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LETTER TO THE EDITOR

HIV/AIDS Among Gay Men: The Current and Future Role of Social Workers

Dear Editor:

As we enter the fourth decade of the HIV/AIDS epidemic in the United States, we should reflect on social work's contributions to prevention, research, advocacy, and treatment. By understanding both strengths and gaps in our contribution to changing the circumstances of those most affected by the epidemic, we can begin to conceptualize how we might play a more instrumental role in the future.

Social workers are well represented among those who have provided professional services to people living with HIV/AIDS, their families and communities. Social workers have conducted studies and authored numerous journal articles and books contributing to the knowledge base on practice with those who are impacted by the epidemic. However, social work has been much less involved with HIV/AIDS prevention, and it is debatable how much leadership social work has shown in other aspects of the response to HIV/AIDS. Perhaps most concerning is social work's apparent ambivalence regarding gay men as the primary population impacted by the epidemic.

There should be little confusion regarding this disparity for gay men. UNAIDS and the World Health Organization (WHO) report that HIV prevalence and incidence rates among men in North America are more than double the rates among women (Joint United Nations Programme on HIV/AIDS and World Health Organization, 2009). In recent years men (primarily those who have sex with other men, or MSM, have accounted for 70% or more of new HIV diagnoses. In addition, the Centers for Disease Control and Prevention (CDC) reports that MSM constitute the only risk group in the United States in which HIV incidence is rising; rates of infection have stabilized or decreased in every other risk group. These trends have been observed *for more than 10 years* (Joint United Nations Programme on HIV/AIDS and World Health Organization, 2009). However, UNAIDS, WHO, and the CDC do not report statistics specifically for gay men, which contributes to marginalization of this community of highest need.

In 2010, the CDC issued a fact sheet titled "HIV and AIDS among Gay and Bisexual Men" (Centers for Disease Control and Prevention, 2010). The first sentence begins with "Gay and bisexual men—referred to in CDC

surveillance systems as men who have sex with men (MSM) ..." accompanied by a footnote stating "the term [MSM] ... indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality." The term *MSM* was introduced into HIV surveillance research in the early 1990s in an attempt to identify behaviors, rather than identities, as risk factors. This was also done because not all men engaging in sexual behaviors with other men self-identified as gay, especially true among men of color. The term was never intended to represent an identity, and it still doesn't. Five years ago Young and Meyer (2005) argued that the term "*MSM* ... [implies] absence of community, social networks, and relationships in which same-gender pairing is shared and supported" (p. 1145). That is, the term ignores the fact that men who have sex with men actually have sexual identities, and that these identities are important. Dowsett (2009) called *MSM* "the worst term in AIDS-speak" because it "collapses multiple sexual cultures with vastly different sexual subjectivities into a single epidemiological category, thereby rendering quite differently driven epidemics the same and largely inexplicable" (p. 220). While we must acknowledge that not all MSM self-identify as gay, some studies indicate that the majority of them do (Halkitis, 2010). Halkitis charged that reducing intimate exchanges between gay men to merely behaviors dehumanizes them, adding "gay men are more than vessels for the transmission of pathogens" (p. 753).

This example illustrates just one area in which social work has failed to take leadership on an important social justice issue. A recent letter from the President of the National Association of Social Workers (NASW) asserted that the organization's "use of the term MSM is inclusive of gay men, not instead of gay men" (J. Kelly, personal communication, January 26, 2011). But as stated both above and in correspondence with NASW, this is untrue; behavioral categories do not include populations defined by their identities. NASW has followed the lead of "entities such as CDC, USAID, UNAIDS, and the World Health Organization" (J. Kelly, personal communication, January 26, 2011) in using the term MSM *instead of* gay. Has no one at NASW been concerned about the erasure of gay men from its discourse on HIV/AIDS? NASW seems to have simply fallen in line rather than questioning the dominant trend.

Gay men, and attitudes toward them, have always played a central role in the conceptualization and response to HIV/AIDS. After its initial occurrence in the United States in 1981, HIV was so closely associated with gay men that it was known as Gay-Related Immunodeficiency Disease. It was not viewed as a major public health concern by the federal government or the general public. In fact, the first public mention of AIDS by a U.S. Government official merely joked about it as a "gay plague" (Speakes, 1982). At the time of that statement, hundreds of men had already died. Negative attitudes toward people living with HIV/AIDS of all sexual orientations, genders, and ethnicities continue to derive in large part from the association of the epidemic with homosexuality.

