

Conectando Latinos en Pareja: A Couple-based HIV/STI Prevention Intervention for Latino MSM

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Outline

- I. Introduction: Health Disparities among Latino MSM and Latino Male Couples
- II. *Conectando Latinos en Pareja*: A Couple-based HIV/STI Prevention Intervention for Latino MSM

Introduction

What we know...

- Latinos represent 16% of the US population but accounted for 23% of new HIV infections in 2013
 - Most (81%) new HIV infections among Latino men attributed to male-to-male sexual contact
 - Among Latino men who have sex with men (MSM), 67% of new HIV infections occurred in those under age 35

Prevention Challenges for Latino MSM and MSMW

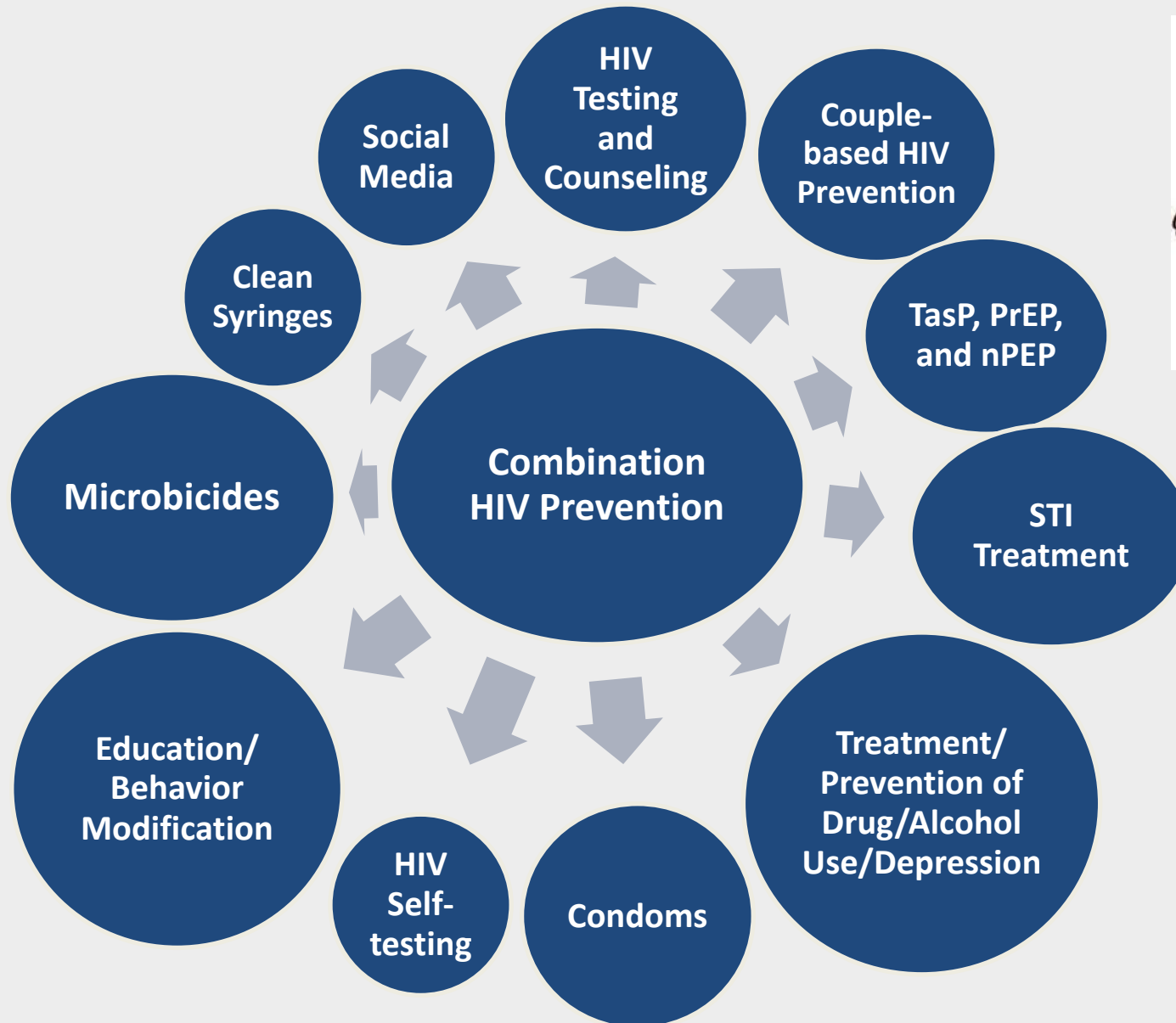
- Prevalence of unprotected anal intercourse: 33%-49% (Harawa et al., 2004, Ramirez-Valles, 2008)
- Substance use: 26%-40% (Diaz et al, 1991, Ferndandez et al., 2005, Muñoz-Laboy, 2014)
 - High risk alcohol consumption: 8%-45% (Muñoz-Laboy, 2014; Balan et al., 2013; Celentano et al., 2006; Cochran, et al., 2000)
 - Substance use identified as a coping mechanism for depression, pre-and-post migration experiences, and discrimination (Martinez et al., 2011; Martinez, et al., 2012; Kissinger et al., 2013)

