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Ezra Fieser is an ICWA fellow living in Guatemala where he writes about the country's rapidly changing economic structure and the effects on its politics, culture and people. Ezra was formerly the deputy city editor for The (Wilmington, Del.) News Journal, a staff writer for Springfield (Mass.) Republican and a Pulliam Fellow at The Arizona Republic. He is a graduate of Emerson College in Boston.

Institute of Current
World Affairs

The Crane-Rogers Foundation
4545 42nd St. NW, Ste 311
Washington, D.C. 20016

Tel: 202-364-4068
Fax: 202-364-0498
E-mail: icwa@icwa.org
Web: www.icwa.org

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HIV/AIDS in Guatemala: Part I

Infection Rates Rise; Sex Industry Thrives

By Ezra K. Fieser

GUATEMALA CITY—Twelve hours a day, every day, Paola drudges in a one-room brothel, a rented, sagging wooden line shack that sits a few feet of powdery dirt from train tracks. She competes with a few hundred other prostitutes for men who pay a dollar or two for 15 minutes of sex. Some weeks, after having sex with 100 or so men, she can barely walk. Gang members charge her for what they call protection. She calls it avoiding rape. In a country that permits but does not regulate prostitution, she's powerless. Police extort sex. And every day she worries AIDS will find her; a condom will break, or a man will refuse to use one.

Named for the railroad line that splits it, La Linea is this city's most notorious sex district. Described as a "plague-stricken ghetto" and a "lepers' colony," it's the cheapest and most dan-

gerous of Guatemala's numerous red light districts. Paola has a one-in-ten chance of contracting HIV/AIDS and better odds of being raped. She may not be in the worst place on earth, but for Paola, La Linea is a personal hell. "If there is a place worse than this, I don't want to know it," she said, losing a smile. "Sometimes we like to say that the devil himself built this place."

Paola, 26, arrived from Nicaragua six years ago intent on earning money for her two children and returning home in short order. It didn't work out that way. Instead of becoming the high-end call girl she'd envisioned, she oscillated between no-name bars with a few beds upstairs and brothels fronting as hotels run by women who, she said, "robbed me of most of what I earned." She ended up renting the white, slat line shack for a little more than \$5 a day. Paola is resigned to the



Paola, a Nicaraguan immigrant, stands in front of her one-room brothel in one of Guatemala's most well-known sex districts, La Linea.

idea that she will never be more than, as she calls herself, “another cheap whore in La Linea.”

Guatemala’s sex industry has proliferated by attracting poor and marginalized women such as Paola. Immigrants from throughout Central America work alongside Guatemalans — including an increasing number of indigenous women — offering themselves for as little as \$1 in cheap brothels and seedy bars or as much as \$300 in expensive strip clubs. “The demand for [paid] sex in this country is enormous,” said Maria Tallarico, director of the United Nations’ Joint Programme on HIV/AIDS in Central America. The industry has become the center of a burgeoning HIV/AIDS problem, health officials say. The UN estimated as many as 84,000 people were infected in 2007. It’s still a relatively small slice of the world’s 33 million existing cases. But while AIDS rates have stabilized in other countries, they have grown in Guatemala. Six years ago, the UN estimated 68,000 people had acquired the disease. It finds a new victim every 26 minutes. Although still technically a concentrated epidemic, meaning less than one percent of the population is infected, health officials say the disease is spreading from prostitutes and gay and bisexual men to the general public. An all-out epidemic could be right around the corner, officials say. Of one thing I was certain. If the country is going to avert a national health emergency, Paola was key.

I interviewed a few dozen prostitutes over days. Their stories were remarkable in similarities, as are the stories of the estimated 12,000 to 17,000 other prostitutes in Guatemala, health workers say: They come from desperate economic circumstances, and are lured by the promise of easy money; they normally have children and know the risks of prostitution.

But Paola was also something of a success story. She’d been well instructed on the risks of HIV/AIDS, including how it’s spread. A blue plastic shopping bag full of condoms hung from her wall. She is tested for the disease at a nearby government-funded clinic every six weeks. She proudly flipped through a small notebook that contained a clean bill of health stamps she’d received.

Ninety-four percent of HIV/AIDS cases are spread through sexual contact. (The worldwide rate is closer to 75 percent, according to the World Health Organization.) Among prostitutes, the rate of HIV/AIDS infection is as high as 9 percent, according to studies. It’s slightly higher among men who have sex with men. If those two populations could be reached with educational programs and condom use could be seen as essential, the country could avert a looming epidemic. “The problem could be effectively controlled if the government and NGOs could target this population and control the spread of the disease there,” Tallarico said.

