

FIFTEEN-YEAR-OLD CONTRACTS HIV FROM UNSUPPORTIVE COMMUNITY

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“A 30-year-old man [from Sunrise, Florida] is charged with attempted second-degree murder and criminal transmission of the AIDS virus, along with five other charges involving sex with a 15-year-old boy, according to Pembroke Pines police.

Keith “Keyoko” Sumlin was arrested Wednesday [9.5.12] after the boy told his mother the two had sex and that he later heard the older man was HIV positive, according to a police report. The mother took her son to Memorial Regional Hospital in Hollywood for an HIV test. The preliminary result was positive, according to the report.

Before they had sex, Sumlin said he was 21 and asked the boy, “Are you really 18 years old?” according to the police report.

From the report: “The def asked ‘Are you really 18 years old,’ and the victim replied ‘no.’ The def then asked, ‘Are you 17,’ at which point the victim replied, ‘Younger.’”

The teen later told a friend that he had met Sumlin via a mobile phone app and that he had invited the man to his home in Pembroke Pines, where they had sex without condoms.

The friend told the boy that Sumlin was HIV positive and “has a secret Facebook page wherein he posts videos of himself engaging in anal sex with males that appear to be under the age of 18,” according to the police report.

Pembroke Pines police detective Michael Silver wrote in his report that during the investigation he viewed a video of Sumlin posted on a social networking website.

“I f---ed this little boy, videotaped it and added it to the on-line group,” Sumlin said in the video, according to the police report. “And I don’t use condoms when I have sex and you call me sick, don’t worry about me, worry about who gave it to them.”

Sumlin, who is being held at the Broward County Jail on \$280,000 bond, told police he had sex with the teenager but wore a condom, the report states.”¹

The case of Keith “Keyoto” Sumlin and his infection of the fifteen year-old boy is startling at first glance. The young boy, unidentified in the case because he was a minor but whom we will call Michael to remove him from the abstract, is one of a relatively small population of young black men who have sex with men (MSM) in the USA. The MSM population in the US is estimated to be 2% of the population, and there were only 10,600 new cases nationally among black MSM in 2010. In the most basic and literal sense, unprotected sex was the cause of Michael’s infection.² The availability of anti-

retroviral regimens to achieve both viral suppression and a relatively unaltered life means Michael can seek treatment for HIV. Unfortunately the realistic question is: “Will he?” Only about half of black MSM in the USA receive proper treatment, and only about a third of them achieve viral suppression. However, the spread of HIV goes far beyond viral suppression and treatment. Michael (and Sumlin not too long ago) is a member of one of the most at-risk populations for HIV infection in the United States: young black MSM. This case not only raises the question of what life will be like for an HIV positive black MSM, but more importantly, what factors led to his infection in the first place, and why so many other young black MSM end up with the same diagnosis.

AIDS, in many ways, is like every other health, social, and economic crisis that black people have faced for generations. What is alarmingly different about AIDS is the severity of the infection and the particularly repressive political timing of the emergence of the disease. The combined effect of all of these elements leaves the black community in an extremely vulnerable position. AIDS has the potential to cripple black people in a way that few other health or social forces have since slavery.³

Beth Richie wrote these words about AIDS in 1990, but in 2011 African Americans accounted for over 46 percent of all HIV diagnoses, despite making up 12 percent of the population of the USA.⁴ HIV transmission and infection rates have increased in the black community, due to intravenous drug use as well as heterosexual contact. However, one of the most dramatic increases in HIV infection rates in the USA has occurred in black MSM aged 13-24, according to

the CDC.⁵ The CDC estimates that almost two-thirds (29,800) of new HIV cases in the USA are by MSM transmission, and that *more than a third of those new cases (10,600) are within the black MSM population.*⁶ They further estimate that within only the black MSM population aged 13-24, approximately 4,800 new cases of HIV occurred in 2010, leading the CDC to state that “In fact, young black MSM now account for more new infections than any other subgroup by race/ethnicity, age, and sex.”⁷ While some rest content that HIV rates are declining in the USA and that increasingly effective treatments for viral suppression have become more widely available, many acknowledge that “Poor Black and Hispanic Men Are the Face of H.I.V.”⁸ This is a positive step, but it is only a first step in addressing the myriad of social, economic, health, and other factors that have forced young black MSM into the most ignored and unstable corners of American living.

