NATIONAL CALL TO ACTION 2021

Addressing the HIV crisis among Latino/a/x gay and bisexual men in the U.S.
IN PARTNERSHIP WITH
In light of the newly released National HIV/AIDS Strategy, we draw attention to the fact that the comprehensive HIV healthcare needs of Latino/a/x gay, bisexual, transgender, and other men who have sex with men (collectively referred to as ‘gay men’) in all parts of the U.S. remain unaddressed or limited in scope. Tailored HIV prevention efforts for Latino/a/x gay men need to be adequately funded and scaled-up. Healthcare is a fundamental human right\(^1\) and should be available to everyone in the U.S. regardless of their immigration status. Denying healthcare harms people and is detrimental to optimal public health outcomes.

We raise this call to action based on the National HIV/AIDS Strategy for government agencies, funders and community organizations and allies to address the HIV needs of Latinx gay men.

\(^{1}\) Health is a fundamental human right. WHO. December 2017. https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right
Between 2015 and 2019, rates of new HIV diagnoses declined among Asian, Black, and white gay, bisexual, transgender, and other men who have sex with men (collectively referred to as gay men) but did not decline among Latino/a/x gay men. Latino/a/x men accounted for 32.5% of all HIV diagnoses among gay men in this period. In the general population, Latino/a/x people accounted for 27% of all HIV diagnoses in 2018, and gay men comprised 85% of all diagnoses among Latino/a/x people. Although Latino/a/x people constitute less than 19% of the U.S. population, Latino/a/x gay men shoulder a disproportionate burden of new infections.

Despite the reduction in HIV diagnoses in the U.S., along with improvements in care, viral suppression, and PrEP uptake, many gaps remain in the response to HIV among marginalized populations, especially among Latino/a/x gay men in the South - who account for 51% of all HIV diagnoses among gay men.

They can benefit from effective prevention interventions such as prexposure prophylaxis (PrEP), but their uptake and access to PrEP is minimal, often highlighting systemic barriers. Just 14% of Latino/a/x gay men who were eligible for PrEP were prescribed it in 2019, compared to 63% of eligible white people. These inequities are further highlighted among U.S. Latino/a/x people living with HIV (PLHIV). In 2018, only 61% of this group received medical care, 49% were retained in care, and 53% had a suppressed viral load. Furthermore, stigma, discrimination, homophobia, transphobia, poverty, racism, and xenophobia contribute to the disproportionate burden borne by Latino/a/x gay men.

“14% of Latino/a/x gay men who were eligible for PrEP were prescribed it in 2019, compared to 63% of eligible white people.”
**IMMIGRATION**

Many Latino/a/x gay men are denied or unable to access healthcare and often forgo healthcare and social services because of fear of interacting with public agencies; undocumented status; limited English proficiency; federal, state, and local public healthcare services that are not accessible for immigrants; and the toxic stress associated with the fear of deportation. Changes by the Trump administration to the Public Charge Rules unfairly penalized Latino/a/x people and instilled fear among immigrant communities as approximately 1 in 7 adults in immigrant families reported having fearfully dropped out of health and welfare programs due to the changes. While President Biden repealed the harmful and unnecessary changes in the Rules in early 2021, many immigrants are still afraid to access public healthcare, jeopardizing their health. The U.S. Immigration and Customs Enforcement Agency (ICE) also continues to endanger lives and undermines the health of many immigrants, including Latino/a/x gay men and PLHIV, through unnecessary detentions and poor medical care for detainees. The Biden Administration terminated the Migrant Protection Protocols (MPP) program in October 2021 and needs to pursue comprehensive immigration reform.

**MOLECULAR HIV SURVEILLANCE**

There are growing human rights concerns among Latino/a/x gay men living with HIV and undocumented immigrants relating to the use of molecular HIV surveillance (MHS) by government and public health agencies. In several states, gay, bisexual and trans Latinx individuals have been identified as a “cluster” – meaning they have related HIV strains in a particular location - yet there remains a dearth of resources invested in organizations led by gay, bisexual and trans Latinx people. The identification of a cluster indicates a structural failure of the health system to effectively reach these people. In addition, for a variety of reasons, the people identified in these clusters may not want their information to be accessed by a variety of federal, state and local agencies including law enforcement or Immigration and Customs Enforcement (ICE). To conduct MHS, epidemiologists repurpose the results of HIV genetic sequencing tests taken from PLHIV in clinical settings for surveillance. In more than 30 states, PLHIV are criminalized. Taking sensitive data from people without their consent and storing or sharing it without adequate data protections can jeopardize the safety, livelihood, and freedom of people.
While people of color communities account for over three-fourths of annual new HIV diagnoses in the U.S., federal government funding for community-led responses to HIV has declined and community-led organizations are finding it increasingly difficult to obtain critical CDC funding. The underfunding or absence of community-led programs, including those led by Latino/a/x gay men, make it harder to deliver stigma-free, culturally humble, linguistically responsive, evidence-informed, and rights-based comprehensive sexual health programs, inclusive of PrEP and PEP, mental health, substance use, legal, and other support services.

The difficulties that Latino/a/x gay men face in accessing HIV services are compounded by:

1. Health planning bodies do not engage Latino/a/x gay men and fail to prioritize community-led, comprehensive, culturally humble, and linguistically responsive sexual health programs, including those that address structural barriers to prevention services.

2. The lack of comprehensive immigration reform and the criminalization of border crossings which renders many Latino/a/x immigrants undocumented and puts them at risk of detention, prosecution, and deportation by ICE.

