

# *Latino Action Plan*

A Report for the HIV Prevention Section of the  
San Francisco Department of Public Health

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*Cause Data Collective*

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# Executive Summary

## ***Latino Action Plan***

### Introduction

In 2007, the HIV Prevention Section of the San Francisco Department of Public Health (SFDPH), AIDS Office prioritized the creation of a community-based plan to adequately address the HIV prevention needs of Latino Men who have Sex with Men (MSM). This effort eventually came to be known as the Latino Action Plan (LAP).

By the spring of 2008, Mr. Oscar Macías and Mr. Erik Dubón of the SFDPH convened a working group of local Latino MSM and allies to discuss the creation of this plan for the City and County of San Francisco.

### Team

This group enlisted Dr. Rafael Díaz and Mr. Jorge Sánchez of Cause Data Collective as consultants for the development of LAP. All research protocols including qualitative and quantitative instruments were designed by Mr. Sánchez and Dr. Díaz. Mr. Sánchez also coordinated recruitment and general project logistics. The recruitment and field interview team for LAP was comprised of Mr. Jose Vazquez, Mr. Jose Antonio Aguilar, Mr. Anthony Herrera, Mr. Oscar Macías, and Mr. Andrew Abundiz. Mr. Sánchez and Dr. Díaz moderated all focus groups. Qualitative analysis was conducted by Mr. Sanchez, Mr. Juan Carlos Guerrero, and Mr. Jaime Cortez. Quantitative analysis was conducted by Dr. Díaz, with the assistance of Ms. Diane Burkholder and Mr. Kurt Schroeder. Meetings and presentations with providers were conducted and documented by Mr. Sánchez and Mr. Abundiz. The project's literature review titled, Latino Gay Men and HIV was written by Dr. Díaz and Mr. Sánchez.

LAP's protocols were reviewed by Independent Review Consultants Inc. and received IRB approval in October of 2008. Mr. Macías worked with Mr. Sánchez to secure this IRB approval. Additional research assistance was given to the project by Mr. Phillip Lowenthal and Ms. Elizabeth Truesdale. Mr. Miguel Casuso designed all project presentations, tables and graphs. Mr. Macias coordinated activities, and ongoing meetings for LAP's Working Group, whose members included: Mr. Jorge Zepeda, Mr. Jose Luis Guzman, Mr. Pedro Arista, Dr. Sonya Arreola, Mr. Steven Gibson, Ms. Maritza Penagos, Mr. Jorge Vieto, and Dr. Eduardo Morales.

*Our deep gratitude goes to the 157 men who generously shared their lived experiences and personal knowledge so as to give life and voice to this endeavor. This report is dedicated to them.*

*LAP also gratefully acknowledges the members of San Francisco's HIV Prevention and Planning Council (HPPC), and Dr. Grant Colfax of the SFDH for giving the project support, enthusiasm and guidance.*

# Findings & Recommendations

## Latino Action Plan

Below is a summary of LAP's ten major findings and respective recommendations based on analysis of data collected by the team. Although policy and implementation is beyond the parameters of the task assigned to the authors of this report, included below are some thoughts on implementation for each of the findings and recommendations with points of comparison to three different sources: the National Latino AIDS Action Network (NLAAN) Federal Recommendations, The State of California Latino Advisory Board's Recommendations ("*Entre Familia*") and the SFDPH African American MSM Action Plan that also presented its recommendations to the HPPC in 2009.

*These research findings have been ranked in order of importance according to the opinions of the project's research team:*

### Summary Finding 1

The City of San Francisco is a magnet for migration of young Latino gay men looking for sexual freedom and gender self-expression. Oftentimes, men expressed "here you can be as you like." The city's gay culture, particularly sexual and social gay venues, welcomes these young men in sexually objectifying ways that puts them at risk for substance abuse and HIV risk. Many men we interviewed reported initially feeling welcomed by fellow gay men, but in the end many men also reported not feeling truly embraced by the city's mainstream gay community. Meanwhile, it should also be noted that the entry into local contexts of risk is oftentimes facilitated by internet-mediated contacts and hook-ups. Sometimes, the initial Internet contact happens before the young men arrive to San Francisco.

### Recommendation 1

*A guiding structure (perhaps a website) that orients new waves of young Latino gay men who are newcomers to San Francisco. Such a website would ensure that migrants' "landing pads" would be healthy and supportive contexts rather than situations of risk where Latino gay men are sexually objectified. Newcomers would be helped, for example, to face new contexts of risk (e.g., PnP) they are likely to encounter in the San Francisco gay community, as well as connect to existing groups and sources of support for Latino gay men in the City. Program content should address race-based sexual objectification and isolation including issues related to being in a new city with a charged sexual climate.*

### *Implementation*

*Any DPH/pass through funds provided to agencies to create web-based HIV prevention messages and interventions must be required to have culturally and tailored messages to & linkages for the Latino MSM community (in both English & Spanish). If there are agencies creating web-based messages without DPH funding, the DPH should collaborate (and possibly offer to provide technical assistance) with them to make sure these messages are tailored to the prevention needs of Latino MSM.*

*Furthermore, HIV Prevention programs tailored to gay men in general should address the ways that men of color—both Latino and African American—are objectified/sexualized. Cultural competency reports for these agencies should include objectives on the work they are doing with the community it serves (and not just within the agency) to address racism and sexual objectification of minorities.*

## **Summary Finding 2**

The overwhelming sense from most of LAP's qualitative participants is that, in San Francisco, it is very easy to find sex, but extremely difficult to find meaningful relationships. Many men feel socially pressured to give up expectations of partnerships where they can integrate emotional and sexual satisfaction. This sexual cultural climate forces many men to give up their desire for gay partnership and family – or even to belittle this deep desire as “Latino drama,” which was the case in one focus group. This, in turn, leads to the prioritizing of “hot sex” as the most valued commodity and a sense of giving up – not caring, throwing in the towel – with respect to HIV prevention. Men in groups casually talked about the ease with which partners for sex can be found, “You enter a chat room like it was some sort of catalog. You go in you pick. They even put ‘top’ or ‘bottom’ it is very easy!” Oftentimes participation in these sexual contexts is fueled and made possible by the use and abuse of drugs, particularly stimulants.

### *Recommendation 2*

*Programs that provide relevant and tailored education on the interconnection of sexuality, relationships, substances and HIV – many men do not feel well informed and need places where they can talk freely about their desire for connection and meaningful relationships. Community building needs to be fostered through these programs so that men can meet in contexts that emphasize a sense of “familia” for men by addressing issues of interconnection.*

### *Implementation*

*HIV prevention programs tailored to Latinos should be inclusive to include different members of the community, MSM of different ages and varying degrees*

*of acculturation, women and straight-identified men—these groups build social networks and re-create family type settings that increase the cultural resiliency of Latino MSM. (For example, the Shanti LIFE program has been replicated in Spanish for HIV+ individuals and participants feedback was how much they enjoyed having both men and women, gay and straight in the group, because it felt like ‘family’. This model can be replicated for HIV prevention at a fairly inexpensive cost if done in existing Latino based agencies).*

### **Summary Finding 3**

The most frequent reason given for unprotected anal intercourse across all subgroups was the absence of HIV risk due to perceived seroconcordance. It is clear that many men are approaching HIV prevention by making assessments of HIV risk within particular sexual encounters, and oftentimes pursue risk reduction strategies other than condom use (an assessment of “no risk” was the #1 reason for unprotected anal sex). Men are constantly challenged by the ongoing need to make decisions that maximize sexual pleasure and minimize risk; many of these sexual harm reduction strategies and effort, however, remain unspoken and underground.

#### *Recommendation 3*

*Programs should guide Latino gay men in order to make accurate and sound assessments of HIV risk in different sexual contexts and situations, specifically by helping men develop sexual strategies that maximize pleasure without increasing the risk of HIV transmission. HIV prevention programs must take into account how men make these assessments and the role of sexual pleasure in men’s lives.*

#### *Implementation*

*HIV prevention programs tailored to Latino MSM need to make a practice assessing individual client’s sexual strategies and risk assessments, with the goal of helping clients develop informed strategies to minimize the risk for transmission in ways that are meaningful and client-centered.*

### **Summary Finding 4**

The use of illicit drugs, particularly stimulants, is substantial among Latino gay men in SF. It should be noted that 54% of LAP study participants reported using drugs in the last three months. Stimulant use and participation in “Party and Play” (PnP) contexts are strong correlates of HIV risk. In addition, many men described their use of drugs in sexual encounters as an underground activity only shared with other drug users, “*entre nos*” (between us). The use of drugs as an

underground activity was a familiar situation implicitly linked to hidden or closeted sexual lives in men's past. Closeted episodes of PnP that are non-disclosed to non-using peers or significant others are forced sometimes forced underground by stigmatizing attitudes of non-drug using men, who often described their non-use as "I am not that type of person." Meanwhile, substance using men also described feeling frustrated when medical practitioners were not proactive about addressing issues of use.

#### *Recommendation 4*

*Culturally relevant programs that address the impact of substances (alcohol and drugs) in the lives, health and wellbeing of Latino gay men, with an emphasis on the increased connection between the use of stimulants and HIV risk. Particular emphasis should be given to the functions that different drugs are used for as Latino gay men try to participate in SF gay sexual contexts. Providers need to address substances and their functions in a direct manner without reinforcing culturally based drug use stigmatization among Latinos.*

#### *Implementation*

*Perhaps incentive-based programs such as "pay for pee" (where individuals are rewarded for maintaining sobriety) and mixed systems of incentive payment programs could be funded as an HIV prevention activity for Latino MSM who use methamphetamines. These programs should include long term support groups (the CA document says research shows that Latinos do better in long term) that cover: harm reduction/sobriety; cultural dislocation/social support; and connections to health and work/job training opportunities. The financial/cash incentive part of being sober is a very critical component (incentive) to this community. These prevention activities could be funded via substance abuse/mental health services if there are no HIV prevention funds to cover the costs.*

### **Summary Finding 5**

Both HIV providers and clients alike feel that the content of current HIV prevention programs in the City do not efficiently address the most pressing concerns of the Latino gay and bisexual men. When asked to rank order their life priorities in order of importance, men listed financial wellbeing (#1), employment (#2) as well as physical (#3) and mental (#4) health as their top priorities. Qualitatively, this concern was underscored by men's notions of *superación* (namely, the desire to do better and improve on all dimensions of life, particularly education and employment). Importantly, the desire for improved physical and mental health went beyond issues related to HIV/AIDS, a concern that was listed as secondary but relatively high (#5). Not surprisingly the safe sex message is

not enough, as one participant put it, “we get bombarded with it [the safe sex message] so much, I even forget that it is there.”

#### *Recommendation 5*

*Programs need to address Latino gay men’s concerns for job stability and financial wellbeing; that is, connect HIV prevention with the existing with the strong motivation towards superación (improving one’s situation – financial, educational, physical and emotional). Providers should to be given a broader mandate in their work, so that prevention units of service can include helping clients better their lives by linking them to resources that will help them find jobs, educational opportunities, along with emotional and physical support.*

#### *Implementation (taken from NLAAN recommendation)*

*“Expand focus from individual behavioral interventions to include structural models of community vulnerability and resiliency to develop strategies responsive to structural environmental realities that drive HIV transmission for Latinos” such as (these are similar suggestions made in the African-American Prevention Plan): SFDPH should collaborate via health & job fairs with other SF NGOs (i.e., San Francisco City College, Pride Parade, Carnival/Mission District events) and governmental agencies (mayor’s office of housing, etc) to outreach to Latino Men. SFDPH primary role in these collaborations could be providing technical assistance to these other agencies to welcome Latino MSM and refer/link them to HIV prevention & testing.*

### **Summary Finding 6**

While the present project focused on Latino self-identified gay men, about 10% identified as “Straight MSM” and another 19% identified as “Bisexual,” suggesting that both bisexual and non-gay identified men can be found in the social contexts that Latino gay men participate in. All (100%) straight-identified men were classified at risk, using our strictest definition of HIV risk. Prevention providers reported that issues of confidentiality are extremely important with this subpopulation, as these individuals are unlikely to visit agencies or attend groups.

#### *Recommendation 6*

*Programs that are tailored to Latino bisexual men and MSM who identify as heterosexual should be developed. These programs need to incorporate protocols that involve targeted individual assessment and counseling with prevention workers that are trained to deal with cultural and psycho-social issues related to being a heterosexually identified Latino MSM.*

### *Implementation*

*As a facet of serving this hard to reach population, HIV testing and funding priorities should be flexible enough to allow agencies providing testing to the Latino community to “cast wide nets” when offering testing to Latino MSM; this could mean the ability to provide rapid testing to women and straight men, because the moment an intervention or testing site is determined to be MSM only, it is possible that high risk undisclosed MSM will not come in for testing.*

*Furthermore, the CDC has recommended routine testing in medical care settings. SFDPH Prevention Section should look for monies to fund routine testing in community based health centers targeting the Latino community. In the context of State budget cuts, SFDPH should also find ways of dissuading individuals with medical insurance from using the public health system for HIV testing, as a mechanism to ensure that individuals with no other resources have access to free HIV testing.*

### **Summary Finding 7**

The project identified a group of mostly older (over 35), English-speaking, unemployed, HIV-positive marginally housed Latino gay men whose sexual behavior and drug use puts them at high risk for HIV transmission. This group is appears virtually disconnected from Latino-identified HIV prevention programs. Their risk is connected to their poverty, social alienation and situation of vulnerability. This finding is congruent with the latest HIV incidence data for Latino MSM in San Francisco.

### *Recommendation 7*

*Create a program that targets the particular issues of older English-speaking Latino gay men of lower socioeconomic status who are also marginally housed (mostly in SROs or shelters). The program should address issues of life stability, as well as access to culturally appropriate mental health and substance abuse services.*

### *Implementation*

*The needs of this subpopulation of Latino MSM are complex and multilayered. In order to serve these men there needs to be increased collaboration between services beyond HIV prevention to address issues such as housing, substance use, and stigma related to economic disenfranchisement and or health status.*

## **Summary Finding 8**

Latino English-speaking gay men have substantially lower rates of participation in Latino-identified HIV programs in the City [In terms of the men who were part of the quantitative sample (n=115) only 38% of English-speaking in comparison to 73% of Spanish-speaking had utilized a Latino-identified HIV service in the past 12 months]. Currently, there is no programming in San Francisco that is specifically targeted to monolingual English speaking Latino Men.

### *Recommendation 8*

*Programs that welcome and target Latino English-speaking gay men need to be developed. However, this effort should not be undertaken at the expense of existing programming designed for immigrant, Spanish-speaking men.*

### *Implementation*

*The SFDPH must set aside funding for English Speaking Latino men Prevention interventions, in doing so use some of the guidelines behind Spanish language programming as a model of how to provide culturally relevant HIV prevention. Again, it is imperative that this recommendation is not implemented at the expense of existing programming primarily for monolingual Spanish speaking men that is successful in reaching Spanish speaking men.*

## **Summary Finding 9**

HIV positive men are reporting higher rates of risky sexual activity than HIV negative men (59% v. 44%). Meanwhile, there is also stigma connected to being HIV positive in the community. Many of the Latinos we interviewed in focus groups talked about this stigma both directly and indirectly. Often times negative men, declared their own negative status while talking about HIV in the community, and positive men talked directly about experiences of discrimination they had faced due to having an HIV diagnosis.

### *Recommendation 9*

*There needs to be programming that addresses sexual behavior and assessments of transmissions among positive Latino men in a way that is non-stigmatizing of these men. This prevention for positives should be tailored to the specific needs of HIV positive Latino gay men. HIV-positive men had increased levels of risk, but no prevention program clearly targeted for Latino HIV positive men exists in San Francisco.*

## *Implementation*

*The SFDPH Prevention Section could partner with the HIV Health Services (HHS) to mandate Prevention with Positive (PWP) Interventions targeted to the needs of Latino MSM. This could be done through a mandated PWP process and outcome objective for all agencies receiving DPH HHS funding and serving a set number of HIV positive Latino individuals.*

### **Summary Finding 10**

Providers delivering front-line prevention services at Latino programs are doing very hard work for little compensation. During this time (2009) of uncertain funding, the stress of working at these crucial jobs has increased. Furthermore, it should be noted that providers are often themselves members of the Latino gay community, and as such this work is marked by high levels of personal emotional investment.

### *Recommendation 10*

*Programs that address high burnout rates of HIV service providers, such as periodical retreats for providers that serve to refresh, inspire and provide perspective in the long and arduous fight against HIV/AIDS; Latino Programs should be funded to provide plans to prevent burnout and sustain the enthusiastic work of their front-line staff.*

### *Policy and Implementation*

*The SFDPH HIV Prevention Section should continue looking for mechanisms to structurally invest in developing Latino community leadership through technical assistance, professional development opportunities, mentoring programs and visible leadership positions for Latino providers working at community based agencies. The SFDPH can broker relationships between Latino service providers who are not necessarily DPH affiliated and other HIV prevention providers, the research community and other key stakeholders in local, state and national HIV Prevention programs and policy. For example, the HIV Prevention Section could facilitate ongoing meetings with its grantees that provide opportunities to dialogue about best practices amongst different communities. This could be implemented looking at the Centers of Excellence monthly Coordinators meetings held by HIV Health Services as a model.*

In addition, despite impending state budget cuts, the HPPC and SFDPH must forcefully advocate on behalf of the Latino & African American communities in a manner that draws on medical and administrative expertise.

# LAP Process and Report Components

## Latino Action Plan

LAP's team put forth a participatory research methodology that included direct community input from Latino MSM community members, and stakeholders including service providers and researchers.

LAP initiated *Nuestras Voces* (Our Voices) a primary data collection effort with Latino MSM. A series of qualitative discussion groups were held with 42 Latino men, apart from discussion in groups men were also given quantitative exit interviews. Men spoke candidly about sex and life in San Francisco at these groups. In Chapter 1 of this report essayist Jaime Cortez analyzes project transcripts, so as to understand the local sexual landscape these men maneuver. Further in-depth qualitative analysis of each focus group, along with intergroup comparisons and general conclusions is offered in Chapter 2; while quantitative data gathered at these groups is outlined in Chapter 3.

Furthermore, another 115 Latino MSM were interviewed quantitatively using surveys, which were refined after analyzing qualitative data. Data from these participants was analyzed, in addition to the quantitative information gathered at focus groups. This combined sample of 157 men is outlined in Chapter 4.

While *Nuestras Voces* was underway, the team held a series of strategic project briefings and conversations with key service providers; this component of LAP was named *Lessons from the Providers* and is outlined in Chapter 5. In addition, LAP compiled an extensive literature review about Latino Gay Men and HIV, which is included in Chapter 6 of this report.

## General Project Timeline

LAP's literature review was compiled and written between August and December of 2008. Concurrent with the Literature Review Project staff had a series of conversations with researchers including Dr. Eduardo Morales, Dr. Sonya Arreola and Dr. Hector Carrillo.

Immediately following IRB approval in October 2008, data collection for *Nuestras Voces* began in November with focus groups, and final quantitative surveys were administered through early August of 2009. Meetings with Providers occurred between February and August of 2009. LAP offered two presentations to the HPPC in 2009, consisting of a progress report on in mid-April and a final report

outlining findings and recommendations in late August. This final report was compiled during September and October of 2009.

## Analytic Method and Scope

Analytically LAP utilized a mixed methods approach. The project began with a qualitative dataset (focus group transcripts), which enabled researchers to refine surveys for a latter phase of quantitative interviewing. Focus groups were transcribed and analyzed, all quantitative data was entered into computer software for analysis.

After data collection, as a final participatory mechanism to have increased community input into the project recommendations, LAP hosted a community forum in August 2009. This forum and its outcomes are described in the Postscript Section of this report.

When taking into account all *Nuestras Voces* participants, along with service providers who took part in the Lessons from the Providers component of LAP, and community forum attendees it is estimated that LAP interacted directly with approximately 240 individuals.



Qualitative protocols, consent forms and quantitative questionnaires developed for LAP are included in the appendices of this report. Complete focus group transcripts are also included in appendices (to protect the confidentiality of our participants, all names have been changed in these transcripts along with the analysis sections included in this report).

## Project Sample

Approximately 75% of LAP's *Nuestras Voces* participants were recruited from social and public settings such as venues (bars and clubs) and street corners throughout San Francisco; the remaining quarter of the sample was found through community based service providers, including many of the individuals that are included in the Lessons from the Providers Section of this report. Efforts were taken to have a diverse pool of participants, emblematic of the City's varied Latino MSM population. Despite this, in strict statistical terms LAP's sample should be regarded as a convenience sample.

Focus group participants (n=42) needed to have a strong identification and willingness to talk about "the scene" or "el ambiente" in San Francisco, however residence in San Francisco was not required for inclusion. Nonetheless, most of the participants described living in San Francisco. This inclusion criteria was tightened for the quantitative surveys, where all participants (n=115) were required to live in San Francisco.

None of the participants, who were part of the qualitative phase participated in the quantitative data collection phase; these two distinct phases account for LAP's total sample (N=157). All participants were paid a stipend to participate in LAP. All project recruiters and interviewers were required complete online NIH certification for work with human subjects.

### **Latinos and HIV/AIDS in California**

In 2006, Latinos comprised 17% of persons living with HIV/AIDS and 18% of the newly-diagnosed cases in the US, despite comprising just 15% of the US population<sup>1</sup>. In California during the past decade, Latinos accounted for the highest rise in the number of people living with AIDS in the State. Since 2005 Latinos have made up 35% of the general population and have comprised over 35 percent of AIDS cases diagnosed since 2000. By July 31, 2008, California reached 180,997 cumulative reported HIV/AIDS cases; of these, approximately 43,510 or about a quarter of all HIV/AIDS cases were Latinos. Additionally, Latinos accounted for approximately 28% of all HIV cases reported by name since April 17, 2006<sup>2</sup>. A greater proportion of Latinos are diagnosed with HIV/AIDS at a significantly younger age compared to other racial/ethnic groups.

### **HIV in the Latino Community in San Francisco<sup>3</sup>**

#### **Cumulative AIDS cases**

According to the 2008 HIV/AIDS Epidemiology Annual Report of the San Francisco Department of Public Health, Latinos accounted for 12% of cumulative cases reported in San Francisco from the beginning of the epidemic through December 2008, compared to 13% among African Americans and 71% among white males. Cumulatively, there have been 3,305 Latino residents of San Francisco diagnosed with AIDS since the start of the epidemic (1980-2008). These data only include HIV infected persons who have been tested and; they don't include those who are unaware of their infection. Among all race/ethnic groups the majority of male AIDS cases were among MSM. Among Latino males, the second most common exposure category is represented by MSM IDU which comprises 13% of cases. Although IDU was the third most common exposure category, 6% of cases, among transgendered Latinos (Male to Female only), 44% were IDU. Cumulatively, less than 2% of Latino men with AIDS acquired HIV infection through heterosexual contact, or transfusion of blood or blood products.

### *Newly diagnosed with HIV disease*

Among those newly diagnosed with HIV from 2004-2008 in San Francisco, regardless of race/ethnicity, the majority were MSM aged 25-44. There was a slight increase among Latino men who were newly diagnosed with HIV during this time period from 19% (2004-2007 average) to 22% in 2008. Since 1999, the trend in the number of AIDS cases among Latinos increased slightly until 2003 followed by a decline thereafter. AIDS case counts in recent years are subject to a delay in reporting particularly among those reported in 2008. Among Latino men in 2008, the incident rate of AIDS cases (84 cases per 100,000 population) is 56% of that in African American men (150 cases per 100,000 population) and nearly equivalent to that seen in white men (82 per 100,000 population). The AIDS incidence rates for white men and Latino men have been similar since 2005.

### *Latinos living with HIV/AIDS*

The total number of Latinos living with HIV/AIDS in San Francisco has continued to rise in recent years due to ongoing incidence of HIV combined with an increase in survival of persons diagnosed with AIDS. The percent of total persons living with HIV/AIDS who are Latino remained constant at 14% from 2004-2008. As of December, 2008 there were a total of 1,454 Latinos living with AIDS in San Francisco; ninety percent of whom were male, 6% female, and 4% transgender. The most common exposure categories among Latino males by percent were MSM (81%), followed by MSM IDU (13%), and (IDU) (4%). Two percent of Latino males with AIDS were heterosexual, compared to <1% and 2% among whites and African Americans, respectively. Among male Latinos with HIV/AIDS, 67% were 25-49 years old, and 32% were aged 50 years or older.

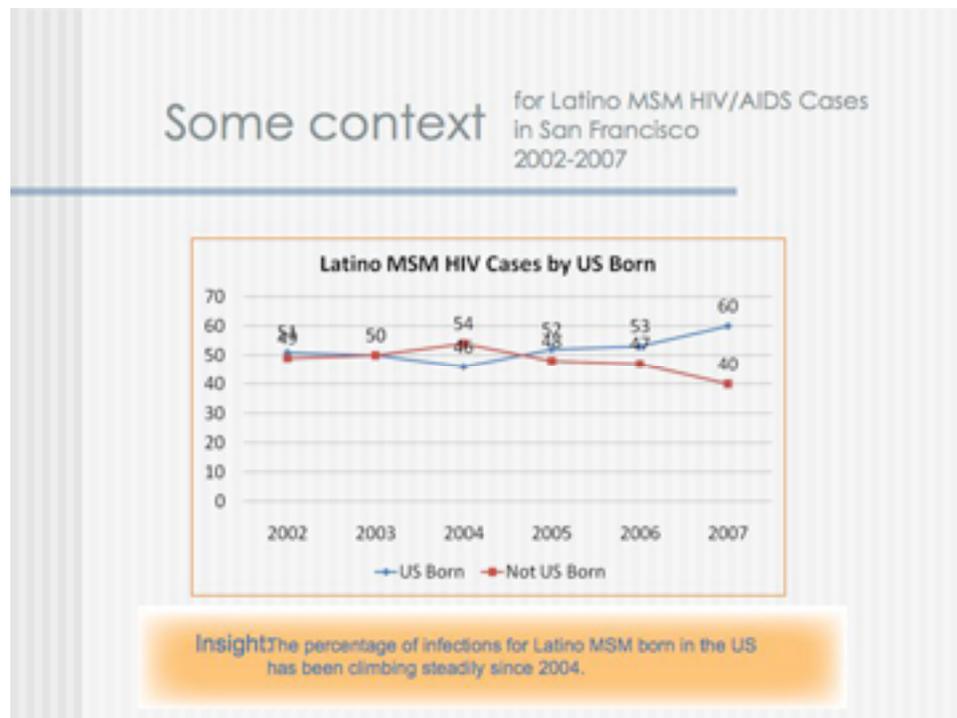
Overall, survival was poor for those diagnosed with AIDS during the first ten years of the epidemic. Improvements in survival have been seen between the years of 1996 and 2008 largely attributed to the use of more effective antiretroviral therapies. Among Latinos diagnosed with AIDS, the percent surviving 60 months (5 years) was 84%, compared to 73% among African Americans, 81% among whites and 84% for Asian/Pacific Islanders. When this survival period was extended to 84 months (7 years), the percent surviving among Latinos was 79%, compared to 66% among African Americans, 75% among whites and 82% for Asian/Pacific Islanders.

The total number of deaths among Latinos living with AIDS in San Francisco since the start of the epidemic is 1,851. The number and percent of the total deaths in San Francisco has remained fairly stable from 2005-2008, the most

recent year for which data is available. For roughly this same period the SFPDPH calculated the incidence rate for Latino MSM at approximately 1.61%.



During the later half of this time frame (2004 to 2007) the SFPDPH recorded an increase in the percentage of HIV/AIDS cases among US born Latino MSM:



## References

1. US Centers for Disease Control and Prevention (2008). *HIV/AIDS Among Hispanics/Latinos*. Retrieved August 13, 2008 from: <http://www.cdc.gov/hiv/hispanics/resources/factsheets/hispanic.htm#1>
2. California Department of Public Health, Office of AIDS (2008). *HIV/AIDS Among California Latinos*. Retrieved August 13, 2008 from: <http://www.cdph.ca.gov/programs/aids/Documents/FSLatino.pdf>
3. San Francisco Department of Public Health, HIV Epidemiology Section (2008). *HIV/AIDS Epidemiology Annual Report*. Retrieved August 13, 2008 from: <http://sfhiv.org/documents/AnnualReport2008.pdf>

# Chapter 1

## Double Edges of Freedom

### Latino Action Plan

Essayist Jaime Cortez considers how the men in the *Nuestras Voces* focus groups navigate contexts of risk in San Francisco.

*In so many ways we seem to want to return to some lost age of (supposed) spiritual coherence and structure. We seem to sense the cost of our new-found freedom is a loss of connection to other people and true communities. We want to recreate those meaningful ligatures. And yet, more often than not, we're not willing to actually go back to the age of limits, which would mean cutting off our options.*

David Brooks  
*Bobos in Paradise*

In reading transcripts of the four focus groups conducted with a varied group of San Francisco Latino men who participated in the Latino Action Plan, I noted an interesting philosophical tension in the statements of many. Like gay men from all over the country and various parts of the world, Latino men who have sex with other men come to San Francisco for a variety of reasons. Key among these is the desire for greater freedom to be their gay, bisexual, transgendered and polymorphously sexual selves. Upon arriving in San Francisco however, many of these men witness their peers exercising their freedom through illicit drug use and high-risk sexual behaviors, often in tandem. Extensive participant quotes in the essay will reveal a tension about this that I can best sum up with a phrase from Janis Joplin's song *Bobby McGee*. "Freedom's just another word for nothing left to lose." While the question of freedom is in many ways a philosophical one, the way that Latino men navigate their freedom in this city will help define the community's HIV/AIDS profile and overall wellness. For individual Latino men it may well mean the difference between connection, camaraderie, and love, or destructiveness, alienation, and loneliness in San Francisco.

### Part I: The San Francisco Mystique

With its high living expenses and scarcity of housing, San Francisco would seem a daunting place to move to for immigrants and new arrivals from other American

states. Ben (all names have been changed uniformly in this essay), a middle-aged Mexican immigrant sums up the financial and housing challenges of living in San Francisco. When asked what he would tell a friend who had announced that he wanted to move to San Francisco, Ben said he would reply thusly, *“...most of their lives would be having more than one job if they want to live well, just to keep alive in San Francisco.”* The financial pressure of getting a foothold in San Francisco was expressed by Timothy, a Mexican immigrant who has been in the city for six years:

“The experience I had was difficult at first. I moved from Texas . . . as far as getting a job and an apartment, it is very difficult. It is expensive. It is very, very expensive and well, I had the experience of having to move four times in just two months.”

Financial concern and anxiety affected both the short-term and long-term thinking of the focus group participants,<sup>1</sup> as expressed by Santiago, a 28-year resident of San Francisco, who offered this sober assessment of his financial prospects in the city.

*“I am considering possibly to move out of the Bay Area and go to Louisville, Kentucky, for example, which is redneck country. But my reason behind all of this is because I can live in San Francisco another 20 years and die poor with nothing because I will never be able to afford a house or anything. But in Louisville, I can take whatever money I have saved and buy me a house for like \$20,000.”*

Nevertheless, Latino men, like so many other LGBTQ residents, make sacrifices to live in San Francisco. This speaks to the great mystique and attractive power of the city, which draws Latino men from across California, the United States, and Latin America.<sup>2</sup> Many expressed a liking for the city’s strong gay culture, tolerance, HIV service infrastructure, job opportunities, climate, and beauty.