The questions, “What will be Michael’s future?” and “Why were he and so many other young black MSM diagnosed HIV positive in 2012?” are in fact not two different questions at all. The answers lie in unstable home and community environments, a media that associates “gayness” with whiteness and femininity, economic barriers for racial and gender minorities, educational inequality for the impoverished, and the troubling place that black MSM hold within the black community. To better understand the community of young black MSM, is it useful to study the story of Michael, a fifteen-year old MSM who was in the process of introducing himself to this community. We do not know Michael’s identity, but we can examine analogous cases of young black men introducing their identities and sexual preferences to others in the black community and beyond,

and come to understand Michael's past, present, and future challenges.

African Americans are burdened by their historical representations: "Blacks have been portrayed in the United States ... as immoral, promiscuous, deviant sexual beings."⁹ This is only the beginning of the stigma and shame that is associated with black MSM. Decades of association of gayness with whiteness in both white and black culture often make personal identity and community identification diverge for black MSM. There is a broad spectrum of black MSM, including those who are homosexual and identify openly as gay, those who are "closeted", those who are bisexual, and increasingly, those within the black community who identify as Down Low, or DL. "Rejecting a gay culture they perceive as white and effeminate, many black men have settled on a new identity, with its own vocabulary and customs and its own name: Down Low."¹⁰ Beyond securing a distinct name for themselves, separate from the label "gay," black MSM have shaped the DL culture into something wholly different from the stereotypical gay culture today. The powerful trend today in gay culture is "coming out," which represents an enormously positive step towards recognition, pride, and self-identification. However the trend in Down Low culture is exactly what the name implies: secretive and anonymous. It disassociates itself from gay, and even GLBTQ culture, rejecting the idea of a closet, and dismissing the idea that there is anything to 'come out' about.

This is particularly because of the strongly negative reaction to those black men who identify as GLBTQ, from both other black MSM who are on the DL, and from the wider black community. In a New York Times

piece entitled *Double Lives On The Down Low*, a black MSM on the DL told the Times:

If you're white, you can come out as an openly gay skier or actor or whatever. It might hurt you some, but it's not like if you're black and gay, because then it's like you've let down the whole black community, black women, black history, black pride. You don't hear black people say 'Oh yeah, he's gay, but he's still a real man, and he still takes care of all his responsibilities.' What you hear is, 'Look at that sissy faggot.'¹¹

If Michael were to come out, he would presumably face incredibly negative consequences regarding his status in this community, his social well-being, his network of support, and even his physical well-being.

An analogous story of "coming out" was recounted by a young man named Roderick. Roderick lived with his aunt and cousins after his parents were incarcerated on drug charges and came out as gay to his aunt when he was 15. He was mercilessly taunted by both his aunt and by his cousins, who called him "an "Oreo" and other offensive names. He said, "It got to where I felt I was going to snap, and kill myself or kill them. I didn't want to do either, so one night I took my cousin's bike and I left, and took a train to New York. I'm just basically dead to my family now."¹² Another young black MSM was beaten at the age of 14 on the street corner by five boys, before he limped "five blocks home with a fractured leg, fractured rib, broken jaw, nose, and finger, black eye, and bruises. [He] walked passed people whom [his] family considered friends, but no one offered any assistance. [He] knew right then and there that [he] was different and not welcomed."¹³ Once

openly gay, these two boys ended up joining the welcoming and supportive gay communities, one in NYC and the other in Chicago. This security came at the expense of their places in the black community, whose isolation and violence chased them away.

Another avenue available to Michael as a young black MSM is the DL culture. Men on the DL usually have girlfriends, and they don't usually disclose their sexual activities or preferences to their sexual partners—especially not the female partners.

