



INTRODUCTION

Learning to Live With HIV

SINCE AIDS FIRST SURFACED IN LOS ANGELES IN 1981, INTERNATIONAL CONCERN HAS moved from the United States, Canada, and Europe to Africa and then to Asia. Now there's a growing appreciation that countries in Latin America and the Caribbean also have devastating HIV/AIDS epidemics, as well as some of the most creative and forceful responses seen anywhere. The following stories provide an in-depth look at both the epidemics and the responses, highlighting the affected communities, clinicians, researchers, and governmental and nongovernmental organizations alike.

Over the course of 9 months, *Science* correspondent Jon Cohen visited 12 countries that together represent the varied contours of the epidemic in this vast region, as well as the overlapping forces that drive HIV's spread. Cohen and photographer Malcolm Linton visited clinics, brothels, laboratories, shooting galleries, ministries of health, gay sex clubs, universities, slums, migrant way stations, prisons, and the homes of many people who struggle to live with the virus.

The Caribbean has been particularly hard hit, although the epidemic in Haiti appears to have peaked (p. 470). Heterosexual sex is the main mode of spread throughout the islands, and sex workers, some of whom cater to tourists (p. 474), often have high infection rates. Poverty and migration also fuel HIV's spread, as is apparent in the shantytowns that abut former sugar plantations in the Dominican Republic (p. 473). Puerto Rico has a staggering problem in injecting drug users (p. 475).

Throughout Mexico and Central America, men who have sex with men play a leading role in HIV's spread, although only the Mexican government has focused research and prevention campaigns on this population (p. 477). Honduras has novel programs to help descendants of African slaves known as Garifunas, who have a particularly high HIV prevalence (p. 481), and Belize is working to slow the spread among gang members (p. 483). Guatemala is struggling both to get a handle on the scale of its epidemic and to rapidly expand anti-HIV treatment to people most in need (p. 480).

Brazil dominates South America in its size, population, and the number of HIV-infected people who live there. The country has pioneered in offering "universal access" to antiretroviral treatment, but the escalating cost of the drugs poses a tremendous challenge (p. 484). In neighboring Argentina, the main mode of transmission has shifted from people injecting cocaine and men having sex with men to heterosexual sex (p. 487). And Peru, unlikely as it may seem, has become a research magnet for cutting-edge treatment and prevention trials (p. 488).

No countries in Latin America and the Caribbean have the double-digit prevalences frequently seen in sub-Saharan Africa, and its total population is not even half that of India, which alone has more infected people. Still, as should become clear at the XVI International AIDS Conference to be held from 13 to 18 August in Toronto, Canada, many opportunities exist to help countries in the region avoid some of the problems experienced elsewhere. And as these stories document, changes are desperately needed in many locales now, as HIV can be counted on to exploit every opportunity it can find.

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—LESLIE ROBERTS AND JON COHEN

HIV/AIDS: Latin America & Caribbean

CONTENTS

News

- 468 The Overlooked Epidemic
- 470 **HAITI** Making Headway Under Hellacious Circumstances
- 473 **DOMINICAN REPUBLIC** A Sour Taste on the Sugar Plantations
The Sun. The Sand. The Sex.
- 475 **PUERTO RICO** Rich Port, Poor Port
Ample Monkeys and Money Nurture Robust Research
- 477 **MEXICO** Land of Extremes: Prevention and Care Range From Bold to Bleak
Prevention Programs Target Migrants
- 480 **GUATEMALA** Struggling to Deliver on Promises and Assess HIV's Spread
- 481 **HONDURAS** Why So High?
A Knotty Story
Mission Possible: Integrating the Church With HIV/AIDS Efforts
- 483 **BELIZE** Taking It to the Streets
- 484 **BRAZIL** Ten Years After
Free Drugs ≠ Quality Care
- 487 **ARGENTINA** Up in Smoke:
Epidemic Changes Course
- 488 **PERU** A New Nexus for HIV/AIDS Research
Universal Access: More Goal Than Reality

See also related Editorial p. 409; Review p. 462; Report p. 523; and online material on p. 403 or at www.sciencemag.org/sciext/aidsamericas

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