A minority of participants were negative in their assessment of San Francisco, while most were upbeat. For a significant number of them, San Francisco was a distant gay promised land, longed for and dreamed of for years. In his almost breathless account, Lorenzo, a Mexican immigrant, remembers the role San Francisco played in his youthful imagination:

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<sup>1</sup> In surveys administered to the focus group participants, “financial well being” was ranked as the highest concern, followed closely by finding a good job.”

<sup>2</sup> The Latino men in our focus groups came from six Latin American countries, Puerto Rico, and various American states.

*“I wanted to come to San Francisco for over thirty-two years. Since I was finishing high school. I’d buy magazines, and I saw the nude beaches, the friends, all the gays, and I said ‘I want to go over there! That is my home! That is my home! I want to go there!’ . . . I have been here a month and a half . . . and I am enchanted by San Francisco. I walk the streets fascinated. I am completely happy! In my home, they were conservative. They never let me do anything. I lived an oppressed life. I was always isolated. But now that I’m here, now I have begun being who I really am . . . and I cross dress and I - and maybe I look horrible, but I was curious to feel that liberty, and nobody criticizes me . . .”*

Finding that his financial situation is fast deteriorating, Lorenzo contemplates homelessness in the city, but remains upbeat:

*“My savings are disappearing fast, and I’m worried. But I’ll stay in a shelter, if I can get one. But I can’t get even that. It’s difficult . . . I ask ‘Dear God, what am I going to do?’ I hope it gets warmer, so I can at least go to Golden Gate Park, y’know? But I won’t lose my optimism. I know I’m going to find a place.”<sup>3</sup>*

Silvio, a young man from Mexico City who had been in the United States for only two weeks shared his rather comical introduction to San Francisco’s permissive ethos.

*“I walk around the Castro and men, not necessarily the most handsome ones either, they are going wild! The first day I arrived here, I arrived at 11:30 at night, someone tapped me, and I turned and there were two guys stark naked, asking me what time it was. And I thought to myself, ‘This is cool! Here they can do that and nobody says anything.’”*

Peter, an immigrant from Colombia who had been in San Francisco for a year, articulated the “push” and the “pull” of immigration, identifying what “pushed” him out of his home country and what “pulled” him to San Francisco. Starting seriously and ending almost giddily, he recounts the family pressures to live heterosexually. His account mirrored those of other participants, especially those from Latin American countries. Again and again, they mentioned how intensely pressured they felt about family expectations to marry and have children. Like Silvio’s narrative above, Peter’s self-perception is that of *superación*, a constant striving for betterment.

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<sup>3</sup> Lorenzo’s upbeat prognosis for his future is exemplary of the attitude of “superacion,” or self-elevation that pervades the thinking of many of the participants, especially those who arrived from other countries.

*“There is a lot of possibility here, and here we can be, shall we say, at peace. You understand me? In Colombia, in our countries, one feels tied with this kind of feeling of guilt, this sense that you will be called out for this or that. And your own family is all over you. ‘Why haven’t you gotten a girlfriend yet?’ ‘Why aren’t you married yet?’ ‘Look at her.’ ‘What is wrong with you?’ . . . You feel like pressured all the time. Here I have felt very free and I’m very happy here . . . I’m really happy that I achieved my goal of coming here. I feel like I’ve triumphed, and that I’ve reached my goal, and for me being here is this dream that I have realized. At first the cold bothered me, but not anymore. Now the cold is something I enjoy very much, and I still can’t believe how much I enjoy feeling cold. I get on my bicycle with my short-sleeved shirt, and I ride in the cold, and it feels so delicious . . .”*

For many participants, the city represents an improvement over life in both their home countries and in comparison to other American states. This holds true regardless of immigration status, according to Pablo, a middle-aged man who had been in the city for 22 years:

*“My friend, a Mexican, she told me, ‘it will do you no good to leave San Francisco, because the city has this magnet that makes all you queens return.’ That’s how Mexicans talk. That is what she told me, but I didn’t believe her. When I left here, and I was in like ten states, I saw the difference. Whether you are documented or undocumented, here, we are in heaven...documented or undocumented. In other states, even to get a bed, because I would arrive in states where I had no family, and I won’t deny it, I slept in shelters. They had shelters where if you didn’t have proof of local residency or a social security, they would not let you get a bed! So no, I never saw any place to compare with San Francisco.”*

## Part II: Life Preservers

Correlated with the liberal, gay-friendly ambient of the city, is the extensive, non-stigmatizing support infrastructure of HIV/AIDS services. Timothy, a Mexican immigrant, discussed the stigma associated with HIV in Texas that helped push him to San Francisco.

*“Texas is very conservatives. People don’t talk about it much, and I felt I had to be closeted, I felt it was worse than Mexico in some ways . . . In Texas, just two years ago, I began to tell my friends, my best friends in Texas, that I was positive. I’ve been positive almost eighteen years. I tried to get into groups, but there are not, I mean, there are groups, but it’s not so easy to express yourself. The people, the people over there, Latinos and not, they point a finger at you.”*

The breadth of available HIV prevention, drugs, and general social services was commented on by numerous participants, including Philip, who has lived most of his life in San Francisco.

*“I happen to work at a couple of social service agencies that do provide HIV services, and I do know that sometimes just one state away there’s absolutely nothing, no needle exchange, no help with co-pay or with drugs, no HIV clinics . . . I’d talk to people in Texas, they’d have to drive hundreds of miles just to see a clinic doctor.”*

The importance of HIV/AIDS services is most acute for men who had come to San Francisco to get access to quality HIV-related health care. Howard, a Chicago transplant, explained his experience as a kind of medical refugee:

*“I moved here about 10 years ago, and I don’t feel like a native, and I honestly don’t want to be. I’m from Chicago, a beautiful city, an incredibly beautiful city . . . but moving out here, I moved for the specific reason of health care. I’d been about ten years without any drugs, and I knew it was going to hit me sometime. Six months after I moved here, it’s like wham, and six years ago, seven years ago, I was 20 t-cells, and now, 1,006 t-cells . . . I’m really blessed . . .”*

### Part III: The Double Edges of Freedom

As they navigated San Francisco life, participants were struck by the pervasively libertine culture of sex and drugs found in Gay San Francisco. In one extended exchange between participants and the group facilitator, they described the places where they had or found sex, starting with the internet, moving on to the street, sex clubs, the bathrooms at Macys, and even on the BART trains. Many participants described seeing what they thought of as the darker side of the city’s gay sex and drugs subculture. For all its playfulness, the city’s risk-taking cultures can become places of personal downfall, as noted by Ben, a middle aged man who said *“I’ve seen so many people, acquaintances who . . . as soon as they move to San Francisco, drugs, alcohol end up consuming them.”*

Timothy, a Mexican immigrant, sums it up this way:

*“What I’ve seen here in San Francisco for six years, from 2002 till now, is that they use drugs. They are there for the taking. Purchased, given, however you like them. It is as if you arrive at a store and they tell you, ‘son, take whatever you like, we have all the flavors.’ They stuff themselves with drugs*

*to the point of bursting! They have sex without protection. They don't care about anything, just the pleasure, and it hurts me to my soul to see this."*

Luis, a young Cuban man who had been in San Francisco for a few months, was also stopped in his tracks by the risk-taking culture of gay San Francisco.

*"I was in a setting that was very white, with few Latinos. I made a comparison between Miami and this place. In Miami, the majority of Latinos specifically, take care of themselves against HIV in bathhouses, so when I was in San Francisco, I was taken aback. Nobody protects themselves! I mean, it was every man for himself, without any protection in sight. There was a very young guy that they were in line - they were in line for him at the entrance. Really. It was a leather place, and the boy was like this with his legs up, and there was a line of like eight men. And maybe that is why I think everybody in San Francisco has HIV. They don't care about anything. It just doesn't matter."*

In both these stories, the focus group participants read the sexual freedom and risk-taking of others as alienated callousness, selfishness, and nihilistic destructiveness. Some participants found this traumatic and wounding, because they read it as a diminishment of the dignity and sanctity of human life and they felt that everyone was slowing down to ogle it like a train wreck but not stopping to help. "They just don't care" was a recurring refrain.

This theme of callousness extended from interpersonal dealings to dealings with health care professionals. Jeff, a 4<sup>th</sup>-generation Mexican American, shared his descent into drug addiction, noting how the *laissez faire* attitude of those around him left him alone in his pain and addiction.

*". . . I started experimenting with drugs, and there was a couple of years where it was like, it was kind of scary for myself, and I'd start telling my best friend, I'd start telling my friend . . . because I don't think I've got control of it. And I wanted to tell them so they can reflect back to me, so I have some support. My closest friends, lifelong friends, even my ex-partner . . . they just didn't have anything to say. I told my family, I screamed it out to my family. My family said nothing. Crystal meth, ecstasy, GHB, all of it. And I went across the board. Here I am, reaching out for support, my doctor just kind of left it there for me . . . I kind of had to just figure out my own way back, and it hasn't been easy."*

Howard, a young, HIV positive transplant from Chicago, shared a sobering story of harm reduction done wrong.

*"And all of a sudden I got hooked onto this speed trip, and I would go to the clinic with an arm track all the way up and say 'You have to use this arm.' The nurse would say 'Okay, save this (other) arm for me.' She wouldn't say*

*‘Maybe you should talk to your doctor.’ I talked to my doctor. I talked to two nurses, and same thing. ‘You better take care of that, be careful.’ It’s like no response, no help, just pass it along with blinders on.”*

The sense of suffering in isolation is palpable in both Howard and Jeff’s narratives. Noteworthy too is the sense that they didn’t just “fall through the cracks” of health care systems, but they encountered structural policies and protocols that left them to fend for themselves when they were most vulnerable. Everybody is free to “do their thing” and nobody will intervene no matter how destructive it gets. Numerous participants repeatedly voiced a concern that actions seemed to get more protection than humans.

#### Part IV: Missed Connections

Several participants felt that the freewheeling ethos of the city worked against finding a stable love relationship, friendship and sometimes even basic services. Strikingly, the English-speaking, acculturated participants, who one would think would feel more at home, more connected than their immigrant counterparts, expressed some of the deepest feelings of alienation, loneliness, and inability to connect with others. Jeff, who had shared a harrowing personal history of drug use above, explained how even well-intended and structured wellness programs could miss the mark and actually exacerbate a client’s sense of isolation. In this case, his inability to speak Spanish put him on the outs in Latino service agencies:

*“I’m a member of Aguilas, right? And I’ve been a member for ten years. I’ve volunteered. But it’s like when I go there, it’s all monolingual speaking. I was at a Christmas party the other night there, and I felt like I was the invisible one there because my ex-partner’s calling me up to receive some gift, and he’s speaking Spanish, I didn’t even know he’s calling me up there! So I might as well be invisible because I don’t know what’s going on there. But this is supposed to be my peers and this is supposed to be where I get services? This is supposed to be where I’m getting what I need, and actually I’m not getting what I need. I’m cliqued out, I’m by myself.”*

Oscar, an avid reader and Mexico City transplant, also called for more tailored service provision to help agencies connect with clients:

*“There are numerous Latino groups, but the problem is that the Latino community is very heterogeneous, it depends on the education you’ve already received. He found it easy because he comes from Mexico City, a huge city. One learns how to track down information there. There are people who come from small villages that are not, that it is not so easy for them. My*

*criticism has always been that they have to find ways to get near to such a heterogeneous community. Let's find a way to make the group attractive to all the people that come."*

The disappointment over not finding friendship and belonging in San Francisco boiled over into bitterness for Howard, a young Chicago transplant who railed against what he perceived to be elitism in the city's gay communities.

*"Yeah it's difficult. I didn't have this in Chicago. I had friends that I had for 25 years from back in high school. They're not here anymore, and I can't get that magic back . . . it's like you're trying to measure. What are you wearing, what is your hairdo like? What kind of shoes are you wearing? I mean, people clock everybody left and right here. This is like a backwater city, it's a little cesspool . . . I think it's just, they're all just so full of themselves. We're the first queers in the world. Everybody, it's just the attitude. 'My shit don't stink' attitude . . . money-wise, clique-wise, it's all segmented, and nobody's going to cross, you have to stay within those borders, because if you don't, you don't have any friends."*

Others noted that in searching for friendship, they must deal with sex. Gabriel, a young Mexican immigrant, expressed it in this manner:

*"I've noticed that it is a little difficult at first. To make friends you have to have sex . . . I want to be your friend, but then there is this insinuation that they want to have sex, and I say 'But I'm not looking for sex, I'm looking for a friend.'"*

Hernan, a 26 year old Puerto Rican transplant from New York City, shared this account of a holiday gathering that turned surprisingly sexual. He attributed this to San Francisco's gay ethos.

*"I went to a Thanksgiving Day party, and it was like a fucking near-orgy. And I was like 'weird.' We're just friends, and everyone's in a relationship . . . but they're talking to somebody else that's not their boyfriend, and the boyfriend swoops in like, 'Heeey! Come together.' . . . Yeah, it's a little 'free love.'"*

Even social service venues were sexualized for some. Ricardo described his experience of trying to connect with community upon arriving in San Francisco.

*“It’s frustrating to try and find an outlet where you can meet people outside of the bar. I’m not a real big bar person. So, you go through the rags and you go to meeting after meeting after meeting. But one of the things I found, even going to meetings at the (LGBT) center is that it’s still about is there somebody in the room that I’m physically attracted to that is also attracted to me? And then trying to hook up. I find it is very difficult, and I have found it very difficult to find an outlet where you can just go and actually just meet a friend.”*

Santiago, who has been in the Bay Area for 28 years, put it most simply and poignantly.

*“...everybody is assuming we want sex . . . What about the people that is not interested in sex, but would like to have friends?”*

Participants rated their prospect of finding meaningful love relationships as comparably downbeat. Leonardo, a middle-aged Mexican immigrant offers this assessment:

*“I think it is difficult to connect, not just for friendship, but also emotionally, I think that has a lot to do with the culture of this city . . . another thing that is important to note is the hyper sexuality . . . There is a permissiveness that I like and enjoy and delight in, but I also know it has a negative side, because people start to think that relating to each other all depends on hyper sexuality.”*

Ramon, like several other participants, rejected the validity of “open relationships” commonly found in gay couples in the city.

*“Here it is difficult, and with all my friends, their experience is that in a few months, they get into a relationship, and in five months, five months minimum, they are in an open relationship. And I say to myself, “Well then what’s that for? What’s the point?”*

In this three-way exchange between three young, acculturated Latinos and the group moderator, the frustration in finding connection is evident:

Ernie: *I think it’s much easier to find sex than a relationship.*

Jim: *That’s true.*

Ernie: *In this city, finding sex is totally different than, I mean, if I was talking to my friend and he just wanted to get some ass, then that's much easier than like other places, but as far as finding an actual relationship in the city, it's –*

Fernando: *Why's it so difficult? Why the fuck? I mean, 12 years I've been trying to find that out.*

Hernan: *Because sex is so easy. If you're busy fucking five other guys, who wants to date you?*

In the same discussion, Fernando goes on to make the connection between wanting to connect with others and substance use.

*"If I want sex, I could get it, but I had to go out in the bar, go to maybe four or five bars, get a little hammered, but without partying or having a social context, I never know how. And at the same time you get tired of the one-night stand and taking a cab, or wanting him to take a cab as soon as possible."*

The connection between substance use and alienation, loneliness, insecurity and the hunger for affirmation was described by participants in all the focus groups. Ben, an acculturated, middle-aged Latino, made a clear connection between drug use and loneliness:

*"A lot of people do use drugs when they feel lonely, that's how my friends, and I ended up seeing them, it was mostly loneliness that kind of pushed them to use drugs . . . better sex, less inhibitions."*

Confronting the expectations of close-knit family systems while being closeted threw Sebastian, a Mexican immigrant and six-year San Francisco resident, into crisis:

*"I felt trapped. I was distancing myself from my family for being gay. And then, what did I do? I took refuge in drugs, in alcohol, in all the vices. Sex, and it was a vicious cycle . . . and that was my experience of how it affects us, being hidden from your family. The rejection you risk. The loneliness. The low self-esteem."*

The issue of family responsibility, closeted-ness, and the fear of rejection recurred in the focus groups, especially among the immigrant men. Here Pablo, a middle-aged Mexican immigrant offers what is almost a lament on the theme.

*“I came to this country legally. Did I fulfill the American dream? Never. Because from the time I came, I have always had this, this loneliness. And when I had a partner, they haven’t lasted long, I end up alone and I’d fall back into the drugs or drinking. This has haunted me almost all of my life.”*

Some of the participants, both native-born and immigrant came from settings that, however challenging, were also familial and communal. Their place within those systems may have been tenuous or dependent on being closeted, but they could claim that place if they wished. Moving to the singularly individualistic city of San Francisco in the singularly individualistic USA left many of them with no structures to replace the familial/communal systems they came from. As a result, they felt unsure how/if they belonged, and wrestled with painful feelings of atomization, alienation, and loneliness, as the testimonies above have attested.

## Part V: Order in the Cohort

Focus group participants articulated a conflicted relationship with libertine San Francisco’s risk-taking sex and drug culture. They love the freedom and the experimentation. But they are also appalled by what they see as cruelly neutral attitudes towards rampant self-destructiveness. Uriel, a native of Acapulco who has been in the City for three years, summed up the conflict succinctly:

*“I think that the ease of obtaining sex in San Francisco, on the one hand is a good thing, and on the other hand is a bad thing. Because the sex is connected with drugs here, and even more so given the ease with which you can get sex online. It leads you to negative things, negative people.”*

The sense of tension between the two ideas was evident in this brisk exchange between Rudy and Hernan, a Chilean immigrant student and a young transplanted Nuyorican, respectively.

Rudy: *It’s up to you. Nobody’s going to force you to use a condom if you don’t want to.*

Hernan: *But somebody should tell you that.*

Rudy: *Why? It’s a personal decision to take care of yourself.*

Hernan: *But don't you feel any duty to your community? I personally feel a duty to like, Latinos and to gay culture. I'm not going to go out there and willingly infect all the random people I sleep with HIV by not knowing my status. The same way that I'm not going to go out and poorly represent Latinos in culture. I'm educated, like I'm responsible, I have strong ties to my culture.*

One common solution they offered to this perceived excess of freedom was increased authoritarianism, with medical providers, social service agencies, and community standards adjusted towards greater sobriety and more rigorously safe sexual norms. This idea that individuals are not free-standing entities, but rather beings whose attitudes and health standing are shaped by cultural forces, was articulated by Leonardo, who came from Mexico City.

*"There are social factors that are shaping us and determining our lives. It's not just 'I, the individual, choose, I choose how it's going to be.' Yes that is true, but we should also understand that we are in a social setting that conditions us. That you can have control over some things, but not all of it! We are the shapers of our own lives, but only up to a point, because this city is shaping us in many ways, no?"*

Timothy, a very community-minded immigrant from Mexico, expressed a desire for a proscriptive role for the city in the lives of at-risk individuals.

*"They don't want to know! The people, sorry if I offend you, the HIV-negative people that go too much to the club, that drink too much, that lose their senses, the lose their awareness when they start drinking or doing drugs. I think that that is why the city, umm, needs to step in, in an educational role. In the schools. With the youth. I would have loved it if someone had told me 'You know what? This is how you take care of yourself. This is how to use a condom. Watch who you're with and watch what you're getting into.' What I see here in San Francisco is that many people just say nothing."*

This desire for a greater sense of responsibility placed on both institutions was championed by Hernan, a young New York City transplant:

*"Like even at Stop AIDS, they don't necessarily tell you, 'Hey, you should worry about HIV.' They're like 'No, here's how you have unprotected sex the most safe way.' That's really counterintuitive."*

Not everyone placed institutions at the center of community and individual wellness. Other participants placed the solution squarely in the hands of the individual, who should take full responsibility for his behavior, its impact on others, and commit himself to *superación* (self-improvement). Gilberto, a middle-aged immigrant who has spent 20 years in the city and has temporarily housed a dozen down-and-out men over the years, espoused the idea of *superación*.

*“This city has many privileges. Compared to the rest of the country, the state, the rest of the world . . . You go to college, there are classes where you don’t pay. English classes. Computer classes. If you can’t make it, it’s because you don’t want to. End of story! And I’m talking about documented or undocumented or in-between . . . they give you help, they give you medicine, they give you therapy, they support you . . . now that I am so well-established here, that I’ve been in the city for 20 years, I’m ready to help my friends, and half the world! My house is small, but you will fit there. In the bathtub or in the oven, you will fit! Standing in the closet, you will fit! So it all depends on what you bring with you, where you want to get to. This matters so much, right?”*

Vicente, a Puerto Rican man who has been in San Francisco for four years, expressed his sense of individual responsibility and *superación* in a thoughtful manner:

*“It’s too liberal, as many have mentioned here. I came from an upbringing that was very conservative and I have kept that to this day. I don’t need to live an openly gay life, a scandalous life, nor any of those lives that are stereotypical of most in San Francisco. Not everyone lives like that, thank god! . . . I have had the good luck of having steady work. I try to live peacefully. I know what I want. I have good relationships. I have a daughter in Nick, I visit her . . . I try to channel my energy into my work, myself, my relationships.”*

The flipside of this question of individual autonomy and decision-making is that individuals may take all the information offered to them and pro-actively choose high-risk activities. Ricky, a thoroughly acculturated academic, has a clear, thought-out idea of what risk and harm reduction look like for him, and it is not one most HIV service providers would promote.

*“My thing is that we can have bareback sex, just you’re going to pull out before you ejaculate. You’re not going to come in me, and I would do the same thing. And there are many times, we always have this conversation, as to whether we’re going to play safe or not play safe. I understand that you know, people say, ‘You’re playing Russian roulette,’ and I’m like, ‘Yes, I*

*understand that,” but for me sex is more enjoyable without the condom than it is with the condom.”*

Oscar, a young Mexican immigrant, also made a conscious choice to have unprotected sex with his HIV-positive partner.

*“In my case, with my partner, it is that I knew what I was getting into, I was accepting the conditions. I knew that I was at high risk, but I said ‘I’ll do it!’ When I went to have my tests every three months, and I had explained my situation to them since I went so frequently, I told them, ‘Don’t ask me why, because these are emotional questions, but I accept, I know what I’m risking, and I know that in the future I’ll probably get infected,’ but in my case, you prepare for all that. In my case it was because I was very much in love, because I had emotional stability, because I put more importance, on my relationship than on my health.”*

## Part VI: Going Forward

In reviewing these transcripts, I am struck by how important it is for HIV/AIDS service providers to make a concerted effort to recognize the whole person that is their client. There are obviously limits of time, money, and resources that limit how much service providers can know the particulars of a client, and how much services can be tailored for them. Nevertheless, based on some of the client comments and stated needs, I would like to offer programmatic and philosophical recommendations with the hope of better supporting Latino gay community connections while empowering individuals with a wellness philosophy that they can forge in the context of a supportive peer group:

### Essay Recommendations

- **Service providers should systematize the welcoming process for newcomers entering Latino programs.** Have a staff person or peer assigned to make follow-up contact with newcomers so that they feel seen, valued, and welcomed. The contact would optimally include a personalized element, such as “You mentioned that you were apartment hunting at the group meeting last week, have you had any luck on finding a new place? Have you tracked down any resources to help you with this?”
- **Use cultural production to bring Latino men together without it being centered on sex or substances.** Established and trusted Latino service providers can provide non-competitive workshops in which clients express

their ideas and concerns through the creation of visual art, writing or theater exercises. Artistic production can provide clients with a powerful sense of liberty and self-expression that is not dangerous, and does not bring them in contact with high-risk persons or settings. Collaborative projects done with peers will provide both freedom of expression, and a chance to engage positively with a cohort of peers.

- **Address the needs of acculturated Latino Men.** In response to a powerful message of alienation delivered by numerous American-born focus group participants, I urge service providers to further tailor their programming to address the needs of acculturated Latino Men who might not feel at home in predominantly immigrant or predominantly white service settings. Being aware of acculturated Latino male ethnic identifications, educational attainment, and socioeconomic status will help ensure that clients feel that they are institutionally at home. Special emphasis can be placed on the challenges and opportunities of bi-cultural identity.
- Established and trusted Latino service providers could provide weekend workshops that will **help clients address this question: At this stage of your life in San Francisco, what do you want to do with your freedom?** The workshop is part philosophical interrogation, part action plan. There could be a kind of “graduation” at the end, where people discuss how they see themselves vis-à-vis alcohol, drugs, HIV and risk. The workshop would also emphasize that bring free also means that they are free to update or adjust their philosophy of risk and self care as circumstances dictate.
- Established and trusted Latino service providers could support Latino desire for *superación* (self-improvement) by providing information and workshops centered on ***superación through Latino self-advocacy***. The workshops could provide basic skills and attitude training that will teach them to articulate and press for their needs in sexual encounters, family engagements, business dealings, social service settings, and in the face of widespread community substance use.

## In Conclusion

Latino gay men are not unique in wrestling with the challenge of creating community norms and personal philosophies around sex, freedom, drugs, and risk. They are not alone in wrestling with loneliness, alienation and bias based on class and race. All communities are engaging these questions. What seems critical is to name that issue explicitly, and to forge an understanding that will pervade our thinking as we design interventions, protocols, and messaging in support of ever-greater wellness and *superación* for Latino men.

# Chapter 2

## Qualitative Analysis of Focus Group Data

### **Latino Action Plan**

*Nuestras Voces*, the research component for LAP, hosted and facilitated a series of four focus groups with Latino men who have sex with men. In these sessions participants were interviewed qualitatively to determine how they were experiencing life in the San Francisco Bay Area. As men shared stories, they went in-depth and openly talked about HIV/AIDS, sexual activity, social networks, discrimination, substance use, and utilization of services. For focus group protocol refer to appendix 5.

These groups were conducted in November and December of 2008 at the HIV Prevention Section of the Department of Public Health at 25 Van Ness Ave:

- (A) Latino MSM between the ages of 23-35 who speak predominantly Spanish,
- (B) Latino MSM above the age of 35 who speak predominantly Spanish,
- (C) Latino MSM between the ages of 18-35 who are English dominant, and
- (D) Latino MSM above the age of 36 who are English dominant.

- *The names of the participants in all transcripts and subsequent analysis have been changed to protect identities.*
- *Transcripts A and B are in Spanish, excerpts quoted in analysis were translated by the analysts.*

Dinner was served at each group, and a \$50.00 cash stipend was offered to each individual. All participants accepted the incentive. In addition to participating in 90 minutes of group discussion all participants were asked to complete an exit interview. Data from these exit interviews is analyzed in Chapter 3 of this report.

Participants were recruited from public venues in San Francisco, and at local service agencies. This convenient sample was put together thanks to the hard work of trained recruiters who are themselves members of the community.

Analyzing the shared and individual experiences of Latino men, their needs and how they differentiate from the mainstream gay population is critical for service providers to more effectively provide counseling and treatment to this population that in recent years has shown high levels in transmission rates of HIV/AIDS.

Living in San Francisco is generally regarded as a positive experience by Latino gay men, although there are drawbacks, primarily the high cost of living and

expensive housing. Nonetheless, Latino gay men are still attracted to the area because of its sizeable gay community. Latino men, however, face different challenges than the mainstream gay population. Many face economic and cultural obstacles that are unique to their experience.

## Spanish Speaking Group A

*This focus group was conducted in November of 2008 and was comprised of 13 men between the ages of 23 and 35 years of age. For complete transcript refer to Appendix A.*

The men in this focus group were mostly immigrants from Latin America, including a few who had just immigrated within the last six months to the United States. The majority (9 out of 13) were originally from Mexico, one was from Brazil, one from Cuba and two from Central America. The men who emigrated from Mexico come from distinct backgrounds. Several come from the country's capital city but others emigrated from provincial states like Guanajuato, Guerrero, Veracruz and Jalisco, including some who came from rural areas.

For the most part the men talked about coming to the United States to experience a freer lifestyle regarding their sexual orientation that they had either read about or heard existed in San Francisco.

Joel emigrated from one of the most conservative and religious part of Mexico, the northern part of the state of Jalisco where the cowboy culture is intertwined in every part daily life, and manifests itself though *machismo*.

*“Here people are freer and no one shouts stuff at you. In Mexico there are still times when you are walking down the street and those [gays] that seem more obvious get yelled at. In contrast, here I’ve seen people express themselves with a lot more freedom. No one tells them anything.”* (Appendix A: 6)

*“Here you can be as you like.”* (A:7)

Oscar, who is from Mexico City, agreed he has more freedom in San Francisco to express his sexual orientation without any fear of being judged or attacked.

*“People ask things than now seem ridiculous, but at that time seemed very strong. The fact that someone asks you ‘Are you gay?’ You immediately say ‘no!’ Something that changes totally when you come here, when you start living you gay side... I think that not only in San Francisco, but I think that in the majority of the big cities in the United States, you can express yourself*

*freely, express your sexuality without anyone criticizing you directly. That is one of the reason I moved over here. My personal life of much better than when I lived in Mexico.” (A: 7)*

The freedom of expression that Oscar talked about also manifests itself in the freely available sex. Silvio, who just moved to the United States two months ago from Mexico City talked about his experience when he first arrived in San Francisco two weeks ago.

*Silvio: “The first day I arrived here, I got here at 11:30 at night, and someone called me, I turned and it was two naked men asking me for the time. I said ‘that is cool’, here you can do and walk that way and no one says anything. Here you can be as you like.” (A: 7)*

Pedro noted that the acceptance from society the group talked about does not always include the Latino community that lives in San Francisco.

*“The only place where I have heard something offensive yelled at me because I am gay or for being effeminate, has been in the Latino community, in the Mission and places like that. And it comes from heterosexual people.” (A: 9)*

Damian said he moved from Honduras to the United States to escape the conservative and *machista* culture that he experienced, and was shocked to find the same attitudes in San Francisco. Even among Latino MSM there tends to be some discrimination against men display more feminine traits or mannerisms.

*“Among gay Latinos I find the men to be a little “machista”. I am talking about gay people and since I am a little more obvious, I’ve had people that have made comments. We come here to trying to avoid those type of things and you end up finding it here.” (A:9)*

Several members of the group stated that the Castro district is not very inclusive towards Latinos. Damian says he sees more clubs geared for Latinos in the Los Angeles area.

Oscar blames people who don’t look beyond a circle of friends and don’t venture beyond the Mission District or clubs like *Esta Noche*. The cliques that form within the Latino gay community tend to separate Latino MSM from the rest of the population.

Oscar: *“I have seen two cases in the Latino community. One is the young gays who only identify with the Latinos, with those that only speak Spanish, or those that have something in common. Then there are those other guys who go and try to find and experience new things so they get drawn closer to the white community, the Black community or the Asian community.”* (A: 10)

Silvio expressed disgust for the Latino oriented nightclubs in San Francisco, a comment that was shared by several members of the group.

*“I went to the bars, to the gay Latino nightclubs, like Esta Noche and for that I would rather stay in the Castro. I don’t want to seem racist, but the truth is, for that I would have rather go back to Mexico. Those clubs are very dirty, vulgar and the worst is they charge to get in.”* (A: 10)

He contrasted the experience with a nightclub in the Castro District.

Silvio: *“I went to the Lookout, and everyone talked to me, I don’t know if it’s because I am Latino or something like that. I loved it. Everyone accepted me, no one discriminated against me and the place is first class, and the music is magnificent too.”* (A: 10)

The men in the group talked about the relative ease that exists for gay men looking for sex. Some mentioned that in any public bathroom of San Francisco there could be sexual encounters, including stores like Macy’s and public areas like BART.

