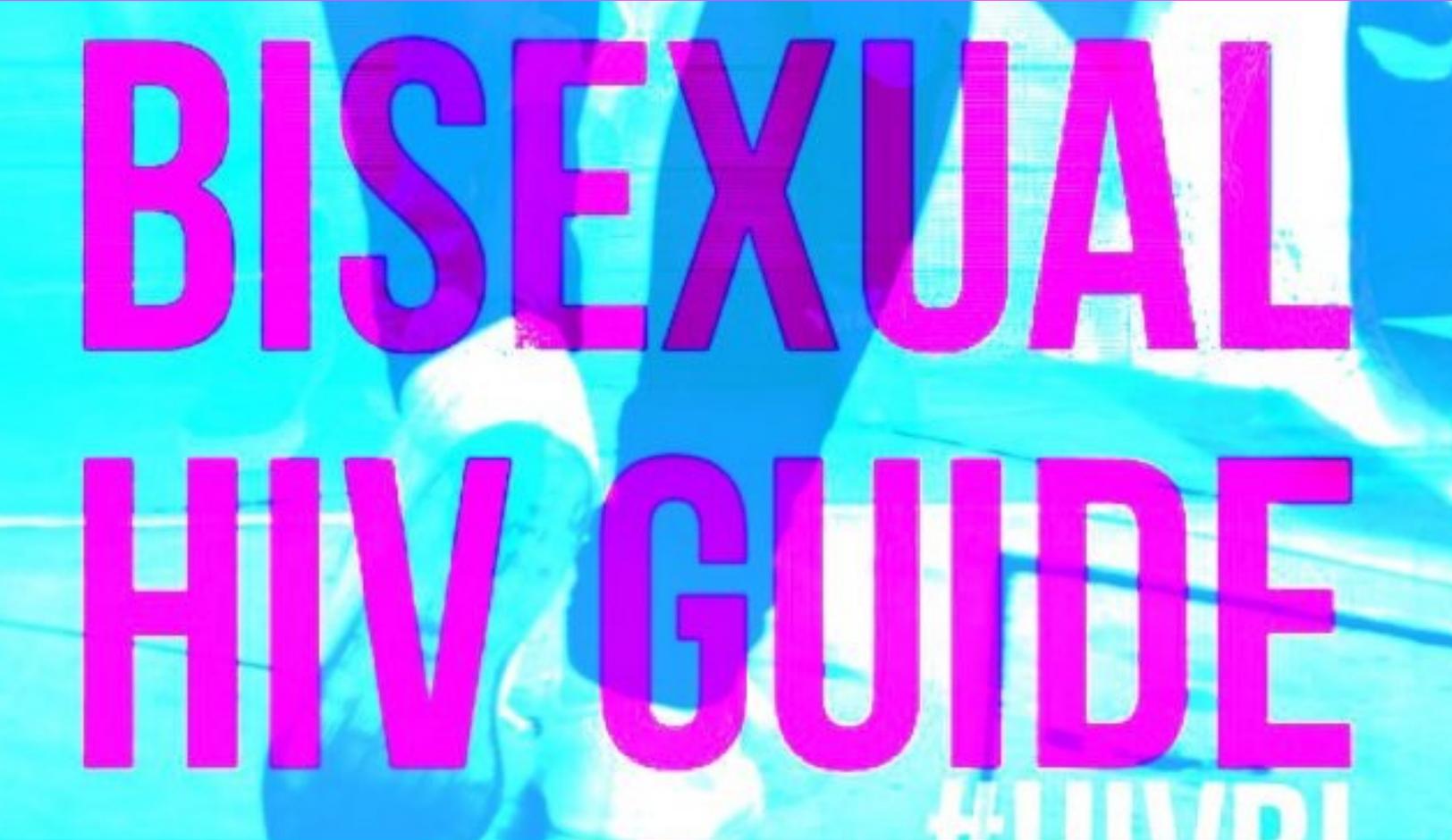


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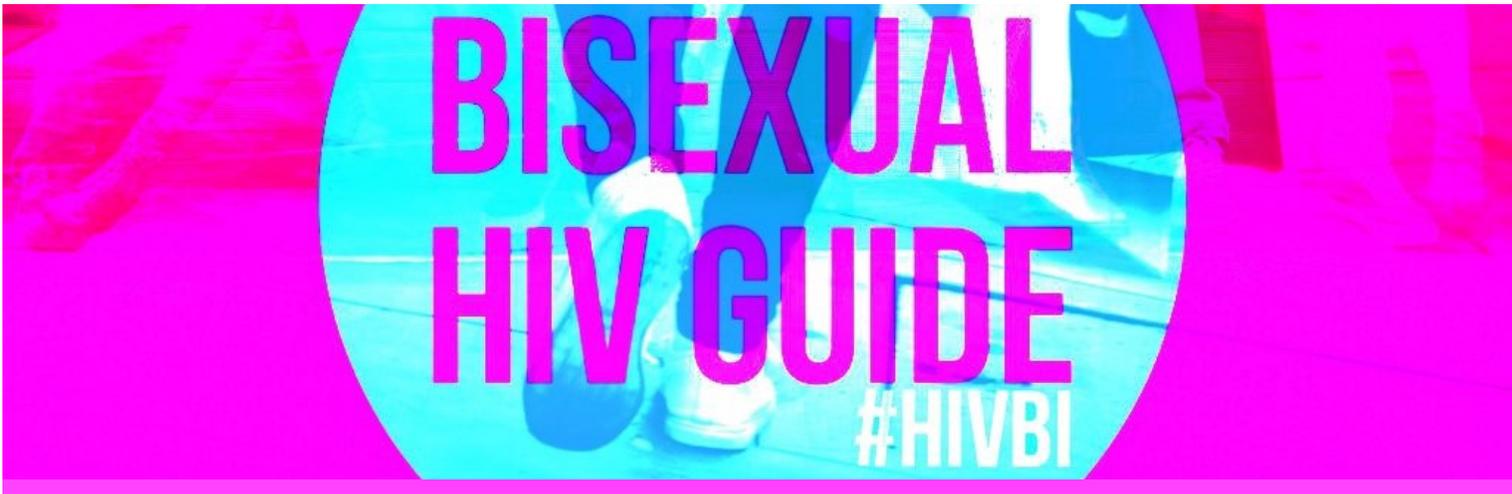
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# BISEXUAL HIV GUIDE

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# About



An *original* guide on HIV, bisexuality, and biphobia published by **Josh Robbins** of [imstilljosh.com](http://imstilljosh.com) with original health articles from national journalist, **David Heitz**.

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# #HIVBI: How gay bullying of bisexuals fans the flames of HIV

By David Heitz

## THE "LGBT COMMUNITY."

Come on now. Who are we kidding?

It has been almost two years since imstilljosh asked, "Are we forgetting the 'T' in LGBT?" and published "Why You Need to Get Behind the Transgender Equality Movement" and the "Transgender Guide for HIV Awareness."

We explained that not only is supporting transgender people the right thing to do, but essential to public health. Since then, the U.S. Centers for Disease Control and Prevention (CDC) has begun to

collect separate epidemiological data for the transgender community, a huge leap forward in doing a better job of developing trans-specific HIV prevention interventions.

There has been incredible progress in the transgender equality movement in the past two years. Awareness has ramped up in a big way, from critical research surrounding transgender use of PrEP to Caitlyn Jenner appearing on the cover of Vanity Fair. Even if she has set off a firestorm of controversy in the transgender community itself, the country fully understands now that transgender people are everywhere whether they like it or not.

But even at imstilljosh, we missed something when we wrote that story. Because not only have we forgotten the “T” in LGBT, **we also have forgotten the “B.”** A long time ago, in fact.

