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Claremont McKenna College

***Los indetectables: An Examination of Oral Histories of HIV+, Undetectable Gay Latino Men During COVID-19 and U=U (Undetectable = Untransmittable) Era***

submitted to  
Professor Venit-Shelton  
Department of History

by Angel Ornelas

for  
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***Los indetectables: An Examination of Oral Histories of HIV+, Undetectable Gay  
Latino Men During COVID-19 U=U (Undetectable = Untransmittable) Era***

Angel Ornelas

Claremont McKenna College

*Abstract:* Since the early 1990s, antiretroviral medications have made it possible to reduce viral loads of HIV/AIDS to the point of undetectability to standard blood tests. Individuals living with such low quantities of the virus have reframed our social understanding of the HIV-AIDS epidemic by redefining HIV infection as a chronic, manageable disease and challenging current public health definitions of safe-sex activity for homosexual men. HIV infection is no longer a death sentence, but it remains a life sentence requiring constant medication adherence and treatment, major changes to lifestyle habits, and a modification in sexual performances. This thesis sheds new light on the understudied experiences of *los indetectables*, HIV-positive Latinos with an undetectable viral load. In what ways has the possibility of undetectability transformed the lives and intersecting identities of *los indetectables*? Through archival research and oral history and ethnographic research with HIV-positive Latinos affiliated with BienEstar, an L.A.-based organization, this thesis argues that HIV-AIDS treatment options continue to implement homophobic approaches to care.

### **Abel's Story: A Preamble**

COVID-19 f\*\*\*ing sucks. My mother passed away a couple of months ago, I've been jobless since April, and I'm relying on the little unemployment payments that the State of California is providing us. COVID-19, this has never happened to me before. It's all completely new to me. I haven't been this scared in a long time, since I was diagnosed with HIV.<sup>1</sup>

Unemployment, fear, and death. Abel's story is one of many that shed light on how COVID-19 has exacerbated the structural challenges faced by people living with HIV. In addition to worrying about his mental health and reducing his exposure to COVID-19,

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<sup>1</sup> Abel Ramirez, interview by author, Angel Ornelas, October 1, 2020.

Abel's HIV status is a life sentence to constant treatment and medical monitoring. Of the yearly 36,400 HIV infections that are reported by the Centers for Disease Control (CDC), Latinxs like Abel make up 27 percent. The steady rates of HIV transmission among Latinxs despite the availability of many prevention and treatment options available today speak to the structural vulnerabilities of marginalized communities. With this in mind, I will discuss the impact the HIV-AIDS epidemic has had on the Latino community to underscore the importance of examining the oral histories of *los indetectables* within the context of the COVID-19 pandemic.

### **From Covid-19 to HIV-AIDS: A Brief History**

On January 30<sup>th</sup>, 2020, World Health Organization (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus declared a Public Health Emergency of International Concern, underscoring the 2019 novel coronavirus (COVID-19) as the viral agent responsible. In early 2020, countries battled with containing the virus, issuing quarantine measures and shutdowns in response to the highly transmittable nature of COVID-19.<sup>2</sup> As of this writing, healthcare systems around the world are continuing to battle increases in hospitalizations and deaths. Political leaders are either heroically confronting the pandemic head-on (implementing strict lockdown and quarantine measures, as well as mask mandates, testing, and contact tracing) or succumbing to the pandemic's force (permitting establishments to remain open and not enforce the use of masks in public).<sup>3</sup> This novel disease has forced public health officials at all levels to revisit some of the lessons learned

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<sup>2</sup> World Health Organization (WHO). "Public Health Emergency of International Concern declared."

<sup>3</sup> Elisabeth Braw, "Forget Washington and Beijing. These Days Global Leadership Comes From Berlin."





(and unlearned) from the HIV-AIDS epidemic. In countless ways, COVID-19 recalls the 1980s/1990s when the HIV-AIDS epidemics emerged, putting an unexpected end to the lives of thousands of people. In both cases, marginalized communities are being blamed for transmission and infection. The world seems to have come to a halt politically. Government officials and public health organizations seem to be more divided as time passes by.

In the 1980s, however, the HIV-AIDS epidemic was largely ignored by public health and government officials. The initial medical identifications of AIDS-related deaths were among gay men in Los Angeles, San Francisco, and New York. With prevalent prejudice towards homosexuality, HIV-AIDS was inevitably “defined in political and cultural terms...that many heterosexuals’ reactions to AIDS would reflect their [stigmatized] attitudes toward homosexuality.”<sup>4</sup> HIV-AIDS was initially labeled a “Gay Disease,” “Gay Cancer,” a plague to eliminate homosexuality, among other things. Coincidentally, “Gay Disease” was first medically reported by Los Angeles County. L.A. medical authorities described an unusual and rare lung infection, *Pneumocystis carinii* pneumonia (PCP), found in five gay men, and published their findings in a by the U.S. Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR).<sup>5</sup> This became the first official reporting of the HIV-AIDS epidemic in the United States. HIV infection, therefore, was viewed (and still is today) as a condition in which the victim, the gay man, deliberately engaged in deviant acts that led them to become ill, reinforcing pre-existing homophobia.<sup>6</sup>

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<sup>4</sup> Gregory M. Herek and John P. Capitanio. “AIDS stigma and sexual prejudice,” 1131.

<sup>5</sup> “A Timeline of HIV and AIDS,” HIV.org.

<sup>6</sup> Veanne Anderson. “For Whom Is This World Just?: Sexual Orientation and AIDS,” 255.

This prejudice became evident in how government officials, scientists at the Centers for Disease Control, and public health bodies in general neglected both politically and socially the emergence of a disease that appeared to be spread through intimate, sexual contact.<sup>7</sup> Epidemiologists were interested in speculations that the virus had originated in Africa, reinforcing colonial Western fascination that only distracted from the public health crisis at hand.<sup>8</sup> At the same time, the Reagan Administration refused to speak publicly about the HIV-AIDS epidemic until 1986, placed HIV-AIDS on the list of the most “Dangerous Contagious Diseases” (granting the Department of State the ability to deny people living with HIV visas), and invested very little money into HIV-AIDS research.<sup>9</sup> Reagan and his staff muffled public health authorities by taking control of the way HIV-AIDS education was diffused and modeled, relying on conservative and religious messaging that demonized sexual relations outside of marriage and homosexual behavior.<sup>10</sup> This culture of homophobia continues to shape HIV-AIDS education disseminated by the Centers for Disease Control and local public health commissions. HIV-AIDS education persistently places absolute responsibility for one’s sexual health on the individual and portrays the HIV-positive individual as solely responsible for their infection.<sup>11</sup>

### **The Advent of Antiretrovirals**

Today, highly active antiretroviral treatment (HAART) allows HIV-positive communities to live long, healthy lives. HAART treatment prevents HIV from replicating and forces the virus to hide in unknown reservoirs of the body in a latent state. This

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<sup>7</sup> Randy Shilts. 1987. *And the Band Played on: Politics, People, and the Aids Epidemic*, 120.

<sup>8</sup> Richard A. McKay. *Patient Zero and the Making of the AIDS Epidemic*, 10-12.

<sup>9</sup> Jennifer Brier. *Infectious*, 78-82.

<sup>10</sup> *Ibid*, 84.

<sup>11</sup> Kane Race. “The Undetectable Crisis: Changing Technologies of Risk.” 169.

suppression of HIV is known as being undetectable (or popularly known as Undetectable=Untransmittable/U=U), where the amount of HIV in the body is so low that it cannot be detected with regular laboratory blood tests nor can it be transmitted through unprotected sexual activity. Being undetectable allows HIV-positive people to achieve a lifespan extremely close to the average lifetime of those not living with HIV. By being undetectable, a person can increase their CD4 (cluster of differentiation 4) cells, immune cells that are essential for combatting disease, and eliminate the risk of developing opportunistic infections that sprout in people with low immune defenses.

The modern pills that allow for undetectability to be achieved went through various developmental periods (See **Figure 1** for an overview of commonly prescribed single-tablet regimens for HIV infection). The first introduction of HIV-AIDS medications was in the late 1980s. Azidothymidine, commonly known as AZT at the onset of the HIV-AIDS epidemic, proved to be somewhat effective at combatting HIV replication, but with serious side effects. By the early 1990s, the National Cooperative Drug Discovery Group Program for the Treatment of AIDS (NCDDG-AIDS) was created to accelerate antiretroviral drug development.<sup>12</sup> In 2003, the implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) contributed to international responses to the HIV-AIDS epidemic outside of the United States.<sup>13</sup> Today, with more than 40 drug options, HIV treatment has transitioned from taking up to 20 pills per day to effective one-pill treatments (See **Figure 2** for the community messaging that the CDC currently implements to encourage adherence to HIV-AIDS treatment).<sup>14</sup>

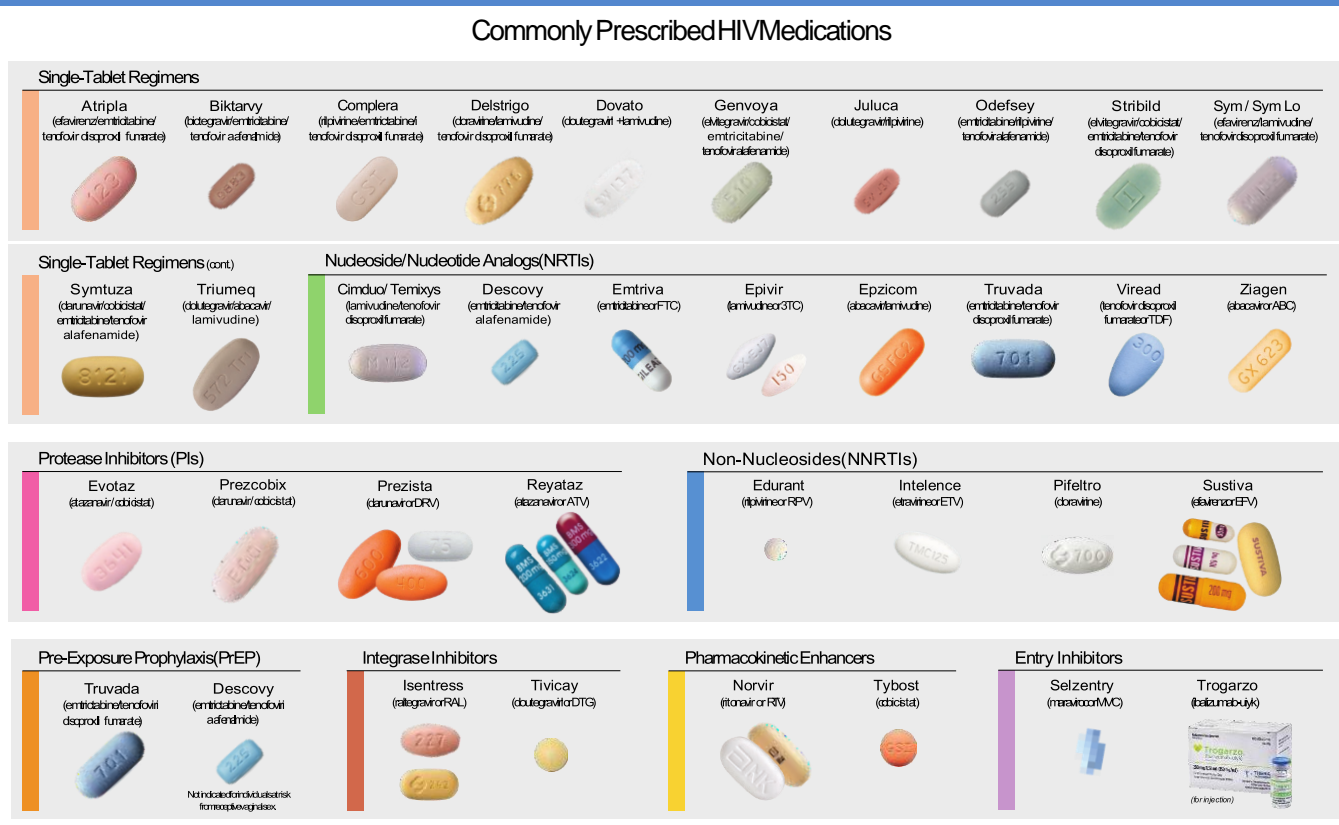
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<sup>12</sup> "Antiretroviral Drug Discovery and Development." National Institute of Allergy and Infectious Diseases.

<sup>13</sup> "U.S. President's Emergency Plan for AIDS Relief (PEPFAR)." HIV.gov.

<sup>14</sup> "Antiretroviral Drug Discovery and Development."

(Figure 1 – Chart of common HIV medications)<sup>15</sup>



<sup>15</sup> “HIV + HVC Medication Charts.” Community Research Initiative, November 20, 2019.



(Figure 2 – CDC community messaging of U=U)<sup>16</sup>

Uninsured HIV treatment and care is funded by the Health Resources and Services Administration’s (HRSA) Ryan White HIV/AIDS Program. To initiate HIV/AIDS care, an HIV-positive individual can initiate care with a public hospital or public provider (that is, any medical institution that is not privately owned or operated). Once the individual discloses their HIV status to a medical provider, if the person is uninsured or low-income, they are enrolled in the Ryan White HIV/AIDS Program. This enrollment process can take anywhere from 15 to 45 days. The enrollment application requires proof of residency, proof of income (individuals who cannot demonstrate income level are still eligible for the Ryan White HIV/AIDS Program), and a positive HIV test result. Once the individual is enrolled

<sup>16</sup> “HIV Treatment as Prevention.” *Centers for Disease Control and Prevention.*

in the public health program, Ryan White HIV/AIDS covers the cost of all laboratory tests concerned with their HIV infection and doctors' appointments.

At the same time, the person seeking medical care must also apply to the AIDS Drug Assistance Program (ADAP), a subprogram that covers the costs of HIV-AIDS medications. Funded by the Ryan White HIV/AIDS Program, enrollment in ADAP varies by state. Once the HIV-positive is enrolled and active in both ADAP and Ryan White, all medical costs associated with HIV care are covered. In addition, depending on the state in which they reside, an HIV positive person can also receive funding under Ryan White for the following services: AIDS pharmaceutical assistance, early intervention services, health insurance premium and cost-sharing assistance for low-income individuals, home and community-based health services, home health care, hospice services, medical case management, including treatment-adherence services, medical nutrition therapy, mental health services, oral health, outpatient and ambulatory medical care, and substance abuse outpatient care.

