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April 19, 1994

MEMORANDUM TO KRISTINE GEBBIE and JOHN GURROLA

FROM: Andrew E. Barrer, Ph.D.
Office of the National AIDS Policy Coordinator

SUBJECT: Men Who Have Sex with Men talking points

Steven Johnson from Seattle, who is with AIDS WATCH, sent me some information on AIDS prevention for the gay community and MSM community. His feedback when I met him was that we (the government) need to talk freely about these issues.

I know that Kristine does feel comfortable here, but I thought this information could be helpful for our reference files.

I am passing this on FYI, per Steven's request.

HIV PREVENTION PRIORITY ACTIVITIES
MEN WHO HAVE SEX WITH MEN

The MSM Task Force identified eight (8) subpopulations of men who have sex with men:

Highest priority subpopulations

- HIV Positive Men
- Gay Men (self-identified)
- Men 18-25 years old
- Men of Color

Moderate Priority subpopulations

- MSM not self-identified
- Men who trade sex for survival (money, drugs, shelter)
- Bisexual men (self-identified)
- Non-urban Men

Additional MSM subpopulations not discussed

- IDU MSMs
- MSM with disabilities
- Homeless MSMs

(The task force understood that the needs of these subpopulations would be addressed by other advisory groups.)

GLOBAL CONCERNS

1. **The current configuration of Omnibus-funded prevention/education resources in King County is grossly out of line with the reality of the HIV epidemic in this region.** 400 to 600 individuals in King County are projected to become HIV-infected in 1993; 9 out of 10 of them are expected to be men who have sex with men. Yet last year, only 20% of education/prevention dollars were allocated to programs targeting MSM.

While the Task Force recognizes the need to appropriately fund programs that help keep HIV seroprevalence low in other populations, this must not be done at the expense of those who are most imminently at risk for HIV infection in King County: men who have sex with men. The incidence of HIV and AIDS in non-MSM populations locally is increasing, but only at the rate of about 1% per year. Public health principles and common sense dictate that increasingly scarce resources be targeted at the HIV epidemic which is actually occurring in King County and not at a feared New York-style epidemic which is unlikely to occur.

The Resource Allocation Model (RAM) developed by the Health Department is a commendable attempt to quantify target population resource needs. However, the Task Force has some questions and concerns about its formula and its fairness. We recommend that the Planning Council revisit the RAM, seeking both community input and additional public health expertise.

Ultimately, to be expected to prevent 90% of new infections with 20% of the funds is neither realistic nor fair. **The Task Force recommends that 1994 prevention/education funding for MSM represent at least 50% of total prevention education allocations.**

PRIORITY STRATEGIES BY SUBPOPULATION

HIV Positive Men

If we succeed in eliminating unsafe behavior in this population we would all but stop the epidemic among MSM. Yet, there are surprisingly few "prevention" interventions targeting this subpopulation. Issues involved are: stigma, confidentiality, fatalism, denial, dislike of condoms, and a sense that safer sex is the other guy's responsibility. HIV positive youth report high level of unprotected sex. Many HIV positive men do not buy the "don't re-infect yourself" argument.

MOST EFFECTIVE STRATEGIES

Systems Linkage Ensure that HIV positive men receive reinforcement of safer sex messages during interaction with the system. Train case managers, youth workers, health care providers, support group facilitators, emotional support volunteers, ACTU staff, etc. about safer sex counseling and the barriers to safety faced by some HIV positive men. Encourage them to bring up the issue.

Targeted Education Make greater use of HIV/AIDS support groups (train group facilitators; present or market safer sex workshops to support groups). HIV University should definitely have a safer sex component (It currently does not.). HIV Positive peer educators are the most effective messengers. Perhaps utilize a PWA Speakers' Bureau model for training HIV positive men to do group and one on one education. Utilize Timberline HIV Positive Tea Dance to market and/or present safer sex workshops.

Counseling At time of testing, through counseling services, psychiatric agencies.

Mass Media Get over the fear of directly addressing HIV Positive men with safe sex messages. Use of selected media (newspapers, theater program ads, posters, brochures) to deliver message of responsible sex, concern for partner. Addressed the issue of sero status of discordant couples. Message needs to be sex positive, clear.

