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Hype About Men On The DL Takes Us Away From The Real Prevention Work At Hand

In the 23-year history of the HIV/AIDS epidemic in the United States, we have witnessed several periods during which specific groups are singled out as "vectors" of HIV transmission - women of color, sex workers, and men with incarceration experiences. The most recent example involves "men (usually Black or African American) on the down low or DL" (men's whose same sex desire and/or behavior is not publicly disclosed or acknowledge). Public speculation and uncertainty about men on the DL is currently fueled by sensationalistic media coverage that is not well researched. Rather, it is designed to appeal to generally held stereotypes and fears about the threat that Black men (who may be secretly or privately sleeping with other men) pose to women, especially Black women. There is absolutely no scientific evidence to support the idea that a single group of people, in this case, men on the DL, is responsible for HIV infection rates in the general population.

The disproportionate toll taken by the HIV/AIDS epidemic on the Black community in the United States is unacceptable. It is estimated that 1 in every 50 African American males is infected with HIV.¹ For Black men who have sex with men, the prevalence of HIV is estimated to be as high as 33% for 15-29-year-olds in large cities. The majority of these men are unaware of their HIV status.²

To avoid social isolation, discrimination, or verbal and physical abuse, many men who have sex with men, especially young men and men of color, do not disclose their sexual orientation. For these men, discrimination is often attributed to homophobia and cultural expectations about the role of men within the family and larger community. Studies have shown that when compared with self-disclosed gay or bisexual men, men who do not publicly disclose their sexual attractions for and behaviors with other men are:

- *Less* likely to identify as homosexual, to attend homosexually identified bars and dance clubs, to get tested for HIV, and believe they are at risk for HIV;
- *More* likely to report that being homosexual or bisexual or having homosexual friends was not important, that they disliked themselves for being homosexual or bisexual, and that the

¹ <http://www.cdc.gov>

² Valleroy, L. MacKeller, D., et al. HIV Prevalence and associated risks in young men who have sex with men. JAMA. 2000;284:198-204

majority of persons in their racial/ethnic group disapproved of homosexuals;

- Have *lower* HIV prevalence and similar high risks for STDs; and
- Report *less* sexual behavior with men and *more* sexual behavior with women.

Among those who were HIV infected, men who do not publicly disclose their same sex desires or practices are less likely to be aware of their infection.³

While there are some legitimate reasons to be concerned about Black men on the DL, singling them out is problematic for several reasons. First, it scapegoats them by assigning blame to individuals in this group for larger social problems, the responsibility for which must be shared. Second it stigmatizes and potentially alienates individuals who are on the DL. Alienation leads to isolation, which keeps important HIV/AIDS prevention and support services from reaching those who may want and need them. Finally and perhaps most importantly, it lets the general public off the hook from dealing with more important issues like homophobia, racism and poverty, which are the more likely culprits of the sustained and unrelenting HIV/AIDS epidemic in Black and other communities of color.

It is true that the terms "gay" or even "bisexual" represent sexual orientation categories that do not adequately accommodate the experiences of all men who practice or experience same-sex desire. Not all men who practice or experience same-sex desire can comfortably or publicly lay claim to "gay" or "bisexual" identities. Black men are *less* likely than all other ethnic groups to publicly claim a "gay" identity.⁴ From a prevention perspective, we should be less invested in fitting people into rigid sexual orientation categories and more concerned with equipping people with relevant information they will need to reduce their risk of contracting or transmitting HIV.

That said, we know that the majority of men who have sex with men who are living with or who are at high risk for HIV/AIDS self-identify as homosexual, same-gender loving, gay, or bisexual. Some have perhaps made this information known to family members, friends and co-workers. Sadly for these men, a consequence of all the hype about men on the DL is that *their* HIV prevention needs are neglected. There is already a dearth of culturally meaningful and effective HIV prevention interventions geared specifically to

³ Department of Health and Human Services, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. February 7, 2003. Vol.53, No. 5, 81- 86.

⁴ DHHS/CDC. MMWR, 2003. Vol. 53, No. 5, 81-86.

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African American gay and bisexual men. Equally as tragic is that debates about men on the DL draw our attention away from homophobia in people of color communities, and racism and class discrimination in mainstream gay communities, allowing each to continue unchecked. With nearly a quarter of a century of experience confronting HIV/AIDS, we should know better.

June 2004