Ironically, for some low-income Latinos living with HIV, a positive diagnosis is the first time they can receive adequate healthcare.<sup>17</sup> Most low-income Angelenos receive HIV care from facilities managed by the AIDS Healthcare Foundation (AHF), a global nonprofit organization based in Los Angeles. AHF serves more than one million people in over 40 countries and has had major success accessing and distributing funds under the Ryan White HIV/AIDS Program. Today, more than half of people living with HIV in the United States receive medical care through the Ryan White HIV/AIDS Program each

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<sup>17</sup> Alberto Castillo, interview by author, Angel Ornelas, November 6, 2020.

year.<sup>18</sup> The Ryan White HIV/AIDS Program is named after a hemophiliac child Ryan White, who was diagnosed with AIDS after a blood transfusion in 1984. Ryan faced immense discrimination, being barred from public education by his Kokomo, Indian community:

It was really bad. People were really cruel, people said that he had to be gay, that he had to have done something bad or wrong, or he wouldn't have had it. It was God's punishment, we heard the God's punishment a lot. That somehow, some way he had done something he shouldn't have done or he wouldn't have gotten AIDS. The biggest contribution I think that Ryan made is, and I didn't know it at that time, that his legacy would be that people are getting their drugs and their treatment and that people are living with AIDS.<sup>19</sup>

Ryan's story, although tragic, propelled national action and allowed for today's HIV medical care infrastructure to become established. With more than 27.5 million people (8.5 percent of the U.S. population) uninsured, the Ryan White HIV/AIDS Program has played an important role in providing essential services.<sup>20</sup> Within the Latinx community, 49 percent have private insurance coverage, as compared to 75.4 percent for Whites.<sup>21</sup> This stark contrast in health coverage is one of the reasons why the Ryan White HIV/AIDS Program is vital to supporting HIV positive communities with very little to no access to healthcare and bringing an end to the racial HIV gap:

[T]he racial HIV gap and the racial health gap in general, is strongly correlated with the racial wealth gap, which in turn is the direct outcome of both historical and contemporary processes of segregation in housing, education, employment, and health care as well as racially skewed mass incarceration...[The racial HIV gap] — becomes the embodiment of a multifaceted social exclusion and the rationalization for massive health inequities.<sup>22</sup>

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<sup>18</sup> About the Ryan White HIV/AIDS Program. "HIV/AIDS Bureau," <https://hab.hrsa.gov/>.

<sup>19</sup> Who Was Ryan White? "HIV/AIDS Bureau," <https://hab.hrsa.gov/>.

<sup>20</sup> Bureau, US Census. "Health Insurance Coverage in the United States: 2018." November 8, 2019.

<sup>21</sup> "Office of Minority Health." Hispanic/Latino.

<sup>22</sup> Russell Robinson and Aisha C. Moodie-Mills. "HIV/AIDS Inequality." American Progress.

The health inequities and barriers to HIV care for Latinxs can be found in the lack of Spanish translation services and cultural differences between the patient and medical professional:

It took me a long time to really take advantage of everything that is available through Ryan White and ADAP. I didn't speak good English; I struggled a lot. I also wasn't comfortable with a lot of these *gringo* doctors. They look and treat you like you're wasting their resources and time. I see the difference in treatment with my White gay friends, it's obvious. I wish there could be more people who look and speak like me.<sup>23</sup>

A major component of Ryan White, the Minority AIDS Initiative reduces new HIV infections, improves HIV-related health outcomes, and reduces HIV-related health disparities for racial and ethnic minority communities by supporting projects led by local and state-level organizations.<sup>24</sup> The Minority AIDS Initiative, however, has been historically underfunded and requires millions of dollars more to end the racial HIV gap.<sup>25</sup> For Latinx people working full-time jobs, caring for children, struggling to meet the demands of monthly bills, and sending remittances to their homelands, the Ryan White HIV/AIDS Program is not enough. With a growing need for more bilingual and non-White doctors to enter HIV care, the Minority AIDS Initiative can be the structural solution to these structural barriers.

Despite the structural challenges that come with the racial HIV gap, highly effective HAART has allowed for the emergence of U=U (Undetectability equals Untransmittable) and TaP (Treatment as Prevention), revolutionary scientific discoveries that have dramatically changed the way public health officials think about unprotected sex. By

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<sup>23</sup> Alberto Castillo, interview by author, Angel Ornelas, November 6, 2020.

<sup>24</sup> "Background." HIV.gov, September 26, 2019. <https://www.hiv.gov/federal-response/smaif/background>.

<sup>25</sup> "House Budgeting Bill Increases Funding to HIV and Health Care." POZ, July 20, 2020.



suppressing HIV activity in the body, people no longer pose a transmission risk to others. Unprotected sex, therefore, poses a reduced risk of contracting HIV for HIV-negative folks. This presents an important sexual liberation for the HIV-positive community, particularly queer men, since the remnant idea that sexual activity is extremely dangerous no longer holds (to a certain extent). Moreover, the introduction of Pre-exposure Prophylaxis (PrEP, a prevention medication that requires the HIV negative individual to take one pill once a day to eliminate the risk of contracting HIV) and Post-exposure Prophylaxis (PEP, a short course of antiretroviral drugs taken after a high-risk activity to prevent HIV infection) have diversified how communities can combat HIV transmission. Tim Dean, Professor of English and Comparative Literature at the University at Buffalo (SUNY), argues that the initial introduction of PrEP, however, underscored the concerns related to the rise in unprotected sex:

I would argue that condom-free sex is mediated by Truvada even when the participants are not on it, because the drug has crystallized as a mediating idea about what worry-free sex between men in the 21st century might be... Urging everyone who is 'at risk' to begin taking Truvada, the CDC is basically saying, We have the technology, let's use it.<sup>26</sup>

These concerns that worry-free sex equates to a rise in unprotected sex are rooted in rampant homophobic ideas that continue to blame gay men for deliberately engaging in behaviors that increase their risk of contracting HIV despite taking medical precautions (such as taking PrEP). This homophobia can be seen in the way that the label "Truvada whores" is used to shame gay men who signed up for PrEP and engage in unprotected sex.<sup>27</sup> The emergence of new medical technologies that redefine what unprotected sex is

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<sup>26</sup> Tim Dean. "Mediated Intimacies," 229.

<sup>27</sup> Ibid, 232.

and clashes with the underlying homophobia in public health efforts at combatting HIV transmission.

Moreover, these changes in medication create a strong contrast in sexual behaviors between the onset of the HIV-AIDS epidemic and now. Kane Race, an Associate Professor of Gender and Cultural Studies at the University of Sydney, Australia, argues that the emergence of condom-less sex as a cultural practice is rooted in trust and relationship building:

Gay men developed safe sex as a “cultural practice,” an intercourse-based norm that constituted *community*...this relied on: the principle of universal behaviour change. Everyone was assumed to be HIV-infected and everyone practised safe sex. Safe sex became the new cultural norm guiding sex practices among gay men.<sup>28</sup>

Now, with the implementation of PrEP, PEP, and highly efficient HAART, these community-based sexual behaviors have shifted: gay men are practicing unprotected sex and have reconfigured their calculations of HIV risk to purposely engage in condom-less sexual acts. Moreover, the HIV-AIDS epidemic changed from a communal, public crisis to a private experience that is now characterized by lifelong treatment and constant medical monitoring, something that was previously inconceivable to both the medical and LGBTQIA+ community at the start of the epidemic.<sup>29</sup>

### **Systemic Racism and HIV-AIDS**

Today, about 1.2 million people are living with HIV in the United States, with 36,400 new HIV infections occurring in the United States in 2018.<sup>30</sup> Oppressive and

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<sup>28</sup> Kane Race. “The Undetectable Crisis,” 174.

<sup>29</sup> Ibid, 178.

<sup>30</sup> “U.S. Statistics.” HIV.gov.

discriminatory institutions have pushed Black, Brown, queer, and low-income communities into geographic locations and occupations where resources and support are maldistributed and pose severe exposure to disease. Structural health inequities that exacerbate disease transmission and its impact within marginalized communities are rooted in various social conditions such as extreme poverty, homelessness, limited/no healthcare access, labor-heavy jobs, and low-quality education access, to name a few.<sup>31</sup> In the case of HIV transmission, such social and economic conditions significantly increase the risk of contracting HIV for marginalized communities. For example, in the case of a young Mexican man who has recently migrated to Los Angeles in search of employment, it will be difficult for this individual to live openly as a queer person since they rely heavily on their family for support and economic stability. Their inability to embrace LGBTQIA+ resources without the fear of family rejection will lead them to pursue closeted sexual and emotional relationships, taking decisions not rooted in community resources.

These inequalities have been historically justified by lawmakers and public health officials with two distinct explanations: “(1) that the social status or lifestyle choices of certain racial and ethnic groups result in maldistribution and (2) that maldistribution is a result of the operation of the ‘free market.’”<sup>32</sup> In the case of a homeless Latinx transgender woman who faces discriminatory hiring practices and resorts to sex work, public health officials and policymakers justify her high-risk behavior for HIV infection by explaining that her lifestyle choices are what led her to that path of instability. What these explanations

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<sup>31</sup> “Health Equity Considerations and Racial and Ethnic Minority Groups.” Centers for Disease Control and Prevention.

<sup>32</sup> *From the Ground Up*, 58.

have in common is that they do not place blame on structural inequalities and instead assign complete responsibility to the individual for their economic status.

Before I begin my explorations of the HIV-AIDS epidemic within the Latino community, it is important to define ‘Latino’ as any individual with Latin American heritage. I use Latino to highlight the cultural characteristics that people of Latin American descent share, and therefore, the shared experiences they have with the HIV-AIDS epidemic. Furthermore, I use Latino and not Latinx to highlight the masculine gender identifications of the research participants. Of special concern within this broad umbrella are Chicanos, communities of Mexican descent that are born and raised in the Los Angeles area. Researchers such as Tomas Almaguer argue that scholars know “little about how Chicano men negotiate and contest a modern gay identity with aspects of Chicano culture drawing upon more Mexican/Latin-American configurations of sexual meaning.”<sup>33</sup> This limited understanding of gay Chicano men stems from the very young nature and limited resources of Latino sexuality studies. Since I will be conducting ethnographic interviews with HIV-positive, gay Latino men who reside in the Los Angeles area, Chicano identity and Chicano culture have played a role in shaping their identities and the sexual performances of interviewees. Rather than using the label Chicano as the main classifier for Latinos living in the Los Angeles area, this study defines ‘Latino’ as any person with Latin American heritage living in the States and the ‘Americanized’ generations that come after. The Latino community is diverse, with a wide array of races and religions defining its composition. My attempt is not to dilute the Chicano experience nor invalidate the social and political implications of its identity. Although the participants that my study examines

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<sup>33</sup> “Chicano Men: A Cartography of Homosexual Identity and Behavior,” 256.

come from mostly immigrant backgrounds, I will take into consideration the cultural and social shaping that the Chicano community has had on the lives of *los indetectables*. I use Latino to highlight the cultural characteristics that people of Latin American descent share, and therefore, the shared experiences they have with the HIV-AIDS epidemic.

### **HIV Stigma within the Latino Community**

Next, to illustrate HIV stigma within the Latino community, I will use Rafael M. Díaz's definition of HIV-related stigma and his application to Latino MSM: "the expression of a cognitive and affective worldview - expressed as attitudes, beliefs, and behavior - in which HIV-positive men are seen and treated in discriminatory and morally demeaning ways."<sup>34</sup> This discriminatory and morally demeaning treatment is multifaceted, rooted in both homophobia and racism. For Latino men who have sex with men (MSM), being HIV positive is perceived as a condition linked to both their homosexual, deviant behavior, and racial inferiority. For many of these men, structural barriers create different proximities to social and economic resources, resulting in differences in health. From two studies, one qualitative (focus groups), the other quantitative (survey), or jointly titled "Nuestras Voces" (Our Voices), Díaz explains that HIV stigmatization "can be seen in the fact that HIV-positive men are often blamed for their infection and are seen as morally deficient in ways that make them responsible for their infection and behavior on the part of HIV-negative men."<sup>35</sup> This attitude is reflective of rampant homophobia that defined HIV infection as a 'gay disease.' This victim-blaming is also evidenced in current public health outreach messages concerned with HIV-AIDS. For many organizations and medical

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<sup>34</sup> Rafael M Díaz. "In Our Own Backyard: HIV/AIDS Stigmatization in the Latino Gay Community," 54.

<sup>35</sup> Ibid.

centers dedicated to HIV testing and HIV care, there is very little dialogue concerned with the social and economic structures that place individuals and communities in situations where restricted agency leads to unsafe sex. HIV stigma, therefore, must be understood in relation to race, ethnicity, and class to identify the interplay between these factors and how they manifest in the everyday experiences of HIV-positive Black, Indigenous, and People of Color (BIPOC).

One of the most damaging effects of stigmatization, however, is the internalization of these negative attitudes, “when men begin seeing themselves and one another with the eyes of the oppressor.”<sup>36</sup> It becomes extremely difficult for HIV-positive folks to not internalize their socialization and not internalize the homophobic attitudes that have defined the negative social classification attached to HIV infection. Since these individuals and communities afflicted by HIV-AIDS inhabit spaces and a world where hypermasculinity and homophobia shape social attitudes, it becomes clear that HIV-positive individuals inevitably begin to see themselves as deviants deserving of their condition.

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<sup>36</sup> Ibid.

## Sexual Performances

Ethnographic understandings of male homosexuality and sexual performances in Latin America and U.S. Latino cultures over the past two decades inform this research proposal's definition. I define sexual performances as how sexual, physical, and emotional desires are expressed and communicated. One way of understanding sexual performances among Latino men is through the *activo/pasivo* binary, which Almaguer argues:

Unlike the European-American system, the Mexican/Latin-American system is based on a configuration of gender/sex/power that is articulated along the active/passive axis and organized through the scripted sexual role one plays. It highlights sexual aim—the act one wants to perform with the person toward whom sexual activity is directed—and only gives secondary importance to the person's gender or biological sex.<sup>37</sup>

Almaguer's sexual system paints a very specific example of how two men might engage in sex, with one individual serving as the receiver (*pasivo*) and the other as the penetrator (*activo*). This observation, somewhat antiquated, somewhat captures the structural forces that influence the performance of an *activo* or *pasivo*. For a masculine acting Latino male in an unstable economic situation, for example, he might perform the role of a flamboyant *pasivo* to attract potential customers. This man's performance is based on a configuration of power and gender – the economically unstable individual resorts to assuming a feminine, receptive sexual position to access resources. Almaguer's understanding of sexual performance among Latino MSM, however, is not definitive, nor does it encompass the forms of sexual performativity that HIV-positive Latino men might take on.

Another sexual system to understanding sexual performances among gay Latino men stems from Joseph Carrier's study of male homosexuality in Mexico. In his

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<sup>37</sup> Almaguer Tomás. "Chicano Men: A Cartography of Homosexual Identity and Behavior," 257.

ethnographic study, Carrier “asserts that the traditional dominant/submissive dichotomy of Mexican sexual identity is being transformed by migration to the United States, changes in traditional gender roles and the development of a third category of homosexual identity characterized by a more versatile definition of sex roles (both active and passive) referred to as *internacionales* (internationals).”<sup>38</sup> Through interviews with Mexican men and an extensive analysis of spaces where Mexican men engage in sex, Carrier argues that with globalization and migration, a strict *activo/pasivo* sexual dichotomy fails to explain the sexual behavior of Latino MSM. Globalization and migration allow for greater tolerance of minority communities and increased access to economic resources. Almaguer’s *activo/pasivo*, reliant on a sexual configuration based on gendered performance and power, falls short and is unable to account for Carrier’s assertions. Carrier’s observation of the effects that globalization and migration have had on the diversification of sexual performances of gay Latino men is essential to this research. The members of *Positivos*, composed of mostly immigrant men, have had their sexual behavior heavily influenced by their migratory struggles and assimilation to Los Angeles culture. Although I will not classify sexual behavior exhibited by *los indetectables*, using Carrier’s *internacionales* model, globalization and migration will be important sociocultural factors (larger scale forces within cultures and societies that affect individual access to resources, behaviors, thoughts, and emotions) that I will heavily consider throughout my ethnographic interviewing of members of *Positivos*.

