



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

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New York City Department of Health and Mental Hygiene**

before the

**New York City Council Committee on Health**

regarding

**The HIV/AIDS Epidemic among MSM of Color in NYC**

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City Hall  
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Good afternoon Chairman Rivera and members of the Health Committee. I am Dr. Monica Sweeney, Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control at the Department of Health and Mental Hygiene (DOHMH). On behalf of the Department, thank you for the opportunity to discuss the HIV/AIDS epidemic among men who have sex with men, or MSM, of color in New York City. Today I will identify and assess the extent of the epidemic, describe DOHMH programs and initiatives, and identify some of the key challenges that we face in addressing this problem.

Public health measures have been effective in preventing the spread of HIV/AIDS in New York City, with the number of new HIV diagnoses each year falling by nearly one-third between 2001 and 2006. A decline has occurred for many demographic groups, but is most notable among injection drug users, who in 2006 accounted for 248 new HIV diagnoses, a 70% decrease from the 835 new diagnoses made in 2001. The risk of acquiring HIV perinatally has also decreased dramatically. Of 447 HIV exposed births in 2007, just five infants have thus far been reported as being born with HIV. In the past 18 years, the number of children in New York City diagnosed with HIV infection before age 13 has fallen from a high of 370 in 1992 to 11 in 2006, the last year for which this data is available. And among all men who report having sex with men, the number of HIV diagnoses has declined by 2.6% between 2001 and 2006.

Despite this progress, recent data has shown that some specific demographic groups remain particularly vulnerable.

While HIV (non-AIDS) diagnoses among MSM older than age 30 have declined by 22 % during the past six years, the opposite is true for younger MSM. The number of HIV diagnoses among young MSM increased by 32%, from 380 HIV diagnoses in 2001 to 502 in 2006. Among the youngest category, aged 13-19, new diagnoses have nearly doubled. The under-30 group now accounts for 44% of all new diagnoses among MSM in New York City, up from 31% in 2001.

Blacks and Hispanics bear a disproportionate share of this burden. Among all MSM under age 30, blacks received twice as many HIV diagnoses as whites in 2006, and Hispanics received 55% more than whites. The disparity is even more striking among adolescents; more than 90% of the MSM under age 20 diagnosed with HIV in 2006 were black or Hispanic (81 out of 87).

Geographically, every borough except Staten Island has seen an increase in HIV rates among MSM under age 30 since 2001. The largest increases occurred in Manhattan (57%) and Queens (49%). The increase in Manhattan was concentrated in East and Central Harlem (up 115%, from 26 to 56), and in the Chelsea and Clinton areas (up 56%, from 25 to 39).

The increase in HIV rates is consistent with recent increases in syphilis among men in NYC, and taken together, the information points to the probability of increased risky sexual behaviors among MSM. It is also consistent with epidemiologic reports from other large cities.

Many theories have emerged to explain the recent increase in HIV/AIDS diagnoses among young MSM, and particularly young MSM of color. Some point to the relative success of antiretroviral therapy (ARV). Most young MSM grew up after the introduction of highly effective medications. As a result, some young MSMs falsely believe that HIV/AIDS is easily manageable by taking a few pills and does not otherwise negatively impact one's life. They may have not had the experience of losing close friends, as in decades past, and this 'HIV treatment optimism' can minimize the impetus for reducing risky behaviors.

Other theories to explain this increase relate to changes in the way young MSM are finding sexual partners, for example, through the internet; and mistaken assumptions about the likelihood that partners are uninfected, which leads to low rates of condom use.

The prevention of HIV is central to the Department's overall plan to improve the health of New Yorkers.

Take Care New York, a health policy agenda for the City that prioritizes specific action steps to improve health, includes knowing one's HIV status as one of the top ten health priorities. To advance this step, the Department embarked on a broad-based plan to expand and routinize rapid HIV testing in New York City. Not only does the expansion of rapid HIV testing have the potential to greatly increase the number of people who know their HIV status, but will help us to identify young MSM of color with HIV earlier in the course of their disease in order to improve their health outcomes and reduce the spread of HIV to others.

The Department considers HIV testing an effective form of HIV prevention. Research shows that people who find out they are HIV positive reduce their risky behaviors by approximately 50%. The earlier people learn of their status, the earlier they are able to benefit from life-saving treatment and reduce their viral load, making them less infectious to others.

The scale-up of HIV testing is occurring on many fronts. The Department provides free and anonymous rapid HIV testing and counseling services in all of our 10 STD clinics. In 2007 our STD clinics performed more than 60,000 HIV tests, nearly double the number of tests done in 2003, when we did approximately 33,000 tests per year. STD clinics have also been using a new test to screen for individuals who are newly infected with HIV. These individuals often have high viral loads and are therefore highly infectious. Identifying these individuals increases opportunities for primary care, where both treatment and counseling will help further prevent the spread of HIV. Our 10 DOHMH Tuberculosis clinics also offer rapid HIV testing to their clients, and rapid HIV testing is now routinely offered to inmates upon admission to NYC jails, where the number of people undergoing voluntary testing has increased from 5,000 in 2003 to about 25,000 in 2007.

