



Reclaiming Our Future

**The State of AIDS among
Black Youth in America**

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Table of Contents

5	<i>Chapter One</i> Intertwined Epidemics: Living in an Environment of Risk
11	<i>Chapter Two</i> Sex and the Epidemic: Our Aversion to Reality
23	<i>Chapter Three</i> Too Many Unknowns: Drugs and HIV
31	<i>Chapter Four</i> Pinned Down, Locked Up: Poverty, Prison and Black Youth
39	<i>Chapter Five</i> Silencing the Teachers: Sex, Education and Abstinence
47	<i>Chapter Six</i> A Bad Rap? The Role of Hip-Hop Media
52	About the Black AIDS Institute



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CHAPTER ONE

Intertwined Epidemics

Living in an Environment of Risk

It was, perhaps, the defining moment of 2004 for Black America. Entertainment giant Bill Cosby took to the podium at a ceremony marking the 50th anniversary of *Brown v. Board of Education* and lashed into poor African Americans. In Cosby's eyes, the civil rights movement's work has been wasted, because the community's "lower economic people are not holding up their end in this deal." As proof, he cited repeated examples of the debased state of Black youth. "People putting their clothes on backwards: Isn't that a sign of something gone wrong," Cos asked, later answering, "The white man, he's laughing."

Cosby's controversial remarks touched off a firestorm of debate within the Black community about the state of Black youth culture. Some argued he was scapegoating and—as Michael Eric Dyson pointed out in a follow-up book—that he was doing so while abusing the facts about things like drop-out rates and teen pregnancy.¹ But few argued with the basic truths that drove Cosby's frustrated outburst: Black youth are in a state of crisis.

When we think of the multiple challenges African American youth face, many of our minds rightly turn to mass incarceration,

failing public school systems and an economy without living wage jobs. Clearly, our community's young people are disproportionately affected by these and other social ills. Together, they dim our children's horizons, limit their opportunities and, broadly, make their pursuit of happy, healthy lives more difficult—and in some cases impossibly daunting.

But in the following pages we will highlight another side effect of this broad crisis that we have too often overlooked. Ultimately, these collected forces have added up to make Black youth the new face of AIDS in America.

Today, people under the age of 25 account for half of all new HIV infections each year. Within that group, African Americans account for 56 percent of new infections.²

We must begin to recognize HIV/AIDS as one of the leading challenges to the survival of young African Americans. But ultimately, this epidemic cannot be separated from the countless others our youth face every day. This report highlights some of the key places that HIV intersects with the larger social challenges Black youth navigate. It dissects how both public policymakers and the industries that shape popular culture have

contributed to the problem, and it explores answers for undoing the damage.

Young, Black and Positive

The U.S. Centers for Disease Control and Prevention (CDC) estimates that about 40,000 people become infected with HIV every year, with more than half of them occurring among people under the age of 25. No matter how you chop those numbers up, African American young people are heavily overrepresented. African Americans account for 66 percent of HIV infections among those 13 to 19 year olds. Among 20 to 24 year olds, it's only slightly better, with Blacks accounting for 53 percent of those infected.³ Through 2003, 62 percent of all reported AIDS cases in children under the age of 13 were found among African Americans.⁴

While the threat of HIV must be understood as a danger to the lives of all African American young people, the numbers are especially troubling for certain groups in Black communities—young Black men who have sex with men and young African American women.⁵ (See “The Hot Spots,” on page 00).

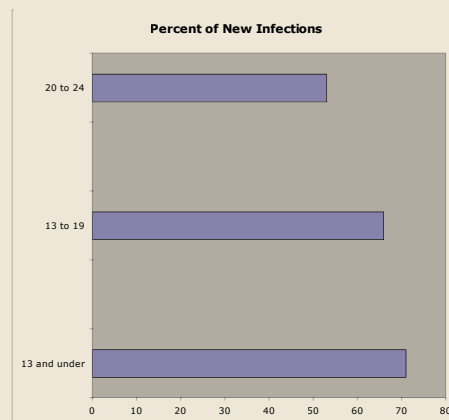
A series of recent studies, which will be discussed in greater detail in later chapters, show young Black men as the driving force behind a surge in new HIV infections among gay and bisexual men in recent years. In a shocking study the CDC released in June 2005, 46 percent of Black men of all ages who have sex with men in five major cities tested positive for HIV. In a separate, youth-specific study, researchers found that Black men in their early 20s accounted for 60 percent of a recent spike in new infections among young gay and bisexual men—a spike that CDC says in turn has driven a 41 percent jump in overall new diagnosis among 13 to 24-year-

old males since 1999.⁶

Young African American women also find themselves at increased risk for HIV compared to girls and young women from other racial and ethnic groups. Data from a CDC study in the mid-90s on the prevalence of HIV among disadvantaged youth indicates

Young, Black and Positive

Today, people under the age of 25 account for half of all new HIV infections each year. Within that group, African Americans account for 56 percent of new infections. No matter what age group one focuses in on, Blacks are most impacted:



■ Among 13 to 19 year olds, African Americans account for 66 percent of new HIV infections.

■ Among 20 to 24 year olds, it's only slightly better, with Blacks accounting for 53 percent of those infected.

■ Among those 13 and under, African Americans are 62 percent of all reported AIDS cases through 2003.

Sources: Deas, Nahnahsha. *Advocates for Youth. Adolescents and HIV/AIDS. January 2003*; Centers for Disease Control and Prevention (CDC). *Pediatric HIV/AIDS Surveillance, L262 slide series, slide #11.*

The Hot Spots: Gay Men and Straight Women

While the threat of HIV must be understood as a danger to the lives of all African American young people, the numbers are especially troubling for certain groups in Black communities—young gay and bisexual men and young African American women.

The Boys

In June, the CDC released results from a review of youth HIV diagnoses in the 25 states with longstanding HIV monitoring systems, covering the years between 1994 and 2003. Among 13 to 24-year-old men, new diagnoses fell by 30 percent in the first four years of the study. But they rose again, by 41 percent, be-

tween 1999 and 2003. What drove the trend? Black gay and bisexual men in their early 20s. Among 20 to 24 year old men who have sex with men, new infections shot up 47 percent between 1999 and 2003. Of those new infections, 60 percent were among African Americans.

The Girls

The same June study found good news among young women overall. During the ten-year period, new HIV diagnoses among girls and young women aged 13 to 24 dropped by 20 percent. But the good news is dampened for African Americans, since our young women represent the bulk of what new infections did occur.

As of the end of 2001, African Americans represented 68 percent of all HIV diagnoses among 13 to 24-year-old girls and young women.

Sources: CDC. "Patterns of new HIV/AIDS among adolescents and young adults in 25 states." Presented at 2005 National HIV Prevention Conference, oral session. June 13, 2005.; CDC. HIV/AIDS Surveillance report, v. 13, n. 2, table 8.



that young African American women were eight times more likely than young Latinas and seven times more likely than young white women to be HIV positive.⁷ More recent data from the CDC indicates that African American females comprise 72 percent of all young women newly diagnosed with HIV between the ages of 13 and 19 and 66 percent of all young women newly diagnosed with HIV between the ages of 20 and 24.⁸

Americans have gotten used to the idea that there is an easy solution for everything. But to truly understand the impact HIV/AIDS is having in Black communities, especially among youth, we first have to recognize that there is no magic bullet that will end this epidemic. We must abandon the hunt for easy targets—men on the “down low,”

hip-hop music, Internet dating—and face all of the uncomfortable truths and intertwined pressures that put young Black Americans at greater risk for everything from homelessness to HIV.

We know that young people who live in poverty, who have dropped out of school, and who are homeless are more likely to be forced to make decisions that will put them at risk for transmission of the virus. Every time a young woman who lives in poverty feels like she cannot demand that her male partner use a condom when they have sex, because she worries that he will leave her and stop providing the financial support on which she depends, then the potential for transmission of the virus increases. And every time young people who are homeless or in need of

a fix decide to trade unprotected sex for food or drugs or shelter, they put themselves and others at risk of infection. Our fight against AIDS is not a singular one; it must include, and make central issues of, poverty, jobs, education, housing and other factors.

We also know that the rates of HIV and AIDS in prisons and jails are estimated to be three to eight times higher than they are among non-incarcerated populations.⁹ That means that every time a young African American man or woman is incarcerated they enter an environment with higher rates of HIV and AIDS, possibly increasing their risk of infection. Without attention to the escalating rates of incarceration in Black communities we will never be able to rid Black communities of the threat of AIDS.

What We Must Do

Increasingly, African Americans in general are recognizing that HIV is wreaking devastation across our communities. Those who have joined the fight against HIV and AIDS in Black communities are coming to understand that it is a difficult and multifaceted problem—but that it is also a winnable war. With this report, we aim to arm those people with the information they need to get there.

Each of the following chapters explore some of the most persistent questions surrounding the Black youth epidemic. How do sex, drug use, poverty, incarceration, violence, hip-hop and other factors contribute to the virus' spread among African American youth? What can organizations, leaders, parents and individuals in Black communities do to halt it? And what must policymakers begin doing if we are to see the end AIDS in our lifetime?

While these are complicated and difficult questions, we already know some needed steps:

- **Reject Defeat.** We must build a new sense of urgency in Black communities, so that no one accepts the idea that the presence of HIV and AIDS is inevitable.

- **Start Talking.** We must make our homes, schools, churches and neighborhoods sites of open and honest discussion about what sometimes can be uncomfortable topics—sex, drugs, poverty and culture. The survival of young African Americans depends on this.

- **Demand Information.** We must ensure that all young people, but in particular African American young people, have the information they need to make decisions that will protect them and save their lives. We can no longer allow those with little investment in Black communities to limit the information young Black people receive in schools and community-based programs.

- **Get Tested; Get Treated.** We must make sure that more African Americans know the how, why and where of HIV testing. The CDC estimates a quarter of people living with HIV don't know it—and thus are more likely to spread it unwittingly. African Americans are more likely to learn their status only once they get sick, which severely diminishes the likelihood of successful treatment. African Americans with HIV are seven times more likely to die from it than whites.

- **Defend Smart Public Policy.** We must demand federal and state legislators provide full funding for programs like the Ryan White CARE Act, which funds hundreds of AIDS service organizations around the country, and Medicaid. We must also insist the programs that have a proven track record of reducing the transmission of HIV—programs like needle exchange—be adopted and funded across the country.

- **See the Big Picture.** We must understand that the fight against HIV and AIDS is actually a broader fight against an environment in which poverty, homelessness, unemployment, incarceration and violence

exacerbate the risk young African Americans face daily, including their risk for HIV and AIDS.

Notes

1. Dyson, Michael Eric. *Is Bill Cosby Right?: Or Has the Black Middle Class Lost its Mind?* New York: Basic Civitas Books, 2005.
2. Office of National AIDS Policy. *Youth and HIV/AIDS 2000: A New American Agenda*. Washington, DC: White House, 2000.
3. Nahnahsha Deas. *Advocates for Youth*. "Adolescents and HIV/AIDS" fact sheet. January 2003.
4. Centers for Disease Control and Prevention (CDC). *Pediatric HIV/AIDS Surveillance*, L262 slide series, slide #11.
5. CDC. "HIV/AIDS among Young People" fact sheet. May 2005.
6. CDC. "Patterns of new HIV/AIDS among adolescents and young adults in 25 states." Presented at an oral session during the 2005 National HIV Prevention Conference. June 13, 2005.
7. CDC. "HIV/AIDS among Young People" fact sheet. May 2005.
8. CDC. *HIV/AIDS Surveillance Report*, 2001, vol. 13, no. 2, table 8.
9. Kantor, Elizabeth. "HIV Transmission and Prevention in Prisons." University of California, San Francisco Center for HIV Information.



CHAPTER TWO

Sex and the Epidemic

Our Aversion to Reality

Few things agitate America's dark imagination like teen sexuality. We're uncomfortably obsessed with it—neither able to avert our eyes nor look directly into it. Of course, our culture has a volatile relationship with sex at all ages. On one hand, it's everywhere; marketing campaigns for everything from body spray and cologne to shampoo unsubtly suggest their products will bring users to orgasm. Sex is a part of our music, our magazines, even our video games. On the other hand, real conversation about sex leaves most policy makers and community leaders tongue-tied at best.

So perhaps it should come as no surprise that we find the conversation about teen sexuality so difficult to have in an honest way. America's anxiety about youth sexual attitudes and behaviors is a fixture in today's news media and popular culture—and rarely for the better. Among the most telling examples of the way in which the conversation too often plays out is that of the now-infamous “sex bracelet.”

In late 2003, reports began circulating about a game called “snap,” in which the jelly bracelets teens have worn since the early

1980s morphed into secret symbols to communicate sexual preferences to one another. As the rumor went, if one kid broke another's bracelet, they would have to engage in the sex act that corresponded with that bracelet's color—red for a lap dance, blue for a kiss, black for intercourse, and so on. The story grew so wide that schools began banning the bracelets. Problem is, it now appears the rumor was nothing more than urban legend—at least originally. In a fitting absurdity, teens who did begin talking about the game said they learned about it from news reports.¹

Everybody from the New York Times Magazine to the Today Show's own Katie Couric have gotten in on the teen sex act, offering lurid reports of supposed sexual subcultures and deviances lurking behind the innocent veneer of teen hang outs like the shopping mall.² The problem with these reports is two-fold: They crowd out the important conversations parents, families and community leaders direly need to have surrounding teen sexuality—replacing careful, thorough research with rumors and anecdotes—and they too often ignore race within young America.