Although both Carrier and Almaguer provide important classifications of the sexual acts that Latino MSM engage in, these classifications fail to reflect the sexual

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<sup>38</sup> *Entre Hombres/Between Men*, 151.



communication of Latino MSM in the States. Strict binaries such as the active/passive model or sexual labels such as *internacional* are not reflective of the diverse sexualities (sexual communities such as BDSM, Leather Bears, etc.) that exist within major U.S. metropolitan areas like Los Angeles. Moreover, these rigid models of sexual behavior do not take into consideration the role that sexually transmitted diseases play in sexual behavior. Carrier and Almaguer do not provide a thorough examination of whether or not Latino men consider the possible risk of STD transmission in their sexual performances of desire.

Instead of viewing sexual acts as behaviors (as do Carrier and Almaguer), this study frames the sexual performances of *los indetectables* as constantly changing sexual cultures. I highlight the following constructive critique written by Salvador Vidal-Ortiz in the book edited by Marysol Asencio, *Latina/o Sexualities: Probing Powers, Passions, Practices, and Policies*:

And then the analysis leaves out the notion that sexual cultures are always in flux and motion, that change is happening, and that the change, instead of creating simplicity, creates complexity. I think that is part of the problem because then, if we are not going to talk about pasivo/activo, the proposed solution is that instead we are going to talk about disclosure/secretcy or other dichotomies, and each because the new dichotomy that defines Latino homosexualities. Instead, I would argue that we need to consider simultaneously *activo/pasivo*, disclosure/secretcy, gender-based/object choice categorizations, and globalization/locality, all at the same time as part of the same thing.<sup>39</sup>

The excerpt above explicitly lays out an important framing for understanding sexual performances: they are constantly changing based on various socio-cultural factors (such as gender, power, access to economic resources, globalization, etc.). Rather than using strict binaries (such as *activo/pasivo*), this study views sexual performances as

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<sup>39</sup> *Latina/o Sexualities: Probing Powers, Passions, Practices, and Policies*, 262.

demonstrations of ever-changing sexual culture. Major metropolitan areas like Los Angeles are centers of cultural exchange that allow for the creation of very diverse sex cultures that ultimately influence the sexual behaviors of Latino MSM. *Los indetectables*, therefore, must be understood as a community with sexual performances and desires that are in ‘constant flux’ because of the dynamic nature of major cities and sociocultural factors.

This framing is applicable and necessary for some men in New York City and Rio de Janeiro. An ethnographic study by Muñoz-Laboy, Parker, Perry, and Garcia has shown that “men who may be dominant or *machistas* when they relate to women may just as often play passive roles in sex with male sex workers or casual partners and that the market for trans sex workers is often fueled by the demand of self-identified “heterosexual” or “normal” men.”<sup>40</sup> Scholars have begun to question pre-established models of sexual performance by recognizing that neither can fully describe the identities or experiences of men who have sex with men. For example, some hypermasculine, *activo* men seek pleasure from performing the *pasivo* role during penetrative sex with a transgender woman who has not had gender-affirming surgery. Almaguer’s *active/pasivo* model nor Carrier’s *internacionales* model can explain this performance. More importantly, this framework of sexual performances always being in flux has yet to be applied to the HIV-AIDS epidemic.

Scholarship thus far continues to reproduce a safe-sex configuration where ethnographers and public health officials view HIV-positive communities as culpable. Moreover, by failing to address the structural health inequities that restrict the autonomy

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<sup>40</sup> Miguel Muñoz-Laboy et al. “Alternative Frameworks for Examining Latino Male Bisexuality in the Urban Space,” 505.

of gay Latino communities, sexual ethnographies will continue to justify homophobic practices and oppressive institutions. The emergence of both effective HAART and undetectability challenges how ethnographers have shaped the narrative surrounding unprotected sex and homosexual behavior. Treatment as prevention, PrEP, and PEP have revolutionized the medicalization of HIV-positive bodies by rendering their HIV status as a chronic, manageable condition, eliminating the threat factor that has been for so long engrained in the legal and social perceptions of the HIV positive community.

Moreover, by diluting sexual performances and sexual communication to specific configurations, the nuanced nature of intimacy and emotional desire is lost. Almaguer and Carrier have established fundamental classifications of sexual activity among Latino MSM that will serve to better inform this study's ethnographic understanding of the sexual performances of HIV-positive, Latino MSM in the Los Angeles area. Rather than viewing sex between two men through a binary (*activo* or *pasivo*), this research focuses on understanding the limitations COVID-19 places on medical care access and limitations on sexual performances that *los indetectables* might engage in. For example, do *los indetectables* only engage in safe sex because their sexual partner(s) are uncomfortable with the possible transmission of HIV despite being undetectable? Do Latino MSM engage in certain sexual performances due to concerns about the spread of COVID-19? This research captures the sexual performance of *los indetectables* to understand whether or not undetectability (U=U) has lessened HIV stigma, therefore allowing HIV positive, undetectable, gay Latino men to engage in sex with HIV-negative people.

### **Sociocultural Factors and HIV Vulnerability**

To extend Almaguer's analysis of power as one of many factors in sexual performances, I will briefly illustrate the relationship between agency (individual ability to act freely without economic or social constraints) and its relationship with HIV vulnerability. Simply put, "the extent to which one can actively leverage power in one domain and use it to gain power in another domain (thus altering one's relative power within a given situation) may be at the crux of HIV vulnerability and resiliency among men who have sex with men of colour."<sup>41</sup> Through in-depth interviews with 11 Latino MSM, Tan, Pratto, Paul, and Choi explain that HIV vulnerability is dictated by an individual's ability to leverage power in several life domains. Life domains are social environments that a person might find themselves in based on their identity, occupation, among other factors (for example, workplace, financial situation, and personal network). Rather than focusing on specific sexual activities, sexual acts are understood as performances of power that are dictated by access to social and economic resources. As I mentioned before, if a Latino MSM is financially insecure, this individual might engage in unprotected sex with a wealthier individual in exchange for economic stability. The ability to control one's sexual performances, therefore, is shaped by the sociocultural factors that intervene in an individual's wellbeing. I highlight this to reject the notion that the HIV-positive person is simply an individual who committed irresponsible actions and center structural inequities as the root causes for increased HIV transmission. This assignment of blame or responsibility is extremely problematic and is a defining feature that was shaped initially

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<sup>41</sup> Judy Y. Tan et al. "A Social-Ecological Perspective on Power and HIV/AIDS with a Sample of Men Who Have Sex with Men of Colour," 212.

at the onset of the HIV-AIDS epidemic in the 1980s. This study rejects the safe-sex configuration where the HIV-negative person is somehow more responsible than a person living with HIV.

Despite scholars extensively studying the relationship between HIV vulnerability and sociocultural factors within the Latino community, public health agencies have yet to catch up with the literature. In the chapter “The Urgent Need for Structural-Environmental Models of HIV Risk and Prevention in U.S. Latino Populations,” Organista, Worby, Quesada, Kral, Díaz, Neilands, and Arreola argue that structural inequities must be met with community resources that are culturally tailored to all communities found within the Latino community, including but not limited to closeted gay men, transgender women, and migrant immigrant workers.<sup>42</sup> Through ethnographic interviewing of Latino migrant day laborers, these scholars advocate for the implementation of structural-environmental models of HIV risk that prioritize the negative impact of poor social conditions. Poor social conditions exacerbate and provoke high-risk behaviors (such as heavy drinking, frequent sexual encounters, and emotional abuse) to cope with oppressive sociocultural factors. I define sociocultural factors as larger-scale forces within cultures and societies that affect individual access to resources, behaviors, thoughts, and emotions. This study, therefore, understands high-risk behavior occurring in specific situations that are heavily shaped by poverty, racism, and internalized homophobia, among other things.<sup>43</sup> Rafael M. Díaz, a prominent HIV-AIDS expert in the Latino community, has highlighted in the past that HIV prevention research has been guided by a limited set of models of behavior change, all of

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<sup>42</sup> Kurt C. Organista et al. "The Urgent Need for Structural-Environmental Models of HIV Risk and Prevention in U.S. Latino Populations: The Case of Migrant Day Laborers."

<sup>43</sup> Rafael M Díaz. "Latino Gay Men and HIV: Culture, Sexuality, and Risk Behavior," 54.

which fail to address the sociocultural factors that heavily influence the decision-making process for many gay Latino men.<sup>44</sup>

Moreover, scholars such as Maria Cecilia Zea, Carol A. Reisen, Fernanda T. Bianchi, and Paul J. Poppen argue for increased attention on non-Mexican Latino communities. In their 5-year study of immigrant MSM from three countries (Brazil, Colombia, and the Dominican Republic), these scholars argue that these “New Latino Groups” (Latino communities that have not received the same level of research attention as Mexicans, Puerto Ricans, and Cubans) are excluded from existing HIV prevention models.<sup>45</sup> I agree that existing HIV-AIDS models and ethnographies have historically and continue to focus exclusively on Mexican communities. These “New Latino Groups” represent understudied populations that have been historically excluded due to the overwhelmingly large Mexican population that exists in the United States. Although these “New Latino Groups” have received very little attention, the poor social conditions and oppressive structural inequities that affect Mexican communities are extremely similar.

Therefore, throughout my ethnographic interviewing of *los indetectables*, I focus on identifying the following sociocultural factors that have played a significant role in the experiences of interviewees and do not place a special focus or emphasis on Mexican men: Masculinity/Machismo, Sexual Silence (gay silence), Homophobia (internalized and externalized), Family Loyalty (in the context of close personal involvement with homophobic families), Poverty, Racism, and Fatalism (the belief that fate dictates life

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<sup>44</sup> Ibid, 47.

<sup>45</sup> Maria Cecilia Zea et al. "Contextual Influences of Sexual Risk among Latino Men Who Have Sex with Men," 67.

outcomes).<sup>46</sup> All of these factors play some role in a Latino man's identity development, shaping their understanding of the world, and what it means to be 'gay' and HIV positive.

To revisit the culturally insensitive nature of HIV treatment centers, one important manifestation of this insensitivity is the use of the phrase men who have sex with men (MSM). Scholars such as Rafael M. Díaz have argued that using the term does not provide a clear picture of what is happening with self-identified, or openly gay, Latino men (since self-identified gay Latino men have very distinct experiences than heterosexual men who have sex with men). For scholars such as Tom Boellstorff, the term MSM has the benefit of encompassing nearly all HIV-positive, Latino men by not focusing exclusively on sexuality as the defining socio-cultural factor for the experiences of this community. The concept of "men who have sex with men can be used to raise the topic of sex in contexts where talking about sex is difficult, and form networks that would be impossible if framed solely in terms of gay men."<sup>47</sup> This is important to understanding bisexual performances, for example, where gender, power, disclosure, and secrecy play an important role. There exists a relationship between HIV status disclosure and sexual identity among Latino men; HIV-positive, bisexual Latino men who do not necessarily identify openly as homosexual were less likely to disclose their status to female partners.<sup>48</sup> The lack of disclosure is culturally significant and highlights the need for the term MSM as a necessary label to make HIV prevention programming more inclusive. Although Díaz makes a compelling point on the exclusionary nature of MSM, it is the best label to encompass and incorporate

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<sup>46</sup> Ibid, 58-59.

<sup>47</sup> Tom Boellstorff. "BUT DO NOT IDENTIFY AS GAY: A Proleptic Genealogy of the MSM Category," 12.

<sup>48</sup> Matt G. Mutchler et al. "Psychosocial Correlates of Unprotected Sex Without Disclosure of HIV-Positivity among African-American, Latino, and White Men Who Have Sex with Men and Women," 23.

all sexual identities and sexual experiences of Latino men that do not necessarily fall under the category of ‘gay’ or ‘queer.’ Boellstorff is correct in acknowledging that the term is best used when applied in an HIV prevention context since prevention programs using the term MSM can tailor community messages and outreach efforts to specific Latino communities.

### **(Virtual) Spaces and HIV Support**

Discrete, hidden, coded spaces and ‘gayborhoods’ have been historically used for building community, finding anonymous sex, and advancing political agendas. Chauncey’s *Gay New York* and Ghaziani’s *There Goes the Gayborhood?* detail how gay neighborhoods developed gay bars, gay clubs, cruising spots (public spaces where anonymous and quick sex could be found), and gay community could be built. For Los Angeles, West Hollywood and Silverlake District serve as sites of immense queer activity. With the introduction of the Internet and smartphones, virtual environments like bareback.com, Craigslist, Grindr, and Tinder became saturated with all kinds of queer folks and continue to play a significant role in how communication and expressions of sexual performance are enacted.<sup>49</sup> More importantly, virtual spaces have provided platforms for queer men to facilitate their coming out process and learn more about the greater LGBTQIA+ community.<sup>50</sup>

HIV support spaces, on the other hand, have taken on different forms, providing therapy, linkage to resource centers, to name a few. HIV support groups for the Latino community in Los Angeles are not new; they are a product of a historical need for resources and community building around the HIV experience that is somewhat distinct from other

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<sup>49</sup> Chris Ashford. “Queer Theory, Cyber-Ethnographies and Researching Online Sex Environments,” 298.

<sup>50</sup> Gary W. Harper et al. “The Internet’s Multiple Roles in Facilitating the Sexual Orientation Identity Development of Gay and Bisexual Male Adolescents.”



HIV-positive communities.<sup>51</sup> To illustrate this study's understanding of support spaces and the need for examining the virtual space that *Positivos* provides, I will draw on a queer theorization of space defined by Chris Ashford:

Today's 'cyber-ethnographies' offer an opportunity to explore 'sex' and/or 'sexuality' at close quarters without engaging in corporeal acts of sex [or of community building]. Queering the body in cyberspace has become routinised and yet our responses to that and wider 'cyber-ethnography' issues remain under-explored.<sup>52</sup>

By studying *los indetectables* in the age of COVID-19, this investigation represents an important research effort into the unexplored nature of queer virtual spaces, particularly queer virtual spaces that involve providing empowerment to those living with HIV. With COVID-19 posing the inability to fully capture a physical ethnographic understanding of the performances of support of *los indetectables* within *Positivos*, Ashford's analysis points to a very important under-explored aspect of cyber-ethnographies: the lack of context. With COVID-19 posing the inability to fully capture a physical ethnographic understanding of the performances of support of *los indetectables* within *Positivos*, Ashford's analysis points to a very important under-explored aspect of cyber-ethnographies: the lack of context. Northwestern Ph.D. candidate Dominique Adams-Santos underscores an important finding in an 'online-offline ethnographic study conducted by J. Dong:

[W]ith the growing use of mobile technology such as smartphones and tablets, people are no longer "confined" to their desk, but are mobile and are able to produce online texts and images from various offline environments (e.g., from bathroom, classroom, concert, restaurant). Therefore, online activities have to be carefully contextualized and understood in multiple, polycentric and often collaboratively constructed environments which sometimes are beyond what can be observed on the screen.<sup>53</sup>

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<sup>51</sup> "HIV/AIDS Seminar for Latinos," 25.

