

MY EXPERIENCE IN THE STREETS OF LAREDO

It is important for me, to help people understand that Hispanic culture does not perpetuate high-risk behaviors associated with AIDS. I think that the social science community lacks a real understanding of how assimilation, economics, and individual experiences can play such an integral part in people's behavior. To compress the norms of a culture to explain a phenomenon such as AIDS is impossible and irresponsible. My research in Nuevo Laredo, Mexico has importance to me because I am Mexican-American. It was my interest in AIDS research and my love for Hispanic culture that drove me to investigate the AIDS epidemic and the professional response.

By Cesar Madrigal

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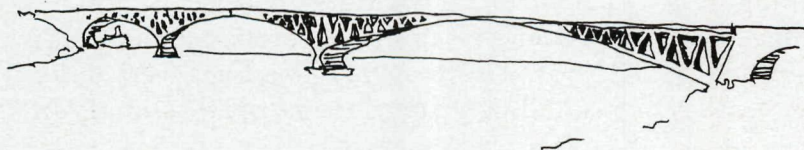
NUEVO LAREDO

As a professor in the Department of Social Work at Illinois State University, I am not given much chance to think about the country that my parents are from: Mexico. It has been five years since I have been back to the city of my family's origin, Nuevo Laredo in the state of Tamaulipas, a northern state just south of Texas. This is a gateway city separated demographically from its United States sister city Laredo, Texas, by the Rio Grande river. The separation between politics and economics, however, is more noticeable. The international bridges between these two cities are continuously congested with commercial trucks, busses, and the everlasting flow of human beings on foot, bicycle, and automobile all going to and from Mexico and the United States.

The economic shortages are quickly observable entering Nuevo Laredo: they are directly seen in the eyes of the children that either sell goods or beg in the busy streets. It is also symbolically noticeable, as the shops and markets advertise marginally ac-

ceptable goods. The weathered fruit, the discolored felt sombrero, the unplayable Spanish guitar: all barely catch the eye of an American tourist. The mariachi music that pedestrians hear in the distance is a reminder of another Mexico, the romanticized one that is still maintained in many tourist-flooded cities such as Cancun and Puerto Vallarta. Because of political and economic circumstances, however, Nuevo Laredo is denied the physical and cultural beauty that exists in these other cities. It is a desperate land where importers and exporters are the economic lifeblood. The dependence upon American commerce and tourism is great. Events in both countries' economies impact every single moment of existence, from the price of a taxi cab to the availability of milk.

I teach courses in human behavior to social work students at Illinois State University. My role as a researcher focuses on HIV/AIDS concerns, which originated when I was a college student in the early 1980s. While in college, my professors remarked that HIV/AIDS was a global crisis and that the U.S. government, under President Reagan, was moving too slowly in responding to it. In the next decade, I recalled those remarks as I saw the number of cases double, triple, and reach the staggering numbers that



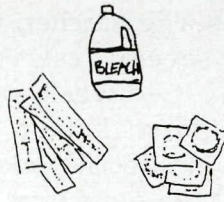
they are at today. A colleague of mine was the first person I knew personally infected with HIV. He was a young, talented therapist and my friendship with him motivated me to understand this social problem.

Working for several years as a substance abuse counselor, I have seen several clients living with AIDS. It disturbs me that our government continues to move slowly in finding solutions to the various related problems that have emerged as a result of the AIDS crisis.

I have been involved in various research endeavors, studying Latino issues associated with AIDS. However, my focus had been on Latinos living in the United States. My goal in these past studies was to investigate the various factors that contributed to the high rate of HIV transmission among Hispanics. A recent research project on AIDS and Latinos, however, gave me the opportunity to return to Nuevo Laredo in a role that I had never envisioned: to investigate the AIDS epidemic there and the professional response.

PREVENTION?

There is concern that the AIDS crisis in Latin America has been greatly ignored by governmental officials and that the consequences of this suppression could have a lasting effect in these countries. It is understood that the slow policy reactions in the United States in the early 1980's led to a high rate of HIV transmission as well as public apathy. It was not until a collaboration of efforts developed between com-



munity organizations, public health departments, and committed social advocates that we saw positive policy responses toward AIDS prevention, education, and treatment. Countries such as Mexico, however, introduce different challenges due to the vast poverty and inaccessibility of health related services to Mexican citizens.