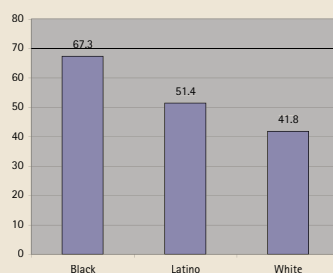
Young Folks and Sex

Every year, the U.S. CDC surveys the “risk behavior” of high school and college-aged youth on things ranging from diet to violence. On sexual activity, the survey found that since the early 1990s teens increasingly have had less sex and done it safer. There have been distinct racial differences in the trends, however.

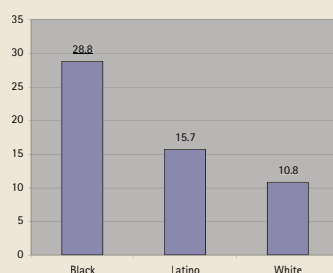
African Americans report having more sex, at an earlier age than any other group...

And within the racial categories, there are distinct gender differences. Black males report far more sexual activity than Black females...

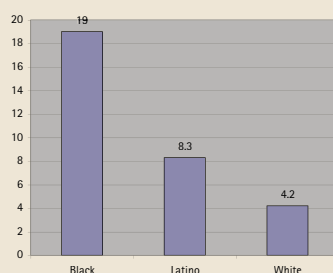
Youth who reported ever having sexual encounters, 2003:



Youth who reported more than four lifetime partners, 2003:



Youth who reported having sex by the age of 13, 2003:

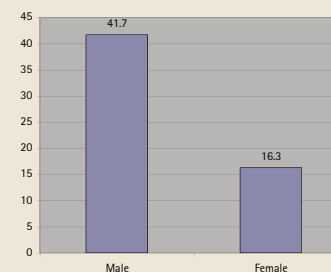


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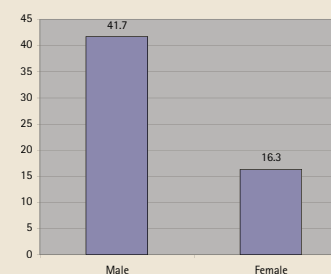
Black youth who reported ever having sexual encounters, 2003:



Black youth who reported having more than four lifetime partners, 2003:



Black youth who reported having sex by the age of 13, 2003:



We will require far more *qualitative* research on teen sexual behavior to understand both the racial and gender disparities—and what they mean for controlling STDs.

Source: CDC. Youth Risk Behavior Surveillance—United States, 2003. *Morbidity and Mortality Weekly Report*. May 21, 2004.

Fact and Fantasy in Youth Sex

Unfortunately, much of the discussion that does focus on Black adolescents and young adults paints exaggerated and hostile depictions of their sexual attitudes and practices. Whether it be the demeaning representations of Black women and men found in too many hip-hop videos, or the biting criticism spewed by celebrities and commentators such as Bill Cosby and Bill O'Reilly, Black youth and their decisions about sex are usually presented as wrong, immoral and dangerous.

Too often, these stories and myths about Black youth and their sexual decision-making are then used to justify the adoption of policies that do more harm than good. Until we are ready to both discover and acknowledge the facts surrounding teen sexuality, both among African Americans and at large, we'll never begin to address its negative consequences—particularly HIV.

So what do we actually know about the sexual behaviors of African American youth? The research reveals contradictory and sometimes disturbing patterns.

Every year, the U.S. Centers for Disease Control and Prevention (CDC) surveys high school and college-aged youth on their “risk behavior” in areas ranging from diet to violence, and including sex. The Youth Risk Behavior Surveillance survey consistently shows that African American male and female teenagers are more likely to report sexual activity than their white and Latino counterparts. Black respondents more often report having had sexual intercourse, having had four or more sex partners and having initiated sexual intercourse before the age of 13.³

These facts, however, do not necessarily mean Black youth are more likely to put themselves at risk. When CDC asks students about measures they take to protect

themselves, it becomes clear that the sexual landscape of teen life requires a more nuanced analysis to understand. While Black young people report more sexual encounters than their counterparts, they are also more likely to report both having used condoms and having had open communication with an adult family member about AIDS. They are also less likely to report having used drugs or alcohol during their last sexual encounter.⁴

Still, African American youth ultimately see more adverse outcomes to their sexual behavior. Our youth may be more likely to say they protect themselves, but they're still more likely to contract sexually transmitted diseases such as Chlamydia and HIV. Teen pregnancy may be going down, but the racial disparity persists.

These sorts of conflicting reports on Black youth sexual attitudes and behavior illustrate that quantitative research, while important, is insufficient. It is critical that we push beyond the statistics to understand the multiple factors that contribute to the differing sexual behaviors and attitudes of young African Americans. Is there a gap between what young people, of all races, say and do? When youth use condoms, are they using them correctly? In what social contexts are decisions about “risk” made?

While unsafe sex increases one's likelihood of contracting HIV or getting pregnant, youth often experience competing concerns and pressures in far more immediate ways than such distant threats—particularly young people in poor communities. As one researcher wrote in her 2004 study of youth and risk, “Urban minority adolescents reported high levels of worry about AIDS, but they reported equal or greater concerns about having enough money to live on, general health, doing well in school, getting pregnant, and getting hurt in a street fight.”⁵

Any number of these pressures can trump concerns about protection from an STD, no matter how virulent. Moreover,

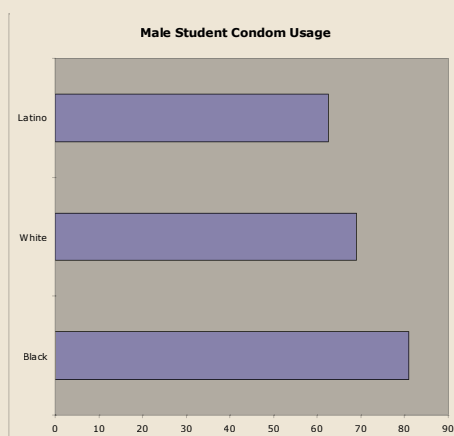


Condoms

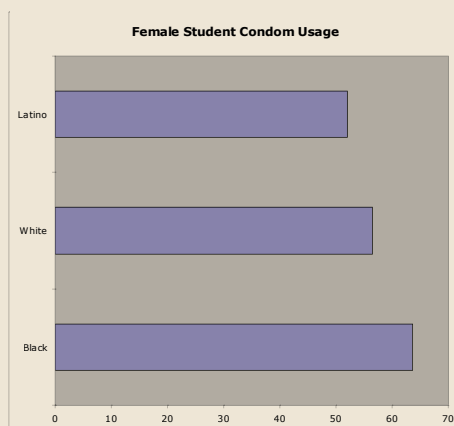
While African American youth report having more sex, at younger ages, they also report doing so more safely. It's one of the many contradictions that we need more qualitative research on youth sexual behavior to understand.

Among the 34 percent of students who say they are sexually active currently, 63 percent say they used a condom the last time they had intercourse. Black males used them at the highest rate.

Reported condom usage among male students surveyed by the Centers for Disease Control and Prevention:



... and among female students:



Source: CDC. *Youth Risk Behavior Surveillance—United States, 2003. Morbidity and Mortality Weekly Report. May 21, 2004.*

some of them can actually lead to self-inflicted wounds. Research shows adolescent victims of both physical and sexual abuse, for instance, are more likely to engage in sexual behaviors that might increase their risk for HIV. This finding is especially relevant for African American youth, who more often report having been forced to have sex than their white counterparts.⁶

Real Black Men Aren't Gay

Today's dominant representation of young Black men on television seems to be limited to the hyper-masculine, violent thug who's been shot nine times or the ultra-suave "pimp" with multiple women at his side. Rarely do more diverse Black male sexual identities and behaviors—those that include same sex attraction—appear on the media landscape.

When homosexually or bisexually active men do emerge, they are typically presented in one of two caricatures: as effeminate and weak, or as threats to innocent Black women—such as the seemingly ubiquitous Black man “on the down low.” Our youth notice this dynamic, even if we don't. One study found that 80 percent of gay and lesbian youth consider media depictions of themselves to be negative and to be rooted in feminine and masculine stereotypes.⁷

For young gay and bisexual Black men, this rigid representation of masculinity, which labels heterosexual relations as the only acceptable form of sexual expression, can crowd out a healthy view of the sexual and emotional feelings they experience as they grow into adulthood. As the rapper Ice Cube once famously reminded us, “True niggas ain't gay.”⁸ More recently, DMX went further, advising listeners to “show no love to homo-thugs/ Empty out, reload, and thwo

mo' slugs."⁹ For young Black gay and bisexual men absorbing these messages, the disconnect between the idealized Black man they want to be and the seemingly incompatible feelings they are experiencing does little to promote a healthy sexual life.

Over the years researchers have come to realize that young Black men who have sex with men have some of the highest rates of HIV infection in the world. In a CDC study released in June 2005, researchers reviewed HIV infection rates among 13 to 24-year-old boys and young men from 1994 to 2003. New diagnoses fell by 30 percent in the first four years of the study. But they then shot back up in between 1999 and 2003, by 41 percent. That trend appears to have been driven primarily by Black men in their early 20s who have sex with other men. Researchers found a 47 percent spike in infections during that time period among gay and bisexual men overall, and 60 percent of those were African American.¹⁰

The June 2005 study was sadly not the first indication of HIV's rampage among young Black gay and bisexual men. The CDC conducted a five-city study in the 1990s, looking at infection rates among gay and bisexual men in large urban areas. In that study, called the Young Men's Survey and covering 1994 to 1998, 14 percent of young African American men who have sex with men, ages 15 to 22, were HIV positive. That's compared to seven percent of the overall population and just over three percent of their white counterparts.¹¹ Nationwide, male to male sexual contact is the leading form of HIV transmission among young men ages 13 to 24, accounting for 40 percent of all male HIV cases among 13 to 19 year olds and 64 percent of all male HIV cases among 20 to 24 year olds.¹²

In late 2002, it became clear that this carnage has not been confined to urban centers with large gay communities. Two Black male college students at different colleges in the same North Carolina city tested positive,

both reporting sex with other men. Tests showed they both had been recently infected. Given the relatively few infections among college students in the area, the North Carolina Department of Health feared something was up, and through contact tracing researchers identified 69 linked cases of HIV infection among college-age males, dating back to 2000. Those 69 infections were among 84 male college students diagnosed with HIV infections between 2000 and 2003, 73 of whom were African American.¹³

Over half of the 84 young men said they only had sex with men, while a third indicated they had sex with both women and men. The outbreak among a group previously not considered to be at high risk—college students outside of major urban centers—suggests the intensity of the epidemic among Black gay and bisexual young men is widespread.

For many, including members of the news media, the central question was how could this outbreak happen among college students. But before real research could be done to answer that question, tales of young Black men in college with "invisible networks of sexual liaisons" or on the "down low" began to appear in the press.¹⁴ The way the story of the down low is commonly told, it focuses on a supposed subculture of exclusively Black men who identify as heterosexual.

The idea of the "down low" has received media attention, not only because it is the kind of salacious media story the public lives for, but also because "DL" Black men are being used to explain the escalating rates of HIV among Black women. This part of the story suggests that Black men on the down low are bringing HIV back to unsuspecting and innocent Black women. Of course, the problem in the North Carolina outbreak and across the country is that there is little to any research to support such claims—about how widespread the "down low" phenomenon is or about its relevance to infection rates



among Black women. Indeed, while observers pointed to the third of the North Carolina young men who reported having sex with both men and women, no one ever asked whether they did so as openly and honestly bisexual men, or secretly. Nor do we know what precautions they did or did not take with their female sex partners. What we do know is that health officials found no link between any of the cases and HIV infection among young women in the area.

In the absence of an environment where people can talk openly about their sexual identities, practices and partners, we force individuals to make decisions to protect their reputation, image and family name, instead of taking the necessary precautions known to protect themselves from HIV and AIDS. Data from the CDC's Young Men's Survey indicates that 55 percent of young men did not let other people know they were sexually attracted to men. Many of these young men decided to remain silent about their sexuality because they know to speak openly is to risk physical and emotional harm. In the 2003 National School Climate Survey, researchers found that approximately 46 percent of GLBTQ youth of color reported physical violence as a result of their sexual orientation. Although these pressures may not be race specific, data suggests that Black young people report more violence associated with their sexual orientation than other young people.¹⁵

Real Black Women are Sluts

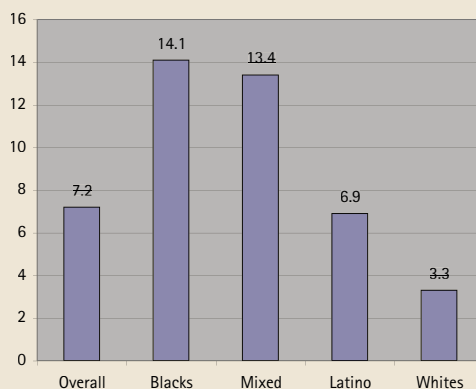
Young Black women also face stifling and often conflicting pressures when developing their sexuality.