With regard to education, NASW is again arguably apathetic to the impact of HIV on gay men. For example, the word *gay* is virtually absent from the Web site of *The Spectrum Project*, NASW's vehicle for delivery of HIV/AIDS training and education. The Project's Web site also shows a failure to keep up-to-date with the state of knowledge about the epidemic, which might help to account for its lack of attention to the increasing incidence of HIV among gay men. Many of its fact sheets are 6 to 12 years old, and they rarely mention the contributions of leading researchers and scholars in the field.

The current NASW Policy Statement on HIV/AIDS (2008) also makes little mention of gay men. Furthermore, it does not even include material from the previous policy statement (2002) regarding the role of gay men in the development of AIDS services and prevention guidelines that are still in use today. In this context, it appears that gay men have been removed from the historical fabric of HIV, perhaps to make it more palatable for those who wish to discuss HIV without having to confront their heterosexism or homophobia.

NASW is not the only social work entity that has shown a lack of leadership in responding to the impact of the epidemic on gay men, especially regarding prevention. A search of Social Work Abstracts for the past 16 years (1995–2011) with the keywords *HIV* or *AIDS*, *prevention*, and *gay*, and with a specific focus on the United States, returned just 12 articles authored or coauthored by social workers out of 74. Thus, social work authors accounted for only 16% of the research literature in this area. A similar search of the PsychInfo database for the years 2005–2011 returned just 9 social work-authored or coauthored articles that include the words *gay men* in the title or abstract out of a total of 387 articles. In this case social workers accounted for only 2% of the identified literature. However, we are unaware of any initiatives by the Society for Social Work and Research (SSWR) or of schools of social work to increase our profession's contributions in this area.

This letter is intended to highlight the need to address HIV/AIDS in *all* impacted communities. Reliance on epidemiological categories such as *MSM* results in the erasure of communities, cultures, and identities. In an effort to counter such erasure, we should note that the communities most affected by HIV/AIDS are not mutually exclusive. For instance, many gay men are also men of color. There should be more, not less, effort devoted to learning from gay men's experiences in this epidemic because this knowledge may be helpful to everyone. As an example, understanding why incidence is rising among gay men may help us to understand the limits of current prevention strategies for all populations at risk.

Considering the absence of a clear strategic approach in social work, it is vital to question what our field can do to bring attention to those most affected by HIV. First, we must embrace our historical role as change agents. Our *Code of Ethics* informs us that "social workers pursue social change,

particularly with and on behalf of vulnerable and oppressed individuals and groups of people." As HIV, gay men, and oppression have been clearly linked in the history of the HIV/AIDS epidemic and in the literature,[1] this is a prime area of opportunity for social work policy, research, and practice.

A number of articles on HIV/AIDS that have been published over the years focus specifically on gay men or discuss issues raised in this letter, and some of them are in journals published by Taylor and Francis (the publisher of the *Journal of Gay & Lesbian Social Services*). In support of our efforts to educate social workers and the general public about these issues, Taylor and Francis is making the following articles available for public access, free of charge.

Alessi, E. J. (2008). Changing directions in HIV prevention: The move toward a psychosocial model. *Journal of Gay & Lesbian Social Services*, *20*(4), 273–287.

Boyce, P., Huang Soo Lee, M., Jenkins, C., Mohamed, S., Overs, C., Paiva, V., ... Aggleton, P. (2007). Putting sexuality (back) into HIV/AIDS: Issues, theory and practice. *Global Public Health*, *2*(1), 1–34.

Körner, H., Hendry, O., & Kippax, S. (2005). It's not just condoms: Social contexts of unsafe sex in gay men's narratives of post-exposure prophylaxis for HIV. *Health, Risk & Society*, *7*(1), 47–62.

Newman, P. A. (1998). Discursive condoms in the age of AIDS: Queer(y)ing HIV prevention. *Journal of Gay & Lesbian Social Services*, *8*(1), 83–102.

Newman, P. A. (2002). Coming out in a hostile social environment: Challenges for HIV prevention among young gay men. *Journal of HIV/AIDS & Social Services*, *1*(1), 81–93.

Rofes, E. (1998). Context is everything: Thoughts on effective HIV prevention and gay men in the United States. *Journal of Psychology & Human Sexuality*, *10*(3–4), 133-142. (Now published as *International Journal of Sexual Health*)

Sincerely,

James I. Martin
for the 275-member Caucus of LGBT Faculty and Students in Social Work

NOTE

1. See, for example, Parker, R. (2009). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine*, *57*(1), 13.

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