Silvio said men tend to rain down on him by simply walking along the Castro area.

Many use the Internet and chat rooms to set up encounters.

*“You enter a chat room like if it was some sort of catalog. You go in, you pick. They even put ‘top’ or ‘bottom’. It is very easy!”* (A:11)

Websites like Manhunt and Craigslist to be used primarily to make contact with potential sex partners, but the success of the sexual encounter, according to Silvio, depends on an actual face-to-face meeting because people tend to lie about their appearance. Carlos agreed that the Internet is used primarily to seek quick sexual encounters, not lasting relationships.

*“When I was going around like hummingbird, I did not make much conversation with people. If I was looking for sex, then it was only sex. If I wanted to develop a relationship, then I would go looking for a different type of person. But if it was for sex, then yes, it was by way of the Internet.” (A: 13)*

Oscar said the options for finding sex in San Francisco are many, and it all depends on a person’s personality or mood.

*“Some find it easier to go to a club and get someone, for others it’s going to the Internet, and for others it’s going to the bathhouses like Steamworks or those type of places, some even go to parks.” (A: 13)*

Daniel is from Brazil and said he does not enjoy depending on the Internet for sexual encounters but expressed that the fast pace of the American culture forces him to look for quick relationships. He says he and other people are so consumed by work that there is little time to develop relationships the traditional way, so people turn to the Internet for “quickie” encounters. He said he is bothered that the mainstream public has a perception of the gay community as sex driven.

*“I don’t like the image, that is why Proposition 8 did not pass. I don’t like it that simply because we are gay it means we are prostitutes or looking for sex 24/7. I like it when friends participate in cultural activities, or social groups.” (A:14)*

The consensus of the group is that it is harder to develop an intimate relationship with a person than to have sex. Joel said that the majority of the gays in San Francisco simply want to sleep around and then don’t want any further contact after sex.

The relative ease of finding sex tends to create challenges for those men who are looking to establish an intimate relationship with one person.

Gabriel: *“If you are with a partner, and you are supposedly monogamous, they flirt with you when they see you with someone then when you are alone.”*  
(A: 15)

Another obstacle to developing intimate relationships between Latino and American gay men are the different expectations that each has from the relationship. Oscar said some of that “cultural shock” stems from a perceived preference among whites for open relationships, in which partners are allowed to have sex outside the relationship. He said this can create “Latino drama”.

Oscar: *“My point of view is that you can’t let them lie to you. If they explain things the right way, how things are going to be, and you accept it, then that is your responsibility. If it is not part of who you are then you need to learn to say no.”* (A: 16)

The general feeling of the men in the group is that a monogamous relationship is harder to find within the gay community, but that it is possible to achieve if the person is willing to accept an open relationship. Silvio said he is currently in an open relationship with an Italian man. Nonetheless, Oscar said he thinks the majority of Latinos prefer a monogamous relationship, but they accept open relationships as they begin to assimilate into American gay culture.

Gabriel: *“At first when you come here, you come with the state of mind that it has to be monogamous and that if you have a relationship outside of your partner then it is a bad thing. But I have also seen that this way of thinking begins, depending on how many years you have like in this country, you being to accept many things that you didn’t allow before. Your way of thinking begins to change depending on what you are seeing or what surrounds you or the relationships you had before.”* (A: 17)

This change that Gabriel talks about may be accelerated by a need that recent Latino immigrants have for a more stable life, both emotionally and economically.

Daniel: *“In the Latino community many of us don’t have [immigration] papers and many of them have what is called ‘friends with benefits’. So many times it is for sex, many times they subject themselves to a situation so they have a place to live, so they have access to resources.”* (A:17)

It is this stability that Damian said attracts him to older gay men. Silvio said older men take a more protective role in their partner’s life and also encourage them to

get an education.

It is becoming a stereotype within the general gay community in San Francisco that younger Latino gay men tend to establish relationships with older white gay men, something which is seen as a sort of “sugar daddy” relationship.

*Arturo: “There is a certain image that I am not so certain how true it is, that young Latinos like to have relationships with older Americans, because usually these Americans buy the Latinos everything.” (A:19)*

Both men seem to seek each other out. Older white men tend to look for young Latinos and young Latinos tend to look for older white men.

*“I’ve noticed that when you go to a nightclub, the first person who notices young Latinos is an older man who wants to buy you things.” (A:19)*

*Arturo: “If someone is having a difficult time and a mature man offers some stability, and he is not ugly, then you go for it.” (A:19)*

Manuel said he had a long relationship with a man 20 years older than he was in his native El Salvador. He said he did not do it because he was looking to gain something. He said he simply prefers more serious and focused men.

Pedro was in a relationship with an older American he met in Puerto Vallarta, Mexico but he encountered problems when the man tried to control how often he could go out. When he felt he was losing his freedom he left the relationship.

Nonetheless, Samuel said many young men come from broken families so when they look towards an older man, they are looking for a certain stability they have not had in their lives.

*“The majority of us come from segregated families, from families where there is no order in which the father protects the mother. Usually it is the opposite. And thus we are always looking for this protection. So I am not going to look for an idiot who want to treat me like my father treated my mother. I want someone to protect me, to guide me, to take care of me, to fill my needs.” (A:21)*

Silvio goes as far as to blame white gay men for taking advantage of Latinos and being less socially conscious as far as preventing infections.

## **DRUG USE & HIV/AIDS INFECTION**

The men in the group talked freely about drug use in the gay community. There are many factors associated with the increased use of substances, but the one that was central in the conversation was enhanced sexual pleasure, even if the consequences can be a higher risk of HIV/AIDS infection.

*Gabriel: "When you are drugged, I don't think you know what you are doing or you don't care because you just want to be with the person that attracts you... then the next day you regret it." (A:23)*

Silvio said he only uses marihuana because it provides his with an increased sexual experience. The men briefly talked about the "party and play" or "sex and drugs" atmosphere that is prevalent in the club scene and on the Internet.

*"All my friends who are HIV positive, when I ask them how they got infected, the majority of them respond that it was because of drug use." (A:24)*

The most commonly used substances that are associated with sex are Poppers, which is an inhalant that relaxes the muscles and also causes a feeling of euphoria and stronger erections among its users.

Pedro said one of his first impressions when he arrived in San Francisco from Mexico was the prevalence of drug use within the gay community. He said crystal meth is very popular.

*"It goes to your brain, the part where you feel pleasure, and since sex belongs in that part of the brain. The first thing you think about when you are under the effects of speed is sex because you are looking for pleasure." (A:24)*

Alcohol also contributes to drug use, since people under the influence of alcohol may be more willing to try drugs and also partake in riskier sex.

There was also a feeling among the men in the group that the success of HIV/AIDS treatment drugs has lowered the fear of contracting the disease, thus allowing gay men to participate in riskier behavior.

Enrique: *“I am one of those people who is really not concerned about HIV. All you need to do is take precautions. If I end up infected and it happens because I was not protecting myself then I would feel really guilty. But if it happens while I am protecting myself... then I tell myself ‘It was my turn.’”* (A:25)

Luis said he has visited bathhouses in Miami and in San Francisco, and in his opinion Latino gay men in Miami take more precautions than those in San Francisco.

*“When I went to a bathhouse here I was really shocked... Everyone was on each other and no one was using protection. I was taken aback when I saw a really young person... who had a line of eight people waiting to penetrate him.”* (A:25)

The men commented that there seems to be a stigma on those that insist on using protection during sex. There is an assumption among the gay community that people who insist on condoms must be infected with HIV, so some gay men shun this type of protection to show that they are disease free. Damian said he counsels friends that are HIV positive to continue to use protection to guard against other diseases. The sense of invincibility is greater in the gay community because of the availability of treatment drugs and thus many no longer follow safe sex practices.

Oscar lived with a partner who was HIV positive and he said he assumed the risk of infection and the consequence of getting AIDS because of the emotional attachment he had for his partner. He said he knows HIV positive men who protect themselves and friends who are HIV negative who don't insist on protection.

*“Independent if they go out, drink and use drugs, they always, always use a condom. Then there are those who don't drink, don't take drugs and they never, never use a condom.”* (A:26)

Luis, a Cuban who moved from Florida two months ago said he sees a lot more help from the local government towards the gay community and victims of HIV/AIDS, something he did not see as much in Miami.

However, many Latino gay men don't seek out these services that are available in San Francisco. Daniel said he perceives an inequity in the services that are provided.

*"I think there is a segregation of money among the organizations. For example, they solicit money for services, but the people that use them many times are not minorities." (A:8)*

Daniel would like to see more groups that are conducted in Spanish and wanted more integration of the Latino culture. He said he has participated in some 30 different groups and in his opinion 90% of the participants are white men. He added that when he came to San Francisco he was looking forward to the freely available sex he had heard about, but once he got here he got scared by the high incidence of HIV infections in the gay community.

Gabriel said there needs to be more communication among gay men before having sex, however, others said they expect everyone to lie about their HIV status, so they don't even bother asking about it and just assume everyone is infected. Most gay men put the responsibility of safe sex on themselves.

*Gabriel: "When it comes to HIV, it is the responsibility of each person. You can ask 'Are you positive or negative?' He can say 'negative', but how can you trust him. I feel it is my responsibility to protect myself. But sure, if you are HIV positive you also have a responsibility to protect the other person." (A:28)*

*"When you have low self-esteem, you don't care about anything... So you don't care about sex, or that you may get infected, nor the future." (A:28-29)*

There are many reasons for not following safe sex practices, whether it is to feel an emotional connection to the other person, pressure from a partner that does not want to use a condom, a lack of communication before sex, and low self-esteem, which can make people act out in destructive ways since they do not have a positive outlook about their long term future.

*Samuel: "When you have low self-esteem, when your energy is low and you say 'I don't care what happens or what may happen', because then you are in a trance... that does not allow you to see further ahead, all that matters is the moment, and at that moment nothing matters." (A:29)*

Oscar: *“It is very easy to get together with someone, get to the sex part and say, ‘I’ll do it without a condom.’ I have done that. But then you start to think.... You react out of fear, not only of getting infected with that, but with all the rest [of the diseases].”* (A:29)

The men in the group expressed a desire to have more information about HIV/AIDS distributing among the Latino gay community. Damian said feels most of the help is geared towards whites. He said his Latino friends are not very informed, while his American friends are very knowledgeable about prevention.

One possible obstacle that affects the dissemination of information and services already available could be a fear of getting tested, since many people do not want to know their HIV status. If they test positive, they do not want to live with a “death sentence” over them. Another reason for the low participation of Latinos in service programs could be cultural, according to Pedro.

*“There should be more information or more support, or educate people more as far as getting tested because many times they are afraid. It’s all psychological, they think that knowing they are positive then everything will come down on them, so there needs to be education about that, especially in the Latino community because in our countries, in the cultures that we come from, they see HIV as something they don’t want to deal with.”* (A:30)

While some men expressed the lack of services geared towards Latino gay men, others disputed these statements. Silvio has only been living in the United States for two months and in his first two weeks in San Francisco was able to connect with groups such as Hermanos de Luna y Sol, the Mission Neighborhood Health Center, and El/La. He said he found some advertising at clubs and took it upon himself to look up the organizations on the Internet.

While it was easy from Silvio, other newer immigrants may have a harder time finding help. Silvio comes from Mexico City and is used to moving around in a large metropolitan area. Other men who come from rural towns may expect so many resources and may not be used to seeking out services. Their immigration status may also prevent them from asking for help out of fear of being deported.

Arturo: *“There are people that come from small towns, and it is not easy for them... These groups must find a way of being more heterogeneous... to make it more attractive for these people to go to them.”* (A:32)

Arturo cites one example in which an outreach campaign failed to attract him.

*“They invited me to a group by telling me ‘Come, there will be food.’ And that may work for many people. But from my point of view I said ‘No thank you, I already had dinner.’ I go because I need information to protect myself. So my critique is that these groups must find a way of making their information attractive for Latinos, taking into account their levels of education and their levels of culture. Because you can’t talk at the same level to someone guy that only went to primary school than to one that came from a university.”*  
(A:32)

Many Latino immigrants also have a cultural upbringing that makes them feel like they are taking advantage of something if they seek help, and that may prevent them from seeking out services. To counter this feeling Daniel suggest organizations expand their outreach efforts and take a more proactive approach towards luring Latino gay men to their services instead of waiting for the men to seek them out.

Yet another obstacle is identification. Carlos said some men don’t consider themselves gay, or are married and may have secretive sexual encounters with gay men, thus they are not directly targeted by gay support groups and are not getting information about HIV prevention.

*“They are with what’s prohibited... and they don’t give a damn... they just want to get to the main event.”* (A:36)

Because they may be hiding their sexual encounters, they don’t always think about protection.

Samuel: *“I have been with many and they don’t care if I use a condom or not. They just want it now, their emotions take control, they get lost in themselves, they enter into a trance without they are with someone prohibited... and they don’t care. Many of these men have their girlfriends, their wives and they don’t give a damn if I am infected. They just want to get to the main event. So it is also important to consider the men who is inside the closet.”* (A:36)

Still others simply don’t identify with a particular group within the gay community.

Carlos: *“I have many gay friends who don’t go to any type of support group... I tell them of one group or another and they say ‘but I am not a Latino gay man. I am a gay man. I am not a cross dresser. I am not transgender. I am*

*not like that. I don't have a need to be with a group of people like that. I have not seen a group that caters to these people, to include the type of people who don't want to be included with the rest.” (A:32)*

Silvio says some Latino gay men are simply afraid of taking part in these groups because of they are still in the closet about their sexual orientation. Samuel says outreach campaigns must also take into account newcomers to the United States and to talk to them early on in their San Francisco experience about the risk of infection and methods of prevention.

But ultimately, these groups can only provide advice. It is up to each individual to put it into action.

*Manuel: “I am going to be responsible for my own life. They can give me condoms. If I want to I will use them, if not, then no. Their work is to inform everyone of the what may happen, of what the risks are, and the possible consequences.” (A:32)*

Some men would like to see more information on television or radio, and others would like the different groups offering services to be more interconnected so that if someone does not feel comfortable in one particular group then he can easily be referred to another one that may be more suited for him.

Uriel said he would like more realistic advertising or information about the dangers of substance abuse, especially crystal meth.

## Spanish Speaking Group B

*This focus group was conducted in November of 2008 and was comprised of 12 men above the age of 35 years. For complete transcript refer to Appendix B.*

The difference in age among the men in this group, as compared to their younger counterparts, manifests itself in their expectations of life and their experiences. The group ranged from men who had recently arrived to the United States to those that had lived here for over 30 years. The men talked in a more sobering tone about the impact AIDS has had in their community. Most have been touched in some way by the disease.

Gilberto mentioned he has friends who have been infected with HIV and talked about the problems they have faced when trying to get their health insurance to pay for the care they need. Israel said he works with AIDS victims and STD patients at Atascadero State Hospital. Roberto has been HIV positive for 16 years, but only decided to tell his friends about his condition two years ago. He moved from Texas to San Francisco 10 years ago and said he felt stigmatized for having contracted HIV.

Roberto: *“I tried to get into support groups in Texas, but there is not that many. There are groups but it is not easy to express yourself. The people, the same gay people there, American and Latinos, they point the finger at you.”*  
(Appendix B:4)

In general, the men in this group came to San Francisco for the same reasons other gay men do – to express be able to freely express their sexual orientation.

Ramon said moving to San Francisco has opened up many economic opportunities for him, including finding a job despite the fact he did not speak English. “In a short time I was able to have what I was not able to obtain for years in my country.” (B:5)

As diverse as the cities the men came from, so are their experiences. Sebastian was married for 10 years, got divorced and came out of the closet. He moved to Mexico City but never came out to his coworkers. *“I tried to act straight. I was leading a double life. When I came over here, that is when I really accepted myself as a gay man... I don’t really care if someone says I am gay. Here is where I was finally able to let my hair down.”* (B:6)

On the other hand, Victor has lived for 15 years on and off in the United States. He said he is still partially in the closet. He was not able to find a support services until 6 years ago when a friend at Kaiser suggested some groups. He said prevention campaigns have really helped him.

*“I tried to act straight. I was leading a double life. When I came over here, that is when I really accepted myself as a gay man.”* (B:6)

Roberto is HIV positive and previously lived in Los Angeles. He said San Francisco is different than other cities when it comes to providing aid to people with HIV. “The services, how they treat you, how they care for you. They don’t just look at you as a client or a patient of the clinic, but they treat you like a person, like a friend. That is how I have seen it here.” (B: 7-8)

Leonardo is a service provider and said he has seen an increase in depression and loneliness among gay men living with HIV, a condition that is compounded by an increasing poverty and problems finding adequate housing. He said people should not come to San Francisco with expectations that cannot be met, especially if they are older, are HIV positive and are undocumented.

*“Don’t come here thinking that this is paradise, because it is not. Things are getting tougher in the city and services are being affected.”* (B:9)

Because of varied backgrounds, not all the Latino men that migrate to San Francisco feel comfortable with the gay lifestyle of the Castro district. Some said there is too much emphasis on how a person looks and a premium applied to younger people with athletic bodies. Vicente said he has a stable job and has not been in a relationship since 2002. He said he prefers to meet people in his age group, above 45 years old, who share common interests and lead stable lives.

*“I don’t feel a need to live an openly gay lifestyle, not a scandalous one, nor all the stereotype of the gay scene that happens in San Francisco for the most part. Not everyone lives that life. There is a lot of liberty, freedom of expression and all that, but it is not the type of life that I have lived so far.”* (B:11)

Others, like Hector, are having difficulties keeping up with the high cost of living in San Francisco. He said his savings are being depleted and is considering moving to a shelter. He recently moved to San Francisco but admitted he has been dreaming about coming to the city for over 30 years.

The men in the group said they can easily find sexual encounters, but have more trouble establishing long term relationships. Some are dealing with the stress of growing older.

Alfredo has had to change his way of thinking about relationships because of his age.

*“I used to say ‘an open relationship, never.’ But unfortunately I have had to change my mind because if I don’t, I won’t ever be with anyone because I won’t ever have anyone exclusively for me. I would only be able to live locked in my house, without any friends, without going to clubs, nor to cafes, because if I go to a club, the loose ones, the venomous ones, the envious ones will take him away.”* (B:16)

Alfredo said he was finally able to find help to treat his loneliness through the organization AGUILAS, with whom he first made contact at the gay parade.

Gilberto admits he had frequent sexual encounters when he first arrived in San Francisco but his approach changed with the threat of contracting HIV/AIDS.

*“I had a slap in the face. ‘Stop and think how many friends are dying or which ones are sick or who is being affected. Do I want to be one of them? Can I be one of them? Where do I establish my limits? Because I am in a city where everything goes, because there is something for everyone, there is a flavor for everyone.” (B:19)*

## **DRUG USE & HIV/AIDS INFECTION**

There is a perception among the men in the group that people who are HIV negative in San Francisco are not worried enough about being infected with HIV/AIDS. Roberto said he has seen frequent substance abuse which leads to sex without protection. He was diagnosed with HIV 18 years ago while he was still living in northern Mexico, yet still chooses to hide it from his family.

*“Up to now, my family does not know I am positive. Why? Because I am not going to make them suffer. I suffered a lot with what they did to me and all I try to do is get more information to help other people who are HIV negative so they can take care of themselves, so they can protect themselves. But the ignorance is so great here in San Francisco, and not just here, but nationwide.” People don’t care. Why don’t they care? Because they aren’t being shown the reality of how it is.” (B:20)*

*“They don’t care about anything, only their pleasure, and it hurts me in my soul to see that and I try to help people.” (B:20)*

He said there needs to be more information made available about HIV/AIDS, especially to younger people who don’t feel as threatened by the disease and prefer not to use protection during sexual intercourse. Israel said many young Latinos shun the use of a condom, and he thinks part of it may be cultural and not necessarily tied to *machismo*.

*“Where we come from, we are always under “the grace of God”. Whatever God says, and accept things because God wants it that way. We are guided by religion.” (B:22)*

This belief or attitude of helplessness can be compounded by those who feel it is too painful to know the truth about their HIV status. For some it still carries a stigma that being diagnosed with the disease is similar to being given a death sentence. Many prefer to live their lives ignorant of their health status.

Leonardo: *“When it comes to HIV, many people have not seen the damage it causes, the physical deterioration that occurred during the decade of the 80s. They did not see the damaging effect that it caused in people.” (B:22)*

Sometimes, education about HIV/AIDS and the advancements in treatments can have an unexpected consequence since some gay men may feel that they can have riskier sex since being infected is no longer fearful. Others simply are fatigued by the safe-sex message. One participant said he knows of HIV positive men that are having unprotected anal sex known as “barebacking” with other men who are not infected with the disease.

Leonardo: *“They are tired (of the disease) they have an emotional drain, and they could care less now. They are not interested [in safe sex]. They’ve had it up to here with condoms.” (B:23)*

37 year old Alfredo said he is in an open relationship with someone who does a lot of business traveling. He said he encourages his partner to use condoms and lubrication for his own protection. He knows how easily safe sex can be forgotten.

*“When the action starts, when you are in heat, you forget about the condom, or you let it go, or you use drugs...alcohol. You lose control and you don’t realize how it happened.” (B:26)*

*“Who doesn’t like sex? It’s a question of how much you love yourself.” (B:27)*

But substances and alcohol are not the only factors that contribute to risky behavior in regards to sexual encounters. A person's state of mind is also very important. Loneliness can result in lower self-esteem that in turn can make someone have a more negative outlook on life. With a loss of hope and a diminished investment in their own future, some gay men may be more willing to participate in risky behavior, either because they don't care about the consequences or they simply want to be liked by someone.

*Alberto: "Since they feel lonely and have recently moved to this city, they feel depressed, they find a person who suddenly invites them to have sex and they find someone that accepts them, that called them, that invited them for coffee, they suddenly feel good, they don't feel alone, for that reason they lose themselves in the moment and they allow it, they do it without anything. They don't use condoms, they don't protect themselves, for the simple fact that if at the moment they want to have sex you and you say no, they will reject you." (B:27)*

Love can be a powerful influence in deciding whether to have unprotected sex. The need to please a partner, especially someone you trust, can cause some gay men to push safe sex practices aside. Ramon said he faced this dilemma with an established partner, but decided to insist on the use of a condom because he had seen a friend die of AIDS and he knew the potential consequences.

*"I was with a person for a long time, and I wanted something more to happen between us, and knowing that I liked him, he told me 'let's have sex without protection.' Even though I really liked him, I told him no! I don't want to go through what my friend went through." (B:28)*

Several men in the group insisted that they do not trust anyone to tell them their HIV status truthfully, so they assume everyone is HIV positive and thus they put the burden on themselves for practicing safe sex, even when they are in a monogamous relationship.

*Vicente: "We can't be living in 'he promised me, he told me...' That is a decision, an ignorance that we can't take for granted. We must assume everyone is positive and protect ourselves!" (B:28)*

Even though they place the burden on themselves, the participants still place a certain amount of responsibility on HIV positive men to be truthful about their condition for the benefit of the community as a whole. There is a belief that men who have already contracted the disease no longer have a fear about getting

infected and are more willing to have unprotected sex if they are only thinking about their personal wellbeing.

Vicente: *“If I am HIV positive, that does not give me carte blanche to have sex without protection. There are still venereal diseases. There are other types of HIV, other mutations. That does not mean I am going to say ‘now I am going to go barebacking.’ To do whatever I want.”* (B:29)

The advancements of HIV/AIDS treatments is seen as a double edge sword by several of the men in the group who are HIV positive. While organizations want to provide hope for people infected by promoting how much longer people are living with the disease, many gay men are interpreting the message as a proclamation that HIV/AIDS is no longer a deadly disease. Lorenzo, who is infected said there needs to be more realism in outreach campaigns of the toll the disease takes on people

*“In 3 years the horrible infection tore me apart. In less than 3 years I was bedridden, without being able to work. It’s an infection that has cost me dearly.... So when young people hear ‘If I get infected, I still have 10 or 15 years depending on my physical condition’... It’s bullshit.”* (B:30)

*“That is the first place where I was able to open up my heart... that focus on immigrants, Latinos.”* (B:34)

The need for more education and outreach to teenagers about the risk of contracting HIV/AIDS and safe sex practices was also discussed. One participant said teenagers are misinformed about how HIV is transmitted and some are putting themselves at risk by following rules passed along by friends or family.

The men in the group are not ignorant of the services available to them in San Francisco.

Victor, who emigrated from El Salvador, credits organizations like *AGUILAS* and *Hermanos de Luna y Sol* for sexually educating him and enlightening him on the importance of using condoms. Roberto said he suffered from low-self esteem when he received help from *HLS* who recommended a psychologist to treat his depression. He said his experience with *Hermanos de Luna y Sol* was very therapeutic for him.

Roberto: *“That is the first place where I was able to open up my heart, my case and I think we need strong programs in this city... that are focused on immigrants, Latinos, any nationality.”* (B:34)

Alfredo said he was also helped by AGUILAS and *Hermanos de Luna y Sol* to establish a network of friends so he could overcome the loneliness that he was feeling.

*“These are groups that help a lot, because we as Latinos in a strange land, in a house that does not belong to us, they help to have a place of our own. Where you can talk, you can express yourself, and you can be yourself. It helps a lot. The important thing is that we can take advantage of it.”* (B:36)

Israel suggested these organizations could be made even stronger if they were linked to other agencies. He would also like to see a network of sponsors for Latino gay men much like Alcoholics Anonymous has, so the men can have someone to provide them support when they need it or simply to have someone to talk to.

## English Speaking Group C

*This focus group was conducted in December of 2008 and was comprised of 9 men between the ages of 18-35. The names of the participants have been changed to protect their identity. For complete transcript refer to Appendix C.*

The men in this group generally acknowledged that living in San Francisco was a positive experience, however, several mentioned the expensive rents and the high cost of living as a detractor. The main attraction for them has been the opportunity to openly express their sexual orientation, and not just in one neighborhood or in one street as they experienced in other cities.

Scott: *“If you wanted to go around gay people, you had a very small area in which you could go... If you come to San Francisco, it's not a big city, but you've got more than just the Castro to kind of be yourself. I live out in the Richmond, and I can be myself out there almost as much as I can be in the Castro.”* (C:5)

Ernie: *“I have gay friends, I have straight friends, I have Latino friends, all different nationalities. I think that happens here in a way that it doesn’t happen in other places.”* (C:5)

Some of this diversity can have drawbacks. Some men in the group expressed that they don’t have a sense of community in San Francisco.

One possible factor is the competitiveness of the work environment in the city. Hernan said he finds people more “self-involved” here than in other cities. He said everyone seems to be competing against everyone else. A sentiment shared by Timothy who said he had trouble establishing friendships.

*“You’re not going to find that gay community that’s going to embrace you.”* (C:3)

Fernando: *“We all come here thinking, ‘Gay Mecca,’ and you are going to be in for a disappointment, and most of us end up staying because we like it in a way, but you’re not going to find that gay community that’s going to embrace you.”* (C:3)

One reason for the “disappointment” some newcomers have when they arrive in San Francisco is the high expectation of what they will find when they arrive. Most have heard exciting stories about the gay community in San Francisco, including the club scene, the nude beaches and the availability of sex, so when they arrive and find people absorbed by work or don’t develop instant friendships, they suffer a let down.

Fernando: *“You forget, like in most cities people are friends from childhood. They were in the neighborhood. They were in the school. Here in San Francisco, most of us come from somewhere else. So, we all know a lot of people, but you can’t be friends with all, and it’s such a small city. So it’s going to take a while until you find your extended family, your chosen family.”* (C:34)

Fernando eventually found what he was looking for.

*“It took me four years to really find that niche that group for you that comes through. But for four years, you cruise all over the city and you go to all the*

*bars, and you do everything, and you're going around. You're young, because I mean I was 23, so I had the energy to do it. But once you get it, it's very nice.” (C:8)*

One drawback of the gay community in San Francisco that was expressed by the men in the group is the emphasis on looks and appearances. There is also a tendency to box gay men into particular cliques like bears, cubs, leather, etc.

A few men in the group said they had experienced discrimination, not for being Latino, but because they are being categorized as Mexican by the general population, something that has a negative connotation because of the stereotype of the Mexican immigrant.

Fernando: *“It has to do with the social order, and who's doing the hard work and who's doing the dirty jobs.” (C:12)*

On the flipside, Scott, who is half Mexican and half Argentinean, says people question his Latino roots because he has white skin.

*“You're all Mexican in the eyes of the typical Californian. So, I mean in terms of, on my end of it, it's kind of like, it's the shock, ‘Why do you claim Latino? Why do you claim this? You don't look like this, so you shouldn't be that.’ That's the kind of stigmatism that obviously happens.” (C:10)*

*“You're Latin, that's so hot...touch your brown skin, your big dick...” (C:14)*

At the same time, there is a certain eroticization that occurs towards Latino gay men. Hernan says he has heard comments like:

*“Oh, you're Latin, that's so hot, touch your brown skin, your big dick... It kind of makes you feel a little bit like cattle sometimes, that people aren't attracted to you for who you are, like, “Oh, you're hot because you're intelligent and you have a great personality.” And it's like, “No, you're Latin, you must know how to be good in bed, you must be big.” (C:14)*

What all this creates is a sense of division among the Latino gay community and among the mainstream gay community. If people are being judged and categorized for the color of their skin or their accent, they can develop a sense of alienation from the group as a whole. The consequence is loneliness and depression.

Nonetheless, the men in the group said they feel more comfortable in San Francisco than in other cities in the Bay Area. Richard, who emigrated from Chile, said he used to drive from his home in Concord to the Castro district, just to feel freer. Fernando, who is also from Chile, said San Francisco is geared towards a younger crowd. In his opinion, anyone who comes to San Francisco and is older than 35 years would have a hard time establishing himself.

## **RELATIONSHIPS & SEX**

Overall, the men commented it is relatively easy to find sexual encounters in San Francisco, and not just by searching for them on websites like Craigslist or Manhunt or in bars like Powerhouse. 35 year old Timothy said he has made contact with other men while eating pizza at a restaurant. The harder part, the group acknowledged, has been finding more intimate relationships. The availability of sexual partners can be one factor.

Hernan: *“Sex is too easy. If you're busy fucking five other guys, who wants to date you?”* (C:21)

Some men, like 30-year old Scott, said has been intimidated by the direct approach many gay men use to initiate a sexual encounter. He said he has had trouble getting the courage to approach other men and ask for sex. As in the general population, shyness and fear of rejection are common obstacles for finding partners.

One aspect among Latino gay men that can open the doors for a sexual encounter is the color of their skin. Being Latino is considered an attractive trait for some white men.

Timothy: *“I think there's a certain allure, I guess. So in a way, you've kind of got that on your side if you want to work that card. I usually try not to.”* (C:24)

35 year old Timothy, said he is turned off by men who want to have sex with him because of his dark skin or black hair.”

Timothy: *“I can't even attract a Latino man, it's crazy. The ones I do like, they're like, ‘You know, you're really cute. If you were white, I probably would like you more.’ I'm like, ‘Oh geez, thanks.’ You know, ‘You have all the qualities that a white guy would have, but you're Latino.”* (C:39)

Some men said they have experienced a certain type of reverse discrimination. Tom said some Latino men have turned him away because he is dark-skinned, even though he is assimilated in the American culture. He said white men tend to prefer Latino men whom they consider “exotic”, while Latino men seek out white men who represent the “American” ideal.

