Big Secret on Campus

An HIV outbreak has occurred among black college students. Why are schools too scared to talk about it?

February 16, 2006 By Andrea King Collier

Everyone knows that college students have sex—and lots of it. Many young adults have numerous partners and engage in unprotected sex and other risky behaviors that can result in sexually transmitted diseases. According to the American Social Health Association, one in two sexually active Americans will contract an STD by 25. But until recently, the HIV risk among college students—particularly black students—has been virtually ignored.

That changed in November 2002 when North Carolina public health officials discovered that two black male college students were infected with HIV. Concerned about the potential for a widespread problem, North Carolina researchers reviewed cases of HIV among men between the ages of 18 and 30 reported during the previous three and a half years. Their findings? HIV infection among college-age males grew from two cases in 2000 to 56 in 2003. Forty-nine of these men (88%) were black. A total of 37 campuses were involved and, of those, 11 were historically black colleges and universities (HBCUs). Nearly all of the infected men had had sex with other men. Some had also had sex with women. Black students and universities were at ground zero of America's first HIV outbreak on college campus.

Stunned? Don't be. Blacks represent a disproportionate number of HIV infections. While 13% of the U.S. population is black, we comprise nearly half of new HIV infections, according to the Centers for Disease Control and Prevention (CDC). New HIV infection rates declined by 5% nationally between 2000 and 2003, but AIDS remains the leading cause of death for black women between the ages of 24 and 34, and it's the third leading killer of blacks in that age range overall. The scariest statistic? Experts believe the high death rate among young black adults may be explained in part by the fact that African Americans account for 65% of HIV infections among teens.

Why is this happening? For starters, many colleges attended by black students are located in or draw students from areas with high HIV rates—from Northern cities to rural settings in the South. Case in point: Washington, DC, where the rate of HIV infection is ten times the national average. Many of these areas have high levels of poverty, less access to health care and health insurance and a prevalence of intravenous drug use, homelessness and the trading of sex for drugs—all risk factors. Urban areas also draw young, same-sex-loving black men, a group whose HIV rate has been reported to be as high as 32%.

The North Carolina outbreak made one thing clear: Countless black young adults of all sexual orientations, including HBCU students, are at risk. Looking back, it was a train wreck waiting to happen.

A Higher Education

Before the North Carolina outbreak, HIV-related outreach for black students by public and college health officials was virtually nonexistent. Today, programs are established or about to be implemented at most HBCUs.

At all-female Spelman College, HIV education is included in first-year orientation. The curriculum covers abstinence, condom use and testing for STDs and HIV. “HIV infections are happening all over the country,” says Brenda Dalton, director of student health services. David Blumenthal, MD, chair of community health and preventive medicine at Morehouse School of Medicine, says his university has held sessions on prevention with young men and women around Atlanta.

In North Carolina, the CDC has allocated $1.2 million to establish a peer-outreach program targeting gay men called the Popular Opinion Leader Program. It has also provided funding for peer-education and training programs on North Carolina’s 12 HBCU campuses. And 95% of community colleges nationwide get some form of HIV education through Bridges to Healthy Communities, an initiative of the American Association of Comm-unity Colleges.

“HBCUs have much more outreach, education and awareness programs going on than other schools,” says Moya Brown, a staffer at Metro Teen AIDS, in Washington, DC. “It’s like the big majority schools don’t think they have a problem.”

But few universities are willing to talk on the record about the extent of their education and testing efforts—or the number of students with HIV. No college wants to present itself as anything other than a safe learning environment—much less worry parents that Tamika could get HIV instead of a BA. An HBCU dean who asked not to be identified says, “Nobody wants to say HIV infections are happening at their schools. But the reality is, they’re happening everywhere.”