Outside of our own facilities, thanks in large part to the continued commitment by the Speaker and the Council, the Department contracts with hospitals, clinics and community based organizations for rapid testing services. Many of these testing sites are located in areas of the city that have been disproportionately affected by HIV/AIDS, and together these sites conducted close to 50,000 rapid tests in calendar year 2007.

The U.S. Centers for Disease Control and Prevention (CDC) also recognizes the importance of expanding HIV testing to help curtail the epidemic. In October 2007, the CDC awarded DOHMH a \$5.4 million grant to expand HIV testing among populations that are disproportionately affected by HIV, which in New York City includes primarily African-Americans. This funding now supports new services and programs including evening HIV testing hours at DOHMH STD clinics in Jamaica, Chelsea and Fort Greene. CDC funding is also being used for a Bronx-wide HIV testing initiative, which will attempt to ensure that all Bronx adults are offered an HIV test.

A new social network-based recruitment model for HIV testing focuses on populations that are sometimes difficult to reach by standard models, such as young MSM of color. With support from the CDC, DOHMH is funding six community-based organizations, four of which specifically target MSM of color, to recruit individuals for testing within their own social networks. These programs focus on vulnerable populations ranging from transgender youth to Latino sex workers.

In order to further reach young MSM of color for testing and treatment, the Department is collaborating with the Health and Hospitals Corporation and New York University to conduct HIV testing at two New York City bathhouses.

Prevention through the promotion of condom use is a key priority for the Department. Since the launch of the NYC Condom in February 2007, male condom distribution increased from 250,000 per month before 2005 to an average of more than 3 million condoms per month now. As part of our distribution strategy to promote safer sex to young MSM of color, the Department is continuing to conduct targeted outreach, and established partnerships with NYC clubs, bars and other businesses where MSM frequent. Sixty-eight venues are currently participating in our NYC condom program, and our outreach workers continue to identify and approach new venues.

DOHMH staff also participate in the Connect to Protect Coalition and the NYC Association of Homeless and Street-Involved Youth Organizations. These networks bring together government agencies, community-based organizations and interest groups serving young MSM of color and other vulnerable youth throughout the city. Their goal is to provide a more comprehensive service landscape for this diverse population which is at risk for HIV infection.

I would now like to turn to the Department's HIV prevention programs which are more specifically tailored to young MSM and young MSM of color. In 2007, the Department re-contracted its CDC HIV Prevention portfolio to provide a greater proportion of funding to community-based organizations that conduct behavioral

interventions and/or develop anti-stigma campaigns that target high-risk populations. Fourteen of our funded behavioral intervention activities specifically target MSMs, and five activities focus exclusively on MSMs of color. These programs focus on the promotion of safer sex behaviors, risk-reduction skills building, avoidance of substance use or substance use relapse, and provision of peer education around HIV prevention and sexual health. In addition, our portfolio currently supports two community based organizations, Gay Men of African Descent and Hispanic AIDS Forum, to develop and disseminate anti-stigma campaigns specifically addressing discrimination against MSM of color.

The Department is also planning to use a targeted media and social marketing campaign to reach young MSM of color. In the past seven months, we held six focus groups to develop culturally sensitive HIV prevention campaigns that will resonate with this population. The Department is also planning an internet campaign which will include testimonials about condom use and an illustration of the long-term health effects of HIV and its treatment.

I would also like to highlight that the HIV Prevention Planning Group (PPG), a citywide consortium of community members that advises the Department on HIV prevention activities, has one of its eight workgroups devoted exclusively to key issues of relevance or concern among MSM.

Despite these efforts, many challenges remain in addressing the HIV/AIDS epidemic among young MSM of color. As a society and community, we must address the new and potentially dangerous community norms that may have resulted from the success of ARV treatment. There is a need for a better understanding of the ways the internet affects risk-taking behaviors, and to evaluate the impact of the broad range of prevention strategies and programs currently employed in NYC and in other jurisdictions. Young MSM of color must also negotiate safer sex activities.

Controlling the spread of HIV/AIDS requires a coordinated effort at the federal, state and local levels. Unfortunately, today's fiscal climate is further constraining an already limited pool of available public health funding. With this in mind, it is our collective responsibility to direct resources as efficiently and effectively as possible to control this epidemic. The Department appreciates the Speaker and the Council's commitment to this issue, but we remain concerned that some of the nearly \$20 million in Council funding for HIV/AIDS programs included in the FY2008 budget may not be having its intended impact. We look forward to working with you in the coming weeks to develop an HIV budget for FY2009 that maximizes these limited resources.

I am happy to answer any questions you have at this time.

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