The Known Hidden Epidemic

HIV/AIDS Among Black Men Who Have Sex with Men in the United States

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Early in the HIV epidemic, journalism chronicled the disastrous consequences of the epidemic in the American white gay community in the book *And the Band Played On.*[1] It is highly likely that medical history may repeat itself as similar devastating outcomes occur among black men who have sex with men (MSM). Black MSM have the highest rates of unrecognized HIV infection,[2,3] highest HIV prevalence and incidence rates,[4–8] and highest AIDS mortality rates[9] among MSM in the United States. There has been ample warning of the current epidemic among black MSM. HIV and AIDS prevalence rates have disproportionately affected black MSM since the early years of the epidemic. In a 1986 letter published in the *New England Journal of Medicine*, Bakeman and colleagues[10] reported unusually high AIDS prevalence among black bisexual men in Centers for Disease Control and Prevention surveillance data. Moreover, in the *Journal of the American Medical Association* a year later, Samuel and Winkelstein[11] reported greater HIV prevalence and incidence rates among black MSM than other MSM. Today, black MSM are the only population in the U.S. with HIV prevalence and incidence rates that rival those in the developing world.[2,12] However, despite high rates of infection among black MSM, the overwhelming majority of HIV prevention interventions developed for African Americans do not target homosexual men.[13] Similarly, the majority of domestic interventions for homosexual men do not target MSM of color.[14] In fact, multiple systematic reviews and meta-analyses[13–16] cite only one rigorously evaluated behavioral intervention for black MSM.[17]

This supplement of the *American Journal of Preventive Medicine* offers a comprehensive, insightful overview of evidence-based guides to effective HIV prevention interventions. However, as Herbst and colleagues[14] discuss, the lack of effective interventions for black MSM highlight many gaps that remain in HIV intervention research with this population. We will discuss only the most salient gaps in this commentary.

One notable gap is that too few studies of black MSM have examined the sociocultural predictors of HIV risk.[18] There are limited data on the influence of racism, homophobia, religion, or dual minority status on HIV risks in black MSM. Moreover, few studies identify resiliency factors. Greater research emphasis is needed to identify factors that may inhibit high-risk behaviors (e.g., connectedness to families, spirituality, strong racial identity) and incorporating those factors into HIV prevention interventions that either encourage or sustain preventive behaviors.

A second gap is the lack of social network interventions targeting black MSM. There are data that indicate HIV infection rates in black MSM are partly driven by a high background prevalence of HIV and the combination of both intraracial and intergenerational sexual networks.[19] Capitalizing on the social and sexual networks of MSM, rather than other recruitment methods, may reach more nongay-identified MSM,[20] more MSM with unrecognized HIV infection,[21] and more MSM who engage in sexual risk behavior.[22] Internet-based sexual networks of black MSM must also be explored. Despite studies that have found sexually transmitted disease (STD) and HIV outbreaks associated with online networks of MSM[23,24] and high rates of unprotected sex among black MSM who use the Internet to seek sex partners,[25] there are no rigorously evaluated Internet-based HIV prevention interventions targeting black MSM.

A third important gap is the lack of structural interventions.[26] Structural issues that affect black MSM include low economic status, high incarceration rates, and limited access to antiretroviral therapy. Previous studies have found that black MSM from lower socioeconomic levels are more likely to engage in high-risk behavior than black MSM from higher socioeconomic levels.[27,28] These findings are consistent with other studies that find associations between low socioeconomic status and poorer health outcomes.[29,30] Interventions are needed that empower individuals to find and apply for jobs with livable wages, maintain employment, and access trainings and other resources for advancement opportunities. With respect to incarceration, black MSM are more likely than other MSM to

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report a history of incarceration,[31] the prevalence of HIV infection is higher among men in incarcerated settings than in the general population,[32] and HIV transmission among men within correctional facilities has been documented.[33] Interventions offered to black MSM while in prison may have profound effects on their HIV risk behaviors before and after release from prison.[34] Structural interventions that promote improved healthcare delivery are also important. HIV-positive black MSM report less access to antiretroviral therapy than MSM of other racial or ethnic groups.[35] Interventions that provide efficient linkages between HIV diagnosis and treatment are crucial, but it is equally important to develop interventions that address the effects of negative attitudes of health providers that may inhibit black MSM from seeking appropriate healthcare.[36,37]

Even if these gaps in intervention research are addressed, HIV prevention interventions effective in one black MSM community may not be directly transferable to another black MSM community. The overall black community in the U.S. is not homogenous, and neither is the black MSM community[38] as is supported by several recent studies that report risk behavior differences among subgroups of black MSM. Sullivan et al.[39] found differences in drug use among 2600 HIV-positive black MSM across a geographic region. Compared with black MSM from the East Coast, proportionally more black MSM on the West Coast reported using powdered cocaine, crack cocaine, Diazepam, hallucinogens, marijuana, nitrites, and amphetamines.[39] Another study found that the predictors of HIV testing in black MSM were largely moderated by the geographic city (e.g., Atlanta, Chicago, or Birmingham) in which participants resided.[40] Also, a multisite intervention of HIV-positive MSM found that black MSM in one of two research sites reported less access to antiretroviral therapy compared with MSM of other races and ethnicities, while no differences were reported in antiretroviral therapy access by race among HIV-positive men at the second research site.[41]

The development of effective interventions tailored to black MSM will require time; but with HIV prevalence rates as high as one in two black MSM, sufficient time for such research development is not morally feasible. The number of new HIV infections has decreased among all groups of African Americans in the last 5 years except among black MSM, where there has been a slight increase in the number of new infections.[42] Dual courses of intervention development must be followed (i.e., adapting existing interventions and developing new interventions) if we intend to reduce the number of HIV infections in black MSM. There is evidence that existing interventions targeted for primarily white MSM can be successfully adapted for black MSM communities and decrease HIV-related risk behavior.[43,44] At the same time, it is imperative that new interventions are developed for black MSM to supplement or replace older interventions that may no longer reflect the current risk and sexual landscape of men in the community. Moreover, community members must be invited to work in tandem with researchers, and not in mere token positions, to develop new, efficacious interventions. Otherwise, the intervention may either prove ineffective or, if effective, fail to be sustained when disseminated. Last, all interventions that target black MSM need to demonstrate cost effectiveness and offer easy adaptation, or they will not be sufficiently accepted by community organizations.

Researchers, administrators, policymakers, and community leaders should hear and heed the clarion call provoked by the authors of this scientific guide. Failure to heed this call and to address the devastating HIV rates among black MSM will be our collective legacy and another sad chapter as we observe, once again, *And the Band Played On.*

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