

More than half of last year's new HIV cases in BC were gay men

COVER STORY / So where is the funding for our prevention programs?

Xtra West

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With gay men accounting for more than half of all new HIV diagnoses in BC and their prevention programs already underfunded, the only organization focused specifically on gay men's health in the province will see its funding cut on World AIDS Day.

As part of a move to reduce the overhead and administrative costs of the approximately 300 agencies it oversees, the Vancouver Coastal Health Authority will cut seven percent (or about \$28,000) from the Health Initiative for Men's (HIM) budget Dec 1.

"We did have a budget shortfall this year," explains Vancouver Coastal Health spokesperson Anna Marie D'Angelo. "We did get more money than last year but it's not enough to cover operating cost. Our budget is 2.9 billion for this year and about 2.78 billion last year which is still not enough to cover wages, medical equipment, etc. We had a budget shortfall of 90 million which is a fraction of 2.9 billion."

Phillip Banks, outgoing executive director of the Health Initiative for Men, believes the funding cut will have a disproportionate impact on his organisation and the community it serves.

"We believe that cutting funding to HIV contracts generally is problematic," says Banks. "However, cutting funding to the only significant gay men's HIV prevention contract when 62 percent of new infections are in the gay male population and when our current funding is so incredibly inadequate and disproportionate to the burden of disease... is shortsighted to say the least."

According to the BC Centre for Disease Control's 2008 report on HIV and other sexually transmitted infections, HIV rates in men who have sex with men in British Columbia increased from 1999 until 2004, then remained relatively unchanged from 2004 to 2008.

In contrast, the same study found that diagnoses among other groups, including heterosexual men and injection drug users, have decreased since 2004.

"We know that between one in six and one in seven gay men in our survey are HIV-positive," says Dr Mark Gilbert, a physician epidemiologist in the

sexually transmitted infections/HIV division of the BC Centre for Disease Control.

Granted, the survey was conducted in gay bars, festivals and bathhouses and the findings represent only the people sampled, not the entire gay community, Gilbert notes.

But the research shows that men who have sex with men represent more than half of all new HIV diagnoses in BC, and an even greater proportion of the number of new cases specifically in Vancouver, he says.

“What we know is that of new diagnoses in 2008, 179 new positive tests are MSM [men who have sex with men] which represent 51 percent of all new positive HIV tests in BC and 62 percent for Vancouver,” says Gilbert.

Heterosexuals, in contrast, accounted for only 21.7 percent of new HIV diagnoses.

“We used to say one in 10 people is probably gay and now with better research it’s about one in five,” says Banks. “Even if you went to the older number of 10 percent and if you look at 62 percent of new infections are gay men, that’s a huge imbalance in terms of proportion of HIV infections that gay men represent. It’s totally disproportionate.”

Banks feels these numbers are a cry for immediate attention — and more funding, not less.

“I would say, in almost 30 years of HIV, gay men have consistently represented a significant proportion of people living with AIDS or people newly diagnosed with HIV. It’s always been that way,” he says.

“As such, in terms of funding, gay men should represent a relatively significant proportion.

“It just needs to happen. Right now at this point in time we may not need to represent 62 percent of the funding but we should represent a lot more than what we do.”

D’Angelo says gay men receive about half of the funding allocated to HIV prevention in Vancouver.

“The best estimate that I have is that within the VCH HIV/AIDS contracted services, roughly \$1.1 million goes specifically to community-based HIV prevention initiatives,” she says. “Of this, about 50 percent is for initiatives specifically for gay men. The bulk of this funding goes to the Health Initiative for Men, which VCH supported the development of last year, as a means to more concretely address community needs regarding HIV prevention.”

It's not enough, Banks says. Too little is being done to prevent HIV transmission among gay men.

"I think if you look at what's being done to prevent HIV among gay guys in Vancouver, British Columbia and Canada you'll probably find that far too little is being done," he says, "and that's far too little in relation to other populations and, I think, it's far too little in prevention overall."

Rick Marchand agrees.

The managing director of Vancouver's Community Based Research Centre (CBRC) says the few agencies that are addressing the issue are being stretched thin by limited resources.

"Not enough is being done," he says. "The supports we get from policy and from funding are inadequate for us to actually meet the challenge that's ahead of us."