In today's sex-obsessed culture, young women, and young Black women in particular, face more than a few contradictions concerning sex. From the classroom to

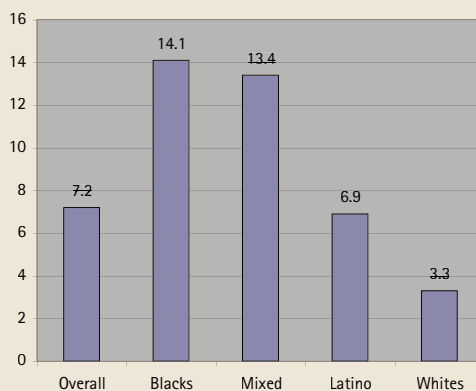
The Price of Homophobia

Two federally-funded surveys in the mid-to-late 1990s found HIV infection rates among young, gay African American men akin to those in southern Africa.

Percent of survey participants found to be HIV positive, among 15-22 year olds:



Among 23-29 year olds:



Source: Valleroy, Linda and others. "HIV Incidence Among Young Men Who Have Sex With Men—Seven U.S. Cities, 1994-2000." *Morbidity and Mortality Weekly Report*, v. 50, n. 21.

popular culture, the idealized strong woman appears at one of two poles: either asexual or hypersexual. Magazine covers with thong-

clad women, videos with popular vixens and chart-topping acts featuring sexually aggressive women such as rapper Foxy Brown have carved a niche from which women can both assert themselves and, if they aren't careful, have their sexuality exploited.

Young women of all races are being told that to be a "lady" you have to wait until you are married to have sex—from church to sex education classes, this ideal of a sexually reserved and, in some cases, submissive woman is reinforced. A 2004 study conducted by California Democratic Congressmember Henry Waxman's office looked at messages used in the most popular federally-funded abstinence-only sex education curricula. Among other things, it found that one of the widely used curricula advises young women that men, by nature, want sex from them while women primarily want "financial support" and "domestic support" from a man. "A male is usually less discriminating about those to whom he is sexually attracted," it teaches, adding later that, "Women usually have a greater intuitive awareness about how to develop a loving relationship."¹⁶

The truth, of course, is young women struggle with how to manage the sexual and romantic desires they feel in puberty just like their male counterparts. As the CDC's student surveys show, not only are young women having sex before marriage, they are having sex with more than one person. In the 2003 survey, 60 percent of Black young women reported having had sex and 16 percent reported having sex with more than four partners in their lifetime. Moreover, a whopping 16 percent reported having had sex by the age of 13.¹⁷ Until we recognize these realities, we'll be unable to either change them or ensure these young women are protecting themselves from STDs and unintended pregnancies when they do have sex.

But society's refusal to acknowledge the reality of young women's sexual lives is not the only explanation for HIV/AIDS among

Black girls and young women. Like their male counterparts, a significant part of the problem is that they don't believe they're at risk. Nanetta Payne of Jackson State University presented a study in June 2005 at the National HIV Prevention Conference that revealed troubling misperceptions about HIV among young African Americans.

Payne surveyed 151 African American male and female students enrolled in Jackson State during the 2005 spring semester. She asked about their attitudes toward HIV. Initially, 70 percent of the sample said they were not at risk. But after answering questions about their sexual activity in the past three months, Payne saw discrepancies. "I found that when you ask the students if they see themselves being at risk for HIV, many respond, no. But then you have dialogue with them. 'Have you been having unprotected sex these last 90 days, whether it's vaginal or anal?' Then they're honest. 'Yes, I have.'"

Payne also found few students voluntarily getting HIV tests. Less than half had been tested, and the majority of those who had been tested only did so as part of a pap smear or in routine prenatal care.¹⁸

But ultimately, most damaging may be the reality that young Black women face a number of circumstances that continue to place them at risk for contracting HIV. The same CDC surveys that have found young Black women having multiple sex partners have also found a host of reasons that Black female students chose not to use condoms: having older partners, being of low socioeconomic status, having expectations of pregnancy, and having weak family relations all registered.¹⁹ Conversely, statistics show that young Black women who possess higher self-esteem, have higher levels of educational attainment and come from more financially stable households are more likely to use condoms during sex.²⁰

Notes

1. Associated Press/CNN.com. "Student 'sex bracelets' an urban legend?" December 12, 2003.
2. Denizet-Lewis, Benoit. "Friends, Friends with Benefits and the Benefits of the Local Mall," *New York Times Magazine*, May 30, 2004.
3. CDC. Youth Risk Behavior Surveillance—United States, 2001. *Morbidity and Mortality Weekly Report*. June 28, 2002.
4. Ibid.
5. Augustine, Jennifer. "At Disproportionate Risk of Negative Sexual Health Outcomes." *Advocates for Youth*. January, 2004.
6. Grunbaum, Jo Anne, et. al. CDC. Youth Risk Behavior Survey. 2001.
7. Earls, Meg. "GLBTQ Youth: At Risk and Underserved." *Advocates for Youth*.
8. Ice Cube on the track "Horny Lil' Devil," from 1991 album *Death Certificate*.
9. DMX on the track "Where the Hood At?" from 2003 album *Grand Champ*.
10. CDC. "Patterns of new HIV/AIDS among adolescents and young adults in 25 states." Presented at an oral session during the 2005 National HIV Prevention Conference. June 13, 2005.
11. Valleroy, Linda and others. "HIV Incidence Among Young Men Who Have Sex With Men—Seven U.S. Cities, 1994-2000." *Morbidity and Mortality Weekly Report*, v. 50, n. 21.
12. CDC. HIV/AIDS Surveillance Report, v. 13, n. 2—Table 24.
13. Altman, Lawrence K. "New H.I.V. Test Identifies Cases in College Students." *New York Times Magazine*, February 11, 2004.
14. Brown, David. "HIV Outbreak is Identified Early," *Washington Post*, February 11, 2004.
15. Kosciw, Joseph G. The National School Climate Survey. The Gay, Lesbian, and Straight Education Network.
16. Committee on Government Reform, Minority Staff. U.S. House of Representatives. "The Content of Federally-Funded Abstinence-Only Education Programs." December 2004.
17. CDC. Youth Risk Behavior Surveillance—United States, 2003. *Morbidity and Mortality Weekly Report*. May 21, 2004.
18. Payne, Nanetta et al. HIV Testing among African American College Students. Poster presentation at the 2005 National HIV Prevention Conference.
19. CDC. Youth Risk Behavior Surveillance—United States, 2001. *Morbidity and Mortality Weekly Report*. June 28, 2002.
20. Kosciw, Joseph G. The National School Climate Survey. The Gay, Lesbian, and Straight Education Network. 2004



Kanye West Rewrites Hip-Hop's Gay Record

Kenyon Farrow traces a hip-hop icon's roadmap to healthy conversations about sexuality.

In August 2005, Roc-A-Fella recording artist and producer extraordinaire Kanye West did something most would think to be career suicide for a Black hip-hop artist, and just days before dropping his sophomore effort, “Late Registration.”

During an August 18 MTV interview, Kanye spoke candidly about the impact of homophobia on his own life. He touchingly recounted his own insecurities as a not-masculine-enough youth and challenged hip-hop artists to end the homophobic content of their music. “I wanna just come on TV and just tell my rappers,” West said, “just tell my friends, ‘Yo, stop it fam.’”

Kanye’s astounding interview is being talked about all over the world right now, but the impact is really yet to be fully seen. I certainly hope his remarks will help bring about the day when I have to hear less of the words “faggot” or “chi-chi man” every time I turn on the radio or go out to dance. But Kanye’s story may be more important for what it demonstrates about the process of social change than any particular outcome that follows.

Kanye’s remarks are making such a seismic impact because no part of the explosion of media images dealing with LGBT people in recent years has come from or been targeted at the Black community. Despite all of the talk about how easily gay people have integrated into pop culture, as Kanye West points out, “the exact opposite word of ‘hip-hop,’ I think, is ‘gay’”—which makes it the opposite of a defining part of young, Black life and culture.

Black people must see other Black people confront homophobia, and must see LGBT people as Black people as well, if we are ever going to make real progress shifting attitudes. Kanye, bravely and boldly, has realized this fact. And his testimony couldn’t have come at a more apt time, in the midst of a summer in which we have once again heard startling news about HIV’s rampage among Black gay men—a reality that, in no small part, is driven by the Black community’s failure to embrace and support us.

Kanye opened his story on MTV by talking about his close relationship with his mother, which is captured in a song on his new CD entitled *Hey Mama*. He explained that growing up with his mother meant that he also took on some of her mannerisms. When he got to high school, this fact meant he was often ridiculed for being a “fag.” And, in turn, he became very homophobic.

But when Kanye learned through one of his cousins that another cousin in the family was gay, he began to rethink his stance. “It was kind of like a turning point,” he told MTV VJ Sway, “when I was like, ‘Yo, this is my cousin. I love him and I’ve been discriminating against gays.’”

And there it was, the cycle of homophobia broken.

Kanye’s seeing his cousin as gay helped to humanize Black LGBT people in his eyes and prompted him to in turn abandon the sort of knee-jerk attitudes that prevent people like his cousin from being able to come out in the first place. As Kanye so articulately explained in describing the roots of his own homophobia, “If you see something and you don’t want to be that because there’s such a negative connotation toward it, you try to separate yourself from it so much that it made me homophobic by the time I was through high school. Anybody that was gay I was like, ‘Yo, get away from me.’”

It is often assumed that the Black community is more homophobic than the white community. But

while there is certainly homophobia in the Black community, the buzz surrounding Kanye's remarks shows the real issue may be how rarely the topic is actually addressed substantively and humanly.

Black people still rely most heavily on indigenous sources for information about the world around them, particularly about issues like sexuality and health. Several studies have reminded us of this fact, and of its impact on the way we've responded to the AIDS epidemic—our griots, from media mavens to ministers, too often chose silence or disdain over education and communication. Not until mothers of dying gay men began to organize AIDS ministries in congregations did ministers speak on the issue.

And still today, as AIDS becomes a growing concern of mainstream Black organizations, we hear a deafening silence about what the epidemic means for Black gay and bisexual men in particular—the group of people most impacted by the epidemic. Black media, from entertainment to news, has largely ignored this aspect of the epidemic.

Recent years have certainly seen an unprecedented increase in the amount of news coverage, TV programming and public relations efforts by white gay advocates and celebrities that has put a “face” on the gay and lesbian community. But the rising tide truly does not lift all boats equally.

Black LGBT faces have been made invisible by this media blitzkrieg of white middle-class gays. While Black folks may watch *Queer Eye* or *Will & Grace*, the white gay images they project do little to sensitize straight Black viewers to the needs, issues, and concerns of Black LGBT community.

And that's what makes Kanye West's bold statements so remarkable, and gives them such potential as a catalyst for healthier discussions around gender and sexuality in the Black community. He is a cultural icon who has a reputation for breaking molds and taking on issues in his music that people thought could not be broached in hip-hop—all while still selling millions. He also has “street cred” among Black youth, and even Black people disgruntled with the hyper-consumerism, sexism and homophobia in hip-hop respect Kanye for his work.

Most importantly, he has access to the sort of mass media that can carry his message far and wide.

But change cannot begin or end with Kanye West. It was really Kanye's seeing his cousin as gay that caused his shift in thinking. While public education campaigns and more visible opposition to homophobia in the Black community is key, it is ultimately the work that we, Black LGBT people do in our families and in our communities that will make the difference.

This summer may go down in history as a huge turning point for the Black lesbian, gay, bisexual and transgender community, and for our relationship to the Black community at large. On one hand, we have seen great setbacks: the down-low craze continues to demonize us; new research suggested half of us in major cities may already be positive.

But on the other hand, we are engaging the community with renewed determination and hope. A few weeks ago Rev. Al Sharpton announced that he was launching a public education campaign to combat homophobia in the Black community. In early July, the Black LGBT community in the nation's capital publicly challenged Rev. Willie Wilson's homophobic remarks. The New York State Black Gay Network's July Revival! was a direct call to challenge the spiritual violence of Black clergy, and to affirm the lives of Black LGBT people of faith. And in June, The Souls A-Fire! Conference in Chicago brought together activists, academics and artists to discuss sexuality and the Black church.

Maybe we have finally reached the “sick and tired of being sick and tired” point. Everyday, I'm sensing greater resolve in the voices of weblogs, at community planning meetings and even in social spaces that suggests a collective statement: I am fed up. But I am ready to fight. Maybe it is now, when our backs are against the wall and we have nothing more to lose, that we can begin to see that what we have is everything to gain.

But in order gain, we must be willing to tell our stories to our families, our neighbors, and our communities. And we must support (and continue to challenge, as we must also deal with how Black women are depicted in hip-hop) brothers and sisters like Kanye, who take great risks to get our backs.

Kenyon Farrow is co-editor of the anthology “Letters from Young Activists: Today's Rebels Speak Out,” due out this November with Nation Books, and the communications and public education coordinator for New York State Black Gay Network.