<sup>52</sup> Chris Ashford. "Queer Theory, Cyber-Ethnographies and Researching Online Sex Environments," 304.

<sup>53</sup> Dominique Adams-Santos. "Sexuality and Digital Space," 4.

Identifying and understanding the sociocultural factors and structures that affect the experiences of *los indetectables* is crucial to this qualitative research. Without this context, an analysis based on solely virtual research will not provide a complete picture of the sexual performances of *los indetectables* and the performances of support within *Positivos*.

### **Methodology**

Oral history interviews (in the form of life histories) are needed to answer the following research question: how has COVID-19 impacted HIV stigma, sexual performances, and HIV support for *los indetectables*? Drawing on Geertz's 'thick description framework,'<sup>54</sup> virtual ethnographic interviewing and participation are used to understand both the sexual performances exhibited by *los indetectables* and the performance of support within the virtual space of *Positivos*. 20 gay, HIV-positive, Latino men are interviewed, and all 20 men are members of *Positivos*. These 20 men were administered life history interviews, each lasting approximately an hour. From September 2020 to December 2020, I used virtual participant observation over Zoom to study the behavior of these 20 men within *Positivos*.

Participant observation and ethnographic interviewing are essential qualitative research methods because they allow the informants to provide an accurate, contextualized picture of their daily experiences.<sup>55</sup> Through a qualitative analysis of the experiences of *los indetectables*, this study uses virtual life history interviews to highlight the impact COVID-19 has had on *los indetectables*. Using grounded theory and describing the social, cultural, and sexual life activities that *los indetectables* participate in provides essential qualitative

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<sup>54</sup> Clifford Geertz, *The Interpretation of Cultures*, 56.

<sup>55</sup> Victor C. De Munck and Elisa Janine Sobo. *Using Methods in the Field*, 17.

insight. By implementing these methods, this study identifies the relationship between COVID-19 and HIV stigma, sexual performances, and HIV support. One of the most important developments to come out of ethnographic interviewing is the emergence of data from the interaction between the ethnographer and the subject.<sup>56</sup> This bias results in life-history interviews that are influenced by how the interview is conducting questions and the environment that the interviewer places the interviewee. Moreover, ethnographic interviewing requires long-term, sustained rapport building to construct strong relationships with interviewees. This relationship building, although extremely fruitful and beneficial for qualitative analysis, requires extensive communication and time. Despite these limitations, ethnographic interviewing is the most complete and efficient qualitative research method available to researchers seeking insight into HIV stigma, sexual performances, and performances of HIV support.

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<sup>56</sup> Paul Atkinson. *Handbook of Ethnography*, 370.

### **HIV-AIDS Activism in Los Angeles and the Emergence of BienEstar**

Los Angeles is the ideal site for studying the experiences of HIV-positive gay Latino men because this city contains a large queer Latinx community and has a well-established medical infrastructure for HIV treatment. To establish a strong connection with the HIV-AIDS community in Los Angeles, I have partnered with BienEstar, a Los Angeles-based public health organization focused on linking Latinxs living with HIV to treatment, support groups, counseling, and STD testing. Before delving into BienEstar's history, I will first describe the ecosystem of HIV-AIDS activism in Los Angeles in the late 20<sup>th</sup> century and situate the history of BienEstar within the tense racial lines that have characterized L.A.'s geographically dispersed and segregated LGBTQIA+ community.

Before the emergence of the HIV-AIDS epidemic, Los Angeles underwent a sweeping queer transformation. The rapid emergence of queer establishments and the creation of LGBTQIA+ specific sites led to the queer community's increased visibility and agency. In the 1940s, *Vice-Versa*, the first lesbian magazine in the United States, began to circulate in Los Angeles and was edited by Lisa Ben, a prominent science fiction aficionado. The first gay organization, Mattachine Society, was formed in 1950 by gay men for gay men. In 1947, the ONE Archives Foundation and ONE Magazine were created to document and spread the stories of Los Angeles' LGBTQIA+ community in Los Angeles (today, it serves as the largest LGBTQIA+ archive in the nation). In 1968, the Metropolitan Community Church was established by Reverend Troy Perry (today, this is the oldest continuously operating LGBTQIA+ ministry in the world). Lastly, the Los Angeles LGBT Center was born in 1969, and today supports nine facilities spread throughout Los Angeles County.

The creation of these queer establishments coincided with the emergence of militant reactions by LGBTQIA+ communities across the country, thus initiating the national gay liberation movement. In Los Angeles, the gay liberation movement was sparked by three intense confrontations with the legal system. The first confrontation occurred in 1952 when Dale Jennings was arrested for soliciting a police officer.<sup>57</sup> Although Jennings was ultimately acquitted, his reaction to the charges in ONE Magazine pointed to growing frustration with LAPD's extreme homophobia:

Even if I had done all the things which the prosecution claimed...I would have been guilty of no unusual act, only an illegal one in this society. Yet even the most confirmed homosexuals seemed to have forgotten this as they sympathetically grilled me to determine the merits of this case...and held long debates on whether I was "guilty" or not. They had accepted society's evaluation of themselves.<sup>58</sup>

The second confrontation occurred at Cooper's Donuts, a local donut shop frequently visited by trans people and by the Los Angeles Police Department (LAPD) personnel.<sup>59</sup> During an average night in 1959, two police officers asked for the identifications of several trans women and men. During this time, LGBTQIA+ people could be arrested if their gender presentation did not match their gender identity on official identification cards (this anti-gay legal harassment was underscored by the association of homosexuality with communism and the continued classification of homosexuality as a disease by the American Psychological Association). Refusing arrest, onlookers quickly organized and took to the streets in protest of the unlawful arrests.

Lastly, during a New Year's celebration on January 1, 1967, undercover cops arrested queer patrons of the Black Cat bar who were seen kissing and physically

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<sup>57</sup> Moira Rachel Kenney, *Mapping Gay L.A.: the Intersection of Place and Politics*, 7.

<sup>58</sup> *Ibid*, 8.

<sup>59</sup> *Ibid*, 16.

embracing each other. In response to what has been called the “Black Cat Raid,” about 400 people gathered outside of the bar on February 11, 1967, calling “on LAPD to end entrapment, cease illegal searches, and to respect the basic rights and dignity of gay, lesbian, and bisexual individuals.”<sup>60</sup> The demonstrations at Cooper’s Donuts and the Black Cat Bar predate the better-remembered 1969 Stonewall Riots in New York City and speak volumes on the emergent salient political identity of the LGBTQIA+ community in Los Angeles. More importantly, these confrontations represent crucial challenges to the harassment that was sanctioned by Los Angeles’ city code.

Historically, most of the LGBTQIA+ community has concentrated in western Hollywood, once a neighborhood of Los Angeles and now a separately incorporated city. West Hollywood’s emergence and development “contributed to LA County’s landscape of segregated diversity...largely white and distant from the neighborhoods where people of color lived,”<sup>61</sup> with some people of color describing a trip to West Hollywood as “an excursion into whiteness.”<sup>62</sup> West Hollywood served as the site where most, if not all, well-resourced, White queer folks engaged with each other at gay clubs, coffee shops, and residences. For people of color, however, the queer enclave was virtually inaccessible due to its distance from Latinx neighborhoods and poor transportation systems.

With this geographic disparity in mind, West Hollywood would eventually host the first formidable HIV-AIDS organization to emerge in Los Angeles, ACT UP Los Angeles (ACT UP). A branch organization of ACT UP New York ACT UP LA set the stage for

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<sup>60</sup> Los Angeles Conservancy, n.d. <https://www.laconservancy.org/locations/black-cat>.

<sup>61</sup> Benita Roth, *The Life and Death of Act Up/La*, 13.

<sup>62</sup> *Ibid.*

HIV-AIDS activism in Los Angeles. ACT UP LA followed the efforts of ACT UP New York by modeling their political organizing efforts:

- Challenging the Immigration and Naturalization Service’s policy regarding the immigration of HIV-positive people to the United States<sup>63</sup>
- Protesting the reluctance of the Catholic Church and then Archbishop of Los Angeles Roger Cardinal Mahony to endorse safe-sex practices and education<sup>64</sup>
- Speaking out against the Federal Drug Administration’s slowness in approving life-saving AIDS drugs<sup>65</sup>
- Asking for more visibility and more recognition for women’s AIDS issues, including the fact that women were affected by different opportunistic infections than were men and subsequently demanding that the Centers for Disease Control in Atlanta change definitions of AIDS to be more inclusive of female “people with AIDS” (PWAs)<sup>66</sup>
- Raising awareness about consent issues for clinical trials<sup>67</sup>
- Protesting prison conditions and the lack of care for prisoners with AIDS<sup>68</sup>
- Arguing for universal healthcare and health insurance<sup>69</sup>
- Promoting needle exchange programs and services for intravenous drug users<sup>70</sup>
- Challenging discriminatory policies and individual acts of discrimination against HIV-positive people<sup>71</sup>

Moreover, ACT UP/LA used various tactics to apply political pressure: disrupt, persuade, and bargain with public officials; lobby elected officials; lead sit-ins in offices; hold vigils, marches, and demonstrations; distribute informational pamphlets and leaflets to communities; appear at pride parades, and attend government meetings.

ACT UP LA, however, by setting up its headquarters in West Hollywood, reproduced a segregationist politic.<sup>72</sup> By establishing its roots in the already segregated LGBTQIA+ community that had emerged in the 1950s, ACT UP LA sidelined people of

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<sup>63</sup> Ibid, 4.

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

<sup>69</sup> Ibid.

<sup>70</sup> Ibid.

<sup>71</sup> Ibid.

<sup>72</sup> Ibid.

color. Throughout ACT UP LA's lifetime, meetings were held in West Hollywood and other affluent, White areas of Los Angeles County. These areas were essentially inaccessible to people of color who resided in areas such as East Los Angeles and Pomona and worked labor-intensive jobs that made it difficult if not impossible to traverse the city for community gathering.

Black and Brown communities were largely ignored by groups such as ACT UP Los Angeles and the Los Angeles LGBT Center. Laura M. Esquivel, a prominent lesbian Chicana activist in the East Los Angeles area, has highlighted the Whiteness that dominated political organizing within the LGBTQIA+ community:

Lesbians and gays of color were people with long histories of activism in a variety of movements...in Los Angeles, there had been years of mutual non-recognition ... between "established" lesbian and gay leadership and the "emergence of empowered" people of color.<sup>73</sup>

She points to a growing need in the late 20th century to advance queer rights agendas that had special focuses on the Latinx community. Moreover, Esquivel emphasizes the need for continuous organizing by the Latinx community to pressure predominantly White queer organizations to address specific inequities that communities of color faced and continue to face to this day. Some of these racially and culturally tailored HIV-AIDS organizations that emerged within this ecosystem include the following: Asian Pacific Lesbians and Gays, Black and White Men Together, Black Gay and Lesbian Leadership Forum, Cara a Cara/Latino AIDS Project, El Centro del Pueblo, Luces, Milagros AIDS Project, and the Minority AIDS Project. These multicultural organizations provided funds for HIV-AIDS community events aimed at educating Los Angeles County on HIV transmission, organized

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<sup>73</sup> Ibid, 109.



communities of color to participate in local government, and trained marginalized communities to demand government resources.

With the growing exclusion of Latinx queer folks from predominantly white organizations, the queer Latinx community gave birth to the group Gay and Lesbian Latinos Unidos (GLLU).<sup>74</sup> Esquivel underscores the political significance of organizations such as GLLU:

GLLU provided an opportunity and a platform for people of color to have a political voice and to exert external pressure on the Center [Los Angeles LGBT Center] and on the white gay movement. We tried to make sure that GLLU, our issues, and LGBT Latinas/os themselves were visible in the gay media and started reaching out to, and developing relationships with, policy makers— especially the growing number of Latina/o elected officials.<sup>75</sup>

GLLU’s empowerment of queer Latinx activists and short existence is what ultimately led to the creation of BienEstar in 1989.

BienEstar provided (and continues to provide) community resources that combatted the structural inequities the Latinx community faces: xenophobia, homophobia, racism, and classism. As an organization focused on educating the LGBTQIA+ Latinx community on HIV-AIDS, substance abuse, and drug prevention, BienEstar relied on (and continues to rely on to this day) “a culturally relevant peer-to-peer model, which includes fostering a sense of *familia* (family).”<sup>76</sup> This model has been extremely successful in connecting queer Latinx people with the center and conducting outreach to the LGBTQIA+ community that tailors to Latinx communities in the Greater Los Angeles area. The cultural specificity of BienEstar allows the organization to better reach and communicate with Latinx

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<sup>74</sup> Oriol R. Gutierrez Jr. “All in the Familia.” POZ.

<sup>75</sup> *Queer Brown Voices: Personal Narratives of Latina/o LGBT Activism*, 87.

<sup>76</sup> “All in the Familia.” POZ.

communities (predominantly working-class and immigrant) that are not aware of or who have easy access to HIV-AIDS resources. With BienEstar now operating 11 centers across the Greater Los Angeles area, BienEstar has become the most important and prominent Latinx HIV-AIDS resource center in the country. BienEstar's role in the L.A. community has allowed it to allocate funding efficiently and conduct community outreach essential to maintaining the Latinx community linked to treatment, counseling, and general support (See **Figure 3** for a list of facilities that BienEstar currently has operating in Los Angeles County).

Bienestar currently provides services across seven locations to our clients living in all areas of Los Angeles County.  
Organization Phone Number: (866) 590-6411



**EAST LOS ANGELES**  
5326 E. Beverly Blvd.  
Los Angeles, CA 90022



**HOLLYWOOD**  
4955 W. Sunset Blvd.  
Los Angeles, CA 90027



**POMONA**  
180 E. Mission Blvd.  
Pomona, CA 91766



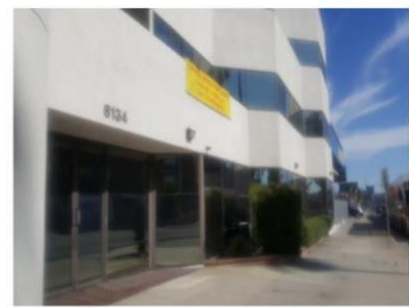
**SOUTH LOS ANGELES**  
130 W. Manchester Ave.  
Los Angeles, CA 90003



**EL MONTE/San Gabriel Valley Service Center**  
3131 Santa Anita Ave., Ste. 109  
El Monte, CA 91733



**LONG BEACH**  
2690 Pacific Ave # 300  
Long Beach, CA 90806




**SAN FERNANDO VALLEY**  
8134 Van Nuys Blvd., Ste. 200  
Panorama City, CA 91402

**(Figure 3 – BienEstar’s facilities)<sup>77</sup>**

<sup>77</sup> *Bienestar Human Services*, [www.bienestar.org/](http://www.bienestar.org/).

