

Community Perspective

*Steven Wakefield
Legacy Project Director*

**NIDA- Research
Initiatives: HIV Testing /
Counseling Af-Am Cmty
October 12, 2006**

Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African Americans?"

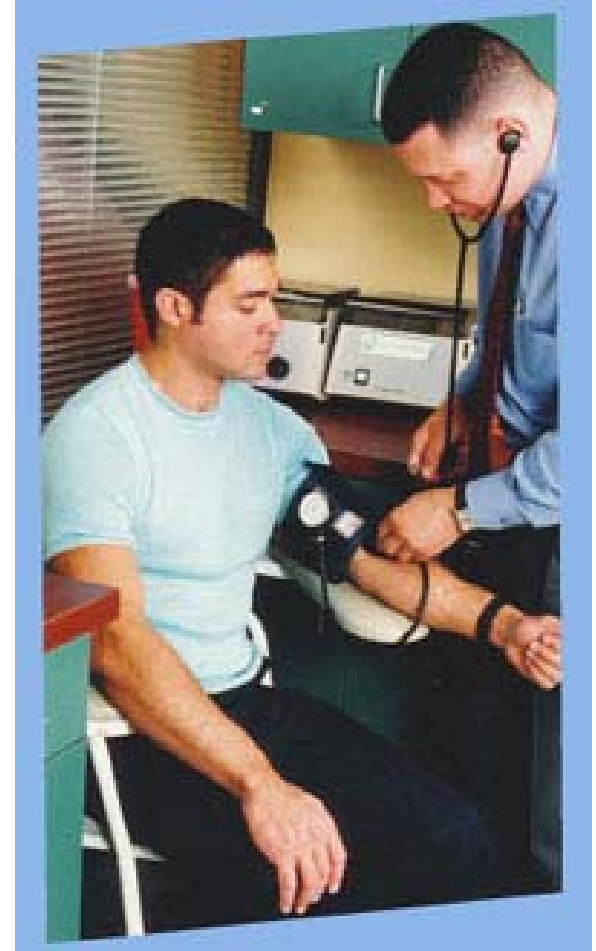
(source: Bogart LM, Thorburn S. *JAIDS* 2005; 38)

HIV/AIDS Conspiracy Belief	Overall	Men	Women
Medicines to treat HIV are saving lives in the black community	38.4	42.0	36.5
A lot of information about AIDS is being held back from the public	58.8	62.6	56.8
AIDS has a cure, but it is being withheld from the poor	53.4	55.2	52.5
Government is telling the truth about AIDS	37.0	31.6	39.9

Who Participates In HIV Treatment Clinical Trials?

- ❖ Blacks make up 33 percent of adults receiving HIV care nationally, but constituted only 23 percent of clinical trial participants.
- ❖ Hispanics made up 15 percent of HIV-infected patients, but only 11 percent of study participants.
- ❖ Whites, who represented 49 percent of adults receiving HIV care, accounted for 62 percent of participants in HIV trials.

New England Journal of Medicine
(2002;346;18:1373- 1382).



VaxGen Results – Mixed Message



Monday, February 24, 2003

Newsline

Vaccine for AIDS shows promise

Study: Blacks receive the most protection

By Steve Sternberg
USA TODAY

Nearly two decades after the discovery of the AIDS virus, researchers today report for the first time that an AIDS vaccine can prevent infection but with sharply different success rates depending on race.

The first full-scale human trial of the vaccine, AIDS-VAX, indicates that although the vaccine failed to protect whites and Hispanics, it appears to be effective in blacks, though the number of black volunteers was small. Blacks account for half of all new infections in the USA, federal statistics show.

"The results are fascinating and surprising," says Donald Francis, CEO of VaxGen, the Brisbane, Calif. firm that has spent 10 years and about \$200 million to develop the vaccine. "We think they're scientifically and socially important. It's at least a beginning."

Jose Esparza, director of AIDS vaccine research for the Joint United Nations Programme on HIV/AIDS (UNAIDS), called the finding "probably the most important accomplishment in vaccine research in 15 years. This is the first time anyone has shown protection (against HIV) in humans, not monkeys. The results tell us that a vaccine can protect humans against HIV." He says the vaccine's apparent effectiveness in blacks, "obviously has worldwide ramifications."

The Washington Post

MONDAY, FEBRUARY 24, 2003

1st AIDS Vaccine in Large Test Found to Be Mostly Ineffective

By DAVID BROWN
Washington Post Staff Writer

The first AIDS vaccine tested in a large population of people at high risk for the disease has proven to be largely ineffective, according to data released early today by the vaccine's manufacturer.

AIDSVAX reduced the rate of infection 3.8 percent in people receiving the vaccine, compared with those who received placebo injections, said VaxGen, based in Brisbane, Calif. Vaccines generally need to be at least 70 percent effective in reducing infection from human immunodeficiency virus (HIV) to gain approval for widespread use. VaxGen officials had said that a real-world efficacy of 30 percent for AIDSVAX might be enough to make the product useful in some populations.

The vaccine appeared to be effective, however, in a subgroup of recipients, notably African Americans. Among them, 2 percent who received the vaccine became infected with HIV, compared with 8.1 percent who were given the placebo—a statistically significant difference. When Asians and mixed-race volunteers were added to the group of blacks—totaling, in all, about 500 of the 5,000 volunteers—the protective effect was nearly as strong.

"It appears that blacks, Asians and the other non-white volunteers were able to induce a higher level of antibody than others. There appears to be a correlation between that and protection. We need to continue to do more analysis," VaxGen spokesman James Key said of that finding.

Company officials were not available to comment on what their next step will be. They scheduled two telephone conferences with reporters and investors today.

The vaccine was tested in 5,417 volunteers at high risk for HIV infection in the United States, Canada, Puerto Rico and the Netherlands. The company is testing a similar vaccine in Thailand, but the results of that study will not be known until later this year.