With recent gains among the transgender community, imstilljosh wondered: Are bisexuals now even more marginalized, forgotten and misunderstood than transgender people?

“We’re certainly more underserved than the transgender community,” said **Faith Cheltenham**, president of **BiNet USA**. “There

are no bi-specific programs at most LGBT centers.”

That lack of services, which usually do not exist beyond a bisexual support group (which of course only would be accessible to MSMWs [*men who have sex with men and women*] who feel comfortable going to an LGBT center) has resulted in staggering statistics regarding the health of MSMW.

## **BISEXUALS IN EVEN POORER HEALTH THAN GAYS AND LESBIANS**

According to the **National Health Interview Survey** (2013), bisexuals who identify as bisexual had poorer outcomes than not only heterosexuals, but also gays and lesbians.

### **For example:**

- 28.6 percent were current smokers (compared to 25.8 percent of G/L and 17.6 percent of het.)
- 39.5 percent had five or more drinks per day in the past year (compared with 33 percent of G/L and 22.3 percent of het.)
- 10.8 percent reported serious psychological distress in the past 30 days (compared with 4.9 percent of G/L and 3.7 percent of het.)
- 35.3 percent were considered obese (compared to 29.5 percent of G/L and 29 percent of het.)
- Finally, only 56.7 percent had private health care (compared with 69.1 percent of G/L and 62.3 percent of het.)

According to the **2007 to 2011 CSHS**, bisexual people had higher lifetime numbers of



some sexually transmitted infections than gay and straight people, including chlamydia, genital herpes and HPV. But they had much lower rates than gay people of HIV, gonorrhea, public lice and syphilis.

Numerous research papers also show that bisexuals are generally in poorer mental and physical health than lesbian and gay people. However, the data from various research papers tends to be all over the map, depending on the sample (cultural and socioeconomic influences can impact health, for example). How a particular MSMW self-identifies makes a difference too. It's not just "bisexual." In fact there are more than half a dozen identity labels even within the bisexual spectrum, including fluid, multisexual, non-monosexual, pansexual, polysexual, pomosexual, and omnisexual.

For the sake of definition, Robyn Ochs, an American bisexual activist, defines "bisexual" as this:

"Bisexuals are people who acknowledge in themselves the potential to be attracted – romantically and/or sexually – to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree."

Risk factors such as injection drug use and sex work also play a role in the health outcomes of bisexual people. Some bisexuals enjoy working for sex and are true "sex workers;" others just have sex for drugs or a place to sleep at night, and that is called "survival sex." In a presentation at the 20<sup>th</sup> Conference on Retroviruses and Opportunistic Infections in Atlanta in 2013, [Mark Mascolini reported](#), "Little research has compared demographic or risk behaviors of bisexual HIV-positive U.S. men with those variables in gay or straight HIV-positive men," a glaring omission.

"Sexual risk behaviors of bisexual men significantly differ from gay and heterosexual men. Compared to bisexual men, heterosexual men are independently less likely to report unprotected sex, but do not differ from gay men in unprotected sexual behavior."

Finally, bisexual men and women both are more prone to intimate partner violence than any other sexual minority.

## WHAT DOES IT ALL MEAN?

"Prevention interventions for bisexual men need to be appropriately tailored as evidence suggests they are less likely to be reached by programs targeting gay or heterosexual men."

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# #HIVBI: Sure You're Bi. Wink, Wink.

By David Heitz

**Bisexual people are damned if they do, and they are damned if they don't.**

For years, there has been a theory (especially among gay people) that bi people aren't really "bi." They're just gay or lesbian and they say "Bi" because being bisexual is more widely accepted. They're too scared to admit they are gay, the theory has been.

That theory holds up until a gay man or a lesbian dates a person who sleeps with a person of the opposite sex. In many of those cases, the gay person finally understands that bisexuality is real, and the bisexual person then gets clobbered. Intimate partner violence toward bisexuals is higher than in any other sexual minority group.