Introduction

Prevention Challenges (Cont'd)

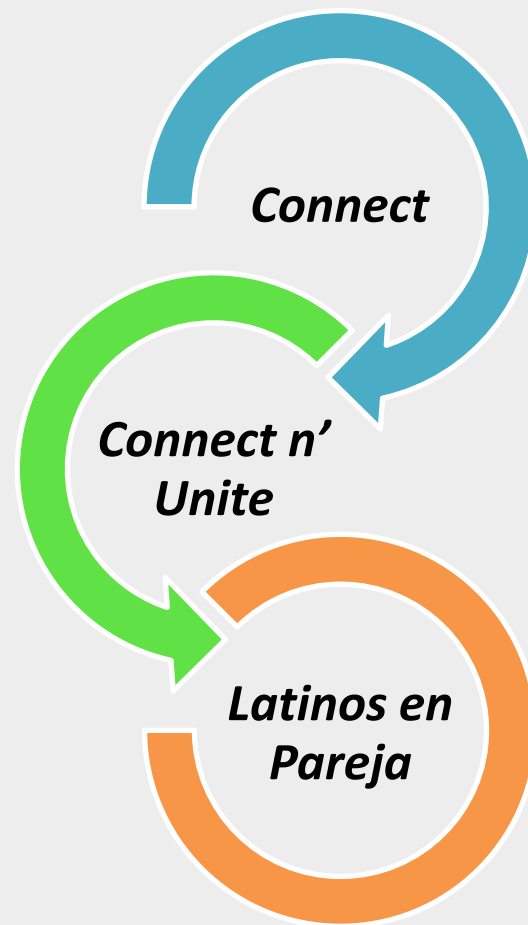
- Condom use less likely in established relationships (Hays et al., 2014)
- We found that being in a relationship was associated with a higher frequency of condomless anal sex as well as increased alcohol consumption.
 - More than half the sample (n=117; 68%) reported condomless anal sex acts in the past 3 months, and half (n=85, 49%) reported multiple partners in this period. The majority (n=103; 58%) screened for high-risk alcohol consumption in the past month (Martinez, under review).
- Limited research to address the growing health needs of Latino MSM, in particular, predominantly Spanish-speaking Latino MSM, recently-arrived Latino MSM, and young Latino MSM (Rhodes et al., 2014, Martinez et al., 2014)
- Only a few interventions in the DEBI Project target MSM, and none target predominantly Spanish-speaking Latino MSM or Latino male couples (Martinez et al., 2014)

Introduction



Aim 1: To adapt and refine the existing 4-session *Connect 'n Unite (CNU)* couple-based HIV/STI preventive intervention, originally for drug using Black MSM, for a new target population of drug and substance-using Latino MSM

Aim 2: To acquire information that enhances the likelihood of successfully testing the revised intervention in a subsequent NIH funded grant (e.g., recruitment and retention strategies, barriers to participating in the intervention, and ethical issues)



Methods

Data Collection/Eligibility Criteria

- Data Collection (January 2014 to March 2014)
 - Pre-screened potential participants over the phone or in-person
- Eligibility criteria refer to couples:
 - 18+ years
 - Both partners must consider the other as their male “main partner”
 - At least one partner must self-identify as Latino or Hispanic
 - At least one partner must have limited English proficiency and partners must be proficient in Spanish
 - At least one partner must report 1+ unprotected acts of anal intercourse in the past year, within or outside of the relationship
 - At least one partner must report using illicit substances or drinking 5+ alcoholic drinks on the same occasion on at least 1 of the past 30 days (binge drinking) or 5+ on the same occasion on at least 5 of the past 30 days (heavy drinking)