More than a dozen vaccines have been tested in small numbers of people for their ability to stimulate immunity or, in some cases, slow the progression of HIV infection. The AIDSVAX trial, however, was the first one to test a vaccine's ability to protect against infection in a large and diverse population of volunteers.

The vaccine consists of a protein, called gp120, that is on the outer surface of the AIDS virus and is one of many viral structures that stimulate production by the immune system of disease-fighting antibodies. In this case, the gp120 was made by recombinant DNA technology, not by extraction from the virus itself.

About twice as many people were randomly assigned to be given the vaccine as to receive a placebo, or inactive, immunization. The vaccination schedule consisted of three initial shots spaced three months apart, and then booster shots every six months. Although slightly more than 5,400 people were enrolled in the study, only 5,009 received at least three shots. The results announced today were limited to them.

Over three years, 5.7 percent of the people receiving AIDSVAX became infected with HIV, compared with 5.8 percent of people receiving the placebo shots.

It is unclear what significance the finding of variable efficacy among different racial groups might mean in terms of the vaccine's possible usefulness. Although some racial and ethnic groups are at higher risk for certain infections—and therefore are more urgent targets for a vaccine's use—licensing vaccines for specific racial groups is without precedent.

The volunteers in this trial consisted of 5,108 gay or bisexual men, and 309 women at high risk of HIV infection because they are the sexual partners of those men, or of intravenous drug users. All of the volunteers were given frequent counseling to practice safer sex, and not to count on protection from the vaccine.

Importance of Adequate Numbers HIV/AIDS Clinical Trials

VA Study: 1987 - 1990

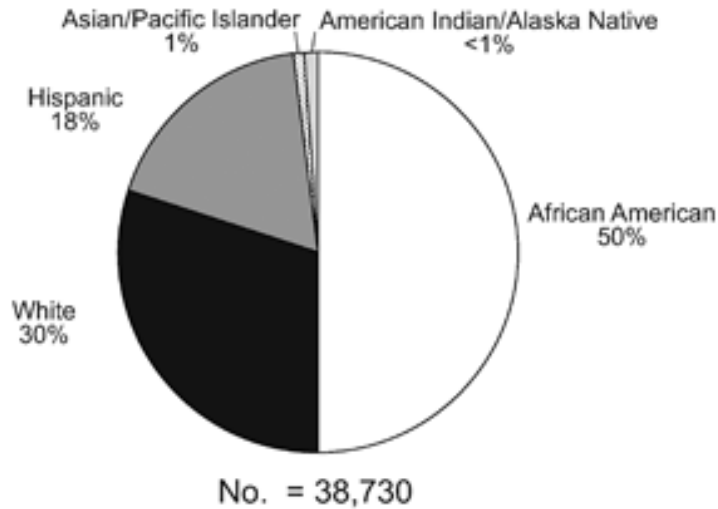
- **297 patients (1/3 Black or Hispanic)**
- **Subgroup Analysis = Early ZDV**
INCREASED risk of DEATH in NON-WHITE
patients

ACTG Study: 1989

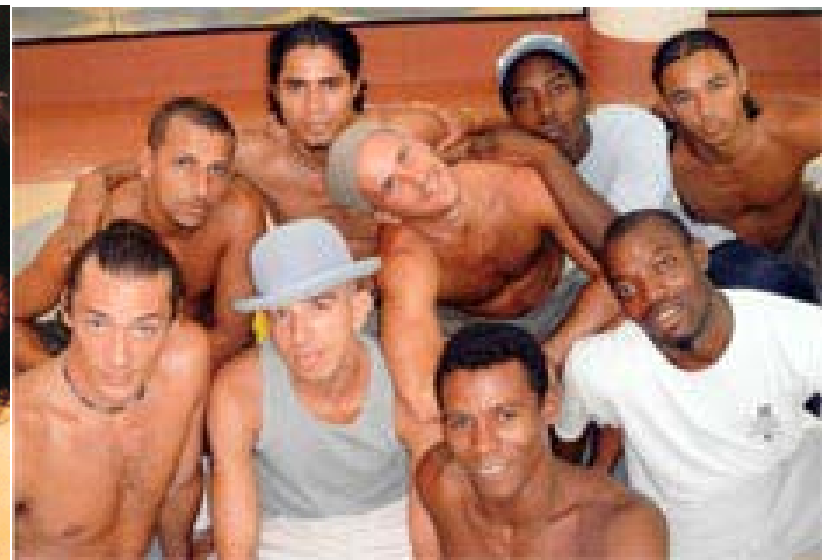
- **2048 patients (345 Black or Hispanic)**
- **ZDV EQUALLY EFFECTIVE in small**
Groups

Legacy Project Objective

To increase
those from
HIV diseas



ical trials of
affected by
ates today



Legacy: Groundbreaking HVTN Initiative

Mission

- Ensure vaccine is effective in populations most heavily affected by HIV

Strategies

- Increase enrollment of African American and Latino volunteers at US HVTUs
- Ensure cultural competency of HVTU staff
- Augment visibility efforts in media that reach communities of color

The AIDS Conspiracy In America



A Conspiracy Of Silence

Community Perspectives

**AIDS will be stopped
by people just like you**



- ❖ **What are the issues?**
- ❖ **What do we know?**
- ❖ **What do we need to know?**
- ❖ **What are the challenges we will face in conducting this research?**

Community Perspectives

❖ What are the issues?

❖ What do we know?

❖ What do we need to know?

❖ What are the challenges we will face in conducting this research?

