does not explain the dramatic rates among young gay men. Second, the stigma against gay men with HIV may be growing so gay men have sex without sharing this information thereby forcing either rejection or the "condom" discussion. The theory is that an HIV diagnosis is a sign of self-destructive sexual behavior. Once again this explanation does not differentiate young gay men from gay men in their 30s or 40s where we do not see the dramatic increase in infections. Third, before we can answer the question of why we need to understand the situations in which young gay men are being infected, where, when, under what kind of drug use situations, and on and on. We really know very little about the triggers that bring young gay men and in fact all gay men into silence about HIV status, why is the introduction of a condom so difficult in some sexual situations?

[1] The trend line for young (below 30) Asians is not directional so the same analysis would not apply.

- **Why is there such higher levels of new infections among Black and Latino young people?** The phenomena has not been adequately studied. There are numerous theories. First, some postulate that there is something called a "syndemic" at work which puts poor, marginalized people who are exposed childhood sex and drug use at higher risk. A "syndemic" is a descriptive term for "two or more factors, interacting synergistically, contributing to excess burden of disease in a population." Related concepts include: interacting epidemics, connected epidemics, co-occurring epidemics, co-morbidities, and clusters of health-related crises."[2] Second, some researchers argue for a greater emphasis on "structural" "environmental" or "contextual" variables that have the effect of creating greater health risks. This approach may lead to better understanding of the raft of health disparities that impact on Black and Latino communities such as diabetes, mental illness, high blood pressure, and other chronic diseases that shorten life span. For Latinos you would need to measure the impact of acculturation and immigration.

What should we do?

- **More social marketing.** Social marketing based on focus groups and surveys of young people could help identify crucial messages that will begin to change opinion of Black and Latino young people. Some of the ads I have seen that are funded by the Department of Health seem unclear in how they relate to sex and stigma.
- **Promote sero-sorting?** This is very controversial but unless there is leadership that encourages potential sex partners to be more open about their HIV status everything is a guesswork which is an unacceptable risk.
- **Promote leadership for safe sex.** There are young gay people of color who may be HIV negative or positive who are dynamic spokesmen for taking charge of your sexual identity who are pro-sex, promote safer sex behaviors. There are parents who want to talk to their children about this but do not know how. There are behavioral strategies such a Parents Matter and Insight that could be used more widely reach young people.
- **Need more community based prevention strategies that work for long periods of time.** Today there is too much of an emphasis on individual behavior change approaches which reaches few people. We can't wait for everyone to be reached. Using the current strategies we will only reach the large number of Black and Latino youth in the distant future.

[2] http://www.cdc.gov/syndemics/definition.htm

Mr. Chairman and honorable members of the NYC Council's Health Committee:

My name is Jose Davila and I'm the Executive Director of Bronx AIDS Services, one of the oldest AIDS services organizations in the City of New York. We are the largest provider of non medical services for persons at risk or affected by HIV/AIDS in the Borough of The Bronx, serving over 8,000 clients a year.

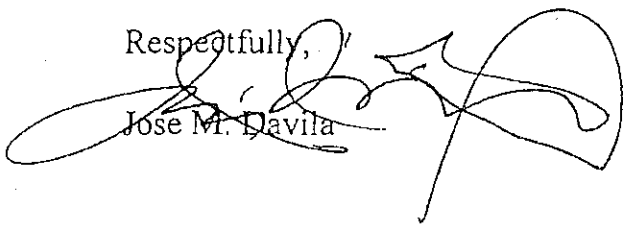
As you well know, The Bronx holds the unfortunate distinction of having some of NYC's highest indicators of poverty and related indicators as well as the poorest health outcomes. It is no different for HIV and AIDS. We also continue to be the epicenter of the epidemic in the City, experiencing some of the highest rates of new HIV diagnoses in Men of Color who have Sex with Men, Women of Color and Substance users. Our prevention programming for MSM of Color can hardly meet the demand for services and resources at the federal level for those already affected keep shrinking and shrinking. To make matters worst, our experience in working with this population shows us that there is a tremendous need for culturally and linguistically relevant interventions that is unmet and it is hampering our ability to make sustainable changes in risk and health behaviors.

As The Bronx embarks in a borough-wide campaign to test everyone for HIV promoted by the NYC Department of Health which we wholeheartedly support, we may discover as much as 3,000 new HIV diagnoses, many which will be on MSM of Color. It is imperative that the City also make adequate resources available to provide prevention and care services for the potential increase demand, especially when we hardly can meet it with what we have in place now.

These are the reasons why BAS joined the "Emergency Response Coalition for MSM of Color" with other 11 organizations citywide and why we fully support the Initiative that will be/ has been presented to you today by other members of the coalition, expert researchers and members of the affected population.

I thank you for the opportunity to offer testimony on behalf of the many MSM of Color that come to BAS for services and whose lives we try to impact in a positive way day in and day out. I also thank for your continued support of our mission and hope that you will find the Emergency Response Coalition Initiative worthy of your consideration.