Now, with gays reaching a level of equality that even some liberals (or at least most conservatives) argue has reached the status of "non-issue," bisexuals are more marginalized than ever. A

long-held notion that sexuality is binary – you're either gay or straight – has been further cemented. Bisexuals experience as many doubters as they ever have.

In 1966, bisexual Stephen Donaldson (aka "Donny the Punk") founded the first ever gay rights group on a student campus at Columbia University, New York, where he said the gays welcomed him "as a butch gay." But after having a secret affair with a woman from the nation's first lesbian rights organization, Daughters of Bilitis, he felt forced out of the movement.

Today, research suggests that bisexuals have higher rates of suicide, mental illness, and experience violent crimes even more often than gay people.

"Our advocacy is not about getting everybody to say 'We're bisexual.' We just want to make sure anyone who engages in bisexual sex isn't assaulted, beat up, murdered...." Cheltenham said.



Data shows that among bisexuals, there are more women who identify as such than men. Gay people often think that's because they are more easily accepted by straight men (i.e., the

Hustlers under the counter at the convenience store showing women having sex on the cover). Of course, what that really is, is objectification of women.

“The reason there are more women than men is that the men are dead from HIV,” Cheltenham said.

As money finally has begun to flow (not necessarily from the LGBT community) to combat violence against transgender people (not just sexual violence but even murder), similar health disparities faced by bisexual people still are not being addressed.

## How biphobic sentiment fuels dangerous sexual habits

“Biphobic sentiment among MSMW’s male and female partners can harm MSMW,” reports William L. Jeffries IV in his paper “Beyond the Bisexual Bridge: Sexual Health Among U.S. Men Who Have Sex with Men and Women,” published in the American Journal of Preventive Medicine (2014).

“Gay men and heterosexual women sometimes believe that MSMW are unfit for long-term partnerships, and MSMW sometimes fear experiencing unsympathetic, vindictive reactions upon disclosing bisexuality to their partners. In instances where MSMW feel shunned by their partners’ non-acceptance of bisexuality, they may form additional partnerships.”