CHAPTER THREE

Too Many Unknowns

Drugs and HIV

Images of Black youth using or selling illegal drugs have become a regular part of American society. It is hard to turn on a popular television show or rap music video these days where young Black people, in particular young Black men, are not seen “slinging” drugs and smoking “blunts.” Similarly, the young Black women in the storylines are usually down for the cause, helping their man in his trade and lighting up a joint on the side.

The truth, of course, is that in most cases African American youth tend to drink, shoot-up, snort and freebase less than young people from other racial and ethnic groups.

According to the Centers for Disease Control and Prevention’s (CDC) 2003 Youth Risk Behavior Surveillance study, African American youth reported lower rates of having ever used almost every drug than their white and Hispanic counterparts.¹ White and Latino students reported more lifetime, current and episodic alcohol usage than Black students surveyed. White and Latino students were three to four times more likely to use some form of cocaine—powder, crack or freebase—over their lifetime than Black

students. And similar patterns of racial and ethnic differences in drug use are evident for substances such as ecstasy, methamphetamine, inhalants, and steroids.

Black youth did however lead in some troubling ways. Black male students reported slightly more lifetime and current marijuana use than Latino males and significantly more than white males. And while African American youth generally report using alcohol and illicit substances less than white and Latino students, they are more likely to report the initiation of such behaviors before the age of 13. Moreover, males across race and ethnicity register more use with nearly every drug than females in their racial or ethnic group.

These findings belie the hyper-negative portrayal African American young people receive in both popular culture and the halls of public policy. That said, Black youth still represent 56 percent of HIV infections among young people ages 13 to 24 in the United States—and a significant number of those cases are tied to drug use.²

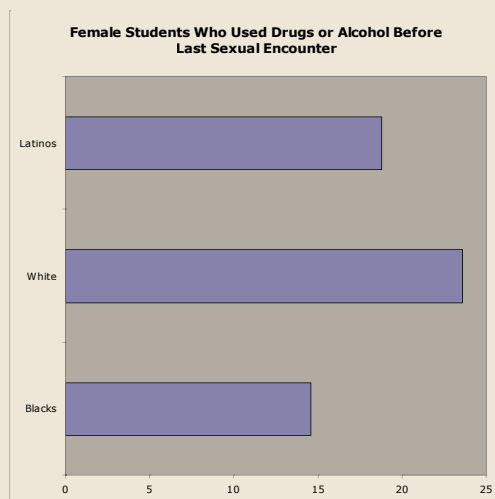


Sexing While Intoxicated

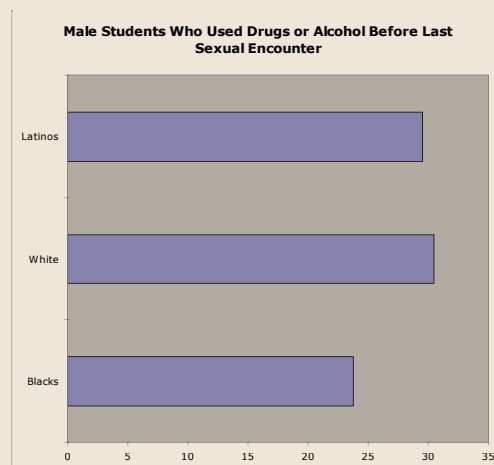
Despite popular perception, African American youth consistently report less experience with most drugs than their white and Latino counterparts, and are less likely to use them in conjunction with sex. Since both using drugs in general and using them in conjunction with sex are associated with HIV risk, researchers must do more to understand this seeming contradiction.

Among the 34 percent of students who told the CDC that they were sexually active in 2003, Black young women were the least likely to have used drugs or alcohol before their last encounter.

Percentage of female students who said they'd used before last encounter:

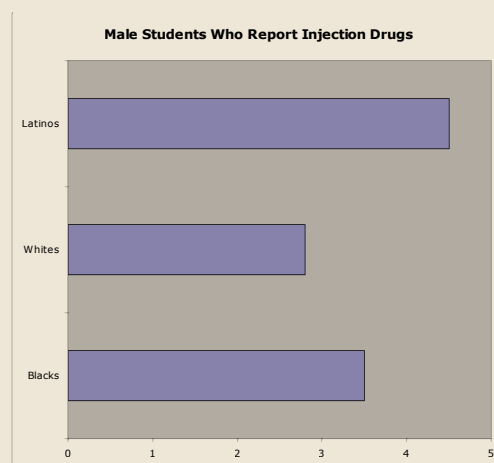


All rates were higher among young men, but African Americans were still just the least likely to use:



However, African American male students are more likely to report the sort of drug use that most effectively spreads HIV: injecting drugs:

Percentage of male students who report injection drugs:



Source: CDC. Youth Risk Behavior Surveillance—United States, 2003. Morbidity and Mortality Weekly Report, May 21, 2004.

Sex Meets Drugs

Drugs facilitate HIV infection in at least three ways. The most direct route is through the use of contaminated needles

when shooting up. When individuals use a needle to inject drugs, the blood of the injecting person is often left in the needle and syringe. So when someone shares his or her “works”—as the needle and syringe are called on the street—without cleaning

and sterilizing them, they are also passing on their blood, and possibly the virus that remains in it.

While the youth epidemic is considered a largely sexual one, injecting drugs still account for a startling number of new infections each year. Injection drug use accounted for nine percent of male AIDS cases among those ages 13 to 19 and 13 percent of cases among those 20 to 24 through 2003. Among females, injection drug use accounted for 18 percent of cases among those ages 13 to 19 and a whopping 28 percent of those aged 20 to 24.³

The impact of dirty needles doesn't stop with the person actually using them. A significant portion of the female youth epidemic, as with the female Black epidemic as a whole, stems from young women having unprotected sex with men who are shooting up with dirty needles. Among females ages 13 to 19, 16 percent of AIDS cases and seven percent of HIV infections reported through 2001 came from having unprotected heterosexual sex with someone who contracted HIV through injecting drugs. Among young women ages 20 to 24, the numbers of these "secondary infections" go up: 19 percent of AIDS cases and nine percent of HIV infections reported through 2001 resulted from unprotected heterosexual sex with someone injecting drugs.⁴ If we could stop the initial infection through the use of contaminated needles, we would also stop these secondary infections—and cut at least the female youth epidemic nearly in half.

But while the nexus of drugs and HIV is most clear when it comes to dirty needles, substance use plays an outsized role in sexually transmitted infections as well. We know that individuals, especially young people, are less likely to make healthy decisions about safe sex and condom use when drug use (including alcohol) is a significant part of the sexual interaction. Influenced by desire—and maybe pressure—individuals too often at-

tempt to negotiate sexual decision-making with a partner while their thinking is clouded by intoxicants. In the CDC's 2003 youth behavior survey, 25 percent of sexually active teens reported that they "had used alcohol or drugs at last sexual intercourse," while 63 percent of youth reported that they or their partner used a condom during their last intercourse.

Consistent with other findings, Black students were more likely to report being sexually active but less likely to report using drugs or alcohol during last sexual intercourse, compared to both white and Latino students. They also reported higher rates of condom usage during their last sexual intercourse than their counterparts.⁵

So as with so many things in the Black youth epidemic, when it comes to the question of the influence drugs and alcohol have on the sexual decision-making and behaviors of African American youth we face a contradictory picture. The good news is that Black youth are drinking alcohol and taking drugs less, while using condoms more than other young people. The bad news, of course, is that they are nonetheless disproportionately represented among young Americans diagnosed with HIV and AIDS.

We must, therefore, figure out why African American youth are at the center of this epidemic among young people. While much of our attention has necessarily been focused on dealing with the transmission of HIV through unprotected sex, we cannot forget the role drugs and alcohol play.

An Answer We Won't Accept

One intervention that has shown great promise in arresting the spread of HIV through injection drug use is needle exchange—or, programs that provide clean

needles to injecting drug users. These programs are rooted in an intervention philosophy called “harm reduction”—which seeks to limit the collateral damage people do to themselves when abusing drugs and alcohol, while simultaneously helping them get addiction treatment.

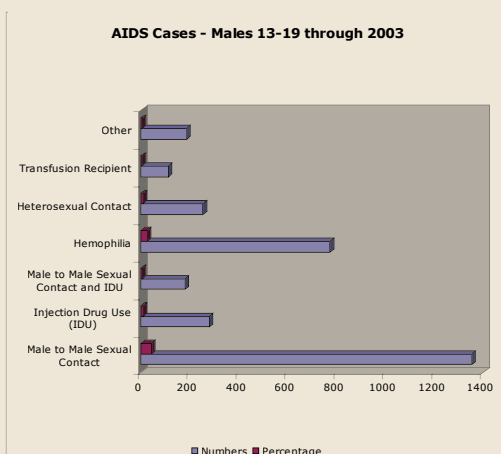
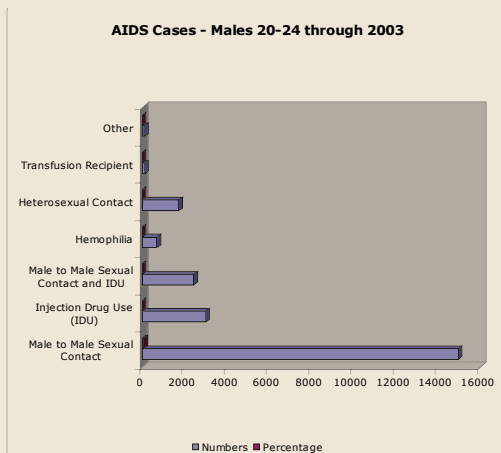
Needle exchanges acknowledge that we are not yet equipped, as a nation, to adequately

ly confront drug addiction. Ideally, there would be drug treatment programs available to all those using illicit substances and seeking treatment; however, that currently is not the case. The U.S. Department of Health and Human Services has estimated that more than three million people are in need of drug treatment but aren't getting it.⁶ Much of the debate about needle exchange programs

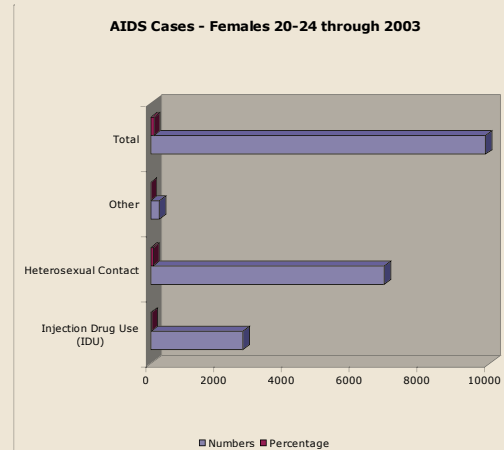
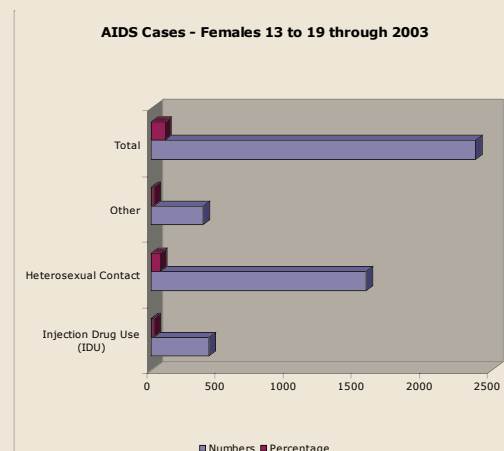
Shooting Up AIDS

The youth epidemic is a largely sexual one, but like with adults, many roads still lead back to dirty needles.

Cumulative AIDS cases reported among young men through 2003:



Cumulative AIDS cases reported among young women through 2003:



Sources: Centers for Disease Control and Prevention.

The New Drug on the Block?

U.S. Attorney General Alberto Gonzales has called methamphetamine “the most dangerous drug in America.” David Jefferson wrote in a *Newsweek* article on methamphetamine use that, “once seen as a trailer-park high, methamphetamine has gone upscale—and national—to become America’s fastest spreading and most devastating drug.” Initially, crystal meth (also known as “Tina,” “crank,” “Chrissy” and “tweak”) was thought to be popular primarily in rural areas, among poor whites. But it is now being used across classes, regions, and races. And as the number of users of methamphetamine continue to climb—one report states that over 12 million Americans have used the drug with 1.5 million regular users—the connection between crystal meth and HIV transmission grows.

When using meth, individuals report feeling hypersexual. In this sexualized, euphoric state, some researchers say, users’ inhibitions are lowered and they are more likely to engage in unprotected sex acts. So far, most of the attention surrounding meth use and HIV

has focused on gay men, primarily white gay men. However, Dr. Alex Stalcup reminds us in Jefferson’s in *Newsweek* cover story that crystal meth is not only popular with men who have sex with men, but also with heterosexual young men and women. He reports seeing “plenty of straight high school and college men use meth to have ‘speed sex’” with lots of girls and young women. Similarly, the risk of HIV transmission through the sharing of equipment to inject crystal meth is a real concern.

Some Black AIDS activists have complained that the attention paid to crystal meth is overshadowing the devastating rates of infection among Black people overall. Unfortunately, we do not have enough data to tell us how wide-spread meth use is in Black communities, or specifically among Black youth.