Jim said that young Latino men tend to be hyper-sexualized by older white men who assume they will easily agree to have sex. Scott said young Latino gay men are “objectified” by older white men.

*“The white guy wants that young, brown skin, dark hair, fresh meat, looking hot on his arm. Not in all cases, but either he'll adorn him with gifts. But there is that kind of subculture, so to speak. There's the twink who wants the old white guy to be his daddy or to support him, and maybe they're working him.”* (C:48)

Others, like 27 year old Tom, said they are attracted to older men because they are more stable and more intelligent. Jim said some young Latinos use older white men to climb the social ladder.

*“I felt like my soul was dirty.”*

(C:30)

Sex has also been the catalyst for some men in the group to try substances like marihuana or crystal meth.

26 year old Hernan said he has tried cocaine and other drugs before, but he said crystal meth let him feeling empty.

*“I just felt dirty like in my pores. You just feel gross, there's no appeal. Granted, I had tried cocaine and Aderal before, and like you're awake and you're happy and life's great, whereas like on crystal meth you're awake, and you just feel really shitty, and you're just kinda like really alert, but like alert of how shitty you feel.”* (C:30-31)

Scott also said he has seen a lot of crystal meth being used in nightclubs. Even though he has tried cocaine and Ecstasy, he is generally turned off by people who are “high”.

Some men in the group said you can develop a lot of acquaintances in the gay community of San Francisco, but few real friendships.

Hernan: *“It'd be nice to have somebody who's like a peer, who you get along with, who is my age, but I feel like so often when you meet somebody, being their friend is the second choice, because it's hard when you're gay to meet somebody that you want to date, let alone somebody you want to spend time with.”* (C:35)

Hernan said his friendship with another man got complicated when he started to develop deeper feelings for him. He said that is something that does not happen to heterosexual men who are friends, and that tends to contaminate the development of deeper relationships among gay men.

30 year old Scott said he has learned to deal with the development of a sexual interest with a friend.

Scott: *“I've been fortunate to have that situation, where at first it's crush, and then it's sexual awkwardness, and then it's, ‘Let's talk about it, let's just get it out of the way,’ and then you transcend, and then it's a really good relationship.”* (C:36)

Finding Latino friends can also have its challenges, especially for gay men who are more assimilated into the mainstream culture. 35 year old Timothy said he feels alienated from the general Latino community.

*“I guess I never connected with a lot of them because they expect a lot of me. ‘Oh, you're Latino, you want to hang out... you should know about this, you have to like this.’ I'm like, ‘Well, I do like that, I do like this music, and I like to see these movies, but I can't be that immersed as you want me to,’ so in a way it's kind of like, ‘Well, that's what we do, so if we can't depend on you, then see you.’”* (C:38)

Fernando said he still has trouble connecting with the newer immigrants from Mexico that live in the Mission district. Tom, who was brought to the United States from Mexico when he was one year old said he also has a hard time fitting

in with certain Latino groups because he does not speak Spanish. On the flip side, he said he also has trouble fitting in with his Americans who don't appreciate his preference for Spanish language music.

Still, others like Fernando said they feel a stronger connection to people with a similar ethnic culture than with the gay culture. He said most of his friends are from South America because he is able to speak Spanish with them and he can share many common experiences, even bad ones, like Ernie explained:

*“Latino culture is very machismo, it's not very pro, open-minded thinking about gay culture. So I find lots of my Latino friends who are gay, we have that in common, we talk about how it's hard to come to terms with our sexuality with our families and bring that in. I think that's something that is different than people who grew up in the United States or whatever.” (C:40)*

Even in a city that is considered more liberated, some Latino gay men said they still encounter *machismo* when they walk around the Mission neighborhood. Jim said he has been warned about holding hands with his partner in this Latino dominated district.

*Jim: “So we were walking down, and then we crossed 16<sup>th</sup> or Guerrero or something, or Valencia, and then they're holding hands, and there was like six of us, actually, everybody's holding hands, just kind of being ourselves. And then this guy from somewhere else, Colombia maybe, came, and he's like, ‘Once we cross the street, don't hold hands anymore, we're in the Mission.’ It's kind of funny, it's like, ‘Wow, we know our borders already in the city, what's okay and not okay.’” (C:43)*

Some of this expressed fear not only stems from being judged by Latino families, but also from being harassed by Latino gangs. Fernando, who is 35 years old, said he still gets scared when he holds someone's hand in public and he ventures outside the Castro district.

In general, the more assimilated Latino men in the group said they don't look towards the Mission district for entertainment. They describe Mission District clubs like *Esta Noche* and *El Rio* as too “ghetto”.

*Scott: “When I go into Esta Noche, I'm a white dude, so that's always my Latino experience. And not speaking any Spanish, it's definitely a cultural divide. It's fun, I always have fun, but it's not a place that I would go, obviously, to try to pick up on someone, because there's language barriers.” (C:45)*

The options for Latino men looking for Latino based entertainment in the Castro are very limited. Places like The Café and Jet have only a few nights that cater to Latinos.

Still, these options are far beyond what can be found in other cities in the Bay Area. 22 year old Jim said he has a friend who lives in Modesto who comes to San Francisco to go the gay bars.

*Jim: "He's undocumented. And coming to the city, going to Café is like the highlight of his week, because that's where he can be himself from Modesto. He works in an assembly factory over there. And then he's what is looked at as a twink." (C:50)*

## HIV/AIDS

The men in the group said they constantly live with the threat of contracting HIV/AIDS. Some, like Richard had a long relationship with someone who has HIV positive, and because of that he started using condoms regularly, something that he admitted he did not do before.

Hernan considers himself very knowledgeable about HIV transmission and about safe sex practices. He rattled off several "safety" measures that he adheres to in order to protect himself, like not having sex with an HIV-positive person who brushed their teeth within three hours. Even though he has penetrated other men without using a condom, he said he tried to make it as safe as possible by not exchanging bodily fluids.

*"We get bombarded with [the safe sex message] so much, I even forget that it's there." (C:56)*

Some men in the group were critical of HIV/AIDS prevention groups. They said the message being disseminated right now is counter-productive.

*Hernan: "Like even Stop AIDS, they don't necessarily tell you, 'Hey, you should worry about HIV.' They're like, 'No, here's how to have unprotected sex the most safe way.' That's really counterintuitive. 'If you're not going to use condoms, use a lot of lube so you don't bleed.' No, people should force themselves to [use condoms]". (C:55)*

There is also a general feeling among the participants that since the numbers of AIDS deaths have gone down because of the advancement of treatment drugs, that people feel it is safer to have unprotected sex. The stigma of HIV-positive men has also gone down. Some men said they have friends who don't feel at risk if they have sex with them.

Others, like Richard, said it is up to each individual person to decide if he will protect himself, while others, like Hernan, said it should be a communal responsibility.

*Hernan: "I personally feel a duty to like Latinos and to gay culture. I'm not going to go out there and willingly infect all the random people I sleep with HIV by not knowing my status. The same way that I'm not going to go out and poorly represent Latinos in culture." (C:56)*

25 year old Ronald said that when he goes to the Castro, he is looking for a fun time, he is not looking to hear about the safe-sex message. He acknowledges there is plenty of information available, he just chooses to ignore it.

Fernando said having sex with gay men is a game of Russian roulette with HIV that he plays every time he has wants to have sex with someone.

*"It's always in the back of your mind. You're like 'fuck it,' you just hope, 'Please, please, please, let [the HIV test] be clean.'" (C:58)*

There was a discussion among the men about the reality of following safe sex practices. Jim said it is up to every person to state their HIV status and to insist on using condoms.

*"People are so uneducated, they think that pulling out... A lot of people don't even know that pre-come might..." (C:59)*

But before he could finish his sentence, other men interjected some reality into the conversation.

*Fernando: "Yeah, but I refuse to give a blowjob with a condom.." (C:59)*

*Richard: "Oral sex with condoms? Uh-uh (no)" (C:59)*

Other men have strategies that they think will protect them from HIV infection.

Ernie: *“I also have a filter around who I'm going to hook up with. If it's just like someone who just kind of looks like they're just hookup after hookup and you're a little sketched out, then I'm sketched out. I think my practice is just like playing a little bit of like reserved with it, just to kind of see where people are. I just play on the side of caution.”* (C:59)

Ernie, a 25 year old from Colombia, said he always has safe sex with someone he just met.

Others stated that condom use drops once they have more than one sexual encounter with the same person. They said being in love makes them put their guard down. Nonetheless, they place the burden of protection solely on themselves.

Fernando: *“I went inside one of these booths, and this guy came in and we started doing it, and he came in me, and as soon as he did, it happened, I froze. I turned around, grabbed him and pushed him against the wall, and I just yelled at him, ‘What the fuck? You fucking idiot.’ The drunkenness was gone. I tried with my hand to clean, I was so pissed, and I realized I was pissed at myself. That was my last time I've been in the theater, because I promised myself never, never step in that place again. Because I usually do it when I'm drunk. So I'm unsafe because I'm horny beyond belief, and you don't think straight. He was a fucking idiot to come in me, but the fault was mine.”* (C:61)

Others, like Tom and Scott, admitted to similar experiences in which they had risky sex than were scared about the consequences. They said alcohol can impair their judgment and help them lose their inhibitions. Scott said he depended on alcohol to bring up the courage to go to the Castro district to meet men.

*“I'm really drunk, then yeah, my decision-making skills have gone to shit a lot of times.”* (C:56)

Scott: *“I like to go out and I like to get tipsy. It lowers my inhibitions. I'm more comfortable, usually, when I'm a little perved, and if I'm really drunk, then yeah, my decision-making skills have gone to shit a lot of times. I like to say that I've*

*always got a committee in the back of my head no matter how drunk I get, but it doesn't mean that I've made the smartest decisions about sex, but I like it.” (C:65)*

For Fernando, alcohol helped him reach a drunken state that allows him to accept his sexual orientation.

*“Even though it's been 12 years working on this shit, working to come out and working to accept myself and whole nine years, I still carry home with me that homophobia, that eternal homophobia that you grew up in Latin America. I still carry on with it, still hard to show to guys or what to talk about.” (C:66)*

The men in the group said alcohol is very prevalent in the club scene and the party and play atmosphere. Timothy said there are many factors in San Francisco that contribute to alcohol abuse, compared to other cities like Los Angeles. For one he said there are a lot more bars with happy hour in San Francisco, also since the city is smaller, people can take a taxi to get home, so they allow themselves to get drunker. Also since most clubs close at 2:00am, people try to consume more alcohol in a shorter period of time.

While the men were aware of organizations that provide testing and HIV awareness programs, like Magnet, the Castro Health Center, *Hermanos de Luna y Sol*, *Instituto Familiar de la Raza*, *AGUILAS* and the GLBT Community Center, most admitted to using them sporadically. They recommend focusing educational efforts in the high schools.

Hernan said he would like a mobile testing center that can park itself outside nightclubs to reach people more directly. He said many people don't want to go to a health clinic because of the stigma associated with it, but at the same time they don't want to use their private insurance for an exam because they don't want their employer to know about their sexual orientation.

The men in the group would also like more emphasis put on family support as a means to dissuade drug use and create more self-esteem in gay men.

*Jim: “I know that I don't have support in my family. I'm here on my own. I live away from family here in the city, but nonetheless, I can imagine if I was living in a city, if people do have families here or extended families, I think some sort of support of that to help them out would be very important because everybody else has. Look at Kaiser's ads, ‘Thrive,’ family-oriented, but that I think is lacking.” (C:74)*

## English Speaking Group D

*This focus group was conducted in December of 2008 and was comprised of 9 above the age of 35. For complete transcript refer to Appendix D.*

Then men that participated in this group were generally more cautious than their younger counterparts when asked if they would recommend moving to San Francisco to a friend. Many questioned the motives for moving to the city and were more willing to warn newcomers about the dangers of HIV/AIDS transmission, substance and alcohol abuse.

Paul said he moved to San Francisco 10 years ago so he could receive better treatment for AIDS. There was a general consensus that San Francisco offers better care for people affected by HIV/AIDS. Phillip, who said he has worked at a couple of social service agencies, said that other states do not provide needle exchange, nor provide monetary assistance with co-pay for treatment drugs and offer no HIV clinics.

The health care benefits are an attraction for Latino gay men over the age of 35, but the high cost of living continues to be a detractor. As Ben said, the people that come here *“most of their lives would be having more than one job if they want to live well, just to keep alive in San Francisco.”* (D:6)

The advice the men would give someone who wants to emigrate from Latin America instead of another part of the United States is less conditional. Nick said oppression of gays in some communities of Central and South America, especially the rural areas, is so great that gay men there should not hesitate about coming to the United States, especially those who need HIV/AIDS treatment and medications. However, there was some concern that San Francisco’s liberal policies when it comes to HIV/AIDS treatment could strain the city’s services and budget.

Oliver: *“The oppression is just incredibly bad, and the level of despair that these men feel to get out and to connect with the gay community is very intense, it overwhelms everything else in their lives. That’s the one thing that they feel they need to do, is to get out. And if they have a way of getting here, I would just say come to any city in the US that you can get to.”* (D:8)

*“He’s not even used to saying he’s gay out loud.”* (D:12)

Some men expressed the need for a support network to keep newcomers to San Francisco from being homeless or abusing substances.

Rudy: *“Gay youth come here thinking that the city's going to embrace them with open arms because there's so many gays and lesbians here, and they get here and find out that's not necessarily the case. You're shunned.”* (D:10)

Due to the difficulty of developing friendships or establishing a support network, several of the men in the group do not recommend gay men above 35 years old who want to come to San Francisco to make the move. Jeff, who has lived for 12 years in San Francisco, said most cities in the United States provide some sort of help for people with HIV/AIDS, and the loss of friends and support network is not worth the risk of being isolated and falling into depression and isolation.

However, Phillip, who said he has worked for the AIDS Foundation, added that HIV/AIDS services can be so lacking in some states that moving to San Francisco may be worth the effort. He said tolerance towards gays is even low in some parts of the Bay Area.

On the opposite side, Santiago said he was planning of moving out of San Francisco to “redneck” country so he could buy a house and have money left for his retirement.

Nick said financial requirements for people receiving disability benefits also tend to limit economic opportunities and create a transitory lifestyle. He said cannot save money because it would be taken away by the Social Security administration.

Some men in the group said they don't seek out services from groups that advertise in Spanish because they do not speak the language or do not fit in with newer immigrants that access these services. Jeff said he has even felt discriminated by Latinos who consider him a “sell-out” for not speaking Spanish.

Others, like Phillip, said gay men that come from rural areas of Latin America are not used to seeking help or don't have a gay identity, so they don't seek out help from groups that cater to Latino gay men.

Phillip: *“My partner is 20 years old and from El Salvador, and he's very shy about asking for help. He's also very shy, about just, ‘Well, this is for gay people.’ He's not even used to saying he's gay out loud. In other countries some people could get beat down for saying they're gay, or getting caught playing with somebody.”* (D:12)

Since they don't speak English fluently, many newer immigrant Latinos gay men depend on lower paying jobs to survive. But according to Phillip, the economic downturn has forced some men that used to work as day laborers to prostitute themselves to generate money. This, he said, creates a perception that all young Latinos are easily available for sex.

The men in this group had lengthy discussions about racism. Latino gay men who are more assimilated said they have trouble fitting in.

*Phillip: "I get it from the blacks because I don't speak "hoodish," I'm educated. I get it from the Latinos because I don't speak Spanish and I don't look particularly Spanish, until they find out I have Spanish friends. Sometimes I have to have somebody Spanish vouch for me, which is really fucked up, and then on top of all that, in the gay community, like if I go to a Castro bar, sit down, three white guys at the bar and me, I guarantee you they will move unless one of them is hitting on me. And then I'm thought of as a thug until I open my mouth."* (D:20)

45 year old Jeff also said he has problems being accepted by Spanish-speaking Latinos because he does not speak the language.

*Jeff: "Most of my life I've been discriminated, not by the white folks, but only by Latinos, because I'm pocho because I don't speak Spanish, because I refuse to speak Spanish, and they see me as something less, that I'm a sell out."* (D:11)

Ben has had a similar experience. He said he has been told: *"You don't speak like a Mexican, and you don't look Mexican.' How do I have to look to be Mexican?"* (D:15)

Nick said he has even been insulted by Latinos who think he does not speak Spanish, and assume he is arrogant because he is more reserved.

## SEX & RELATIONSHIPS

Despite the expressed barriers that some of the men said exist between acculturated Latinos and newer immigrants, some like Rudy said they prefer to establish long term relationships with other Latino gay men.

Rudy: *“Hopefully I’ll be able to find myself a Latino partner and be able to settle down and all that other good stuff. All I can honestly say is that it just makes life easier because we’re coming from some of the same beliefs and background, and especially as two men, there are going to be challenges to who’s going to be dominant at any given time in any situation. So if we have this kind of like mind foundation, it makes it easier for us to maybe be able to work things out. My former lover was white, and I could see, like when we would have our disagreements or our arguments, there were cultural things that would come up.”* (D:27)

A few men in the group said that the gay community in San Francisco is very judgmental or organized among certain cliques.

Paul: *“It’s like what are you wearing, what is your hairdo like? What kind of shoes are you wearing? I mean, people clock everybody left and right here. This is like a backwater city, it’s a little cesspool. Very seldom do you see one person from one level of gay going up to another level and being friends. It’s money-wise, health-wise, clique-wise, it’s all segmented, and nobody’s going to cross, you have to stay within those borders, because if you don’t, you don’t have any friends.”* (D:30-31)

As an older gay man, Rudy said he has had trouble making friends because so much of the social scene in the gay community is geared towards younger people who prefer nightclubs and bars.

Rudy: *“It’s frustrating to try and find an outlet where you can meet people outside of the bar. I’m not a real big bar person. I have found it very difficult to find an outlet where you can just go and actually just meet a friend, just meet someone and become friends in the city.”* (D:33)

*“We’re like dogs, we go around sniffing each other’s tail.”* (D:36)

Ben said there is a big emphasis on appearance, age and economic status at bars like Badlands.

*“The way I end up having really good friends, there was the physical attraction, basically, and to a point where all my good friends. We ended up sleeping together before we become friends.” (D:32)*

This is an experience shared by Phillip who said he has had trouble establishing friendships that did not involve expectations for sexual encounters.

*“Nine times out of ten, when I walk up to somebody that's gay, just to have a friendship with, it's almost impossible for them to believe, ‘Hey, I'd just like to be friends. Do you like football? Want to go have a drink?’ And if we have a drink, sooner or later they seem to think I'm going to hit on them. It's scary.” (D:35)*

Paul: *“If you can wink an eye, you can get sex. Try to say hello to a total stranger for friendship, you get turned away, like, “What are you, crazy?” (D:35)*

The Internet has changed the rules of the game, however. The men say people now go online for sexual encounters. Paul compared it to a “central calling board”.

Paul: *“Everybody who has something to talk about, to give, to need, to go for, is on there... That's how I found out about what is going on.” (D:38)*

Rudy lamented that the Internet has lessened the importance of personal contact when establishing relationships, yet admitted he has used it for quick sexual encounters because his job prohibits him from meeting people in a more casual manner.

*“The Internet, I know for me has been a pure outlet for sex. I don't really have to do a whole lot. Log in, search, send a couple emails, get a couple responses, and boom, someone's at my door, boom, I'm in my car and I'm halfway across town. Get the deed done, come home, it's like okay, I'm good for a week or two.” (D:40)*

To meet “quality people” some of the men said they prefer to avoid the traditional hangouts. Phillip said he does volunteer work and has developed lasting friendships with people he has met there. Paul agreed and added that the Internet can also be used to find more interesting people.

Paul: *“I got there and I met a lot of interesting people, a lot of down-to-earth people. I was like, ‘Where have you been?’ It’s because I had been looking in the wrong places. But the Internet is a central post. I mean, there’s also the other sites, the gay sites, the cruise sites, the sex clubs, all those immediate needs site. But there are other sites that you can fill into. There’s a program they have to support poor children, it’s an advocacy program that I never probably would’ve thought of. I’m looking in a different direction, especially at this time. I’m 50 years old.”* (D:38)

The men acknowledged that people frequently lie about their appearances on the Internet and also about their HIV status. However most of the conversation kept reverting back to relationships. Ben said he has an open relationship that allows him to stay sexually active while still maintaining a stable partner. Santiago has a similar relationship.

Santiago: *“We have been together for 11 years, and he has total freedom to go outside and meet somebody else if he wants to, have sex with him. He has an acceptance of myself. I can go out and make my own friends if I want to. So it’s perfect.”* (D:56)

Jeff, who has lived in the Mission district for 12 years, said he has seen a transformation of the area to one that is more gay friendly.

*“There are so many gay Latinos moving into the Mission because they can be gay Latinos. We’re allowed to be close to our families because we’re very family-oriented, but we’re still allowed to be gay, and we’re allowed to be out, and we’re allowed to be different. But in the Castro it was like, I’ve seen Latinos who don’t speak Spanish and don’t let nobody know that they know Spanish, they’ve got a white boyfriend and they want to totally engulf themselves with them. And that’s fine. But I think the Mission has given a place where you’re more free.”* (D:48)

## SUBSTANCE USE & HIV/AIDS

Then Latino gay men in the over 35 age group expressed the same reactions about drug and alcohol use in the gay community as younger gay men – that it lowers inhibitions and leads to better sex.

*“You're playing Russian Roulette, but for me sex is more enjoyable without the condom than it is with the condom.” (D:56)*

Phillip said he works for the Men's Speed Project and almost all of his clients in the Mission district are Latinos., and almost half are abusing methamphetamines, also known as “crank”.

Jeff said it is a problem nobody wants to talk about. *“They don't want to deal with it. They want to party and they want to have a good time and they want to do this and that when it feels good.” (D:51)*

According to Paul, doctors also don't try to get involved if they notice one of their patients is using illegal substances. As an example, he said he was shooting speed, but when he went to a clinic to see his doctor, he was only told to be careful, but did not recommend a treatment program or try to look for help.

This is where a support network is desperately needed for these men, many of whom are living away from their families. Paul said he was eventually able to get help because a neighbor friend noticed his arm was black and blue and forced him to seek treatment. Another participant said his mom moved to be with him in San Francisco when she found out he was experimenting with crystal meth.

While he was able to control his substance use, he is less willing to assume the risk of infection in exchange for the pleasure of sex.

Rudy: *“We can have bareback sex, just you're going to pull out before you ejaculate, you're not going to come in me, and I would do the same thing. And there are times, we always have this conversation, as to whether we're going to play safe or not play safe. I understand that people say, 'You're playing Russian Roulette,' and I'm like, 'Yes, I understand that,' but for me sex is more enjoyable without the condom than it is with the condom, whether I'm being a top or a bottom.” (D:56)*

Even Phillip who works at a health center as a case manager admitted he has practiced unsafe sex, mostly when he used drugs.

Santiago, who has lived for 28 years in the Bay Area, said he has seen an increase in services geared towards the Spanish-speaking gay community.

*“I have noticed a lot of the services that I wanted say 10 years ago, they're now available in Spanish, the services are available to those who speak Spanish only. At the time I have to speak some kind of English before they gave me anything.” (D:23)*

One participant expressed a desire to have a central calling number where people can get a referral about the different organizations that cater to gay men. Phillip said many times counselors for one agency are not aware of the services another organization offers.

The men also talked about increasing the information available that is geared towards young people, including support groups for gay teens and therapy that increases their self-esteem.

In general, the men in the group said prevention programs need to be redesigned to fit the needs of all the members of the gay community in San Francisco. For example, immigrant gay men tend to need more mental health treatment because of the separation they endured from their family.

*Phillip: “My thought on prevention is that it needs to go where the people are. So many prevention services expect you to come in the door, and certain populations are just not coming in the door due to the stigma of, ‘Yes, you're gay, yes, you're HIV, yes, you have mental problems,’ they're not coming in the door. Even on the big one [HIV]”. (D:62-63)*

## Similarities and Contrasts Among the Groups

The four focus groups were separated by age and language dominance not just to facilitate the process but also to facilitate finding needs and differences between subpopulations of Latino men.

### **SOCIAL SCENE**

When comparing by age, the younger groups were more exposed to the gay club scene in San Francisco while the older groups preferred to meet friends in more tranquil settings. The reason is not only maturation but also because the men said the gay community tends to place on premium on physical attraction and youth. Older men said they felt shunned when they reached a certain age and had more trouble finding sexual partners. Some said they focused more of their attention on work or volunteering to make up for a diminished social life.

Both groups of men, however, said it was far easier to find a sexual partner in San Francisco than to establish a long-term relationship. Younger men tended to favor open relationships while older men said they preferred monogamous relationships but accepted an open one because that is the only way they could be with a younger partner.

There is also a division of the social scene that is determined by language and culture. Men who were newer immigrants or were more Spanish dominant said they preferred clubs in the Mission district like *Esta Noche* and *El Rio* for entertainment and lamented the fact that the nightclubs in the Castro district only made limited efforts to attract the Latino gay population. The mixing of cultures is also limited as more assimilated Latinos said they felt alienated from newer immigrants who tended to stay together in groups and even looked down on Latinos who did not speak Spanish. Latinos who emigrated recently from Latin America said they did not always feel truly welcomed in the Castro district and preferred to identify themselves with the general Latino population in the Mission area than with the gay population in the Castro. Sometimes men also described being desired as sexual objects by the general population in the Castro.

There was some mixing among the groups as Spanish dominant Latinos said older white gay men tend to seek out young Latinos for sexual encounters.

### **HIV/AIDS**

In general the older men in the focus groups had a more sobering view of the dangers of HIV/AIDS. The younger men in both groups tended to know the risk of

being infected if they had unprotected sex yet were more willing to take risks. The prevalence of substance and alcohol abuse seems to also be more evident in the younger groups, which also increased their chances of having riskier sex without the use of condoms. Both age groups place the responsibility of protecting themselves from the disease solely on themselves, although the older men also expressed that HIV positive men also have a responsibility to protect the community as a whole and need to disclose their HIV status and insist their partners use protection.

Many of the men in the above 35 age groups have been infected with HIV and a few had developed AIDS. In general they said educational campaigns about the success of treatment drugs have done a disservice to the younger generations who don't feel threatened by the disease, thus allowing themselves to more risks during sexual encounters.

Many of the older men also mentioned they have worked or volunteered in agencies that address the needs of the Latino gay population while few of the younger men had similar interests. The newer immigrants also tended to be less informed about HIV/AIDS, especially if they emigrated from rural towns in Latin America.

Both groups said the fear of contracting HIV/AIDS is always present in their lives, but the younger men said they tend to take risks to obtain sexual pleasure. The older men admitted they acted the same way when they were younger but now are less willing to take those same risks.

## **MIGRATION TO SAN FRANCISCO**

Both age groups of men said they were attracted to San Francisco because they could live more openly as gay men. The younger men in both the Spanish and English language groups said they wanted to experience the club scene in the Castro district, the nude beaches, the bathhouses and the freely available sex. The older men did not talk in general about the reasons they have moved to San Francisco since the majority had already lived in the city for many years, including the ones who are Spanish-dominant. One man who did move from another part of the United States to San Francisco at an older age said he came to reap the benefits of the health care system for people with HIV/AIDS, which he said is more accessible than in other cities of the United States.

The younger men said they would encourage other gay men to move to San Francisco for the sexual freedom they could experience, especially if they needed to escape oppressive societies in Latin America. The older men seemed to put a lot more conditions on the recommendation. Some said that if the person already lives in the United States and is older, they would be better off staying close to family or friends than coming to a place where they needed to establish

a new support network and deal with the high cost of living. Other men in the over 35 age group would encourage people to come if they needed health care, yet warned about the high cost of living.

## **ECONOMIC STATURE**

It is not surprising that the older men in the study groups were doing better financially than the younger men, as they had time to develop their careers and many were able to buy homes or lock in low rents many years ago before the housing boom. The economic different, however, seems to be greater among gay men than in the general population. One possible reason is that the younger men had to leave their support networks in other cities or countries and are just starting a new life in San Francisco. Many are struggling to pay the high rents and if they came to San Francisco without a job are also facing poverty. Those that emigrated from Latin America face even greater challenges because they may not speak English or have little education, thus their economic opportunities are limited.

Another contributing factor for economic success is HIV/AIDS. Men who have contracted the disease have had to use their savings for treatment programs and face problems finding housing and jobs. Federal programs that turn down coverage for people above certain incomes or require the beneficiary to use their money reserves for treatment also contribute to poverty levels among men with HIV/AIDS.

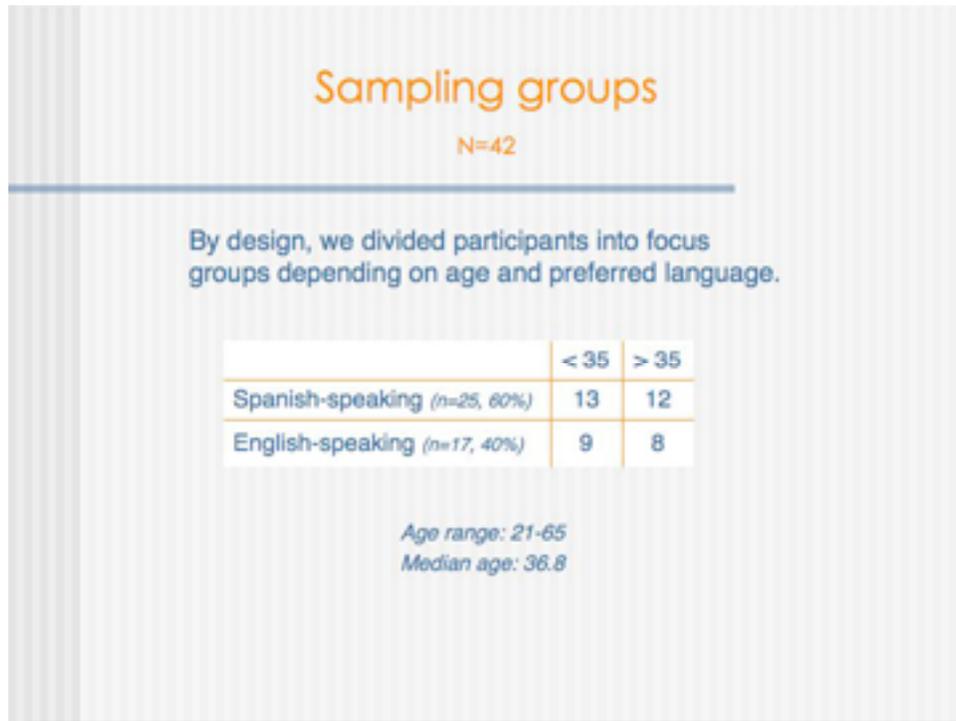
# Chapter 3

## Demographic Profile of the Focus Group Sample

### Latino Action Plan

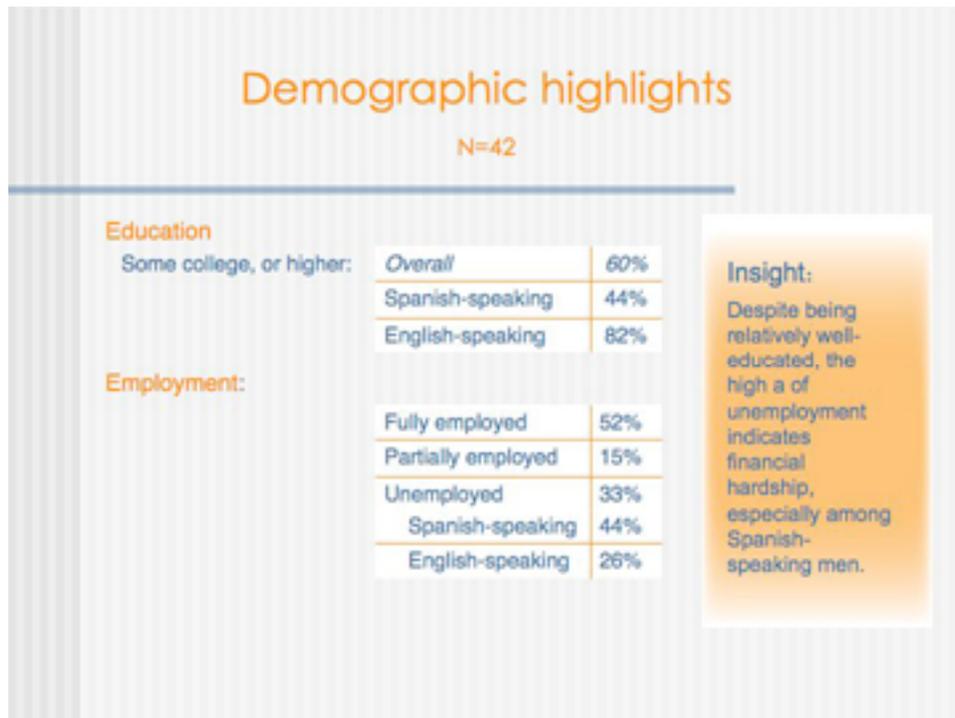
All 42 focus group participants were given an exit interview (appendix 7) after group discussion was completed. This data was later analyzed in conjunction to the quantitative sample of 115 participants, who completed the Latino Action Plan Street Survey (appendix 10); for analysis of that combined sample of 157 participants look at Chapter 5 of this report. This chapter is dedicated to looking solely at exit interview data from LAP's focus group sample of 42 participants.