Respectfully,



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FOR THE RECORD

May 1, 2008

Glenn Zermeño, MSW, Senior Program Coordinator-Supportive Services

Scott Kramer, LMSW, Prevention Social Worker

My name is Glenn Zermeño. I am the Senior Program Coordinator of the Youth Enrichment Services Program at the Lesbian, Gay, Bisexual and Transgender Community Center.

Y.E.S. is an HIV and substance use prevention, arts and leadership program for LGBT youth who are between the ages 13 to 21 years old. Within this population, of the 869 unduplicated youth served in house, 81% of youth we saw in 2007 were youth of color. So far this year we have seen 193 unduplicated youth. We regularly encounter youth who come to the program who report feeling isolated and stigmatized for their sexual orientations and identities. In drop-in discussion groups and one on one drop in meetings with these young men, we hear stories of young men struggling with substance use, complex sexual decision making, seeking connection and sexual partners on the Internet and reporting a lack of comfort and confidence practicing safer sex. What is most striking about this population is that we are seeing youth coming out earlier and earlier.

Young Men of Color who have Sex with Men (YMCSM) need age appropriate supportive and judgment free environments where they can learn about safer sex, practice using safer sex materials and learn effective communication skill to be able to navigate and negotiate sexual situations. While it is important to offer free HIV testing and counseling and access to free condoms, YMCSM have a number of challenges to face and overcome by the very nature of who they are having sex with.

Research tells us that YMCSM are at increased risk for exposure to HIV infection due to stigma, isolation, and substance use, societal and subsequently internalized homophobia. In New York City public schools sexuality education is largely abstinence based with little or no information about sex outside of monogamous heterosexual relationships.

At Y.E.S. we see anywhere from 10 to 20 young men attending a weekly safer sex drop-in activity and discussion group seeking information and exposure to safer sex materials and information. We live in a community that is sexually repressed and fearful that talking about sex between men will either put the educator in an exploitive role or will push young people into having sex before they are ready. The fact is young men of color are having sex and without accurate information and the skills needed to safely navigate those situations.

Experimentation and identity exploration are expected behaviors for adolescents. Messages and information about sexuality and sexual health must approach sexuality education from the assumption that there are a range of sexual identities and activities that are being expressed and acted out.

Six years ago when I began working at the LGBT Community Center, the average age of young men in the program was between 17 and 19. Today we are seeing an increase in the number of youth who are 13 to 15 years old. This means that young men of color who have sex with men or who will soon start having sex with other young men may be less prepared to navigate these situations not only because of a lack of information and supportive resources but are less likely to have the skills needed to handle sexual situations and are therefore more vulnerable to risks associated with HIV infection.

Recommendations:

Many youth we see have testified again and again to the lack of comprehensive sexuality education in their school settings that are inclusive of their identities and experience. We recommend that the Department of Education address theses needs.

CBOs that offer a continuum of education, counseling and support services to these populations are still under-funded and under-resourced. There needs to be an increase in funding to CBOs that are able to reach these populations.

In order to more fully understand the needs and epidemiology of sexual risk and sexual protection in young men who have sex with men of all ethnicities and races, systematic data collection that is inclusive of sexual orientation identity, gender identity and behaviors is critically needed.

Thank you,

Glenn Zermeño, MSW

Case Example:

Hello,

My name is Scott Kramer and I am the Prevention Social Worker at The Lesbian, Gay, Bisexual, & Transgender Community Center in the Youth Enrichment Services program which serves youth between the ages of 13-21.

I feel so strongly about the rise in HIV/AIDS among young men of color who have sex with men that I have a lot to say, but in the interest of time, I want to relate a story to you of a young man from a group I facilitated yesterday to illustrate how some young men of color might think and feel in 2008. The topic was Internet Connection and Safety.

In the group the idea of the use of alternative personas came up. A question came up about what might happen if a person who described themselves as your ideal, physically then said they had no sexually transmitted infections or HIV/AIDS. Would you trust them? What would you do? A young person of color in the group said that he would trust that person. When asked why, he said that he would only write true things on the internet and had the expectation that others would only write true things about themselves as well. This was disturbing and really spoke to the idea that some young men of color that are having sex with men, might just believe a person who says they have no STI's or HIV/AIDS, and may be persuaded to have unsafe sexual interaction. We must provide young people with the tools and knowledge they absolutely need to make informed, educated, and smart decisions for themselves.

Thank you.

- Scott A. Kramer, LMSW

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TESTIMONY TO CITY COUNCIL
May 1, 2008

On behalf of my East Asian, South Asian, South East Asian, and Pacific Islander brothers and sisters, I am here to testify to the fact that our government is neglecting us. The New York City Department of Health and Mental Hygiene currently does not fund any prevention services for Asian and Pacific Islander Men Who Have Sex with Men. In fact there is no funding through the Department for HIV prevention services for Asians and Pacific Islanders at all. In the face of a 115% increase in HIV infection for Asian and Pacific Islander Men who Have Sex with Men (API MSM), this neglect is unacceptable. To the Honorable Joel Rivera and Council Members, and members of the Emergency Response for MSM of Color Coalition, thank you for this opportunity to be heard.

