

San Francisco HIV Interview Findings Summary

Summary of findings from interviews with African-American MSM in San Francisco focused on HIV, access to care and issues of stigma

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Introduction

“If you [use] the words ‘Positive Health Center,’ it won’t work in the African American community. HIV/AIDS service [providers] in San Francisco have to learn, have to build trust, have to learn about how African American populations relate to the message, and not be based on the ideas, language, and models of non-African Americans who speak more openly about getting treatment for STDs.” – an Anonymous health services provider.

The above statement echoes the concerns of many African-American MSM [men who have sex with men] in San Francisco and the service providers supporting them: to curb HIV infection rates among African-American MSM, service providers must tailor their outreach and service provision to meet the needs and sensibilities of the community - uniquely.

In 2007, the San Francisco Department of Public Health’s HIV Section charged a team to develop a strategy to address the HIV prevention needs of African-American MSM. Over the course of a year and a half, this Black MSM working group worked with a consultant [from Public Equity Group] to review research literature about the risks facing Black MSM, examine national and local epidemiological data, and gather feedback from service providers and community members. The resulting plan, approved by the SF HIV Prevention Planning council of the Department of Public Health in 2009, includes the following findings and recommendations.

In January 2007, the State Office of AIDS designated local health jurisdictions to create an Action Plan to adequately address the HIV prevention needs of African American MSM. Shortly thereafter, the SF Department of Public Health, HIV Prevention Section and HIV Prevention Planning Council convened a group of African American MSM and allies to review data re: HIV/AIDS, STDs, late testing, and substance use, look at resources and service gaps, and offer recommendations.

2007 SF Black MSM HIV Working Group charge:

“The mission of the African American Action Plan is to develop recommendations for promoting and preserving the overall health and wellbeing of all African American gay men and MSM in the City of San Francisco. We aim to reduce HIV and STD transmission through specific recommendations for development of comprehensive structural and behavioral interventions. These interventions should empower African American men, increase and sustain community support for individuals, assist in the development of social support networks, and reduce morbidity and mortality of HIV and STDs”

The working group identified four factors that contribute substantially to high HIV prevalence among Black MSM in SF: (1) membership in high HIV prevalence sexual networks and neighborhoods; (2) isolation and other psycho-social challenges that hinder mental health and drive substance dependency; (3) group-level stigma, especially racism within San Francisco’s LGBT community and homophobia in the Black community; and (4) macro-environmental factors, including limited access to healthcare and housing instability.

To address these four factors, the working group recommended: (1) focusing public education, testing, and care services in high prevalence networks and neighborhoods; (2)

supporting the launch and expansion of social outlets for Black MSM, including exploring the creation of a Black MSM Center; (3) creating anti-stigma initiatives in the LGBT community and in the Black community; and (4) increasing the availability of quality low and moderate income housing for HIV positive Black MSM.

This case study supplements the working group strategy with excerpts from interviews and focus groups with Black MSM service providers and community members. Together, the interviews portray a very diverse community, whose members feel isolated from both the African-American community where they are stigmatized for being (perceived as) gay; and from the broader LGBT community where they are stigmatized for being Black. For some, a reluctance to be open about their sexual orientation prevents African-American MSMs from finding one another and forming a more cohesive community. Likewise, many—isolated, and often confronting depressing poverty, need better support, tools, resources, and spaces to stay safe. Fearful of the stigma attached to receiving services targeted to people with HIV or gay men, many decline to seek help when they need it. And even those who do seek support often do not return, feeling treated like second-class citizens because of the color of their skin.

The interviewees stress that the more African-American MSM feel supported and are able to support and embrace themselves, in turn, the more successful they are at accessing HIV/AIDS services and other resources. Yet, the support they receive has been inadequate. More must be done to support Black MSM holistically if progress is to be made against the HIV epidemic, and towards greater health, wellness, and happiness.

