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The (ex) governor's wife, my best friend and the down low

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Note: This is Matt Foreman's last op-ed as executive director of the National Gay and Lesbian Task Force. Foreman, who has served as executive director since 2003, announced in January he was leaving the Task Force on April 15 to lead the Gay & Lesbian Program at the Evelyn & Walter Haas, Jr. Fund in San Francisco.

I never thought I'd have much in common with Eliot Spitzer's wife Silda, but in recent weeks the down low came charging into both of our lives.

A few weeks ago, New Yorkers learned that their uptight, frequently sanctimonious then governor had been living a double life involving high-priced women in high-priced hotels. Stories crackled with the allegation that he wanted to do things that weren't "safe." In the torrent of media coverage that followed all these revelations, no one accused him of being on the down low.

A few weeks ago, my best friend, a man, hooked up with a sweet guy from the South, who, it turned out is a church-going, married man with three adult children. His wife thought he was traveling on business. In subsequent psychoanalytical cocktail analyses among my gang, none of us labeled the Southern gentleman on the down low.

But, if the "down low" refers to men who present themselves as one thing to their wives, girlfriends and partners, but in reality are something quite different, then Eliot Spitzer and my best friend's hook-up — not to mention the likes of Sens. David Vitter and Larry Craig and the Rev. Ted Haggard — are indeed on the down low.

For many months, I've been trying to get my head around the pathetic response of our own community and the government to the appalling rates of HIV infection and AIDS related deaths among black gay and bisexual men. The failure of anyone to link Gov. Spitzer to the down low and my inability to see it in my own personal circle says it all.

Here are some facts: CDC figures show that from 2001 to 2005, HIV infections among black men who have sex with men increased 45 percent — yes, 45 percent — *more* than infections among their white counterparts. Nearly half — yes, nearly half — of black gay and bi men in key urban areas are infected with HIV and more than two-thirds of them don't even know it. And, black people in the U.S. are 10 times — yes, 10 times — more likely to die of AIDS than white people. These statistics only get grimmer as years go by. Yet, there seems to be a collective shrug from

the larger LGBT community and not even that from our government, the media, and the general population. Why? Because racist assumptions — including the down low — have infected our thinking and paralyzed our response.

I remember being at a sparsely attended demonstration where speakers called for more HIV prevention and education programs targeting black gay and bi men. I thought to myself, “What more can be done? Hasn’t this been tried for years to no avail? It’s hopeless.”

Contrary to my assumption, however, the reality is that almost nothing has been tried. In fact, of the 129 interventions developed by the CDC to address HIV in the black community, only one has been approved for black gay men and it was approved without the same rigorous clinical research required of other interventions. Moreover, the intervention in question was never designed for black gay men but “tailored” to meet their needs. So, 26 years into the epidemic our government has failed to show that the single intervention it has in the field actually works and has not approved a single HIV prevention intervention specifically developed for the group of people in this country hit hardest by the disease.

Frankly, I found this unbelievable. At a recent conference I asked a national expert on HIV policy, “How could this be?” He said the answer wasn’t complicated: The lives and realities of black gay men are simply not in the consciousness of the people who support, design and evaluate HIV prevention and intervention programs. There it is. I’ve lost count of the number of times I’ve heard people say these high rates of HIV infection are a byproduct of homophobia in the black church. We’ve all shook our heads gravely at these pronouncements. Hey! What about the rampant homophobia in the Roman Catholic Church, the Southern Baptist Church and the white evangelical churches — institutions with far more participants than the black churches? But rarely, if ever, do we hear HIV among white gay men blamed on them.

I’ve also heard — repeatedly — that HIV is more prevalent among black gay men because of supposedly higher rates of mixing drugs and sex. The grave head-nodding, again. Wrong, again. In fact, studies show that mixing sex and drugs among black gay men is actually lower than among white gay men *and* that black men have fewer sexual partners.

And then, of course, the specter of the down low hangs over the entire conversation. It’s the notion that there is a huge subculture of black men who have sex with other men, but don’t see themselves as gay, who present themselves as straight, who don’t practice safer sex, who frequently have wives and girlfriends, and who then bring HIV into their heterosexual relationships.

The down low fits so nicely into longstanding race-based stereotyping that it has gained extraordinary traction within and outside the LGBT community. This has been fueled by salacious media exposés, including a prominent *New York Times Magazine* piece that read like the travelogue of an 1850s Victorian prude visiting the Polynesian Court of Tonga.

Of course, there is a down-low subculture within the black community. But there are far more closeted white men living parallel cultural and sexual lives — men like my best friend’s liaison. And, with nearly a third of married men admitting to extramarital affairs (and one in three men engaging the services of a prostitute at one time or another) there are many, many more straight white men engaging in extramarital sex that may or may not be safe — men like New York’s now ex-governor.

The simple reality is that there is no scientific data available to explain the hugely disproportionate impact and prevalence of HIV/AIDS among black gay and bi men. No one can say if this is due to

stigma and stress, general lack of access to health care, lack of prevention education, or *even* genetic susceptibility to the virus. Most assuredly, no one is able to say if the down low plays any statistical role.

The fact that we know so little is appalling and this alone cries out dramatically for increased focus and funding on basic research and the development of successful prevention and intervention strategies — designed by, for and with black gay and bi men.

The fact that so many of us are willing to so readily rationalize this tragedy based on racist assumptions — including the down low — isn't just appalling, it's disgusting.