



Affirmation

Not to fight at all is to choose a weapon by which one fights. Perhaps the authentic moral stature of a man is determined by his choice of weapons which he uses in his fight against the adversary. Of all weapons, love is the most deadly and devastating and few there be who dare trust their fate in its hands.

-Howard Thurman

National Conferences

GMAD's Northeast Regional Conference
Providence, R. I....**June 14-17, 2001**

2001 National HIV Prevention Conference
Atlanta, Ga.....**August 12-15, 2001**

United States Conference on AIDS
Miami, Fla.....**Sept. 13-16, 2001**

INSIDE

2....Study shows male gay, bisexual childhood sexual abuse victims more likely to engage in unsafe sex

Miss. opens education, drug-treatment to HIV-positive inmates

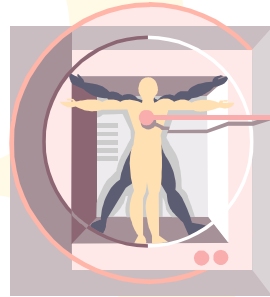
3...Young men who have sex with men are at risk continued...

Brother to Brother

SOUTHERN AFRICAN-AMERICAN MEN'S CBA PROJECT

CDC public health alert addresses HIV risk among MSM

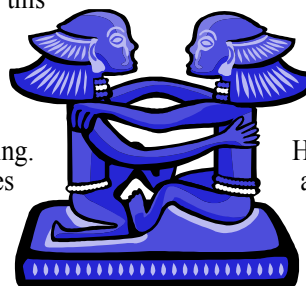
A public health alert dated May 2001 issued by the Centers for Disease Control and Prevention (CDC) in Atlanta, Ga. stated that recent data document disturbing increases in sexual risk-taking among men who have sex with men (MSM) in a growing number of cities in the United States; and a rise in sexually transmitted diseases (STDs), such as syphilis, gonorrhea, and chlamydia. Despite significant declines in HIV infection rates among MSM since the early years of the epidemic, MSM continue to be the group at highest risk for HIV, accounting for an estimated 42 percent of all new infections in the United States. Young MSM, African-American MSM, and



Latino MSM are at particularly high risk for HIV infection. In a recent study of young MSM in seven U.S. cities, more than one in ten young MSM were HIV infected, with infection rates of 15 percent among Latino MSM and 30 percent among young African-American MSM. Given the high prevalence of HIV infection within MSM communities, relatively small increases in the rate of high-risk sexual behavior can rapidly produce significant increases in new HIV infections. Without immediate action by MSM and the public health community, the gains made in fighting the HIV epidemic will likely be lost.

Young men who have sex with men are at risk for HIV

Over half of all reported HIV and AIDS cases among males aged 13-24 in the U. S. were due to male-male sexual contact. Various studies found that 26 percent to 50 percent of young men who have sex with men (MSM) report recent unprotected anal intercourse, and much of this unprotected sex occurred with a partner of unknown or of different HIV status. Rates of sexual risk-taking among young MSM are also increasing. The term young MSM includes men who self-identify as gay or bisexual, as well as non-gay/bi-identified MSM under 30 years old.



A large number of urban young MSM are already infected with HIV. A study of 15- to 22-year-old young MSM in seven cities (Baltimore, Md.; Dallas, Texas; Los Angeles, Calif.; Miami, Fla.; New York, NY; San

Francisco Bay Area, Calif. and Seattle, Wash.) showed a high overall HIV prevalence: 7 percent, ranging from 2 percent -12 percent. Moreover, 82 percent of the HIV-positive men had no idea they were HIV-positive before this testing.

Young MSM of color, especially African-American men, are disproportionately impacted. In the multi-city study, 14 percent of the African-Americans tested HIV positive, compared to 13 percent among mixed race men, 7 percent among Hispanic, 3 percent among Asians and 3 percent among whites.

Why do young MSM take risks?

