

HIV/AIDS and Gay Men



Apparently, many men who have sex with men are not being very careful or smart about their sexual practices. Despite the well-known hazards of unprotected sex, MSM (which includes gays, bisexuals and men who do not identify as gay but nevertheless engage in sex with other males) is the only risk group with rising HIV infection rates.

Of the 2,297 Western New Yorkers in 2009 known to be living with HIV/AIDS, 969 or 42% were men who have sex with men. Add in the 117 who are also intravenous drug users, and the proportion grows to 47%.

The statistics are startling. Of the estimated 41,845 Americans newly diagnosed with HIV in 2009, 57% were men who had sex with men. Add in MSM who also are intravenous drug users, and the proportion rises to 60%, according to data from the federal Centers for Disease Control and Prevention.

MSM accounted for 86% of new HIV infections among white men that year; 81% among Hispanic men, and 73% among black men, the CDC says.

In Western New York the percentages are not quite so bad. MSM accounted for 45% of new HIV infections in 2009, according to the State Health Department's AIDS Institute – 49% adding in MSM who are also

intravenous drug users.

What's driving the high gay HIV+ rate?

While less than one-half of 1% of Americans carry the HIV virus, the CDC says that about 12% of men who have sex with men do. And the rate seems to be higher yet among the most sexually active MSM – guys who are out partying at bars and clubs, and may be promiscuous. In 2008, researchers for the CDC interviewed and tested 8,153 such men in 21 cities found that 19% of them were HIV-positive – and of those, 44% didn't know they were infected.

Because the rate of HIV infection is high among MSM, the risk of exposure to anyone they have sex with is higher than that of the general population. And because so many do not know they are HIV-positive, they may be less concerned about using condoms to protect themselves and their partners.

All this drives up the MSM statistics.



MSM and MSM/IDUs comprise 46% of the 176 Niagara County residents living with HIV/AIDS.

The Niagara County AIDS Task Force offers the Positive Self-Management Program for HIV, a free seven-session group engagement that empowers HIV-positive individuals to live as robustly as possible in the face of chronic disease. Call 285-8224 Ext. 131 for more information.

Unless gay and bisexual men take responsibility for protecting themselves and each other, the high HIV/AIDS rate among them is not going to reverse until there's effective immunization or a cure. Progress is being made toward a vaccine and everybody hopes for an eventual cure, but no one can say when or if either will come about.

In the meantime, MSM have to keep themselves safe and healthy.

A dangerous complacency

Today's HIV-fighting medicines are extremely effective. Called "highly active anti-retroviral therapy" or HAART, they have transformed HIV infection from a deathly dire condition into a mostly manageable chronic illness. An HIV-positive 20-year-old who begins prompt treatment and remains faithful to the HAART regimen can expect to live another 50 years, even if no ultimate cure is discovered, researchers

say.

But that kind of good news has spread complacency, especially among young gay men. MSM aged 13-29 represented 27% of newly diagnosed HIV/AIDS infections nationally in 2009, the CDC says. In Western New York, these young men comprised 35% of new diagnoses in 2009.

The HIV/AIDS epidemic is three decades old in America, so today's teens and 20somethings weren't born when the epidemic was taking a ghastly toll in the early-to-mid 1980s. They may not realize that HIV is still a serious disease. That 20-year-old who will live another 50 years would be expected to live even 10 years longer if he had not contracted HIV.

Moreover, people living long-term with HIV/AIDS face the possibility of HIV-Associated Neurocognitive Disorder (HAND), resulting in problems related to thinking, memory and mood – and sometimes of physical coordination or functioning. Metabolic syndrome – accumulation of fat around the middle – is a problem for most people as they age, but especially for those in long-term treatment for HIV/AIDS, and it puts them at increased risk of heart and liver disease.

Condoms save gay lives

Not all MSM engage in anal sex, but for those who do, latex condoms are essential. "Natural" or lambskin condoms provide no protection against Human Immunodeficiency Virus, but polyurethane condoms are acceptable in cases of latex allergy. Unprotected anal sex is Russian roulette. Four studies from around the world attempted to estimate the transmission risk for a single act of unprotected receptive anal intercourse. Pooling their data, the summary estimate is 1.4%.