Gays to me were white men. The brothers that I hung out with, we never called ourselves gay. We just liked men. One brother asked me where my girlfriend was. I told him I didn't have a girlfriend because I'm gay. Yet he was still like, 'So why don't you have a girlfriend?' He thought I should have a girlfriend as a front.

--Blue Buddha, San Francisco Chronicle, 02 May 2006¹⁴

In addition to promoting secrecy and anonymity, the DL culture promotes and almost requires a strong image of masculinity. This requirement of hypermasculinity serves multiple purposes. The "thug" image is a functional camouflage and defense mechanism; it asserts independence or separation from mainstream gay culture; and it perpetuates a fantasy of power, independence, roughness and toughness. Many men choose to be on the DL to maintain their connections to the family, friends and community, to find partners without "having to explain yourself, or your sexuality, to anyone," and to assert their power.¹⁵

For a community that has been deprived of economic, sexual, and social agency for centuries, the DL culture

is on the surface a move to reclaim that agency from a history of black oppression, and a mainstream gay culture that seemingly hijacked the GLBTQ movement for white people. But the downsides of DL culture outweigh its positive effects. William, a black man on the DL explains one of the results of DL masculinity: "Part of the attraction to thugs is that they're careless and carefree. Putting on a condom doesn't fit in with that. A lot of DL guys aren't going to put on a condom, because that ruins the fantasy."¹⁶ Hidden behind anonymous DL thugs are their wives or girlfriends, linked unknowingly to a culture that abandons sexual identities as well as sexual histories.¹⁷

Let's return to Michael, the fifteen-year-old black MSM from Florida. The structures of Michael's life will be destabilized regardless which of the two major avenues he chooses: being on the DL or identifying as MSM or GLBTQ. The DL culture brings secrecy, paranoia, and promotes a fantasy world of anonymous unsafe sex. The DL culture also closes many, if not all of the avenues for sexual health education to reach young MSM by disassociating itself from mainstream GLBTQ culture. This deprives Michaels everywhere of the education that might have prevented them from becoming HIV positive. On the other hand, identifying openly as GLBTQ would likely destabilize the structures of his cultural and familial life, weakening both his economic and his emotional supports. It would subject him to discrimination for being GLBTQ and black from the broader white population; in addition, the black population would discriminate him for "Oreo" as well as GLBTQ.

It is no wonder that there is such an extensive DL cul-

ture in so many cities, like Cleveland or Atlanta.¹⁸ But in choosing to avoid the discrimination and barriers present in being openly GLBTQ, black MSM—particularly young black MSM—have subjected themselves to HIV, a virus that thrives in the kind of secrecy and anonymity promoted in DL culture. However, the high and increasing prevalence of HIV in black MSM is not explained by traditional high risk behaviors, such as intravenous drug use, multiple sex partners, or unprotected anal sex.¹⁹ In fact, the culture itself—with its discrimination and violence—has become a risk factor. Compared to their white counterparts, black MSM live a significantly more unstable life, subjected to the structural violence the United States has perpetrated against the GLBTQ and black communities for centuries.

Lower rates of substance use, lower rates of unprotected sex, and fewer sexual partners in the black MSM community should correlate to lower HIV infection rates. But the rates of infection among black MSM are much higher than among white MSM.²⁰ Though the traditional risk factors do not explain the heightened HIV rates, there are cultural risk factors that do: Black MSM reported less open identification as gay, less disclosure of same-sex behavior, and a much higher incidence of STDs; these are compounded by lower rates of antiretroviral therapy for those HIV positive black MSM, when compared to HIV positive white MSM.²¹ While black MSM may seem to win battles against HIV on the field of personal choices, they are losing terribly on the fields of community, economics, and healthcare. This only underscores that while being on the DL promotes pleasure, independence, and an identity that isn't "gay," it does nothing to address

the structural violence that makes MSM everywhere at risk for HIV. What's more, DL culture removes young black MSM from the protection and supports of GLBTQ communities.