Gay men

This group is diverse and has a wide range of knowledge and risk reduction compliance. What is needed: a consistent message on what is "safe;" coordinated delivery of the message through all AIDS service agencies; bold, gay-positive, sex-positive, and explicit materials for presentation of the message; and skill development for implementing the behaviors. This could possibly be accomplished through an ambitious **Community Level Intervention** or through the following distinct strategies:

MSM--non gay/bi identified
Excellent ethnographic research has been done on this population and the CDC Community Level Intervention (Shiftin' Gears) is funded through October '94. There is a need, however for augmenting this.

MOST EFFECTIVE STRATEGIES
Community Level Interventions Ensure that CDC project outreach continues. Expand to the incarcerated population, and augment with the following strategies:

Outreach & referral Greater use of paid outreach workers for more consistent presence in identified sites.

Mass media Raise level of awareness of same sex behaviors in the community at large. Use posters and radio ads. These should be culturally and language inclusive.

MODERATELY EFFECTIVE STRATEGIES
Counseling Programs An emergent need for programs to help people deal with the issues raised through interventions that confront denial around same sex behaviors. Project ARIES-type programs are important. Outreach workers may need to be trained more extensively in counseling on these issues because many MSM's will not take advantage of counseling programs.

Men Who Trade Sex for Survival (money, drugs, shelter) There are two groups: Street-based men who may be homeless and/or substance involved, and men who work through massage and escort services. The level of risk behavior, especially for the latter group, is not clear. Most infection takes place with regular partners, rather than with "johns" or clients. Messages should not portray these men as disease vectors.

MOST EFFECTIVE STRATEGIES
Outreach & Referral Use peer educators and outreach workers to connect with street based men. Go to bars (Sonya's, 611, Double Header) where younger men look for pickups. Emphasize need to be safe all the time, not just when working. Referrals to help them get off the street or into treatment programs.
A drop-in center with coffee/pop and condoms would provide a safe place to get off the street and get risk reduction information and other services. Outreach workers could periodically send safe sex supportive messages to these men via their beepers, phones, and SGN mailboxes.

Ethnographic Observation More needs to be learned about the attitudes, behaviors, risks, and access points of this subpopulation.

A CALL FOR A NEW GENERATION OF AIDS PREVENTION FOR GAY AND BISEXUAL MEN IN SAN FRANCISCO

August, 1993

The following individuals and organizations participated in the preparation of this report, its conclusions and recommendations:

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BACKGROUND

> ***"I just get tired. I get exhausted and feeling like I have to constantly be on guard. To me it's like the image of the security officer with the searchlight. I get tired of that after a while. And I know what I'm supposed to do. And everything says, 'Yes, you've got to do that,' but after a while I'm just getting tired of it. And I tell myself, 'Well, you're supposed to,' and I try to convince myself."*** (A gay man who has relapsed to unsafe behavior in the last year.)

In November of 1992, a diverse group of AIDS prevention agencies, Department of Public Health AIDS Office staff, concerned prevention professionals and gay men convened to identify the causes for continuing high rates of HIV infection among self-identified gay and bisexual men in San Francisco, and to decide how AIDS prevention efforts can be strengthened to deal with this emergency.

Previous research had documented the reasons gay and bisexual men said they had unsafe sex; causes including alcohol and drug use, resistance to using condoms, problems with negotiating safe sex, temptation and pressure from partners difficult to turn down.

The new group set out to look beyond these reasons and identify the deeper, underlying feelings, beliefs and psychological factors that have developed after twelve years of the epidemic to interfere with the ability of gay and bisexual men to consistently maintain safe sex practices.

> ***"People might want to convert because the people that are going to be left, still negative and still alive, now and in years to come, are going to be so devastated by everyone else around them dying that -- are they going to have any life left? And I feel like a lot of it is like a whirlpool that I feel like I just got sucked into. It was like at first I was just at the periphery, then I knew more and more people, and it was inevitable that I was going to be sucked into it at one point or another. And finally, I am. Just sucked into it.*** (A gay man who became HIV-positive in 1991 or 1992)

After twelve years working to survive in the midst of an unrivaled medical and social tragedy, many gay and bisexual men are confronting a profound and complex set of emotional issues that inhibit their ability to maintain safe sex behaviors. Many are confronting the belief that becoming HIV-positive is "inevitable"; others find it easier to cope by denying the realities of the epidemic.

Protecting the lives of thousands of at-risk men requires that existing safe sex efforts be refocused and redoubled. That alone, however, will not meet the emergency faced by gay and bisexual men. What is urgently required to save the lives of these men is a complementary, new effort to enhance individual and group self-esteem, create a greater sense of community, develop a shared sense of a future apart from the epidemic, and enhance individual and group resolve to survive the epidemic.