Unfortunately, there are no simple answers to this question. The explanations for unsafe sex are complex and multi-faceted. Adolescence and young adulthood are often

Continued on page 3



SAM CBA Advisory Board Members

Robert Bobo
Ft. Myers, Florida

Joel Dansby
Louisville, Kentucky

Alex Davis
Jacksonville, Florida

J. Carl Devine
St. Petersburg, Florida

Don Evans
New Orleans, Louisiana

Anthony Hardaway
Memphis, Tennessee

John Humphries
Houston, Texas

Dwayne Jenkins
Nashville, Tennessee

Anthony O. Morris
Birmingham, Alabama

Keevan Murphy
Little Rock, Arkansas

Lowell Stafford
Orlando, Florida

Steven Walker
Houston, Texas

Southern CBA Committee on MSM

Robert Arrington
Durham, North Carolina

Darryl Cannady
Bluefield, West Virginia

Reinaldo Epps
Claymont, Delaware

Steven Gaither
Columbia, South Carolina

Neal Griffith
Atlanta, Georgia

Wallace R. Henry, III
Washington, D.C.

Vincent T. Ligon
Baltimore, Maryland

J. Lawrence Miller
Baltimore, Maryland

Ron Simmons
Washington, D.C.

Carlton Smith
Baltimore, Maryland

Fred Wilson
Richmond, Virginia

Keith Wilson
Atlanta, Georgia

Study shows male gay, bisexual childhood sexual abuse victims more likely to engage in unsafe sexual practices

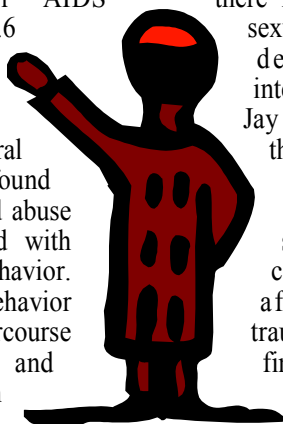
According to a study in the April 2001 issue of *Child Abuse & Neglect*, men who have sex with men (MSM) are more likely to engage in risky sexual behaviors if they were sexually abused as children. The researchers from the University of California San Francisco's Center for AIDS Prevention (CAPS) found that 20.6 percent of all MSM experienced childhood sexual abuse — a rate higher than prevalence estimates for the general population. The researchers found that greater severity of childhood abuse (more incidents) was associated with higher rates of risky sexual behavior. Two definitions of risky sexual behavior were used: unprotected anal intercourse with a non-primary partner, and unprotected anal intercourse with a male whose HIV status was different from their own.

The telephone sample of MSM in San Francisco, New York, Chicago and Los Angeles found that men reporting childhood sexual abuse were more likely (24 percent vs. 14 percent) to be HIV-positive. The

study also found that men who were sexual abuse survivors had higher rates of sex under the influence of alcohol/drugs, more "one-night stands" and more intimate partner violence.

"These findings clearly indicate that there is a need to consider childhood sexual abuse in developing and delivering HIV prevention interventions," said lead author Dr. Jay Paul. "Messages that emphasize the avoidance of 'sex under the influence' may not be effective for those men whose use of substances may be a form of coping with the disturbing aftermath of early sexual traumatization." Paul said the findings indicate that community services should be reviewed to ensure they offer appropriate

referrals to mental health, substance abuse, social and medical services. "The multiple health-related negative consequences of childhood sexual abuse emphasize the need to give this issue appropriate attention," Paul said.



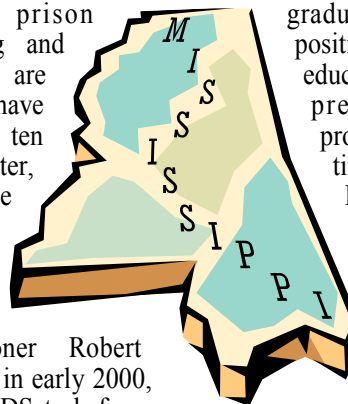
Miss. opens education, drug-treatment to HIV-positive inmates

Mississippi has decided to open education, vocational and drug-treatment programs to inmates infected by HIV/AIDS. Mississippi's decision leaves Alabama as the only state that still segregates prisoners with HIV from the general prison population in both housing and programs. "These inmates are now getting something they have been fighting for the last ten years," stated Margaret Winter, New York-based associate director of the American Civil Liberties Union's (ACLU) National Prison Project.