**Meeting The  
Health Needs of the  
Latino Community**



**BIENESTAR**  
LATINO AIDS PROJECT

- HIV/AIDS EDUCATION**
  - ▼ Pre/post test counseling
  - ▼ Individual and group sessions
  - ▼ Presentations to schools, organizations, night clubs and festival outreach
  - ▼ Medical updates provided
- CASE MANAGEMENT**
  - ▼ Referral to medical care, public/private assistance; and social programs
- FOOD AND NUTRITION**
  - ▼ One-on-one counseling
  - ▼ Monthly seminars
  - ▼ Referrals to nutrition programs
- MENTAL HEALTH**
  - ▼ Weekly bilingual support groups in Hollywood/Silverlake, East Los Angeles and Van Nuys
  - ▼ Peer emotional support counseling
  - ▼ Gay men's rap groups
  - ▼ Latino men's AA meetings
- SOCIAL EVENTS**
  - ▼ Movies
  - ▼ Dances
  - ▼ Cultural outings

***Empower  
Yourself***

*“Unidos hacemos  
la familia Latina, unete a  
BIENESTAR”*

**BIENESTAR  
LATINO AIDS PROJECT**  
3924 Sunset Blvd., Suite 1  
Los Angeles, CA 90029  
(213) 660-9680 (818) 905-6020  
“Volunteer Opportunities Available”

(Figure 4 – English language pamphlet summarizing a list of BienEstar services in the 1990s)<sup>78</sup>

<sup>78</sup> English pamphlet of services, ONE Archives Subject File Photographs, Box-Binder 21, *Bienestar (Unidos En Esperanza)*.

**BIENESTAR**  
LATINOS PROJECT

ENCUENTRO DE BIENESTAR  
1169 N. VERMONT AVE., LOS ANGELES 90029  
(213) 660-9680

EN EL VALLE DE LOS ANGELES  
3201 E. BEVERLY BLVD., LOS ANGELES 90033  
(213) 727-7896

EN EL VALLE DE SAN FERNANDO  
6850 VAN NUYS BLVD., VAN NUYS, CA 91345  
(818) 908-3820

**SERVICIOS:**

**EDUCACION DE VIH Y SIDA.** Asesoramiento antes y después de la prueba. Sesiones educativas individuales y en grupo. Presentaciones en las escuelas, las organizaciones, centros comunitarios y en festivales. Información dentro de la comunidad en los parques y plazas de "infectados diarios". Noticias médicas y actualizaciones semanales. El personal y voluntarios participan frecuentemente en programas de calle y atención de habla hispana dando información experta sobre el VIH y SIDA. El programa de intervención siempre motiva los grupos dentro de la comunidad de individuos que están en riesgo para que busquen un tratamiento si el resultado es positivo.

**MANEJO DE LOS CASOS.** Las manipuladoras de caso proporcionan asesoramiento en la aplicación a servicios sociales, beneficios públicos y programas sociales privados apoyo psicosocial, referencia para el cuidado de la salud física y dental, referencia de asistencia legal y una red de apoyo emocional por correspondencia.

**SALUD MENTAL.** Sesiones individuales y grupos de apoyo bilingües semanales en Hollywood, el Este de Los Angeles y en Van Nuys. Apoyo emocional por correspondencia. Grupos semanales de discusión para "grupos de infantes"; grupos semanales de orientación, asesoramiento y apoyo para familiares y asociados íntimos de personas infectadas o afectadas por el VIH / SIDA.

**PROGRAMA DE MANTENIMIENTO DE SALUD.** Promueve los hábitos de buena salud y actitud positiva para el mejoramiento de la calidad de vida. Clases semanales de meditación, ejercicio y yoga para reducir la ansiedad. Clases de autoeducación que son presentadas comunitariamente en como clases de auto ayuda.

**TRADUCCIONES.** Servicio de traducción para individuos de habla hispana con VIH y SIDA. Cooperación con otras agencias para proveer del servicio de traducción a sus clientes.

**APoyo SOCIAL.** Inicia círculos sociales y talleres en grupo. Facilitamos

**BIENESTAR**

**PROGRAMA DE TRATAMIENTO**

**P** Probablemente has sentido que la enfermedad del VIH es más poderosa que tu voluntad para salir adelante y mantenerte sano. Sin embargo tú eres el único que puede hacer algo concreto y efectivo para experimentar un cambio y gozar de la mejoría de tu salud. Todo esto comienza con iniciativa y con un cambio de actitud positiva que se lleva a buscar ayuda, a explorar alternativas y a intentar posibles soluciones a tus problemas de salud. El PROGRAMA DE TRATAMIENTOS del VIH de BIENESTAR puede ayudarte a vencer el proceso de la infección y guiarte a través del a veces complicado camino que conduce a las terapias que hoy en día están disponibles para todos los que como tú están luchando para mantenerse sanos y conservar un alto nivel en la calidad de vida. A través de nuestro PROGRAMA DE TRATAMIENTOS también puedes tener acceso a literatura e información sobre las enfermedades oportunistas más comunes, los síntomas y los medicamentos relacionados. También podrás conocer e involucrarte, si se que calificas, en algún ensayo experimental de los muchos que se llevan a cabo en Los Angeles. Tú no estás solo. Haz la diferencia. **INFORMATE!!**

**BUENAS NOTICIAS**

Tenemos el orgullo de comunicar a la comunidad que BIENESTAR ya cuenta con un servicio de orientación e información sobre tratamientos contra el VIH. Este programa tiene el objetivo de educar, asesorar y apoyar a los clientes de la agencia en cualquier asunto relacionado a tratamientos contra el VIH. Nuestros clientes son referidos a instituciones de salud donde puedan tener acceso a estos tratamientos. Además, en la agencia se encuentra disponible al público literatura extensiva sobre los tratamientos experimentales y alternativos y los sitios donde se realizan. Para información y referencias comuníquese al (213) 660-9680, de lunes a viernes

de 11am a 7pm, ó acudir a las oficinas de BIENESTAR en el mismo horario, la dirección es: 1169 N. Vermont Ave. Los Angeles, CA 90029; en el Este de Los Angeles, 3201 E. Beverly Blvd., (213) 727-7896; en el Valle de San Fernando, 6850 Van Nuys Blvd., Van Nuys, (818) 908-3820.

**OBJETIVOS DEL PROGRAMA:**

- Adquirir toda la información disponible sobre tratamientos aprobados, experimentales y alternativos para atacar al VIH.
- Mantener esta información actualizada.
- Disponer un acervo de literatura relacionada que está a la disposición del personal de BIENESTAR, sus clientes y voluntarios.
- Establecer relaciones de mutuo beneficio con otras agencias tanto del Condado de Los Angeles como de condados y ciudades vecinas para intercambiar información y experiencia.
- Dar servicio de educación, orientación y asesoramiento a los clientes de BIENESTAR a través de sesiones y sesiones individuales.
- Referir a clientes de BIENESTAR que reúnen los requisitos para participar en algún tratamiento experimental a las instituciones de salud correspondientes.
- Discutir y monitorizar los tratamientos que el cliente está siguiendo.
- Hacer disponible a la comunidad información en español sobre los tratamientos, sus medicamentos, y los efectos secundarios asociados.
- Escribir artículos sobre educación de tratamientos, nutrición y avances científicos de interés para la comunidad.
- Realizar campañas de información y educación al público (outreach) en eventos cívicos y lugares de reunión de la comunidad latina.
- Acudir a clínicas y hospitales para discutir con los médicos y pacientes la efectividad de los tratamientos que ahí se realizan.
- Asistir a los seminarios y conferencias, así como a las actualizaciones médicas referentes a los tratamientos para el VIH.
- Recopilar y publicar un glosario en español de términos relacionados con el VIH.

(Figure 5 – Spanish pamphlet summarizing a list of BienEstar services in the 1990s)<sup>79</sup>

<sup>79</sup> Spanish pamphlet of services, ONE Archives Subject File Photographs, Box-Binder 21, *Bienestar*.

**SE BUSCAN**

**HOMBRES GAY LATINOS**

★ Que disfruten de Ratos amenos entre amigos

✍ Que les guste divertirse sanamente

☎ Que les guste comunicarse con otros hombres gay

👉 Que necesiten un lugar para convivir

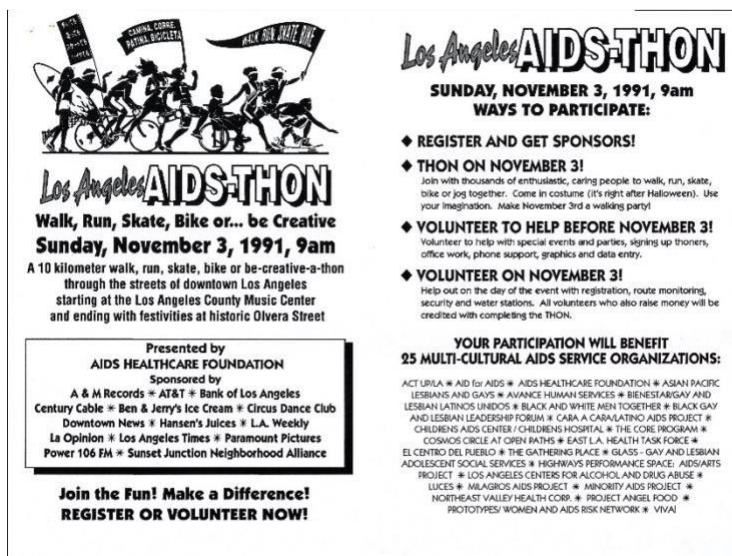
✌ **TODO ESTO Y MAS EN LO S**  
**LUNES SOCIALES** en el centro de  
**BIENESTAR** del Este de Los Angeles, ubicado  
 en 5301 E. Beverly Blvd. a dos cuadras al Este  
 de Atlantic Blvd. de 7:30 a 9:30 de la noche.

**ATREVETE A INFORMARTE**  
**AL TELEFONO: (213)**  
**727-7896**



(Figure 6 – Spanish ad for dry party events)<sup>80</sup>

<sup>80</sup> *Se buscan hombres* flyer, ONE Archives Subject File Photographs, Box-Binder 21, *Bienestar*.



**Los Angeles AIDS-THON**  
**SUNDAY, NOVEMBER 3, 1991, 9am**  
**WAYS TO PARTICIPATE:**

- ◆ **REGISTER AND GET SPONSORS!**
- ◆ **THON ON NOVEMBER 3!**  
Join with thousands of enthusiastic, caring people to walk, run, skate, bike or jog together. Come in costume (it's right after Halloween). Use your imagination. Make November 3rd a walking party!
- ◆ **VOLUNTEER TO HELP BEFORE NOVEMBER 3!**  
Volunteer to help with special events and parties, signing up thons, office work, phone support, graphics and data entry.
- ◆ **VOLUNTEER ON NOVEMBER 3!**  
Help out on the day of the event with registration, route monitoring, security and water stations. All volunteers who also raise money will be credited with completing the THON.

**YOUR PARTICIPATION WILL BENEFIT  
 25 MULTI-CULTURAL AIDS SERVICE ORGANIZATIONS:**

ACT UP/LA \* AID for AIDS \* AIDS HEALTHCARE FOUNDATION \* ASIAN PACIFIC LESBIANS AND GAYS \* AVANCE HUMAN SERVICES \* BIENESTAR/GAY AND LESBIAN LATINOS UNIDOS \* BLACK AND WHITE MEN TOGETHER \* BLACK GAY AND LESBIAN LEADERSHIP FORUM \* CARA A CARA/LATINO AIDS PROJECT \* CHILDRENS AIDS CENTER / CHILDRENS HOSPITAL \* THE CORE PROGRAM \* COSMOS CIRCLE AT OPEN PATHS \* EAST LA HEALTH TASK FORCE \* EL CENTRO DEL PUEBLO \* THE GATHERING PLACE \* GLASS - GAY AND LESBIAN ADOLESCENT SOCIAL SERVICES \* HIGHWAYS PERFORMANCE SPACE: AIDS/ARTS PROJECT \* LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE \* LUCES \* MILAGROS AIDS PROJECT \* MINORITY AIDS PROJECT \* NORTHEAST VALLEY HEALTH CORP. \* PROJECT ANGEL FOOD \* PROTOTYPES/ WOMEN AND AIDS RISK NETWORK \* VIVA!

**Presented by  
 AIDS HEALTHCARE FOUNDATION**  
 Sponsored by  
 A & M Records \* AT&T \* Bank of Los Angeles  
 Century Cable \* Ben & Jerry's Ice Cream \* Circus Dance Club  
 Downtown News \* Hansen's Juices \* L.A. Weekly  
 La Opinion \* Los Angeles Times \* Paramount Pictures  
 Power 106 FM \* Sunset Junction Neighborhood Alliance

**Join the Fun! Make a Difference!  
 REGISTER OR VOLUNTEER NOW!**

(Figure 7 – Flyer of L.A. AIDS-THON listing support from other multi-cultural organizations)<sup>81</sup>

(Figure 8 – List of multi-cultural organizations that supported HIV-AIDS community events in L.A.)<sup>82</sup>

Partial list of benefiting agencies:

- Act Up/LA
- AID for AIDS
- AIDS Healthcare Foundation
- AIDS Interfaith Council
- Asian Pacific Lesbians and Gays
- Avance Human Services
- Bienestar/Gay and Lesbian Latinos Unidos
- Black and White Men Together
- Black Gay and Lesbian Leadership Forum
- Cara a Cara/Latino AIDS Project
- Childrens AIDS Center/Childrens Hospital
- Cosmos Circle at Open Paths
- East LA Health Task Force
- El Centro del Pueblo
- Gay and Lesbian Adolescent Social Services
- Los Angeles Center for Alcohol and Drug Abuse
- Luces
- Milagros AIDS Project
- Minority AIDS Project
- Northeast Valley Health Corporation
- PROTOTYPES/Women and AIDS Risk Network
- The CORE Program
- Tuesday's Child
- VIVA!

<sup>81</sup> Finance/Fundraising-AIDS-THON 1990-1991. ONE National Gay & Lesbian Archives.

<sup>82</sup> Ibid.

BienEstar's efforts early on were substantial and created a case management system that allowed staff members to take a holistic approach to HIV-AIDS treatment (See **Figure 4** and **Figure 5** for a list of BienEstar services that were available in the 1990s). One unique quality that BienEstar had was hosting non-alcoholic events. (See **Figure 6**). Considering that most community building among LGBTQIA+ people occurred in bars, clubs, and sex spots, BienEstar's emphasis on friendship and non-intoxicating substances allowed for gay men to develop healthier habits that would reduce their alcohol exposure.

Moreover, BienEstar became the formidable organization it is today by achieving various milestones. Throughout the 1990s and early 2000s, BienEstar partnered with many multicultural HIV-AIDS organizations in the Los Angeles area and the rest of the United States (see **Figure 7** and **Figure 8** for a list of partnerships BienEstar established at the onset of the HIV-AIDS epidemic). These partnerships were crucial to bringing awareness to disparities in HIV treatment within Black and Brown communities at the onset of the HIV-AIDS epidemic in Los Angeles. These partnerships underscore the importance of maintaining cultural organizations that serve specific communities.

Furthermore, in 1998, BienEstar established educational programming throughout the Los Angeles Unified School District (LAUSD)<sup>83</sup> and organized the first HIV-AIDS conference in Southern California, which ultimately brought much-needed attention to the HIV treatment options available in this region.<sup>84</sup> This allowed BienEstar to build a direct relationship with Los Angeles's largest public school system and establish linkages with Latinx families. Through their partnership with LAUSD, BienEstar conducted workshops

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<sup>83</sup> Josefina Vidal. *La Opinión*; Los Angeles, California. 29 Nov 1998: 1A.

