

## The Sun. The Sand. The Sex.

BOCA CHICA, DOMINICAN REPUBLIC—At the Plaza Isla Bonita bar that stretches from the main downtown street to the beach, the cocktail waitresses dress in campy “Ship’s Ahoy” outfits with sailor hats and midriff tops. When not serving high-octane rum drinks, they dance suggestively to the blaring merengue, bachata, and reggaeton music. Tables and bar stools fill with young Dominican women, who flirt aggressively with American, Dutch, German, and Italian men twice if not three times their age. Sanky Pankies—local young men who favor dreadlocks, bling bling, and tank tops—cruise the perimeter looking for foreign women or men.

The waitresses sing along when a popular song comes on by the band Mambo Violento: *Sin gorrito, no hay cumpleaños*—without a little hat, there is no birthday party. But in this case, a little hat is a condom, and the birthday party doesn’t involve cake.

Sex tourism is booming in several of the resorts here, says Antonio de Moya, an epidemiologist and anthropologist who has long studied the subculture and works with the presidential AIDS program COPRESIDA. In the past 15 years, the Dominican Republic has become a tourist magnet, attracting 3.4 million vacationers in 2004, more than double the number who visited in 1991, according to the Caribbean Tourist Organization. And the Caribbean as a whole entertained more than 21 million tourists in 2004. Today, sex tourism and HIV/AIDS have become hot topics in Jamaica, Cuba, Barbados, the Bahamas, St. Lucia, St. Marteen, and Curaçao.

Deanna Kerrigan, an international health specialist at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland, studies sex work in the Dominican Republic. She stresses that outside resorts such as Boca Chica, tourists are not the main clients. “There is a very large local sex-work industry,” says Kerrigan. Sex is sold everywhere, from brothels and rendezvous homes called *casas de citas* to

discos and car washes. HIV prevalence in the country’s estimated 100,000 female sex workers ranges from 2.5% to 12.4%, depending on the locale. Kerrigan says the places with lower prevalence reflect “intensive interventions” by nongovernmental organizations such as the one she collaborates with called the Centro de Orientación e Investigación Integral.

Sex workers of course could have both local and foreign clients, but three women working the main street here this warm winter evening insist that they avoid Dominicans. “A Dominican will pay 300 pesos and be on top of you for 2 hours,” says Aracelis, as the other women laugh and nod their heads. “And they don’t want to use condoms.” Aracelis and her friends insist that *sin gorrito, no hay cumpleaños*, and all say they are HIV-negative. But they still worry. “The first thing I say when I leave the house in the morning is ‘Please, God, take care of me,’” says Aracelis. Then, as though her prayers were answered, she notices an elderly German man. “He’s my boyfriend, not a client,” she says, prancing over to him. “He sends me money every month.”

—J.C.



**Sails job.** The cocktail waitresses at the Plaza Isla Bonita bar attract male tourists, who often then find a sex worker offering her—or his—services.

Still, NGOs have made some headway in both prevention and treatment programs. Family Health International (FHI), which is funded by the U.S. government, supports several of these programs, but its director in Santo Domingo, Judith Timyan, laments that this is necessary. “This country’s relatively rich and has a huge middle class,” says

Timyan, who has since left to do HIV/AIDS work in Haiti. “The Dominican Republic should have grown out of its need for help.”

### Bad blood

In 1821, Haiti invaded the Dominican Republic and ruled for 22 years, creating bad blood that has

yet to disappear. “The Dominican ruling class will tell you everything that’s going wrong with the country is the fault of Haiti,” says Geo Ripley, an ethnographer and artist who is a consultant on *bateyes* to the United Nations.

This bad blood in part explains the government’s limited response to the problem in the *bateyes* and also discourages any attempt to replicate Haiti’s HIV/AIDS successes. “If you say to the Dominican people, ‘We can learn from Haiti,’ they’d say, ‘We don’t have anything to learn from them,’” says Eddy Perez-Then, a clinician who is now completing a Ph.D. dissertation about *bateyes* near the southwestern city of Barahona.

As in Haiti, the Dominican epidemic initially involved men who have sex with men, but it has gradually become more “feminized” and driven by heterosexual sex. This is reflected in the ratio of men with AIDS to women, which in 1986 was 3.63:1 and today is nearing 1:1. Government researchers estimate that 78% of infections now occur through heterosexual sex, some of which is linked to a booming sex trade (see sidebar, at left): Some sex-worker communities have had documented prevalence above 12%.

Cultural mores regarding promiscuity may partly explain why the *bateyes* and Haiti have similarly high prevalences, but many experts suggest that’s too simplistic a view. Nicomedes “Pepe” Castro, who has worked with *bateyes* for 28 years, notes that in the last century the sugar industry primarily attracted male migrants. “*Bateyes* were the only part of the country where the proportion of men was higher than women: 4 to 1.” This, in turn, created more sharing of partners and a greater market for sex workers. With the demise of the sugar cane industry, Antonio de Moya, an epidemiologist and anthropologist who works with COPRESIDA—the presidential commission on AIDS—says an increasing number of young Haitians who immigrate are becoming sex workers themselves. Finally, and perhaps most important, the rampant poverty in the *bateyes* facilitates HIV’s spread, which is tied to a lack of education and less access to prevention tools such as condoms and treatment of other sexually transmitted diseases.

Epidemiologist William Duke, who works with FHI, says it’s unclear whether the Dominican epidemic is growing, shrinking, or stabilizing. “In general, our surveillance is very weak in the public health sector,” says Duke. “When you go outside of the capital, it’s difficult to catch the data.” Although Haiti’s surveillance surely has gaps, NGOs, government-run prenatal clinics,