Sources: Jefferson, David. “America’s Most Dangerous Drug.” Newsweek. April 8, 2005; Kaiser Family Foundation, Kaiser Daily HIV/AIDS Report. “San Francisco Chronicle Examines ‘Dual Epidemic’ of Crystal Meth Use, HIV Infection.” May 5, 2003.



creates a false dichotomy: either we help people kick drugs or we help them avoid HIV and other diseases that come from sharing needles. But needle exchange programs assert we can do both. Drug addiction is certainly the core problem, but while we’re working against it we must also try to prevent those addicted from killing themselves. Indeed, the two goals often reinforce one another.

Fresh needles are hardly the only service needle exchanges offer. They teach users how to clean their works, and provide them with the necessary materials. Most programs provide referrals to drug treatment, distribute condoms and conduct HIV testing, among other services. But their primary goal is among one of public health’s most clear-cut, effective interventions: reduce the amount of HIV circulating in drug using communities

by taking infected works out of using networks.

Study after study has shown the programs to be effective. At least eight government-funded studies since 1991 have shown they work. Nevertheless, opposition to them remains staunch, particularly in Black communities.⁷

One of the oft-voiced arguments against needle exchange programs is that they make using illicit drugs easy—by providing the equipment needed to shoot up—and thus encourage individuals not currently using to start. Given the justified belief held by many Black people that the federal government has not only been neglectful of the drug crisis in our communities, but may also have encouraged it, it is not surprising that many of our leaders would voice strong opposi-

tion to anything that appears to worsen the problem. It was just such an argument that led Black leaders to oppose these programs initially in New York City, which boasts the nation's largest population of injection drug users.⁸ But since the 1992 onset of needle exchange programs in New York City, the rate of HIV infection among injection drug users dropped from 50 percent to approximately 15 percent.⁹ Moreover, there is no scientific evidence to support the belief that needle exchange programs lead to more drug use in a community.

Today, most states criminalize the possession, sale or distribution of injecting paraphernalia. Although some states and cities have moved to allow syringe exchange programs, many have not. As of 2000, there were

127 needle exchange programs operating in 35 states.¹⁰ Congress continues to bar the use of federal funds to support syringe exchange programs, so they are wholly dependent on state and local governments along with private institutions and individuals for support.

But ultimately, syringe exchange programs will not be enough to deal with the role of drugs in the AIDS epidemic. Increased drug treatment programs are needed, as well as culturally and age-appropriate education and prevention programs that incorporate information on both drug use and safer sex practices. We will need to take such programs to the streets, jails, neighborhoods and workplaces where people are using drugs.



If You Can Make It Here... Needle Exchange in New York

New York City has the nation's largest population of injection drug users—an estimated 150,000 to 175,000 people, or twice as many as that of the next largest population, in Los Angeles. Somewhere between 10 and 20 percent of those people are believed to be HIV positive, which means New York also has more people living with HIV who caught it through shooting up than any other city.

These facts make New York City an ideal test market for needle exchange programs. And even in a drug-using epidemic as intransigent as this one, the local programs have found remarkable success. Here are some facts about the local network of syringe exchanges that the city health department has used to promote its expansion:

- The average annual budget for a needle exchange in NYC is \$200,000; the estimated lifetime cost of treating one person with HIV is \$150,000.

- Collectively, the programs have achieved an estimated 63 percent reduction in needle sharing among users.

- The vast majority of the city's needle exchange clients reside in the same zip code as the program they visit. This means the programs do NOT draw drug users to neighborhoods.

- Within the first three years of needle exchange operation in the city, the rate of new infections among drug users each year was cut by more than half.

- In the first ten years of operation, the prevalence of HIV infection among drug users dropped from 51 percent to 12.5 percent.

Source: New York City Department of Health and Mental Hygiene. Presentation to Queens Community Board 2. March 4, 2004.

Notes

1. CDC. Youth Risk Behavior Surveillance—United States, 2003. Morbidity and Mortality Weekly Review. May 21, 2004.
2. CDC. HIV/AIDS among Young People. May 2005. <http://www.cdc.gov/hiv/pubs/facts/youth.pdf>.
3. CDC. HIV/AIDS Surveillance in Adolescents: L265 Slide Series. April 2005.
4. CDC. HIV/AIDS Surveillance Report, vol. 13, n. 2, tables 13-14.
5. CDC. Youth Risk Behavior Surveillance—United States, 2003. Morbidity and Mortality Weekly Report. May 21, 2004.
6. Open Society Institute. Drug Addiction Treatment Program overview, available online at http://www.soros.org/initiatives/baltimore/focus_areas/drug_addiction.
7. Wright, Kai. The Time is Now: The State of AIDS in Black America. The Black AIDS Institute, February 2005.
8. Cohen, Cathy J. The Boundaries of Blackness: AIDS and the Breakdown of Black Politics. Chicago: University of Chicago Press, 1999.
9. Staples, Brent. “How Needle Exchange Programs Fight the AIDS Epidemic,” The New York Times. October 25, 2004.
10. DesJarlais D and others. 2000 United States Syringe Exchange Program Survey. The Baron Edmund de Rothschild Chemical Dependency Institute. Presented at 12th North American Syringe Exchange Convention. April 12, 2002.



CHAPTER FOUR

Pinned Down, Locked Up

Poverty, Prison and Black Youth

Everybody knows the Q101 bus line. It's iconic in Black and Latin neighborhoods around New York City—the line that runs out to Riker's Island. On any given afternoon on the island, which is totally turned over to the city department of corrections as real estate for the nation's largest jail, an unnervingly commonplace ritual unfolds. Hordes of young women, universally Black and Latin, pile off the Q101 and gather at the jail's front door. They mill about smoking and chatting under the watchful eye of prison guards, awaiting their turns to see boyfriends, husbands, “baby daddies” and just guys-of-the-moment who—like nearly 13 percent of the nation's Black men in their 20s—is locked up.¹

The Q101 has a late-night counterpart. This one runs in the wee hours of the morning, shuttling its charges from Riker's to the dark, run-down corner of Queens where the city dumps all male inmates being released on a given day, right around four o'clock in the morning. The passengers—uniformly Black or Latin, almost as uniformly under the age of 30—tumble off the bus literally pounding their chests in defiant exclamation of their

regained freedom. Some have been locked up for months, many for just days, most will be back—indeed, most are already repeat customers. A higher percentage of them are HIV positive than any other geographic grouping in the nation.

“It's 3:30 in the morning and folks are coming off the bus. You get that image: I'm cool, I'm out,” says Douglas Miranda, who runs a Fortune Society project that meets the young men as they hit the street, trying to capitalize on one last opportunity to get their attention about HIV prevention and AIDS care before they disappear back into their volatile lives. “But it's almost like that's not what they're feeling; that's just the image they present. But it goes,” he snaps his fingers, “that quick.”

And with it goes any chance at conducting a real intervention that could have stopped them from passing on their infection or gotten them into desperately needed support services. “The folks that we're working with and dealing with who are HIV positive, it's just this other problem on top of a whole pot full of problems,” Miranda explains. “But more and more, these are the folks that



Young, Black and Broke

African American youth, even when employed are far more likely to live in poverty than their white peers.

Share of 16 to 24 year olds with jobs who still live in poverty:

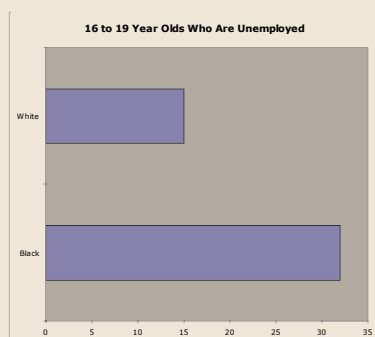


Black – One in five

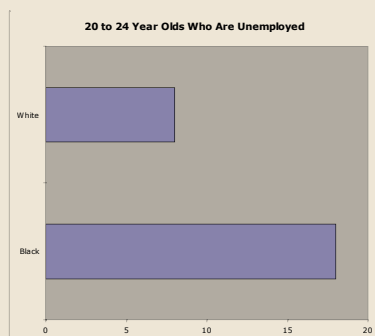


White – One in ten

Percentage of 16 to 19 year olds who are unemployed:



... And of 20 to 24 year olds:



Source: U.S. Department of Labor, Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey.

nobody cares about. That nobody's dealing with. It's like," he stops, sighing through a long, frustrated pause, "that's why folks are dropped off here in the middle of the night. We can make believe they don't exist."

Today in the United States, it is more likely that a young African American man or woman will live in poverty or end up in jail or prison than attend a four-year college or university. Although Black youth represent 14 percent of the total youth population, they represent 39 percent of all incarcerated juveniles and 45 percent of all those incarcerated between the ages of 18 and 24.²

Meanwhile, 29 percent of African American youth ages 15 to 24 are living in poverty, compared to 12 percent of white youth in the same age group.³

These may seem like abstract figures, but they add up to very real disadvantages in life. They mean that shocking numbers of young African Americans receive poor, underfinanced educations; confront limited job opportunities; live below the poverty line; and ultimately are at greater risk for HIV/AIDS.

While poverty is widely understood to be associated with the spread of HIV and AIDS among youth in developing countries, and incarceration is increasingly understood to be associated with high rates of HIV infection among the adult prison population in the United States, there is much less mention of the impact both of these important factors have on the high rates of HIV infection among African American youth.

Poverty's Lingering Miasma

The relationship between poverty and HIV/AIDS among African American youth has rarely been explored, but the few studies that exist show strong evidence of a connection.⁴

A group of Massachusetts researchers published a 2000 study in which they looked at the poverty and density rates in neighborhoods around the state and compared the intensity of their epidemics. They found that the cumulative incidence of AIDS was nearly seven times higher among people living in neighborhoods with high poverty rates than among those living in affluent neighborhoods.⁵ Of the just over 8,000 AIDS cases reported between 1988 and 1994, the study found, more than half lived in neighborhoods where at least 10 percent of the population was below the poverty line, where there were more than 10,000 people per square mile, and where fewer than 2 percent of households had incomes of at least \$150,000.

The study also found that the relationship between poverty and AIDS in the United States is particularly pronounced for African Americans. Black men in dense neighborhoods had the highest rate of reported cases of any group, 1,053 per 100,000 residents. Class also matters within race. Among Black women, incidence rose along with the density of the neighborhoods they lived in, and dropped as the number of high-income families in their neighborhoods climbed.

If this study is any guide, there's little wonder African American youth are so dramatically over-represented among people living with HIV. Even among those youth with jobs, Blacks are struggling. Nearly one in five (19 percent) of Black youth ages 16 to 24 who have jobs still live in poverty, compared to 11 percent of their employed white peers.⁶

Of course, an employed Black youth is an increasingly rare sight. In 2004, the unemployment rate for African American youth ages 16 to 19 was 32 percent, among those aged 20 to 24 it was 18 percent.⁷ These percentages are each more than twice that for white youth and approximately three times the rate for African American adults.⁸

This sort of relentless poverty impacts health in direct ways. A young women living

in poverty may be forced, either formally or informally, to trade sex for money, food or drugs. It's a less than ideal situation for her to demand that her sexual partner use a condom. We can also imagine that a young man who is injecting drugs may find it difficult to secure the money needed to purchase clean needles every time he gets a fix.

But poverty manifests itself within the epidemic in more subtle ways as well. While much has been written about the feelings of invincibility among the young—which

Linking Poverty and AIDS

A group of Massachusetts researchers tracked the poverty and density rates in neighborhoods around the state and compared the intensity of the AIDS epidemics in each. Looking at the state's just over 8,000 reported AIDS cases between 1988 and 1994, they found poverty and density to be reliable predictors of a raging epidemic.

The cumulative AIDS incidence for neighborhoods with high poverty rates was seven times higher than among those living in affluent neighborhoods. Just a shocking was the finding that more than half of the reported AIDS cases were in neighborhoods where:

- at least 10 percent of the population lived below the poverty line;
- there were more than 10,000 residents per square mile; and
- fewer than 2 percent of households had incomes of at least \$150,000.

Source: Zieler, Sally, et al. "Economic Deprivation and AIDS Incidence in Massachusetts." *American Journal of Public Health*, 90(1), pp. 1064-1073.





may make them worry less about contracting HIV—we must also recognize that young African American women and men who find themselves in poverty, with little hope of doing better economically, may believe they have no real reason to take preventive measures to protect themselves from HIV. More likely, they may simply face more immediate pressures and concerns than a long-term, slow-developing disease. When you face crises all day, you’ve got no choice but to prioritize the most acute ones.

“Folks are in many ways just unprepared to deal with life,” says Fortune Society’s Miranda, of the young men tumbling off the Riker’s bus every morning, “never mind having to deal with this health issue”

Behind Bars

Currently, there are over two million Americans in jails or prisons; a vastly disproportionate number of them are young, Black men.⁹ It’s a problem that is worsening rather than improving: Between 1974 and 2001, according to the U.S. Department of Justice, the annual estimate for the number of African Americans that were likely to be incarcerated at some point during their lifetime tripled.¹⁰ As of 2001, it was estimated that one in three African American males and one in 20 African American women will be in jail or prison at some point in their life.¹¹

For youth, the racial divide is stark. African American youth ages 15 to 24 represent just 14 percent of the total youth population, but they represent 39 percent of all incarcerated juveniles and 45 percent of all those incarcerated between the ages of 18 and 24.¹²

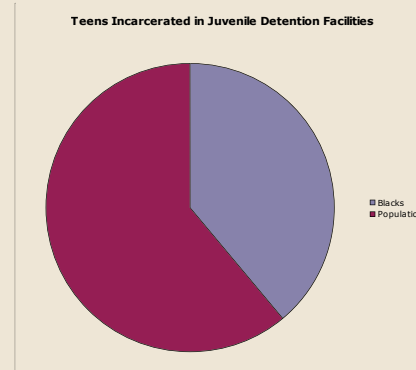
These numbers are staggering in and of themselves, but they take on even graver consequences when we consider how the disproportionate rates of incarceration relate to HIV infection rates among Black youth.