**AIDS will be stopped
by people just like you**



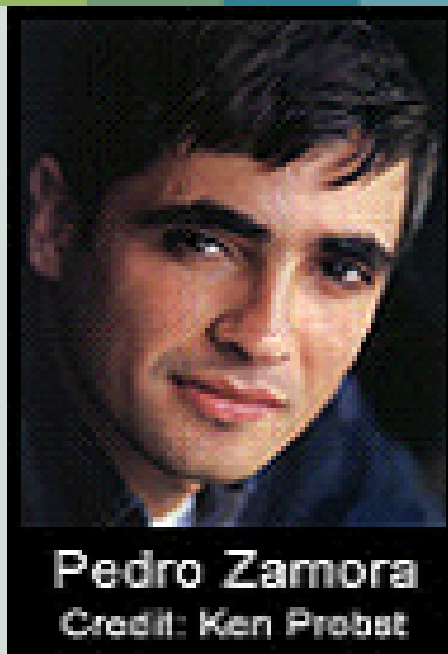


HIV VACCINE
TRIALS NETWORK

HIV and Our Common History



Hyleia Broadbent



Understanding AIDS

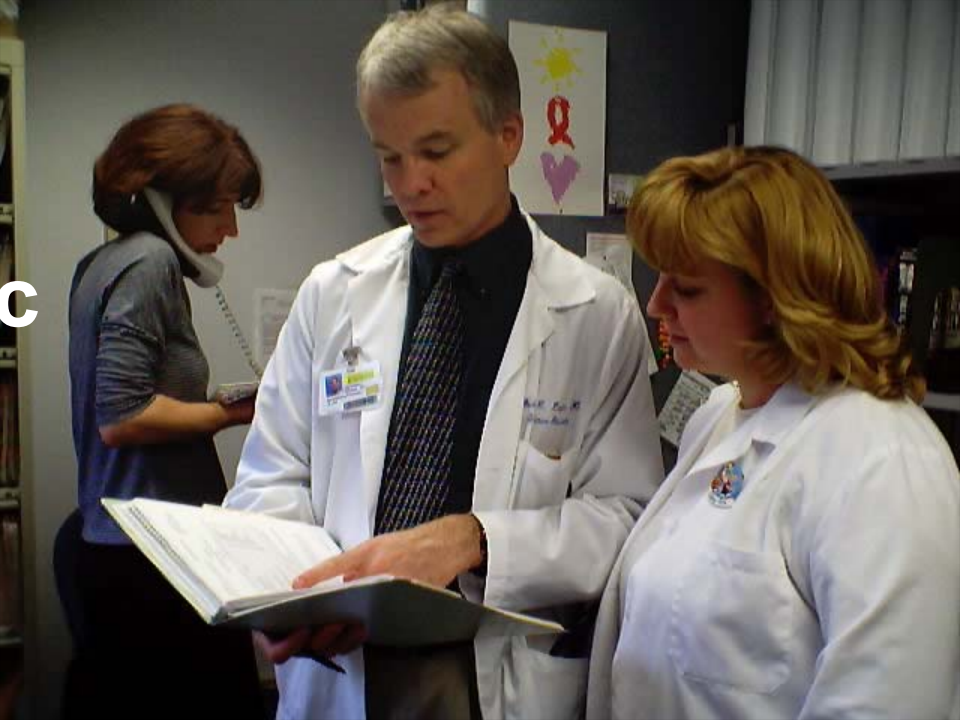
A Message From The Surgeon General



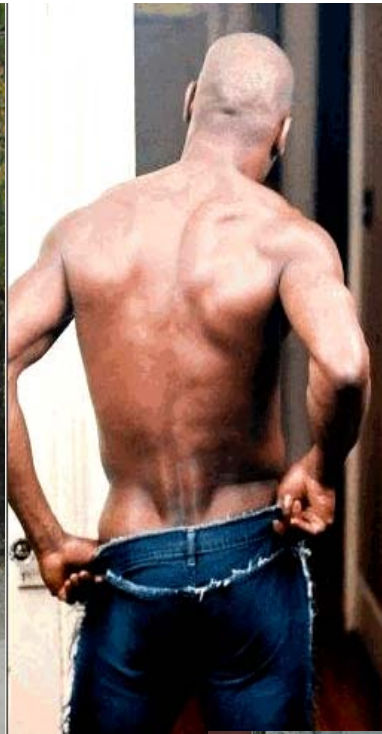
Advocacy / Activism



**Research / Rhetoric
NIH Guinea Pigs**



Relevance?



Leadership



Urban Myth



Myth: Magic Johnson has beat HIV / AIDS, so no one has to worry.

Truth: Scientific research has provided Magic Johnson and others living with HIV an opportunity to live full lives as long as they take medications every day.



The Washington Post

Monday, February 7, 1983

Mysterious Lethal Disease Spreads in U.S.

By Christine Russell

A lethal disease that wipes out the body's natural defense system has topped 1,000 cases, causing 394 deaths, and the pace appears to be accelerating, with about 20 percent of the cases reported in the last two months.

The Acquired Immune Deficiency Syndrome (AIDS) outbreak is "of grave concern," said Dr. William Foege, head of the Centers for Disease Control. "This is a major public health problem."

A government task force led by the CDC is completing the controversial task of developing

new guidelines to help prevent the spread of AIDS, particularly through blood donations. The most difficult task is how to reduce donations from groups considered at high risk of contracting AIDS, including male homosexuals, intravenous drug users and Haitians.

It's A Fashion Thing - RED



Health Care Providers



Look like me?

Ever gone where I go?

Ever felt like I felt?

Racism / Poverty

Community Perspectives

❖ What are the issues?