Methods Recruitment

I. Social Media

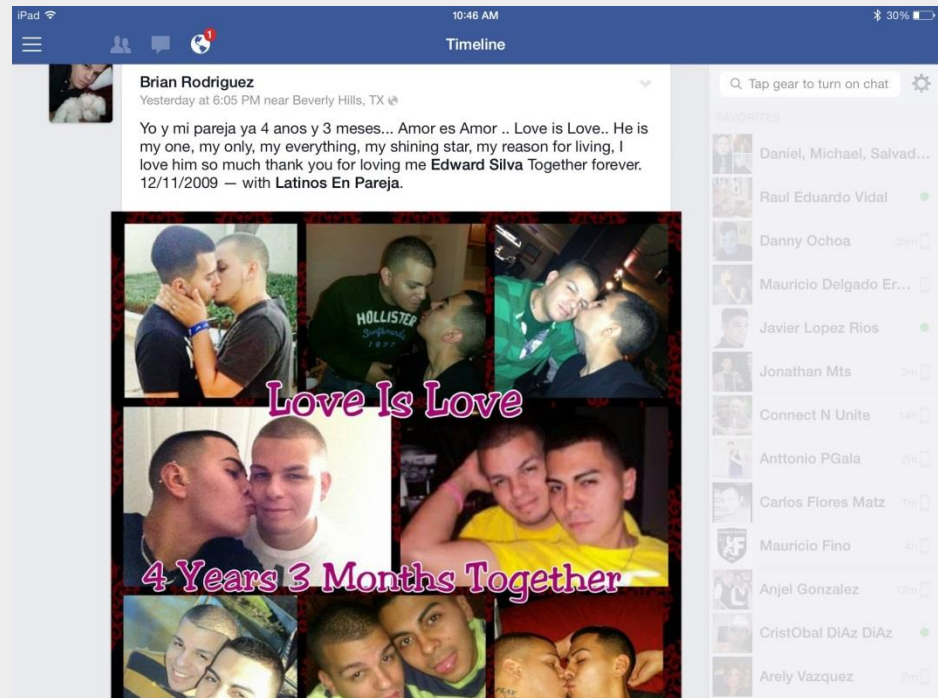


Methods Recruitment

Original Paper

Still a Hard-to-Reach Population? Using Social Media to Recruit Latino Gay Couples for an HIV Intervention Adaptation Study

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Methods Recruitment

II. Community-based organizations



Methods Recruitment

III. Social venues (e.g., bars, *antros*, clubs)



IV. Snowball/chain referral sampling



Methods

Screening Instrument

I. Demographics

Age, Education, Country of Origin, Time in the U.S., Employment, Insurance

II. Substance Use

III. Sexual Behavior

IV. HIV and STI Testing History

V. Mental Health (CES-D 10 items scale)

VI. Experiences of Discrimination

VII. Sexual Experiences

VIII. Health Care Utilization

Methods

Adaptation Process

I. Intervention Adaptation Workshops with Latino Male Couples (N=20 couples, 40 participants)

Session 1: General Questions; Introduction to Activities and Handouts; Questions related to Activities

Session 2: Introduction to Activities and Handouts; Questions related to Activities

Session 3: Barriers to participating in the intervention

II. Intervention Adaptation Session with Health Providers (N=10)



Methods

Study Design/Data Analysis

The adaptation process included:

- 1) engaging community stakeholders,
- 2) capturing the lived experiences of Latino male couples,
- 3) narrowing down and identifying priorities,
- 4) integrating social cognitive theory into a relationship-oriented ecological framework for Latino gay couples, and
- 5) deconstructing and reconstructing the intervention



Article

Adaptation of a Couple-Based HIV/STI Prevention Intervention for Latino Men Who Have Sex With Men in New York City

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Methods

Adapted Conceptual Model

Moderators

Age
Education
Financial Status
Time in the US
Ethnicity/race
Relationship characteristics (incl. openness, serostatus)
Baseline HIV/STI status
Immigration status
Childhood sexual abuse