Black Kids Behind Bars

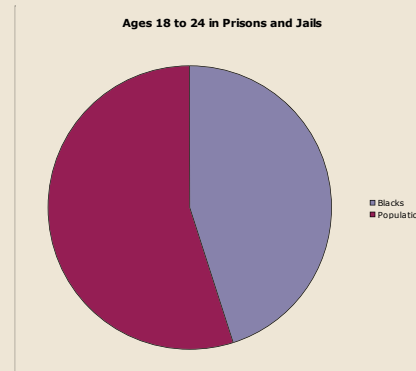
As of June 2004, Black males between the ages of 20 and 39 accounted for a full quarter of all people incarcerated in America, and a stunning 12 percent of 25 to 29-year-old Black men were locked up.

African Americans are just 14 percent of the youth population, ages 15 to 24. But they are an overwhelming presence in the nations’ prisons and jails.

Racial breakdown of teens incarcerated in juvenile detention facilities:



Racial breakdown of young people aged 18 to 24 in prisons and jails:



Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics Bulletin, *Prison and Jail Inmates at Mid-year 2004*.

Some estimates put the HIV infection rate inside prisons as much as five to six times higher than the rate in the general population.¹³ The Bureau of Justice Statistics puts the rate of HIV infection at three and one-half times the rate in the general population. Moreover, it has been reported that 20 to 26 percent of people living with HIV/AIDS in the U. S. have spent time in the correctional system.¹⁴

Unfortunately, no real information exists on how many African American young people in prison and jail are HIV positive, since the Bureau of Justice Statistics does not breakdown its epidemiological data on HIV in prisons by both race and age. However, a mere glance at both the overall infection rates and the lopsided racial demographics of inmates strongly suggests that the epidemic in prison is a distinctly African American one.

Of those in prison who have ever been tested for HIV, three percent of African American women are positive, compared to 1.6 percent of white women—or, roughly double the rate of white female inmates. A similar disparity was found among men, with one percent of Black male inmates testing positive, compared to 0.6 percent of white inmates.

The same disparity exists among inmate AIDS death rates. Blacks who are incarcerated accounted for two-thirds of all AIDS-related deaths in prison in 2002; a rate two-and-a-half times that of white inmates and two times that of Latinos.¹⁵

If there is any hope regarding HIV transmission and young African Americans who are incarcerated, it might be found in the statistic that inmates 24 and younger have the lowest rate of HIV infection among those who have ever been tested: 2 percent, compared to 2.7 percent among inmates 45 and older.¹⁶

Missed Opportunities

Juvenile detention centers and prisons are not prepared to deal with the reality of AIDS they face. Almost all ban from their facilities the resources that have been proven to stop new infections: condoms, clean needles and fresh tattoo ink. Whether prison officials forbid sex and drugs or not, inmates are finding ways to engage in both. They are also using homemade tattoo kits and ingeniously created ink for tattooing—another supposedly outlawed practice in prison—all materials that capable of transmitting HIV when shared between individuals.

Nor are prison systems providing adequate drug treatment programs for the youth they have law enforcement has so aggressively rounded up as part of the war on drugs. A study by the National Center on Addiction and Substance Abuse at Columbia University indicated that although 800,000 people in correctional settings could potentially benefit from substance abuse treatment, fewer than 150,000 actually participate in these programs. According to the same study, not enough prison and jail systems have comprehensive drug treatment programs, and those that do focus on education rather than behavior change.¹⁷

Undoubtedly, there are those individuals that do not believe we should provide individuals convicted of a crime with the resources they need to protect them from HIV/AIDS. But the risk of HIV and AIDS cannot be kept behind bars. The epidemic behind bars easily spills over into the general public, particularly in poor neighborhoods from which disproportionate numbers of those incarcerated hail. Correctional facilities now release approximately 600,000 people each year, and most of these people return to the same neighborhoods where they used to live.¹⁸

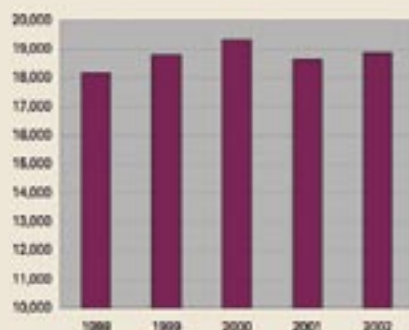
There has been woefully little research



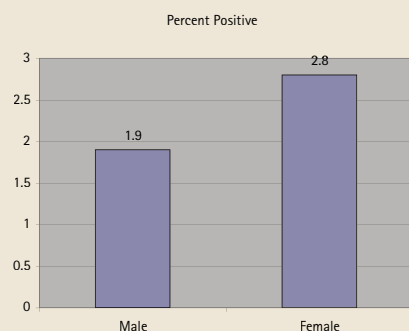
The Epidemic Behind Bars

At the end of 2002, the nation's correctional facilities reported 23,864 inmates living with HIV, or 1.9 percent of the national prison population. Of those people, 5,643 had been diagnosed with AIDS.

Corrections officials boast that the number of positive inmates has steadily declined since the late 1990s. That is accurate, unless you discount New York State, which uses a formula for estimating infection rates that throws off the national numbers. Discounting New York, the number of HIV infected prisoners has remained steady.



While the known infections among men far outnumber those among women, a higher percentage of the female inmate population is known to be positive.



Source: Maruschak L. *HIV in Prisons and Jails*, 2002. Bureau of Justice Statistics. U.S. Department of Justice. December 2004.

tracing the direct link between epidemics behind bars and in communities. But University of North Carolina researcher Jim Thompson has begun an effort to do just that, looking at county-by-county STD and incarceration rate data in North Carolina. His research suggests a dynamic interaction between sexually transmitted disease patterns in the street and in the jailhouse, as both rise and fall in tandem. "The relationships are even stronger when you introduce a one-year time lag" between measuring incarceration and measuring STDs, Thompson says. "It strengthens the hypothesis that incarceration is leading to STDs."

Notes

1. Bureau of Justice Statistics. U.S. Department of Justice. Prison and Jail Inmates at Midyear 2004. April 2005.
2. Ibid.
3. U.S. Census Bureau. Current Population Survey, 2004. Annual Social and Economic Supplement.
4. While there are some studies of states and metropolitan areas, there are no nationally representative studies that connect chronic poverty to AIDS among Black adolescents and young adults in the United States.
5. Zieler, Sally, et al. "Economic Deprivation and AIDS Incidence in Massachusetts." *American Journal of Public Health*, 90(1), pp. 1064-1073.
6. U.S. Census Bureau. Community Population Survey, Annual Demographic Survey. Table 8.
7. U.S. Department of Labor, Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey.
8. Ibid. The unemployment rate for white youth is 15 percent for those who are 16 to 19 years old and 8 percent for those between the ages of 20 to 24. The unemployment rate for African Americans ages 25 and older is 8 percent.
9. Kantor, Elizabeth. "HIV Transmission and Prevention in Prisons." HIV InSite Knowledge Base Chapter, February 2003.
10. U.S. Department of Justice, Bureau of Justice Statistics, Prevalence of Imprisonment in the U.S. Population, 1974-2001
11. Ibid.
12. Bureau of Justice Statistics. U.S. Department of Justice. Prison and Jail Inmates at Midyear 2004. April 2005.

13. Kantor, Elizabeth. "HIV Transmission and Prevention in Prisons." HIV InSite Knowledge Base Chapter, February 2003.

14. Hammett TM et al. "The Burden of Infectious Disease Among Inmates and Releasees from Correctional Facilities." The Health Status of Soon-to-be-Released Inmates. Report to Congress' National Commission on Correctional Health Care. March 2002.

15. U.S. Department of Justice, Bureau of Justice Statistics. "HIV in Prisons and Jails, 2002." 2004.

16. Ibid

17. The National Center on Addiction and Substance Abuse at Columbia University. Behind Bars: Substance Abuse and America's Prison Population. January 1998.

18. Urban Institute. "Prisoner Re-entry: Overview." Overview of policy center work. 2005.



CHAPTER FIVE

Silencing the Teachers

Sex, Education and Abstinence

As safe-sex advocates seek fun and creative ways to promote methods of protection, condom negotiation, and STD testing, abstinence or no-sex-until-marriage advocates are starting their own revolution. With the support of the government, abstinence programs have evolved into mass-media campaigns with everything from blinged out “Worth Waiting For” chains to bumper stickers to weekend “abstinence camps.”

Quickly, the abstinence-only movement is gaining momentum. But what does it offer youth in today’s sex-obsessed culture? Is it possible that abstinence is the most reasonable solution against the spread of HIV? And what does this approach offer those who are more likely to engage in risky sexual behaviors?

What They’re Learning

Despite all the controversy surrounding sex education in America’s schools, it is actually a quite popular and established part

of the educational system. A recent Kaiser Family Foundation study found that nearly 89 percent of the nation’s approximately 20 million public secondary school students will take sex education at least once between 7th and 12th grades.¹

However, students will learn widely different things in these classes. While some students will get a comprehensive sex education, or what some call “abstinence plus,” involving messages about both delaying sex and preventing disease and pregnancy, others will learn solely about ways in which sex is damaging and skills for avoiding it altogether.

Abstinence-only sex education programs have a two-fold requirement: teachers must talk to students about refraining from sex until they are married, but they are also urged to any information on condom use and birth control, unless it is to present those tools failure rates. The educational philosophy is that accurate information on contraceptives will encourage sexual activity.²

But parents largely disagree. In the Kaiser survey, 46 percent of respondents believed that an abstinence-plus approach—which



What Parents and Educators Want

- 46 percent of Americans want kids to learn about both delaying sex and preventing disease in sex education classes.

- Just 15 percent of people surveyed want lessons restricted to abstinence discussions.

- 71 percent think it's "appropriate" for teens to be able to get contraceptives from clinics and doctors without parental approval.

What Students Get

- 30 percent of middle schools and high schools that have sex education courses teach only about abstinence.

- 47 percent of schools with sex ed classes teach both abstinence and safer sex.

- 34 percent of schools teach students how to use condoms correctly.

Sources: Kaiser Family Foundation, Harvard University John F. Kennedy School of Government and National Public Radio. "Sex Education in America." January 2004; U.S. Centers for Disease Control and Prevention. School Health Policies and Programs Study. 2000.

includes information about both delaying sexual activity and how to protect against disease and unintended pregnancy when having sex—was the best curriculum for sex education. Only 15 percent of parents surveyed

believed that schools should teach abstinence solely.³

Yet, a separate Kaiser survey of public secondary school principals found that 34 percent of principals said their school had abstinence-only programs, while 58 percent said their school offered a comprehensive sex education program.⁴

Research suggests that comprehensive sex-education is closely associated with the use of contraception, the delay of sex and a reduction in sexual activity. But not all comprehensive sex education curriculums are the same.⁵

Because of the broad range of curricula offered in such courses, not all comprehensive sex education programs cover the same topics. So while all comprehensive sex education courses provide students with some sort of information concerning HIV/AIDS and pregnancy, even they seem to vary in how far they are willing to go to arm students with needed information about sex and sexual relationships. For instance, a 2000 study found that while a high-percentage of schools covered topics such as abstinence (72 percent), how STDs are transmitted (95 percent) and risks associated with multiple sex partners (85 percent), a lower percentage dealt with condom efficacy (65 percent) and even fewer taught students how to use a condom correctly (34 percent).⁶

Moreover, few schools teach skills directly related to sexual activity. The same study found that only 58 percent of schools taught communication skills related to sexual behaviors and only 62 percent taught goal-setting skills related to sexual behaviors.⁷ The numbers were significantly lower when restricted to elementary schools.

Likewise, many sex education programs are not introduced until late in junior high or even high school, thus restricting information from students that are perceived to be too young for sex. This is particularly problematic for Black youth who are more likely to have

sex before the age of 15.⁸

Given these variations in programs and curriculums, even if a student is receiving comprehensive sex education they may not be receiving all the information they need to facilitate both their physical and sexual health. This means that Black youth—who are more likely to be poor, more likely to be incarcerated, more likely to engage in sex at an early age—may not have access to “true” comprehensive sex education, which can provide them with the information and skills they will need to navigate their sexual lives.

Changing Federal Priorities

The federal government’s support for abstinence-only education began, in 1981, with the Adolescent Family Life Act. The controversial program was the source of signifi-

cant legal wrangling and remained relatively modest in scope until 1996. Then, under the Clinton administration and through the controversial Personal Responsibility and Work Opportunity Reconciliation Act, or “welfare reform,” Congress set aside \$250 million over five years for state-initiated abstinence programs. That initiative was reauthorized in 2004.