My name is Larry Tantay, and I work for the Asian and Pacific Islander Coalition on HIV/AIDS, APICHA. Our mission is to end stigma on HIV/AIDS and those affected by it, to prevent the spread of the HIV/AIDS pandemic in the Asian and Pacific Islander communities, and to provide care and treatment for APIs living with HIV/AIDS and their families. APICHA is one of the 15 members of the Emergency Response for MSM of Color Coalition. I work with four young API gay men to reach out to the thousands of gay, bisexual, queer, and questioning Asian and Pacific Islander teens in New York City. But I first started my tenure at APICHA as a client and peer educator myself. Growing up in a strict Filipino Catholic household, it was hard for me to express myself at all, let alone my sexuality. I always felt like an outsider, constantly on the fringes of whichever school group or organization I joined. And it was this fear and rejection – this fringe mentality – that put me at risk. The longing for an intimate connection, for some understanding, led me to have unprotected sex – so I could feel the acceptance of my partners, feel close to someone. The need for that connection became more important than anything else – including my health – and that fact is not relegated to me. Since coming to APICHA—and being surrounded by people with whom I could identify, who could see my face and hear my story—I've witnessed the same fear and rejection I felt in the faces of young gay men we help.

Young gay and bisexual Asian and Pacific Islander men all over New York City are being infected – from Chinatown to Little Manila, Flushing and Jackson Heights. We are all affected. Within this past week, one 21 year-old Chinese gay male tested HIV-positive at our agency. Thankfully, we can still help him with medical care, alternative therapy, counseling, and case management. But how can we prevent the multitude of others from succumbing to this disease which is still rapidly engulfing the Asian and Pacific Islander community?

We need to revive HIV education and prevention services for adult men who have sex with men. We need a safe space where people can discuss these issues with their communities in Chinese, Korean, Japanese, Hindi, Bengali and more! We must restore outreach services and educational materials and add more peer educators to reach into the community and show those standing by the wayside that there is a place where people will truly accept them for their entire self – where they won't have to choose which identity is more important to them. I call on the City Council to allocate funding, to repair the neglect the Department of Health and Mental Hygiene has already wrought upon my people. Honorable Joel Rivera and Council Members, I urge you to end this injustice and support this proposal made by the Emergency Response Coalition. Thank you for hearing us. May it not be in vain.

HIV Prevalence among Young Men of Color: What's Gentrification Got To Do With It?
Frank Leon Roberts, New York University

In the limited time allotted here, I'd like to discuss the importance of maintaining and supporting "safe spaces" for queer youth of color here in New York City and think about the implications of an issue not typically discussed in HIV prevention —*Gentrification*—as an actual factor influencing HIV prevalence and incidence rates among young men of color.

The example that I'd like draw from in particular is the case of Christopher Street, the West Village, and the Christopher Street Piers. For the past 40 years the West Village—particularly Christopher Street and the actual Christopher Street pier—have been important safe spaces for many queer youth of color. It has been a place where people could meet other queer young people in a relatively non-judgmental environment; it has been a place where young people could receive direct services; and it has been a place where people could come together and feel comfortable expressing their sexuality openly in a non-hostile environment. In other words, the West Village has historically been an important *community building* site for many young MSM here in New York.

More importantly, it's also been an important site for various outreach efforts. Various HIV/AIDS service agencies ranging from the House of Latex Project of the Gay Men's Health Crisis to the "Prevention Safe Space Satellite Bus" of the Ali Forney Center have used Christopher Street historically as a place to do important outreach work.

However, over the past 5 years, the West Village has undergone extensive gentrification by wealthy residents and has become an extremely hostile place for young people. Reports of police brutality against young men and trans-people in the West Village have also been an all-time high.

Why does all of this matter? It matters because as young people of color loose control of the West Village as a safe space, we loose control of our ability to do outreach to the extremely at-risk populations that have historically congregated in that area. This is one of the reasons why the field of HIV prevention here in New York City must become much more vocal about the potentially devastating impacts of Gentrification on increasing prevalence and incidents rates among young men of color.

To state it plainly: When you have swarms of young people roaming around the city with no place to go, no place to call "home" and no place to call "community,"—people are more likely to engage in higher risk behaviors 1) because they are not as likely to come in contact with outreach workers that can provide them with direct services or advice and 2) because of the psycho-social issues that come with feeling disconnected and alienated from people that look and feel like you.

Therefore, we need increased funding for further research on the relationship between people feeling as though they have no "safe spaces" to be gay and then this translating into unsafe sexual practices. There are several ways that these issues can translate into the realm of policy. One example would be increased funding for collaborations between HIV/AIDS service agencies and grassroots political organizations that do work on issues such as gentrification and "safe space" among queer youth of color. I'm thinking here for instance of the work of F.I.E.R.C.E (which stands for Fabulous Independent Radicals for Community Empowerment) a grassroots organization that has been very active on these issues over the past five years.