❖ **What do we know?**

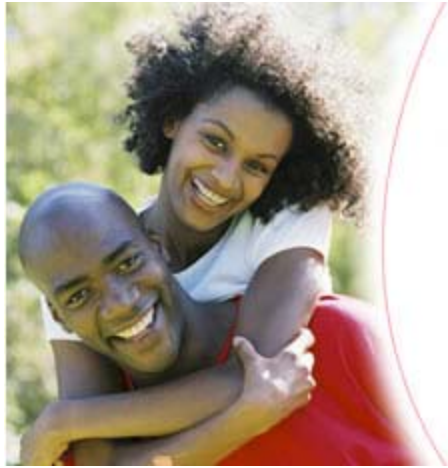
❖ What do we need to know?

❖ What are the challenges we will face in conducting this research?

**AIDS will be stopped
by people just like you**



HIV is a totally preventable disease



Sex
No sex
Condom
No Condom

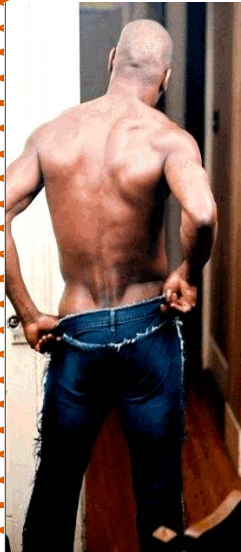
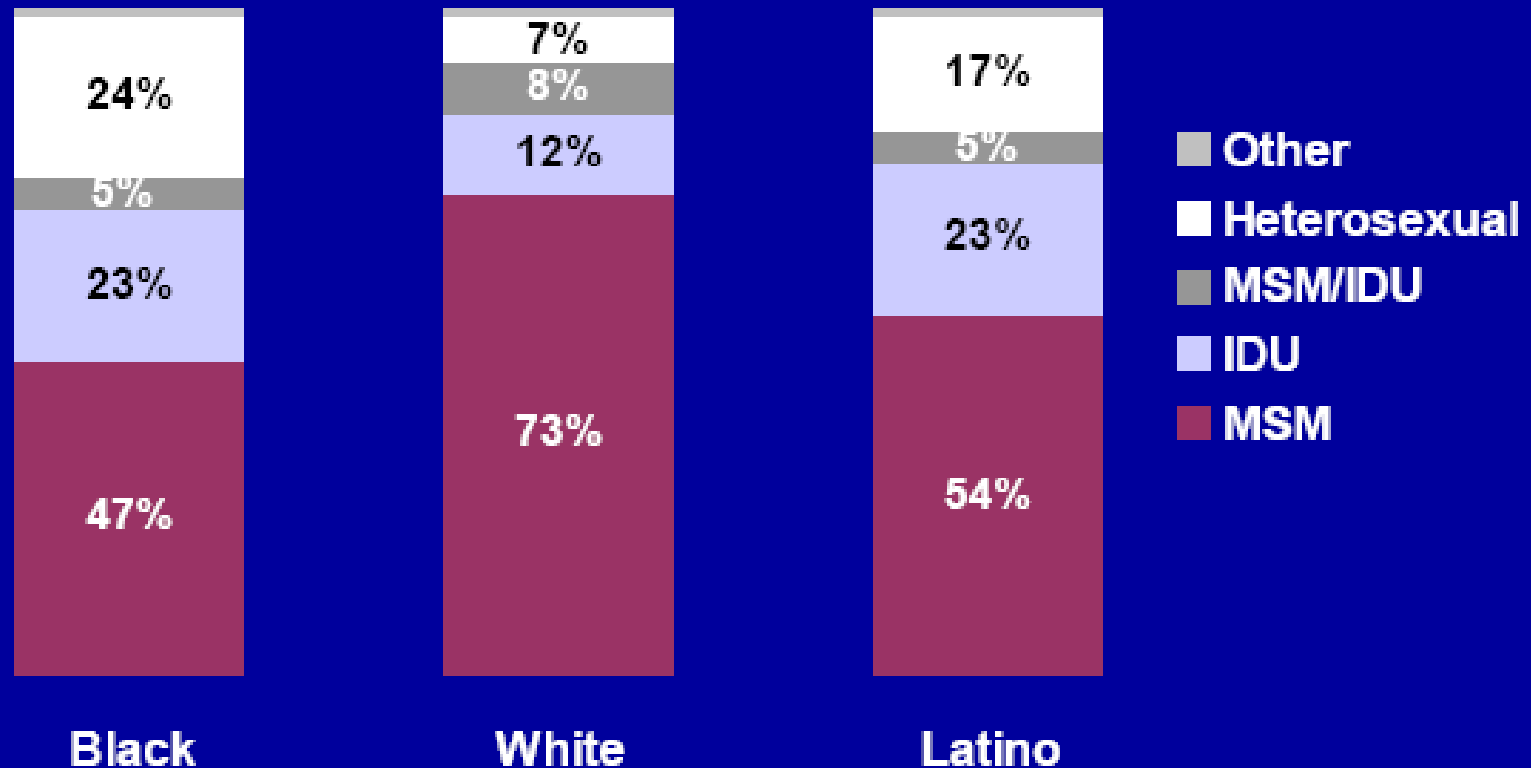


Figure 12

AIDS Cases Among Men by Race/Ethnicity and Transmission, 2004



Targeted vs Broad???

Note: Data are estimates.

Source: CDC, HIV/AIDS Surveillance Supplemental Report, Vol. 12, No. 1.

Think this is safe?
Think twice about cough syrup.



COUGH SYRUP

[Learn More >>](#)


stumble
Weed



Get the Facts about Marijuana. [Learn more >>](#)



AIDS
AIDS CUTS
NOW
KILL



HOT HOUSE MAN
DICK WOLF
MO' BUBBLE BUTT

Pleasure = Let's Talk About Sex (NIMH?)





HIV cases reach plateau, study says Raises hope for prevention programs

By John Donnelly, Globe Staff | March 30, 2006

GAY MEN & CRYSTAL METH a manifesto

Let's face it. There's a problem, and we all need to deal with it.