Mediators

Ontogenic Factors

HIV/STI knowledge
HIV protection methods
self-efficacy and
outcome expectancies

Microsystem Factors

Couple sexual decision-making, sexual power
HIV protection methods
negotiation-efficacy

Exolevel Factors

Social support for risk reduction

Peer safer sex norms

Macrosystem Factors

Machismo

Disenfranchisement



Outcomes

Primary Outcome

Proportion of HIV protected anal sex acts (condom, PrEP, TasP) with main partner

Secondary Outcomes

Use of HIV protection (condom, PrEP, TasP) with most recent casual partner

Number of casual sex partners

Chlamydia infection

Gonorrhea infection

Results

Demographics

Descriptive demographic characteristics of Latino male couples		
	Group 1 (N=9 couples) M ± SD or n (%)	Group 2 (N=11 couples) M ± SD or n (%)
Age	35.61 (8.16)	39.23 (8.78)
18-24	1 (6)	1 (5)
25-34	8 (44)	5 (23)
35-44	5 (28)	8 (35)
45-54	4 (22)	7 (32)
55 or older	0	1 (5)
Country of Origin		
Mexico	6 (34)	5 (23)
Central American	4 (22)	3 (12)
South America	3 (17)	9 (39)
Caribbean	5 (27)	5 (26)
Gender/Sexual Identity		
Gay	15 (83)	18 (82)
Bisexual	1 (6)	4 (18)
Transgender and Transexual	2 (11)	0

Results

Demographics

Other descriptive characteristics of Latino male couples

	Group 1 (N=9 couples) M ± SD or n (%)	Group 2 (N=11 couples) M ± SD or n (%)
High-risk alcohol consumption		
Binge	8 (45)	9 (41)
Heavy	4 (22)	8 (36)
Marihuana use in the past 3 mos		
Yes	3 (17)	7 (32)
Powdered cocaine use in the past 3 mos		
Yes	0	3 (15)
Party and club drugs		
Yes	7 (39)	10 (45)
Sexual partners in the past 3 mos	3.11 (2.61)	2.91 (3.22)
0 or 1 partner	7 (39)	12 (55)
More than 1 partner	11 (61)	10 (45)
Anal sexual intercourse in the past 3 mos	34.83 (27.83)	23.73 (20.15)
Reported at least one condomless act	14 (78)	14 (64)
Length of relationship		
1-12 mos	8 (45)	9 (41)
More than 12 mos	10 (55)	13 (59)

Results

Demographics

Characteristics of Health Service Providers	
	M ± SD or n (%)
Gender	
Male	8 (80)
Female	2 (20)
Professional discipline	
Research	3
Public health professional	3
Wellness and HIV Tester/Counselor	2
Case Manager	2
Major challenges affecting Latino male couples	
Legal issues (e.g., documentation status, police harassment)	9
HIV and STIs	6
Mental health	5
Intimate partner violence	5
Childhood sexual abuse	7
Substance use and/or excessive alcohol consumption	7
Barriers with implementing adapted intervention	
Limited provider time with patients	5
Uncertainty about intervention requirements	6
Limited training	3
Other	2
Biomedical interventions	
Pre-exposure prophylaxis (PrEP)	10
Post-exposure prophylaxis (PEP)	6
HIV self-testing kit	5
Male and female condoms	5
Treatment as prevention (TasP)	9

Results

Qualitative Findings

Legal Challenges



Criminal charges and intimate partner violence complaints

“When you call the police for domestic violence between two men, the police don’t take it seriously, they don’t treat it the same as heterosexual couples” (Juan, Mexico, 26).



Documentation status

“Many people won’t go and seek out services because they are afraid it will affect their immigration status...for fear of being found out as undocumented individuals, they don’t seek help” (Alex, El Salvador, 45).

Results

Qualitative Findings

Biomedical Interventions

HIV self-testing kits

“If I had access to HIV self-testing 20 years ago when I saw a friend die of AIDS, I would have gotten tested. But it was the fear and shame of potentially having a doctor tell you to your face, ‘You have AIDS, you *puto*,’ that kept me from going and getting tested” (Carlos, Peru, 50).



PrEP

“What about the needs of serodiscordant couples?” We need more information about PrEP. We should be talking about these things. Couples are tired of using condoms and information about biomedical tools can help a lot of people” (Carmelo, Mexico, 24).