<sup>84</sup> Guillermo Gracia-Duarte. *La Opinión*.



related to sexual health at high schools and created parent associations that empowered families to openly discuss the consequences of unprotected sex.

Moreover, with the AIDS Drug Assistance Program (ADAP) expanding its reach in 2010, BienEstar advocated for greater language support to improve accessibility for Latinx communities.<sup>85</sup> Spanish-speaking HIV-positive individuals found it difficult to enroll themselves in the drug assistance program with English-speaking representatives. Before 2010, Spanish translation services were virtually few in between, creating a structural barrier for L.A.'s Latinx community to enroll themselves in the drug assistance program. Today, ADAP services offer informational materials and enrollment packages in about 10 languages.

In 2006, during a congressional hearing in Sacramento, BienEstar's executive president, Oscar de la O called for more investment in the Latinx community.<sup>86</sup> With HIV-AIDS organizations throughout Los Angeles experiencing funding shortages from the State of California due to budgeting issues, BienEstar drew on their previous political organizing tactics to secure additional money from the state. Ironically, that same year, BienEstar secured a USD 2.5 million grant from the CDC.<sup>87</sup>

Understandably, BienEstar's political activity was not limited to the Latinx communities of California. In 2019, Arizona Governor signed S.B. 1070 into law, requiring immigrants at all times to present a certification of alien registration when requested by law enforcement officials. Pro-immigrant organizations organized against the bill and the Supreme Court ultimately sided with the law's requirement for immigrants to at all times

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<sup>85</sup> Marilu Meza. *La Opinión*.

<sup>86</sup> Araceli Martinez-Ortega. *La Opinión*.

<sup>87</sup> Anthony Baldman. "CDC Awards HIV Grant to Bienestar."

present a certification of alien registration. Arizona's S.B. 1070 illegitimate racial profiling caused BienEstar to sign petitions and send letters to Arizona public officials, calling for its termination.<sup>88</sup> This act of political intervention highlights BienEstar's commitment to upholding Latinx rights across the nation and is evidence of their extensive relationships with Latinx organizations outside of California.

One of the most important services that BienEstar provided was mental health support for the heterosexual community affected by HIV-AIDS. From a 2014 interview conducted by POZ Magazine, Oscar de la O, one of BienEstar's founders, explains how the mental health component that naturally grew from their existing resources:

For more than a decade, we were operating from a crisis mentality. We were not only dealing with the individuals that were infected, but we were also dealing with family members feeling guilty. We made many of those people volunteers and agents of change for us.<sup>89</sup>

An HIV diagnosis in the 1990s almost certainly meant a death sentence. For everyone one person living with HIV, five or more people are affected.

In an interview, Jesus Rojas, a current board member of BienEstar and HIV-AIDS activist with over 21 years of experience working with BienEstar, similarly underscores the mental health component to BienEstar's efforts:

There was an awakening in the need for mental health resources. I came to BienEstar 21 years ago; before this, I had a friend that wanted me to go to the HIV support groups that BienEstar hosted and I started going. My partner and I broke up because my partner didn't want me going to support groups. BienEstar helped me get my mental health in order and regulate the way HIV was affecting me mentally.<sup>90</sup>

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<sup>88</sup> Anonymous. *Indian Country Today*; Oneida, N.Y. June 2010: 4.

<sup>89</sup> "All in the Familia." POZ.

<sup>90</sup> Sergio Bolivar, interview by author, Angel Ornelas, October 19, 2020.

Jesus's testimony is evidence of the need for major investment in mental health resources for both HIV-positive people and those affected by someone living with HIV. Mental health challenges prove that the HIV-AIDS epidemic requires an intersectional approach that addresses all potential health challenges that an HIV-positive person might face. Therefore, BienEstar's expanded health services (linkages to public housing, assistance with food subsidies, etc.) confront the structural inequities that the Latinx community faces overall by supporting family members who knew someone close to them living with HIV and embracing the cultural value attached to family.

In addition, BienEstar hosted and continues to host, cultural events that highlight the values and traditions of the Latinx community. Through these cultural celebrations, BienEstar can reach conservative, Catholic Latinxs and creating a space for them to feel welcome (See **Figure 9** and **10** for examples of flyers promoting these cultural events). One special cultural celebration hosted between the 1990s and early 2000s was a *Cinco de Mayo fiesta* (May 5<sup>th</sup> Party) meant to bring awareness to HIV-AIDS resources and build community among queer Latinxs.<sup>91</sup> This annual fiesta provided an opportunity for community members to enjoy traditional foods and learn more about HIV-AIDS. Another notable event that BienEstar would put on was a *Día de Los Muertos* (Day of the Dead) exposition,<sup>92</sup> which brought together southern Mexican communities to create altars dedicated to honoring family members who have passed on.

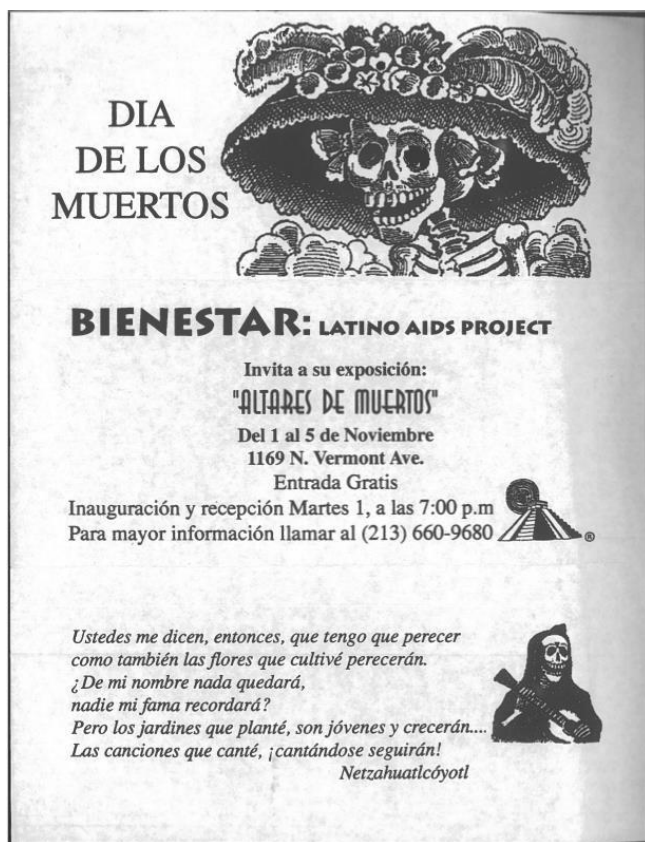
Although these cultural events were extremely important in building community and providing an opportunity for more conservative Latinxs to engage in HIV-AIDS

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<sup>91</sup> *Gay and Lesbian Latinos Unidos invites you to Cinco de Mayo fiesta*, Los Angeles: 1991.

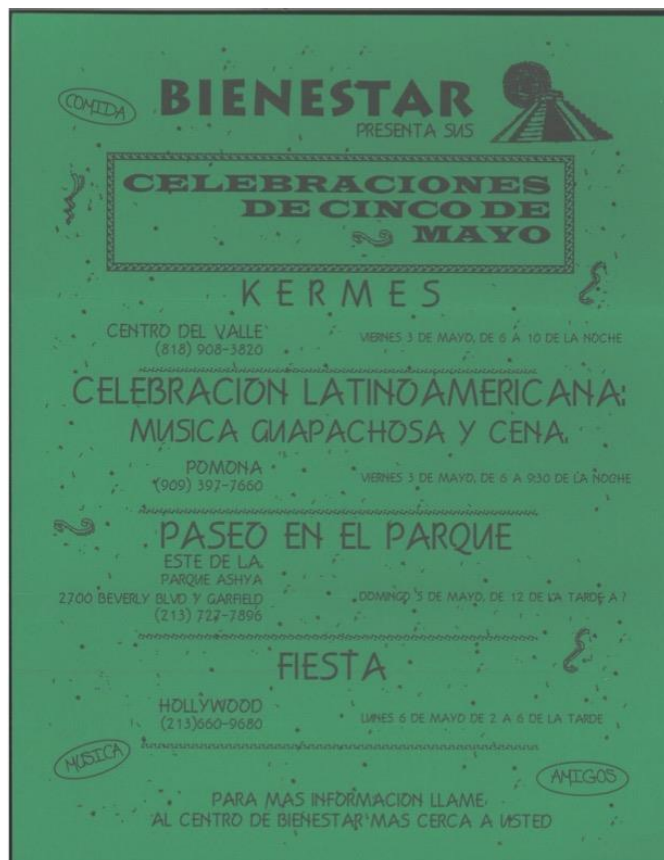
<sup>92</sup> *Día de los muertos* Celebration, ONE Archives Subject File Photographs, Box-Binder 21, *Bienestar*.

education, BienEstar's cultural programming targeted (and continues to target) mostly Mexican communities. Most of the cultural celebrations during the 1980s and 1990s were centered (and continue to be) around Mexican holidays and traditions, with Central and South American culture not explicitly highlighted in their advertising. Considering the substantial Central American population in areas such as MacArthur Park, I would estimate that thousands of people were left out of BienEstar's cultural programming. Although the gravity of this problem is not clear, it is safe to assume that the exclusion of Central and South American cultural programming has caused BienEstar to ignore the potential needs of Central and South American communities in the Los Angeles area. This points to the fact that the limited number of resources of HIV-AIDS organizations such as BienEstar ultimately produced a myopic approach to the HIV-positive Latinx community where Mexican and Chicano communities were prioritized.



(Figure 9 – Día de Los Muertos celebration flyer)<sup>93</sup>

(Figure 10 – Flyer for Celebraciones de Cinco de Mayo)<sup>94</sup>



<sup>93</sup> Ibid.

<sup>94</sup> Gay and Lesbian Latinos Unidos invites you to Cinco de Mayo fiesta, Los Angeles, 1991.

To be more inclusive of non-Mexican Latinxs, one vital part of BienEstar’s cultural programming is the organization’s faith in the *Carta al VIH* (or Letter to HIV), a reflection poem that captures the survival spirit of queer Latinxs throughout the HIV-AIDS epidemic (See **Figure 11** for a copy of the letter). This letter continues to play a central role in all of BienEstar’s support services, is a guiding principle for their approach to holistic healing and inclusive community building, and incorporates religious language/elements that resound with Catholicism:

(Spanish Version)

Carta al VIH

Dime VIH, ¿qué viniste a enseñarme?  
 ¿Qué lección es aquella que debo aprender?  
 ¿Qué mensaje trajiste a mi vida?  
 ¿Qué me enseñaste sobre la muerte?  
 ¿Qué me enseñaste sobre la vida?

Dime VIH, ¿qué viniste a enseñarme?  
 ¿Qué alegrías y tristezas me has dado?  
 ¿Qué crecimiento inmenso me has ofrecido?  
 ¿Qué sufrimiento tierno me has hecho sentir?  
 ¿Qué future, que presente, que pasado?

Dime VIH, ¿qué viniste a enseñarme?  
 ¿Qué mano, qué oídos, qué voces?  
 ¿Qué sonidos, imagenes y olores?  
 ¿Qué espíritu, calor y paz?

Dime VIH, ¿qué viniste a enseñarme?

Ya sé, VIH, viniste a enseñarme sobre el AMOR.

(English Translation)

Letter to HIV

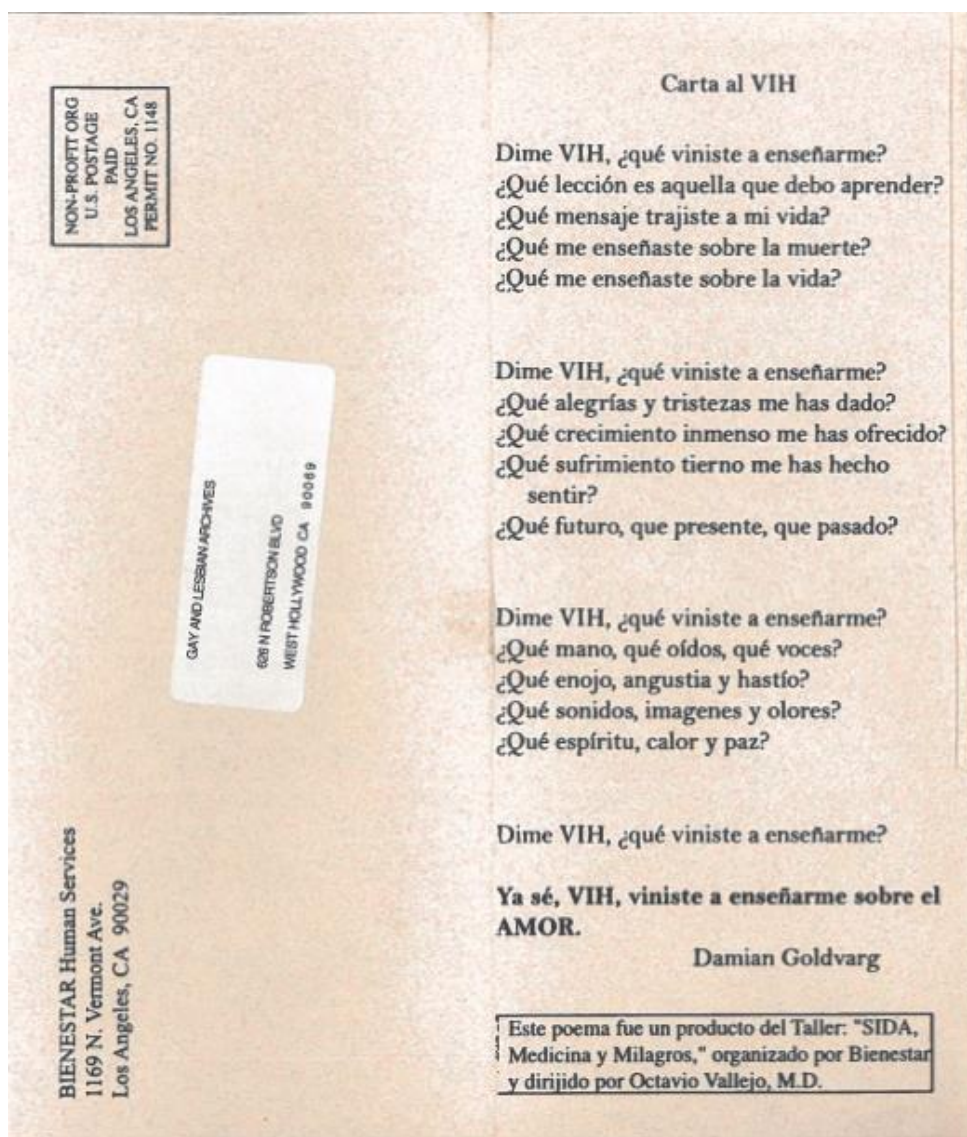
Tell me HIV, what have you come to teach me?  
What lesson should I learn?  
What message have you brought to my life?  
What did you teach me about death?  
What did you teach me about life?

Tell me HIV, what did you come to teach me?  
What happiness and sadness have you given me?  
What immense growth do you offer?  
What sweet suffering have you made me felt?  
What future, present, and past?