Crystal meth poses a threat to many communities, both in this country and around the world. The U.N. says 35 million people use meth, making it the second most frequently used illicit drug behind marijuana. But while most meth use in the U.S. is among heterosexuals, here in New York City it's largely a problem among gay men.

While most gay men have never used meth, approximately 15% have. By chemically blocking inhibitions, it leads many to take sexual risks, resulting in more infections of HIV, syphilis and other diseases.

We've watched as meth worked its way into our lives as an "innocent" party drug and then established itself as a serious threat to our health and prosperity. We've seen it cripple our friends and loved ones, destroy the lives of our youth and mentors, and corrode the spiritual fabric of our community.

Bottom line, meth is hurting gay men. How can we stand by and do nothing?

We know that the failed approaches of our nation's "war on drugs" won't help. Addiction cannot be legislated away, and law enforcement is not the answer.

We know that treatment can work. Meth is highly addictive, and recovery is often difficult. While many will struggle, there is a growing army of gay men who have gotten off meth.

And most importantly, we know that love works. Yeah, that might sound corny to some. But love is what motivated gay men to care for

one another when the AIDS epidemic hit 25 years ago. Love is what brought us together to fight America's silence and apathy. Love made us insist on safe sex, dramatically reducing new HIV infections.

Love supports without judgment. It challenges self-destruction. It strengthens community. And today, love is why one gay man will help another gay man quit using crystal meth.

So, here's what we're going to do.

We will take responsibility for our lives and for the health of our community. We will make informed choices about sex and partying, and urge our friends and lovers to do the same.

We will not be silent. We will talk to other gay men about the dangers of crystal meth. We will create honest prevention campaigns so that every gay man knows the real risks of meth use.

We will show compassion for those who are addicted. Meth is the problem, not those in its grasp. Addicts need treatment, not stigma. And if they're in denial, they need to be challenged by those who love them.

We will fight for more money for drug treatment. We will advocate for treatment programs tailored to the needs of gay men.

And finally, **we won't let crystal meth destroy another generation of gay men.** We will continue fighting the hatred that seeks to diminish our self-worth, our sexuality, and our relationships. We will continue to create and strengthen our political groups, our churches, our sports teams, our social clubs, and our families.

We will lead by example, as we have done before.

Signed, the Crystal Meth Working Group

Daniel L. Carlson *Brian Gorman* *Bruce Kellerhouse, PhD* *Sasha O'Malley* *Peter Staley* *Bruce Steinberg*

Matthew Bank
CEO, HK Media, LLC

Lady Bunny
DJ/Entertainer

Richard D. Burns
Executive Director,
LGBT Community Center

Dennis deLeon
President, Latino Commission on AIDS

Hon. Thomas K. Duane
New York State Senate, 29th District

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Broadway Cares/Equity Fights AIDS

Rufus Wainwright

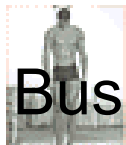
Phill Wilson
Executive Director, Black AIDS Institute

Jeff Whitty

Organizational affiliations are listed for identification purposes only and do not imply any endorsement by the organizations listed.

A Hierarchy of Risks

- Receptive Anal Intercourse (Getting Fucked)
- Active Anal Intercourse (Fucking)
- Oral/Anal Sex (Rimming)
- Fingering
- Fisting
- Riskier Business
- Safer Fisting

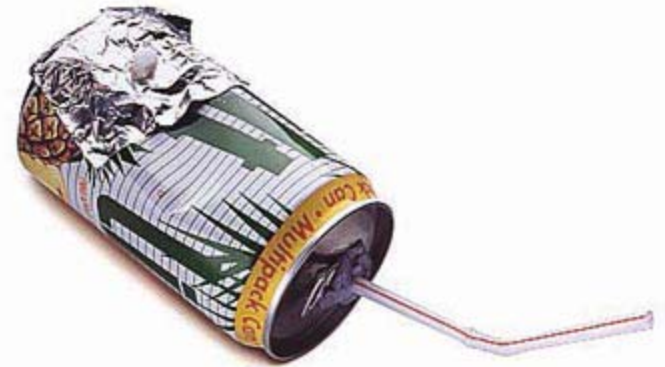


COMPLETE GUIDE
TO GAY MEN'S
SEXUAL, PHYSICAL,
AND EMOTIONAL
WELL-BEING

MEN LIKE US

- Sexual Pleasure
- Body Basics—Exercise and Diet
- Relationships and Intimacy
- Medical Care—Prevention and Healing
- Mental Health and Therapy
- Spirituality and Community

DANIEL WOLFE



© Drugscope



 **LEGACY PROJECT**
HIV Vaccine Trials Network

Evidenced Based

Scientists can't do it alone.
Volunteer.



HIV Vaccine Trials Unit at the

Scientists can't do it alone.
Volunteer.

An HIV vaccine is within reach. Never have volunteers played a more important role in preserving the lives and health of millions.

Volunteers in local studies will be paid.

Call 585-756-2DAY
(756-2329)



Healthy, HIV-negative individuals, ages 18-50, are needed for local studies. We welcome calls from people of ALL races, genders, sexual preferences and lifestyles.

Vaccines cannot cause HIV infection.

UNIVERSITY OF
ROCHESTER
MEDICAL CENTER

HIV Vaccine Trials Unit at the
University of Rochester Medical Center



Community Perspectives

❖ What are the issues?

❖ What do we know?

❖ **What do we need to know?**

❖ What are the challenges we will face in conducting this research?