The formula is simple and proven. In Thailand, for example, the government famously instituted a 100 percent condom program in the early 1990s. Under the program, boxes of condoms were given to sex workers, the main

transmitters. The program also focused on brothels, fining them if they permitted unprotected sex. Within five years of the program’s launch, condom usage among sex workers went from 15 percent to over 90 percent. Rates of sexually transmitted diseases fell precipitously. It is just one example of a government taking a lead role against HIV/AIDS. Other governments copied it, in varying forms, with success, or launched their own innovative programs.

Guatemala’s government has appeared more intent on avoiding the problem than confronting it. The national program on AIDS is under-funded and under-empowered. Instead of taking the lead in outreach, it relies on NGOs. And the growing heart of the HIV/AIDS problem, the sex industry, is out of its control. The industry goes about its own set of rules, one largely dictated by machismo culture. I visited Paola with an NGO health worker. At first, she said she used a condom “100 percent” of the time. She leaned against her steel-frame bed. A tube of lubricant and a teddy bear shared the space next to her pillow. The health worker left to take a call and she continued, “I tell them, 100 percent of the time,” she said “but there are times when we don’t use it. If a guy hates condoms, what am I supposed to say?”

AFTER A LITTLE PRODDING, HEALTH workers admit Guatemala looks like some sub-Saharan African countries did 15 years ago. “I don’t like to draw comparisons to Africa, because it’s not fair to anyone. But I remember warning African governments about this very thing when they were in the very same position,” Tallarico said.

AIDS first showed up in Guatemala in the early 1980s, around the same time that the first cases were documented in countries such as South Africa, Kenya and Tanzania.

In the near quarter of a century since, the disease has flourished in Africa. Tanzania and Kenya both count more than a million people living with the disease and hundreds of thousands who have died from it. The situation is dire in South Africa, where an estimated 5.5 million people live with HIV/AIDS and 1,000 patients die each day.

But even in South Africa, the situation was once preventable. The government there “wasted precious years in entrenched denial” and did nothing to prevent the disease from spreading rapidly, Ashok Alexander of the Bill & Melinda Gates Foundation has said, according to published reports. Within a decade, infection rates went from less than a percent of the population — a concentrated epidemic — to more than 10 percent.

In 1984, Guatemala documented its first case of HIV in a gay man who had returned from the U.S. In the years since, HIV/AIDS has lingered among gay and bisexual men and prostitutes. Today, Guatemala finds itself in a position similar to South Africa’s more than a decade ago: A developing country that invests relatively little in health care with less than a percent of its population infected with

HIV/AIDS. South Africa's circumstances were different. And much less was known about the disease. Yet, enough similarities exist to worry health officials. The disease is about to spread beyond one percent of the population, meaning it will reach a broader segment of the population where it is likely to spread more quickly.

"If we could learn just one thing from Africa, it's the case of AIDS. All we have to do is look to African countries for lessons on what to do and not to do," said Pilar Sebastian, director of the Guatemala program for the Pan American Social Marketing Organization (PASMO), a non-governmental organization that works in HIV/AIDS prevention. Sebastian worked in Africa for six years, most recently in Mozambique, where 16 percent of the population is infected and the government has declared HIV/AIDS a national emergency. "They are teaching us lessons we should learn before we wake up and find ourselves in their position."

Despite the warnings, the Guatemalan government has been slow to react. It implemented a strategic national plan to confront the disease only two years ago and its National Programme for the Prevention and Control of STI/HIV/AIDS lacked the cooperation of other governmental ministries until 2005. Its educational programs — particularly outside of Guatemala City — are sparse. It spends less of its gross domestic product on health than nearly all other countries in the Western Hemisphere. And because it spends so little, it can treat less than half of patients in need of life-saving antiretroviral drugs. (The second part of this newsletter will focus on why so few people are receiving the drugs).

The most glaring example of the government's shortcoming is its monitoring program. It relies on a broken system in which too few hospitals are equipped to test for the disease and that lacks centralized data gathering.

