

One man's fight against HIV infections among Latinos

Hispanic men are being infected with the AIDS virus at an alarming rate. Mario Villeda Maldonado wants that to stop.

By Jeremy Olson

jolson@pioneerpress.com

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Outreach worker Mario Villeda Maldonado talks with a client at West Side Community Health Services in St. Paul about how to read an HIV test. Villeda joined the clinic's HIV-prevention efforts after several friends became infected. (Pioneer Press: Ben Garvin)

It's closing in on midnight at the Saloon, and the men are sorting from large groups into couples who are dancing, laughing and kissing.

It's Latino night at the Minneapolis club. Thirty or so men are here. Most are openly gay.

"The men who go to the club, they are going to try and meet someone, and meet someone for what?" asks Mario Villeda Maldonado, an outreach worker for West Side Community Health Services. "Not for talking."

This is Villeda's office Tuesday nights, when efforts to prevent the spread of HIV and AIDS go beyond health fair booths and radio spots. The goal here is to prevent HIV transmission that could occur on this very night, not at some abstract point in the future.

The rate of HIV among Latino men is a growing concern, according to state figures released Wednesday.

While the sexually transmitted disease remains more prevalent among African-born Minnesotans and African-Americans, the number of new infections doubled among Hispanic men to 37 in 2006 from 17 in 2005. The trend eased a bit — 33 infections in 2007 and 25 in 2008 — but the Hispanic HIV rate still triples the overall rate.

Latinos also are more likely to seek testing later in their infections, which makes them more likely to suffer AIDS and to infect others.

"Getting tested and getting into care if you are positive is of utmost importance," said Peter Carr, director of the HIV/STD section of the state Health Department.

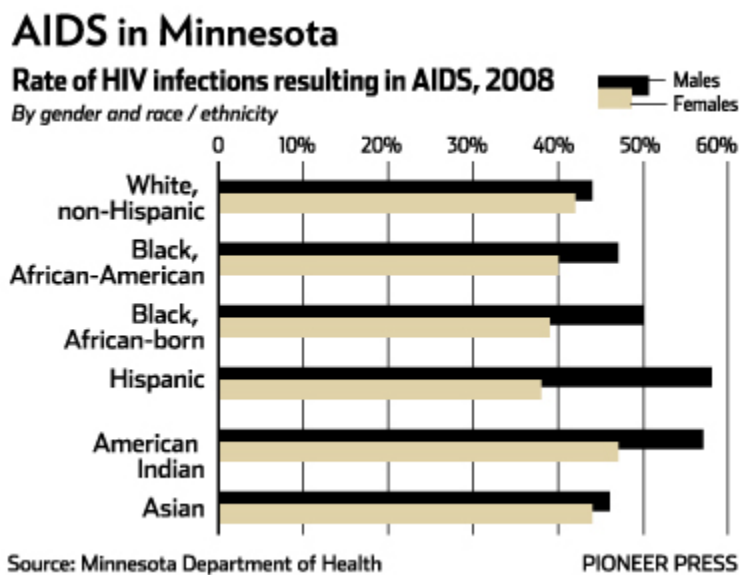
NO TENGAS MIEDO

Villeda makes the rounds among the men at the club. Almost everyone knows him and trusts him. Tonight, he is in a collared shirt and khakis. Other nights, he comes to the Saloon in drag to perform as La Coco, dancing on stage in flashy designer clothes and high heels.

"Mario!" one man yells, and leans in for a kiss on the cheek.

"Coco!" says another.

A pile of plastic packages from the West Side clinic sits on a corner table. Each contains three condoms, two packages of lubricant and a mint.



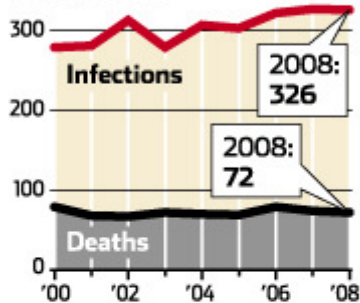
Villeda brings the packets to the club and leaves them so men can pick them up without drawing attention.

Villeda has distributed thousands of condoms at clubs, bars and health fairs since West Side's HIV prevention program first received state grant funding in 2005. He also encourages men at risk of infection to seek the free testing he conducts at the St. Paul clinic on Mondays and Tuesdays.

HIV in Minnesota

HIV remains more prevalent among minorities and gay men, but 2008 Minnesota data released Wednesday show increased new infections among whites and women as well.

New HIV infections, deaths, 2000-2008



HIV infection rates, 2008

Infections per 100,000 persons

White, non-Hispanic

4

Black, African-American

40.5

Black, African-born*

74 105.1

Hispanic

19.5

American Indian

8.6

Asian

3.6

*Range in African-born is due to unreliable population estimates

Source: Minnesota Department of Health

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The plight of HIV in the Latino community is gaining more attention nationally. A new prevention campaign, announced by the Obama administration last week, initially will target African-Americans and gay men who are most at risk of infection, but also will tailor messages about HIV prevention to Latinos.