In general, the person receiving the semen is at greater risk of getting HIV because the lining of the rectum is thin and may allow the virus to enter the body during anal sex. However, a person who inserts his penis into an infected partner also is at risk because HIV can enter through the urethra (the opening at the tip of the penis) or through small cuts, abrasions, or open sores on the penis.

So why would partners go condomless?

Well, they might be in love, and fear that insisting on a condom would suggest there had been unfaithfulness in the relationship. They might believe they are both HIV-negative so using a condom



Make it a rule: No condom, no sex.

would be pointless. Conversely, they might know they are both already HIV-positive, and think they have nothing to lose, not realizing that there is more than one strain of the virus and that becoming "superinfected" can greatly complicate treatment.

Or they simply might be drunk or high, suffering impaired judgment.

Gay porn sets bad example

In the movies of the 1930s, 40s, 50s 60s and 70s, all the leading men and women smoked. Seeing Gary Cooper, James Dean, Humphrey Bogart and other stars smoking helped convince generations of Americans that cigarettes were cool. People got set up for a lifetime of smoking-related illnesses.

Consumers of gay pornography are being similarly set up today with increasing scenes of "barebacking" – condomless anal sex.

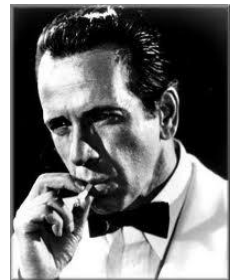
Barebacking was standard in gay porn until an HIV outbreak in the industry in 1984. As awareness of the risk of AIDS developed, pornography producers came under pressure to use condoms, both for the health of the performers and to serve as role models for their viewers.

However, an increasing number of studios are back to showing unprotected sex, especially smaller producers and pornography studios in Eastern Europe.

One reason is demand.

"Bareback? I don't even consider that a fetish anymore, it's become so big," said the owner of one Los Angeles gay video rental store to writer C. Brian Smith in the Advocate in May 2009.

Probably not coincidentally, barebacking is on the rise in real life, according to stories in the Advocate and several other gay publications.



Humphrey Bogart, setting a bad example.

Special issues

Gay men are more likely than heterosexuals to smoke, abuse alcohol and drugs, and suffer depression, all of which can compromise treatment for HIV and other diseases.



Marriage may not bring health coverage for both spouses.

They may also have a lower rate of health insurance coverage because many employers do not offer same-sex partner benefits.

New York State's recent legalization of gay marriage won't change that in all cases. That's because the federal Defense of Marriage Act leaves a loophole that will let some private employers continue to offer health insurance and other benefits only to heterosexual spouses. If an employer is self-insured, which means it pays health insurance claims out of its own accounts instead of from a state-regulated insurance company, it is governed by federal law. That means the employer does not have to provide same-sex marriage benefits, no matter what state it's in.

In Massachusetts, where same-sex marriage was legalized in 2004, some companies seem to take advantage of this option. A 2009 survey by the state found that 93 percent of employers offered health insurance to their employees and opposite-sex spouses. But only 71 percent offered those same benefits to same-sex spouses.

In New York, about a third of the state's large employers would be able to do the same thing, according to the state Insurance Department.

Other factors that may inhibit MSM from getting prompt testing and treatment for HIV include fear of stigma (that health providers might be homophobic and judgmental) and economics (that many MSM are one-income households and cannot afford adequate medical care.)

What to do to protect yourself

- Don't engage in dangerous, unprotected sex.
- Get tested for HIV. If you are infected, early treatment can prevent the virus from advancing to AIDS. Testing is so important that New York State law requires that HIV tests be offered to virtually everyone between the ages of 13 and 64 receiving hospital or primary medical-care services. The CDC now recommends that men who have sex with men get tested every 3 to 6 months, even if they use condoms or don't have multiple partners.
- Get inoculated against hepatitis A and B if you are sexually promiscuous. Hepatitis can cause severe liver damage.



Links for more information

National Association of People with AIDS
(sponsor of National Gay Men's HIV/AIDS Awareness Day)

www.napwa.org

POZ Magazine

poz.com

The Body

www.thebody.com

Is HIV still a big deal for gay men?

www.hivbigdeal.org



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