The Mexican culture presents another challenge. True, no society has been adequately prepared to respond to the AIDS crisis. But the Mexican culture, which has undergone a great deal of change in recent years in regard to gender issues, continues to perpetuate traditional and conservative norms. HIV prevention strategies in the U.S., such as dispensing clean syringes to high-risk populations and mass condom distribution, would present a challenge in this context.

It is true that Hispanics in the U.S. are significantly overlooked in the categories of people living with HIV and with AIDS. Researchers have not significantly explored the role of culture and high-risk behavior. I feel strongly about this issue, for I take offense at researchers in the field of AIDS who suggest that there are predisposed cultural influences that make Hispanics vulnerable to engaging in high-risk behavior. I strongly disagree with this suggestion: furthermore, I feel that Hispanics are overlooked in AIDS

statistics in the U.S. due to economic limitations and environmental restraints that deal less with culture but more with inaccessibility of resources such as effective prevention, education, and other health services.

Through my inquiry, I find that the high-risk behaviors of HIV positive Hispanics relates more to low self-esteem and lack of adequate knowledge of prevention. This dispels a variety of literature that overly generalizes Hispanic culture as being sexually irresponsible and reluctant to use safe-sex practices. In fact, writers on the subject have implied that there are social mechanisms, such as the concept of machismo, in the Hispanic male that perpetuates promiscuity and reluctance to use condoms. In addition, the Hispanic female is often described as passive toward the requests of her male counterpart. Hispanics are also often described as homophobic. I struggle with these stereotypes as there is a great deal of diversity within the Hispanic people.

It is important for me to help people understand that Hispanic culture does not perpetuate high-risk behaviors associated with AIDS. I think that the social science community lacks a real understanding of how assimilation, economics, and individual experiences play an integral part in people's behavior. To compress the norms of a culture to explain a phenomenon such as AIDS is impossible and irresponsible.

It was my interest in AIDS research and my love for Hispanic culture that drove me to do this study. My objectives were to locate various professionals in

Mexico who had information about prevention and treatment resources available to Mexicans. I hoped to attain preliminary information from these representatives about Mexicans' attitudes toward AIDS and to obtain a better understanding of the availability of AIDS education, HIV testing, and treatment associated with HIV/AIDS.

THE OFFICIAL RESPONSES

For this project, my co-researcher had the idea of investigating Mexicans living in one major city in the U.S. and comparing the data to Mexicans living in a city in Mexico. Data would include the availability of AIDS information and the individual's attitude, knowledge, and behavior as related to HIV transmission. I selected Nuevo Laredo as the Mexican site, believing I would be familiar with the location and the language. Also, being just across a bridge from Texas was demographically convenient (in case I needed the use of an American university library).

Nuevo Laredo, a city with 250,000 inhabitants, has a history of commercial trade and interdependence with U.S. businesses. My previous experiences in this city were limited to social gatherings, such as weddings and Christmases with my relatives. Now I was returning to Nuevo

Laredo as a researcher, which gave me several reservations about my two-week stay in Mexico. First, I have never worked with a social worker representing Mexico and I was uncertain about how, if any, rapport could be established. Another problem was the political and economic turmoil that Mexico was experiencing. A high ranking political official was recently assassinated. The peso was being devalued in the world market. There was rebellion in the southern state of Chiapas. The Mexican government was being criticized by the world press for corruption. I was entering a city that was suffering greatly as a result of investors losing confidence in the country's economy.

Furthermore, I did not know how I would be received by Mexican health officials in discussing the AIDS situation. I was not a guest of any political or economic significance.

In Nuevo Laredo, my first encounter with a health official was at the health department, a run-down old school converted into a medical facility. With pink colored walls that were practically chipped to the original off-white plaster, it was not difficult to see the massive poverty from which this agency suffers.

Dr. Herrera, the medical official in charge of all HIV services, introduced herself. She was defensive at first, asking why I chose Nuevo Laredo for my research since she felt that there was no significant "AIDS explosion" in the state of Tamaulipas. In fact, she informed us that "the health department has received few requests to test for HIV and that

they have approximately 16 HIV cases a year." She informed us that the health department is very thorough in its inspection of the prostitutes at the "Zone of Tolerance."

