

# The Crisis of **HIV/AIDS** Among Latinos/Hispanics in United States, Puerto Rico and U.S. Virgin Islands.

Latino Commission on AIDS

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## OVERVIEW

HIV/AIDS in Latino communities within the United States has reached a crisis level. Representing only 15.3% of the population in the U.S. and its territories, the number of Latinos now constitutes 22% of the HIV/AIDS cases diagnosed in 2006.<sup>1</sup> This disproportionate impact includes the large number of HIV/AIDS cases in Puerto Rico. For the first time a small portion of the Puerto Rican data was partially included in the national data and has resulted in the gross understatement of Latino HIV/AIDS data. The absence of Puerto Rico from the Latino case count and other measures of HIV impact cannot be tolerated and merits the immediate action of the Federal government. On the eve of the release of updated data signaling the impact of HIV/AIDS in the United States by the Centers for Disease Control and Prevention (CDC), the Latino Commission on AIDS anticipates the data will signal a serious situation for Latinos that will require urgent action at all levels of government, Latino leadership and key institutions to galvanize a sustainable response to this public health crisis in our communities.

While we understand the seriousness of the epidemic among African Americans, Whites, Pacific Islanders, Native Nations and communities across the United States; our call is for a comprehensive strategy that will change the current course of HIV/AIDS among all communities of color in the United States, Puerto Rico and the U.S. Virgin Islands. We recognize how significant the XVII International AIDS Conference in Mexico City will be for all of us as it represents an international opportunity to share and learn how we can best work together to prevent HIV and ensure access to care for all.

As the AIDS epidemic increases its reach into Latino families, the U.S. Government should dedicate the necessary resources to assess the complexity in addressing the challenges that HIV/AIDS represents

for Latinos, the fastest growing population in the United States. An alarming concern is that while Latinos are the second most affected population in the U.S. we are not consulted when decisions are made on issues pertaining to HIV prevention and access to care. The issues facing Latinos are met by a wall of silence and indifference. Below are some of those issues relevant for us:

- We need bilingual social marketing campaigns at the national, regional, and local levels to encourage increased HIV testing among Latinos.
- We need to develop on-going initiatives that enlist Spanish speaking faith-based communities.
- We need initiatives to increase behavioral research to better understand what places Latinos at particular risk for HIV infection.

- We need a better balance in the provision of HIV prevention and care services in rural and urban areas; currently most of the attention is placed on urban communities but we must not forget that we need to reach Hispanics in rural areas as well. Latinos living with HIV/AIDS operate at their own peril in seeking medical help for their condition in many regions of the country. In particular, Latinos in the Deep South States need attention from health authorities, the private sector, foundations and community leaders.
- We need to improve AIDS care for Puerto Ricans Island-wide where the crisis has been inadequately addressed. Much of the care is inconsistent in Puerto Rico and there is often no access to medications and primary care because of mismanagement.
- We need to value the lives of Latino gay men. New infections among young Latino gay men are increasing at a rate that has not been seen in years.
- We need to increase and improve services to Latinas. AIDS cases among Latina women continue to climb at alarming rates with no apparent slowdown.
- We need to address the stigma of AIDS so that everyone can feel safe in getting routine HIV testing. Heterosexual Latino men are emerging as a significant portion of those infected with HIV/AIDS, but the stigma of testing and being diagnosed keeps many away from accessing health care.
- We need to ensure that prevention messages, social marketing campaigns and health care services are available in both English and Spanish which is our reality. Our people must not be lost in the translation.

## IMPORTANT DEVELOPMENTS

The Latino Commission on AIDS is proud to share several important developments in our community that we believe will help further promote a response to the AIDS crisis. In January 2008, a historic Latino AIDS Leadership Summit gathered in Washington, DC to unify our community and produce the Latino AIDS Action Agenda and the formation of the National Latino AIDS Action Network (NLAAN). On June 24, 2008 the Latino AIDS Federal Policy Recommendations document was released for policy makers, US Congressional members, and

the general public to propose needed change in how AIDS is addressed in the US and its territories ([www.latinoaidsagenda.org](http://www.latinoaidsagenda.org)).

## A HOW LATINOS VIEW THE AIDS CRISIS?

Latinos in the United States are calling for greater government commitment to address HIV/AIDS in their families and communities.