Among the many challenges in this population is the "machismo" attitude that makes some Latino men reckless in their sexual activity with women and other men, said Maria Alvarez, who helps direct the Latino prevention efforts at the U.S. Centers for Disease Control and Prevention.

And one message does not fit all. Latino men born in the United States, Mexico or South America are more likely to transmit HIV through sex with other men. Those born in the Dominican Republic or Central America are more likely to spread the infection through sex with women. Shared use of drug needles is a more common transmission method for Puerto Ricans.

"The message is just not being delivered in a culturally appropriate way for Latinos, who are so diverse," Alvarez said.

Villeda sees the challenge of preventing HIV up close.

While his family has been supportive and acknowledged his sexuality, he said other Latino families have ostracized members who are gay. The strong Catholic roots and beliefs of many families make it hard for them to accept a lifestyle opposed by their church.

The result is many Latino men live in secrecy, fearing even to be tested when they might be at risk of HIV, Villeda said. The secrecy may partly explain why 58 percent of HIV-infected Latino men are diagnosed with AIDS in Minnesota. The average among other ethnic and racial groups is 46 percent.

HIV, the human immunodeficiency virus, attacks the immune system and spreads by destroying the very cells that are supposed to protect the body. When too few white blood cells are left, the infection is diagnosed as AIDS. If social pressures prevent Latino men

from seeking early testing and treatment, then they miss a vital chance to keep their infections from reaching this severe and sometimes deadly level.

West Side's outreach program, No Tengo Miedo (Don't Be Afraid), is part of a "one-stop shop" for HIV patients that includes testing, primary care, mental health counseling, nutritional education and other support. Latinos and African-born immigrants make up 85 percent of the clinic's HIV patients.

It's more than coincidence that the rise in HIV infections among Latino men started after a state grant expanded West Side's prevention efforts. An estimated one in five people with HIV don't know of their infections. The increased testing at the clinic found some men who had been HIV-positive for a while.



Mario Villeda Maldonado, an outreach worker for West Side Community Health Services, administers an HIV test at the St. Paul clinic. Droplets of blood are placed on test strips that give results in 10 minutes. (Pioneer Press: Ben Garvin)

EFFORTS ARE WORKING

Villeda, 36, was born and raised in El Salvador. He moved to California and then to Minnesota 14 years ago, when he started waiting tables at a bar and performing in a local drag show. He took an interest in HIV prevention after seeing friends suffer from infections — and a few die of AIDS.

"When you work in the bars," Villeda said, "you notice a lot about what's going on with your community. You notice about your friends that are starting to get infected, so you start to worry about how you can help these people."

He started working as a phone operator and greeter at West Side. Later, he started to promote HIV prevention in bars and clubs and to work with clinic leaders to obtain state prevention funds.

A key portion of the grant covers the cost of a test, which had been a barrier for many Latino men with lower incomes. Villeda and other clinic leaders are confident the outreach efforts are working. West Side has seen its number of HIV tests increase from 265 in 2007 to 345 last year. Another 175 tests already have taken place in the first quarter of 2009.

"Nobody else had been doing this for the Latino community when our program began, you know," he said.

Villeda sees a lot of misunderstanding among Latinos about HIV, mostly due to language barriers. His solution has been to simplify the message, and to keep the focus on the steps men can take to prevent infection.

Even in his drag performances, Villeda finds time for "La Coco" to give men some advice.

"If you don't care" enough to get tested, he tells them in Spanish, "nobody is going to come and take care of you."

"His work is more or less his life," said London Losey, a West Side grants coordinator. "He's so much a part of it that it's hard to separate when he's working and when he's just living (as) part of his community."

Villeda is hoping Catholic churches will become allies, despite their teachings against condoms and homosexuality. Our Lady of Guadalupe Church in St. Paul allowed him to take part in a health fair two years ago, though without condoms.

The CDC officials agreed that efforts at the community level are much more effective. Some minority communities don't trust the medical establishment, nor can they afford routine health care.

Tests at community centers are twice as likely to find people who are HIV-positive, because the people most at risk have more trust in local advocates, Alvarez said.

Villeda gives the tests personally during clinic hours on Mondays and Tuesdays — pricking middle fingers, swabbing droplets of blood and then placing them on test strips that give results in 10 minutes. Most of the time, he offers relief over the results along with a bag full of information on HIV prevention and a few condoms.

Sometimes, he has to break the news of a positive HIV result. The discussion often lasts an hour or two, and the goal is always the same: to talk with the man until he is stable enough to go home, drive a car or be alone.

People assume Villeda is HIV-positive — that anyone doing this kind of work would have to have the infection. Villeda doesn't have HIV. He's just seen too many people wait too long out of fear and misinformation to learn they are infected.

"People are still dying," he said. "Sometimes because they just don't want to get tested, because they don't want to get help."

Jeremy Olson can be reached at 651-228-5583.