These participants had a mean age of 36.8 years, with the youngest participant being 21 and the oldest 65. By design, about half of the sample was 35 or older; the mean age of the younger group was 28.8 (range 21-34) and for the older group 45.25 (range 31-65).



This sample of Latino gay men is highly educated, with 60% holding a college or more advanced degree. At the time of the assessment 67% of the sample were

employed, with 52% reporting full-time employment; 31% were currently attending school, mostly part-time. The fact that one-third of this highly educated sample was unemployed, and that an additional 15% were working only part-time, suggest possible issues around financial wellbeing in a city as expensive as San Francisco.



However, at the time of assessment, only two persons were homeless, only one lived in a hotel/SRO, and three were living in subsidized houses or apartments. About one-third of the sample live alone and about two-thirds live with lovers, friends or roommates; only two participants (or 5%) reported living with family (siblings).

Older and younger groups were relatively similar with respect to demographic variables, with the exception that a higher proportion of younger men stated being in substandard or subsidized housing (12% versus 2%) and a higher proportion of older men reported being in school (40% versus 23%). There were some important differences between the two language groups. Spanish-speaking men were less educated, with only 44% reporting some college or more in comparison to 82% of the English-speaking group. On the other hand, Spanish-speaking men were more likely to be on school (36% versus 24%). Not surprisingly, Spanish-speaking men were more likely to be unemployed (40% versus 26%).

## HIV Testing and Prevalence

The data indicate that all men (100%) in the sample have had and HIV test at least once in their lives, with 94% of HIV negative men having had an HIV test within the last two years and 73% having more than one HIV test in the last two years. HIV prevalence is very high (38%), and quite comparable to the estimated prevalence (35%) of HIV among Latino gay men in San Francisco according to the latest probability sample recruited through Respondent-Driven Sampling (RDS; N=323). Unexpectedly, rates of HIV infection were similarly high for both younger (36%) and older (40%) men; Spanish-speaking men were slightly more likely to report being HIV positive (40% versus 35%).

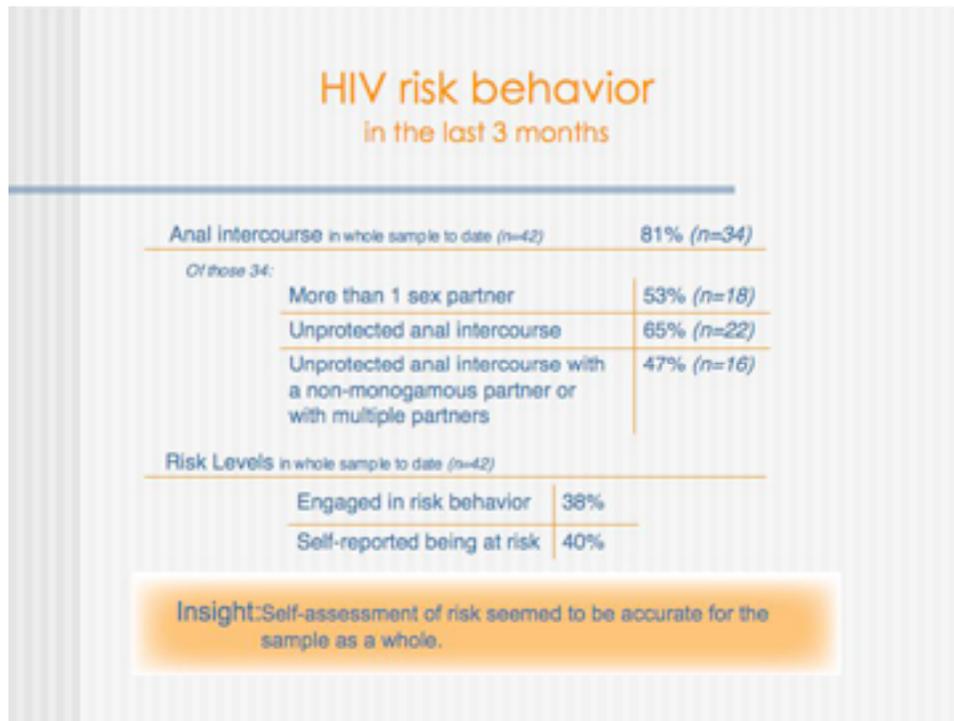


The lowest rate of HIV infection (11%) was found among the young English-speaking men while the highest (62.5%) was found for the older English-speaking men; a major surprise is that the rate of infection for the younger Spanish-speaking men was much higher than expected, and higher than for the Spanish-speaking older men (54% versus 25%). However, these rates may simply be an artifact of recruitment and sampling procedures rather than a true reflection of HIV infection rates among younger Spanish-speaking men in San Francisco. Given the convenience nature of this sample, prevalence rates for this and other variables must be treated with caution.

## HIV Risk Behavior

The exit interview assessed the prevalence of insertive and receptive anal intercourse separately, based on sexual behavior during the last three months. In this sample, rates of insertive anal intercourse were slightly higher (74%) than rates of receptive intercourse (67%). Over one-half (53%) of participants who engaged in insertive anal intercourse did so with more than one partner; about two-thirds (64%) of those who had a single partner for insertive anal intercourse reported having a monogamy arrangement with that person. Similarly, 52% of those who engaged in receptive anal intercourse did so with more than one partner during the three-month period; 54% of those who had a single partner for receptive anal intercourse reported having a monogamy arrangement with that person. Rates of consistent condom use were relatively low in comparison to rates reported in other studies of Latino gay men, and higher for insertive intercourse (42%) than for receptive intercourse (32%).

A total of 81% of the sample reported any kind of anal intercourse during the three-month period; of those, 53% engaged in anal intercourse with more than one partner and only 35% reported using condoms “always” for anal sex; 32% report inconsistent condom use and 32% never using condoms for anal sex in the last three months.



When data about anal intercourse is combined across positions – insertive and receptive – and both the number and type of partners are taken into account, the

data suggest that 16 out of 42 men (or 38% of the sample) can be considered at risk for HIV on account of their practice of unprotected anal sex with multiple partners or with a non-monogamous single partner. Of relevance is the fact that a similar proportion of men (40.5%), when asked about their own perceptions, said that they were at risk for acquiring or transmitting HIV, suggesting accurate awareness of risk, or a consistent match between behavior and perception. Younger men were more likely to report unprotected anal sex than their older counterparts (73% versus 50%). Of those classified at risk, the majority (69%) were among the younger group. English-speaking men were more likely to report unprotected anal intercourse than their Spanish-speaking peers (77% versus 57%). Of those classified at risk, the majority (56%) were among the English-speaking group.

However, while younger men had higher rates of unprotected anal intercourse they are less likely to perceive themselves at risk of acquiring or transmitting HIV (27% versus 55%), suggesting a mismatch of behavior and assessment of risk for this younger subgroup. Among English-speaking men perceptions of their HIV risk follow their prevalence data, that is, higher than their Spanish-speaking peers (53% versus 32%).

A substantive proportion (40.5%) of men in the sample reported using the Internet to look for sexual partners; a much lower proportion (only 9.5%) used sex phone lines for the same purpose during the three-month period. About one-out-of-five (21%) men reported going to public sex environments to look for sexual partners. Younger men are more likely to use the Internet for sex and less likely to go to public sex environments. In comparison to their Spanish-speaking peers, English-speaking men are more likely to use the Internet and less likely to use phone lines or go to public sex environments.



## Substance Use

Alcohol consumption is high in the target population. Almost everyone in the sample (86%) had consumed alcoholic beverages during the past three months, with one-third (33%) stating that they drink weekly or more, and 48% of those who drink report 3 or more drinks on a typical drinking occasion. As expected, illicit drug use is relatively lower (36%) than alcohol use, and at a rate quite comparable to the most recent data from the RDS study of Latino gay men in San Francisco (34%). The majority (80%) of men who use drugs reported using marijuana. Other drugs, in order of reported use, include Cocaine (33%), Crystal Meth (20%), Poppers (20%), Crack (13%), Ecstasy (13%), GHB (7%), Viagra/Cialis (7%) and Heroin (7%).

Even though there was substantially more alcohol than drug use in the sample, only 6% of participants reported alcohol-related problems in the last three months and only 8% reported that their alcohol use had increased their risk for acquiring or transmitting HIV within the same time period. In contrast, 27% of those who use drugs felt that their drug use has created problems in their lives and 47% that it has increased the risk for HIV acquisition or transmission. It should be noted that illicit drug users in the sample who used drugs other than marijuana were classified as being at risk according to their report of unprotected anal sex with multiple or non-monogamous sexual partners.



Patterns of alcohol use were similar between younger and older participants, with the exception that a higher proportion of younger men reported using any alcohol in the last three months (91% versus 80%) and were more likely to report alcohol-related problems (10% versus 0%). Older men reported more often alcohol-related HIV risk (12.5 versus 5%). Younger men were slightly more likely to use crystal meth and poppers, while older men were slightly more likely to use marijuana and cocaine. No age differences were found for the perception of drug-related perceptions of problems or HIV risk.

While Spanish-speakers were less likely to report alcohol use (80% versus 94%), they reported more alcohol-related problems (10% versus 0%) and HIV risk (10% versus 6%). English-speakers reported a higher rate of drug use (41% versus 31%). Surprisingly, Spanish-speaking men were more likely to use crystal meth and poppers, while English-speaking men were more likely to use marijuana and Cocaine. Spanish speaking men who use drugs reported more drug use-related problems (37.5% versus 14%) and HIV risk (50% versus 43%).

### Correlates of HIV Risk

In order to understand predictors of HIV risk in the target population of Latino gay men in San Francisco, we analyzed survey responses for men classified at HIV risk (that is, men who reported unprotected anal intercourse with non-monogamous partners in the last three months) in comparison with men who were not (that is, men who had no anal sex, used condoms consistently when having anal sex, or who only had unprotected anal sex with a single monogamous partner).

## Correlates of risk

### Analysis

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**Definition of risk**

Unprotected anal intercourse with:

- multiple partners, or;
- a single, non-monogamous partner

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**Prevalence of risk in sample**

At risk	n=16 (38%)
Not at risk	n=26 (62%)

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**Comparison**

Data set was subdivided into two groups (at-risk and not-at-risk). All survey item responses from the two groups were then compared.

The analysis of the men who participated in the focus groups suggest that men who were classified at risk for HIV, in comparison to their peers who weren't, are

- younger
- more likely to be English-speaking
- slightly more educated
- more likely to be a repeat HIV tester
- more likely to have anal sex with multiple partners
- have less monogamy arrangements with single sexual partners
- more likely to use the Internet, phone lines and public sex environments to look for sexual partners
- more frequent and heavier alcohol drinker
- more likely to use illicit drugs
- more likely to use stimulants (crystal meth, cocaine and crack), poppers and Ecstasy
- more likely to report alcohol and drug use-related problems and HIV risk.

### **Life Concerns and Priorities**

In order to assess the target population's current life concerns, including substance-related problems and HIV/AIDS, the brief survey provided a list of 23 concerns, asking men to select and rank order their ten most important concerns, with 1 being the most important and 10 the least important in their lives. By including HIV/AIDS and substance use problems, we were able to assess the importance of these issues relative to other concerns in the lives of Latino gay men in San Francisco. What follows is a list of the concerns, rank ordered as they appeared within the top 3 concerns. The left column reports the percentage of men in the sample who listed that concern as their top (#1) priority; the middle column reports the percentage of men in the sample who listed that concern as their first or second highest (#1 or #2) priority; the right column reports the percentage of men in the sample who listed that concern as one of their top three priorities (#1, #2 or #3).

## Life Priorities & Concerns Summary

PRIORITIES/CONCERNS	Mentions (N=36):		
	Top one	Top two	Top three
Financial Wellbeing	7%	14%	31%
Finding Good Job	12%	26%	29%
Emotional Wellbeing	17%	26%	29%
Physical Health	17%	24%	29%
HIV/AIDS	12%	26%	26%
Having Good Friends	5%	10%	21%
Finding Partner		7%	17%
Depression/Anxiety	7%	10%	17%
Paying Bills/Debts	7%	12%	17%
Finding Good Housing	5%	10%	14%
Belonging to a Community	5%	7%	14%
Finish School		5%	12%
Personal Appearance		2%	10%
Family Acceptance	10%	10%	10%
Problems with Partner		7%	10%
Have a Good Time	2%	7%	10%
Problems at Work		7%	7%
Problems with Family		5%	7%
Alcohol-related Problems	2%	5%	5%
Drug-related Problems	2%	5%	5%
Sending Money to Family		2%	5%
Problems with Friends			
Aging			

As can be seen in the table, financial well being and employment are the two top priorities for Latino gay men in San Francisco, followed by a concern for both emotional and physical health and well being. Concerns around HIV/AIDS ranks next, relatively high in fifth place, suggesting that this community is concerned about the epidemic, and is likely open to HIV education and prevention efforts

# Chapter 4

## Nuestras Voces Quantitative Findings

### Latino Action Plan

An analysis of the combined sample of 157 quantitative surveys and focus group exit interviews

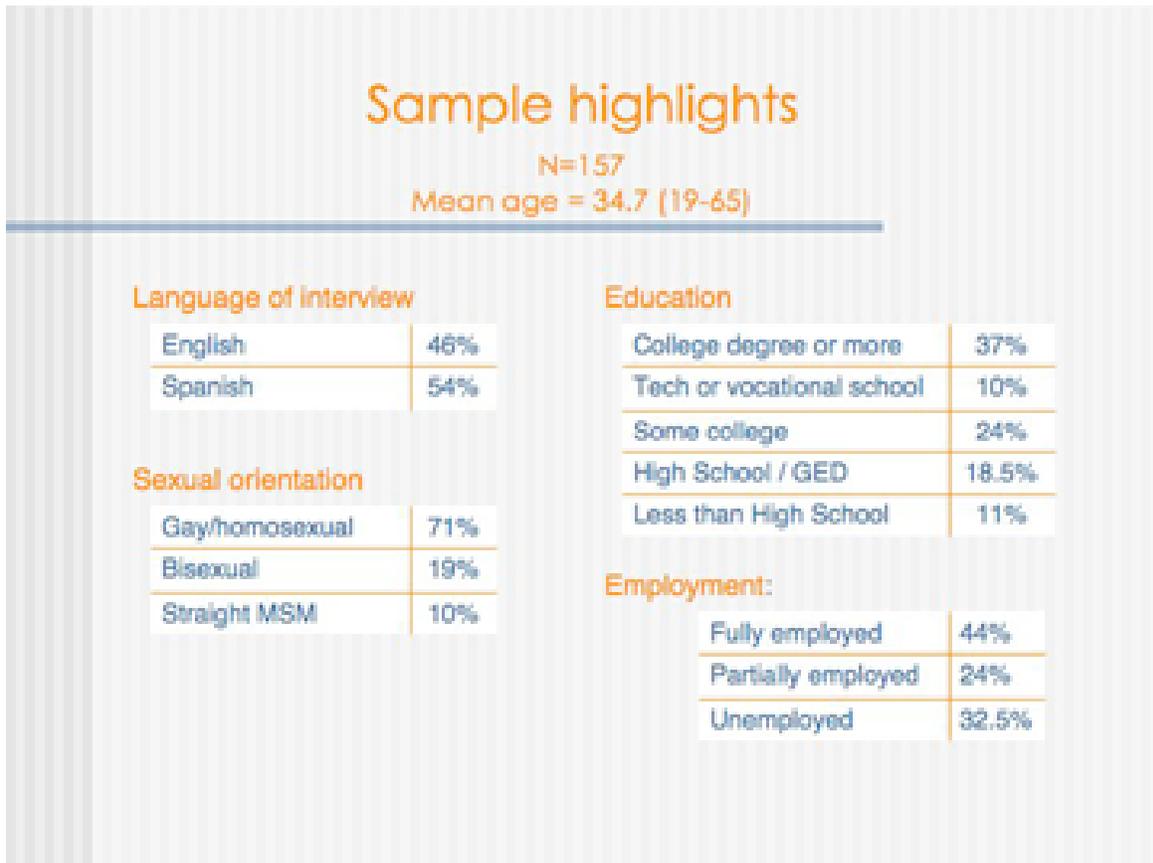
This section of the report is based on data collected from the project's total sample of 157 Latino men who have sex with men in San Francisco, recruited conveniently during two different phases of the Latino Action Plan's *Nuestras Voces* data collection: During the first phase, surveys were filled out as exit interviews by focus group participants who participated in the qualitative study in the fall of 2008. During the second phase of data collection, an additional subset of participants completed the *Nuestras Voces* Street Survey. Participant's were mostly recruited mostly in the streets of San Francisco with approximately a fifth of the sample were recruited in the context of local groups and organizations. All 42 focus groups were offered and accepted a \$50.00 stipend, and all 115 participants who took the street survey were offered a \$20.00 stipend (approximately 10% of these participants declined the stipend).

### Demographic Profile of the Sample

The majority of the sample (71%) identified as gay or homosexual, a smaller proportion (19%) identified as bisexual, and 10% identified as heterosexual/straight men who have sex with males. The mean age of the entire sample (N=157) is 34.7 years, with the youngest participant being 19 and the oldest 65. This sample of Latino men is moderately educated, with 37% holding a college or more advanced degree and only 11% with less than a high school diploma. At the time of the assessment 67.5% of the sample were employed, with 44% reporting full-time employment; 27% were currently attending school, mostly part-time.

The fact that about one-third of this sample was unemployed, and that an additional 24% were working only part-time, suggest possible issues around financial wellbeing in a city as expensive as San Francisco. At the time of assessment, 4 persons were homeless, 3 lived in a shelter or residential program, 22 lived in hotels/SROs, and 6 were living in subsidized houses or

apartments. Thus, more than 1 out of 5 (22%) men in the sample lived in substandard housing; 40% of the sample lived alone, 36% lived with friends or roommates, and 15% lived with a partner or lover. Only 13 participants (or 8%) reported living with family or relatives.



## HIV Testing and Prevalence

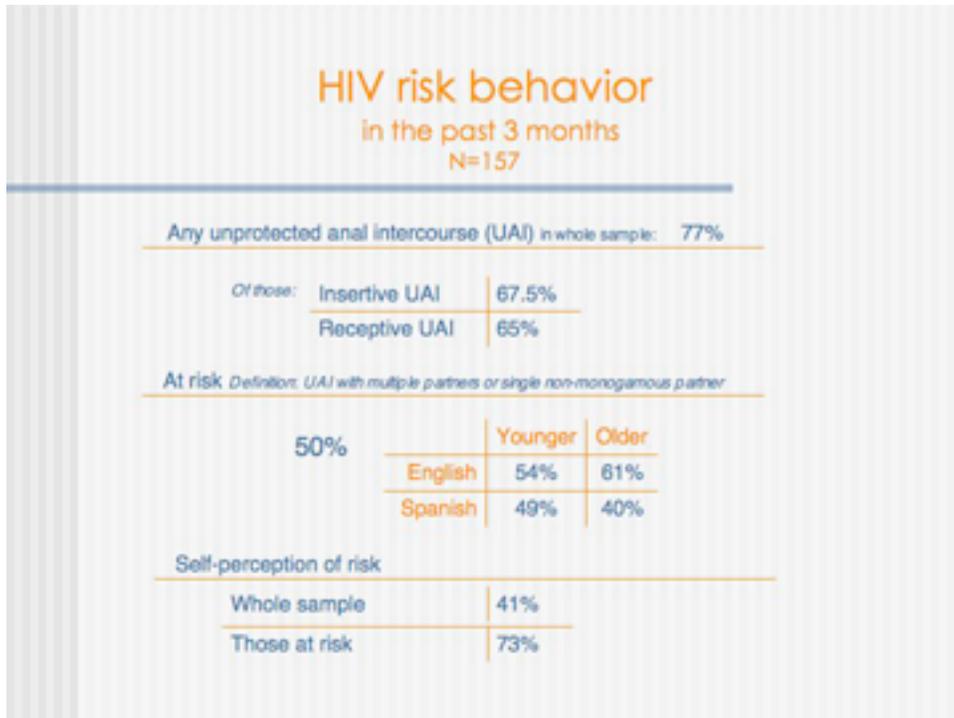
The data indicate that almost all men (97.5%) in the sample have had and HIV test at least once in their lives, with 94% of HIV negative men having had an HIV test within the last two years and 81% having more than one HIV test in the last two years. HIV prevalence is very high (35%), and exactly the same to the estimated prevalence of HIV among Latino gay men in San Francisco according to the latest probability sample recruited through Respondent-Driven Sampling (RDS; N=323).



### HIV Risk Behavior

The survey assessed the rates of insertive and receptive anal intercourse separately, based on reported sexual behavior for the last three months. Rates of insertive anal intercourse were slightly higher (76%) than rates of receptive intercourse (68%). Almost three-fourths (71%) of participants who engaged in insertive anal intercourse did so with more than one partner; two-thirds (66%) of those who had a single partner for insertive anal intercourse reported having a monogamy arrangement with that person. Similarly, 61% of those who engaged in receptive anal intercourse did so with more than one partner during the three-month period; 66% of those who had a single partner for receptive anal intercourse reported having a monogamy arrangement with that person. Rates of consistent condom use were relatively low in comparison to rates reported in other studies of Latino gay men, and somewhat similar for insertive (32.5%) and receptive intercourse (35%).

A total of 77% of the sample reported any kind of anal intercourse (receptive and/or insertive) during the three-month period; of those, 57% engaged in anal intercourse with more than one partner and only 23% reported using condoms “always” for anal sex; 63% report inconsistent condom use and 9% never used condoms for anal sex in the last three months.



When data about anal intercourse is combined across positions – insertive and receptive – and both the number and type of partners are taken into account, the data suggest that 79 out of 157 men (or 50% of the sample) can be considered at risk for HIV on account of their practice of unprotected anal sex with multiple partners or with a non-monogamous single partner. Of relevance is the fact that a similar proportion of men (41%), when asked about their own perceptions, said that they were at risk for acquiring or transmitting HIV, suggesting mostly accurate awareness of risk, that is, a consistent match between behavior and perception. A substantive proportion (41%) of men in the sample reported using the Internet to look for sexual partners; a much lower proportion (only 16%) used sex phone lines for the same purpose during the three-month period. More than one-third (36%) of men reported going to public sex environments to look for sexual partners.

HIV risk was not randomly distributed across the sample, it was highest for English-speaking older men (61%) and lowest for Spanish-speaking older men (40%). The HIV risk of younger men fell in-between, with English-speaking young men having slightly more risk than their Spanish-speaking counterparts (54% vs. 49%).

## Reasons for Unprotected Sex

Based on the qualitative data from the focus groups, the research team constructed a list of 27 reasons for not using condoms for anal sex. The list of reasons was then administered as an additional set of items to the sample of n=115 who took the street survey. Those men who reported unprotected anal sex in the last 12 months (n= 89; 77%) were asked to circle those reasons (all that applied) that described why they had engaged in anal sex without protection. The most frequently circled reason (circled by 42% of the sample) was perceived seroconcordance, *“I was pretty sure the sexual partner had the same HIV status as me.”* The second most frequently circled reasons were about enhanced sexual pleasure, *“I wanted to experience greater pleasure by not using a condom”* (39.5%) and *“I did not want to lose the opportunity for great/hot sex”* (37%). Three other reasons were circled by more than 20% of the sample: Emotional connection, *“I felt a strong emotional, loving bond with the sexual partner”* (25%); Being under the influence of alcohol, *“I was feeling buzzed or drunk”* (25%); and Participation in a sexual contexts where drugs were intentionally involved, *“I was in a party and play environment”* (21%).

**Reasons for UAI**

	N=81	At risk n=63	Not at risk n=18
<i>“I was pretty sure the sexual partner had the same HIV status as me.”</i>	42%	44%	33%
<i>“I wanted to experience greater pleasure by not using a condom”</i>	39.5%	40%	39%
<i>“I felt a strong emotional, loving bond with the sexual partner”</i>	25%	17.5%	50%
<i>“I did not want to lose the opportunity for great/hot sex”</i>	37%	48%	0%
<i>“I was feeling buzzed or drunk”</i>	25%	24%	28%
<i>“I was in a party and play environment”</i>	21%	25%	6%

## Substance Use

Alcohol consumption is high in the target population. Almost everyone in the sample (86%) had consumed alcoholic beverages during the past three months, with about half (48%) stating that they drink weekly or more, and 64% of those who drink report 3 or more drinks on a typical drinking occasion. As expected, illicit drug use is relatively lower (54%) than alcohol use, but at a much higher rate than the most recent data from the RDS study of Latino gay men in San Francisco (34%). Of those men who reported any drug use in the last three months, close to two-thirds (61%) reported using marijuana. Other drugs, in order of reported use, include Crystal Meth/Speed (50%), Cocaine (46%), Poppers (31%), Crack (19%), Viagra/Cialis (15.5%), Ecstasy (14%), GHB (9.5%), and Heroin (7%). When the data for the use of different stimulants (Speed, Cocaine, Crack and Poppers) are combined, a total of 41% of the sample reported stimulant use during the last three months.

Even though there was substantial and frequent use of alcohol, only 19% of participants reported alcohol-related problems in the last three months and only 15% reported that their alcohol use had increased their risk for acquiring or transmitting HIV within the same time period. Responses on the consequences of drug use were higher, with 28% of those who use drugs felt that their drug use has created problems in their lives and 29% that it has increased the risk for HIV acquisition or transmission.



## Reasons for Not Using Drugs

Based on the focus group data, the research team created a list of reasons that explain why some men abstain from using illicit drugs. The list was administered as part of the street sample (n=115), and responded by those men who reported no use of illicit drugs in the last three months. Six reasons were endorsed by more than 25% of the respondents, here listed in order of more frequent responses:



Reasons for not using drugs	
n=49	
I am concerned for my own health	55%
I am not the type of person who uses drugs	33%
I have seen friends get into problems because of their drug use	31%
I am afraid I will lose ability to make good choices	31%
I have personal beliefs that make me avoid drugs	29%
I am afraid of becoming hooked/addicted	26.5%

## Correlates of HIV Risk

In order to understand predictors of HIV risk in the target population of Latino gay men in San Francisco, we analyzed survey responses for men classified at HIV risk (that is, men who reported unprotected anal intercourse with non-monogamous partners in the last three months) in comparison with men who were not (that is, men who had no anal sex, used condoms consistently when having anal sex, or who only had unprotected anal sex with a single monogamous partner).

The analysis suggests that men who were classified at risk for HIV, in comparison to their peers who weren't, were:

- More likely to be English-speaking.
- Less likely to have stable housing.
- More likely to live alone and in a hotel/SRO.
- More likely to be HIV positive.
- More likely to identify as bisexual or straight.
- More likely to use the Internet, phone lines and public sex environments to look for sexual partners.
- More frequent alcohol drinkers.
- More likely to use illicit drugs.
- More likely to use stimulants (Crystal Meth, Cocaine, Crack and Poppers) as well as GHB and Viagra/Cialis
- More likely to report alcohol and drug use-related life problems.
- More likely to report alcohol and drug use-related HIV risk.
- More likely to state “hot sex” and “party and play” as reasons for UAI.
- Less likely to state “emotional bond” as reason for UAI.

### **Age Differences**

In order to understand age differences, the sample was divided into two age groups: Younger men, ages 19-34 and Older men, ages 35 and over. In comparison to older men, younger men were:

- More educated.
- More likely to be employed and in school.
- Less likely to live alone.
- Less likely to be HIV positive (28% vs. 44%).
- Have more anal sex (both insertive and receptive).
- Have more inconsistent condom use.
- More likely to state reasons related to substance use and satisfying partner for their recent UAI.
- Less likely to go to public places looking for sex partners.
- More frequent and heavy use of alcohol.

- More likely to use illicit drugs, particularly Marijuana and “club drugs” (Ecstasy, GHB, and Special K), but less likely to use Viagra/Cialis.
- Less likely to use Latino HIV services; those who have used them are less likely to say the services helped them or reduce their HIV risk.
- Less well informed about HIV/AIDS.

## Language Differences

Survey respondents were given the choice to respond either in English or Spanish, according to their language skill and preference. A total of 72 (46%) men responded to the survey in English and 85 (54%) responded in Spanish.

In comparison to their Spanish-speaking peers, English-speaking men were:

- More educated.
- More likely to be employed full time.
- Less likely to live in substandard housing.
- Less likely to live alone.
- Less likely to be HIV positive (30% vs. 40%).
- More likely to have with multiple partners for anal sex.
- Less likely to have monogamy arrangements.
- More likely to be classified at risk for HIV (57% vs. 45%).
- More likely to state reasons related to seroconcordance and seropositioning to explain recent UAI.
- Also, more likely to state that “hot sex”, “OK to take risk,” “fear of losing erection” and “satisfying partner” as reasons for recent UAI.
- More likely to use the Internet to look for sexual partners, and less likely to use phone lines or attend public sex environments for that purpose.
- More frequent use of alcohol.
- More likely to use illicit drugs but report less problems related to their use.
- More likely to feel well informed about HIV/AIDS but less likely to use Latino HIV/AIDS related services.

## Life Concerns and Priorities

In order to assess the target population’s current life concerns, including substance-related problems and HIV/AIDS, the brief survey provided a list of 23 concerns, asking men to select and rank order their ten most important concerns,

with 1 being the most important and 10 the least important in their lives. By including HIV/AIDS and substance use problems, we were able to assess the importance of these issues relative to other concerns in the lives of Latino gay men in San Francisco. What follows is a list of the concerns, rank ordered as they appeared within the top 3 concerns. The left column reports the percentage of men in the sample who listed that concern as their top (#1) priority; the middle column reports the percentage of men in the sample who listed that concern as their first or second highest (#1 or #2) priority; the right column reports the percentage of men in the sample who listed that concern as one of their top three priorities (#1, #2 or #3).