- **SITUATION URGENT:** Twenty three percent of Latinos believe, when surveyed, that HIV/AIDS is one of the most urgent health problems facing the nation today and 46% feel that AIDS has become more urgent in their community in the last few years.<sup>2</sup> Only 15% of non-Hispanic Whites surveyed felt the same levels of concern.
- **VERY CONCERNED WITH FAMILY MEMBERS BECOMING INFECTED:** Thirty one percent of Latinos have “personal” concerns about becoming infected with HIV.<sup>3</sup> Latino parents are also “very concerned” (57%) about their children becoming infected with HIV and want help with educating their children about HIV/AIDS.<sup>4</sup>
- **HIGH LEVEL OF PERSONAL EXPERIENCE WITH HIV/AIDS:** Latinos may have these high personal and societal levels of concerns in part because 37% of those surveyed report having personally known someone with HIV/AIDS.<sup>5</sup>

In terms of how the problem of HIV/AIDS affects America today, 44% of Latinos feel the United States is losing ground or remaining “about the same” while 39% feel that the United States is making progress.<sup>6</sup>

## B WHAT IS THE DATA ON LATINOS WITH AIDS?

Accurate data on Latinos diagnosed with HIV and/or AIDS is still not available. While new statistics will be available soon, they will not truly reflect the impact of the disease on the Latino community as they will not include many large areas of the United States. California for example, which has a large Latino population, will not be included in the national data. It is widely understood that this is a local, state and federal problem but we must call attention to it and look at prevalence and incidence data that more accurately reflects the disproportionate Latino HIV/AIDS crisis.<sup>7</sup>

**Prevalence:** “Prevalence”, in this case, means the number of cases per population at risk since numbers began to be collected up to 2006, from the CDC. Since 1981 the prevalence per 100,000 of Whites living with HIV/AIDS is 68.1, of reported AIDS diagnosis is 194.3 and of reported HIV cases is 49.2. The prevalence per 100,000 since 1981 of Latinos living with HIV/AIDS is 191.5, of reported AIDS diagnosis is 418.8. The prevalence of reported HIV diagnosis for the United States is 94.7 per 100,000. What these numbers show is that the prevalence of HIV and AIDS in the Latino population in the United States is nearly two or three times that of non-Hispanic Whites.

**Diagnosis:** The HIV/AIDS cases diagnosed and reported each year represent another telling example of the disparate impact of HIV/AIDS on Latinos when compared to non-Hispanic Whites. The diagnosis of new cases in 2006 of non-Hispanic Whites per 100,000 for HIV/AIDS is 8.2, for AIDS diagnoses is 5.4, for reports of AIDS within 12 months of testing positive for HIV is 5.1, and for deaths from HIV/AIDS is 1.9. For Latinos new cases per 100,000 of HIV/AIDS is 25.5, of AIDS diagnoses is 15.4 cases per 100,000, of AIDS reports within 12 months of testing positive for HIV is 14.0 cases, and for deaths per 100,000 due to HIV is 5.5.<sup>8</sup>

**Death:** The most disturbing data from the diagnosed cases set out above is that Latinos were almost three times as likely as non-Hispanic Whites to die of HIV disease. The causes could be a failure to reach Latinos with effective HIV prevention programs, a failure to reach Latinos early in disease progression with HIV testing, a failure to develop programs to keep Latinos engaged in their care, a failure to offer medical treatment in a manner the patient can access, afford or understand, a failure to address fear among immigrants of accessing medical care or a failure to address the stigma associated with AIDS. All of these are factors that may be responsible, in part, for the high rate of HIV deaths among Latinos.

## ISSUES OF CONCERN

**Transnational HIV Infection:** The Latino Commission on AIDS is increasingly concerned with transnational HIV infection. In particular, we are concerned with the cases of Mexican and Central American nationals that migrate to the

U. S. for work and become infected with HIV along the way or, more often, when they reach the United States. Research from Mexico’s National Center for the Prevention and Control of AIDS and other institutions have found that migrants have a greater number of sexual partners and are more likely to use illegal intravenous drugs than non-migrants.