Diversity

There is no singular, unified African-American MSM community, and no one-type of African-American MSM in San Francisco. Rather, there are African-Americans who are openly gay; bisexual; straight-identified, or Down-Low; and/or who have had sex with other men in prison (among other sub-groups). Some MSM think this diversity is due to their peers' journey to identification and acceptance in different stages and at different paces, due to family, culture, safety, and other considerations. As one African-American MSM describes, “there’s this interesting fluidly, this prism or kaleidoscope; many of us start because of social pressures in high school as Down-Low. I started that way myself; secretive, furtive, you always had a girlfriend you took to the high school prom. But then you went through this journey of exploration. In high school I had a girlfriend. But I knew since I was 11 or 12 that wasn’t what it was about. Then I came out as bi, but that was really the journey towards becoming gay...But I recognize that it’s a journey, and people have to take their time. There are a lot of us who aren’t there yet.”

Likewise, as one service provider in the Bayview explains, “Most of our clients don’t identify as gay or MSM. Only a small portion, maybe two of them will identify as MSM. It’s hard to create a service for people who don’t identify.... They don’t want to be ostracized. They

Among Black San Franciscans who test positive, the overwhelming majority are men and appear to be MSM. According to SF DPH data, of 70 reported new positive tests among Black San Franciscans in 06-07, 144 were men and 26 were women. Only 26 reported heterosexual risk factors

don't want to identify as gay or MSM. The problem is a double-edged sword, because you need the labels and to get people into [support services]. It would be ideal to use a label, but it's tough."

It can be difficult for many African-American MSM to even recognize and meet other African-American MSM. "I just started working out and going to the gym," recalls one interviewee. "And there were just so many men who were trying to talk to me all the time. And I know all these men don't identify themselves as gay; these are the Black men you see walking down the street, really masculine or whatever, but they were all at this gym." African-American MSM cite few places where they can openly and safely connect with other African-American MSM. "Being 25, I don't know where there's a comfortable place for me to go and meet other men of color," says one MSM. "If we see a hot guy on the street, we're apprehensive about going up and talking to him. We don't know if he's gay; he might kick our ass. For White gay men, they have this whole neighborhood – they own it. That's important. We don't have anything like that."

Without community, the default is for the distinct sub-communities of Black MSMs to remain separated, and even distrust one another. "Blacks were separated by region or skin color; they were taught to dislike one another, and that's carrying over," explains one. "My brother's not giving me value for my diversity: you're a faggot, get over there. But at 2am, I see him on the corner, he's gay for pay. We haven't yet found that plateau where we can all be there, and say that's part of my culture."

Bias & stigma in the African-American Community

"I introduced myself, and in this meeting, I said, I'm a Black, Gay, Christian. And this woman said, 'please don't say you're gay. Because gay men are weird.' A lot of people have this idea that Black gay men are not to be taken seriously. I'm a leader in my church, the music director; I'm also in school. People don't see me as gay. They don't see gay in me. But it's hard not having that part of my life recognized, like it doesn't exist." [interviewee]

Many African-American MSM fear sharing their sexual identity or experiences having sex with other men because of homophobia in the African-American community. They face ostracism from their churches, where, as one interviewee describes: "In the mainstream church, not everyone, but for the most part the Black community in this [city] and in most of the nation is the most conservative, reactionary and ideological bunch that I have ever seen." Another described the context more sharply: "some ministers' speech has been toxic and terroristic."

Homophobia in many Black churches spills over into other aspects of the African-American community. Interviewees frequently recounted stories of discrimination. "A friend was going through a breakup and saw a Black therapist in the East Bay who said, 'the first thing you need to do is recognize that homosexuality is a sin.' And I told him not to go back again," recalled one man.

The stigmatization of homosexuality also affects men who have had situational and often coercive sex with other men in prison. “What the women say is all about their fear of prisons. Women share angry talk about how men will go to prison, and men will develop a taste and desire for men. They express a kind of conspiracy theory and anger about the down-low,” describes one service provider. “Men don’t tell women about their behavior, and women are not ready to hear this from men. Women say, ‘He better tell me, but if tells me, I’m telling the world’.”