Tell me HIV, what have you come to teach me?  
What hand, what ears, what voices?  
What sounds, images, and smells?  
What spirit, heat, and peace?

Tell me HIV, what have you come to teach me?

I know now, HIV, you came to teach me about LOVE.



(Figure 11 – *Carta al VIH*)<sup>95</sup>

<sup>95</sup> *Carta al VIH*, ONE Archives Subject File Photographs, Box-Binder 21, *Bienestar (Unidos En Esperanza)*.



This open letter serves as the motto and heart of support groups at BienEstar. At its core, the letter emphasizes the need to continue learning, growing, and engaging in self-love. HIV, despite its deadly nature, imparts immense self-reflection and a new opportunity to grow. In the letter, HIV is portrayed as a divine entity, drawing on allegorical language commonly used in Spanish Catholic interpretations of the Holy Bible. This allows BienEstar to expand its reach to Catholic Latinxs and not limit themselves to just Mexican and Chicano communities.

With this in mind, the following section contains the oral histories of 11 queer Latino men (I use Latino in this case to highlight the male-identifications and male-presentations of these individuals). Through my partnership with BienEstar's Pomona center (located at 180 E. Mission Blvd., Pomona, CA 91766), I worked closely with HIV-positive, queer Latino men who are currently active in a support group called *Positivos*. I began participating in *Positivos* in November 2019 and have been listening to their experiences living with HIV. All of the members of this group are HIV positive. Through these life interviews, I underscore the structural challenges that HIV-positive, queer Latino men continue to face in the Greater Los Angeles area. I have separated these oral histories into three sections: Leaving Sex Behind, Moving Forward, and Advocacy. Each section contains oral histories that share similar experiences. In Leaving Sex Behind, I detail the sexual trauma that comes with an HIV diagnosis. Moving Forward paints the incredible personal advances that these men have made despite being HIV-positive. And lastly, Advocacy tells the stories of HIV-positive men whose activist spirits are forged from their HIV-positive identity.



## Oral Histories

### *Leaving Sex Behind*

It was a weekday evening when I video called Abel. We struggled to decide on a platform. His experience with Zoom, as a long-term survivor of HIV, was negative, and felt more comfortable with WhatsApp video. I didn't record the video; I find that older folks tend to feel more comfortable with notetaking.

We had already connected the week prior through text and he agreed to talk with me. It was a quick text that I had sent him, asking him if he would be interested, and thankfully, he agreed. After briefly introducing myself, Abel's words cut deep and quickly:

COVID-19 f\*\*\*ing sucks. My mother passed away a couple months ago, I've been jobless since April, and I'm relying on the little unemployment payments that California is providing us. COVID-19, this has never happened to me before. It's all completely new to me. I haven't been this scared in a long time, since I was diagnosed with HIV.<sup>96</sup>

Unemployment, fear, and death. COVID-19 is not that different from HIV-AIDS. In both cases, marginalized communities are being blamed for transmission and infection. The world seems to have come to a halt politically. Government officials and public health organizations seem to be more divided as time passes by. Consensus is never palpable during pandemics and epidemics. "I have not had a romantic partner for 8 years. I have not had sexual relations in a very long time, I don't think I even know what a man is!"<sup>97</sup> I can't help but burst into laughter, we laugh together for a straight 10 minutes as we jokingly reference horrible past sexual experiences. Once we get our laughter under control, Abel continues:

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<sup>96</sup> Abel Ramirez, interview by author, Angel Ornelas, October 1, 2020.

<sup>97</sup> Ibid.

One of the reasons I have not had sex is because I used to live with my ex and I just did not want to go out being messy, and risk re-infecting my partner or risk getting an STI. About 10 years ago, that's when I stopped having sex. But to go out and hook up with people, it's been about 10 years ago. And 8 years ago, I stopped having relations with my partner. I am scared of getting an STI, and even if there are medications, that does not mean that there aren't any STIs. I prefer not to do it, only if they are my partner, and if not, then no. I have had about 5 partners in my life. Back in my time, though, I would go to sex clubs. They were more popular and here in Los Angeles, they have closed down a lot of them due to STI transmission and COVID-19. For me, they were experiences that one goes into with alcohol and drugs. The fear goes away. The problem here is that someone who comes out of a nightclub drunk and goes straight to those places. Those spaces are bad. Most people go under the influence of substances, and they are places where there are a lot of diseases. Back in the day, those places were not as bad because you're young and you think nothing will happen. I think that most young people think that way.<sup>98</sup>

8 years without a romantic partner, and 10 years without sex. His HIV diagnosis has forced him out of the hookup world and into a state of romantic and sexual isolation. An isolation that preserves his peace of mind and protects others. I wonder, then, what if he were to come across a potential lover, someone who makes his heart spark. Then there is the issue of sex spaces. Cruising, itself is an act of community building and social reclamation of space. A political and social rejection of heteronormativity. But then there's the practical negatives: substance abuse and HIV transmission. What do we do about folks who seek the rush of risking HIV infection, who love the dark, dirty corners that are marked by fresh bodily fluids, mysterious faces, chiseled bodies, protruding phalluses? I ask Abel if he ever feels that he could disclose his HIV status to a potential romantic partner in the near future:

In general, I have not told people about my HIV status. If I find friends or family in the hospital where I go do my checkups, they don't say anything, and I don't say anything. I've always kept my HIV status hidden outside of the hospital, and I am not ashamed or afraid that people know my status, I just simply do not share that information. More importantly, I think it's because it really bothers me when someone says that person has *SIDA* [AIDS] because a person only says it because they can. They label people who die unexpectedly always use the label *SIDA*. They

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<sup>98</sup> Ibid.

label people who have this virus with *SIDA*. I don't have *SIDA*, I have HIV. There's a difference. But in any case, I'm undetectable. It means that I am still sick, but it is something good and positive within the negative. I know I am sick but being undetectable is a relief.<sup>99</sup>

As we near the end of our interview, it seems as though I've sparked a fire in Abel. His voice was filled with a passion I hadn't heard earlier. He sounds ready to prove a point, to declare an absolute truth that will help others live a better life. I asked Abel what he thinks about public health messaging with the emergence of HIV undetectability:

It is not a question of blaming; it is not a solution. That is the worst we can do, to find someone to blame for your status. The responsibility should be of each person and the responsibility of the government should be to inform the people and not fear about informing the public. They do it as though it is something that should not be talked about, yet I see plenty of information in the media about diabetes, cancers, and bones. Not much information about HIV. It is as if they hide it and the government or public health officials have that stigma still. Public health itself make it very taboo, it should be heavily covered through all sources. And they should be tailoring things toward the gay community about HIV, but because they do not want gay content, they don't want to show medical conditions that are already associated with the queer community.<sup>100</sup>

The media and public health agencies, in general, do not want to show medical conditions that are already associated with the queer community. There are so much coverage and open discussions about other chronic conditions (particularly diabetes and heart disease). Why has HIV not caught up? What is holding public health and pharmaceutical companies back? This is one of the main reasons why HIV stigma continues to be challenging and causing people like Abel to abandon sex completely.

Abel isn't alone. Alberto is another example of how HIV positive men have managed to refrain from casual sex and express their sexuality in a private yet intimate manner:

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<sup>99</sup> Ibid.

<sup>100</sup> Ibid.

When I was diagnosed, I had a feeling that my partner would come back positive, too. We were having a lot of unprotected sex before I got tested. I was just really scared of having given him something. As it turns out, I did give him HIV. Two weeks later, he also got tested and came back positive. He threatened me and tried to steal my things as ‘payback.’ After this, I vowed to never, EVER have sex again. I just can’t deal with the guilt or potential risk. I know there’s all this stuff about Undetectable = Untransmittable, I don’t trust the science. I feel like all of this stuff is too new and we can’t know for sure, you know? As of now, I just play with myself, use a lot of toys, and watch a lot of porn. I even have my collection; you could call me a porn connoisseur. It sucks, you know, not being able to be with someone, feel their warmth, have that physical embrace. But I can’t risk it, I have to take responsibility for my actions and this disease until there is a definite cure.<sup>101</sup>

As Alberto discusses his exploration of sexuality through the use of sex toys, I notice he speaks with an air of dignity. It’s as though he feels he is doing the right and moral thing, depriving himself of a carnal pleasure when he does not pose a risk to others. But what I find significant about this conversation is the confidence that Alberto exhibits as he recites his usual masturbation routine (which includes a wide variety of lubricants and pricey sex toys). His lack of trust in science and the U=U messaging that many HIV-AIDS organizations have highlighted are rooted in the trauma the HIV-AIDS epidemic has caused him, not to mention the uncertain nature of new medical developments. I enjoyed speaking with Alberto. He was kind and I envy his independent spirit. He lives alone in East Los Angeles, studying for his Associates's Degree part-time and working full-time at a restaurant. His strength and discipline are what have allowed him to process his past trauma and move forward in life.

Trauma, unfortunately, is a common facet of the HIV experience. Receiving an HIV-positive diagnosis, in many ways, continues to be a traumatic experience that carries with it a massive weight. But for others, the diagnosis is sometimes interconnected with

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<sup>101</sup> Alberto Ramirez, interview by author, Angel Ornelas, October 1, 2020.

severe abuse. Raul's HIV story is inextricably tied to sexual assault. Born into a conservative Mexican immigrant family, Raul grew up in East Los Angeles and struggled to find his place in the world. A self-declared flamboyant and feminine man, Raul always knew he was different:

I believe that from a very young age you realize that the situation [being gay] has a different life. Maybe when I was in kindergarten, I tended to get more together with girls than boys. There you realize [it]. The teacher forced me to play more with the boys, but I did not identify with the games because they were rougher natured. I identified more with the girls because it was nobler and had more entertaining things, but there were also little boys who I said, 'that boy is beautiful, I want to give him a kiss on the cheek.' You grow and you go saying 'that boy is very nice,' I want to kiss him on the cheek." You are growing, and you are realizing that you're different, but I think I knew since kindergarten, 6 years old...<sup>102</sup>

Raul's reflection brought me back to my kindergarten years. I remember, in vivid detail, playing with girls instead of boys. I also remember not liking the roughness that came with fitting in with the boys. Raul's flamboyancy, however, caught the attention of his uncle:

It's whatever. In all honesty, I didn't enjoy sex all that much. I think being raped by your uncle will do that to you. I was only 15, and I started getting sick a lot. I'm pretty sure he's the one that gave it to me [HIV]. I'm sort of still processing the trauma, but therapy can only help so much, you know.<sup>103</sup>

Raul's reflection makes me think of how inaccessible therapy is to many Latinxs. For Raul's family, therapy is a last resort for those with severe, "crazy people" problems. It took Raul a while to feel comfortable being open about his experiences with therapy with his family. Raul adds that there exists toxic independence that comes from *machismo*. As long as you look strong and people think you're strong, there's nothing wrong with you. I know this to be true in my family, where mental health is treated as an afterthought. Raul thinks that the lack of attention that his family places on mental health has a lot to do with

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<sup>102</sup> Raul Yellen, interview by author, Angel Ornelas, October 1, 2020.

<sup>103</sup> Ibid.

the fact that his family has had to survive so much during their early years that they did not have time to think about anything else:

In any case, I don't like people being physical with you, being attentive to you. I'm always suspicious. It just sucks, you know. Not being able to have your family's trust when it comes to things like this. No one wants to talk about it openly. Oh, but for the gossip, my rape is the perfect material that people love to spread behind closed doors. Mexican culture is just like that, very closed and socially conservative. My parents never really talked to me about it the way my therapist has. If anything, they got mad at me when I told them, I was the one to blame for my rape and infection. Now, I feel a bit sick and confused when I find a guy sexually attractive, I still haven't come to grips with that feeling, my sexuality, I guess.<sup>104</sup>

Gossip. Victim blaming. Raul tears up at this point in our conversation and asks to take a break. He walks away from his computer screen, with tears running down his eyes. I wish I was there in person to hug him and tell him it's going to be okay. I wish I could be there and distract him if only temporarily by grabbing a bite in East Los Angeles or going to the beach. After about five minutes, he comes back to the screen and asks if we could continue the interview.

Before you hang up, I just want to say thank you for taking the time to listen to me, and you know, being here in this moment with everything going on. It means a lot, you know, to have someone listen and care. Thank you for reaching out to me, Angel, I appreciate it.<sup>105</sup>

Raul's words make me tear up. I hadn't thought of the impact that these interviews were having. When I began to develop this research project, I proceeded with caution and wanted to be as careful as I could when interviewing. I had this limited view of oral history as the extraction of information. I felt as though that each interview represented an instance of me taking away an experience from someone and reproducing in a way that is unrepresentative of their story. But Raul's words, and Raul's interview overall, are proof

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<sup>104</sup> Ibid.

<sup>105</sup> Ibid.



that these life history interviews mean something. They represent the friendship that is built from being vulnerable with a stranger. They represent the *cariño* and *amistad* that are born from two queer individuals coming together to discuss public health issues that are affecting the LGBTQIA+ community.

After Raul's interview, it began to take me about a week to set fixed dates for interviews. People became increasingly busy in October and November, and with the holidays fast approaching, I was just grateful to have people like Ricardo interested in being interviewed. I first met Ricardo through social media. His Instagram and Facebook profiles are filled with pictures of him working hard at In N Out. His managerial position has allowed him to implement the leadership traits he has had to develop in response to his chronic medical conditions:

I have cancer. My prostate cancer is the one giving me the most issues. HIV isn't the main problem, but the medications do give me a hard time to process. I just haven't had any energy to fuck around. It's difficult, but I don't think it's worthwhile trying to get it up when you have cancer that affects a really important sexual organ. So that's why I don't hook up with people anymore. Having been diagnosed with prostate cancer for 5 years now, well, it's only natural that I have to adjust to this new lifestyle of constant treatment.<sup>106</sup>

Ricardo's main health challenge is cancer and is a complicating factor for his HIV infection. With a weakened kidney, Ricardo has to take various, low-dosage HAART pills to prevent any further damage to his kidneys. One in the morning. One in the afternoon. And one more at night before going to bed. That his dose schedule. The chemotherapy he goes through each month prevents him from taking a single-pill regimen that most HIV-positive people take.

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<sup>106</sup> Ricardo Torres, interview by author, Angel Ornelas, October 5, 2020.

Throughout our conversation, Ricardo reflects on his youth. His sexual adventures, his carefree spirit, the love and affection he would receive. He doesn't regret any of the choices he made in the past. But he does wish he could have spent more time with his mother, who died of breast cancer two years ago. He doesn't shed a tear, but he does become silent near the end of our talk.

“Is everything ok?” I ask.<sup>107</sup>

“Yeah, I just miss her. She'd be proud of where I am now.”<sup>108</sup>

After Ricardo hangs up the Zoom call, I hurry to my phone and quickly call my mother and check in on her.