Only hospitals and clinics in four densely populated areas of the country give tests. Health officials worry that without testing facilities in rural Guatemala, the government has no way of knowing how quickly the disease is spreading in small pueblos and among indigenous populations that have limited access to health care. A study of pregnant women living in rural areas — where there are no testing centers — suggests the disease may be more widespread than anyone knows. The independent study tested 1,000 women, 42 of whom were positive. The infection rate, 4.2 percent, was more than four times higher than the rate for pregnant women living in urban areas, where testing and treatment facilities are centered.

Even data from the equipped hospitals in urban areas isn't reliable. An examination of infection rates by the Central American Report found that individual hospitals had recorded up to 40 percent more cases than the government cited.

Its 2008 monitoring report said the country had registered 16,895 people living with HIV/AIDS — 11,644

people with AIDS and the rest with HIV. Nearly everyone, including government officials, knows the number is unrealistically low. The UN's estimate of between 63,000 and 84,000 people is "very conservative," Tallarico said.

Some say the government keeps the numbers low to avoid international pressure to invest more in combating the disease.

"How can they treat the disease if they don't even know how many people have it?" asked Jose I. Jimenez, an AIDS activist, HIV patient and founding member of Guatemalans Living With HIV/AIDS. "They do not want to know the reality of the situation because they would have to do something about it."

The government of President Alvaro Colom, who took office nearly a year ago, has talked about the need for further testing and better monitoring of the program. In September, it announced the construction of two health centers that could test for the disease. But the government has a full plate of problems that it places ahead of HIV/AIDS.

Sebastian said if the government were serious about expanding testing, it would authorize the use of rapid HIV antibody test. The tests, which are used in the United States and most other countries, rely on saliva samples and can be given virtually anywhere. They are cheap, costing roughly \$1.50 each. Instead, the country relies on full blood tests, which are more accurate but also more costly, roughly six times more than the rapid test.

With its own estimates laughably low, the government has asked the UN to keep its numbers conservative, Tallarico said, until it can get a better grasp on monitoring. "The fact is that if we're not already at a generalized epidemic, we're very, very close," she said. "When that happens, the government has to increase its investment tenfold. It has to open new clinics, equip more hospitals to test and treat the disease. Only buy more medications."

Only two Latin American countries spend a smaller percentage of their gross domestic products on health than Guatemala, according to a review of 2008 Pan American Health Organization data. It invests 2.2 percent of its GDP. Only Belize (1.9 percent), and Paraguay (2.1 percent) spend less. Its southern neighbor El Salvador, which has been credited for effectively confronting the disease, spends 3.7 percent of GDP on health.

The majority of Guatemala's population — and nearly all of those infected with HIV/AIDS — are treated at government hospitals and clinics. The Guatemalan Institute of Social Security provides care for people who are employed in the formal economy. Employees, employers and the government pay into the system. The care is generally considered better than the national hospitals and clinics, which care for most of the poor.

And only a sliver of the money being spent on health

trickles down to HIV / AIDS. About 1.3 percent of the Ministry of Health's 2008 budget of 3 billion Quetzales went to the national AIDS prevention and treatment program. Program administrators requested 83 million Quetzales for 2008, but were granted 40 million (about \$5.2 million) by Congress. Due to the high cost of antiretroviral drugs, most of the money goes to treatment. Prevention programs are secondary.

The government faces myriad social problems — from one of the highest murder rates in the hemisphere to crumbling schools and limited public transportation. It's hard to find an adequately funded public department. And, to its credit, the government has increased funding on HIV / AIDS. The program's budget has doubled from just two years ago and risen 800 percent from 2002.

It still falls short. The government can only treat a fraction of Guatemalans living with the disease, let alone launch costly prevention programs. That task has largely fallen to the private sector, led by NGOs and faith-based organizations. The programs — which range one-on-one educational visits with prostitutes to public information campaigns — are effective but not universal.

The international community is rightly focused on Africa's AIDS problem, leaving limited resources for other countries. Even outside of Africa, Guatemala's problem is minor compared to some Asian countries. For this very reason, health officials say, it is essential that Guatemala's government take a lead role in fighting the disease. "If I can point to one thing I have seen in countries with effective AIDS prevention programs, it's governmental leadership," said Barry Whittle, director of PASMO, which works throughout Latin America and the Caribbean. "It's the most important thing."