Marchand says the federal government in particular has no interest in preventing HIV transmission among gay men. He says he submitted a grant application to Health Minister Leona Aglukkaq in February for the CBRC's Gay Men's Health Summit but never received her approval.

"Of all the proposals in the Pacific Region there were only two proposals for gay men," Marchand says. "One from HIM and one from CBRC. Both are sitting with the minister and all of the other HIV/AIDS proposals have been signed off on."

Despite repeated attempts to reach the minister, Aglukkaq did not comment by press time.

Marchand believes the federal government's disinterest in preventing HIV in gay men is rooted in prejudice.

"We hear examples of this across the country," he says. "There certainly is an attitude of homo-negativity. HIV/AIDS should be a bipartisan issue, it should be supported by all political parties. Especially with regards to prevention. But really we see time and time again this Conservative government and their inadequacy with this public health issue. It's hard to understand why they'd target gay men."

But it's not just up to government, says CBRC research director Terry Trussler. He believes that AIDS service organizations themselves need to be more responsive to the needs of gay men.

"For a long time that money is going uselessly to AIDS organizations that don't do anything with gay men," he says. "They are essentially looking the other way or have marginalized gay men in their own organizations. They

really are looking at the other populations that aren't at much risk for HIV.

"You could pretty much name every organization in the province that's dealing with AIDS — they are dealing with every other aspect of prevention aside from the one that is really dominant: gay men."

With sufficient attention and funding, other at-risk populations have seen declines in their rates of transmission, Banks notes.

He points, for example, to intravenous drug users.

Unlike gay men, the rate of HIV infection among intravenous drug users has steadily decreased over the last decade. Banks attributes the decline in part to a concerted effort on the part of the government and the Vancouver Coastal Health Authority.

"There are different theories about this but I think since about 1997 the provincial government, the federal government, the Vancouver Coastal Health Authority and the civic government have focused enormously on tackling the problem of HIV in the Downtown Eastside with things like injection sites. I think that's had a tremendous impact," he says.

Currently, much of the focus in HIV is directed towards treatment.

Men who have sex with men are "the most significant target group" served by the BC Centre for Excellence in HIV/AIDS' treatment programs, says director Julio Montaner. "Consequently they account for the largest proportion — over 60 percent — of the Centre's funding allocation."

But Banks believes that treatment is only one part of the equation and that prevention strategies must also be adequately addressed and funded.

"If you look at almost every culture or society across the planet we're much better at dealing with disease after than before," he says. "So if you're a politician or bureaucrat and have a limited amount of funding for disease do you spend it on someone who has it, or a program to prevent it?"

"It's more difficult to measure how the dollars are being spent in the short term rather than it is with care. If I gave you a thousand bucks you can tell me who received a service such as beds, medical care and doctors. If I gave you a thousand bucks for a prevention campaign, and asked you to do an HIV prevention campaign, how do you tell me how many people haven't got it?"

"It's a lot more challenging to see the impact of prevention than the impact of care."

Banks says the cost of treating people with HIV/AIDS is much higher than

prevention.

“Forget the impact of lives, or community, which is not measured in monetary terms. The cost of care outweighs the cost of prevention. That’s a big cost, that’s a major problem. But there seems to be a few people, whether in the bureaucracy or in government or other sectors, who are really committed to ending HIV in the gay community.”

It’s up to gay men to bring attention to this issue, Banks concludes.

“The only way that’ll change is that gay men who vote, and people who love gay men who vote, apply pressure to politicians in their voting,” he says.

“Part of what we expect is that gay men get funding to effectively prevent HIV — and sustain that funding until HIV no longer exists in the gay community, or new HIV infections no longer occur in gay male community.”

For Marchand, a huge cornerstone of prevention lies in educating youth. The CBRC facilitates a program for young men aged 18 to 24 that includes 40 hours of training once a year.

“We have such a hard time trying to find money to fund that once a year,” he says. “Just getting a youth program funded is difficult. It’s a struggle every year.”

Like Banks, Marchand believes it’s up to gay men to make this issue a priority.

“Unless gay men are paying attention to this themselves it doesn’t get done,” he says.

“We have to be constantly vigilant and constantly addressing what our needs are. Nobody else is looking after our interests. And that’s too bad.”