The "Zone of Tolerance," the government regulated prostitution district in Nuevo Laredo located just outside the city proper, is an enclosed compound made up of several taverns that many Mexicans and American tourists visit. There are 200-300 prostitutes working in the taverns. These prostitutes are licensed through the city; to maintain this license, they must regularly be tested for HIV. If they test positive, they lose their license to practice. "What do they usually do if they lose their license?" I asked. She replied, with no emotion, that they work the unregulated bars in the city. "Nuevo Laredo," Dr. Herrera explained, "is a poor city that forces many of its inhabitants to do anything to survive." Then, I asked her about the seemingly low number of reported AIDS cases: she replied that many of the citizens worry about other things and thus do not bother to get tested. "Many physicians in the area do not bother with people with AIDS because there are so few resources available," she remarked. Apparently, "homophobia" and the stigma associated with the disease have made the subject practically taboo.

Dr. Herrera, now speaking in a louder tone, felt that AIDS has not been accepted yet as a public crisis in Mexico, but that "it is regarded as a moral retribution for those who practiced immoral behavior, even among doctors." She



continuously asked me how this differs from the attitudes in the U.S.; this was a difficult question for me to answer, considering that I know many Americans who similarly feel that AIDS is a type of moral retribution. I believe that this perception is highly naive and ignorant but, more importantly, dangerous. Dr. Herrera, becoming increasingly impatient, continuously glanced down at her watch and reminded me of her busy agenda. I told her that ignoring the AIDS problem would only result in further infection and inhumane treatment for the sick, to which she agreed.

Next, I visited the Nuevo Laredo City Hall because my colleague and I wanted to determine the municipal government's role in the AIDS response. My colleague, originally from Mexico, knew the importance of city hall. The city hall in a Mexican city is the center of public information and of a variety of human services. The police officer at the information window noticed us and asked us our business. We informed him that we were American professors studying AIDS in Mexico. Speaking in a friendly tone, he stated that he had heard of "many citizens who are sick with AIDS, but these individuals leave the area." Nuevo Laredo faces various problems due to a depressed economy and political turmoil. "Because Nuevo Laredo is so dependent on the U.S., we have recently been hurt by the shortage of U.S. tourism and commerce. We are too busy worrying about other things to worry about AIDS."

As he spoke, I observed various people in line paying

parking tickets and handling other civil responsibilities. I thought of the enormous tragedy that this city would face if the AIDS epidemic were to explode in this region. The people we spoke with expressed fatalism and pessimism toward living in overwhelming poverty. It is obvious that in an environment in which people are not obtaining resources to satisfy their most basic needs, any attempt at health prevention would be difficult. Then, I asked this officer if he knew where HIV tests were available, but he did not. I realized at this point that my investigation would be difficult.

Later, we visited the large and busy public hospital, which is called "Hospital General." Asking to see the area in which HIV testing is conducted, we were escorted to a blood lab which appeared understaffed and limited in resources. There were no literature or posters on the walls about AIDS. The hospital did not advertise any AIDS information. There was institutionalized denial at every level.

The nurse on staff told us that testing is conducted on a daily basis and is confidential. "Free condoms are distributed," she said, "and pamphlets are given to people after hearing their results." However, she remarked that many people are reluctant to test because they prefer not knowing their health status.

The lab technician, a man in his fifties, was clearly reluctant to speak about AIDS. He told me that various people test for HIV antibodies and are then given AIDS pamphlets. He remarked that "the medical community in

Mexico depends on the U.S. Center for Disease Control and Prevention for the most current AIDS information."

I asked him what he says to the patient who tests positive, to which he replied, "I give them information on available resources, as scarce as they are in this area. They are better going off to the U.S. if they can." I thought that the bitter irony of this is that services for people with AIDS in the U.S. are far from optimal. In its short history, AIDS has evoked several ironies as governments and medical communities have moved slowly in addressing this public issue. Nuevo Laredo is merely a reflection of



many areas in the world. The lack of resources and understanding of the social implications of AIDS leads to repression and denial of the issue itself.