Without a coordinated governmental response, even private sector work is limited. For example, the international community has urged Guatemala to enforce a law that requires schools to teach an anti-AIDS program to children aged 11 and older. A British NGO offered the program, but could only reach children in schools in three of the country's 22 departments. Although the current government appears more willing to expand programs, it will have to make up for years of inattention. In 2006, a reporter for Inter Press Service asked Karina Arriaza, then deputy health minister in charge of the government's HIV program, about the lack of prevention programs. Arriaza said the disease was a problem found among prostitutes and gay men, denying that it had grown out of control. The few sex education programs the government had offered stressed abstinence, reflecting the influence of Catholic and evangelical churches. "A health minister will never come out in public and openly recommend condoms," Cristina Calderón, the head of an NGO working in AIDS, told the reporter in 2006.

I VISITED THE CITY'S THREE LARGEST prostitu-

tion districts in a 15-passenger van wrapped in condom advertisements with Eusabio Rodriguez, a former industrial engine mechanic turned health educator for PASMO. Rodriguez oversees condom sales for the organization — the largest distributor and vendor of condoms in the country. He spends days in brothels and bars, talking to prostitutes about the importance of condom use.

"The three areas are all different," he said. "They each serve a different type of client. If you wanted cheap sex and nothing else, you'd go to La Linea. If you wanted an indigenous woman, you'd go to La Terminal. In El Trebol, it's more underground."

El Trebol, a few neighborhoods of street markets and bars set around a bridge by the same name, was quietest of the three. Prostitutes worked mainly in bars and restaurants. It lacked the intensity of La Linea: No women in fishnet stockings; no whistling or catcalls.

The trade was more open in La Terminal, a series of narrow streets and dark alleys that flanked the city's main bus terminal and a handful of filthy grocery and hardware stores. In recent years, the area has attracted indigenous women who come from Mayan pueblos to work in the sex industry.

I met Fabiola Sánchez, a Kaqchikel Mayan woman who rises at daybreak each morning, feeds her children fresh tortillas and boards a bus in her little town of San Pedro Sacatepequez about 40 kilometers west of the city.

Dressed in a colorful hand-sewn skirt and blouse and sitting in front of a brothel on a narrow side street, Sánchez said she knew nothing about AIDS until a friend told her when she started working. Now she visits the nearby clinic to test for the disease every three months. And although



In an area known as El Trebol, a group of prostitutes stand in front of a bar. The boy in the photo is 9 years old and a son of one of the women.

she carries a handful of condoms in her skirt, she admitted she doesn't always use them. "I try to use them all the time," she said. "But some men don't like it and I don't want to tell them 'no,'" she said. Johanna, another Kaqchikel woman, laughed. "If she won't have them," she said, "I will."

Health workers say the marked increase in the number of Maya women traveling to Guatemala City to work as prostitutes is an economic decision.

"They've come here more and more because they can earn four, five, even ten times what they could make in other jobs," said Dr. Marco García, who runs a nearby clinic offering free HIV/AIDS tests and treatment.

The clinic is treating more indigenous women than ever, he said. In the waiting room, a handful of Maya women, small children in tow, waited for medical treatment on a recent morning. "They realize the risks of contracting diseases, but prostitution pays."

More often, prostitutes "come from indigenous communities ... They have no jobs, there is no social system to support them, so they go into prostitution," Tallarico said.

Sánchez, 26, turned to prostitution six months ago. "There was no work in my town. I have three children and the cost of everything is so high now," she said. She sold tortillas from her house, but dozens of other women were doing the same, she said. "Sometimes, I couldn't earn enough to buy the maza." In a country where more than half the population lives in poverty and a third earn \$2 a day or less, Sánchez can make \$30 on her busiest days, having sex with eight to ten men.

Sitting on a wobbly red plastic stool in front of the no-name brothel's rose-colored wall, Sánchez blended into the scenery. To health workers, however, she sticks out. While indigenous prostitutes have long operated in small towns at bars and tiny brothels, their presence in the middle of one of the city's main red light districts represents a new front in fight against HIV/AIDS: indigenous women who expose themselves to the disease by day and return to their rural homes after work.

"They act as a bridge for the disease and related diseases, bringing [them] back to the general population," Tallarico said. "We don't yet have firm numbers, but hospitals are seeing more cases of tuberculosis and sexually transmitted infections, as well as more AIDS cases."

