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HIV remains a deadly reality in Connecticut, especially among blacks, gay men

By Ed Stannard

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The HIV epidemic may be less visible than in the past, and less deadly, but the disease is still claiming victims, especially among blacks and gay men.

The early years of the AIDS scourge, when lesbians and gay men in particular were "watching our friends die in droves," according to Shawn Lang of AIDS Connecticut, is largely a history lesson to those who are now in their 20s and whose HIV-positive friends show no signs of the infection because of modern medications. So the numbers of new infections are rising again, especially among blacks and "men who have sex with men" (MSM), the government's term that goes beyond gays to include harder-to-reach men who live as heterosexuals, identify as straight, but seek out same-sex encounters.

With less prominence, government money to fight the epidemic is down, and sex education in schools tends to be outdated, offering abstinence as a sole prevention measure and focusing almost exclusively on heterosexuality, Lang said.

"I want to have evidence-based, accurate, updated information" taught in schools, she said.

According to the state Department of Public Health's HIV Surveillance Program, there were 348 newly diagnosed infections in 2011 in Connecticut, 39 percent of them among blacks and 45 percent MSM. The state reported 10,585 people living with HIV in 2011, with the state ranking eighth in the nation. Chris Cole, executive director of AIDS Project New Haven, remembered that in the late 1980s and early '90s, when the disease was prevalent among gay men, "We were watching our friends die. ... In the gay

community, people were scared." Using condoms became accepted, normal. Now, though, HIV is a chronic, controllable disease and those who are infected can live reasonably normal lives with undetectable levels of virus in their bloodstream. "The younger generation hasn't experienced AIDS in the same way that those of us in our 40s and older experienced it," Cole said.

For Chris Semk, 33, of New Haven, HIV "was never on my radar as something that could happen in my life." Semk is negative for HIV, but his partner, Jonathan Near, 32, has the virus, at undetectable levels because of three medications. Near was infected during a one-time encounter when he didn't use protection. "It was one of those nights," he said.

Near, a rowing coach in Hartford, wanted to take charge of his treatment and went to the Nathan Smith Clinic at Yale-New Haven Hospital. "One big fear is giving it to him," he said of Semk, who he said has been continually supportive.

On March 30, 2011, Near took his first dose of medication "and within two months I was undetectable." Semk said that when he got the news he was shocked. "At first, it really did loom large in our relationship, and part of it is we had only been dating a few months."

Now, the subject rarely comes up, Semk said. "The only thing that really changes when dating an HIV-positive person is you have to be really diligent in using protection, and that's just about it."

According to Bob Sideleau, early-detection specialist at APNH, when the virus is undetectable in the bloodstream, "Your immune system is better able to manage challenges from the outside. It also reduces the risk of transmission to other people dramatically."

Near's case illustrates why HIV identification and treatment is difficult among young gay men. "These kids, these millennials, now have grown up in an HIV era where they most likely don't know anyone who's ever died from it."

Luckily, in Connecticut there is not as much of a financial cost because of the Connecticut AIDS Drug Assistance Program, which pays for federally approved retroviral drugs and medications, for those who earn up to 400 percent of the federal poverty level.

The program is no help, however, to those who haven't been diagnosed.

Another difference between HIV past and present is how men meet their sexual partners. In early days of the epidemic, gay men went to bars looking for sex. Now, someone can find a partner on his smartphone in minutes. The Web is full of gay sex sites, making casual sex easier than ever.

That's why AIDS Project New Haven's Dante Guerrero, manager of APNH's Outreach, Testing and Linkage to Care Program, spends much of his time on the social websites, offering testing and treatment. In one day, "I'll get anywhere between eight and 10 messages from guys with questions about possible exposure ... where they can go to get testing, that kind of thing," Guerrero said.

Guerrero said the largest increases in infections are among men who have sex with men, blacks and Latinos, and "a huge decrease in injection drug users getting HIV." Lang said the decline in HIV among injection drug users is as much as 30 percent.

FALLING SHORT OF GOALS

According to AIDS Connecticut, total federal dollars for HIV prevention in the state fell from \$7.27 million in 2010 to \$5.46 million in 2012, and "we're hanging onto that by our fingernails," Lang said.

According to the state Department of Public Health, there have been 20,091 cases of HIV and 9,506 deaths between 1981, when the virus was identified, and 2011. After reaching a yearly low with 351 new infections in 2009, the number jumped to 401 in 2010, before falling back to 348 in 2011.

