

# HIV Risk Reduction

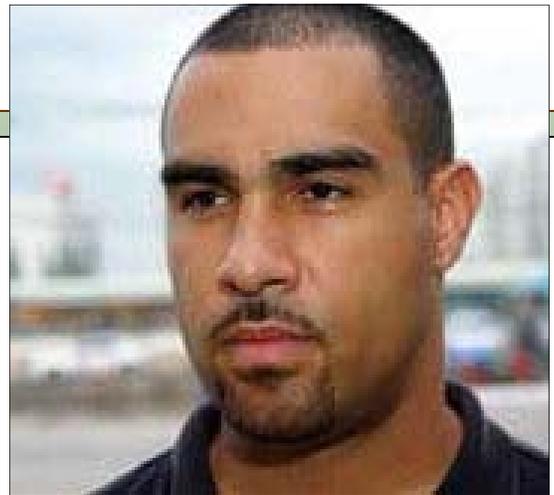
A quarterly of The Office of Addictive Disease, for professionals in the fields of HIV & SA/P  
Volume 6, Issue 3

## HIV and Black Men who have Sex with Men Separating Myth from Reality

There are many myths about Black men having sex with men (MSM). The 2004 release of “On the Down Low: A Journey into the Lives of ‘Straight’ Black Men Who Sleep with Men,” by J.L. King captured media attention for a phenomenon that was largely unrecognized by the general public. While the book shed light on this important subject, many people made unwarranted assumptions about these men and HIV transmission, adding to existing misperceptions – even among healthcare workers.

When you turn to the research, says David Malebranche, MD, MPH, of Emory University in Atlanta, few of these postulates are true. The assistant professor and clinical investigator, who also treats patients at Grady Hospital’s Ponce Center -- one of the largest and most comprehensive HIV outpatient treatment facilities in the country – wants to set the record straight. Understanding the behavior of Black men who engage in sex with other males is extremely complicated. Separating myth from reality is crucial for successful intervention with this population.

The need for intervention stems from the fact that Black MSM are disproportionately affected with HIV. “In a five-city study released in 2005, researchers found a 46% prevalence of HIV among Black MSM,” says Malebranche. This figure is nearly seven times higher than white men who have sex with men and more than four times higher than Hispanic men engaged in the same behavior.



David Malebranche, MD, MPH  
Emory University

It is in an attempt to explain this frightening statistic that many misconceptions have been put forward.

### **Myth: Black Men Have More Unprotected Sex When Engaged in Same Sex Behavior.**

There is an assumption among healthcare professionals that Black men having sex with men engage in more unprotected sex than men of other races.

### **Reality: Rates of Unprotected Sex are Equal or Lower than Other Races/Ethnicities**

Suppositions about Black MSM engaging in riskier behavior than MSM of other races are often unfounded. These rumors, says Malebranche, “are not true. This is not supported by literature. Rates of unprotected anal sex are equal or lower.”

*(Continued on page 2)*

(Continued from page 1)

**Myth: Crystal Meth Plays a Role in HIV Transmission in Black Men**

Many studies have pointed to links between drug and alcohol use and the spread of HIV. While the scourge of crystal methamphetamine has certainly contributed to this trend, its use among Black men is limited.

**Reality: Marijuana or Crack Use are More Common, but Keep an Eye on Meth**

The drugs of choice for Black MSM, as reflected in the literature, are marijuana or crack – not crystal meth, points out the internist. However, usage is common among a small subgroup of those who socialize in the white “club circuit.” Because social interaction and sex transcend race, “we have to keep eye on crystal meth,” he concludes. “It could be devastating if it does catch hold in a similar way to the crack epidemic of the 80s and 90s.”

**Myth: Sexual Identity and Choice to Disclose Same Sex Behavior Linked to Unprotected Sex**

Of all the myths circulating about Black MSM behavior, this one is the most misguided, says Dr. Malebranche. People believe men who don’t disclose same-sex behavior -- or identify as “straight” but have sex with men -- are more likely to engage in unprotected sex. This assumption is absolutely false.

**Reality: Gay Identified Black MSM often Engage in Riskier Behavior than Those Who are Non-Gay Identified**

“There seems to be a rationale that once someone is out of closet, their mental health will improve because they will have access to more community based organizations and will be more likely to receive and practice prevention methods,” he says. “The opposite is true for Black MSM. The more a black male identifies as gay, the more likely he is to engage in risky sex.” The physician admits there are huge implications to this statement, but research backs him up.