To that end, this report recommends an ambitious new approach to AIDS prevention for gay and bisexual men. It asserts that preventing new cases of HIV infection depends upon the development of a major effort to address the issues of emotional well-being, community, and future that overcome the ability of gay and bisexual men to maintain safe sex.

This new generation of AIDS prevention requires leadership and participation from AIDS prevention agencies. Its focus on broader issues also cries out for leaders, and for the involvement of organizations within the gay and bisexual men's community to plan an extensive, creative program of emotional and psychological support that increases will to survive this epidemic. This new effort will require the support of major institutions with the financial, creative and communications resources required to guarantee its success.

Finally, a 1989 survey of gay and bisexual men conducted by Communication Technologies found that approximately three in ten respondents reported engaging in unsafe sex, including unprotected anal intercourse, within 30 days of the survey. Furthermore, 16% of these men had relapsed to unsafe behaviors, having previously committed to practicing only safe anal sex but slipping within the past year.

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2. *SELF ESTEEM, COMMUNITY AND FUTURE: ADDRESSING EMOTIONAL AND PSYCHOLOGICAL ISSUES INTERFERING WITH SAFE SEX*

> ***"I don't want to get into pop psychology, but I think some of it is about self-esteem. Because I look at the big phase in my life in 1985 and 1986 while I was running around having all this unprotected sex, and I wasn't even there. All this stuff about my sexuality and my issues. But I did not value my life enough to prevent myself from getting up totally blasted and ending up as a receptacle for someone else. People are so affectionless. People want so much to be loved."***
> (A gay man under 25 years of age)

Existing AIDS prevention efforts must be enhanced to ensure that gay and bisexual men are knowledgeable about transmission of HIV infection. Reinforcements for practicing safe sex must also be strengthened. Other sections of this report detail ways in which these needs could be met.

It is clear, however, that existing models of prevention alone cannot address the powerful emotional issues that have developed for gay and bisexual men after twelve years of life in the midst of an unbelievable crisis; issues that determine whether many men can engage in safe sex for the duration of this epidemic - and in most cases - for the remainder of their lives.

These are the feelings and beliefs many men reported in the focus groups as confounding their best efforts to maintain safe sex practices:

- Low self-esteem
- Need for greater intimacy
- Need for a greater sense of community
- A poorly defined sense of their own future and their community's future
- Need to know others care about their lives
- A perception of the "inevitability" of becoming HIV-infected
- Fear of growing older
- Being overwhelmed by loss and grief
- Desire to live fuller sexual lives
- Being confronted by rampant homophobia and racism

To stop new HIV infections in this group, AIDS prevention agencies, lesbian, gay and bisexual community groups, and San Francisco's major institutions must unite in an unprecedented and innovative effort to respond to the emotional needs of gay and bisexual men.

3. *ADDRESSING ISSUES OF COPING WITH THE AIDS EPIDEMIC*

> ***"I'm kind of overloaded with it. And I think I'm more numb to it right now. For the last three months, I've had eight or nine people die. And I did a lot of personal work around HIV and AIDS and was a Shanti volunteer. And I just have so much loss and grief going on all the time that it's kind of that old friend that's always there. It doesn't shock me, it doesn't really scare me anymore. I've had so many people who were negative for a long period of time, now, convert to positive that it's almost a given. And you know, it's like you do what you do, and you do your best and let go of the consequences."*** (A 35 year old gay man)

Illness, death, loss and grief have become so much a part of the lives of gay men that many in the focus groups reported being "numbed" by the experience. Gay and bisexual men see HIV-positive people and people with AIDS living healthier, longer lives. These and other factors have made AIDS less shocking and frightening than it once was, and some gay and bisexual men have less fear than they once had about becoming HIV-positive.

Some gay and bisexual men in the focus groups expressed the belief that it is "inevitable" they will become HIV-positive. Some expressed guilt for surviving this epidemic when so many friends and loved ones have not. Some men said they are tired of depriving themselves of "full" sex lives. Some expressed the belief that, no matter how hard they try, sex and passion are such that one day they will slip.