### Life Priorities & Concerns Summary

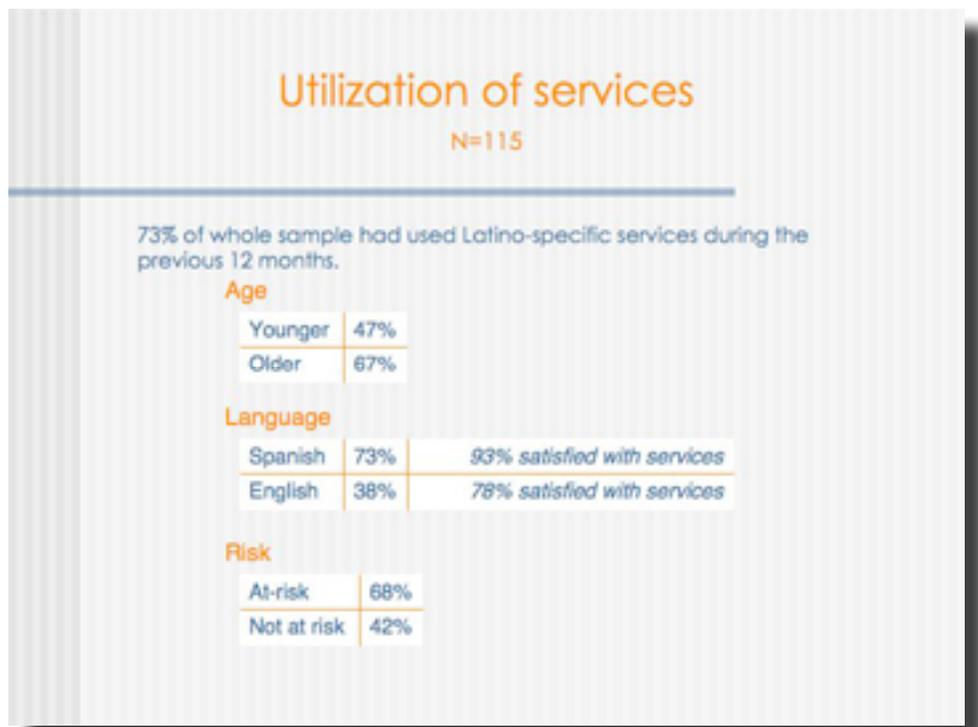
PRIORITIES/CONCERNS	Mentions (N=157):		
	Top three	Top two	Top one
Finding Good Job	38%	32%	21%
Financial Wellbeing	39%	27%	16%
Physical Health	34%	21%	11%
Depression/Anxiety	24%	20%	8%
HIV/AIDS	21%	13%	5%
Paying Bills/Debts	14%	13%	6%
Having Good Friends	15%	10%	6%
Finish School	13%	8%	3%
Finding Good Housing	13%	8%	3%
Emotional Wellbeing	11%	6%	4%
Family Acceptance	8%	6%	4%
Belonging to a Community	10%	5%	3%
Finding a Partner	7%	3%	0%
Sending Money to Family	5%	3%	1%
Have a Good Time	2%	7%	1%
Drug-related Problems	4%	3%	1%
Problems with Partner	4%	3%	1%
Alcohol-related Problems	3%	3%	1%
Problems with Family	3%	3%	1%
Problems at Work	4%	2%	0%
Personal Appearance	4%	1%	0%
Problems with Friends	1%	1%	0%
Aging	1%	0%	0%

As can be seen in the table, financial well being and employment are the two top priorities for Latino gay men in San Francisco, followed by a concern for both physical and mental (depression/anxiety) health. Concerns around HIV/AIDS

ranks next, relatively high in fifth place, suggesting that this community is concerned about the epidemic, and is likely open to HIV education and prevention efforts.

## Utilization of Services

Other interesting insights from this analysis is that when we asked a subset of these men (n=115) about having accessed services in the past 12 months. Predominately Spanish speaking men, and older men (over 35) reported being more connected to services. One heartening finding is that services appear to be accessed by men who report higher levels of risk.



# Chapter 5

## Lessons from Providers

### **Latino Action Plan**

#### **Introduction**

An integral component of the LAP was to gather input and collect wisdom from key service providers in the City so as to gauge and assess the state of HIV prevention services for Latino MSM in San Francisco.

With the assistance of the HIV Prevention Section of the Department of Public Health LAP researchers identified 9 local programs that receive City funding to serve the needs of Latino MSM. In addition researchers also decided to go to 2 other local programs that were not listed as receiving funds specific to Latinos, but were cited by Latino MSM in the course of qualitative LAP focus groups. Upon contacting these 11 programs, LAP scheduled a series of meetings with a total of 31 staff members in possession of the most knowledge regarding Latino MSM and HIV, from case workers to directors to program coordinators at these programs. At each of these various meetings, a presentation was given outlining the LAP data, along with emerging qualitative and quantitative findings; all these meetings occurred between February and August of 2009. Before the presentation providers were asked to give their assessment of Latino MSM. Following presentations service providers working at these agencies were asked to speak about their work and what is needed by them as they develop this work in the community.

As LAP efforts were underway in 2009, it was evident that providers were doing extremely hard work during a time of financial uncertainty. In terms of explicit needs, the overarching theme from providers was the necessity for financial support and clarity in terms of funding priorities. With the possibility of cuts to funding looming over the majority of these meetings, only a few were scheduled before the possible budget shortfalls were announced, most agencies discussed a need for the city to sustain its financial support. In addition to sustaining this support, agencies expressed a desire for greater discretion from the city in terms of funding. Providers and programs showed an increased eagerness to work together. At the time of writing this report there was a monthly Latino Providers Group that is meeting on a regular basis, providers from most of the agencies and programs that LAP met with are members of this group. These meetings offer an arena for providers to come together to discuss community issues, strategies and possible points of collaboration. The meetings rotate from agency to agency and are attended by Mr. Oscar Macías who is present as an HIV Prevention Section (HPS) SFDPH representative. Truly positive community

building efforts are being sponsored by this ongoing collaboration, including coordination of Latino Gay Pride, which has been held every September for the past five years at the time of writing this report.

Despite the willingness to collaborate that is clearly evidenced at these meetings, there is a resistance to the possibility of what some providers have described as “forced mergers and consolidations” being dictated by funding agents such as HPS/DPH. There appears to be a tacit understanding among these providers that each program serves a different subset of the City’s Latino MSM population, and that these types of mergers may cause certain subsets within the population to be underserved.

Furthermore, providers are strategizing with ideas to make programs individually and collectively more engaging to clients. In this regard, providers tended to express a need to make their efforts more expansive so that it can be relevant to Latino MSM by addressing needs that may not be readily or explicitly linked to HIV prevention, such as immigration status, educational attainment, employment opportunities, mental health issues (including substance use), and housing assistance. In many cases providers brought up these variables before seeing corresponding data outlining the priorities of the Latino MSM who were interviewed by LAP. This awareness and synchronicity between providers and clients is a promising sign towards the development of strategies to make prevention more increasingly relevant to men’s lived experiences. At any rate, providers expressed concern that prevention’s mandate needs to be expanded at a time when budgets are diminishing. The theme of financial support and need to develop innovative strategies shows the pressing need for funders to engage in increased dialogue with these organizations. It is the profound hope of the Latino Action Plan and its subsequent implementation to facilitate processes towards this goal.

The following is a list of the programs with which LAP met in chronological order of the project’s visits to providers:

### **AGUILAS (Asociación Gay Unida Impactando Latinos/Latinas A Superarse): El Ambiente**

*Mission Statement: AGUILAS is dedicated to creating a supportive, culturally sensitive environment for gay/bisexual Latinos. We strive to foster knowledge and pride of the diversity of our language, culture, history and spirituality. AGUILAS is committed to developing programs that promote health, well being and community building that foster positive self-identities, healthy relationships and leadership skills.*

Aguilas: El Ambiente is a group dedicated to providing a safe space for Latino men to come together and speak with one another regarding sexual practices as well as other topics, in the spirit of fostering and strengthening community. In terms of successes, Aguilas has developed and maintained a series of well attended, ongoing bimonthly group meetings for Latino men. These groups offer a place for men to nurture relationships with other Latino men, creating a sense of community that closely resembles the networks of *familia*, an integral and resilient component of Latino identity and culture.

However, it should be noted that Latino identity and culture are somewhat broad terms meaning different things to different people. And it was a phrase that was used by LAP project staff and that was rightfully deconstructed by the Aguilas staff for its lack of specificity. When initially asked about Latino men, Aguilas staff responded by asking the LAP team “which Latino men?” The differences in language, acculturation, migration histories, socio-economic class and education found within the Latino population have been powerful forces in the ways Aguilas has developed as a community service that mirrors shifts in the community.

Initially, when the organization first established itself, it was used more by acculturated, predominantly English-speaking Latino men, many of which had established themselves through educational attainment, and were of relatively acculturated lifestyles. However shifting immigration patterns and subsequent demographic changes showed an increase in the number of Latino MSM immigrants coming to San Francisco from Latin America. This led to a transition in this agency from being serving mostly English to serving mostly mono-lingual Spanish speakers. Attempts at creating a more inclusive space for both acculturated and newly arrived men, such as partnering English speakers with Spanish speakers, were not entirely successful. Mr. Arguello, Project and Volunteer Coordinator, explained: “There’s a lot of problems when we have a majority of Spanish speakers and you have one or two English speakers. They were not comfortable, they felt it wasn’t for them.” Discomfort from both English and Spanish speakers around differences in language worked to ensure the programmatic difficulties of creating an agency marked by the varying language capacities of its participants.

In spite of these differences, Aguilas is able to provide the group meetings and one-on-one counseling for its participants. In order to better serve the Latino population, Aguilas suggested making more materials, from safer-sex pamphlets to publicity for the agency’s services, available in both Spanish and English, and to provide more services in English, to bring back members that may feel left out by current programming.

Not surprisingly, as the agency has seen its client base change to serve more recent arrivals, programming has shifted to address a series of content issues that increasingly come to the table for members. Aguilas staff is now looking at ever increasing structural constraints that sometimes hamper immigrant’s ability to thrive. For example, the lack of affordable housing is an issue that affects the

emotional well being of clients. Mr. Rudy Lopez, Administrative Assistant mentioned, “many men like coming to our offices just to be here and sit on the couch, here we have light and space, and nice things on the walls, things many of our clients especially the recently arrived men lack in their own spaces. Our clients need a clean and safe environment beyond their small places.”

One of the early Key Informants for the initial research component of LAP was Dr. Eduardo Morales, who generously agreed to be interviewed by the research team during the formative stages of this project. For a complete transcript of this interview refer to appendix D.

### **El Grupo at the San Francisco AIDS Foundation**

*Mission Statement: Among the many challenges experienced by immigrants to the United States can be depression, isolation, and exclusion from a health services network, all of which can be compounded by HIV infection. Since 1989, the San Francisco AIDS Foundation has run El Grupo, a weekly peer support group for Latinos and Latinas living with HIV and their families. This rich, vibrant forum includes men and women, gay and straight, and young and old Spanish-speaking individuals, which makes it the only ongoing support group of its kind in San Francisco.*

One of the most venerable programs for Latino MSM, *El Grupo*, part of the San Francisco AIDS Foundation, provides a multitude of services to its participants. *El Grupo* provides a space for predominantly Spanish speaking, HIV positive Latino men to come together and openly discuss issues stemming from their status, including questions regarding medication treatment and prevention. *El Grupo* provides practical services such as translation services regarding medications and side effects; how to access services for new arrivals or newly diagnosed men; along with general counseling on improving overall wellness and health. At the heart of these crucial services is Mr. Jorge Zepeda, who, aside from being the Latino Programs Manager, is an individual mentor for those clients seeking individual help from living with AIDS or a recent positive diagnosis. *El Grupo* provided LAP with several suggestions to increase awareness around HIV, aiding prevention efforts. Among these suggestions was creating more services for Spanish speakers.

Too often, mono-lingual Spanish speakers fail to access services because of language and cultural barriers. And Spanish speakers, considering their increased vulnerability due to immigration status, are especially in need of accessing services and prevention outreach. El Grupo staff and volunteers discussed how misinformation among recent immigrants may cause some men to actively seek out becoming infected with HIV as a means to stay in the United States and as a means for creating eligibility for City, State and or Federal aid. In light of this, El Grupo staff astutely sees the necessity for providing incentives to

get Latino men into their meetings to get factual information. For El Grupo, providing food at meetings has been one of the best methods to assure group participation and attendance. This is not surprising given the vulnerable economic condition of recently immigrated and diagnosed along with low SES Latino men who have lived in the city for some time. LAP data showed Latino men have a disproportionately high rate of unemployment, making providing food an incentive that brings in many participants and also created a congenial environment that harkens to Latino notions of *familia*. With food and sharing meals with family having such an important place in Latino culture, eating together provides El Grupo participants with a sense of community, initiating the process of building relationships with other group members as well as service providers that aid HIV prevention efforts as well as efforts aimed at HIV positive men and men who are living with AIDS. Other suggestions from El Grupo staff to improve HIV prevention efforts included creating more services for Latina women, citing machismo in Latino culture from preventing women the access to information regarding their sexual health, in particular the behaviors that increase the risk of HIV transmission. Prevention for positive men is something that is proactively being addressed in this group.

Mr. Zepeda also has a dedicated staff of volunteers who he mentors and empowers through on-the-program job training, which they gain by helping him manage the program itself. Job training and prevention for positives were both found to by LAP to be important prevention and wellness strategies for Latino MSM. Apart from training, participants in this facet of the services experience a strong sense of investment and ownership over the program.

*El Grupo* staff and volunteers also suggested increasing the dialogue between agencies throughout San Francisco. As Mr. Zepeda put it, “agencies that are receiving grants from the City, they need to sit together and talk and make an attempt to collaborate and integrate an action plan.” Not surprisingly, Mr. Zepeda is one of the central organizers of the ongoing Latino Providers Group that was described earlier in the introduction section of this chapter.

### ***Stonewall Project/Tweaker.org en Español***

Mission Statement: *The Stonewall Project is a harm reduction counseling program for gay men and other men who have sex with men (meaning queer, gay, bisexual, transgender, questioning, or no label) who have questions about speed, want information about speed, want help dealing with speed etc. There's no requirement that you be clean and sober, or even want to be, to join us.*

At the Stonewall Project, an emphasis on harm reduction strategies informs the program’s approach to helping men handle their drug use. Research from LAP,

as well as other datasets show that drug use, particularly methamphetamine use, almost inevitably places individuals at risk for HIV transmission. The Stonewall Project, where about 10 to 18 percent of its clients identify as Latino, has made inroads into meth use among Latino men, creating community awareness through social marketing campaigns that are informative of methamphetamine and its role in increasing the risk of seroconversion, with the recent debut of the “Hasta en las mejores familias” (Even in the best of families) campaign.

Raising community awareness about substance use in the Latino Community, however, has not been an easy task. Those writing the materials had to, in the words of Clinician Richard Lugo, “create a new language,” around drug use. With the perception of speed and its party and play scene originating in English-only environments, addressing the drug, its effects, its risks and strategies to cope with its use in Spanish has been a difficult task. Stonewall Project sought the input of a community advisory board to help with the wording of *tweaker.org en español*’s materials. In order to create this new language, Stonewall Project staff had to work through and around the stigma around drug use and homosexuality that still pervades much of the Latino community, stigma that leads to a refusal of acknowledging the presence of both amongst Latino men. Tailoring the campaign to a specific population is, according to Stonewall Project staff, crucial when making attempts to reach a population as diverse as the Latino MSM population in the city. Another difficulty from creating this new language around usage is translating the tongue in cheek humor of the original English *tweaker.org* into Spanish. These difficulties led to Stonewall Project’s sound decision to having gay Latino men determine the validity of the *tweaker.org en español*’s materials.

Aside from the creation of a media campaign aimed at Latino men addressing meth use, Stonewall Project discussed its other important accomplishments in the Latino Community, which include the bilingual groups they host. The bilingual groups create an environment where acculturation, linguistic, sexual, and educational, is facilitated through the interactions of group members as well as highly trained Stonewall Project staff. These groups also fulfill the desire for the creation of community, a desire which oftentimes leads to drug use and tapping into networks of drug users in the first place. Mr. Pedro Arista, Stonewall Project’s Health Educator, at the time of LAP’s visit elaborated on this: “There is this need in the value of community and the value of this sense of brotherhood. And being unique in providing the intervention; just regular behavioral models are just not going to work.” Ensuring the success of these groups is their cultural specificity; Stonewall Project staff including Executive Director Michael Siever expressed concern over the effect of funding cuts, stating it would lead to a regression to standardized models of prevention at the expense of hard to reach populations such as Latino men, who need targeted culturally competent services. Looking at LAP data it is clear that stimulant use is a strong correlate of HIV/AIDS transmission for Latino MSM. Stonewall and its Spanish services are important for the wellbeing of this population.

## **Glide Memorial**

*Core Values: Our core values emerge from Glide as a spiritual movement. They are rooted in empowerment, recovery and personal transformation. Our core values inspire and guide our behaviors. They are the ground we stand on.*

*The Ground We Stand On:*

- *Radically Inclusive: We welcome everyone. We value our differences. We respect everyone.*
- *Truth Telling: We each tell our story. We each speak our truth. We listen.*
- *Loving and Hopeful: We are all in recovery. We are a healing community.*
- *We love unconditionally.*
- *For the People: We break through barriers. We serve each other. We change the world.*
- *Celebration: We sing. We dance. We laugh together. We celebrate life!*

Glide Memorial is an organization that provides a wealth of clinical and social services, mostly to residents living in the Tenderloin neighborhood of the city. One of Glide's strengths in serving the Latino community is that the organization is not generally associated with HIV services by members of this ethnic group; housed in a large building in a high-traffic area, Glide's location works to shield those who seek its services. The anonymity for Latinos in accessing services at Glide is an asset not just for city residents, but people from all over the Bay Area. Glide staff discussed the high volume of clients they see from the Peninsula and East Bay getting services at Glide specifically because of its anonymity. Considering the high amount of stigma in Latino populations that is geared towards matters of gay sexuality, accessing Glide and the possible anonymity that comes with that access is what encourages Glide's Latino clients from seeking its services. On the other hand, deterring from Latinos accessing Glide's services is the perception that the organization mainly targets its mostly African-American client base. Unfortunately, well-documented histories of tensions between the two groups, as well as the often-ignored and accepted racism found in Latino communities, work to distance potential Latino clients from Glide, so heavily associated with the African-American client base that makes up the majority of service recipients. One of the factors that makes Glide unique, is the work of Mr. Marcel Miranda's (himself a Latino man), the agency's innovative HIV/AIDS Specialist and Health Promotion Manager, who is at the center of Glides comprehensive HIV/AIDS services. Glide provides clients with a broad

range of services. From HIV testing, to counseling, to mental health services, Glide is in a position to offer the services for effective HIV prevention and treatment.

In addition, staff felt that they were well positioned to serve the Tenderloin's economically marginalized Latino MSM, which LAP findings found to be especially vulnerable. Reiterating the needs and goals of previous agencies and programs, Glide staff members discussed the importance of having HIV prevention workers that are bi-lingual and bi-cultural. To them, Spanish fluency, while of immeasurable value, is not enough to develop lasting and fruitful relationships between provider and client. Being bi-cultural and sharing cultural commonalities between their clients is what, according to Latino Glide staff members, makes a truly competent HIV prevention workers. Glide staff also discussed the possible ineffectiveness of campaigns aimed at Latino men for raising awareness of sexual health, drug use, and accessing services within the city, arguing that while they have improved over time, these campaigns still tend to shy away from explicitly linking Latino men and same-sex acts. It is clear that not only racism, but also internalized homophobia is still an issue in the Latino community. It should be noted that LAP data found that 19% of Latino men engaging in sexual relations with other men identified as bisexual or heterosexual.

Being in the Tenderloin puts Glide in a unique position to possibly serve low SES Latino men living in SROs, another indicator of risk according to LAP data. Also the fact that Glide has HIV services but is not necessarily uniquely gay identified may offer an entry point to bisexual and straight identified MSM, another especially vulnerable sub-population.

### **Mission Neighborhood Health Center**

*Mission Statement: Mission Neighborhood Health Center is committed to compassionate, culturally competent and comprehensive health care services.*

*We strive to provide services for the medically underserved with a focus on the Latino/Hispanic Spanish speaking community and its neighbors. Mission Neighborhood Health Center dares to imagine a vision of equity, parity and inclusion of Latino Hispanics and their neighbors in the pursuit of culturally competent health care, proactive prevention education and universal access to well being for the emerging generations of the third millennium.*

Mission Neighborhood Health Center has been a strong presence in the Latino community of San Francisco for forty-one years, and its HIV clinic, Clínica Esperanza, has been in operation since 1989. Providing a wealth of variety in health services to mostly low-income Latinos dealing with a positive HIV

diagnosis, MNHC is positioned to deliver in exceptionally comprehensive ways, the culturally competent services needed to effectively minimize HIV transmission amongst Latino MSM. Not only a site of HIV treatment, MNHC's Clínica Esperanza, under the leadership of Ms. Maritza Penagos, MSW, MPH, HIV Services Director also offers case management, health education, and primary medical care, services that both providers and Latino MSM research participants expressed as being necessary and integral to any effective HIV prevention effort. In addition to these services, MNHC works to empower its clients, boosting self-confidence to prevent HIV; seroconverting being described by MNHC service providers as a symptom of low self-esteem. MNHC also helps its clients by creating a sex-positive environment that occurs organically through the relationships built between service providers and their clients. Aiding MNHC's HIV prevention efforts is its recognition of the importance of culturally specific service. Its staff works hard to create a sense of familismo at the center, putting its Latino and immigrant client base at ease.

For many Latino MSM, Hermanos de Luna y Sol (HLS) is at the core of social and prevention services at MNHC. HLS is a psychosocial component that is independent of La Clínica Esperanza. The familial environment fostered at HLS allows the Center's MSM clients to be more receptive to its services, overcoming their apprehension of accessing services and distrust of those services. Furthermore HLS staff has developed a specialized sense of the needs of immigrant low income Latino men. HLS has become a nexus point for men to share information about unique issues facing the community such as political asylum processes for sexual minorities.

Furthermore there is an awareness of underserved Latino MSM subpopulations, such as straight identified men. Mr. Vidal Antonio, the coordinator for HLS, talked about how he has made strides to make sure his group is more welcoming of bisexual members and by doing so make linkages to straight identified men:

*"We had to teach our gay members about straight-phobia! Yes, I mean I began hearing jokes in the group...you know buga (derogatory for straight identified MSM) this, buga that, and I was no way, this is not going to fly in our group. I had to remind clients these are also Latinos, they are in the community and sometimes, we don't want to admit it, at times these men are our sexual partners too, they are part of this community and they need services too. Sure it is hard no correction pretty impossible to get a straight identified men to be part of a group of predominately gay men. I am pretty sure a group setting will not work with most of these men, but the ones that at the very least identify as bisexual, with them possibly yes. There needs to be space for them too. Lately it [HLS Program] has been working, in that we have had about three bisexual men at each group we have hosted in the past 4 months. They are now part of the group. So what we are doing is using the bisexual men as a link to the guys that are just straight identified, so that they know they are welcome to come and meet with me or any of my staff*

*privately, that is the thing; making them comfortable and assuring them confidentiality, trust is everything with this population.”*

Structural economic issues are also very much on the minds of MNHC. Ms. Penagos noted how clients have been “...evicted from their homes and apartments in the central parts of the city, making them harder to reach.”

The Health Center’s location on 16<sup>th</sup> Street Corridor in the Mission District has worked to attract a mostly immigrant client base that is mono-lingual Spanish. Since this is a population whose higher vulnerability to issues of legality, language and economics increases their risk of HIV transmission, MNHC’s presence, coupled with full support from the DPH to continue its prevention efforts, is integral to any City policy made to reduce rates of HIV transmission amongst Latino MSM. The necessity for full support from the DPH becomes even more urgent when one considers the number of obstacles MNHC must overcome that are specific to its client base.

From prioritizing economic and legal stability over health concerns, to the persistent stigmatization of HIV and AIDS, the immigrant community serviced by MNHC faces additional challenges that providers at MNHC must work through and with in order to engage with their clients in beneficial ways. However, according to MNHC staff, MNHC’s renown in the immigrant community of the City also works to deter more acculturated Latino MSM, men who are citizens, bilingual or monolingual English speakers, from accessing their services. Lacking an identity with the immigrant experience that brings in the vast majority of MNHC’s clients, English-speaking Latino MSM have avoided accessing MNHC’s services.

The specificity of its client base produced a warning from MNHC staff against the possibility of Latino-specific HIV prevention agencies being subsumed as programs of the City’s larger HIV prevention agencies. MNHC staff were concerned that the cultural specificity and competence MNHC has worked so hard to achieve and which has proven effective in the services it provides would be lost if such a move were to take place. Ms. Penagos articulates this issue especially clearly: *“There’s this whole move to merge and consolidate nonprofits. So I think what we’re going to see is this push to consolidate Latino providers, as if one provider could support the entire community. And so, it’s this reality of dwindling resources, but then how do we effectively communicate that subpopulations will be supported by small community agencies? And that that really is a good thing, and it’s not a duplication of effort and it’s not a misuse or inefficient way to provide services.”*

MNHC offers comprehensive services for and by the Latino Community. This high level of cultural know how is crucial to the wellbeing of Latino MSM in San Francisco. The specialization that this agency offers should not be compromised at this time of economic hardship.

## **Forensic AIDS Project**

*Mission Statement: The Forensic AIDS Project is a program of the Department of Public Health's Jail Health Services (JHS) division. The mission of FAP is to: (1) identify existing cases of HIV infection and prevent new infections among San Francisco county jail prisoners using multi-infection outreach, counseling, testing and hepatitis vaccination and (2) to provide primary medical care and comprehensive case management services to HIV+ infected patients while in custody and to transition them, upon release, into community based medical, psychiatric and substance abuse services and housing.*

Concerned with the well-being of those within the San Francisco county jail system, Forensic AIDS Project (FAP), works at providing incarcerated individuals with HIV testing, disclosure and linkages to primary care services for newly diagnosed HIV positive prisoners, partner services and discharge planning. FAP HIV prevention services are coordinated in the six jail medical clinics by Ms. Isela Gonzalez, FAP's HIV Prevention Services Coordinator. FAP HIV prevention services consist of coordination of HIV testing conducted by Jail Medical staff, who consent prisoners interested in voluntary HIV testing, collect a serum sample that is then processed at the San Francisco General Hospital Microbiology Laboratory. Health Education workshops are conducted with female, male and transgender prisoners in collaboration with community partners as a form of outreach to people in custody. Considering the circumstances of handling a client base comprised solely of prisoners, FAP staff must work through and with the jail system which sometimes proves challenging in terms of communication and delivery of services.

The jail system, with its insistence on repressing sexuality, creates an environment where disclosure of a gay identity or of engagement in same-sex acts becomes rife with complications. According to FAP staff, the silence around sexuality enforced by the criminal justice system makes prevention work that much more difficult; being in an environment where sexual acts between prisoners can lead to a felony charge almost prevents the communication necessary for effective prevention work. Despite these challenges, FAP has made strides in providing HIV services to the prison population of the city. From being able to provide prisoners with condoms, San Francisco Sheriff's Department restrictions, however, allow only single condom distribution that is coupled with a health education session, to the installation of condom machines in the Hall of Justice, FAP has been able to work with the restrictions of heightened surveillance and silence that mark the jail system. Service providers at FAP also cited the pervasive conception of HIV as a 'gay disease' amongst the Latino inmate population as an obstacle to overcome. FAP has also worked at

making sure jails are equipped with the necessary technology and equipment to provide prisoners with HIV testing.

Considering that racial minorities outside the jail system become the majority when in it, FAP's client base is comprised of mainly of Latino and African-American prisoners. And since these individuals find themselves in jail largely due to self reported drug use related crimes, FAP employs a harm-reduction model when performing outreach and counseling to its clients. In this regard, it is noteworthy that roughly half of the men surveyed by the LAP research component had used illicit drugs in the past few months. Thus, it would not be unreasonable to assume that some of these same men may find themselves in custody at some point and under the aegis of FAP.

FAP staff expressed concern over the agency's marginalization within the service provider community because of the population with which it is charged to work. Needless to say, an agency such as FAP need not be set to one side or overlooked, as the Latino MSM population in the jail system, with its high frequency of alcohol and drug use, its issues with immigration law, and its consistent fear of disclosing either a gay identity or the participation in same-sex acts is a direct reflection of the major issues facing the Latino MSM population city-wide outside of the criminal justice system. Mr. Marcos Bañales, Health Worker for FAP, spoke about witnessing how many of his clients opt out or are seen as "problematic" by HIV prevention services out of the jail system. FAP is clearly making strides to serve an underserved subset of Latino MSM.

## **Tenderloin Health**

*Mission Statement: Our mission is to optimize the health of the Tenderloin's homeless, poor and most vulnerable residents. We serve those living with and at greatest risk of acquiring HIV/AIDS, who have difficulty obtaining services elsewhere, especially due to substance use, mental illness, sexual orientation, gender identity, race and ethnicity, and/or other social barriers.*

Tenderloin (TL) Health, based in the neighborhood that shares its name, is an agency that provides an array of services, including case management, prevention work, and support groups. Interviewed service providers at TL Health, case managers Ms. Celia Sampayo-Perez and Ms. Sandra Torres, and Prevention Case Manager Mr. Ramon Ramirez, gave insight into the issues facing the Latino MSM population that TL Health seeks to help. These frontline staff members discussed the incessant issues economically disenfranchised Latino MSM must face when attempting to access services. These issues include the, by now, well documented cultural stigma around gay sexuality, the shame tied to that sexuality, and the lack of service providers sensitive to the cultural

and historical issues specific to Latino populations. Another obstacle described by TL staff is the reluctance for Latino MSM to identify as gay, describing these men's engagement in same-sex acts not out of desire, but out of economic necessity, sometimes fueled by drug addiction. Again it should be noted that 19% of the Latino MSM that LAP surveyed identified as bisexual or straight. According to workers at TL health many of these men perform survival sex work, whether it be for money, food, drugs and/or housing. Because of this, service providers at TL Health are very careful when it comes to approaching the topic of sexuality, building a trusting relationship with the client in order to procure disclosure from him about participation in any same-sex sex acts, or in the words of Ms. Torres, "putting a name to it," harkening back to how other culturally sensitive providers such as the ones at Stonewall also take the time to consider the social implications of language.