As a consequence of these and other forms of stigmatization, many African-American MSM are not open about, and are not ok with, their sexual identity. One MSM explains, “Black MSM are not comfortable talking openly about sexual contacts. There might be one brother in the church who would talk with you about it, who talks with members at other churches, who confided in the past, but not with others at the church. It’s still not open conversation.”

Even African-American MSM willing to be open in some circles fear discovery within their broader communities. “There are a number of people at events who don’t want their photo taken,” describes one African-American MSM. “They weren’t comfortable. They were comfortable coming to a gay-identified event, but they weren’t comfortable having their picture taken. So, there’s a journey we all have to take.”

This stigma has similar consequences in health and service provider settings, where African American MSM often distrust and fear opening up to medical professionals and service providers. One service provider describes, “The clients always want to make clear to us that they were not gay, and they had not had sex with men. One client I particularly knew contracted HIV from a man, because his partner spoke to me about it. In churches and families, it’s not acceptable.”

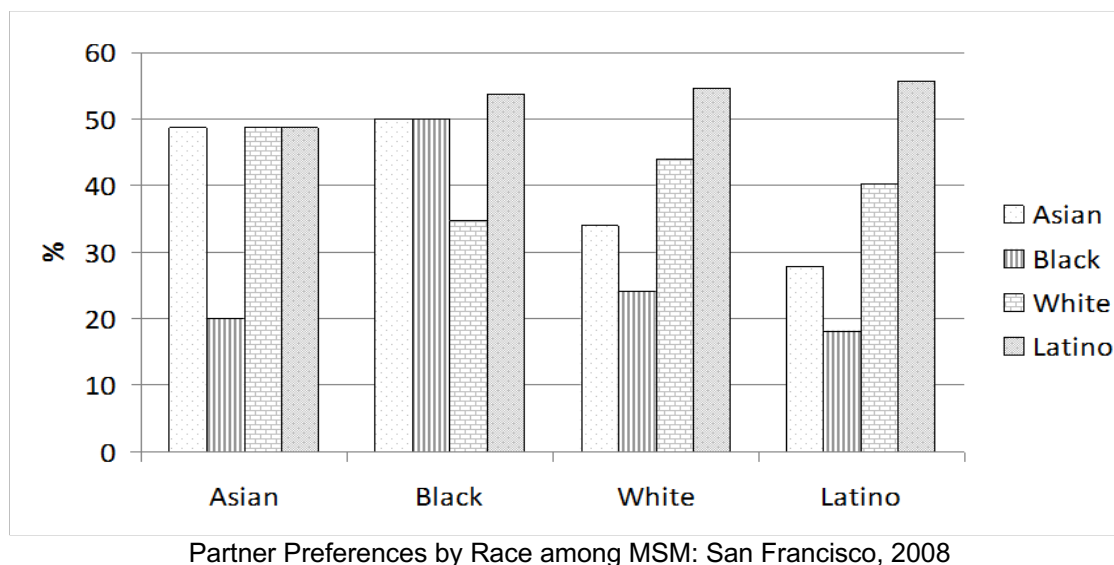
Many African-American MSM won’t seek services, or will attempt to do so furtively, for fear of being stigmatized within the Black community. A service provider recalls, “We often get people from Bayview and Hunters Point [neighborhoods] who are [HIV] positive, but no one knows in the community, and they need support. One client comes across town and can’t give a phone number, can’t have information mailed to him or have any information with ‘HIV positive’ on it, and he may not want his employer to know that he was referred through our services. My people could take great advantage of our services but hate that they have to live in the shadow of these services.”

Bias & Stigma in the Gay Community

“When I tried to assimilate into the White gay community – I’m the least thuggish person I know; I used to work as a school teacher – when I was working for this other non-profit, they treated me like a thug, and suggested that, since you’re Black, we don’t really trust what you say” – [interviewee]

As the above quote illustrates, many African-American MSM feel rejected by the broader LGBT community. They don't feel welcome in traditional gay neighborhoods like the Castro, which one African-American MSM sarcastically coined "the Castro Country Club."