“PrEP should be an incentive towards the latter part of the study, once participants have received information, knowledge, and counseling around PrEP. However, PrEP shouldn’t be passed out like candy and should especially be promoted for serodiscordant couples” (Provider, Betances).

Results

Qualitative Findings

Overall Feasibility/Resilience

Perceptions about the project

“More education in Spanish should be delivered to Latino gay couples. Latinos understand better with visual and testimonial anecdotes. Research like this is very important for us providers and the Latino community as whole since we are updated about the latest advances in science and prevention strategies” (Provider, Latino Commission on AIDS).

“I have never seen a couple-based program – they usually focus on the individual ‘gay man’ and we need to help Latino gay couples with having a long-term healthy relationship and provide tools to deal with HIV” (Julian, Dominican Republic, 23).



Sessions and Theoretical Constructs

1	<i>Introduction to Self-Care</i>	<ul style="list-style-type: none"> • Personal, cultural and contextual factors that influence risk and protection among couples. • How cultural values (e.g., machismo), couple dynamic and context impact sexual risks and health behaviors. • Basic information about HIV/AIDS, STIs, and substance use. • Problem solving, self-care, relevant HIV prevention methods.
2	<i>Communication</i>	<ul style="list-style-type: none"> • Developing effective communication, goal setting, sexual health plans, and motivation to use different prevention technologies. • Evaluating different prevention approaches. • RAs tailor problem solving approaches to each couple.
3	<i>Relationship Strengthening</i>	<ul style="list-style-type: none"> • Strengthening, identifying and defining unwritten rules, exploring couple's power and decision-making process, examining triggers to risky sex and developing action plans. • Negotiating HIV protected sex and exploring different prevention alternatives.
4	<i>Couple Problem Solving</i>	<ul style="list-style-type: none"> • Identifying social support networks and resources within and outside the Latino community that could help couples sustain their goals. • Reviewing and refining plans for engaging in HIV protected sex. • Strategies for dealing with "slips" and review key skills developed during the sessions. • "Graduation" ceremony.

Results

Total Sample

Descriptive demographic characteristics (N=176)

	M ± SD or n (%)
Age (years; n= 176)	33.37 (9.10)
18-24	34 (19)
25-34	67 (38)
35-44	49 (28)
45 or older	26 (15)
Country of Origin (n=176)	
Mexico	34 (18)
Central American	28 (15)
South America	37 (21.5)
Caribbean	77 (44.5)
Other	15 (10)
Gender/Sexual Identity (n=175)	
Gay	148 (85)
Bisexual	20 (10)
Transgender or Transexual	4 (3)
Other	3 (2)
Time in the United States (n=176)	
Less than 12 months	62 (35)
Medical Insurance (n=176)	
Yes	104 (59)

Results

Total Sample

Covariates	M ± SD or n (%)
High-risk Alcohol Consumption (n=176)	
Binge	36 (21)
Heavy	47 (26)
Depressive Symptoms (n=176)	
Clinically significant depressive symptoms	120 (68)
Number of sexual partners in the past 3 mos (n=174)	7.59 (19.33)
No sexual partner	12 (7)
1 partner	70 (40)
More than 1 partner	92 (53)
Number of anal intercourse acts in the past 3 mos (n=175)	26.41 (34.64)
Reported at least one condomless act	97 (55)
Relationship Status (n=175)	
Reported having a relationship with another man	118 (67)
Self-reported HIV Status (n=175)	
Positive	60 (34)
Negative	103 (59)
Never been tested	12 (7)
Childhood sexual abuse (n=130)	39 (30)
Intimate Partner Violence (n=176)	13 (7)

Results

High-risk Alcohol Consumption

Correlates of high-risk alcohol consumption - multinomial logistic regression (N=176)

	Binge Drinking OR (95% CI)	Heavy Drinking OR (95% CI)
Number of sexual partners in the past 3 mos		
More than one partner	2.53 (1.07, 5.99)*	4.23 (1.73, 10.37)**
CAI in the past 3 mos	0.89 (0.38, 2.07)	2.52 (1.05, 6.10)*
Relationship status		
Being in a relationship with another man	4.42 (1.56, 12.50)**	1.75 (0.69, 4.45)
Intimate Partner Violence	0.70 (0.07, 7.27)	6.16 (1.31, 29.02)*
Depressive symptoms	0.89 (0.38, 6.44)	2.36 (0.86, 6.44)
Childhood sexual abuse	0.94 (0.33, 2.66)	1.53 (0.61, 3.87)

Note. OR = odds ratio; CI = confidence interval.