Corrections Commissioner Robert Johnson, who started his term in early 2000, created a 15-member HIV/AIDS task force in November. The group recommended in late March that the corrections department open education, vocational and drug-treatment programs to all inmates. Johnson stated that he would act on these

recommendations. The corrections department will assign three additional security officers to programs at the Mississippi State Penitentiary at Parchman, train some inmates to be peer educators and gradually start including HIV-positive prisoners in adult basic education, high school equivalency, pre-release and vocational programs. Johnson has not set a timeline as yet for allowing HIV-positive inmates into the programs. In early April, about 1 percent of Mississippi's inmates were HIV-positive.

Segregating HIV-positive inmates was once a common practice. In 1985, 46 states segregated HIV-positive inmates from other prisoners, the ACLU said. Winter said she hopes Mississippi's decision will influence Alabama to open its education and vocational programs to all inmates.



Young men who have sex with men are at risk continued...

characterized by experimentation and exploration of sexuality and drug use.

While most young MSM will engage in some HIV risk behaviors at some point in their lives, only a small percentage are consistent risk-takers. Many young MSM struggle with individual, interpersonal and societal stressors that may interfere with their ability to protect themselves.

For some young MSM, individual factors can lead to unsafe sex, such as: feeling invulnerable to HIV; having high levels of optimism about HIV antiviral medications; perceiving that unsafe sex is more pleasurable than safer sex; being depressed or sad; having conflicting allegiance with either their racial or sexual identity; and using alcohol or other drugs (e.g. speed/crystal, poppers).

Protecting one's health is not necessarily a young MSM's top concern. Interpersonal motivations may be more pressing — wanting to fit in, to find companionship and intimacy. However, interpersonal issues can also contribute to unsafe sex, such as finding it difficult to communicate or negotiate safer sex with a sexual partner. Young MSM who are in a relationship are more likely to have unsafe sex than single young MSM.

Societal factors may also influence the risk-taking of young MSM. Many young MSM find themselves isolated or rejected by traditional sources of support like family, school, or religious community. Homophobia, racism and poverty also place young MSM at risk. Some young MSM, especially those living on the street, are struggling with daily needs which may overshadow the concern for safer sex and injection practices.

Young MSM have few public places to meet each other. Gay bars and public cruising areas are some of the more visible and accessible places, offering anonymity for young men exploring their sexual identity. These venues are also associated with high levels of risk-taking. They are highly sex-charged and the bar scene's emphasis on alcohol sets the stage for engaging in sex while intoxicated. This is consistently found to contribute to unsafe sex.

Little is known about the Internet's role in the lives of young MSM, including how young MSM use the Internet to obtain social support, make new friends, find romantic partners, and/or cruise for sex.

What needs to happen?

Effective programs for young MSM must address the context of their lives and the individual, interpersonal and societal factors that put them at risk. Comprehensive health and sexuality education must target both those who identify as gay or bisexual and those who do not. Unfortunately, many school-based programs focus on reproduction or abstinence until marriage, further marginalizing young MSM.

There is an urgent need to create prevention and wellness programs specifically for young MSM of color. Existing programs for older MSM of color should be accessible to young MSM. These programs should address issues of sexuality, gay identity, culture, race/ethnicity, racism, homophobia, poverty, and violence. Programs must also consider the HIV prevention needs of both HIV positive and HIV negative young MSM. Special attention is necessary to reach marginalized young MSM, such as those who are homeless, engaged in commercial sex work or involved with the criminal justice system. These young men may not identify as gay or bisexual, and may have immediate needs for food



and shelter to address.