Despite shortcomings, the government's monitoring reports reflect a growing trend among indigenous people. Just five years ago, the report said a few cases had been reported but said the trend was too insignificant to document. The 2007 report said 1,812 indigenous people



Fabiola Sanchez, left, sits in front of the brothel where she works in an area of Guatemala City known as La Terminal for its proximity to the bus terminal.

had the disease. The numbers, like those for the rest of the population, are likely under reported. The director of Guatemala's AIDS program recently told La Prensa Libre, the country's largest newspaper by circulation, that an estimated 27 percent of HIV/AIDS cases are Maya people. Infection rates in the group, which represents nearly half of the population, is still disproportionately low, but the rise in the number of cases is worrisome.

In a small city in the steep mountains of the Western Highlands, Delia Smith, a Catholic nun, opened a clinic to treat poor people suffering from the disease. Only seven patients came at first. In recent years, demand has skyrocketed. The clinic sees 40 to 50 people a day. Most seek nutritional advice, but many are presenting HIV symptoms and in need of testing and counseling. They are almost entirely Maya.

"We are overstretched in trying to meet the socio-economic demands of the very poor HIV-positive people in our area," Smith said. "We don't have the financial resources to respond to all [their] immediate needs."

Smith said the increase in deportations of Guatemalans back to their country is exacerbating the problem. The United States has deported more than 25,000 Guatemalans so far this year, according to Guatemalan migration authorities, putting the country on pace to receive a record 27,000 returnees.

"People who are HIV-positive who were getting treatment for free in the U.S. are returning to Guatemala and waiting in line," Smith said.

Migration plays an enormous factor in Guatemala's HIV/AIDS problem. The route taken by most migrants, either coming back to Guatemala or going north illegally, roughly tracks the Central American highway system. The departments through which the highway travels have the highest HIV/AIDS infection rates. Prostitution travels

the same route. Little red light districts line the highway. Women sit out front scantily clad.

"It's a route that's shared by migrants, sex workers, and truckers," Tallarico said. "It makes it more difficult to treat the sexually transmitted diseases because it's such a transient situation."

Guatemala City is at the center of the route. From the city's edges, highway spurs shoot off toward El Salvador, Honduras, Mexico and the ports of the Caribbean and Pacific coasts. And at the center of Guatemala City's sex business, we find La Linea, set around train tracks that used to take freight to some of those same destinations.

LA LINEA SITS A DOZEN BLOCKS from the city's central plaza, national cathedral and presidential palace. Accustomed to the driving narrow downtown streets, Rodriguez avoided double-parked buses and swerving motorcycles. We passed once vibrant commercial districts now occupied with a hodgepodge of shops: used appliance stores next to plumbing supplies, sandwiched between fast food joints. We drove through the former residential areas where wealthy Guatemalans used to live. Their palatial homes still stood, some spanning a full block. But the wealth was gone. It moved behind the gates and guards of suburban city districts, away from the deterioration and growing crime problem. The Spanish colonial homes, converted to cheap hotels or offices, showed neglect: the bright pastel colors had faded into muted grays that matched the crumbling concrete sidewalks. Every few blocks, a group of men whistled or pumped their fists in the air. "Hey, it's the condom man."

We arrived at La Linea, stopping in a cloud of fine brown dust that had been picked up by circling winds. Even before stepping out of the van, I thought it was the nastiest of the city's sex districts. Dozens of men trolled the tracks, looking for women. Women, barely covered, exposed themselves indifferently. One woman let her breast fall out while she bent over to scratch her leg.

Rodriguez had Forest Whittaker eyes, wandering facial hair and an easy way with the women. One approached the van before he shut off the engine. "Anything special today?" she asked. "A lighter. Just turn in a wrapper," he said.

Rodriguez or one of his employees parks a condom van on a patch of dirt in the middle of La Linea every day. They announce their arrival over roof-mounted speakers that distort their voices. They sometimes hand out condoms. But PASMO prefers to sell them through local retailers, the theory being if you put a condom at arm's reach and make it affordable, people will use them. "A man might be more likely to use a

condom if he pays for it," Rodriguez said. "It has value."

We walked through La Linea. Winds sprayed dust in our face. Nicola stood in front of her sky-blue line shack. A tight black camisole covered half her chest and met a pair of sheer stockings at her waist. Her thick hair was braided and dyed. She'd plucked nearly all of her eyebrows and drawn in high-arching brows with dark eyeliner.

The shacks are diminutive, even for shacks. Nicola's was no different. She came from Nicaragua's Mosquito Coast, and spoke flawless English, calling herself the "Doll of La Linea."