Asking "What will happen to Michael now that he is HIV positive?" has led us to the factors that facilitated his infection in 2012. At the age of fifteen, Michael lived in a culture that did not educate him about the health dangers of having unprotected anal sex; at the same time, he was in a Down-Low culture that quietly promoted it. If we consider Sumlin, the pervasive effects of DL Culture in Michael's life become apparent. Sumlin associates with many of the hypermasculine ideals presented in DL culture, despite being open about his MSM status. Sumlin, who goes by the name 'sucker4boyz' on YouTube, posted a video diary. During one of these videos, he references an altercation he had while driving and tells the camera, "Fuck how I look, I'm from the ghetto and I will beat yo motha-fuckin' ass, and that's on the real." What exacerbates the anonymity and shame associated with DL culture is the inadequate education on sexual and GLBTQ issues, as evinced by the CDC's National Survey of Family Growth.²² Together the lack of education and the negative ramifications of DL culture creates an unstable environment for black youth identifying as GLBTQ.

More disturbing than Michael's age when he was infected is the difference between his age and the age of his partner: Michael perceived it to be six years, but in reality it was about fifteen years. This is no anomaly among young black MSM. The community health director at Whitman-Walker Clinic in D.C. observed

that “In the black gay community, very young black men tend to have their first sexual experiences and relationships with older black MSM ... It’s a very resource-driven situation.”²³ Many older men have more economic stability, cultural influence, and the experience and knowledge of having gone through a shared struggle. They also tend to face less stigma than younger black MSM. Nonetheless, having older male partners is a risk factor for HIV transmission in the United States and elsewhere, where economic and social power dynamics deprive the younger partner—whether a young girl in Sub-Saharan Africa or a young black MSM in Chicago—of agency and the ability to protect themselves. While intergenerational sex is a risk behavior for all races and genders, it is much more common among those whose personal, familial, and cultural structures are already compromised. Add to that potent mix the low rates of viral suppression and HIV treatment in black MSM, particularly older black MSM. Not only is intergenerational sex more prevalent among young black MSM, but it is more dangerous for them.²⁴

With a deeper understanding of the interplay between the Down Low, black, and mainstream gay cultures, it is possible to compare Michael to his non-MSM black peers. However it is not just black MSM who account for the enormous overrepresentation of African Americans in the HIV-positive population: there is a large incidence of HIV among heterosexual black men and women across the United States.²⁵ This is indicative of an additional set of barriers and pitfalls for all black men, whether they are MSM or not. Young black MSM are working to create a space of their own and to reduce their personal risk behaviors, but they are continually failed by national healthcare and education sys-

tems that ignore them. They are attacked by an economic system built to take advantage of them. They are assaulted and chained down by centuries of racist and homophobic prejudices. This essay focuses on the issues unique to a young man who is both a MSM and black, but has largely glossed over issues that all African Americans face and all GLBTQ persons face.

To change the culture and experience of young black MSM in the United States, issues of race must first be addressed. For this population, familial, social, economic, cultural structures are inseparable from issues of sex and health. In order to preserve social and cultural ties, black MSM have often sacrificed sexual health; this is evinced by the increased rates of HIV infection in their community. Education and destigmatization of sexual and GLBTQ issues could perhaps empower individuals and eradicate DL culture and its dangerous practices of anonymity and hypermasculinity. In turn, treatment for HIV and other conditions may perhaps be accessible to the black community.

It is the interplay within the subcultures that magnifies the violence—structural, physical, and emotional—that an HIV-positive African American experiences if he is a MSM. For the foreseeable future, black MSM will have higher rates of HIV infection than the larger black community, but to change that we need to remove the magnifying glass. To treat this most neglected and most at-risk population, the larger black community must first be treated with education and healthcare: both to reduce the prevalence of HIV in African Americans overall, but also to provide a culturally safe space for young black MSM. Then perhaps the answer to whether Michael would have contracted

HIV in the first place, and whether or not he will receive treatment now, would not hinge upon Michael's race and sexual orientation.

ENDNOTES

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