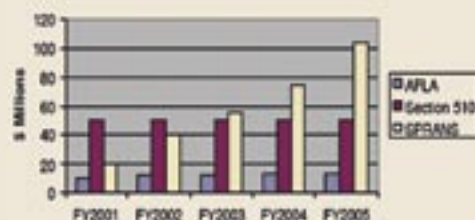
In 2001, the Bush administration dramatically expanded these fledgling efforts by establishing the Special Program of Regional and National Significance—Community-Based Abstinence Education, or SPRANS. This is now the federal government’s largest and fastest growing abstinence-only education initiative, operating through direct grants from the Department of Health and Human Services to abstinence-only programs around the country. In 2004, SPRANS had a budget of \$75 million.⁹ In 2005, it is expected that the government will spend nearly \$170 million on abstinence-only programs.

All told, in the last five years almost \$1 billion has been allotted to abstinence-only programs.¹⁰ Given such financial support by the Bush administration, it is not surprising that abstinence-only sex education programs are now estimated to reach “millions of children and adolescents.”¹¹

These programs are rapidly evolving and expanding. They feature innovative approaches designed to create in-groups defined by the members’ willingness to delay sexual activity. Students wear “purity rings” and declare themselves “secondary virgins,” or young people who have been sexually active in the past but now commit to abstinence until marriage.¹² One study found that about 16 percent of all American teenagers have taken a public pledge to abstain from sex until marriage. And while there are numerous abstinence programs, with different emblems, slogans and practices, they all stress that sex after marriage is the best way to protect oneself against pregnancy, disease, and shame.

Ab Ed

Abstinence-only education is funded through three federal programs: money budgeted annually under the 1996 welfare reform law, which was most recently renewed in 2004; the Adolescent Family Life Act (AFLA), which was first passed in 1981; and direct grants from the Department of Health and Human Services (HHS). Under the Bush Administration, the annual abstinence budget has more than doubled, driven almost entirely by grants from HHS.





What Our Kids Are Learning

Since 2001, when the Bush Administration took office, the federal budget for abstinence-only programming has doubled, reaching nearly \$170 million in 2005 (of the \$270 million originally requested). Because a portion of the federal money is distributed to states, which are required to provide matching funds, the actual amount of spending driven by federal policies is significantly higher.

The federal spending increase during the last four years has been driven almost entirely by a U.S. Department of Health and Human Services (HHS) program that gives grants directly to community-based organizations to develop and administer abstinence-only projects. The HHS initiative, named Special Programs of Regional and National Significance, or SPRANS, has grown from \$20 million for 33 programs in 2001 to \$104 million for more than 100 grantees in 2005.

These hundreds of programs all utilize a handful of abstinence-only curricula. In 2003, 13 curricula were used by more than two-thirds of the SPRANS programs. In 2004, California Democratic Congressman Henry Waxman ordered a Congressional review of those 13 curricula. **The review found that 11 of the 13 abstinence-only curricula contained “false, misleading or distorted information.”** Here are some examples of the sorts of things Rep. Waxman’s review found that the SPRANS programs teach America’s school children.

■ **You can get HIV from tears and sweat.** One curriculum fantastically listed tears and sweat in a column titled “At Risk” for transmitting HIV. Both fluids have been dismissed as transmission routes for HIV since the early days of the epidemic. HHS funded 19 programs that used this curriculum in 2003.

■ **Condoms don’t work.** Several curricula cited a long-discredited 1993 study that claimed condoms prevent HIV transmission only 69 percent of the time. In 1997, HHS publicly distanced itself from the study, echo-

ing countless other researchers in explaining that the study was based on “serious errors” in methodology. Another curriculum attacked one of the leading studies proving condom effectiveness, citing “university groups” that challenged its findings. The study in question looked at 15,000 acts of intercourse between an HIV-positive and negative person in which a condom was used; it did not find a single incidence of viral transmission. The challenging “university groups” that the abstinence-only curriculum cites turn out to be six letters to the editor of the *New England Journal of Medicine*, where the original study was published.

■ **Women need money from men.** The curricula regularly presented gender stereotypes as scientific facts. One curriculum, used by 19 HHS grantees, listed “Financial Support” as among the “5 Major Needs of Women” and “Domestic Support” under the same list for men. It goes on to explain, “Just as a woman needs to feel a man’s devotion to her, a man has a primary need to feel a woman’s admiration. To admire a man is to regard him with wonder, delight, and approval.” Another curriculum, used by 32 HHS grantees, taught that “guys are able to focus better on one activity at a time” because women “experience feelings and emotions as part of every situation.”

■ **Men need sex from women.** The same curriculum that listed financial support as a top female need and domestic support as a top male need also taught, “A male is usually less discriminating about those to whom he is sexually attracted. ... Women usually have a greater intuitive awareness about how to develop a loving relationship.”

In 2003, 69 programs in 25 states used the curricula in Rep. Waxman’s study. Those 69 programs have received over \$90 million in federal funding since 2001.

Source: Committee on Government Reform, Minority Staff. U.S. House of Representatives. The Content of Federally-Funded Abstinence-Only Education Programs. December 2004.

Certainly, efforts to change social norms and make it cool-to-be-a-virgin are welcome. The question remains, are they sufficient?

Little evidence suggests that youth are really embracing the virginity-until-marriage movement. A recent study showed that about 88 percent of youth who sign abstinence pledges eventually break them, meaning they have sex before marriage.¹³ And while some studies show evidence that abstinence-only programs and abstinence pledges delay sexual intercourse, almost none find that youth go the distance, waiting to have sex until they tie the knot.¹⁴

In fact, some studies are showing quite the opposite—that some teens who take abstinence pledges are having sex more than those who do not. A recent Texas study found that teens in that state actually increased sexual activity after completing an abstinence program.¹⁵

Hannah Bruckner of Yale University and Peter Bearman of Columbia University also found that youth who sign pledges are more likely to engage in other risky sexual behaviors, such as unprotected anal and oral sex. Male pledgers are four times as likely to have anal sex.¹⁶ So the stakes of failure for abstinence-only programs are not just that youth will break their promise, but that youth who do so will be unprepared to protect themselves.

The lack of effectiveness of abstinence-only programs may stem from the inaccurate information some of these programs present. A government-sponsored report on the content of such programs found that “over 80 percent of abstinence-only curricula used by two-thirds of SPRANS grantees in 2003, contain false, misleading or distorted information about reproductive health.”¹⁷ For instance, the report found that some lessons taught that “condoms fail to prevent HIV transmission as often as 31 percent of the time in heterosexual intercourse,” despite scientific evidence that shows, when

used properly, condoms provide safe protection over 90 percent of the time.¹⁸ Similarly, the Washington Post reported in 2004 that, “[M]any American youngsters participating in federally funded abstinence-only programs have been taught over the past three years that abortion can lead to sterility and suicide, that half the gay male teenagers in the United States have tested positive for the AIDS virus, and that touching a person’s genitals can result in pregnancy,” all assertions that are unsupported by scientific evidence.¹⁹

While the health of Black youth is constantly compromised due to factors such as poverty, lack of health care and incarceration, abstinence programs appear to be the latest in a long list of threats. These programs restrict important information concerning HIV/AIDS that young African Americans need. With HIV and AIDS ravaging youth communities across the country, religious leaders, community organizations, schools, and political leaders must support techniques and programs such as sex education that have proven to be effective at protecting our youth. Fundamental to all such efforts has to be the provision of accurate and truthful information. How will we explain to young people who become infected because they did not know how to use a condom that we kept that information from them in order to maintain our moral vision of what their lives should be, instead of confronting the challenges they are actually facing?

Notes

1. The Henry J. Kaiser Family Foundation. Sex Education in the U.S.: Policy and Politics. Issue Update. October 2002.

2. Rector, Robert E. et al. “What Do Parents Want Taught in Sex Education Programs?” Heritage Foundation Backgrounder #1722. January 28, 2004.

3. Kaiser Family Foundation, Harvard University John F. Kennedy School of Government and National Public Radio. “Sex Education in America.” January 2004.

4. The Henry J. Kaiser Family Foundation. Sex Education in the U.S.: Policy and Politics. Issue Update. October 2002.

5. Kirby, Doug. "Do Abstinence-Only Programs Delay the Initiation of Sex among Young People and Reduce Teen Pregnancy?" The National Campaign to Prevent Teen Pregnancy. October 2002.

6. U.S. Centers for Disease Control and Prevention. School Health Policies and Programs Study. 2000.

7. Ibid.

8. CDC. Youth Risk Behavior Surveillance—United States, 2003. Morbidity and Mortality Weekly Report. May 21, 2004.

9. United States House of Representatives, Committee on Government Reform—Minority Staff, Special Investigations Division. The Content of Federally Funded Abstinence-Only Education Programs. December 2004.

10. Connolly, Ceci. Some Abstinence Programs Mislead Teens, Report Says. The Washington Post. December, 2, 2004.

11. United States House of Representatives, Committee on Government Reform—Minority Staff, Special Investigations Division. The Content of Federally Funded Abstinence-Only Education Programs. December 2004.

12. Resnick, Michael D, et al. "Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health." Journal of the American Medical Association, vol. 278, n. 10. September 10, 1997.

13. Altman, Lawrence K. "Study Finds that Teenage Virginity Pledges are Rarely Kept." The New York Times. March 10, 2004.

14. Ibid.

15. MSNBC.com. Teen sex increased after abstinence program: Texas Study finds little impact on sexual behavior. February 1, 2005.

16. Hannah Bruckner and Peter Bearman. "After the promise: the STD consequence of adolescent virginity pledges." Journal of Adolescent Health. 36; 271-278. 2005.

17. United States House of Representatives, Committee on Government Reform—Minority Staff, Special Investigations Division. The Content of Federally Funded Abstinence-Only Education Programs. December 2004.

18. Ibid.

19. Connolly, Ceci. "Some Abstinence Programs Mislead Teens, Report Says." The Washington Post. December, 2, 2004.





CHAPTER SIX

A Bad Rap?

The Role of Hip-Hop Media

To anyone watching, “American Idol” star Fantasia Barrino’s story is a heartwarming example of success, of a talented Black woman making it against all odds. At age 20, Fantasia is a single mother with a 3-year-old child who, remarkably, has balanced an exploding career with the responsibilities of parenthood. And for her debut album, Fantasia, she penned a song honoring that achievement. But the song, “Baby Mama,” touched a raw nerve in the Black community and among those concerned about the sexual health of urban youth.

In the song, Fantasia boldly challenges the stigma attached to her place in life by calling her success “a badge of honor.” She champions young women who face the mammoth challenge of single motherhood and don’t give up, singing, “There should be a holiday for single mothers, but until then here’s your song.”

Critics heard something entirely different: One more hip-hop culture message reinforcing depravity and self-destructive behavior among Black youth. The song, they charged, perversely celebrates a tragic outcome: babies having babies, as the phrase

goes.

According to the 1994 National Black Politics Study, 78 percent of African Americans between the ages of 18 and 29 have been exposed to rap media.¹ A more recent 10 city study of urban Black youth conducted by Motivational Education Entertainment Corporation found that African American youth were active consumers of rap media via avenues such as CDs, television, radio and magazines.²

Yet, the vast majority of the images and portrayals of African American youth found in hip-hop media promote narrow, stereotypical and largely negative caricatures of Black youth culture—particularly when it comes to sex. Young Black women are represented as willing sexual objects who have no rightful claim to agency in the sexual-decision making process. Conversely, young Black men are celebrated for their sexual prowess, violence and hyper aggressiveness, particularly in their relationships with women.

The skewed picture doesn’t stop with sex. Drug use takes on an outsized role in hip-hop media’s depiction of Black youth culture.³ Despair and nihilism are never far from the



Hip-Hop and HIV, by the Numbers

Despite all the hand-wringing over what role the often negative images and messages found in hip-hop media play in the sexual and drug using decisions of Black youth, one thing seems clear: Hip-hop media has unparalleled potential as a social marketing tool.

Among the most successful HIV/AIDS awareness campaigns launched in any sector of society to date is an innovative and bold partnership between the Kaiser Family Foundation and Viacom's suite of media programming and platforms called "Know HIV/AIDS." It has inundated the Black media landscape with popular figures – many of them hip-hop artists – talking about HIV/AIDS. Here's some of the results.

- 94 percent of 18 to 24-year-olds interviewed have encountered the campaign;
- 75 percent of those who have encountered it say they've come across it at least three times;
- 90 percent say that the ads made them think about the seriousness of HIV/AIDS and the need to reduce their risk;
- 83 percent say that, as a result of the programming, they are more likely to take their sexual relationships seriously;
- 77 percent report that they are now more likely to use condoms if they have sex.

Source: Kaiser Family Foundation. Assessing Public Education Programming on HIV/AIDS: A National Survey of African Americans.

surface of rap lyrics, with artists consistently reminding their listeners that their life opportunities are few. Unfortunately, many of these songs neglect to also notice the ways in

which systemic racial discrimination restricts choices in the lives of young Black Americans, much as they gloss over the real-world consequences of the behaviors that are glorified on screen or in lyrics.