The transient lifestyles and exposure to U.S. culture can influence many migrants’ sexual practices while loneliness and isolation can mean that male migrants may engage in sex with male partners or with sex workers whose exposure to multiple partners and intravenous-drug use puts them at higher-risk for HIV.<sup>9</sup> A recent study found that migrant husbands unfaithful to their wives were often at the highest risk of contracting HIV and that group was more likely to solicit sex workers while in the United States and less likely to have long-term relationships with other women.<sup>10</sup>

In the United States, it is often wrongly assumed that immigrants bring diseases into the country, as opposed to returning home with them. But while the United States’ HIV rate is 0.6 percent, twice Mexico’s rate of 0.3 percent. Guatemala’s HIV rate of 1.1 percent, nearly four times that of Mexico, even though Guatemala has a far smaller population, 12.7 million people - than that of Mexico, 108 million, and the United States, 301 million. We must consider how many migrants have contracted HIV while in the United States.

HIV/AIDS stigma and fear of deportation further complicate matters as few of those who are diagnosed in the U.S. are willing or able to seek care, and some never make it back to their countries of origin. Many migrant Latinos diagnosed with AIDS arrive at care facilities at near-death stages of the disease. Their mobility, migration patterns, and lack of access to continuous health care also impede health service groups’ ability to reach them with prevention and care.

**Late HIV Testing:** Among Latinos, late HIV testing results in missed opportunities for prevention and treatment of HIV. In February 2003, the CDC released an analysis of a multi-site testing study which indicated that late testers were more likely than early testers to be young, Black or Hispanic, less educated, and were more likely to have been

exposed to HIV through heterosexual contact.<sup>11</sup> Reducing the incidence of both new infections and HIV-associated morbidity and mortality will require earlier testing and improved access to prevention and care services for persons infected with HIV.

Late testers are defined as persons who had their first positive HIV test <1 year before the diagnosis of AIDS. In 2006, 42% of Latinos with an HIV positive diagnosis developed AIDS within 12 months of being tested, a rate higher than any other racial/ethnic group.<sup>12</sup> The majority of late testers sought testing because of illness; early testers were tested for several reasons, including perceived risk, desire to know their HIV status, and routine check-ups in addition to illness. Late testing results in missed opportunities for preventing HIV infections.

During the time between HIV infection and diagnosis, infected persons can transmit HIV to others when they engage in practices that put their partners at risk. HIV transmission could be reduced by increasing awareness of HIV status through early testing<sup>13</sup>. For persons in whom HIV is diagnosed, condom use might increase and the number of sex partners might decrease. In addition, HIV-positive persons and HIV-discordant couples (i.e., one person is HIV infected and the other is uninfected) might reduce unprotected intercourse and increase condom use more than HIV-negative persons<sup>14</sup>. Finally, earlier diagnosis and entry to care are associated with better prognosis and survival.

**HIV and Latino Men Who Have Sex with Men (MSM):** MSM as a group continues to be the most affected by HIV infection and AIDS in the U.S. Latino MSM are no exception. The CDC reported in 2007 that Latino men who have sex with men represent 44% of the cumulative Latino AIDS cases. Given that a large number of HIV-infected Latino gay and bisexual men are unaware of their infection, HIV testing is an important strategy for this population. Many of these men have previously tested HIV-negative, so the Latino Commission on AIDS recommends that all sexually active MSM be tested for HIV at least twice a year. We must develop social marketing campaigns that encourage routine HIV screening of both adult and adolescent males and make HIV testing a routine

part of medical care. We must work closely with HIV positive men in preventing new infections by helping them reach out to their partners. In addition, we must develop programming that meets the needs of Latino MSM who also have female sex partners. Bisexuality among Latinos is a behavior that needs more research and incorporation in community prevention strategies.

In essence, we need more bilingual and culturally competent prevention services for gay and bisexual Latino males. We should begin by providing comprehensive sexuality education and sexual health services without fear or retribution and with full support of the federal government. We must financially support the expansion of substance abuse prevention and support services that include syringe exchange.

The transgendered population within the Latino community is probably the most underserved segment of the Latino MSM population. The problems of drug use and sex work that affect some, but not all, of this population make the need for treatment and prevention information even more clear. Programs where transgender individuals can safely gather are sparse and there is very little prevention literature and even less social marketing materials directed at the Latino transgendered population. Transgender Latinos face serious problems in accessing medical care. We need to ensure that healthcare providers are trained to deal with transgender clinical issues and that states begin to capture basic epidemiological data for this population.