Gay and bisexual men had different ideas of the year in which this epidemic will be ended by vaccines and treatments, ranging from a few years to never. What they believed influenced their commitment to safe sex, and the level of risk they are willing to assume. Some men used the belief that an end to the epidemic may be close at hand to justify abandoning safe sex. Others rationalized unsafe behavior through a belief that an end will never come. For many men, denial has become the best way to cope with the extensive reach of this epidemic into their lives.

A new generation of AIDS prevention must consist of messages and programs that confront these issues. These efforts should:

- remind gay and bisexual men of the realities of this disease;
- help them deal with the likelihood that they must practice safe sex for the rest of their lives; and
- help them to cope no matter how long AIDS remains a threat.

5. *ADDRESSING ISSUES OF AGE AND THEIR IMPACT ON SAFE SEX*

> ***"My boyfriend is willing to have unsafe sex with me. He doesn't want to live to be fifty. He doesn't want to be another aging queen, being jeered at by people like himself, being laughed at."*** (A gay man who became HIV-positive in 1991 or 1992)

Men at risk for HIV infection are told to have safe sex so that they can survive the AIDS epidemic, and live to old age. Gay and bisexual men's fears and concerns about aging were expressed in strong terms in the focus groups. In a culture that fears aging and worships youthful appearance, surviving to old age does not appear to be a positive inducement for having safe sex.

Older gay men in the focus groups expressed the feeling that their lives are undervalued by younger gay men, and wish that the experience and contributions they have made in developing the freedoms enjoyed by younger people were acknowledged and honored. Men over 35 have seen their support systems and friendship networks decimated by the epidemic. Many are sole survivors among those with whom they came out and looked forward to building a future. These men continue to be vulnerable and prevention efforts should not ignore them.

At the same time, young gay and bisexual men in the focus groups expressed alienation, saying they felt undervalued by men older than themselves. New programs providing gathering places for young men are clearly wanted and needed, and young gay men must become empowered within the larger gay and bisexual men's community.

While not unlike those of other groups, fears and concerns about aging are particularly crucial for the gay and bisexual men's community to address because they often influence decisions about safe sex. To the extent that gay and bisexual men learn to place greater value on age and aging, they will have greater reason for practicing safe sex.

Efforts should be made to have younger gay and bisexual men become familiar with older gay and bisexual role models.

AIDS prevention images that depict only younger gay men make some older gay men feel their lives are somehow less important. Prevention campaigns should attempt to target portions of their efforts to men of all ages.

8. *MAKING EXISTING AIDS PREVENTION MORE VISIBLE*

> ***"I think a lot of the campaigns are a bit too soft. I think that people need to be slapped around a little bit."*** (A gay man who has remained safe)

After seeing safe sex advertising for twelve years, the focus groups revealed that gay and bisexual men can easily tune out these messages.

San Francisco continues to be a place where gay and bisexual men come from all over the world to begin new lives. Many of these are young men or men who speak little or no English. These men may have seen little or no prevention material and need basic information and reinforcement about safe sex. Some do not see themselves at risk, and identify with groups that believe they are untouched by the epidemic. Others are slightly older men who move here to begin new lives but who are not accustomed to an urban gay lifestyle. These men also need to know the facts in order to maintain safe sex.

AIDS prevention agencies in San Francisco need to continue to widely distribute thorough messages about safe sex, including the most basic information. These agencies should find ways to present this information using new and innovative methods that once again capture the attention of their audience.

Increased coordination among AIDS prevention agencies, aggressively pressing consistent and complementary messages, could make safe sex messages more effective and once again unavoidable for gay and bisexual men.

10. *THE NEED FOR CONSISTENT ADVICE ABOUT ORAL SEX*

> ***It's probably changed and then changed again. Originally, I took oral sex to be unsafe and stuff like that. And then later I changed that. I felt like oral sex was totally safe. Now I'm not so sure. I thought that oral sex was safe about three months ago. I stopped thinking it was safe probably within the last six months, partially because of my lover's HIV status. He really can't pinpoint unsafe sex."*** (A gay Latino)

Gay and bisexual men reported in the focus groups that they are confused by differing messages addressing the safety and advisability of oral sex, and want clearer guidance on this important issue.

AIDS prevention agencies must address this strong need for gay and bisexual men. Conflicting messages on this issue can reinforce denial and unsafe behaviors. If those regarded as experts are seen as confused, safe sex advice becomes far less meaningful. It is therefore important that AIDS prevention efforts in particular and health education in general are coordinated to assure that advice about oral sex is not contradictory.

