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**Interview – Dr. Kevin Fenton
Kaiser Family Foundation
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JACKIE JUDD: Dr. Fenton, thank you for joining us. The new study from the HIV Prevention Trials Network that came out on Monday showed the HIV infection rate was 50% higher among black men who have sex with men than their white counterparts. What was your reaction to that stunning figure?

KEVIN FENTON: Well, once again, these data really show the severe and disproportionate burden of HIV among black gay men here in the United States, and especially young, black gay men. These data were not surprising. In fact, they confirmed earlier studies done by the CDC, which illustrated that black gay men really bear a severe and disproportionate burden of HIV.

What was very concerning is to see that we do have a lot more work to do to engaging young black men with sex with men with the tools that they need and the information they need to take control of HIV in their lives.

JACKIE JUDD: The study took place in 6 states, about 1,600 men, and as you are suggesting, the rate was even higher among the younger men. Do we understand the whys of this yet?

KEVIN FENTON: The study really began to unpack some of the reasons why we are seeing these higher rates of disease, especially among younger gay men. Clearly, what we now understand is that it is not just individual risk behavior, which is driving HIV. There are many other social and

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structural drivers, including poverty, poor access to healthcare services, and lack of awareness, and patterns of sexual mixing within the community that may well be driving these high rates of disease.

We also know that there was an association with individuals who had STDs diagnosed during this study, again confirming the link between having an acute sexually transmitted disease and the risk of being diagnosed with HIV. There are many factors, which are going on, high-risk behavior within an environment where HIV and STDs are very prevalent or there are high levels in the community combined with stigma, discrimination, homophobia, poor access to healthcare services, and drug use. There are multiple factors driving the epidemic, multiple issues.

JACKIE JUDD: Is everything you have just described even more pronounced among the younger population?

KEVIN FENTON: We know that being young means that you may not have the economic resources to be able to either access healthcare or to make some of the health and lifesaving choices that you need to make. In the study, we really saw the link between poverty and HIV risk in a way that had not been demonstrated before. This suggests that as we think about preventing HIV among young black gay men, we not only need to think about improving risk behaviors and reducing risks, but we need to think about the social context within which these men

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are living their day-to-day lives. We need to find ways in which we can help to improve education and containment, improve access to healthcare, and improve employment opportunities as part of a comprehensive prevention package.

JACKIE JUDD: What you are saying seems to be a theme here at the conference. I am sure that HIV/AIDS in the U.S. has been discussed this way elsewhere, but at the conference, it seems that people are talking about approaching this problem in a much more holistic way.

KEVIN FENTON: That is exactly correct. We have learned in 30 years, in fact, in this epidemic that you can focus on the individual risks, but that will not be sufficient in order to end AIDS because HIV is not only transmitted because of high-risk behaviors, but it is transmitted within the contexts that drive those high-risk behaviors. That is why really having a balanced portfolio that focuses on the individual, on their families, on their communities, and on society as a whole are critical tools and steps to end the epidemic and drive towards an AIDS-free generation.

JACKIE JUDD: Thank you very much, Dr. Kevin Fenton of the CDC.

KEVIN FENTON: Thank you.

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