The Stigma Enigma

Just as HIV’s risks are deadly, so is misinformation. Many students, administrators and parents continue to inaccurately blame the disease’s spread on gay and bisexual men, including those on the “down low,” or DL. This dialogue has helped women realize that they can’t take their partner’s sexual orientation or HIV status for granted. But the DL obsession distracts people from HIV’s real risk factors: unprotected sex regardless of sexual orientation and intravenous drug use. It can also contribute to homophobia, driving gay and bisexual black men further underground.

While the word is starting to spread on campus that condoms are a must, many people use them inconsistently or with casual partners rather than their main squeeze—whether or not their honey has ever been tested.

“People still think that if you have unprotected sex but pull it out real fast, you cannot get HIV.

Wrong," says Howard University student Justin Siplin, cofounder of Live Now, a college HIV/AIDS advocacy group. Another misconception: "Gay boys are the ones you catch stuff from," says one black male HBCU student. Instead, he hooks up with married men. "A married man is just having sex with his wife."

Former Johnson C. Smith student Jonathan Perry, who is openly gay, was the only student from the North Carolina outbreak to go public. "Black men in college are under tremendous family pressure to succeed. In church, homosexuality is condemned," he told *POZ, Real Health's* sister publication for people who are HIV positive. "We seek sanctuary from oppression among our race. To come out as gay is to jeopardize that. We can't hide our skin color, so we hide our sexuality."

Some administrators fear that open discussion of sex and homosexuality may jeopardize funding sources. "There is still resistance to HIV awareness education and outreach, especially at conservative or religion-based schools," claims Freddie Allen, editor of *Ledge*, an HIV prevention magazine. He says such concerns
are most common at state-funded religious and conservative schools, which include many HBCUs.

So while a few schools openly conduct HIV education and outreach, others go about it gingerly, and many don't do it at all. In Michigan, students "can come off-campus to our testing nights, but we can't go on campus and do testing or educational programming unless specifically invited—we can, but we can't get it paid for," says an HIV outreach worker who asked not to be identified.

Denial Is Not a River

While the recent declines in HIV rates among African Americans were driven by reductions among IV-drug users, they provide good news: Education, prevention and testing work!

When people test for HIV, those with negative results are taught how to stay that way, including abstaining and using condoms. Positive people are informed about treatment options, referred to medical resources and urged to report their status to past and present partners (the law doesn't require it).

But the fear of receiving bad news causes many kids to keep their heads in the sand, Siplin says. Some students who attend Live Now's educational programs get tested only when the discussion triggers memories of sexual risks they've taken. Other students "show up for testing when they aren't feeling well or if they hear that someone in their circle has been diagnosed."

But even when students get tested, less than half come back to receive their results, says Kevono Hunt, a student at Langston College in Oklahoma involved with L.I.F.E. AIDS, a campus HIV advocacy organization. "It's just so scary for many people," he says.

Brown agrees. "We tell our black women to start looking at the HIV test as a part of their regular preventive maintenance. Annual Pap, routine blood tests, HIV testing," she says. The routinization removes some of the fear. "The optimum is to get tested at least once a year."

And that’s optimal for all sexually active black Americans, regardless of our age. To prevent HIV from further ravaging our young people, families and communities we all must take responsibility for getting tested regularly, knowing our HIV status, talking to partners about our risk factors and always—always!—practicing safer sex. We must make this the new “normal” in our love lives. Our future depends on it.

Resources for Students and Faculty
Tap into these organizations to bring HIV awareness to your campus

Black Aids Institute
(213.353.3610; www.blackaids.org)
Publishes Ledge, a hip student-edited publication that promotes HIV awareness among black undergrads.

Bridges to Healthy Communities
(American Association of Community Colleges, 202.728.0200 ext. 267; www.aacc.nche.edu/bridges)
Awards grants to colleges to fund awareness programs.

Hope
(HIV/AIDS Orientation and Professional Education, United Negro College Fund Special Programs, 703.205.7629; www.uncfsp.org/hope/)
Trains faculty and students to be HIV educators. Also organizes campus programs and college tours.