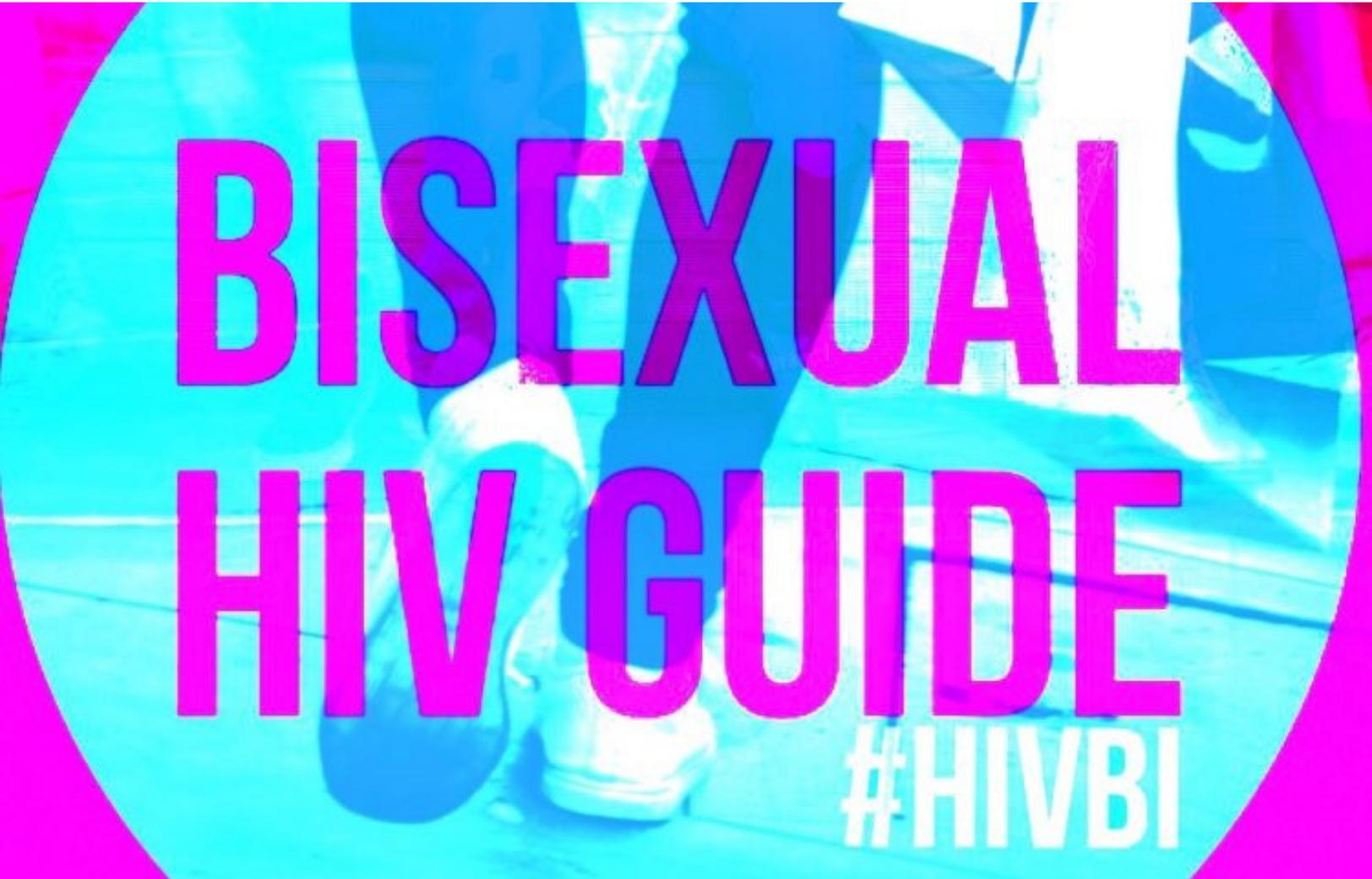
The paper goes on to say that “This might, in turn, promote high levels of partnership concurrency among MSMW. Indeed, MSMW

are more likely than MSM and MSW to have concurrent sexual partnerships, and studies have reported that 22 to 28 percent of MSMW recently had concurrent unprotected sex with both men and women.”

Judgmental, arcane attitudes about bisexuality amounts to ignorance. That it comes from within the lesbian and gay community itself is alarming.

“Bi people go into the gay community to sleep with gay men, then retreat back into safety,” Cheltenham said. “Not a safety from gayness; a safety against gay people.”

Cheltenham said “coming out” is especially difficult for bisexual people, but they must. “A gay person comes out, he says, ‘I’m gay, I like the same gender.’ Bi people have multiple stages,” she said. “A girl has to tell guys, ‘I like guys.’ She has to tell girls, ‘I like girls.’ Then there’s a third stage called identity maintenance. I have continued evolutions of how I explain that to people. I’m married to a man. People say, ‘Oh, you’re husband and wife.’ I say, “Yeah, I’m bisexual. You said husband and wife and assumed I am straight.’ Every time, I have to do that. Bi people have to come out hundreds of times more.”



# BISEXUAL HIV GUIDE

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# #HIVBI: Bisexual men have sex with women, too.

By David Heitz

## CDC labels it MSM?

Recently, the U.S. Centers for Disease Control and Prevention (CDC) finally recognized the obvious: Transgender women are not men who have sex with men, also known as MSM.

Not only did this affirm the gender identity of transgender women, which we all should do,

women do not necessarily have sex with men the same way, or with the same men, that gay men do. Many of the men transgender women have sex with do not identify as gay, and they aren't, because they have sex with women (including cisgender women), too. Some may have sex with both men and women. They may or may not identify as bisexual.

