The Quest for Effective HIV-Prevention Interventions for Latino Gay Men

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Do we have effective HIV-prevention interventions for Latino gay men? Where are they? What do they look like? These are some of the major questions raised by the article in this supplement to the *American Journal of Preventive Medicine*.[1] The purpose of this article, and the recommendations derived from it, is to synthesize the most effective behavioral interventions to prevent HIV infection among adult gay men and men who have sex with men (MSM).[a] The report is a critical contribution to the field, as it covers over 20 years of prevention research around the globe. Its findings promise to inform our future practice, funding, and research. Yet, as the authors note and as the reader will realize, the evidence of effective approaches among ethnic minorities, Latino gay men in particular, is sparse, at best.

One reason for the lack of evidence of intervention effectiveness among Latino gay men is the selection criteria employed by the article's research team. The criteria, quite understandably, comprised the use of a comparison group and the focus on an adult population, among other factors. As a result, only the study conducted by Carballo-Dieguez and colleagues[3] was considered for the final analysis.

But the most important reason for such a vacuum in the field is the racial system that largely defines the allocation of resources as well as our professional and personal lives. Latino researchers are more likely to be interested in working with Latino gay men and to have the skills to work with this population than, say, white male researchers. However, Latino investigators have had limited access to the main funding agencies—the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC). Testing the effectiveness of HIV-prevention interventions, like the ones described in this article,[1] requires substantial financial and intellectual resources. The type of funding needed for such interventions is usually provided only by agencies such as the NIH and CDC. Our means to prepare qualified investigators (e.g., doctoral and post-doctoral training programs) and to compete for funding still do not provide open access. Over the last 2 decades, there have been only a handful of investigators doing research on HIV among Latino gay men. Most of these investigators are Latinos and have been working in tremendous isolation.

Barbara VanOss Marin and colleagues[4] have led an effort to address that under-representation of ethnic minority researchers working with communities of color on HIV/AIDS. The program—the Collaborative HIV Prevention Research in Minority Communities—has been funded by the NIH to increase ethnic minority investigators' access to NIH types of funding. The program brings together investigators to develop and support each others' ideas, and provides financial resources to test those ideas. The program has been successful. Now, it is incumbent upon funding agencies, research centers, and universities to adopt and institutionalize this model as a means to increase HIV-prevention research. This could work as a short-term repair, while we address the major problem, namely unequal access to higher education.

Our racial system also affects the quality and type of HIV-prevention research in other ways. Gay male populations across the country are segregated by race. Latino and white gay men do not live in the same neighborhoods and generally do not socialize in the same venues, despite the fact that it is not uncommon for them to form sexual and romantic connections. Hence, the participation of Latino gay men in major HIV-prevention interventions is very low. Moreover, those interventions have been, implicitly or explicitly, created for white gay men. Investigators' efforts to reach out to Latino gay men (or any other minority group) are initiated only as an afterthought.

The lack of available evidence of effective HIV-prevention interventions (as defined in this article[1]), however, does not mean that we do not have the empirical data and theoretical tools to guide future interventions. We have a fairly solid (albeit incomplete) literature from both the United States and Latin America from which we can draw to develop potentially effective interventions[5–16] including an unpublished

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[a]Although the term "men who have sex with men" is the one used in the report, I will use the term gay men. The former is used to denote a behavior presumably free of social meaning. Gay man denotes a socially constructed identity and, as such, speaks to the social and political context of the AIDS epidemic. Yet, the gay man identity does not apply to all men, regardless of their ethnicity, who are attracted to other men or have homosexual desires.[2]

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book manuscript by the author (*Compañeros*). In the next paragraphs I outline some of the elements I believe we should consider in sketching out those interventions.

Among Latinos in the United States, especially immigrants and those who are first generation, the *We* takes precedence over the *I*. Unlike in mainstream U.S. society, among Latinos the individual is subordinate to the group, be it family, friends, or peers. The *I*, the individual, does not exist prior to a group or community. Moreover, the quality of relationships among individuals involves more than exchanges of support and information. The bonds entail trust, obligation, solidarity, and *compañerismo*, particularly within close-knit communities. Health promotion activities, thus, are likely to be effective if they draw on the support and connection of peers, friends, and *compañeros*.

The group and community, hence, are our points of departure. Atlhough behavioral interventions based on cognitive individual factors are needed, they have limitations. We need to develop interventions that are based on, and make use of, group and community-level processes. These include existing community resources. For example, across the country (especially in major cities) there are myriad grassroots and voluntary organizations working with Latino gay men. There are *Hermanos de Luna y Sol*,[17] *El Ambiente*, and *Aguilas* in San Francisco; *ALMA* in Chicago; Gay Men's Health Crisis in New York City; AIDS Project Los Angeles; and many others across the Americas. We must learn from their ongoing efforts and collaborate with them in our quest for effective prevention strategies. This we will accomplish if we rely on participatory research methodologies. The communities we work with can no longer be our research subjects. We, researchers, must become their partners in this quest.

Finally, the stigma toward gender nonconformity and HIV/AIDS still defines the lives of Latino gay men. It represents, along with racism, one of the major obstacles to a healthy and fulfilling life. To be effective in preventing HIV, we need to address stigma at both ends—with the stigmatizer and the stigmatized. This implies working directly with families, schools, and religious organizations in promoting not tolerance of difference, but a dialogue leading to the acceptance of difference.

I recognize that some of these ideas require difficult and lengthy structural changes. Some might argue for immediate and quick alternatives. These, I am afraid, will not create the changes needed to prevent another epidemic of similar (or even greater) magnitude from striking us again.

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