A 2007 study conducted by SF epidemiologist Henry Fisher Raymond found that gay men in San Francisco deemed Black MSM the least desirable racial/ethnic group for sex, friendship, or dating.



Another African-American MSM describes a typical incident of subtle discrimination he found particularly disturbing. "Recently I was standing at the corner of Market and Castro. An older woman walked up to me and asked where Haight Street was. As I'm pointing to tell her where the bus is, an older gay couple came up, told her 'it's over there, come with me, I'll take you' and never acknowledged me," recalls the man. "It was demeaning, and it seemed like they were rescuing her. It's happened to me a number of times, where I feel totally disregarded."

African-American MSM find racism prevalent among White service providers. One interviewee recalls being shocked at the racial insensitivity of his White co-workers. "One patient was really sick and came to the clinic with his mother, aunt, and grandma, wonderful, beautiful Black women. We had a gay White social worker here at that time and we were discussing this family in a meeting and the social worker said, 'they're just a bunch of fag hags.' I was totally offended. There was a total lack of understanding of the Black family and community. I walked out of the meeting with tears in my eyes."

African-American MSM often feel treated like second class citizens when receiving services. "One guy needed help with getting back to and from the hospital and needed taxi vouchers. He was too sick to get back on the bus, so I [suggested] a taxi voucher," recounts a service provider. "He went to a White social worker, and the social worker said, 'I'll give you a taxi voucher, but you need to realize that the vouchers are a privilege not a right.' Pretty strong words from a White person to a Black person."

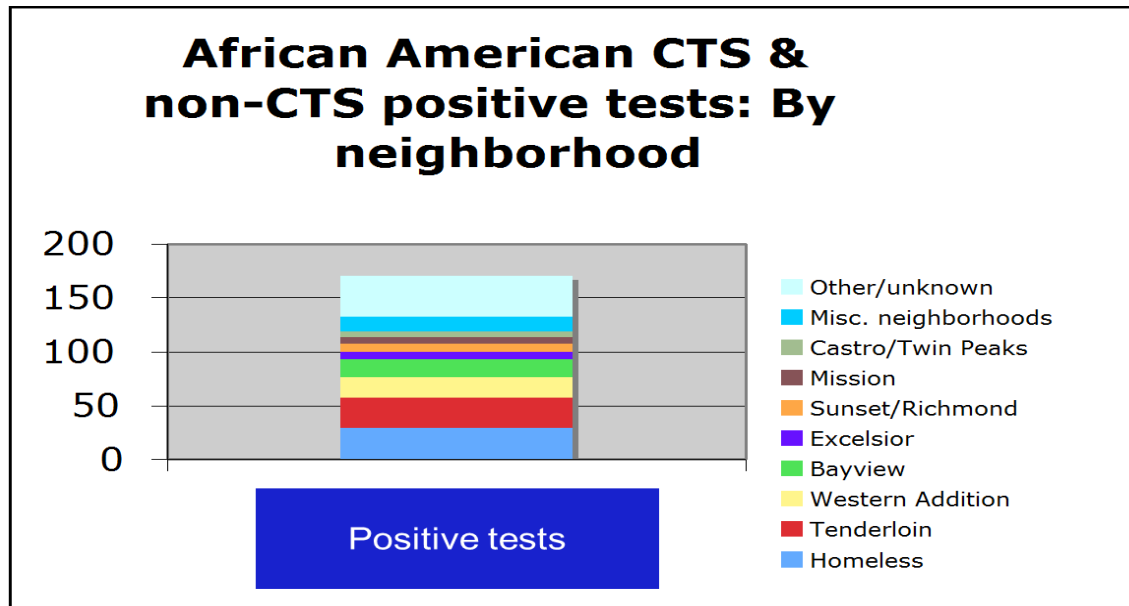
Experiences with racism in the LGBT community have led many African-American MSM to distrust confiding in service providers. One interviewee put it bluntly: “There’s already the fact that you’re Black, you’re poor, you’re homeless, and now you going to come to Whites and say: I got AIDS.”