"I feel like a doll, because I live in this little doll house." Inside, a single bed dominated the room. She paid about \$5 to rent the little house, where she had sex with as many as 30 and as few as three men per day. A print of Winnie the Pooh sitting in a heart-shaped swing hung on the pink wall. A roll of toilet paper shared the bed with a tube of ointment, three stuffed animals and a stained pillow.

The bed was small and uncomfortable. It rested on cinderblocks and I felt springs when I sat. She sat beside me and glared out the door for a few minutes when I asked why she came here. "Because I wasn't earning enough in Nicaragua," she said. "I have a boy. I had to send him money."

Desperation. It drives women to prostitution. It explains why so many of the women here are Nicaraguans. The economy there is worse than Guatemala's. But the economy only explains half of why Nicola left.

"Why didn't you just stay in Nicaragua and do it?" I asked.

"Because my family is there," she said. "My son is there. I could come here and be nobody. I could be just



Eusabio Rodriguez is pictured in front of the condom advertisement-covered van he drives.



Nicola, a Mosquito woman from Nicaragua's Caribbean coast, stands in her rented brothel. She did not want her face shown.

another woman from Nicaragua. And maybe when I go back home I could have a normal life."

"You know," she continued. "It's not so bad. The work, I mean. You get used to it pretty fast. I bet if you asked all these women, they'd say the same thing. You get used to it. I mean you get used to the act. The sex. It's the men that you never get used to. Machismo."

The term is widely used in Latin America, but Nicola explained that she uses it to describe the structure of power: Men have it. Women do not.

Human rights organizations point to the male-dominated culture as a partial explanation of why violence against women has gone unchecked in Guatemala. They say the culture — starting at the top, the government — doesn't value women. Since 2000, more than 3,000 women have been killed. Roughly 20 of the killings have been solved. Even in one of the most violent countries in the hemisphere, where impunity is bandied about so often that it is borderline cliché, a conviction rate of two-thirds of one percent is shocking.

It's worse for prostitutes. The Winter 2008 edition of *ReVista*, Harvard University's *Review of Latin America*, underscored the situation. Claudina Isabel Velásquez Paiz, according to the article, written by anthropologist Victoria Sanford, was murdered when returning from a friend's party to her parents' Guatemala City home in August 2005. According to a police official, the murder scene was never developed because the first officers to arrive at the scene dismissed her death as not worth investigating. Why? She was wearing sandals at the time of her death and her belly button was pierced. To police, the piercing and footwear were signs that she belonged to a gang or, more likely, was a prostitute. Paiz, 19 at the time of her death, was a law student.

I asked Paola about what machismo meant. She re-

sponded with a memory. One of her first clients was aggressive. He was strong and she was scared. She told him to stop and he became more aggressive. She told him again and again to stop. He didn't. She stared at the wall the entire time. He didn't use a condom. "I didn't know about AIDS then," she said. After it was over, he refused to pay her. "It was basically rape."

PAOLA HAD NO ONE TO TURN TO after the incident. No protection. The story highlights a sentiment that is well known by the women of La Linea: In a culture where women are treated as inferior, prostitutes aren't even human.

"We have no rights," Paola said. "We're invisible."

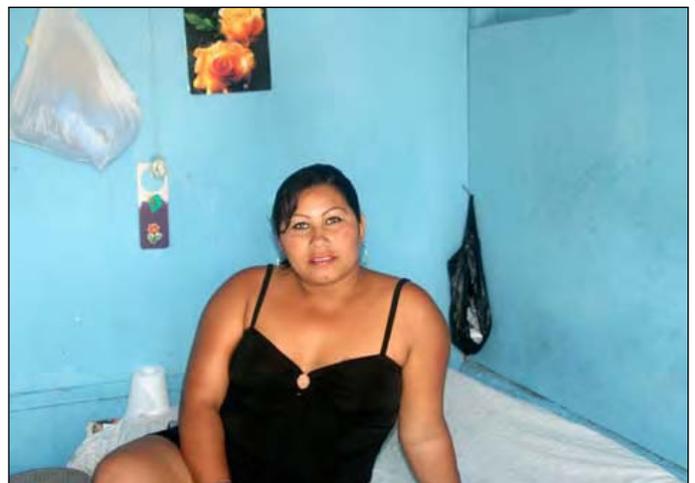
"This place has its own rules," Rodriguez told me. "There is Guatemalan society, where it's difficult to talk about sex even with your best friends. And then there are places like La Linea, where it's all out in the open."