**AIDS will be stopped
by people just like you**



Hi likelihood of exposure

- Hi prevalence**
- Untested partners**
- Inconsistent/incorrect condom use**
- Multiple partners**
- (relatively) closed community**

Interconnected networks

Exposure

Rapid spread
Ongoing transmission

Infectivity

Susceptibility

Hi viral load in genital tract

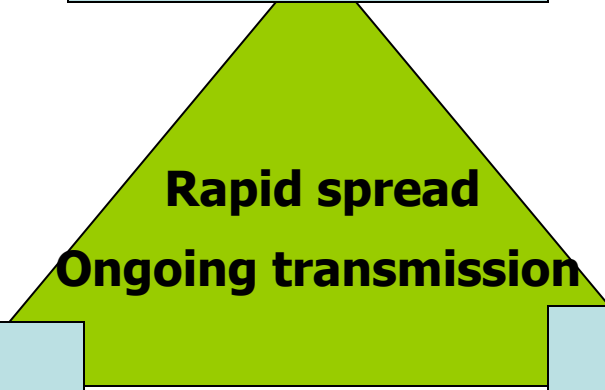
- Hi incidence**
- Untreated late infection**
- Co-occurring STI**

- Lack of circumcision**
- Early sexual debut**
(cervical ectopy, trauma)
- Co-occurring STI**



**Serosorting /
Partner-specific condom
use /
Gay marriage – harm
reduction strategy**

Exposure



**Impact of Drug Use
On Pathogenesis?**

Infectivity



Susceptibility



Conclusions



Why are Black MSM at Greater Risk for HIV Infection than Other MSM?

‘Supported’ Hypotheses

- **STD**
- **HIV testing/ Unrecognized infection**

‘Unsupported’ Hypotheses

- **Higher sexual risk behavior**
- **Substance use**
- **Nongay ID/ Nondisclosure**

Inconclusive Hypotheses:

- **Healthcare access**
- **Greater HIV+ contacts (plausible high comm prev)**
- **Genetics/ biology**
- **Incarceration**
- **Sexual networks**
- **Circumcision**
- **Anorectal Douching**

Greg Millett¹, John Peterson², Rich Wolitski¹, Ron Stall¹

¹ Division of HIV/AIDS Prevention, Centers for Disease Control, Atlanta, GA

² Department of Psychology, Georgia State University

Prevention implications

Effective interventions

- **Frequent HIV testing** → reduce unrecognized infection
- **STD prevention** → Reduce community viral load
- **Network-based interventions:**
 - emphasizing testing and knowing one's own and partner's status
 - providing support for HIV+ Black MSM to initiate and faithfully stay on therapy



Study of HIV Sexual Risk among Disenfranchised African American MSM

G. Michael Crosby, PhD, MPH - Michael Grofe, MA - UCSF CAPS 2001

Type of drug used past 6 months	(%)
Marijuana	60
Inhalant Nitrite	10
Crack	54
Cocaine	16
Methamphetamine	22
Ecstasy	4
LSD	2
Barbiturates	11
Methadone	4
Heroin	8
Opiates	13
Party drugs	0.4
Viagra	0.8
Other	6

Table 1: Significant correlates of HIV sexual transmission

	Higher Risk (n=45)	Lower Risk (n=138)
% HIV positive	56	32
% who had unprotected anal intercourse in exchange for money or drugs	77	12
% who had anal intercourse under the influence of alcohol or drugs	82	57
% who used ecstasy (past 6 mos.)	9	2
% who used cocaine (past 6 mos.)	27	14
% who reported 3+ drug problems related to their substance use	86	71

[significant at $p < .05$]

Substance Use

Most of the men reported drinking alcohol and/or using recreational drugs.

Alcohol

- 80% drank alcohol in the previous six months
- 20% reported frequent heavy drinking (defined as 5+ drinks at one sitting more than once a week)
- 52% reported three or more alcohol-related problems (e.g., tried to reduce or cut down your drinking, but were unable to do so)

Recreational Drugs

- 84% used recreational drugs
- 69% use drugs weekly
- 36% reported a history of injection drug use

Sex and Substance Use

- 34% reported engaging in anal sex under the influence of alcohol or drugs
- 27% exchanged sex or money for drugs
- 10% engaged in unprotected anal sex for drugs or money

Community Perspectives

❖ *What are the issues?*

❖ *What do we know?*

❖ *What do we need to know?*

❖ **What are the challenges we will face in conducting this research?**

**AIDS will be stopped
by people just like you**



Strengthening Community Partnerships

BLACKAIDS.ORG
OUR PEOPLE OUR PROBLEM OUR SOLUTION



Black AIDS Institute

Gay Men's Leadership Retreat

Women's Initiative

Media Task Force

HIV University



Still Don't Know

Impact of Prevention For Positives?

New info will impact perceptions?

Policy and resource barriers to behavior change counseling, drug treatment, sterile equipment access?

Policy barriers to targeted interventions?
culturally appropriate interventions?