As out of sync with reality as these images often are, given the prevalence of rap media in the lives of African American youth, we would be both naive and irresponsible if we chose to ignore the ways in which they ultimately can—and have come to—shape Black youth culture.

Ultimately, that reality cuts both ways: hip-hop's powerful position in Black youth culture can be used to perpetuate old problems or to build new solutions. It has the potential to be among our most powerful tools in the fight against HIV/AIDS among Black youth.

Indeed, some rap artists have already begun to use their influence to heighten awareness of the epidemic among African American youth. They need our help just as much as their less responsible counterparts—and the corporations that carefully control both their public personas and the content of their music—need our admonitions. What is strikingly clear is that if we do not make a conscious attempt to employ rap media in the fight against HIV/AIDS, corporate greed will continue to create and maintain a social context where high-risk behaviors are encouraged and their implications ignored.

Causal—or Just another Symptom of Distress?

*I smoke (Yea!), I drank (Yea!)
I'm supposed to stop but I can't (Uh-huh)
I'm a dog (Yea!), I love hoes (Yea!)
And I'm addicted to money, cars and
clothes
Do it big then
I do it big nigga [3x]
I Smoke, I Drank—Lil Boosie 2004*

Imagine being a young African American male, at a party or nightclub. You just arrived with some friends and the lyrics to this popular rap song are blasting. The beat is irresistible, even transitory. You start to subtly bob your head. As you walk in, and look across the room, you see many fellow young African American men and women signing or shouting out the lyrics while dancing, smiling and laughing. You may not even fully grasp what you're saying, but you begin to mumble to yourself, "I'm a dog, I love hoes..."

Just as you make these utterances, you make eye contact with a young African American woman. She is dancing in a celebratory fashion while smiling at you. You approach her and introduce yourself. Your body is moving with the rhythm of the music and the lyrics are pounding into your head. Would your attitudes and behavior be affected by what you're hearing and singing? Or, if you are the women in this analogy, does the fact that you are dancing to or even singing with this song reflect the ways in which you think about yourself, men, sex or drugs?

Some researchers are saying yes—sort of

Actually, few would suggest that one song, heard one time would significantly influence behavior. But what researchers are finding is that lyrics heard repeatedly, over time may have an affect on the decision-making and behaviors of young people, especially those behaviors that can put them at risk for HIV transmission. More and more studies are showing that the effect of high exposure to certain genres of rap music—like “gansta” rap—is associated with participation in the high-risk behaviors associated with HIV transmission. The

question is whether the music is causal, or just one more part of the lives of people who are put at risk for countless reasons.

Although research on the relationship between hip-hop and sexual behavior is limited, what does exist suggests that high exposure to rap media is associated with—though not a cause of—engagement in high-risk behaviors and sexually transmitted infections. One important study conducted by Gina Wingood and her colleagues examined the impact viewing rap music videos had on the sexual behavior of young African American women. Researchers recruited 522 non-urban, sexually active African American young women and girls to participate in the study. They found that those participants who had a high exposure to rap music videos were more than two times as likely to have multiple sex partners and one and a half times more likely to acquire an STD during the twelve-month period of observation.⁴

It's important to note that there is no causal argument here, nothing suggesting that just listening to rap music causes such behavior. Ultimately, the question of hip-hop's impact on behavior may be a red herring. Rap music is merely a component of certain types of environments that can facilitate risky sexual behavior.

However, other studies do demonstrate a connection between the perceived powerlessness that is associated with being the target of sexual objectification and a lack of condom use among African American women.⁵ Clearly rap media is not the only factor contributing to a feeling of powerlessness in young African American women, but we must acknowledge that the vast majority of mainstream or commercial rap media does not foster a sense of agency or empowerment in their sexual decision making.

Rap media has also been found to be associated with sexually aggressive acts toward young women by young men.⁶ The promotion of images representing “real” African

American males as sexually promiscuous, hyper aggressive, homophobic and violent is likely to have young African American males aspiring to fulfill such corporate-constructed ideals.⁷

Drug Rap

Alcohol and drug use are also prominent components of mainstream, or commercial rap media. However the link between the images and endorsements of rap artists using drugs and promoting alcohol and the substance use behaviors of young African Americans has been understudied. Hip-hop scholar Tanji Gilliam notes the research “reveals an interesting relationship between advertising and hip-hop. Rappers often provide corporations with the opportunity to receive free publicity. And the impact that particular brand marketing may have on the behaviors of youth often goes unstudied.”⁸

There is at least one study that demonstrates both the prominence of alcohol and drug use in rap songs and the lack of information concerning the consequences of such behavior. According to a 1996 study of the 1,000 most popular songs in the United States, references to alcohol and drugs were most frequent in rap songs when compared to other musical forms. In fact, substances appeared in 75 percent of rap songs in the sample, compared to 20 percent of Hot-100, 20 percent of alternative rock, 14 percent of country-western and 12 percent of heavy metal.⁹

Forty-seven percent of the rap songs reviewed contained references to alcohol and 63 percent referenced illicit drugs. The comparative percentages for alcohol were: heavy metal 4 percent; 13 percent in country-western, 12 percent in Hot-100 and 10 percent in alternative rock. Illicit drugs appeared in 11 percent of both Hot-100 and alternative rock songs and 9 percent of heavy metal. Only one

country-western song referred to illicit drugs.

While these percentages alone are troubling, only 19 percent of all songs with a reference to illicit drug use and nine percent of those referring to alcohol also provided information on the deleterious consequences of alcohol and drug abuse. It is easy to imagine that youth who have particularly strong identifications with rap artists who celebrate substance use might begin to aspire to use alcohol and/or drugs like their favorite performers.

Harnessing the Massive Potential

“It was really important for me to be involved with a campaign that is raising awareness of HIV/AIDS. I had an uncle succumb to HIV, so I’ve personally felt the impact of the disease. It’s important for everyone to be aware that this disease doesn’t just affect a single race or sexual orientation. The ‘Knowing is Beautiful’ campaign was especially important to me because I’m a true advocate of taking care of and loving ourselves, and that’s really what this campaign is about. So I was glad to be a part of the mission to help raise the consciousness about HIV/AIDS.”

*Common Sense,
Grammy Award Winner*

While rap media has been associated with risky sexual and drug use behaviors, there is also strong evidence that rap artists and rap media can be powerfully effective when we bother to recruit them into the fight against HIV/AIDS among African American youth.

Among the most successful HIV/AIDS awareness campaigns launched in any sector of society to date is an innovative and bold partnership between the Kaiser Fam-

ily Foundation and Viacom's suite of media programming and platforms called "Know HIV/AIDS." From billboards to public service announcements on Black Entertainment Television to radio spots to helping writers on Black-targeted programs like *Girlfriends*, the campaign has inundated the Black media landscape with popular figures—many of them hip-hop artists—talking about HIV/AIDS. This is an especially important initiative since nearly 90 percent of the Black youth surveyed in the Motivational Educational Entertainment study named BET as their favorite media source for rap music videos.

The campaign seeks to heighten awareness of HIV/AIDS among African American youth and to create a sense of power and responsibility. According to a recent evaluation of this intervention effort, not only is it successful in reaching young African Americans, but it has also led to some attitudinal and behavioral change.¹⁰

It has been remarkably successful in reaching its audience: 94 percent of 18 to 24-year-olds interviewed reported that they have encountered the campaign. Seventy-five percent of those who have encountered it reported seeing the ads and shows at least three times. Ninety percent said that the ads made them think about the seriousness of HIV/AIDS among African American youth and the need to reduce their risk. Eighty-three percent of respondents reported that, as a result of the programming, they are more likely to take their sexual relationships seriously and 77 percent reported that they are now more likely to use condoms if they have sex.

At the same time, the review pointed to areas where more work is clearly still needed. Only 52 percent of respondents said they have talked to their partner about safer sex since viewing the ads and only 28 percent have been tested for HIV. Therefore while young people are reporting increased awareness and changed attitudes toward unsafe sex,

not as many are changing their behaviors. Ultimately, popular culture and the media landscape seems to play an important role on the front end of the process: cuing young viewers and listeners either in or out of discussions about healthy lives. But it is no replacement—positive or negatively—for a comprehensive and aggressive public health work that gives youth not just the awareness, but the tools they need to protect themselves.

Notes

1. Dawson, Michael C. *Black Visions: The Roots of Contemporary African-American Political Ideologies*. Chicago: University of Chicago Press, 2001. p. 80.

2. Motivational Educational Entertainment, *This Is My Reality: The Price of Sex, An Inside Look at Black Urban Youth Sexuality and the Role of Media*. 2004.

3. Classification and Rating Administration of the Motion Picture Association of America. "Substance Use in Popular Movie and Music Issue Brief." 1999. Conducted by Mediascope.

4. Wingood, Gina M et al. "A prospective study of exposure to rap music videos and African American female adolescents' health." *American Journal of Public Health* 93:437-439. 2003. Although the study does not specify the type of STD contracted, the great majority of STDs (including HIV) can be avoided with the use of condoms.

5. Hetherington, S.E., R.M. Harris, R. Baker Bausell, K.H. Kavanagh, and D.E. Scott. 1996. "AIDS prevention in high-risk African American women: Behavioral, psychological, and gender issues." *Journal of Sex and Marital Therapy* 22:9-21.

6. Barongan, Christy and Nagayama Hall, Gordon C. The Influence of Misogynous Rap Music on Sexual Aggression against Women. *Psychology of Women Quarterly* 19:195-207. 1995.

7. Wade, Bruce and Thomas-Gunner, Cynthia. "Explicit Rap Music Lyrics and Attitudes toward Rape: The Perceived Effects on African American College Student's Attitudes." *Challenge: A Journal on African American Men*. October 1993.

8. Gilliam, Tanji. "Hip-hop and Politics," memo produced for Black Youth Project Website, October 2005.

9. Classification and Rating Administration of the Motion Picture Association of America. "Substance Use in Popular Movie and Music Issue Brief." 1999. Conducted by Mediascope.

10. Kaiser Family Foundation, *Assessing Public Education Programming on HIV/AIDS: A National Survey of African Americans*.

About the Black AIDS Institute

The Black AIDS Institute, founded in 1999, is the only HIV/AIDS think tank in the United States focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black institutions and individuals in efforts to confront HIV. The Institute conducts HIV policy research, interprets public and private sector HIV policies, conducts trainings, builds capacity, disseminates information, and provides advocacy and mobilization from a uniquely and unapologetically Black point of view.

What We Do

■ The Institute develops and disseminates information on HIV/AIDS policy. Our first major publication was the **NIA Plan**, which launched a national campaign to stop HIV/AIDS in African American communities by formulating and disseminating policy proposals developed through collaboration with federal, state and local government agencies; universities; community-based organizations; healthcare providers; opinion shapers and “gatekeepers.”

■ **The African American HIV University (AAHU)**, the Institute's flagship training program, is a two-year fellowship program designed to increase the quantity and quality of HIV education in Black communities by training and supporting peer educators of African descent.

■ **The International Community Treatment and Science Workshop** is a training and mentoring program to help people who are living with HIV/AIDS or who are working with community-based and non-governmental AIDS organizations to meaningfully access information presented at scientific meetings.

■ **The Drum Beat** is the Institute's Black media project designed to train Black media on how to report accurately on HIV/AIDS and tell the stories of those infected and affected. **The Black Media Task Force on AIDS**, a component of the Drum Beat Project, currently has over 800 Black media members.

■ The Institute publishes original editorial materials on the Black AIDS epidemic. Our flagship publication is a monthly newsletter, **Kujisource**, which has a distribution

of 25,000. Our web site, **www.BlackAIDS.org** attracts nearly 100,000 hits a month. The **Drum Beat** newspaper is a semi-annual tabloid with a distribution of 300,000. It is distributed to Black conventions, barber-shops, beauty parlors, bookstores and doctor's offices. The Institute's newest publication is **Ledge**, a magazine produced by and for Black college students and distributed on the campuses of historically Black colleges and universities around the country.

■ **Heroes in the Struggle**, an annual photographic tribute to the work of Black warriors in the fight against AIDS, is currently traveling to Black universities, museums and community-based organizations throughout the United States, providing information on HIV/AIDS.

■ The Black AIDS Institute and BET in association with the Kaiser Family Foundation also sponsors the **Rap-It-Up Black AIDS Short-Subject Film Competition** to highlight the issue of AIDS and HIV infection within the African American community. The 2004 Rap-It-Up winner, first-time filmmaker Tracy Taylor has been nominated for an NAACP Image Award. Taylor's film,

Walking on Sunshine, aired on BET and will be screened at film festivals throughout the year.

Rap-It-Up is designed to provide a voice and visual outlet for the thousands of African Americans living with or caring for those with HIV and AIDS, and/or fighting AIDS in Black communities. By showcasing examples of heroism from within Black communities, we can galvanize African Americans to refocus and recommit to overcoming this epidemic.

■ The Institute provides **technical assistance** to traditional African American institutions, elected officials and churches who are interested in developing effective HIV/AIDS programs, and to AIDS organizations who would like to work more effectively with traditional African American institutions.

Finally, nearly 30,000 people participated in AIDS updates, town hall meetings or community organizing forums sponsored by the Institute last year.