Programs are needed that foster support for young MSM and involve them directly in planning and implementation. Support might encompass creating safe places for young MSM to socialize and access services, developing school-based sexuality and gay-awareness programs and helping young MSM advocate for greater acceptance by schools, families, religious communities, the community at large and communities of color.

Societal homophobia may impede implementation of prevention programs for young MSM and may discourage young MSM from accessing prevention services. Political concerns must not be allowed to interfere with HIV prevention services for young MSM. Targeting young MSM with HIV prevention messages and services is an appropriate response to a grave public health threat. Unless action is taken quickly, we will lose many young men to HIV.

Source: Center for AIDS Prevention Studies
USCF AIDS Research Institute, April 2001

Southern African-American Men's Capacity-Building Assistance (SAM CBA)

Project

Jackson State University (JSU)

P. O. Box 17309

Jackson, MS 39217

Telephone: (601) 979-4100

Toll-free: 1-866-JSU-MURC

Fax: (601) 979-4336

Focus

The Southern African-American Men's Capacity-Building Assistance Project seeks to motivate, mobilize, increase participation and involvement of African-American men who have sex with other men (MSM) in the delivery of HIV prevention services and the community planning process. This project also seeks to foster collaborations and linkages of HIV prevention programs targeting African-American (MSM) with these stakeholders and community leaders.

The Southern African-American Men's Capacity-Building Assistance Project's geographical area of coverage is as follows: AL, AR, FL, KY, LA, MS, OK, TN, TX.

SAM CBA Project Staff

Anthony E. Fox

CBA Coordinator
afox@mail1.jsums.edu

Keith Bush

Regional Capacity-Building Specialist
kbush@mail1.jsums.edu

Dana Stanard

Technical Assistance Analyst
dstanard@mail1.jsums.edu

Brother to Brother

Executive Editor: Dr. Mark Colomb

Editor: Pamela McCoy

Managing Editors: Anthony Fox,

Marilyn Moering

Asst. Managing Editor: Linda Adams

Graphic Artist: Valarie Smith Jackson

Brother to Brother is a quarterly publication of the Jackson State University Mississippi Urban Research Center's Southern African-American Men's Capacity-Building Assistance (SAM CBA) Project.

Brother to Brother is published as a resource for community-based organizations funded by the Centers for Disease Control and Prevention. Inquires about articles appearing in this issue or requests for additional information concerning capacity-building assistance, should be directed to SAM CBA Project, Jackson State University, P. O. Box 17309, Jackson, MS 39217, Telephone: 1-866-JSU-MURC (578-6872); Fax: (601) 979-4336.





Skills-Building Course Calendar

Community Planning.....January 25 & 26
Orlando, Florida

Community Planning.....February 8 & 9
Little Rock, Arkansas

Community Mobilization.....February 22 & 23
Louisville, Kentucky

Community Mobilization.....March 8 & 9
Miami, Florida

Community Mobilization.....March 22 & 23
Tulsa, Oklahoma

Community Planning.....April 19 & 20
Louisville, Kentucky

Community Mobilization.....May 16 & 17
New Orleans, Louisiana

Community Mobilization.....July 6 - 8
Nashville, Tennessee

Community Planning.....August 6 & 7
Nashville, Tennessee

For information about these courses, please call the Southern African American Men's Capacity-Building Assistance Project, toll-free, at 1-866-JSU-MURC (578-6872).

Funding provided in whole or in part by the Centers for Disease Control and Prevention through a Cooperative Agreement Number U65/CCU418193.



Non-Profit Org.
U.S. Postage
PAID
Jackson, MS
Permit No. 290

Jackson State University
MISSISSIPPI URBAN RESEARCH CENTER
Southern African-American Men's
Capacity-Building Assistance Project
P. O. Box 17309 • Jackson, MS 39217