Sexual Networks – NIDA Knows Networks

Descriptive Studies –
Explore Network-Based
Interventions

Harm / Partner reduction
strategies

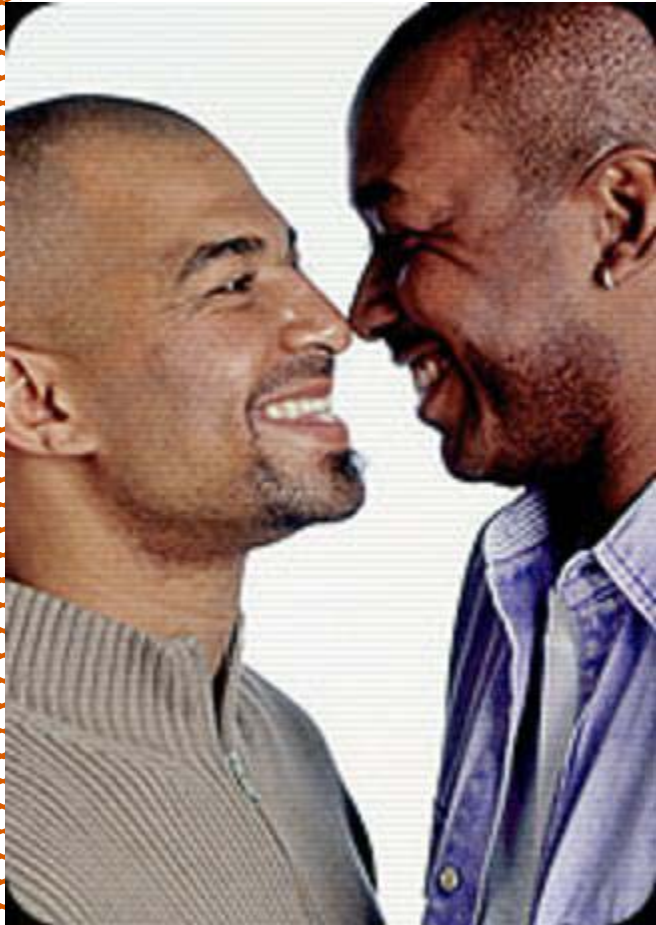
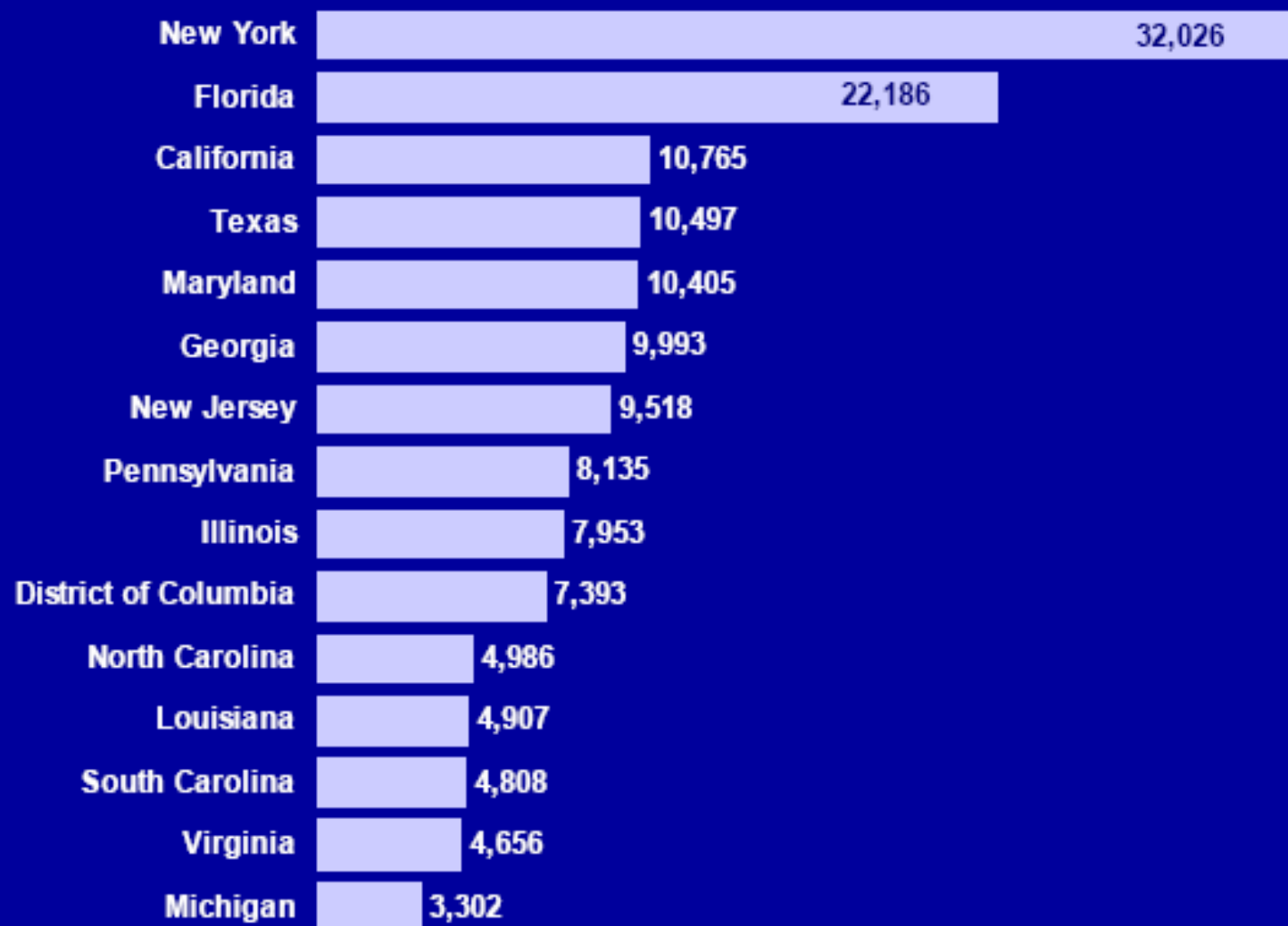