The government has never recognized prostitution. It's permitted. Inducing someone into prostitution is illegal and punishable by heavy fines and extensive jail terms.

Corrupt police are known to take advantage of this grey area in the law. In its 2007 report on human rights in Guatemala, the U.S. State Department's Bureau of Democracy, Human Rights and Labor said "police threatened persons engaged in prostitution and other commercial sexual activities with false drug charges to extort money or sexual favors and harassed homosexuals or transvestites with similar threats of false charges."

"The women can't trust the police," Rodriguez told me, "because the police can be worse than the gangs."

Despite the fact that police camp out at La Linea, MS-13 gang members control the area. Gang members regularly demand money from the women in exchange for "protection," Rodriguez said. "They don't protect them.



Paola is pictured in her one-room brothel.

They don't do anything for them. But the women have to pay or they could get raped."

Paola learned that lesson early on at La Linea. She was just scraping by and "didn't know the rules." She told a gang member she didn't have anything for him. She said he was maybe 15. The next day two men raped her so brutally that she couldn't work for two weeks. She hasn't missed a payment since.

The MS-13 gang reportedly started on the streets of Los Angeles and was deported to El Salvador before spreading throughout Central America and the United States. MS is an acronym for the word Mara (slang for gang) and Salvatrucha (which refers to both a trout and is slang for shrewd person).

In the first few minutes of a documentary that was made about La Linea, Guatemalan journalist Andres Zepeda framed where the place and the women stand in society.

"La Linea is not only a place where prostitutes work, it's a kind of plague-stricken ghetto, a lepers' colony in which the human trash of Guatemala live. ... The women who work in La Linea are the lowest of the low. Not just because they are prostitutes, but because of the place they are in. People discriminate against them, they attack them," he said. "La Linea is a place that everyone talks about, but nobody visits ... supposedly."

The documentary, called "Las Estrellas de La Linea," follows a soccer team made up of prostitutes from the strip. They registered to play in one of the city tournaments and were met with hostility and outrage.

The team was thrown out of its first tournament. Its opponent, made up of women from a pricey U.S.-style college, objected to the fact that they were not notified about their opponents. The Q1,000 (about \$130) Las Estrellas paid to play was kept.

The incident caught the attention of international press. Reuters, the BBC and U.S. newspapers ran stories. In Guatemala, a news story in *La Prensa Libre* was followed by an op-

ed that denounced the game.

"To bring the girls to play football against the strawberry girls of Colegio Americano (the school), under the horrified looks of suburban women and the libidinous winks of bodyguards has a dramatic mood," she wrote. "In my opinion, prostitutes and minors do not mix," referring to the game, which was played at a field frequented by families. "Prostitutes and minors? No. Period. The NGOs can accuse me of whatever they want. But that type of 'cohabitation' should not occur here or at the end of the world."

The women capitalized on the spotlight, using it to call attention to their lack of rights. Attention came, from both international and national sources. The film won awards in two international film festivals and wide praise. It was, the women of La Linea thought, the start of a movement that would end in the opportunity to be legally recognized. Nothing has changed in the two years since.

I felt hopeless leaving La Linea. Of all the poverty-stricken places I've seen here, it felt the bleakest. If other places, other situations could better or worsen with the economy or with intervention, La Linea was fenced off. It was operating independently. It was the powerlessness of the world's oldest profession on display.

That's why HIV/AIDS is so worrisome for Guatemala's future. If it is to stem the disease's rise, the country must involve itself in a situation it has watched flourish.

The government is starting to recognize the seriousness of the problem. It has increased funding and the Congress has discussed granting more power to the national AIDS program. But health workers point to a history of indifference and wonder what Guatemala will look like in another decade.

"In general, it seems that the government has started to embrace the problem," Sebastian, of PASMO, said. "But it takes years and years to get ahead of this problem. It's not as if the disease waits. We know from looking at Africa that it can happen upon a country so fast that action really needs to be taken now." □

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CONTACT:

Phone: (202) 364-4068
Fax: (202) 364-0498
E-mail: icwa@icwa.org
Website: www.icwa.org

STAFF:

Executive Director:
Steven Butler

Program Assistant/
Publications Manager:
Ellen Kozak

Administrative Assistant/
Bookkeeper: Meera Shah

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