“How one sexually identifies or the label they choose – gay, straight or down low -- does not predict condom use at all,” he explains. “People assume if a man lies to his female partner, he is

probably not using condoms. That’s garbage; it does not make sense. They are lumping a lot of moral lessons together. It doesn’t play out in science.” Down low men, he says, “may be using condoms more frequently. Sexual identity is not a good predictor of condom use. Period.”

**Higher Incidence of STDs among Black MSM**

During June 2006, the CDC’s Greg Millett, MPH, was the principle author of a study published in the *American Journal of Public Health*, offering a comprehensive review of literature about Black MSM. Among the findings: There is a higher prevalence of sexually transmitted diseases among this population compared to MSM of different ethnicities. While this finding was interesting, it did not explain *why* Black men experience higher levels of STDs and HIV.

**Emerging Theories Regarding Incidence**

One theory regarding higher incidence of HIV is that there may be genetic differences in T-cell receptor subtypes among Black men that affect how prominently CCR5 is expressed outside the T-cell. [CCR5 is the chemokine receptor which HIV uses as a co-receptor to gain entry into target cells.] The idea is hypothetical at this point, says Dr. Malebranche, and will require further investigation.

Meanwhile, another theory regarding circumcision status is gaining traction among researchers. Studies conducted in Johannesburg, South Africa, indicate that uncircumcised Black men are 63 percent more likely to contract HIV than those who have had the procedure. The year-long study examined 3,000 men who were HIV negative when the research began. Half were circumcised, half were not. Twelve months later, 63 percent more of the uncircumcised men were HIV positive. It appears that circumcision may offer some type of protection. In America, Black and Latino men are less likely to be circumcised than men of other races.

**Mental Health Issues**

Mental health plays a pivotal role in this issue. “The mental health of Black MSM is in an awful state,” says Dr. Malebranche, who first treated HIV patients as a medical student. He abhorred the

(Continued on page 4)

## A Promising Approach

At least one study holds promise for reducing HIV among young Black men who have sex with men (BMSM). The 6-month HIV risk reduction program studied was successful in improving the reported self-image and self-concept of the BMSM who participated, and reduced their willingness to engage in risky sexual behaviors.

Black men were recruited from barbershops, malls, and other locations within Black communities. The intervention took place in South Central Los Angeles at the African-American Advocacy Support-Services and Survival Institute. The new model, called Critical Thinking and Cultural Affirmation (CTCA) offered weekly individual psychotherapy sessions and tri-weekly groups with an intense focus in four distinct areas:

- The history of accomplishment and cooperation among Black people of diverse sexualities and philosophies
- Media and environmental literacy (deconstructing media influence on Black self-concept, manhood, culture and sexual prejudice)
- The benefits of critical thinking and self-respect
- HIV 101 - modes of transmission

Barriers to safer sex for the BMSM in this study involved issues of mental health, particularly anxiety about homosexuality and masculinity. The CTCA strategy was successful in improving the self-image and self-concept of the BMSM who participated, and reduced their willingness to engage in risky sexual behaviors.

HIV prevention efforts focused on sexual identity labels have proven ineffective. Prevention and research efforts based on qualitative exploration of issues of Black masculinity, mental health, and psychoneuroimmunology hold promise for the future of HIV prevention among this population.

Source: *A Promising Approach to HIV Prevention for Black Men Who Have Sex with Men (BMSM): Theory and Practice* by Manago C, Malebranche DJ

## Psychoneuroimmunology: Mind-Body Interaction & HIV Prevention

Psychoneuroimmunology (PNI) is the scientific study of the interactions between behavior, the brain, and the immune system. An example of the relationship between mind and body is what happens when a human being is fearful. The entire body responds, becoming tense and pouring adrenaline into the blood stream in preparation for “Fight or Flight.”

Researchers have applied the concept of PNI both to AIDS treatment and to HIV risk reduction. A study featuring the Critical Thinking and Cultural Affirmation or CTCA model (see *A Promising Approach*, this page) identified barriers to consistent safer sex including: conflicting attitudes about same-sex desire, concerns about compromised manhood, feelings of loneliness and isolation, feelings of sexual shame, high overall stress levels, substance abuse, and low survival expectations. To address these barriers, the CTCA study offered the intervention in a familiar and empowering setting and combined psychological counseling with education on Black history, critical thinking methods, and concepts of self-love and respect along with the basics of HIV prevention.