Figure 19

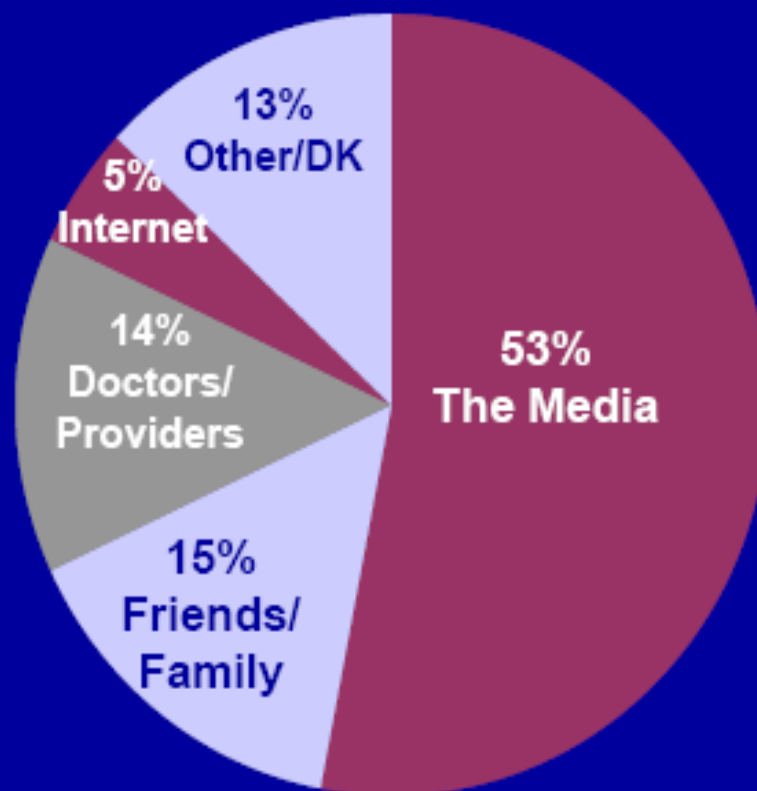
Top 15 States by Number of Blacks Estimated to be Living with AIDS, 2004



Source: Kaiser Family Foundation, statehealthfacts.org. Data Source: CDC, Special Data Request, November 2005.

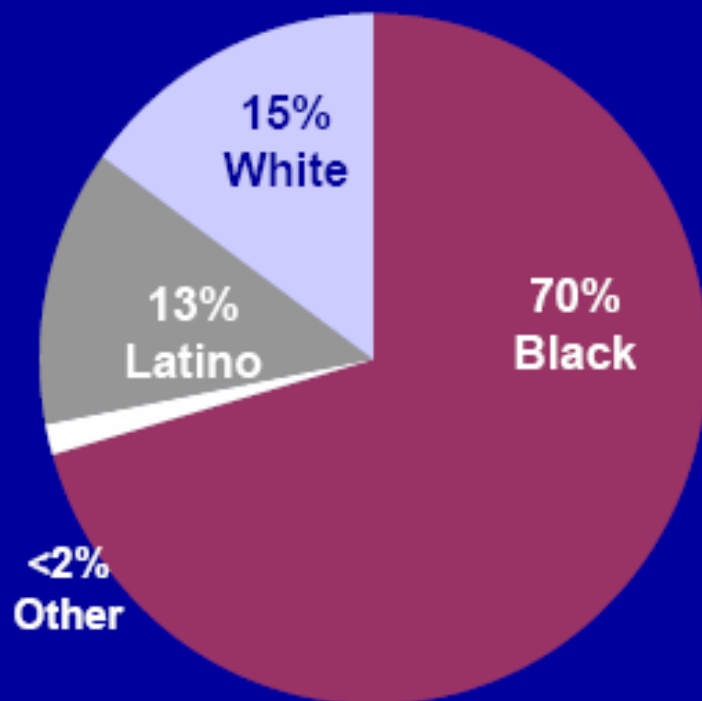
Figure 23

Main Sources of HIV/AIDS Information Among Black Americans, 2006

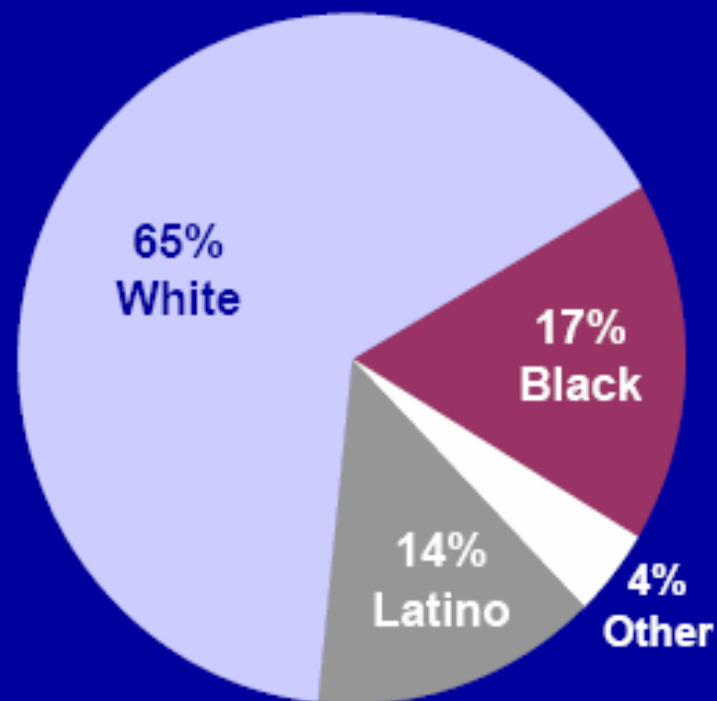


Source: Kaiser Family Foundation, *Survey of Americans on HIV/AIDS* (conducted March 24 –April 18, 2006).

HIV/AIDS Cases Among Teens, ages 13-19, & Population, 2004 (33 States)



**HIV/AIDS
Cases
N = 1,121**



**Population
N = 18.7
million**

PARENTAL
ADVISORY
EXPLICIT CONTENT

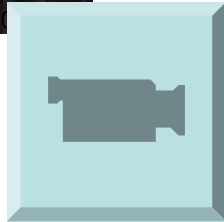
Vaccines – Hmmm?

Hip-Hop/Rap third most popular genre

2004, 12.1% of music purchased in US was Hip-Hop/Rap

**\$1.5 BILLION
(music sales only)**





Candy Shop, sold
1.9 million
downloads