11. *MAKING IT CLEAR THAT "TOPS" CAN BECOME HIV-INFECTED*

> ***"When I was with (my lover who died of AIDS), I was always on top. And I've always been a top consistently. And like I said, I had unprotected sex in the last year, but that was because I was a top and somebody was a bottom, and I didn't use a condom. And I know they say you can, but for some reason in the back of my mind I think that's actually okay. And I don't know if it is naive or stupid to think that."*** (A gay Asian)

Gay and bisexual men cite many reasons for not wanting to use condoms. One of these is the erroneous belief held by some that "tops", or dominant partners, cannot become infected while having unprotected anal intercourse.

AIDS prevention groups must deliver a stronger message that HIV can be transmitted to "tops" during unprotected anal intercourse.

14. *EXPANDING THE ROLE OF THE LESBIAN AND GAY PRESS*

The lesbian and gay press has a particular role to play in enhancing AIDS prevention efforts, and the goals of this report.

Community leaders must encourage the lesbian and gay press to expand their coverage and analysis in ways that help build the self-esteem and future of the community it serves, and provide a thoughtful dialogue on the issues that face gay and bisexual men.

Community papers include classified sections that are a resource for many sexually active men. These papers should be encouraged to display safe sex messages and information in their classified sections.

A NOTE ON THE FOCUS OF THIS REPORT

The purpose of this report is to address the prevention needs of men who self-identify as gay and bisexual. The focus groups that provide the basis for this report included participation from a broad cross-section of men. Common to the people in the groups was their active association with being "out" as gay or bisexual men. Identification with this "out" community, however, may have been only one among many elements of a participant's self-identification.

This report was prepared by agencies, Department of Public Health staffers, and individuals active in AIDS prevention programs for the diversity of self-identified gay and bisexual men.

This report does not specifically address the issues or needs of all men who have sex with men, for example men who self-identify based on ethnicity or national origin, are "closeted", or who belong to the transgender community. Nor does it specifically address those who engage in sex and even unsafe sex out of economic need. Still, when it discusses the emotional, psychological and emotional issues faced by gay and bisexual men, it is not intended to exclude men within these groups, and often speaks to some of their needs.

This report concludes that prevention efforts need to be redefined and strengthened for self-identified gay and bisexual men. It in no way seeks to minimize the critical importance of improving the design and increasing the funding of prevention efforts for all people at risk for HIV.

This report was prepared by a diverse group of gay men and AIDS agencies who believe that prevention funding must reflect the fact that gay and bisexual men remain the largest group at risk for HIV in each racial and ethnic community, and within San Francisco as a whole. We also believe that prevention funds must support education programs carefully targeted to meet the diverse needs and issues of gay and bisexual men of all races, national origins and ages.

Talking Points for the ABC Kid's Town Hall Meeting

- Almost 350,000 Americans have been diagnosed with AIDS. Most of these cases are either from individuals that have unprotected sex or inject drugs. Engaging in sex or sharing needles increases the risk of becoming infected. There are very specific steps that individuals can take to protect themselves from HIV if you chose to engage in either of these acts: use a latex condom consistently and correctly for every sexual act, and never share needles.

- The federal government has taken part in public information campaigns that discuss the importance of using a latex condom consistently and correctly for every sexual act; for those young adults that choose to be sexual active. The other part of the message that I am here to discuss with you is the message of abstinence. You need to go out and talk to the people close to you, your friends at school, your brothers and sisters, and let them know that it is OK not to have sex. It is a healthy choice and it puts you at zero risk for HIV. There are plenty of other pressures out there in this world and we don't need to have the added pressure of having to have sex. Sex can and should wait until you are adult enough to take on the responsibilities that come with it.

- For younger people, it is important to stress that they must take care of themselves and their bodies. Some of the research has found that individuals that have low self-esteem may be more likely to participate in risky behavior.

- AIDS is no longer a disease of gay men. However, gay men, especially young gay men, are still at risk for HIV. HIV prevention programs are aimed at giving young adults and young people the information necessary to protect themselves, regardless of their sexual orientation. However, it is important that all young people understand that they are at risk so long as they engage in unprotected sex.

- We are working on making sure that people living with AIDS can do everything they can to continue to live their lives, just like anyone else. We provide services through HIV/AIDS programs like the Ryan White CARE Act which make life easier for HIV-positive parents who are raising children and enable families to stay together as long as possible.