The CDC finally has begun to collect data on transgender women separately from "MSM" for this very reason – so they can get a more accurate picture of the sexual patterns of transgender women and the public health risks they face.

So it begs the question:

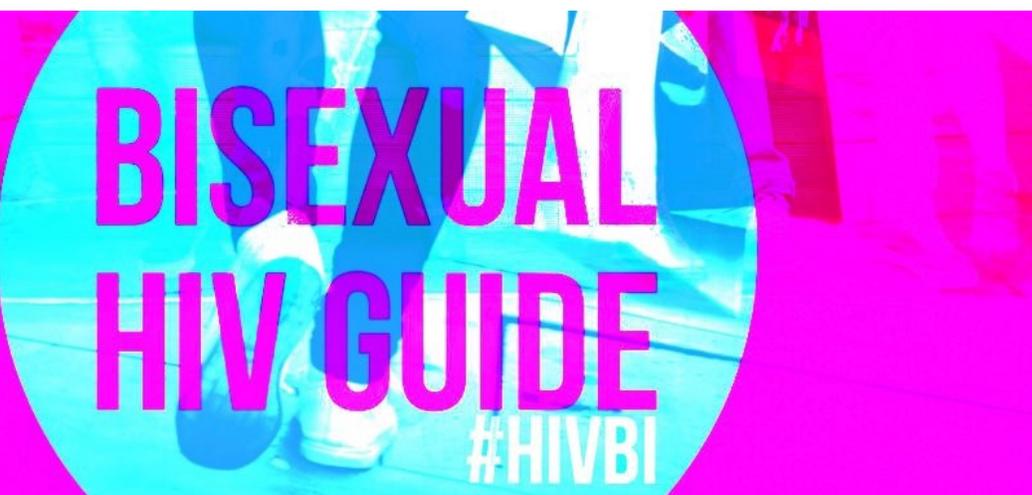
**Why, then, is the CDC still lumping bisexual men into the category of men who have sex with men, when in fact they are men who have sex with men and women (MSMW)?**

Which begs yet another question. How many of these 50,000 new HIV infections each year are resulting from people not getting HIV prevention messages because they don't fit into the model of monosexism (the notion that everybody either is gay or straight) that most all of us subscribe to?

**Lauren Beach** is a post-doctorate fellow at **Vanderbilt University** who is searching for answers to these and other questions. In an exclusive interview with [imstilljosh], just moments before she had her first

telephone discussion with CDC officials urging them to collect MSMW data separate from MSM, she explained why the current

but from a public health standpoint it was a common sense leap forward. For the purposes of HIV epidemiology, transgender



methodology of lumping them together with gay men is flawed.

“People make assumptions that MSM would not have sex with women, so that risk is completely unaddressed in our current HIV programming,” she said. “This is actually very critical. We know HIV doesn’t discriminate. We need to target the female partners of bisexual men (for interventions like PrEP), she said. “The women who are sleeping with bisexual men are a glaring omission (in HIV prevention strategy), she said. “We should be treating this as a public health issue and looking at data instead of going on our preconceived notions about sexuality and gender.”

Indeed, with gay rights reaching new heights, such as marriage equality on a national level, and transgender equality rapidly gaining ground, even with restroom parity in some cities and states, bisexuals are now the new “ultimate minority.”

## Beach begins a dialogue with the CDC

In an email to Imstilljosh shortly after her conversation with the CDC, Beach appeared hopeful. “I would say that we have begun a dialogue and are looking forward to learning more about the capacity of the CDC to disaggregate MSMW vs. MSMO (the ‘O’ denoting ‘only’) HIV data in future surveillance reporting,” she said. “Changing a federal data collection system is never easy work, so I am not surprised that this will very likely turn out to be a complicated process.”

