



by Clarmundo Sullivan

# In the African American Male Same-Gender Loving Community?

Every once in a while, I will take a trip from Sacramento, CA to the African American gay bars in Oakland, CA in hopes of reconnecting with the brothers I used to socialize with in the 90's. As I approach the gay bars, I am filled with excitement and anticipation. Boy, wouldn't it nice to see my friends again and reminisce about the good times! However, not long after I inquire about many of my friends, I am presented with a far too familiar response, "Oh, you mean her? Baby, she's gone." I am told that many of the "girls" have passed on from complications due to AIDS.

All too often, I am reminded just how much HIV continues to impact my family, friends, colleagues and community. Newspaper articles, television ads and billboards report that despite HIV/AIDS being around for over 20 years in the public conscious, it continues to disproportionately impact African Americans, especially gay and bisexual men. For example, the media shares how in 1996, HIV became the leading cause of death for African American men ages 25-44. In a recent Center for Disease and Control and Prevention Study, of the 920 young African American MSMs in six urban areas (Baltimore, MD, Dallas, TX; Los Angeles, CA; Miami, FL; New York, NY; the San Francisco Bay area, CA;

were infected and 71% of them reported there was "no chance, that it was very unlikely, or that was unlikely that they were infected with HIV." CDC also reported that African American gay and bisexual men were five times more likely to be infected than their white counterparts.

As an HIV educator at the Men's Soul Food Project, I question...if HIV is 100% preventable (except in mother to baby HIV transmission), and if HIV/AIDS has been in the media for 20 years, and if there are HIV prevention efforts throughout the U.S...why are brothers still disproportionately impacted? There are many hypotheses to this question: a rise in reported unprotected anal receptive and insertive sex; IV drug use; recreational drug use; multiple sex partners; sex with sex workers; and receiving money for sex and drugs.

Researchers have suggested that older brothers who have survived the "AIDS scare" of the 1980s are becoming more desensitized and less adherent to safer sex practices due to a variety of factors: survivor's guilt (internalizing the loss of their 'gay family' networks), not identifying with messages targeting openly gay men. Some have even proposed that some brothers are intentionally putting themselves at risk because of inevitability (a fatalistic) ideology ("we're eventually going to get it anyway") or the perceived numerous financial and social support resources afforded to people living with HIV ("bug chasers").

1980s impact of HIV on the gay community or the AIDS activism that prompted gay men to take political action and adopt strong safer sex practices. They suggest these young men also have a sense of invincibility, a false sense of security in current AIDS treatments and a belief that there is a vaccine for HIV; all which may encourage high risk taking behavior. As one may see, there are just as many theories about why HIV is disproportionately impacting African American gay and bisexual men as there are about where HIV came from.

I am often asked what I believe is needed to stop the spread of HIV in the African American gay and bisexual community. I believe HIV education and risk reduction strategies are critical in the prevention of HIV/AIDS, but it isn't the only answer; it must now be complimented with comprehensive strategies and address core issues, including the consequences of internalized homophobia and racism with the general public, and the eradication of negative stereotypes, myths, and misconceptions about homosexuality still present in some African American communities, families and churches.

My position to compliment existing HIV education and risk reduction efforts is based on my experience with conducting HIV education and prevention workshops and focus groups with my brothers. Over the years I have observed that participants possess high levels of HIV knowledge. However, what many have also demonstrated is a lack of coping skills to deal