**p < .01. *p < .05.

Results

Depressive Symptoms and Risky Sexual Behavior

Correlates of clinically significant depressive symptoms and risky sexual behavior (N=176)

	Depressive Symptoms			CAI		
	OR	CI (95%)	p-value	OR	CI (95%)	p-value
Time in the US						
Longer than 12 mos	~	~	~	0.38	0.18-0.78	0.008**
Partners in the past 3 mos						
More than one partner	2.14	1.09-4.23	0.028*	2.2	1.09-4.42	0.027*
Relationship length						
Long-term relationship	~	~	~	3.13	1.32-7.38	0.009**
Short-term relationship	~	~	~	2.24	0.91-5.51	0.079
Childhood sexual abuse	3.05	1.15-8.11	0.025*	~	~	~

Note. OR = odds ratio; CI = confidence interval.

**p < .01. *p < .05.

Results

HIV Testing

Variables Associated with HIV Testing ($p < 0.05$)

Age (Continuous)	$P=0.0095$, AOR: 1.25 (1.06, 1.49)
Primary Language (Only Spanish vs Else)	$P=0.06$, AOR: 0.23 (0.05, 1.10)
Education Level (H.S. Grad+ vs H.S. dropout)	$P=0.03$, AOR: 8.15 (1.19, 55.69)
Health Insurance (Insured vs Uninsured)	$P=0.21$, AOR: 4.27 (0.44, 41.85)

Qualitative data pointed to the detrimental effects of language barriers and discrimination in HIV testing and care. One participant noted that *“some service providers are very discriminatory against immigrant male and gay. Language barriers affect access to services.”* Another participant, who identified as transgender, commented that *“the risk of being made fun of”* exacerbates such obstacles.



Results

Relationship Status

Logistic regression of engagement in condomless anal intercourse (CAI) in the past three months.

	OR	95% CI	Wald	p
Relationship status (in same-sex relationship)***	4.95	2.17-11.30	14.41	<.001
Sexual identity (gay)	0.42	0.16-1.07	3.32	0.069
Crack or powder cocaine use in past three months*	8.23	1.01-66.92	3.88	0.049
Club or party drug use in past three months*	2.10	1.00-4.41	3.88	0.049

* $p < .05$, *** $p < .001$

Overall, there was a sense of understanding that the concept, dynamics and characteristics of male couples are distinct and in constant transformation. One participant explained: *“The concept of being in a ‘relationship’ has changed, ya no es tan tradicional (not that traditional any more), united in an emotional bond but not much fidelity.”* Another participant expanded: *“There is a lack of negotiation in couples, this can lead to problems.”* A participant explained: *“The couple dynamics changes over time, it is all about figuring out how we as a couple can adapt to it – love changes.”*

Results

Syndemic Factors Associated with Adult Sexual Behaviors and HIV Risk

Prevalence, Bivariate Associations and Multivariate Associations Among Number of Syndemic Factors and Anal Sex Acts, Multiple Partners, and Condomless Anal Intercourse in a Sample of Latino MSM from New York City (n=173)

Number of Syndemic Factors*	ANOVA: Anal Sex Acts			Multivariate OLS Regression: Anal Sex Acts				
	M (SD)	F (df)	p Value	Adjusted b**	95% CI	p Value	F (df)	Adjusted R ²
None (n=19, 10.98%)	24.42 (38.21)	2.75 (4,168)	0.03	(ref. group)			2.34 (12, 159)	0.09
One (n=39, 22.54%)	20.59 (31.26)			-4.74	-23.44 to 13.97	0.62		
Two (n=53, 30.64%)	22.85 (28.21)			-4.87	-22.90 to 13.17	0.60		
Three (n=44, 25.43%)	27.59 (28.95)			1.35	-17.10 to 19.80	0.89		
Four (n=18, 10.40%)	50.50 (54.88)			21.64	-0.57 to 43.85	0.06		