The good news: Collecting separate MSMW data already is on the radar of the CDC. In a September 2013 presentation by Damian J. Denson, a behavioral scientist in the CDC’s Prevention Research Branch, he presented

some shocking findings at the National Community Health Partners Webinar. The presentation came with the disclaimer, “The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for the Disease Control and Prevention.”

Regardless, the presentation declared: MSMW embody several identities, including heterosexual, bisexual, closeted, discreet and “down low,” showing how difficult true bisexual data collection would be. Sexual networks expand across heterosexual and MSM populations (dispelling the notion that sexuality is binary) and “could serve as a bridge for HIV transmission, but data inconclusive” (citing studies by Bond, 2009; Millett, 2005; and Montgomery, 2003).

Very few studies specifically focus on MSMW, with differing measurements used across studies that may include self-described sexual identity or be based on sexual behaviors. Most MSMW studies have focused on racial/ethnic minorities, youths, and low-income people.

Citing National HIV case surveillance data assessing MSMW (Campsmith and Hu, 2013), from 2005 to 2008 115,994 men were diagnosed with HIV. Of those, 19,285 (16.6 percent) reported having sexual contact with both men and women. Most were black or Latino. The likelihood of having sex with both genders increased across age and ethnic groups.

In 2008, the CDC collected HIV risk behavior from 8,175 men who reported sex with another man during the past year. Of those, 1,109 (14 percent) reported female sex partners in the past year as well. Of the women they had sex with, they did so without

using condoms for vaginal or anal sex about two thirds of the time, they reported. Other studies have shown that between 14 and 20 percent of MSMW report having unprotected sex with both men and women (Maulsby, 2013; Valleroy, 2000; Weatherburn, 1998).

Men who have sex with men have fewer female partners than male partners. MSMW with a main female partner report less unprotected anal intercourse with men. Finally, the presentation by the CDC scientist showed MSMW have lower rates of HIV prevalence (Harawa, 2013; Montgomery, 2003; Wheeler, 2008) and lower rates of unprotected anal intercourse with male partners (Flores, 2009), especially receptive anal intercourse.

But they also are less likely to be tested for HIV, be exposed to HIV prevention, while at the same time being more likely to engage in sex work and injection drug use (Goldbaum 1998, Maulsby 2013, Wheeler 2008), report concurrent sexual partners and have undiagnosed HIV (Young, 2009).

What this all means, the CDC presentation concluded, is that there is a high prevalence of HIV among racial and ethnic minority communities, with the risk increasing as one gets older. A general lack of knowledge about HIV results in unknowing transmission of the virus, false assumptions about a partner's status, misinformation about testing frequency and viral load and, a general complacency about HIV risk.

## What the CDC and the NIH need to do as the next step

In addition to collecting separate MSWM data for the purposes of HIV epidemiology, Beach says:

- Federal agencies need to talk with diverse bisexually identified researchers and community organizations when designing surveys to examine sexual orientation and behavior.
- The NIH and CDC need to fund studies to determine best survey design practices to measure sexual orientation, sex, gender identity and sexual behavior.
- The White House should order all agencies to review their programs, services, and regulations for areas that can be changed to be more supportive of bisexual people.
- Provide bisexual cultural competence training focused on bisexual self-identification, labeling and practice.
- Prioritize research funding for studies focused specifically on health among bisexuals
- Create a specific line item for bisexual HIV funding in the federal HIV/AIDS budget.
- Develop improved community outreach methods to engage non-gay MSMW and MSMO populations.

Said one person interviewed in Beach's research, "Stereotypes about bisexual black men create some major blind spots when it comes to HIV prevention, care and education. We're talking about PrEP but we're really only talking about it for men. What about my female partner? I've been with the same woman since 2001. She's still negative, but why is it that we look at the rates of HIV among black women and that's not offered to them as well?"

Good question.

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# Bisexuality is real. Why aren't females on PrEP?