One of the primary areas PNI of study is the relationship between stress and the immune system. The immune system is composed of the thymus, spleen, lymph nodes, lymphatic vessels, tonsils and adenoids, and—most important—the bone marrow, which manufactures all the cells that eventually develop into T cells, Natural Killer (NK) cells, and more. Several studies found that Natural Killer (NK) activity was reduced in people with the highest levels of overall life stress. After a number of such studies, researcher's began to suspect that the NK depression resulted from the person's response to stress, rather than an overall depression of the immune system. One now famous study tested medical students during examination time. Their NK activity was reduced during exam time but returned to normal after exams.

Further studies, using the UCLA Loneliness Scale showed that people with higher loneliness scores had lower NK cell activity.

Sources: *Wikipedia* and  
*Black Men who Have Sex with Men and the HIV Epidemic: Next Steps for Public Health* by David J. Malebranche, MD, MPH

(Continued from page 2)

“condescending attitudes” many healthcare professionals expressed at the time and their tendency to treat such patients as second-class citizens. “Whenever I see that happening,” he says, “it’s best not to complain. The best thing to do is to get involved myself.”

While some things have changed since that time, others have not. “A lot of brothers are depressed,” says the physician. “They suffer from low self esteem; they don’t have the support they need. There are issues of racism and prejudice, and on top of that, many are impoverished and there are issues of childhood sexual abuse. In addition, “there is a justified distrust of the medical profession due to a history of mistreatment and experimentation.” Many Black families have a tradition of relying on home remedies and do not consult with physicians unless an emergency exists. Socioeconomic factors also contribute to behavior and late diagnosis. There is also a stigma associated with HIV and a concern about being displaced from community, church, and family, as well as potential loss of access to life and health insurance. “It’s a very complicated mix,” he concludes.

### Focus on What is Right

While much is wrong in the world of HIV, Dr. Malebranche staunchly believes that the way to make progress with the Black MSM issue is to focus on what is being done right. “If you are trying to learn something, why focus on what failed?” he asks. If you want to run a successful business, you need to talk to Donald Trump or Bill Gates. Ask them how they became so successful. In public health, we focus a lot on barriers. I’m more interested in what gets people to take care of themselves – not what’s preventing them from getting there.” Instead of the current research focus on why men DON’T do certain things, he says future research needs to focus on what they do right and how to further encourage that behavior. “What motivates them to be responsible? What makes them get tested? Why do they wear condoms? In the end, what I care about as a physician is whether you protect yourself and your partner when you go home at night.”

(Continued in next column)

### Action You Can Take

To work more effectively with this population, Dr. Malebranche recommends dispensing with stereotypes and focusing on the individual before you. “You can’t follow a cookie-cutter approach – people don’t follow an algorithm,” he says. “With HIV, the paradigm has shifted. There are no ‘norms’ – human beings deviate from the norm.” If you label someone as a bisexual, he warns, you may make certain assumptions about their behavior that may not be true. What works for one person may be exactly the wrong approach for another. Ask specific questions about their activities and “ask them how they feel,” says the doctor. “Treat everyone as an individual.”

### The Church & HIV Prevention for BMSM

The church plays a role in HIV prevention for Black men who sleep with men (BMSM). HIV/AIDS ministries include The Balm in Gilead and Interfaith HIV Network. They hold conferences, disseminate HIV educational materials, and create a forum for a discussion of sexuality and HIV within the Black faith-based community. Despite condemnation of homosexuality from many pulpits, church and spirituality play a pivotal role in the lives of many BMSM.

Source: *Black Men who Have Sex with Men and the HIV Epidemic: Next Steps for Public Health*  
David J. Malebranche, MD, MPH

### Malebranche Joins Bush's AIDS Panel

Dr. David Malebranche of Emory University, a researcher of Black men’s health, was appointed to the Presidential Advisory Council on HIV/AIDS (PACHA), which provides recommendations on how the government should fight HIV/AIDS.

*New York Blade (08.07.06)*

*HIV Risk Reduction*

is a newsletter of  
HIV Early Intervention Services (EIS)  
Georgia Department of Human Resources  
Office of Addictive Disease

For more information, visit our website at  
[www.hiveis.com](http://www.hiveis.com)

Program Manager, Marie Sutton at 404.874.4040  
Editor, Winona Holloway at 678.752.9571