Deaths were at a record low of 164 in 2011, but, given the treatments available, the number could be much lower. Some people are difficult to reach, however.

For that reason, the Centers for Disease Control has shifted its strategy, from trying to change at-risk group's behaviors to identifying those who are already infected with HIV and getting them into treatment.

Kasey Harding of the Community Health Center in Middletown said her agency has had success in identifying those who are HIV-positive because everyone age 13 to 64 who comes in the door is routinely tested (with their permission).

Harding is optimistic. "I absolutely feel like we're moving in a very positive direction in terms of fighting HIV."

According to the state health department, Middlesex County has dropped from 19 new cases a year in 2002 to 10 or fewer since 2007, except for a spike to 17 in 2010.

One troubling truth about those who are infected is that many are unaware they have the virus. According to the CDC, 18 percent don't realize they can infect their sexual partners; the number is higher among younger people.

According to the state health department's 2011 statistics, of 348 newly diagnosed cases of HIV, 149 developed AIDS within one year, meaning they were found too late to keep the virus under control. Sideleau said that for many who are "late to care," the problem is ignorance; for others, it's simple denial. "Some people don't want to know, they're sort of in denial about their risk factors. Some people have extreme anxiety about their status," he said.

His job is to work with those newly diagnosed with HIV. "I do a sort of hand-holding service to get people into care and make sure they stay in care."

Sideleau also works with "people who have known they're positive for a while who have stopped going to their doctor, stopped taking meds or are noncompliant."

BLACKS AT MOST RISK

The number of newly identified infections has steadily fallen in New Haven County, from 225 in 2002 to

93 in 2011, according to state figures. The proportion of blacks diagnosed, however, has grown from 28 percent of the total to 46 percent in the same decade.

James Rawlings, president of the Greater New Haven Branch of the NACCP, began the AIDS care program at Yale-New Haven Hospital. "There's no question minorities are always at risk for infectious diseases," he said.

"We have a slow epidemic among young people who are more sexually active," as young as 13 years old, Rawlings said. "It's a new paradigm and all these young people doing these risky behaviors."

Another issue in the black community is men who live as straight men but have encounters with other men, known as "the down-low," which Rawlings said "has never been discussed."

Minority women bear an even greater proportion of the HIV crisis. According to the spring issue of the Yale Public Health journal, "one in 32 African-American women will be diagnosed with HIV in her lifetime, as will one in 106 Latina women," compared with one in 526 white women.

Ane HIV-positive black student at the Yale School of Drama admitted that he "was engaging in a lot of high-risk activities; I was having unprotected sex." The man, 24, who asked to be called Conrad, said he came from an abusive home and was feeling "like there was a void that was missing ... I needed to be connected to someone. I needed to be loved."

Conrad played the odds, knowing that he was risking infection. "I kinda felt I could gauge someone: ... This person has it, this person doesn't have it. I thought I could kinda spot it in a way."

He said there are likely many young men like him, "just from my experience thus far."

For those in the midst of the fight against the spread of HIV and AIDS, money is a big concern. William Quinn, director of public health for the city of Waterbury, said "The real issue at this point is that the funding is decreasing."

Quinn's office serves Litchfield County through a satellite office in Torrington, where outreach workers seek out those at high risk of infection and encourage them to get tested. "In terms of numbers (of infections) specifically, for Torrington our numbers haven't gone up; they've remained pretty much the same," Quinn said.

Lynn Hillman, HIV/AIDS services program coordinator for Litchfield County, said there were 40 new cases between 2005 and 2009, 80 percent male, 37 percent of them men who have sex with men, and only 5 percent injection drug users.

At Liberty Community Services in New Haven, finding housing for those in need is a large part of the campaign against HIV. Those without stable housing are three to nine times more likely to contract HIV, the state health department reported.

"We'll reach out to shelters and to people on the street," said John Bradley, executive director. Once people are tested, "we have really interconnected medical care. We have good medical care in New Haven. It's accessible (and we're) able to get people on Medicaid. The system is ready."

Lang said housing is key to reducing new infections. Homeless people are less like to go to the doctor or to take their medications, while those with stable homes are "less likely to engage in high-risk behaviors," she said.

But as money dries up and public awareness dims, HIV remains the life-threatening scourge it's been for three decades.

Call senior writer Ed Stannard at 203-789-5743.

This story has been edited to correct an error: African-Americans totaled 39 percent of new HIV infections in Connecticut in 2011, not 74 percent. Also, the Connecticut AIDS Drug Assistance Program is available for those who earn up to 400 percent of the federal poverty level.

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