Men who have sex with men but do not see themselves as gay, bisexual or transgender are difficult to reach. One of the challenges in providing treatment and prevention services in the Latino community has been the difficulty of reaching men who self-identify as heterosexual but have sex with other men. As with self-identified bisexual men, this is a very difficult population to identify and bring into supportive services, in part because of provider insensitivity. According to the CDC, MSM who do not identify as homosexual are not adopting behaviors to reduce the risk for HIV infection with the same frequency as men who self-identify as homosexual or bisexual. We must ensure that culturally competent programming for the harder to reach Latino populations is developed.

## CONCLUSION

This briefing is a wake-up call to all. HIV/AIDS is a health emergency that demands immediate action, increased funding, and greater understanding. We eagerly await the new CDC data to analyze further the impact of this disease and develop a comprehensive response to the HIV/AIDS pandemic and how it is affecting us all. We must act and change the course of this disease.

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1 Espinoza L. HIV/AIDS Surveillance for Hispanics. Oral presentation at CDC-sponsored "HIV/AIDS Prevention in the Hispanic/Latino Community: Consultation with Leaders from the Latino Community", Decatur, Georgia. April 1-2, 2008.

2 Kaiser Family Foundation Survey of Americans on HIV/AIDS (conducted March 24 –April 18, 2006) Chart 32 (Most Urgent Health Problem Facing the Nation by Race/Ethnicity) and Chart 39 (HIV/AIDS and Your Local Community) [hereinafter referred to as Kaiser Survey]

3 Kaiser Survey Chart 33 (Trend in Personal Concern About Becoming Infected)

4 Kaiser Survey Chart 36 (Parents Concern About Children Becoming Infected)

5 Kaiser Survey Chart 37 (Percent Who Know Somebody with HIV/AIDS)

6 Kaiser Survey Chart 38 (Perceptions of U.S. Progress on AIDS)

7 Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2006*. Vol 18). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008. (hereinafter referred to CDC Report 2006). CDC Report 2006 for cases diagnosed see Tables 2, 5A, 5B, 7. For Prevalence see cumulative figures from Tables 7, 8, 19/21, and 20/22. For population estimates that were used in these calculations see U.S. Census Bureau Press Release at [www.census.gov/Press-Release/www/releases/archives/population/010048.html](http://www.census.gov/Press-Release/www/releases/archives/population/010048.html) dated May 17 2007 "Minority Population Tops 100 Million", Table 1 (hereinafter referred to as 2007 Census Report.) For more detailed citations please look at the main body of the Latino AIDS Action Agenda available at [www.latinoaidsagenda.org](http://www.latinoaidsagenda.org)

8 For Prevalence see Tables 8, 19/21, 20/22 and 7. For population estimates that were used in these calculations see U.S. Census Report 2007. For reported HIV diagnosis the same absent states reported above apply.

9 Magis-Rodriguez, CENSIDA: *Migrants' transient lifestyles and exposure to U.S. culture can influence their sexual behavior*; 2000.

10 Jennifer S. Hirsch, Columbia University; *Journal of Public Health: The Social Constructions of Sexuality: Marital Infidelity and Sexually Transmitted Disease—HIV Risk in a Mexican Migrant Community*; 2007.

11 MMWR Late Versus Early Testing of HIV -16 Sites, United States, 2000--2003 June 27, 2003 / 52(25);581-586

12 CDC Report 2006 for cases diagnosed see Table 2.

13,14 CDC. *Adoption of protective behaviors among persons with recent HIV infection and diagnosis*---Alabama, New Jersey, and Tennessee, 1997--1998. MMWR 2000; 49:512--5.

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**THE LATINO COMMISSION ON AIDS** is a nonprofit membership organization founded in 1990 dedicated to fighting the spread of HIV/AIDS in the Latino/Hispanic communities. The Commission is the leading national Latino AIDS organization coordinating National Latino AIDS Awareness Day and other prevention and advocacy programs in more than 40 States, Puerto Rico, and the U.S. Virgin Islands. For more information visit: [www.latinoaids.org](http://www.latinoaids.org) or [www.nlaad.org](http://www.nlaad.org)

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