By David Heitz

**Brian Dodge may very well be the mother of all "sexperts."**

Dodge sits on the board of the Kinsey Institute, and is widely considered an expert on health issues for bisexual men and women. Like Lauren Beach and Faith Cheltenham, he agrees it's past time for the CDC to collect epidemiological data pertaining to men who have sex with men and women exactly as such; not to lump them together with men who have sex with men, which has been the case since the HIV epidemic began. "Not only does it not make sense, it's not reflective of reality," Dodge said of the current data collection system. "Even within the CDC framework, the acronym MSM was created because in the earliest days of HIV it became immediately clear that large numbers of individuals don't identify as gay."

Sadly, only a handful of coins are directed toward research aimed specifically at bisexuals and HIV prevention.

"For long periods people were satisfied with the samples they recruited, from bars, pride parades, etc.," Dodge said. "The earliest studies of substance abuse and alcohol abuse used samples of men recruited from bars. That's fundamentally flawed."

He adds, "In 2016 when they say some populations are hard to reach, we don't accept that. Either you don't know where to look for them or you don't know how to engage them."

The CDC does have some expanded HIV testing initiatives targeted at African American and Latino men who have sex with men and women. The CDC has said they are cost effective at reducing overall infections, practical to implement at full scale, target high-risk populations and can be combined for specific populations.

But bisexual people span beyond people of color. Beyond the "Bruthas" and the "Hombres" projects, what's there?



"There is nothing," Dodge said, "within a compendium of CDC based interventions." Who are we missing?

For starters, sex workers, and college students, both have high rates of MSMW.

Their sexual experiences are much different from the culturally inspired sexualities of men of color.

In an era of 50,000 new HIV infections each year in this country, it makes you wonder how many new infections are resulting from people not getting important HIV prevention messages around tools such as PrEP. Lest we forget: HIV never will be eliminated without eliminating new infections, too.

## Report: More than 26 percent of men with HIV having sex with women

In a 2014 paper (Singh, Hu, Wheeler, Hall) published in the *American Journal of Public Health*, researchers reported that 26.4 percent of 30,096 MSM diagnosed with HIV in 2011 also had sex with women. “A larger percentage of MSMW were Black/African American, at 44.5 percent, compared with men who only have sex with men, at 36 percent. Fewer men who have sex with women were white (26.4 percent) compared to those men who had sex with men only (36.2 percent).”

The paper, like so many before it, concluded that “intensified interventions are needed to decrease HIV infections overall for MSMW and reverse the increasing trends among young MSMO.”

Diagnoses of HIV among men who have sex with men and women tend to increase with age, data shows.

Research being released soon will show that more positive attitudes are being shown toward bisexual individuals, Dodge said. Yet some sociologists and bisexual activists surmise that it may be bad business for

predominately gay-run LGBT groups to get behind bisexual advocacy too much. For example, with gay men and lesbians now having achieved marriage equality, what will it mean if we begin dispelling notions of monosexism (you either are gay or straight). Does that deflate the argument for allowing gay marriage?

But if we don’t dispel notions of monosexism and discuss the fluid realities of sex, what will be next? Teaching “no sex before marriage” to both gay and straight children, Dodge surmised?

Meanwhile, as bisexual people are forced further to the edges of the margins, many remain closeted about their true sexuality and as a result don’t have healthy, open communication with their sexual partners. Healthy communication is a must-first-step for safer sex and HIV prevention.

“For 2006 to 2010 data from the National Survey for Family Growth, among MSM, 43.9 identified as bisexual,” reported Singh, et al in their 2014 paper. “HIV diagnoses increased among MSMO overall and were relatively stable for MSMW. Studies have shown that among MSMWs, less exclusive homosexual identification is associated with greater sexual risk behavior without disclosure with female partners. While overall decreases in HIV diagnoses have been observed among women during 2008 to 2011 and the magnitude of MSMW transmission is unknown, MSMW constitute a large percentage of persons with HIV and may require tailored prevention interventions.”

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For more coverage, visit <http://imstilljosh.com/bisexual>

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