HIV Prevention Action Coalition
(A Workgroup of the Federal AIDS Policy Partnership)
Gay Men's Subgroup

COMMUNITY STATEMENT ON
HIV VULNERABILITY AMONG GAY MEN/MSM

"The United States cannot reduce the number of HIV infections nationally without better addressing HIV among gay and bisexual men."

-2010 National HIV/AIDS Strategy

On June 5, 1981, the Centers for Disease Control and Prevention (CDC) released the first Morbidity and Mortality Weekly Report (MMWR) reporting what would later be known as HIV and AIDS among five gay men in Los Angeles. In the beginning of the epidemic, gay men and other men who have sex with men (MSM)[1] carried the biggest burden of HIV and AIDS and comprised the largest proportion of the epidemic in the United States - that has not changed.

Gay men/MSM still comprise the greatest proportion of new infections nationally and are the only group in which documented[2] new infections are increasing annually. In 2010, gay men/MSM represented approximately two percent of the U.S. population but accounted for 66% of new HIV infections (transmitted through sexual contact and injection drug use). Between 2008 and 2010, new HIV infections increased among gay men/MSM by 12%, with the highest percentage increase (22%) among young (13-24 years) gay men/MSM. Black and Latino gay men/MSM continue to be disproportionately affected, especially those under 24 years old. The largest number of new infections among Black gay men/MSM occurs in those aged 13 to 24, whose number of new infections increased 20% between 2008 and 2010. Although American Indians/Alaska Natives, Asian Americans and Pacific Islanders do not constitute a large portion of the total HIV cases, gay men/MSM constitute the majority of new diagnoses of HIV in each subgroup.

At the end of 2010, of the estimated 872,990 persons living with HIV who have been diagnosed, half were gay men/MSM. Gay men/MSM continue to be the most likely group to be undiagnosed with HIV, despite 67% of gay men/MSM reporting receiving HIV tests within the last 12 months. CDC's latest MMWR on HIV and gay men/MSM states that "expanded efforts are needed to reduce HIV risk behaviors and to promote at least annual HIV testing among MSM."

Risk behavior alone is not the cause of increased vulnerability for HIV acquisition among gay men/MSM and the majority of gay men/MSM try to lower their risk behavior by not having or reducing unprotected (without a condom) anal sex – yet these disparities remain. When counting only MSM under 25 who acquired HIV by male-to-male sexual contact, 80% are Black or Latino — even though they engage in less "high-risk" behavior than their White counterparts. The reasons for this sustained disease burden are varied,

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[1] For the purposes of this statement, the terms "gay men/MSM" will be used as an overarching term for all gay, bisexual, queer, same gender loving (SGL), pansexual and other men who have sex with men (MSM), both cis-gendered and transmen. Some recommendations may also be relevant to many transgender women, as well as other populations, while others may not be applicable or may lack in specificity.

[2] CDC does recognize high levels of HIV infection in transgender people in data collected by local health departments and scientists studying these communities. CDC reported that in 2010 the highest percentage of newly identified HIV-positive test results was among transgender people (2.1%). http://www.cdc.gov/hiv/risk/transgender/

but include barriers to accessing care, stigma that gay men/MSM continue to face and social determinants that adversely affect their health. Sexual networks also contribute to furthering disease transmission.

Despite these increasing rates, the response to the HIV epidemic in the U.S. among gay men/MSM has never been adequate. The 2010 *National HIV/AIDS Strategy* (NHAS) boldly states that "our national commitment to this population has not always reached a level of HIV prevention funding reflective of their risk."

The latest CDC and NHAS Progress Reports highlight continued failure in curbing the number of new infections among gay men/MSM. We can and must respond to HIV/AIDS in a way that respects and cares for all people living with HIV, particularly other disproportionately impacted populations (e.g., women of color, trans- individuals, persons who inject drugs) while recognizing the unique impact of HIV on gay men/MSM, particularly young, gay men/MSM of color and actively working to reduce it.

Over the last decade, HIV prevention and care efforts among gay men/MSM have fallen off of mainstream LGBT advocacy and policy priorities, overshadowed by efforts to advance marriage equality and repeal "Don't Ask, Don't Tell." While these issues certainly improve the lives and health of gay men/MSM, including reducing stigma and risk factors that can lead to HIV acquisition, it is critical that the collective LGBT agenda maintain HIV efforts at its forefront in order to reduce HIV-related stigma, increase access to care and treatment, and prevent new infections.

While challenges addressing the epidemic among gay men/MSM have persisted, we have never been better equipped to develop and implement a comprehensive response to HIV among gay men/MSM. Social marketing campaigns and affirming messages from the highest levels of leadership are beginning to validate years of hard work promoting equality and dignity. The Affordable Care Act (ACA) will offer health care to millions who have been denied access for decades. Scientific research has demonstrated both sustained health improvement and a dramatic reduction in transmission among people living with HIV who initiate treatment early after diagnosis, leading CDC and HRSA to a paradigm shift of treatment as prevention and the HIV Care Continuum.

The 2013 NHAS report, *Improving Outcomes: Accelerating Progress along the HIV Care Continuum*, states that meeting our NHAS targets "requires a collective response, including all partners – state, local and tribal governments; the private sector; philanthropic organizations; scientific and medical communities; educational institutions; and perhaps most importantly, community members including those at risk and living with HIV – to come together and do their part."

We, the undersigned, as organizations who serve, care for, work with and advocate on behalf of gay men/MSM, **remain committed** to "come together and do [our] part" and help end the HIV/AIDS epidemic in the U.S. by prioritizing HIV prevention and care efforts among gay men/MSM. Additionally, we maintain a steadfast commitment to implementation of the attached recommendations and will work alongside each other and federal partners to see them come to fruition.

Collectively, we can curb new infections and improve health outcomes for gay men/MSM at risk for and living with HIV, but only if we coordinate our efforts and maintain gay men/MSM as a priority. This is a promising time in the response to HIV and AIDS in the

U.S. We must seize this moment to take the critical steps toward improving the lives of gay men/MSM.

The HIV Prevention Action Coalition HPAC is a work group of the Federal AIDS Policy Partnership (FAPP) whose focus is on HIV prevention efforts in the United States. In light of the state of urgency surrounding HIV incidence among gay men, the directives established by the National HIV/AIDS Strategy and the promise afforded to us by the effectiveness of early treatment, treatment as prevention and the Affordable Care Act, HPAC created a Gay Men's Subgroup to coordinate a response among FAPP's member organizations to address this critical issue. The members of the subgroup are individuals and organizations who work with, for or are themselves gay men. Given the high incidence rate experienced by transgender women, HPAC has created an ad hoc workgroup on transgender women for 2014.

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