My next interview was with Gerardo. Gerardo is unique, to say the least. He's the typical artistic individual filled with creative energy that manifests itself in the form of complex water paint portraits and carefully composed piano arrangements. When he picks up my Zoom call, he plays for me one of those beautifully crafted piano melodies, and then begins to proceed with answering my interview questions:

I'm going to be honest; I think I'm asexual. I'm still exploring this. I don't know what it all means, identifying as asexual. But what I do know is that it means that these kinds of people are not very sexual, they just vibe on a romantic, or emotional level. I think romantically, I've always felt an attraction to men. I've never had a moment where I wanted to hug and kiss a girl on the cheek. As I said, I'm still exploring this, so that's sort of why I haven't really had any sex nor do I want to. It's just not my thing, I only would ever do it if I could be with someone who would accept my [HIV positive] status.<sup>109</sup>

Asexuality is complex. It's not just simply the absence of sexual attraction. It can also refer to the varying degrees of attraction one can have towards someone on different levels:

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<sup>107</sup> Ibid.

<sup>108</sup> Ibid.

<sup>109</sup> Gerardo Ramirez, interview by author, Angel Ornelas, October 8, 2020.

sexual, romantic, physical, platonic, etc. Gerardo is the first openly asexual queer man I have met, and it's refreshing to hear such a distinct story. Listening to him, he sounds collected and really in touch with his emotions.

Before he becomes distracted with his piano, I ask about his sexual explorations. "Before your diagnosis, when and with who did you act on your sexual urges?"<sup>110</sup>

He responds with a smile.

"It was only with one guy, he was very sweet, but we were both not very careful. I don't think he knew about his [HIV] status."<sup>111</sup>

We ended our Zoom call with a goodbye and an improvised jazz riff from his piano.

These interviews demonstrate the severe trauma that comes with being HIV positive. For these *undetected*, leaving sex behind means taking responsibility for their sexual health and refusing to experience rejection stemming from HIV stigma. Although HAART allows individuals to live long, healthy lives, HIV stigma persists and continues to be a structural challenge for queer Latino men. HIV-AIDS organizations must pay closer attention to how they educate HIV-negative communities about engaging sexually with HIV-positive people. Furthermore, public health should not demonize the sex lives of HIV-positive people, and instead, encourage dating and active sexual life (if the person has an undetectable viral load) to eliminate HIV stigma.

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<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

### *Moving Forward*

For some of *los indetectables*, moving forward with life has been their best HIV treatment. For them, moving forward does not mean completely ignoring one's HIV status. It means creating a new set of goals and life plans that are aligned with their HIV status. Xochitl, a Guatemalan immigrant, and Uber/Lyft driver, completely transformed his health habits:

It really took me to be HIV-positive to finally go run and eat salads. I feel good, I feel healthy. I think the whole being undetectable thing is really helpful. It makes you feel as though you don't have anything at all, it's just a simple multivitamin that you need to take to keep yourself good. But yeah, getting a positive result forced me to start doing those healthy things that I had already been wanting to do. Now, I have to commit and not give up on those daily habits.<sup>112</sup>

Xochitl's dedication and determination are inspiring and reflective of the changes that many HIV-positive people must make in their lives to live healthy lives. My Zoom call with Xochitl was extremely quick. He is shy and does not feel comfortable talking about his HIV status. At the end of our call, we say our goodbyes, and I remind him to reach out whenever he needs someone to talk to.

Herberto also proved to be extremely reserved with his personality (which is ironic considering he is a customer service agent for an Apple Product Store). When I reached out to him through WhatsApp, his responses were short and to the point. Despite this, he showed his excitement through his short messages, expressing appreciation for this project and eagerness to share his story:

I just started wrapping my penis up. Once I got that confirmation from the doc, I went back at it. I keep f\*\*king around, sucking d\*ck, eating a\*\*, it's all the same to me. I'm undetectable, ain't no chance of me spreading this disease, I stay good on my meds, and no one needs to know if I'm just sticking it in and leaving right

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<sup>112</sup> Xochitl Casillas, interview by author, Angel Ornelas, September 2, 2020.

after I bust a nut. Now, If I'm trynna to catch feelings with someone, then that's where I'll be straight up with them. But right now, I'm just trynna have fun.<sup>113</sup>

I appreciated Herbetó's honesty and transparency. His form of moving forward is to keep having sex and doing what he enjoys. He also brings up an important moral question: Is it necessary to disclose your HIV status to a potential sexual partner, even if you are undetectable and do not pose a risk of transmitting HIV? This moral question of disclosure has not been adequately explored and discussed by public health centers and organizations dedicated to HIV treatment. Community messaging aimed at people on HAART continue to demonize unsafe sex. Herein lies this study's critique of current HIV treatment messaging: instead of labeling the sexual agency of HIV-positive people on HAART as "irresponsible" (this is a form of homophobia that is reproduced through sexual education), HIV-AIDS organizations must provide a set of recommendations that combine safe and unsafe sex practices. This challenge is reflected in the social and political value that Emmanuel attaches to bareback sex (anal penetration that does not involve condoms):

Doctors and nurses just don't get it. They don't understand me when I say I f\*cking love it when a hot daddy c\*ms inside me. Feeling his man juice, God, it's the best thing in the world. These hookups, they are consistent. They're my personal network of f\*ck buddies. We care about each other. We look out for one another. And telling one of them "let's use condoms" is just rude and disrespectful. We're all adults. We're all on some kind of meds [antiretroviral medication]. Why are we still making this whole condom thing a big deal in 2020?<sup>114</sup>

Emmanuel's interpretation of exchanging semen during anal sex has a strong symbolic meaning. This exchange allows Emmanuel to build community with other queer men and develop strong friendships. This is where HIV-AIDS organizations fall short in their

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<sup>113</sup> Herbetó Bonilla, interview by author, Angel Ornelas, September 5, 2020.

<sup>114</sup> Emmanuel Ortiz, interview by author, Angel Ornelas, September 7, 2020.

community messaging and outreach. They are unable to reconcile with this reality due to the risks that this type of unsafe sex produces.

Moreover, Emmanuel makes an important observation. Why do public health agencies continue to demonize unsafe sex, regardless of if someone is on some form of antiretroviral treatment? Cost and funding. Treating HIV is expensive and requires a life-long commitment. Furthermore, preventing further HIV transmission is crucial to protecting marginalized communities. Emmanuel, however, does point to the need for HIV-AIDS organizations to overhaul their approach to empowering HIV-positive communities and considering the strong desire for unprotected sex among queer men. To move forward, HIV-AIDS organizations must address these challenges and base their community messaging on the survival strategies that men like Herberto, Emmanuel, and Xochitl have implemented to strengthen their mental health.

### *Advocacy*

For many activists and advocates within the HIV-positive, Latinx community, they find inspiration and drive from their HIV status. Sometimes, a personal experience can change your life drastically and call you to a life of public interest work. This was the case for Sergio:

I started working with BienEstar in 2000. I was a volunteer and helped with training and programs. I attended a support group called *Sabores* with closeted young gay men and barely discovering our sexual orientation. We were in the phase of dating and getting to know other men.<sup>115</sup>

Sergio, with over 20 years of experience in HIV-AIDS advocacy in Los Angeles, is a well-recognized community leader known for devoting an immense amount of energy to empowering queer youth. He understands (from first-hand experience) the need that exists for queer mentors. Sergio emphasizes that there aren't many programs in the Los Angeles area that serve young gay men of color, or young men of color in general:

“There’s a gap. We need more resources for our Black and Brown male youth, regardless of their sexuality.”<sup>116</sup>

“Does BienEstar do enough for queer youth right now?”<sup>117</sup>

“With the funds that are available to us and the COVID-19 pandemic, I think we’re doing enough. But again, there’s always more we can do. The in-person experience can never be substituted for Zoom.”<sup>118</sup>

I don’t notice until halfway into our Zoom call that Sergio’s house is decorated with pictures of prominent activist figures. With his laptop placed in the living room, I can

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<sup>115</sup> Sergio Bolivar, interview by author, Angel Ornelas, October 19, 2020.

<sup>116</sup> Ibid.

<sup>117</sup> Ibid.

<sup>118</sup> Ibid.

observe Martin Luther King Jr. César Chávez, and Frida Kahlo covering his walls. I'm not surprised. He shares their drive for social justice. Once I come to my senses, I ask his opinion on the terminology that is still used in the public health world regarding HIV infection:

The community wants us to sugar coat terms and what we want to identify with are infections and contagions. I use the terms infection and transmission because that is how the medical community that I have been exposed to has referred to these biological processes. I feel indifferent to changing or maintaining the vocabulary we have today. Being HIV positive is simply a health status, a denomination that is referring to a virus in the body. Undetectable is important to me because I can lead a healthy and happy life and take medication that will allow me to be fine.<sup>119</sup>

I agree with Sergio but can't help but feel frustrated with the heaviness that comes with saying "infected." This frustration isn't coming from a place of attempting to be politically correct. The frustration stems from wanting to end the stigma and social shame that comes with saying "I'm HIV positive."

And I think that I might have just already met a future activist who is destined to bring an end to the HIV-AIDS epidemic. Alejandro is my age. He's 22. He's currently indecisive about finishing his Associate's Degree. He loves history and anthropology. He loves watching RuPaul's Drag Race. He listens to *reggaetón* and *cumbia*. And he's the only interviewee who isn't above the age of 30. When I reached out to him through Instagram, I was excited to connect with him. Studious, driven, and goal-oriented, Alejandro doesn't give himself enough credit for all of the work he does for the community:

I wouldn't consider myself an activist. I'm a waiter for a restaurant in Beverly Hills, and on the side, I volunteer for various colleges and universities in Los Angeles County, giving talks on sexual health. I love it. I don't think I could do it on my own, as a formal occupation, because I don't have the schooling. The thought of going back to school is

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<sup>119</sup> Ibid.



exhausting, I don't want to have to take all those damn basics [general education requirements].<sup>120</sup>

In the friendliest manner possible, I scold him for approaching education so lightly. “You should definitely finish! You need to – do it for the people you’re serving. *Amigo*, you have the brains. And you have me to help with transfer applications once you’re done getting your Associates. And you have financial aid. There are no excuses.”<sup>121</sup>

He nods in agreement. His expression is filled with defeat. From what I can recall, I think his experiences with the Los Angeles Unified School District (LAUSD) are what made him give up on education. We only briefly talked about his education history. And whenever I asked him about his high school years, his face would just shutdown. I understand where he’s coming from. I think about my experience going through the Dallas Independent School District (DISD) in Texas, and it wasn’t exactly positive. It goes to show (at least anecdotally) that public schools continued to be under-sourced and unsupportive of first-generation college students. Seeing that he’s visibly uncomfortable with the high school questions, I quickly switch over to his volunteer experience:

I just love volunteering. Seeing the faces of people light up and come to a profound realization after being taught and listening to how to put on a condom, what abortion is, what STDs are, how to prevent HIV transmission, all that good stuff. I love giving those talks, they are what keep me going throughout the year. Being HIV positive, I feel like it’s a personal responsibility to educate others, specifically my community, on how the HIV-AIDS epidemic has affected the Latinx community.<sup>122</sup>

‘They are what keep me going throughout the year.’ That’s how I feel about my mentorship experiences at the Claremont Colleges. Being in Claremont is emotionally draining and exhausting but being there for my mentees at CLSA (Chicano Latino Student Affairs

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<sup>120</sup> Alejandro Petra, interview by author, Angel Ornelas, October 19, 2020.

<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

Center) and the QRC (Queer Resource Center) make it worthwhile. Serving the Latinx and LGBTQIA+ community is what keeps me going through each academic year. Alejandro shares the same desire with Sergio. They feel like it is a personal responsibility that is not given but discovered.

This self-discovery rings true for Babel, another 22-year-old who has an innate desire to enter HIV-AIDS activism:

I'm a college student, in my junior year. My majors are Public Health and Sociology. I plan to go into HIV prevention work but am open to opportunities in queer health. I was diagnosed with HIV last year, and ever since then, I've had this burning fire to fight for HIV treatment access. I guess you don't take things seriously or have a reason to partake in certain forms of activism until you're personally affected by it.<sup>123</sup>

Babel's burning fire is evident. You can see it in the way he speaks. The way his eyes burn with purpose. I recognize that virtual ethnography and interviewing over Zoom makes it difficult to read physical gestures, but even through a screen, his eyes scream passion:

On the other hand, this diagnosis was an awakening and provided an opportunity to self-reflect on my sexual decision-making. I was sleeping with men up and down, left and right. I had a lot of dick inside me. And a lot of it was unprotected, too. It was mostly insecurity and shame, wanting to feel validation in form of physical contact. Penetration gave me a temporary escape from the outside world. I didn't love myself. But now, I'm very much in love with the person I am, and with the person I have become.<sup>124</sup>

Near the end of our Zoom call, Babel begins to ask me about past relationships and my experience so far at CMC. After sharing, we say our goodbyes. But I can't shake off his energy, an endless fire that will not stop until it has destroyed inequality.

These interviews left me with several questions: How do you reconstruct the homophobic and political symbolism of medical terms that are used to treat HIV infection?

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<sup>123</sup> Babel Hernandez, interview by author, Angel Ornelas, December 5, 2020.

<sup>124</sup> Ibid.

Are the ways in which I have reproduced the HIV statuses of these men in this thesis a product of this deeply rooted homophobia? These are questions that I still don't have the answers to, and I hope that scholars, public health officials, and activists will soon have the resources needed to truly eliminate HIV stigma.

## Conclusion

What started as a project that aimed to understand male Chicano sexuality became an oral history project examining the experiences of HIV-positive, gay Latino men. My experiences as a gay Mexican man led me to the research question this study explored and answered. As I combed through the literature concerning the experiences of HIV-positive communities, I quickly realized that very little had been written about viral suppression (undetectability). To make matters worse, no scholarship had explicitly addressed the experiences of virally suppressed Latinxs. This is where my study intervenes and underscores the need for HIV-AIDS scholars to focus their efforts on understanding the emergence of the U=U (undetectable equals untransmittable) generation, a generation that brings distinct health challenges for HIV-AIDS organizations.

The most difficult part of this research process was interviewing *los indetectables* and finding an organization that would be receptive to my research efforts. In the fall of 2019, I came across BienEstar's HIV testing services, and am forever grateful for their community resources. Through my relationship with BienEstar's support group for queer men, I discovered *Positivos*. Jesus Rojas Barraza, the leader of *Positivos*, accepted my offer to discuss my research project with the group members. They were extremely receptive and openly embraced my interest in documenting their lived experiences.

However, the difficulty with interviewing these incredible individuals came when I was faced with transcribing traumas and challenges. These traumas and challenges cultivated frustration and anger towards the structural inequities that continue to marginalize the LGBTQIA+ community. At the same time, however, I built friendships that will last a lifetime. These men will forever have a special place in my heart. Moreover,

these oral histories have taught me to become a better interviewer and harness my research interests. I plan to take full advantage of the generous support that the Mellon Mays Undergraduate Fellowship to pursue a Ph.D. in History and continue to incorporate oral history interviews and ethnography into my research methods. With the HIV-AIDS epidemic having no end in sight, I hope to play a role in ending the epidemic by engaging with international organizations such as U.N. AIDS during and after my graduate studies.

This study shows that despite the advent of highly effective antiretroviral medications and the emergence of a virally suppressed generation, an HIV diagnosis continues to produce severe consequences for seropositive individuals. HIV stigma persists. Surpassing the negative social implications of being HIV positive continues to be difficult, to say the least, even in progressive places such as Los Angeles. With this in mind, I hope to advance a research agenda aligned with my identity as a queer Latino and the HIV-AIDS epidemic.

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