The service providers at TL Health, expressed an urgent need for the development of more services in Spanish. With the lack of bilingual staff members at TL Health, the few who do speak Spanish are, because of the lack of Spanish services at the agency, forced to refer clients to other agencies in the city that are more explicitly geared toward addressing the needs of Spanish-speaking populations who on the other hand may not have the in-depth knowledge of life on the Tenderloin's streets. The near absence of Spanish-speaking staff at TL Health also means outreach work is severely limited; the agency simply does not have the staff to perform the outreach that TL case managers see as an urgent need. In spite of these difficulties, TL Health has managed to figure out ways to successfully recruit Latino clients for its services, such as creating publicity that makes cultural connections. For example, a flyer featuring a representation of La India Maria worked to bring more Latino MSM clients into the agency. And it has been able to successfully maintain a Spanish language support group that is sex-positive and provides a space to "go a little deeper," according to the group's coordinator Ramon Ramirez, into the issues that produces heightened risks for HIV transmission. Mr. Ramirez's statements about the members of the group shows that while these men may access services, these services are cursory, failing to address in a significant way the participation in behaviors that increase HIV transmission risk: "They belong to, a lot of people have come from other groups. They belong to groups, to social groups and it's been really good for them. But there are a lot of issues they're not dealing with in the multisession groups we facilitate here. They come in being happy, but there's a lot of stuff underneath, and that's exactly what I want to work at."

With its client base mostly comprised of those living around the agency, TL Health serves a population, including trans individuals, with an extremely high amount of drug use. This contributes to a severe strain on already limited resources to mental health services. The recent closure of TL Health's Community Center only works to compound this strain, with services provided there, such as client intake, HIV testing and counseling, now being added to the

already heavy workload of TL Health staff. Clearly this agency is facing financial hardship while dealing with economically disenfranchised clients.

## **EI/La -Ella**

*Mission Statement: The EI/La Transgender Latina Program was created to provide HIV health education and risk reduction services to transgender (MTF) Latinas in San Francisco. EI/La works to build collective vision and actions that promote the survival and improved quality of life for transgender Latinas in the San Francisco Bay Area. We do this work by providing opportunities for trans-Latinas to participate in community building and advocacy development activities, by supporting members of our families and community in our daily and political struggles, by educating ourselves about the risks to our health and safety, and by responding to those who would threaten our health or our lives. We fight for justice in a world that sees trans-Latinas as shameful, disposable, less than human. We are here to reflect the style and grace of our survival, and to make new paths for ourselves.*

EI/La is the city's only agency solely devoted to servicing trans Latinas, transgender Latinas. These services many times extend to trans Latinas mostly hetero-identified male lovers and partners. EI/La provides more than prevention, it also helps trans Latinas access other health services in the city. And it is mental health services that are some of the most pressing needs of trans Latinas. However, due to EI/La's small staff (only one full time position), the program does not include any case managers and is virtually solely managed by Ms. Alexandra Byerly (herself a trans Latina), health educator and program coordinator.

EI/La's ability to refer clients to mental health services is restricted to only severe cases. This leaves issues such as depression to go untreated despite its high occurrence in EI/La's client base. Despite this limitation, EI/La manages to provide a variety of in-depth culturally competent services to trans Latinas. From 'survival English' classes held once a month, to support groups, EI/La provides services to the growing trans Latina population of the City that is severely underserved. These services are essential in the development of these women, as the fear of being ostracized at other agencies prevents them from accessing them. Ms. Byerly's observation that "the more you give them to think about, the more they want to learn" provides further evidence of the necessity to maintain and, hopefully, expand the services EI/La offers. The vulnerability to violence that constructs an aspect of transgender identity works to deter these women from seeking and accessing city services, leading Ms. Byerly to assert the necessity of 'no questions asked' policies when agencies take in new, and not just trans, clients. Due to the heterosexual identification of EI/La's clients' partners, they are

usually not reached in MSM prevention efforts that are geared towards gay identified men. It should be noted Latino MSM that may identify as heterosexual or as bisexual, are among the most vulnerable subsets of Latino men in San Francisco. LAP's research component found this to be one of the most vulnerable subsets of Latino men in San Francisco.

EI/La recognizes this vulnerability and addresses it, by performing outreach to these partners at a client's request, at times Ms. Byerly becoming "almost a marriage counselor." During these counseling sessions, Ms. Byerly provides health education to the Latinas' male partners, sharing information about behaviors that increase the risk of HIV transmission. Ms. Byerly went on to talk about outreach to this population through the work that she does through her "chicas," "It's the partners of the girls that we need to incorporate into our program, they are the ones that need this information the most, they think of themselves as being straight and somehow immune. I tell my chicas bring them in tell them not to be afraid we will not bite! On the contrary, we want to show them how to take good care of themselves...Something has to be done to educate Latinos that HIV/AIDS is not a gay disease that you can be safe from by identifying as heterosexual." This is important work that needs the research has shown there is a great need for.

Ms. Bryerly also labors greatly to make sure the clients who seek the help of EI/La feel personally welcomed at the agency, referring to them not as clients, but rather as 'program participants.' In addition to the trans Latinas EI/La serves, a number of gay Latino men also seek EI/La's services. Ms. Byerly explains why: "Many gay males come here, and the reason they come here is because they say they're tired of going to the groups where all they talk about is HIV. So, not that we don't do that here, because we are always constantly doing something related to HIV prevention and risk reduction. However, I think agencies need to be creative when it comes to keeping their participants engaged in their groups, otherwise these men experience burnout from HIV prevention efforts." This awareness also speaks to the need to expand prevention efforts to include general issues of wellness.

The continued support of EI/La is crucial to HIV prevention policy as it is the only agency and in the City solely dedicated to serving trans Latinas, and by doing has created a unique and welcoming space that takes into account, and prioritizes prevention work for trans-Latinas' heterosexually identified male partners.

## **Stop AIDS**

*Mission Statement: The mission of the STOP AIDS Project is to prevent HIV transmission among all gay, bisexual and transgender men in San Francisco through collaborative and multicultural, community- based organizing.*

Stop AIDS, located in the Castro District, has been involved with HIV prevention work since 1985, performing outreach in a variety of ways. The agency is aware of the intricacies and fluidity found in Latino identities and mainstream gay male culture and this awareness informs the outreach its staff does. While it does not have a Latino-specific group, at the time of compiling this data Stop AIDS did have three staff members, Mr. Jorge Vieto, Mr. Luis Guerra and Mr. Walter Recinos that take on the responsibility of performing Stop AIDS outreach to the Latino MSM population of the City, particularly in the Castro.

Having Latino men perform outreach to the Latino MSM population of the City works to create a sense of comfort around what is the oftentimes burdensome task of accessing services, as the need for anonymity is very important for Latino MSM. As Mr. Vieto states, “It’s really helped out [having Latino MSM on staff] in the sense that we’ve just had people walk into our offices who are mono-lingual Spanish speakers and get services.” Mr. Vieto, who works in the agency’s kink and leather program, expressed the need for outreach workers to create a dialogue with Latino MSM, particularly immigrant Latino MSM, about negotiating for safer sex practices and sexuality in general. The new closet of drug use amongst Latino MSM in the City must also be examined and considered when HIV prevention work is being performed for this population. Mr. Vieto informed us that, if the funding were to become available, a Latino-specific group or program could be developed at Stop AIDS. LAP’s research component has found that English speaking MSM are accessing services at lower rates than Spanish speaking MSM. Stop AIDS with its proven track record of providing prevention efforts in the predominately English Speaking Castro District may be an appropriate agency to pilot a Castro based psychosocial program that engages the prevention needs of English speaking Latino MSM exclusively.

## **Magnet**

*Mission Statement: As gay men, we have the right to health and well-being. Our health and well-being have physical, mental, spiritual, and social aspects. Our vision of gay men's health includes community building and working for social justice.*

Located in the heart of the Castro, the City’s most predominately gay male district, Magnet is a well established yet relatively new agency in the City that provides HIV testing and counseling, as well as services such as hypnotherapy and massage therapy. Mr. Adrian Cano, who manages what Magnet calls concierge, or reception, is the Magnet staff member who has begun performing outreach to Latino MSM in the City. The choice of title speaks to Magnet’s non-

agency, commercial feel and look; in other agencies Mr. Cano would probably use the title of outreach worker or drop-in counselor. However, despite the open welcoming ambience of Magnet, the agency is working with resources being limited to perform such outreach, Mr. Cano's capacity to do so is also limited.

In the outreach work that he has done, Mr. Cano cited the embarrassment of gay identity and sexuality in the Latino MSM community as a source for the reluctance of Latino MSM to access sexual health services, especially relevant for a service such as Magnet located in the middle of a gay neighborhood. To help overcome these cultural limitations, Mr. Cano relies on his Spanish language ability to reach out to these men that would otherwise not be accessing services. Speaking with Latino MSM in Spanish gives them a sense of comfort when accessing services, making them more receptive to the counseling they receive. Also in charge of training the volunteers that manage the concierge desk, Mr. Cano instructs these volunteers to treat Magnet's clients with the warmth and amiability that one finds in Latino culture. Echoing the sentiments of staff at other agencies, Mr. Cano's ability to create a more inviting and welcoming space that Latino MSM feel secure to approach, is key for an agency that wants to reach out to this population. The creation of this warm and inviting environment is especially critical for an organization like Magnet, whose well-appointed interior can at times give the impression that it is something other than a health clinic which can work to deter Latino MSM from even entering the agency. Mr. Cano also astutely made the observation of the diversity found within the Latino MSM population. Differentiating between acculturated Latino men and foreign-born Latino MSM is important to make sure that Latino MSM overall, receive the information of the availability of services like Magnet. To accomplish this, Magnet needs additional support from the DPH to perform more outreach work that will ensure that Latino MSM access services such as Magnet. It should be noted that although MSM has been used in the report of this agency, its geographic location in the middle of the Castro, wedged between some of the City's largest gay bars makes Magnet one of the resources most attune with the needs of gay identified MSM.

### **Instituto Familiar de la Raza**

*Mission Statement: The mission of Instituto Familiar de la Raza, Inc. (IFR) is to promote and enhance the health and well-being of Chicanos/Latinos and multicultural/multiracial youth. That mission is realized through a continuum of mental health, HIV-related and social services including health promotion and prevention, early intervention, case management, clinical mentoring, family support, comprehensive behavioral health services, and cultural/spiritual activities and practices.*

Instituto Familiar de la Raza is a resource accessed by many Latino MSM. Instituto's client base, particularly their HIV positive clients, come from severely economically disadvantaged backgrounds. Because of this, many of Instituto's clients are enrolled in City and State Services, such as General Assistance and SSI. To supplement their income, Instituto's clients sometimes participate in sex work or working as day laborers. And because of their immigration status, several HIV positive Instituto clients are not eligible for benefits, adding to the economic strain these men face. To help their clients with this strain, Instituto provides incentives to get more clients to participate in their various health workshops. However, the limited amount of money Instituto receives for these incentives makes it very difficult to convince these men to forgo work in order to participate in the workshops. The reward for completing a workshop cycle totaling fifteen hours is minimal when compared to what these men would be earning elsewhere. Adding to the difficulty of recruiting workshop participants is that some of these men have already been serviced by other agencies. And with their knowledge of HIV prevention developed, these men lose interest in the workshops Instituto offers, especially because the groups are health oriented, not socially oriented.

In spite of these difficulties, Instituto staff is working hard to maintain an HIV prevention focus in all services. For example, Mr. Jose Luis Guzman, who coordinates health workshops for Latino MSM, works to integrate an HIV component into all of the workshop curriculum, such as drug use and self-esteem. What Instituto staff cited as needing to be strengthened is increasing the agency's capacity to create community amongst the workshop participants. Instituto staff is looking into ways to maintain the relationships built between service providers and clients are maintained, so as to take advantage of the opportunity to build community. As Mr. Guzman states: "A new group goes through program and once the program ends, it's challenging to stay engaged with clients." Ms. Adela Vazquez, who provides Case Management services for HIV positive clients goes further into this matter: "I can give services, that's my job. But to form community, that is really difficult."

With that said, Instituto does a noteworthy effort bringing community together on an yearly basis with the Miss and Mr. Safe Latino pageant one of the city's hallmark Latino LGBT community events now held at the Herbst Theater. For many years this event has been organized with community input, and is attended every year by Dr. Estela Garcia, Executive Director of Instituto Familiar de Raza.

## **Conclusion**

Providers in the City of San Francisco have been commendable in their attempts to address the issue of HIV/AIDS amongst its Latino MSM population. The staff members of the agencies LAP interviewed have provided much insight and wisdom into the ways the City can improve its efforts in addressing this issue. We

can start with the most basic and most cited improvement in the delivery of service: ensuring that services maintain their cultural specificity. Most, if not all staff interviewed stressed the difficulty of reaching a population that does not have adequate access to information on services, and at times refuses to acknowledge and come to terms with the risky behaviors and whose cultural backgrounds may stigmatize and shun the sexuality that has led them to seek services. To get to these men, to reach out to them and offer them the tools and skills necessary to reduce HIV transmission risk effectively, is to provide comprehensive and culturally competent services. By comprehensive, LAP means services that focus not only on sexuality, but look at the myriad factors that play into creation of HIV transmission risk.

From economic security, to stable housing, to legal issues ranging from immigration to incarceration and so forth, it is not simply the sexual behavior of Latino MSM that increases their risk. The contexts in which risk takes place needs to be taken into account. These agencies and their seasoned staff members are aware of this, and approach their provision of services in this comprehensive manner. However, if the City wishes to continue succeeding at HIV prevention work, it must continue its support of those agencies that already do this comprehensive and culturally specific work, and encourage other programs and more agencies to do the same. Therefore in the final analysis LAP raises the question, who is serving the service providers? That is why we want to close this chapter of the report by underscoring the final finding and recommendation of LAP:

Providers delivering front-line prevention services at Latino programs are doing very hard work for little compensation. During these times of uncertain funding, the stress of working at these crucial jobs has increased. Furthermore, it should also be noted that providers are often themselves members of the Latino community and as such this work is marked by high level of personal emotional investment.

Funding agents need to address the high burnout rates of HIV service providers at agencies. There needs to be increased capacity building and periodical retreats for providers that serve to refresh, inspire and provide perspective in the long and arduous fight against HIV/AIDS; Programs should be funded to provide plans to prevent burnout and sustain the enthusiastic work of their front-line staff.

## Chapter 6

### Literature Review – Latino Gay Men & HIV

#### **Latino Action Plan**

### Defining the Population of Latino Gay Men

We use the term “Latino gay men” to define the population of Latino men who have sex with men (MSM), but more narrowly those whose same-sex sexual activity expresses an underlying homosexual or homoerotic sexual orientation. Typically, these men identify with a variety of words and categories that indicate a non-heterosexual orientation such as gay, homosexual, bisexual, or queer. These words describe not only their erotic interests and behavior, but also a deeply felt personal identity based on their sexual, emotional, and romantic involvement with other men. In fact, for the majority of these men, their sexual orientation and identity organizes a large portion of their lives; important life choices – separation from families of origin, migration to the U.S, moving to gay-friendly cities like San Francisco, career trajectories, and choices of friendship networks – are made in order to facilitate and support the lived expression of their homosexual orientation (Diaz, 1998; Carrillo et al, 2008).

The specific definitions of Latino gay men, and this review, thus exclude two important categories of persons that often interact and participate in different aspects of this community, namely, Latino MSM who identify as heterosexual and male-to-female (MTF) transgender individuals. We believe that this (temporary and functional) exclusion is justified because the substantial differences and circumstances of the excluded groups merit a separate set of assessments, services, and prevention activities that are tailored to their different needs and realities. We recommend the SFDH, in the very near future, to follow through with more tailored assessment and action plans for these two groups.

### The Disproportionate Burden of HIV/AIDS

Latino gay men constitute a vulnerable group in the US for the transmission of HIV, showing disproportionately high rates of unprotected anal intercourse and HIV seroconversion. CDC HIV epidemiological data reported in June 2005 showed the prevalence of HIV among Latino MSM at 17%; this prevalence was lower than the prevalence reported for African-American (46%) and white (21%) MSM (CDC, 2005). However, recent surveillance of new HIV infections in the US (CDC, 2008) indicate that the rate of new HIV cases for Latino men (883.4 per 100,000; CI = 784.9 -- 982.4) is more than twice the rate for white men (394.6 per

100,000; CI = 363.3 -- 425.9). Similarly, in the largest study to date of young MSM in the US, CDC researchers reported an HIV prevalence of 14% among Latinos ages 23-29, double the HIV prevalence (7%) of their white same-age counterparts (Valleroy, 2000). Based on rates of new infections and the data for young MSM, it is estimated that the prevalence of HIV among Latino gay men is increasing disproportionately relative to their white counterparts. A major concern is that these same studies show that between 50-70% of HIV positive Latino MSM do not know their HIV status, a statistic that is also higher than the one found among white MSM (CDC, 2005).

Latino gay men represent over half of all AIDS cases among Latino males in the US. This percentage is much larger in the Western US, where Latino gay men represent between 80-90% of all AIDS cases among Latino males. Two large national studies that involve probability samples suggest that approximately 20% of Latino gay men of all ages in large US urban centers may be infected with HIV. In a household probability sample (Urban Men Health Study; N=2,881) of geographic areas with high concentration of MSM in four different US cities (San Francisco, Los Angeles, Chicago and New York), a substantial number of Latinos (n= 246, or 10% of the sample) were included. In this study, 19% of the Latino sample reported an HIV-positive status (Catania et al, 2001). In a second study, a probability sample (N=912) of Latino gay/bisexual men who attend Latino gay venues in the cities of Los Angeles, Miami and New York yielded a somewhat similar, though slightly higher prevalence of 22% (Diaz & Ayala, 2001). From these two studies, and taking into account the limitations of self-reporting a stigmatized status, it can be said with some confidence and conservatively that about 1 out of 5 Latino gay and bisexual men in large US urban centers are infected with HIV (Diaz, Peterson & Choi, 2008).

In the three-city study, involving a venue-based probability sample of Latino gay men in three US cities, rates of unprotected anal intercourse were 28% (estimated by sexual activity in the last two months) and 37% (estimated by sexual activity with the last two sexual partners within a 12 month period). However, the data from the last two partners suggest that only about half of the 37% of men who report unprotected anal intercourse (or 18% of the sample) do so with a non-monogamous partner. Thus, it must be noted that a large majority of Latino gay men are genuinely attempting to be safe in their sexual activity, by either condom use and/or monogamy practices (Diaz, Ayala & Bein, 2004).

In San Francisco, the most reliable data come from a recent study (Ramirez-Valles et al, 2008) that drew a representative sample of Latino gay men in San Francisco (N=323) and Chicago (N=320) using Respondent-Driven Sampling (RDS). The study estimated the prevalence of HIV at 35% among Latino gay men in SF, much higher than the national estimates in earlier studies, and higher than the prevalence for Chicago of 21.5%. About 21% of the sample in San Francisco reported engaging in unprotected anal intercourse (7% did so with known serodiscordant partners). Notably, while prevalence of HIV is much higher in SF than Chicago, no differences were found in the rates of unprotected anal

sex between the two cities. This latter finding suggests that, given the higher background prevalence of HIV in San Francisco, a single act of unprotected anal intercourse in this city carries a higher risk of infection than in communities with lower HIV prevalence.

## Homosexual Identity and Disclosure in Latino culture

For Latino men who have sex with other men, homosexual identification is impacted by multiple cultural meanings, particularly gender ideologies and family values (Carrier, 1995; Carrillo, 2002; Diaz, 1998). Traditional masculine ideologies define homosexuality as a gender deviation and consequently, male homosexuals as not “real men.” Because families are highly valued as the most important agent of gender role socialization, homosexuality is perceived as a disappointment and dishonor to families. In the context of gender norms and the strong values placed on lifelong family cohesion (Familismo), Latino gay men face enormous challenges in adopting and disclosing a homosexual or gay identity. While research suggests that gender ideologies do change with increasing acculturation to mainstream U.S. culture, it is also clear that the value of familism, where families are seen as the main source of emotional and social support throughout the lifespan, resist acculturation and remains a central defining characteristic of Latino culture and identity (Vega, 1995).

It is thus not surprising that the processes of homosexual identification and disclosure (“outness”) are impacted by cultural norms of sexual silence and existing sexual prejudice (homophobia) within Latino families. For example, many Latino gay men choose to come out openly only to friends, but not to their families, with the perception that openly disclosed homosexuality is a terrible burden to their families. Many Latino gay men choose to migrate and come out far away from their families, as a way to negotiate the tensions between familismo values and the adoption a homosexual identity and social life. The often-heard phrase “*everybody knows, but we do not talk about it*” illustrates how some Latino families negotiate the tension between the love for their sons and the heteronormative aspects of their culture (Diaz, 1998). On the other hand, there is increasing evidence that Latino families do change and grow, and younger men seem more able to come out in the context of a supportive family. Nonetheless, studies to date show that family acceptance of Latino gay males, particularly those who are effeminate and gender non-conforming is relatively low (Ryan et al, 2009).

For those who identify as homosexual, a variety of terms exist including gay, homosexual, bisexual, or queer. Some men may use culturally nuanced terms such as *loca*, *joto*, *pato*, or *maricón* to self identify and to refer to one another warmly, even though these terms have often been used against them as a derogatory expression of sexual discrimination. The majority of Latino gay men feel they belong to a diverse and inclusive gay world or community sometimes

referred to as “*de ambiente*” (of the ambiance) or “*entendido*” (those who understand); the two concepts illustrate the adaptive cultural capacity of this community to privately acknowledge what is not publicly disclosed, a capacity that is not quite appropriately described by the term “sexual silence” (Carrillo, 2002).

Of central importance to the purpose of this review is the fact that cultural dimensions of homosexual identity and disclosure may impact Latino gay men’s integration to the mainstream gay culture in the US – a culture that often demands uncompromised “outness” and public openness about homosexuality - - as well as their sensitivity to messages about HIV/AIDS, including access to HIV treatment and prevention services. These cultural factors are therefore of crucial importance when designing programs and services that target this population.

## Latino Bisexualities

Bisexuality refers to a person’s concurrent sexual attraction and/or behavior towards both male and female individuals. Experts agree that the phenomenon of bisexuality within Latino communities takes multiple forms and behavioral expressions, hence the notion of bisexualities. For some Latino MSM, the label “bisexual” may serve as a transitional identification that facilitates the development of a gay identity, that is, a stage in the coming out process. But for many others, bisexuality may be a genuine sexual orientation, where the person – regardless of behavioral expression – experiences sexual attraction and desire for members of both genders (Muñoz-Laboy & Dodge, 2005). For those who have a bisexual orientation, substantial variation exists in the predominance of attraction to either gender, with some individuals being attracted to mostly women or mostly men. For some, equal bisexuality happens when the gender of the person is not a major factor in the attraction or selection of sexual partners. For some men, whose sexual orientation and identification are heterosexual, bisexual behavior can be an expression of temporary necessity or circumstances rather than sexual attraction, as in the case of individuals who are sex workers or those who are incarcerated.

Regardless of a bisexual or homosexual orientation, the fact is that a substantial number of Latino MSM also have sex with women for a variety of reasons, ranging from genuine sexual attraction to the internal experience of social pressure; at times, Latino gay men may have sex with women out of a desire to be more “normal” and fit with cultural expectations of masculine behavior. Latino values of familism lead some men to opt for bisexual life choices -- such as getting married to a woman at the same time that a male lover is maintained at the margins of family life -- in order to live and express their homosexual desire at the same time that they minimize potential cultural conflicts (Muñoz-Laboy et al, 2009). Some men who have a homosexual orientation may want to have a

family and children of their own, and do get married as a way to enact such family desire. Also, having their own heterosexual family allows men for a fuller participation in extended families, religious institutions and other organizations in a mostly heteronormative Latino civil society (Muñoz-Laboy, 2008).

There are important reasons why different Latino bisexualities must be taken into account when designing HIV prevention programs for MSM. The first reason is that in many circumstances, sex with men may happen in secret, in silence, and at the margin of family life and/or gay community. “Closet” issues may accompany bisexual life choices, and the marginality and silence of sexual behavior may be conducive to risk for HIV. For example, given the close relation between HIV and homosexuality in the Latino community, the use of condoms or discussions about safer sex with steady female partners may be avoided, given that it could be interpreted as a disclosure of homosexual encounters outside the relationship (Muñoz-Laboy & Dodge, 2007). Latino MSM who do not participate in organized groups or gay community may be less responsive to prevention campaigns or be less willing to participate in prevention programs, as those programs may be viewed as a potential “outing.” Second, the majority of HIV prevention programs that target MSM rely on images, language and assumptions of a mainstream gay culture that frowns upon bisexuality as a denial of a gay identity. Such programs may lack cultural sensitivity to the particular needs of Latino men who have sex with both men and woman for the different reasons mentioned above.

## Experiences of Discrimination and Oppression

The most comprehensive data on experiences of homophobia and racism among Latino gay and bisexual men come from the time/location probability sample of 912 men drawn from Latino gay social venues in the cities of Miami, Los Angeles and New York; the three cities were chosen not only because of their obvious regional diversity, but also because they represent the three largest Latino ethnic subgroups in the US, namely, Cubans in Miami, Puerto Ricans in New York and Mexicans in Los Angeles. The survey was preceded by a qualitative focus group study (N=298) and, based on the qualitative data, survey items were created that quantitatively measured past experiences of social discrimination on account of race, class and sexual orientation. The main focus of the study was to document experiences of social discrimination and oppression, and test their impact on the health and wellbeing of Latino gay and bisexual men in the US, particularly their HIV risk (Diaz & Ayala, 2001).

In the focus group meetings, men spoke about experiencing both verbal and physical abuse, police harassment and decreased economic opportunities on account of their being gay and/or perceived as effeminate. They spoke about powerful messages – both explicit and covert – in their communities, telling them that their homosexuality made them “not normal” nor truly men; that they would

grow up alone without children or families; and that ultimately their homosexuality is dirty, sinful and shameful to many of their families and loved ones. Some men mentioned having to opt for exile and migration in order to live their homosexuality away from their loved ones, whom they worried they would hurt if they opted to live openly their homosexual desires. And many others admitted they had to live double lives and pretend to be straight in order to maintain social connections and employment opportunities.

Similarly, men reported multiple instances of discrimination, verbal and physical violence, police harassment, and decreased sexual and social opportunities on account of their being Latino, immigrant, Spanish-speaking, and/or of a darker skin color. A great deal of racism was experienced in the context of gay community and gay venues, where men reported not feeling at ease, not feeling welcomed, and some even reported being “escorted out” of venues on account of their different looks, color, or accent. Some men felt sexually objectified by White boyfriends and lovers, who stereotypically paid more attention to their skin color or Spanish accents than to their personal selves. Many of these men felt invisible, that they were just being used as fantasy material, rather than being part of a more authentic and equitable relationship. Many others encountered overt racist rejection in the context of sexual and lover relations.

Many focus group participants also reported experiencing poverty both while growing up and in the present. Men talked about difficulties meeting their day-to-day living expenses and often struggled with inconsistent employment and sources of income. Many reported not having health insurance or access to decent health care. Others reported they did not have their own place to live, and had to rely on friends or relatives for temporary housing. Anger often surfaced among those who were children of Mexican migrant farm workers when remembering the poor conditions of their families of origin, in the face of obvious social inequality. Others had to face the harsh reality of extreme poverty and misery in the inner city, with a deep sense of lack of control and unsettled resignation. Voices from the South Bronx, one of the poorest and more devastated areas in the country often made an implicit connection between the poverty of the neighborhood and the seemingly inevitability of HIV infection.

The subsequent quantitative survey confirmed that the overwhelming majority of Latino gay men have experienced homophobia personally and quite intensely: approximately two-thirds of the men (64%) were verbally insulted as children for being gay or effeminate; 70% felt that their homosexuality hurt and embarrassed their family; 64% had to pretend to be straight in order to be accepted; 71% heard as a child that gays would grow old alone; 29% had to move away from their family on account of their homosexuality; and 20% reported instances of police harassment on account of their homosexuality. Similarly, the data showed that about one-third of Latino gay men have experienced racism in the form of verbal harassment as children (31%) and by being treated rudely as adults on account of their race or ethnicity (35%). One out of four men (26%) have experienced discomfort in White gay spaces because of their ethnicity, and more

than one out of five (22%) have experienced racially related police harassment. Interestingly, the majority (62%) reported experiencing racism in the form of sexual objectification from other gay men. The quantitative data also revealed that, within a one-year period, more than half of the sample ran out of money for basic necessities (61%) and had to borrow money to get by (54%). With unemployment rates around 30%, close to one half of the men (45%) had to look for work in the past year.

## HIV Stigma and Disclosure

In the three-city study, analysis of the data for HIV-negative men revealed a high prevalence of stigmatizing attitudes towards people infected with HIV (Diaz, 2006). More than half of the sample (57%) believed that HIV-positive individuals are responsible for getting infected, and close to half (46%) of the sample believed that HIV positive persons are to blame for the spread of AIDS. In addition, 52% of the sample saw HIV positive men as more sexually promiscuous, and 18% believed that they are people who cannot be trusted. In the realm of sexual interactions and romantic relationships, the overwhelming majority (82%) of HIV-negative men felt that sex with HIV positive men is dangerous, with 57% saying that they are not willing to have sex with an HIV positive person, even if condoms were available. Close to two-thirds (57%) of HIV-negative men reported that they are not willing to have an HIV-positive person as a boyfriend or girlfriend.

Not surprisingly, a large proportion of HIV-positive men in the sample reported that being HIV-positive has impacted negatively their social and sexual lives, beyond the physical/medical challenges posed by their HIV infection. For example, about half of the sample (46%) felt that HIV has made it more difficult for them to find sex and an even larger proportion (58%) felt that HIV made it more difficult to find lover relationships. Two-thirds (66%) of the sample reported that HIV has made it harder for them to enjoy sex. Nearly half (46%) of all HIV positive participants reported having been treated unfairly because of their serostatus and 45% believed that they had to hide their status to find acceptance from their families and friends. The overwhelming majority (82%) of HIV positive men thought sexual partners might reject them if they knew their HIV serostatus, a finding that not surprisingly and exactly mirrors the fact (reported above) that 82% of HIV-negative men believed that sex with HIV positive men is dangerous.

More recently, Zea and her colleagues studied the relationship between HIV disclosure and mental health outcomes in a sample of 301 HIV-positive Latino gay and bisexual men in the Northeastern United States (Zea et al, 2005, 2006; Zea, 2008). Very appropriately, the researchers measured HIV disclosure separately to specific targets (mother, father, closest friend and main male partner) and to target groupings (family members and close friends). According to Zea's research, Latino MSM who are HIV positive are less likely to disclose

their HIV status to their families than their White MSM counterparts possibly because many Latino MSM want to protect their families from the suffering that such disclosure may engender. In addition, fears of stigmatizing attitudes that are highly prevalent in many Latino communities engender expectations of social and sexual rejection that discourage disclosure. Zea's research also found lower rates of HIV disclosure among more recent immigrants because many fear that they may not stay legally in this country as HIV positive persons or because their perceived (or real) lack of access to care.

While rates of HIV disclosure to main male partner and closest friend were relatively high (78% and 85% respectively), disclosure rates to mother (37%) and to father (23%) were very low, controlling for having parents alive after diagnosis. Because HIV status is associated with homosexuality in Latino as well as other communities, the investigators commented that the low level of family disclosure is also likely related to homophobia experienced in the context of the immediate family. Not surprisingly, the researchers found that HIV disclosure was strongly related to greater quality of social support, higher self-esteem, and lower levels of depression. Because non-disclosure is strongly related to a sense of isolation (47% of the sample reported that after disclosing they felt "less lonely than before") non-disclosure to family members can have a very negative consequence for Latino men who strongly value family ties and family support. Further multivariate analyses confirmed that quality of social support mediates the effect of HIV disclosure on both depression and self-esteem. The researchers also showed that Latino MSM living with HIV who do not disclose their serostatus to someone during a sexual encounter are more depressed. Depression itself can increase HIV risk as Latino MSM may unwittingly attempt to gain some relief or distraction from their painful mental state by engaging in unprotected sex.