Poverty, neighborhoods & unsafe space

My model city would start with quality housing. No hoods. A redistribution of the Black folks that currently live in the Tenderloin. But that’s just a wild fantasy.” – [Service Provider]

Many interviewees report that African-American MSM at high-risk of contracting HIV are either unstably housed or live in poverty. Expensive rental prices in San Francisco force many to seek shelter in the single room occupancy hotels (SROs) in the Tenderloin and Mission neighborhoods. Living in these conditions increases feelings of depression and isolation, and in turn increases that likelihood that they will engage in behavior, especially substance use, that can decrease inhibitions and increase risk of HIV exposure. As one service provider explains, “If you have somewhere to stay or someplace to eat, the likelihood that you’re going to put yourself in danger is reduced. Your self-esteem is increased, and you’re less likely to put yourself at risk for the sake of having someone be attracted to you.”

In 2006, nearly 2/3 of African Americans who tested positive hailed from the Tenderloin*, Western Addition, and Bay View/Hunters Pont neighborhoods



*It is presumed that many San Franciscans identified as “homeless” actually reside in and around the Tenderloin/Civic Center areas

Likewise, almost all of the African-American MSM interviewed spoke of their need to have a space where they feel comfortable expressing their sexual identity. As one describes, “The spaces always exist for White people and straight people at any point in time. Because

we're marginalized, those places have to be planned out at all times for [African-American MSM] to congregate in, in a way that it doesn't have to be planned out for others, because they don't have to think about it." But the main space "planned" out for African-American MSM is the notorious Tenderloin district of San Francisco.

MSM who frequent the Tenderloin often feel they can't escape drugs. "The only safe turf for them to go is the Tenderloin, They come from all over the Bay Area because it's the only safe area. And you don't have a chance to escape the drugs and the substance use," explains a service provider. "It's terrible, just infested."

For MSM in the Tenderloin, crack cocaine and crystal methamphetamines are often drugs of choice, as they're viewed as sex stimulants. In particular, meth use often contributes to unsafe sex practices, which result in a higher probability of HIV exposure. Without safe spaces to go inside and also beyond the Tenderloin, the risk that MSM will contract HIV becomes heightened.

Isolation and Drug Use

"It wasn't so much that men were having sex, it was a physical encounter: hugging, cuddling, touching, wanting to be intimate and feel like it was ok. So, their meeting, it wasn't so much about the sex, it was about the intimacy between them. To me, that was really interesting because I'd never heard anything like that before. It wasn't so much about the sex, but seeking the validation of intimacy." - [Service Provider]

Many African-American MSM suffer various degrees of isolation. They feel distant from family and friends, and many find themselves unable to meet other men and enter into a relationship where they truly connect with a partner. "If this is what it's like to have friends, fuck it," said one distressed African-American MSM in a focus group interview. "I'm 50, I've never had a lover for more than 8 months. I went through the drug thing, never went through the mental health thing, but after I got sober, I wondered, why'd I bother getting clean and sober."

Consequentially, many poor African-American MSM in SF try to find intimacy in difficult contexts – without access to bedrooms (many SROs prohibit visitors), without access to condoms, and without other means to reduce HIV risk. Many turn to drug and alcohol as outlets. In particular, substance dependency prevents many African-American MSM from accessing HIV/AIDS treatment services. As one service provider explains, "In my work the greatest concern is drug abuse, non-adherence to medicine regimens and psychological concerns. Crack is a poor man's antidepressant. When a person is not feeling good about himself, he's not thinking about taking meds. Most of the time he's thinking about where he is going to get his next hit."