Number of Syndemic Factors*	χ^2 : Multiple Partners (MP)				Multivariate Logistic Regression: Multiple Partners (MP)				
	No MP: n (%)	MP: n (%)	χ^2 (df)	p Value	Adjusted OR**	95% CI	p Value	Log Likelihood	Pseudo R ²
None (n=19, 10.98%)	15 (78.95)	4 (21.05)	13.74 (4)	0.01	(ref. group)			-106.49	0.10
One (n=39, 22.54%)	22 (56.41)	17 (43.59)			2.40	0.64 to 8.95	0.19		
Two (n=53, 30.64%)	23 (43.40)	30 (56.60)			4.66	1.29 to 16.85	0.02		
Three (n=44, 25.43%)	15 (34.09)	29 (65.91)			7.28	1.94 to 27.28	<0.01		
Four (n=18, 10.40%)	6 (33.33)	12 (66.67)			8.25	1.74 to 39.24	0.01		

Number of Syndemic Factors*	χ^2 : Condomless Anal Intercourse (CAI)				Multivariate Logistic Regression: Condomless Anal Intercourse (CAI)				
	No CAI: n (%)	CAI n (%)	χ^2 (df)	p Value	Adjusted OR**	95% CI	p Value	Log Likelihood	Pseudo R ²
None (n=19, 10.98%)	16 (84.21)	3 (15.79)	14.97 (4)	0.01	(ref. group)			-93.28	0.22
One (n=39, 22.54%)	21 (53.85)	18 (46.15)			3.46	0.75 to 15.88	0.11		
Two (n=53, 30.64%)	27 (50.94)	26 (49.06)			3.69	0.84 to 16.21	0.08		
Three (n=44, 25.43%)	17 (38.64)	27 (61.36)			7.35	1.64 to 32.83	0.01		
Four (n=18, 10.40%)	5 (27.78)	13 (72.22)			8.06	1.39 to 46.73	<0.01		

*Syndemic factors include reports of clinically significant depression, risky alcohol consumption (i.e. binge or heavy drinking), discrimination, and childhood sexual abuse.

**b and OR values are adjusted for the following controls: age, primary language (English vs. Spanish), education, whether participants were born in the United States, and relationship status.

Limitations

Adaptation process (N=20 couples, that is, 40 participants)

- Need to examine whether the adaptation process preserved the efficacy of the intervention

Quantitative analysis (N=176)

- Cross-sectional design precludes making any causal claims
- Modest sample size
- Demographics in the study represent Latino MSM in New York City
 - Generalization to other Latino populations or contexts may not be appropriate
- Concerns with SAMHSA past 30-day binge and heavy drinking measure, as ongoing life events may temporarily affect drinking habits

Conclusions

Adaptation Process

- I. Our findings highlight the importance of incorporating communication technologies into the recruitment and engagement of participants in HIV interventions
 - Success of our social media strategy shows that this population is not particularly “hard to reach”, as it is often characterized within public health literature
- II. The intervention includes biomedical approaches and incorporates biomarkers for STI and social media tools
- III. The systematic adaptation approach used in the *Conectando Latinos en Pareja Project* can be similarly employed by other researchers and community stakeholders (i.e., conducting multiple focus groups; use of a theoretical framework; and development/use of the Deconstruction/Reconstruction Matrix, a visualization tool that helps to ensure theoretical rigor, that intervention targets are maintained in the revision process, and tracking of the overall adaptation process)

Conclusions

Quantitative Findings

- I. Given the prevalence of high risk drinking, it is important to screen immigrant Latino gay men for alcohol problems when they are seen at local or community clinics.
- II. Clear need for childhood sexual abuse preventive and treatment interventions.
- III. Our data reinforce the need for greater attention to HIV/STI risk in this population, particularly younger Latino MSM, who are less likely to get tested in spite of being disproportionately affected by the HIV epidemic in major urban centers.
- IV. Syndemic analysis provides evidence of intertwining syndemics that may operate synergistically to increase HIV risk among Latino MSM.

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Thank You!

“To live is to know. It is to feel the joy of life’s forces coursing through one’s veins.

To survive AIDS is to feel the joy of escape, and the elation of continued life.

It is also to bear the duty to speak, and the responsibility to bear witness.”

**Justice Edwin Cameron – Acting Justice in
South Africa’s highest court –
Constitutional Court**

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