## Contexts of HIV Risk as an Outcome of Social Oppression

In Latino gay men, high-risk sexual practices occur in the presence of substantial knowledge about HIV/AIDS and in the presence of relatively strong personal intentions and skills to practice safer sex. HIV risk behavior tends to occur within particular contexts and situations – such as sexual activity aimed to alleviate exhaustion and depression, sexual activity within relationships of unequal power, or sexual activity under the influence of drugs and/or alcohol -- where it is subjectively difficult to act according to personal intentions for health and sexual safety. Men, who are knowledgeable, capable of, and skillful at safer sex practices, confess certain helplessness and inability to be safe in those situations researchers have labeled "risky." Because the same individual can act safely in some situations and unsafe in another, Díaz and his collaborators have conceptualized "risk" as a property of contexts and situations, rather than as an intra-individual characteristic.

Studies show that the strongest predictor of unprotected anal intercourse among Latino gay men is participation in high-risk situations, particularly situations that involve the use of alcohol and drugs. More importantly, participation in those difficult and risky situations are strongly predicted by individual and group histories of social discrimination and financial hardship, and to the negative impact of such discrimination and hardships on men's social connectedness and sense of self-worth (Diaz et al, 2004). Recent multivariate analysis (structural equation modeling) of data from the San Francisco-Chicago RDS study, suggests that experiences of both homosexual and racial stigma are strong predictors of the use of alcohol and drugs in sexual situations, which in turn is a strong predictor of unprotected anal intercourse (Ramirez-Valles et al, in press). Interestingly, while the relation between racial stigma and sex under the influence of alcohol and drugs was direct, the relation between experiences of homosexual stigma and those situations of risk were mediated by internalized homophobia. Findings to date underscore the need to understand sexual and racial oppression, as well as their social, sexual and psychological impact in the lives of Latino gay men, in order to address the increased risk for HIV in this population. It is clear that prevention services must address not only Latino cultural factors but also the social and structural factors of oppression and discrimination that impact the social and sexual lives of Latino gay men.

## The impact of immigration and Enculturation

A substantive number of Latino gay men in the US are immigrants whose life trajectories, social contexts, and sexual lives have been deeply impacted and transformed by the migration experience. For many of these men, reasons for migration into the US are strongly related to their homosexuality -- a desire for a fuller expression of homoerotic desire and relationships -- as well as to economic factors. For some Latino gay men, migration to the U.S. is pressured by difficult circumstances related to family and social rejection of homosexuality; some come to the U.S. seeking asylum on account of severe histories of threats and abuse, police harassment, and discrimination on the basis of both their homosexuality and HIV-positive status. For many of these men, life as open gay men in their own towns and cities of origin is simply out of the question; motivation to migrate is thus a combination of personal safety and protection of family and loved ones who would be hurt and embarrassed by openly lived homosexuality.

The most recent and comprehensive study on the impact of immigration on sexuality and health among Latino gay and bisexual men was conducted in the San Diego/Tijuana area by Hector Carrillo and colleagues (Carrillo, Fontdevila, Brown, and Gomez, 2008). The ethnographic study, named "*Trayectos*"

(“Pathways”), wisely included not only Mexican immigrant gay men but also two important groups that would bring a larger perspective to the study of immigration effects: Gay men of Mexican descent born in the U.S., and non-Latino gay men who had been recently involved – romantically and/or sexually -- with Mexican immigrant gay men. The rest of this section reports *Trayecto’s* major findings to date.

The researchers found that Trayecto immigrant participants are in general willing to protect themselves and their sexual partners from transmission of HIV – about half of the immigrant men in Trayectos were using condoms consistently for anal sex. However, safer sex behavior was challenging for many others, particularly when they encountered sexual contexts and situations that were unfamiliar to them given the new cultural context. Specifically, immigrant men are more prone to engage in HIV risk behavior when they enter into sexual contexts – casual or romantic -- where they do not know “the rules of the game,” that is, when they apply assumptions about sexual behavior that may have been true in Mexico but do not apply in the new US context. Consider, for example, an encounter between an HIV-negative immigrant man and an HIV positive US-born man, where the US-born man will take the active penetrating position. Based on prior experience in Mexico, the immigrant man may assume that sexual partners always act with the intention of protecting others (a rule of mutual, collective responsibility), such that the active partner’s neglect or refusal to use condoms might be interpreted as a sign that the partner is not infected and thus not likely to transmit HIV. On the other hand, in that same situation, the penetrating sexual partner might be assuming that each person is responsible for themselves (a rule of personal responsibility) and thus assume that the immigrant man’s lack of insistence to use condoms is an indication that he is already HIV infected and is not concerned about issues of re-infection. This case demonstrates a situation where immigrants’ different set of rules, assumptions and expectations clash with those of the new sexual contexts they encounter, thus increasing the risk of HIV transmission.

Beyond differences in rules, expectations, and assumptions, immigrant gay men also encounter novel and highly charged sexual contexts, such as gay bathhouses in the US, where limited English language skills and lack of clarity about venue etiquette may inhibit requests for condom use. The situation is further complicated by the high sexual arousal and intensity of pleasure some men may experience in the presence of those who look and feel different or foreign, and whom they find irresistibly attractive and powerful. Immigrant men may also be at increased risk for HIV in romantic involvements where cultural expectations of trust, intimacy, fidelity and love interfere with condom use, as when condom use is construed as a sign of mistrust or infidelity. The study authors note that participation in these contexts of increased HIV risk vary according to the sexual cultures and contexts immigrant men participate in before migration as well as the sexual cultures and contexts they find (“the landing pad”) after their arrival. In addition, motives for migration can influence the level of risk as when strong needs for self-expression after years of imposed restraint lead

these men to find, shortly after migration, a set of sexual contexts that are difficult to negotiate competently to reduce risk, such as internet mediated sexual encounters where drugs are involved.

The investigators of the Trayecto's study encourage public health officials and HIV prevention workers to take into account the wide diversity that exists in the migration experience for Latino gay men and avoid careless and trite generalizations. They argue for the need to take into account immigrants' participation in sexual cultures before migration as well as the reasons for migration, given that these interact with new and challenging contexts in ways that may lead to the increased risk for HIV. Specifically, the sexual histories prior to migration, and the specific reasons that motivate migration, shape the sexual assumptions and expectations as well as the different sexual contexts immigrant men will more likely participate in. Above all, similar to other researchers who have studied HIV risk among Latino gay men in the US, Trayecto's researchers argue for the need to understand social contexts, rather than simply individual psychological and cognitive factors, as the main source of HIV risk, encouraging prevention workers and policy makers to take into account both cultural assets and vulnerabilities.

## Mental Health

In the study of 912 Latino gay men in three US cities, the investigators measured the frequency of five symptoms of psychological distress, including symptoms related to anxiety and depression, experienced during the last six months prior to the survey (Diaz et al, 2001; Diaz, Bein and Ayala, 2006). The most frequently reported symptoms were depressed mood and sleep difficulties. During the last six months, an estimated 80% of Latino gay men experienced feelings of sadness and depression at least once or twice during the time period, with 22% experiencing a depressed mood at a relatively high ("many times") frequency. Close to two-thirds of the sample (61%) suffered sleep problems at least once or twice during the previous six months, with 20% experiencing sleep problems many times. Feelings of anxiety (i.e., experiences of fear and/or panic with no apparent reason) and a general feeling of being sick or not well were experienced by about half of the sample, at least once or twice during a six month period. The most serious symptom of psychological distress – thoughts of taking one's own life – was experienced by 17% at least once or twice during a six month period, with 6% having suicidal ideation a few times or more. On all measures of psychological distress, men who are HIV positive reported more frequent symptoms; for example, 25% of HIV positive men reported they had contemplated suicide in the previous six months.

More importantly, the study showed that psychological symptoms among Latino gay men were strongly predicted by experiences of homophobia, racism and financial distress. The authors reported strong associations between specific experiences of homophobia, racism, and financial hardship, and suicidal ideation within the last six months. Of the 24 Chi-square analyses conducted to test the bivariate association between specific items of social discrimination and suicidal thoughts, 18 (or 75%) were statistically significant; of the remaining six tests, three had marginally significant probabilities between .06 and .10. The multivariate analysis showed that homophobia, racism and poverty had independent and cumulative effects on symptoms of psychological distress, and that those effects were partially mediated by their negative impact on self-esteem and social support (Diaz, et al, 2001).

In a recent study of lesbian, gay and bisexual young adults in San Francisco (with half of the sample being Latino), Ryan and colleagues found that family rejection of their child's homosexuality during adolescence was a strong predictor of mental health outcomes in young adulthood. Those who had experienced higher rates of family rejection during adolescence on account of their homosexuality or gender non-conformity were 5.9 times more likely to show signs of depression and 5.6 more likely to have suicidal thoughts in their young adulthood. Those who were highly rejected were 8.4 times more likely to have attempted suicide during their lifetime. Very important for the purpose of this review is the fact that rates of family rejection were highest for Latino gay males (Ryan et al, 2009).

## Substance Use

Studies that involved venue-based probability samples of Latino gay men in large US urban centers estimate the prevalence of illicit substance use at approximately 50%, with over one-third of men reporting regular marijuana use and between 15-20% reporting recent use of stimulants, including cocaine, methamphetamine, ecstasy and amyl nitrate inhalants/poppers. The prevalence data from San Francisco show that rates of substance use in the past six months, particularly stimulants and other so-called "party" or "club" drugs, vary significantly according to the type of venues where men were recruited. Those recruited in mainstream (mostly White) gay venues show higher rates of drug use than those recruited in Latino-identified gay venues (50% versus 37%), suggesting increased use of drugs as a function of increased acculturation and participation in mainstream gay culture (Diaz, Heckert & Sanchez, 2004).

By far, the highest rates of drug use, particularly stimulants, within Latino MSM in San Francisco were found among men who were recruited from Internet sex chat rooms and sex phone lines; of these, 62% reported recent methamphetamine use, 53% recent use of poppers and 39% recent use of ecstasy. The high prevalence of drug use among Internet users was also reported by Fernández et

al (2005) in a study of club drug use and risky sex among Latino MSM recruited on Internet chat rooms in Miami. The researchers reported that close to half (48.5%) of those recruited in the Internet study used “club drugs” defined as cocaine (15.8%), crystal meth (11.7%), poppers (31.6%), ecstasy (14%), gamma-hydroxybutyrate (GHB, 3.5%), ketamine (3.5%), and Viagra (19.3%). The lower rates of stimulant use found among Miami users in comparison to San Francisco users must be interpreted with caution, given the different recruitment procedures and aims of the two studies, the different Internet sites sampled, and possible cultural differences between East and West coast drug users. The most recent and reliable comparison of two RDS samples of Latino gay men in Chicago and San Francisco show similar rates in the general use of stimulants, but differences in the types of stimulants used. For example Latino gay men in San Francisco were more likely to use methamphetamine (19% versus 9%), but the pattern was reversed in Chicago, where they were more likely to use Cocaine (19% versus 9%).

In a recent study of 300 Latino stimulant-using gay men, randomly selected from social and sexual venues in San Francisco, 51% reported methamphetamine, 44% reported cocaine and 5% reported crack as their most frequently used stimulant. The investigators assessed reasons for use for the participant’s specific most frequently used stimulant. Reasons for stimulant use clustered by five main factors including, in order of reported frequency: Energy, sexual enhancement, social connection, coping with stressors, and focused work productivity (Diaz, Heckert & Sanchez, 2005). Methamphetamine users gave reasons more frequently related to sexual enhancement (to have better sex, more sex, and more anal sex) while cocaine users gave reasons more often related to social connections (to be more sociable and to fit in with other gay men). The findings suggest that Latino gay men use stimulants for reasons that are important in their social, emotional, work, and sexual lives. However, there is no empirical evidence to suggest that reasons or motivations for stimulant use among Latino gay men are qualitatively or quantitatively different from reasons reported by men from other ethnic groups. In fact, similar to studies of non-Latino Whites, Latino gay men were found to rely on methamphetamine for reasons related to sexual enhancement, possibly to meet cultural expectations and norms of sexual prowess and sexual success in the gay community.

It is important to note that the most important and most frequently cited reason reported for stimulant use is “energy.” Qualitative data from the same study suggest that many Latino gay men rely on stimulants to meet the demand of heavy work schedules and to deal with the exhaustion of highly stressed-out lives. Stimulant use, particularly the use of methamphetamine and cocaine, plays an important and “functional” role for men who, exhausted by work demands, use the drug in order to participate in the joys of social and sexual life in the context of gay community (Diaz, 2007). Unfortunately, particularly in the case of highly addictive substances like methamphetamine, the “functional” use often becomes “dysfunctional,” resulting in a host of negative consequence including loss of employment, estrangement from partners and friends, physical depletion, and

psychological symptoms such as severe depression and paranoia. While increased frequency of use is related to increased acculturation and participation in the mainstream gay community, it is not clear at this time how experiences of social discrimination (both inside and outside gay community) may play a role in the frequency and patterns of substance use or abuse among Latino gay men.

In all studies that have measured both drug use and HIV risk among Latino gay men, the two variables have been strongly correlated. In multivariate analyses of the Miami study, the use of club drugs was associated with higher number of partners, unprotected receptive anal intercourse, and social isolation. In the San Francisco study, methamphetamine users had the highest rates (72%) of unprotected anal intercourse ever reported for any sub-sample of Latino MSM.

Rates of unprotected intercourse with multiple and casual partners were much higher among Methamphetamine than Cocaine users. Within-user comparisons showed that users were more likely to be at situations of sexual risk when they are under the influence of a stimulant than a non-stimulant (e.g., Marijuana). Methamphetamine use had stronger relations than Cocaine use to negative life consequences such interpersonal conflicts with families, friends and at work, as well as physical, emotional and sexual problems (Diaz, 2007).

To date, no study has exclusively focused on Latino gay men's use of alcohol, even though both qualitative and quantitative studies of HIV risk show a strong correlation between alcohol use and unprotected anal intercourse. Non-published data from the three-city study of 912 Latino gay men, reported only in the context of a presentation, suggest a linear association between increased frequency and amount of alcohol use and the risk of HIV (Diaz, Ayala & Bein, 1999, March). Published data from the same study also show a strong correlation between sexual episodes under the influence of alcohol and reported unprotected anal intercourse with non-monogamous partners (Diaz et al, 2004). Interestingly, rates of heavy alcohol use and sex under the influence of alcohol tend to be much lower in San Francisco than in Chicago. In the two-city RDS study, only 15% of the men in San Francisco reported heavy alcohol use in comparison to 37% of men in Chicago (Ramirez-Valles et al, 2008). Similarly, only 27% of the men reported having sex under the influence of alcohol in San Francisco, while 41% reported so in Chicago. Sex under the influence of drugs was similar and just slightly higher in Chicago than San Francisco (20% versus 19%). Thus, it is not clear what variables may explain the relatively lower alcohol use found among Latino gay men in San Francisco. It is important to recognize, however, that even while at lower levels, the use of alcohol during sex is strongly correlated to unprotected sex in San Francisco as well as in other places where the two variables have been assessed.

## Two sources of vulnerability: CSA and IPV

The prevalence of two important markers of mental health problems – childhood sexual abuse (CSA) and intimate partner violence (IPV) – are disproportionately high among Latino gay men in comparison to men from other ethnicities. Furthermore, the two variables – CSA and IPV -- have been shown to be strong predictors of HIV risk among Latino gay men, including sex under the influence of drugs and alcohol. Latino gay/bisexual men with a history of CSA are significantly more likely to engage in unprotected anal intercourse with a non-primary partner or a partner with a different HIV status than those who had not been sexually abused as children; the higher the level of coercion during CSA, the greater the risk of HIV infection. Similarly, Latino gay men with a history of IPV are more likely to participate in sexual situations, such as peer pressure to discard condoms and situations of unequal power, that are shown to increase the likelihood of unprotected anal intercourse.

Data for the Urban Men’s Health Study, a random-digit telephone probability survey of 2881 adult men who have sex with men (MSM) residing in four US cities show that Latino MSM are twice as likely (22% vs.11%) to report sexual abuse before age 13 than non-Latino MSM (Arreola et al, 2005). Other qualitative work by Arreola and colleagues suggest that those who experienced CSA were targeted for that abuse mostly because of their non-conforming gender attitudes and behavior. Thus, the high prevalence of CSA is strongly correlated with experiences of homophobia and masculinity ideologies that see homosexuality as a gender deviation and homosexuals as not truly men.

Similarly, the three city study of 912 Latino gay men showed that rates for different types of IPV are consistently higher than the reported IPV rates (across all ethnic groups) for the Urban Men’s Health Study. Specifically, Greenwood et al (2002) reported rates of intimate partner “battering” as 34% for psychological/symbolic, 22% for physical and 5% for sexual battering among all 2881 MSM studied in the Urban Men’s Health Study. In the three-city sample of 912 Latino gay men, Feldman et al (2008) reported rates of intimate partner victimization of 45% for psychological, 33% for physical and 9.5% for sexual victimization. Although neither the IPV survey items nor the studies’ sampling strategies are exactly comparable, the data from these two probability studies suggest that Latino MSM have much higher rates of different types of IPV, a finding that parallels findings about CSA.

Because histories of both childhood sexual abuse and intimate partner violence are strongly correlated with anxiety, depression, substance-related problems, and HIV risk, these data suggest the need to take into account these two variables when planning HIV prevention programs. The importance of CSA in HIV prevention is underscored by recent analysis of data from 4,295 MSM who participated in the EXPLORE intervention. The study showed that not only CSA is strongly related to HIV risk behavior and seroconversion but that for those

MSM with histories of CSA the EXPLORE program had no effects in lowering their risk for HIV infection (Mimiaga et al, 2009).

## Sources of Resiliency and Strength

When Latino gay men are asked to describe what in their lives has helped them deal and cope with difficulties, their responses can be categorized into six different factors: Family acceptance, social connectedness, sexual satisfaction, community involvement, social activism, and the presence of gay role models while growing up. All these factors serve to alleviate feelings of social isolation and increase self-esteem, which in turn reduce their risk for HIV. In other words, men who can speak openly to their families, who have satisfactory relationships with friends and lovers, who are involved with other men like themselves to create a more just society, and who have witnessed the possibility of a satisfying and productive life as a gay man, are less likely to have problems related to mental health, substance abuse or the risk for HIV. It is clear that all six factors point to social contexts and situations where men are accepted and feel socially connected. Studies of family acceptance (Ryan et al, 2009) and community involvement (Ramirez-Valles, in press) show that these two variables serve as strong protective factors against mental health problems, substance abuse and the risk for HIV. In Ramirez-Valles' study, the expected negative relation between social discrimination (homophobic and racial) and negative health outcomes did not show for men who had been involved in social activism for gay and HIV-related causes.

## Summary statements

- HIV risk is the property of contexts shaped by experiences of discrimination and oppression – homophobia, racism, poverty, HIV stigma and forced migration.
- The subjective experience of oppression is a deep sense of loneliness/isolation, a lowered sense of self-esteem/self-worth, and a reduced sense of personal agency.
- Sexual identities, life choices, and sexual behavior are shaped by two important cultural factors: masculinity ideologies and loyalty to families of origin.
- Two sources of psychosocial vulnerability -- childhood sexual abuse and intimate partner violence -- are highly correlated to HIV risk.

- Substances, in particular alcohol and stimulants are used functionally to meet economic, social, and sexual demands. However functional use turns easily into dysfunctional abuse, increasing the risk for HIV transmission.
- Two sources of resiliency and strength – family/social support and community involvement/social activism – can be promoted to reduce the vulnerability of HIV among Latino gay men.

## References

### Latino Action Plan

Arreola SG, Neilands TB, Pollack LM, Paul JP, Catania JA. (2005) Higher prevalence of childhood sexual abuse among Latino men who have sex with men than non-Latino men who have sex with men: data from the Urban Men's Health Study. *Child Abuse and Neglect* . 29(3):285-90.

Carrier, J. (1995) *De Los Otros: Intimacy and homosexuality among Mexican men*. New York: Columbia University Press.

Carrillo, H. (2002) *The Night is Young: Sexuality in Mexico in the times of AIDS*. Chicago: University of Chicago Press.

Carrillo, H., Fontdevila, J., Brown, J., Gomez, W. (2008) *Risk Across Borders; Sexual Contexts and HIV Prevention Challenges among Mexican Gay and Bisexual Immigrant Men*. Trayectos Study, San Francisco State University and the Center for Research on Gender and Sexuality, San Francisco, 2008.

Catania JA, Binson D, Dolcini M, et al (2001) The continuing HIV epidemic among men who have sex with men. *Am J Public Health*. 91:907-14.

Centers for Disease Control and Prevention (2005). HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men – five US cities, June 2004-April 2005. *MMWR*; 54:597-601.

Centers for Disease Control and Prevention (2008) Subpopulation Estimates from the HIV Incidence Surveillance System --- United States, 2006. *MMWR* September 12, 2008 / 57(36); 985-989

Centers for Disease Control and Prevention (2008) HIV Prevalence Estimates -- United States, 2006. *MMWR* October 3, 2008 / 57(39); 1073-1076.

Díaz RM, Ayala G, Bein E. (2004) Sexual risk as an outcome of social oppression: data from a probability sample of Latino gay men in three US cities. *Cult Diversity Ethnic Minority Psychol*. 10;3:255-267.

Diaz, RM (1998) *Latino gay men and HIV: culture, sexuality and risk behavior*. New York, NY; Routledge.

Díaz RM, Ayala G, Bein E, Henne J, and Marin BV (2001) The Impact of Homophobia, Poverty and Racism on the Mental Health of Gay and Bisexual Latino Men: Findings from 3 U.S. Cities. *Am J of Public Health*, 91(6): 927-932.

Díaz RM, Bein E, and Ayala G (2006). Homophobia, Poverty and Racism: Triple Oppression and mental health outcomes in Latino gay men. In A. Omoto and H. Kurtzman (Eds.), *Recent research on sexual orientation, mental health and substance use*. Washington DC: APA Books: 207-224.

Diaz, R.M., Ayala, G. *Social Discrimination and Health: The Case of Latino Gay Men and HIV Risk*. New York, NY: The Policy Institute of the National Gay and Lesbian Task Force; 2001.

Díaz, R.M., (2006). In our own backyard: HIV Stigmatization in the Latino gay community. In N. Teunis (Ed), *Sexual inequalities*. Berkeley: University of California Press.

Diaz, R.M., Ayala, G., Bein, E. *Substance use and sexual risk: Findings from the National Latino Gay Men's Study*. Invited presentation at the HIV Center for Clinical and Behavioral Studies. New York: Columbia University, March 1999.

Díaz RM, Heckert AL, and Sánchez J. (2004, March) Fabulous effects, disastrous consequences: stimulant use among Latino gay men in San Francisco. Presentation at the National Institute on Drug Abuse, Washington D.C

Diaz, RM, Heckert AH, and Sanchez J. (2005) Reasons for Stimulant use among Latino Gay Men in San Francisco: A comparison between methamphetamine and cocaine users. *Journal of Urban Health*. 82(1) Supplement 1:71-78.

Díaz RM, Peterson RM, and Choi KH (2007). Social Discrimination and Health Outcomes in African-American, Latino and Asian/Pacific Islander Gay Men. In Wolitski, R. Stall R., and Valdisseri R. (Eds.) *Unequal opportunity: Health disparities among gay and bisexual men in the United States*. Oxford University Press.

Díaz RM. (2007) Methamphetamine use and its relation to HIV risk: data from Latino gay men. In: I. Meyer and M. Northridge, Eds. *The Health of Sexual Minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York: Springer.

Fernández MI, Perrino T, Collazo JB, et al (2005) Surfing new territory: club-drug use and risky sex among Hispanic men who have sex with men recruited on the Internet. *J Urban Health*. 82, No. 1, Supplement 1.

Greenwood GL, Relf MV, Huang B et al (2002) Battering victimization among a probability sample of men who have sex with men. *Am J Public Health*. 92:1964-1969.

Mimiaga MJ, Noonan E, Donnell D, Safren SA, Koenen KC, Gortmaker S, O'cleirigh C, Chesney MA, Coates TJ, Koblin BA, Mayer KH (2009) Childhood Sexual Abuse Is Highly Associated With HIV Risk-Taking Behavior and Infection Among MSM in the EXPLORE Study. *J Acquir Immune Defic Syndr*. Apr 13.

Muñoz-Laboy M, and Dodge B (2005) Bi-sexual practices: Patterns, meanings, and implications for HIV/STI prevention among bisexually active Latino men and their partners. *Journal of Bisexuality*; 5 (1): 81-100.

Muñoz-Laboy M. (2008) Familism and sexual regulation among bisexual Latino men. *Archives of Sexual Behavior*. 37(5):773-82, Oct.

Muñoz-Laboy; M, Yon Leau, C., Sriram, V., Weinstein, H., Vasquez del Aquila, E., Parker, R. (2009) Bisexual desire and familism: Latino/a bisexual young men and women in New York City. *Culture, Health & Sexuality* 11 (3): 331 – 344.

Ramirez-Valles J, Garcia D, Campbell RT, Diaz RM, and Heckathorn DD (2008). HIV Infection, Sexual Risk, and Substance Use among Latino Gay and Bisexual Men and Transgender Persons. *American Journal of Public Health* 98:1028-1035.

Ramirez-Valles J, Kuhns LM, Campbell RT, and Diaz RM (in press) “Social Integration and Health: Community Involvement, Stigmatized Identities, and Sexual Risk in Latino Sexual Minorities” *Journal of Health and Social Behavior*.

Ryan CC, Huebner D, Díaz RM, and Sanchez J (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics* Vol. 123 No. 1, pp. 346-352.

Valleroy L, MacKellar D, Karon J, et al (2000) HIV prevalence and associated risks in young men who have sex with men. *JAMA*. 284:198-204.

Vega, W. (1995). The study of Latino families: A point of departure. In

E. Zambrana (Ed.), *Understanding Latino families: Scholarship, policy, and practice* (pp. 3–17). Thousand Oaks, CA: Sage Publications.

Zea MC, Reisen CA, Poppen PJ, Bianchi FT, & Echeverry JJ (2005). Disclosure of HIV status and psychological well-being among Latino gay and bisexual men. *AIDS and Behavior*, 9, 15-26.

Zea MC, Reisen CA, Poppen PJ, Echeverry JJ, and Bianchi FT (2004). Disclosure of HIV-positive status to Latino gay men’s social networks. *American Journal of Community Psychology*, 33, 107–116.

Zea MC (2008). Disclosure of HIV status and mental health among Latino men who have sex with men. In S. Loue (ed.), *Health issues confronting minority men who have sex with men* (pp. 217-228). New York: Springer.

### Final Input from the Community

As a final stage in the participatory process of LAP, the project team organized a community forum to bring the plan and its findings to a sample of San Francisco's Latino MSM population. The forum was held on Thursday, August 20, 2009 in the Mission District at the offices of Instituto Familiar de la Raza (IFR), one of the service agencies described in the *Lessons from the Providers* chapter of this report. LAP is grateful to the HIV prevention staff of IFR for their support in putting this event together.

This forum was organized with the intention of having the local community react to LAP's findings, whether it be critically or supportively, and to implement feedback into LAP, adjusting project recommendations to reflect the thoughts and concerns expressed by community members. While having a social element to it, snacks were served before a project presentation and dinner following it, and music was being played, the event was designed to be more of a work session than a purely social event, its goal to get a sense of what the City's gay and bisexual/MSM Latino community feels about HIV-prevention and to integrate those feelings into the Plan.



LAP Community Forum

In terms of attendance, outreach for this event was designed to be wide in scope so as to keep the diversity of the City's Latino population in mind. With the ideal number of forum participants set between thirty-five to fifty, Mr. Jose Antonio Aguilar, the forum's lead recruiter and organizer took immigration status, language abilities, age, HIV status, and professional background into consideration when compiling the outreach list this was done in order to have a broad representation of the forum's target population of Latino men. Sources for finding these men included an existing community-based electronic distribution list, a list of contact information of clients who would be interested in attending the forum compiled from service providers, who were interviewed during the Lessons from the Providers component of LAP, and the work of Mr. Jose Vazquez, a seasoned street recruiter and surveyor. In the end, the event included a broad spectrum of approximately fifty men, many of whom were mono-lingual Spanish-speaking recent immigrants without access to a phone number or email address that were personally invited by the Mr. Vazquez, Also present was San Francisco City Council Member David Campos and several Board of Directors from various organizations serving the community. The wide variety of men this event generated worked to create a lively discussion.

The informational and discussion aspects gave room for participants to make connections between the diverse factors that contribute to increasing HIV-transmission risk. For example, when discussing the information regarding the high rate of infection among younger Latino men, defined as thirty-five and under, a participant's point about current representations of HIV/AIDS as a manageable condition sparked a participant to connect these representations to pharmaceutical greed, and another to make a point about the novelty with which young people currently attribute to unprotected sex.

With a number of the forum's participants being service providers throughout the City, the discussion tended to reiterate several of the points the data from the presentation was corroborating. This was particularly true during the segment of the discussion that focused on drug use amongst Latino men. Many men talked about the possible factors leading to substance use, its ramifications for HIV-prevention, and its connection to issues of mental health, including depression and loneliness. Forum participants also worked on figuring out what prevents Latino men in the City from accessing services. From ignoring HIV-prevention publicity because of its repetitive message of the importance of condom use, to the lack of HIV prevention in Latino media, to the ways Latino culture enforces a silence on the subject. Men at the event worked to make connections that would explain why Latinos do not access City services.

Men connected various issues giving LAP researchers a priority list that gave rise to the ten findings and recommendations summarized in the Executive Summary at the beginning of this report, as men talked about the importance of having reliable information sources for new arrivals, the fact that condoms are not sometimes being used, prevalence of substances throughout the City, importance of services for English speaking men and non-English speaking men

alike, and general issues of structural constraints, such as poverty and discrimination. These diverse factors were connected to the general wellness of the community.

It was this broad theme of connections that became the most valuable contribution to LAP that emerged from this forum. What the analysis of the qualitative and quantitative data generated from the Plan, the input from service providers in the City, and now, the input from the community, have all had in common is the need to examine the issue of HIV/AIDS amongst the San Francisco's Latino MSM population with a sharp focus on making connections. By connections, LAP means taking an intersectional and comprehensive approach to HIV-prevention that refuses to focus solely on the issue of sexual activity, but rather understands and addresses how it not just sexuality that shapes one's risk to HIV-transmission, but also one's economic situation, their mental health, their language capabilities and so on and so forth. This kind of comprehensive approach must be implemented with the cultural specificity requisite of a successful engagement with the City's Latino population. The forum included robust representation from Aguilas and IFR, two programs that offer psychosocial support for Latino MSM. It is clear to see how these types of forums and convenings could assist programs to attain increased levels of collaboration.

In the final analysis, the authors of this report urge for increased engagement of San Francisco's Latino gay and MSM communities. It is our sincere hope that the process SFDPH carries out for implementation of the recommendations set forth in this report is engaging to community members and allies.

As was evidenced at this forum, and at other LAP activities there is a great thirst by Latino MSM and their allies throughout San Francisco to come together to discuss and find proactive community based solutions to the challenges facing this vulnerable yet resilient population.