Frustrations with HIV/AIDS Services

"The programs that are the best programs for gay men of color, that have been sustained for many years are not just programs; they're organizations that gay men belong to. They're not trying to change something inside you. They're connecting people to a source of support that

nurtures, where people can re-work identity, re-work connection to self. They've offered them a context other than the sexual marketplace where they can get another sense of who they are."- Anonymous service provider.

African-American MSM lamented the shortcomings of existing HIV/AIDS and other community service offerings in meeting the needs of African-Americans. There are three main frustrations: (1) not enough African-American caregivers working at service providers; (2) not enough emphasis on creating spaces for African-Americans to congregate socially and supportively; and (3) a lack of resources dedicated to mentoring young African-American MSM.

Many of the service providers interviewed stressed that African-American MSM access treatment programs most successfully when they open up to their caregivers about their lives, their sexual activity, and any substance use and other personal challenges. But they worry that MSM will not share personal details with caregivers who aren't African-American. "When you have a large population of people, you have to have staff that represents them," vents a service provider. "I'm not saying it would be different if the staff was Black, but if you're going to get African-American men and women to talk about their personal life, you're going to have to get people who their culture, language and community." Some service providers felt that too many resources were allocated towards White-dominated organizations that do not employ enough people of color to meet the needs of African-American clients. As one put it, "Nothing is easy for Black folks. [We] have to bang at the door and get attention and have to push."

African-American MSM also lamented the lack of spaces available for them to congregate and foster a sense of community. Gathering in such spaces and seeing like-faces alleviates isolation. It spurs acceptance of and pride in their sexual and racial identities. "When I'm able to connect to pan-African and Black identity, I feel calmer," shares an African-American MSM. "I feel I can connect with something positive, that's coming from a positive place, that's contributing to something larger than itself. I feel a self-efficacy and a sense of meaning. I feel heard, I feel less isolated, I feel more willing to participate." But finding a space to gather, even for a short time, can be a challenge and can meet resistance and lack of understanding from established organizations. One man explained, "White gay men say, 'that's racism.' But no honey, this is a space for Black gay men to coalesce and be together. This is one hour in one building, one day out of a week. For us, we need this one space to look at us as Black gay men."

Many in the community also bemoan the lack of mentorship programs available to young African-American MSM. Service providers believe adults can serve as valuable counseling resources for young adults who aren't comfortable with or able to talk with their own parents. These adults can support youth to get tested and practice safer sex.

But perhaps more importantly, mentors can help young African-American MSM accept themselves. "I love hearing stories about what it was like to be a Black gay man 50 years ago," noted one younger African-American MSM. "A lot of people don't have enough connection to an older person. In order to know where you're going, you have to know where you've been. It's more about pride and caring about yourself." Mentors can give practical advice, so that youth

can be more prepared to deal with the homophobia and racism they are likely to face, so that “more African American young gay men [aren’t] walking around without knowing,” as one interviewee put it. “We have a lot of Black MSM who have not been trained to deal with life, so they capitulate. [Mentorship] is negotiating reality. It doesn’t solve racism; it doesn’t solve homophobia. It gives them coping mechanisms to make decisions about what is and is not important, as it’s coming at them personally.”

Conclusion

“There are a lot of upstream reasons why the [HIV infection] rates are so high: people being in denial, and not taking care of themselves in many ways. But then HIV prevention [leaders] say, ‘we can’t touch this. We just need people to be safe when they have sex.’ That’s a mistake.” – [Service Provider]

The African American MSM and service providers interviewed for this study conveyed similar messages: in order to successfully curb HIV infection rates among African-American MSM, the city and its service organizations need to address the social ostracism, isolation, and poverty many African-American MSM experience. Those organizations that have focused on creating a sense of community, uplifting MSM self-esteem and increasing coping skills have seen encouraging results. As one service provider said, “When individuals are successful, it’s individuals who have gotten around the barriers, who have little problem with [their] sexual orientation. It’s the acceptance of their [sexual] identity, and the development of it. Then the more they accept themselves, the more they can access and be successful with our services.”