3. Efforts in many Republican-led states to undermine and cut funding for the Affordable Care Act, the Ryan White HIV/AIDS Care Program, and Medicare, all of which provide access to life-saving HIV medications and other crucial health services.

4. The limited social services available in Latino/a/x-majority jurisdictions such as Puerto Rico which is often excluded from many federal social programs and in healthcare service deserts, such as border areas in the South.

5. Past National HIV/AIDS Strategies (NHAS) that inadequately addressed the unique needs of Latino/a/x gay men. Metrics specific to addressing the HIV crisis among Latino/a/x gay men were missing in previous iterations of the NHAS.

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15 https://mailchi.mp/nmac/ete-2021-v1-198126?e=ef8c64f0c7
16 Being culturally humble requires that policymakers and healthcare providers actively appreciate the lay expertise of recipients of care, be open to sharing power, and be willing to learn from recipients of care. (Lekas HM, Pahl K, Fuller Lewis C. Rethinking Cultural Competence: Shifting to Cultural Humility. Health Serv Insights. Dec 2020)
A CALL TO ACTION

In response to increases in HIV diagnoses among Latino/a/x gay men and the adverse effects of structural barriers to HIV healthcare access, we call on federal, state, and local government agencies and officials to:

1. Enact a comprehensive federal immigration reform to allow all immigrants - including Latino/a/x gay men, PLHIV, and the undocumented - safely access HIV services and healthcare.

2. Immediately end the unnecessary detention, prosecution, and deportation by ICE of Latino/a/x gay immigrants and PLHIV. Ensure access to adequate medications and treatment for Latino/a/x PLHIV in detention and take measures to prevent the spread of COVID-19.

3. Mandate informed consent and data security for MHS programs and data collection to ensure that PLHIV, including Latino/a/x gay men and undocumented immigrants, are protected.

4. Include Latino/a/x gay advocates in HIV planning bodies and health departments at all levels and prioritize Latino/a/x gay men for HIV and STI testing, treatment including ART, viral load suppression, and effective biomedical prevention options such as PrEP.

5. Support the development and implementation of Spanish language initiatives at federal, state, and local levels that increase access to HIV services for Spanish speaking Latino/a/x gay men regardless of their immigration status.

6. Fund tailored HIV services for Latino/a/x gay men in jurisdictions such as healthcare deserts in the South and in Puerto Rico. Prioritize the HIV prevention and treatment needs of Latino/a/x gay men in the End the Epidemic Initiative in all jurisdictions, including those with rising Latino/a/x populations.

7. Include a Latino/a/x advisory body in the implementation of the HIV National Strategic Plan (2021-2025) and the 2021 NHAS.

8. Ensure reauthorization and a funding increase for the Ryan White HIV/AIDS Program and Medicare expansion in all states and territories. Reform Medicaid and Marketplace to ensure the provision of culturally humble and linguistically responsive healthcare.
We call on donors and funders to:

1. Continuously engage with Latino/a/x gay activists in HIV program design and implementation.

2. Commit unrestricted funding for HIV programs including comprehensive (one-stop-shop), stigma-free, culturally humble, linguistically responsive, evidence-informed, and rights-based programs that include HIV and STI testing, prevention (including PrEP), treatment, mental health and substance use services, treatment for comorbidities, and legal and other support services.

3. Fund research efforts that generate relevant knowledge on the needs of Latino/a/x gay men. Ensure that knowledge generated from research is provided back to communities.

4. Invest in Latino/a/x leadership pipeline by funding training, learning, professional development, mentorship opportunities, and recruitment to leadership positions.

Finally, we call on Latino/a/x community advocates and community-led organizations to:

1. Advocate for HIV programs at all levels of government that are culturally humble, linguistically responsive, and meet the needs of the Latino/a/x gay community including in healthcare service deserts, rural areas, the South, and jurisdictions where federal or state laws impede access to comprehensive sexual and reproductive health services.

2. Actively engage in the implementation and monitoring/evaluation of the 2021 NHAS.

3. Advocate for comprehensive immigration reform including decriminalization of border crossings and an end to ICE detentions, mistreatment of detainees (including poor healthcare), prosecutions, and deportations.

4. Advocate for increased funding for the Ryan White HIV/AIDS Program and Medicare. Demand reforms to Medicaid and Marketplace so they provide culturally humble and linguistically responsive healthcare, including for jurisdictions such as Puerto Rico.
Many Latino/a/x gay men are denied or unable to access healthcare and often forgo healthcare and social services because of fear of interacting with public agencies; undocumented status; limited English proficiency; federal, state, and local public healthcare services that are not accessible for immigrants; and the toxic stress associated with the fear of deportation. Changes by the Trump administration to the Public Charge Rules unfairly penalized Latino/a/x people and instilled fear among immigrant communities as approximately 1 in 7 adults in immigrant families reported having fearfully dropped out of health and welfare programs due to the changes. While President Biden repealed the harmful and unnecessary changes in the Rules in early 2021, many immigrants are still afraid to access public healthcare, jeopardizing their health. The U.S. Immigration and Customs Enforcement Agency (ICE) also continues to endanger lives and undermines the health of many immigrants, including Latino/a/x gay men and PLHIV, through unnecessary detentions and poor medical care for detainees. The Biden Administration terminated the Migrant Protection Protocols (MPP) program in October 2021 and needs to pursue comprehensive immigration reform.
A NOTE ABOUT THIS CALL TO ACTION

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