While in Nuevo Laredo, I read many of the newspapers available. Being from Chicago, I was not accustomed to papers with so few pages. They struck me as being like the tabloid papers in the U.S. Pictures of car accidents and arrested citizens filled the pages. The local news was like a tragic play. Everyday, the international border was a stage for drug related arrests, violence, and poverty. The newspapers

only discussed the individual victims and perpetrators. It was an analysis of micro events disregarding the macro factors. Poverty is the continual explanation for the social problems.

When AIDS was mentioned in the papers, it was clear that it is a fearful topic. AIDS messages contained skeletons warning that unsafe sex leads to death. I felt that so much more needed to be conveyed about the issue. This imagery had created a wall between everyday living and AIDS. The general population attempts to overcome the difficult challenges of surviving. AIDS is seen as a tragic illness that occurs to "others." AIDS victims are somehow removed from the mentality of the public and are placed in the social unconscious.

My attempts at finding people living with HIV or AIDS was futile. I had contacted various medical facilities, but they were not cooperative in discussing any research endeavor. "People with an HIV+ diagnosis who cannot enter the U.S. go to Mexico City." I was a bridge away from the U.S. border, and yet stuck in an amazing bureaucracy of denial. The city of Nuevo Laredo, with its continual hustle and bustle of trucks and business exchanges, makes no provisions for such potential crises. All the signs of an AIDS explosion slapped me in the face: the poverty and minimal access to adequate health care, the congestion of people who enter and exit across the perpetually busy international bridge, the legal and illegal sex trade that is an accepted

form of escapism for many. The most serious symptom that I saw is the mystery of it all: medical personnel, government officials, and community leaders lack knowledge of any viable services for AIDS treatment or prevention.

Many of the college students in Nuevo Laredo that I interviewed perceived AIDS as a problem of the U.S. that they hope does not affect Mexico. One nursing student in her senior year told me that "Mexicans are less promiscuous and less prone to use drugs than citizens of the U.S." Also, she remarked that AIDS is a homosexual disease. I felt numb when telling her that it is a crisis



that affects persons through a variety of behavior, practices, or patterns. It frightens me that so many of the myths surrounding AIDS still exist.

LEAVING NUEVO LAREDO

My colleague and I left Nuevo Laredo with several pamphlets and addresses of various health officials dispersed throughout the 32 states of Mexico. On the plane, my colleague spoke of how "NAFTA would open the doors

between the U.S. and Mexico, so that health promotion may improve as a result of this relationship." However, I struggle with the idea of an economic and political agenda improving the conditions of citizens.

Spending time in Nuevo Laredo reminds one of the delicate balance of economic trade. The bridges that lead to the U.S. are the very arteries through which flows the lifeblood of Nuevo Laredo's existence. Within this city, survival is a roulette game. Some businesses flourish while others fail. Nuevo Laredo citizens keep a watchful eye over the political activity of both the U.S. and Mexico, hoping for an improved quality of life.

There does not seem to be room in many quarters to consider the AIDS issue. It is a social problem that requires strategic planning and a variety of human services. The people I interviewed did not believe that this process could be realistically implemented.

I returned with more questions than answers about the AIDS issue in Mexico. The economic situation that I witnessed throughout Nuevo Laredo leaves a sense of great pessimism. Hopefully, some faction in Mexico will bring the AIDS issue to the forefront. In the U.S., it took radical formations of social advocates to make AIDS a national issue. These advocates continue to be confronted with despondency and political apathy. I am sure that these barriers will exist in Mexico for some time. My research about cultural differences, however, is at a standstill. It is hard to determine the disparity between the Mexi-

can and Mexican-American experience due to the differences in social circumstances. Poverty, inaccessible health care, and other economic shortages greatly affect the existence of the Mexican people. My colleague and I re-evaluated our research greatly in examining the economic limitations and cultural influences. Things became more complex than just asking people to use condoms during sex. Attitudes, education, and self-esteem became significant factors to address as well. Naively, we believed that effective AIDS strategies could be designed by studying cultural influences in the two countries.

Now, we focus on questions pertaining to the accessibility of resources. My colleague and I plan to return to Nuevo Laredo next summer equipped with economic and geographic data. Nonetheless, our research concluded with the realization that Mexico is a diverse country even within the parameters of a city's walls. □

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