

Preface

The idea for this book grew out of a series of conversations with many colleagues grappling with the challenge of understanding and intervening in both the domestic and international HIV/AIDS epidemics. In the United States, 35 years, significant advances in clinical treatment, and the stabilization of the epidemic among some of the most marginalized populations in our country have taken away the sense of emergency that once permeated discussions of domestic HIV prevention and intervention. We appreciate and applaud the continued public attention and commitment to the global HIV/AIDS epidemic—most visible in the virtual explosion of global HIV-related research and in the President’s Emergency Plan for AIDS Relief (PEPFAR), initiated by President George W. Bush and continued by President Barack Obama. This research, PEPFAR and other public health initiatives have been critically important in broadening our understanding and contextualizing the U.S. experience with this disease. Midway through the fourth decade, however, we felt it was time to reflect on the state of the domestic epidemic, particularly among populations in this country that continue to be most heavily burdened by HIV/AIDS.

The theoretical lens of syndemics is proving to be a powerful tool for improving our understanding of the epidemiological dynamics of HIV/AIDS. Indeed, there has been an exponential increase in theory and research informed by or guided by this framework. This trend has been driven, in large part, by the persistent complex realities of the domestic epidemic, which increasingly have demanded that we look beyond traditional intellectual boundaries and integrate medical science, epidemiology, prevention, and social science. Because of the promise of syndemic theory, we asked each team of authors to consider the syndemic framework in their discussions of the interrelated issues that are shaping the HIV/AIDS experience in the populations they considered. In this regard, this volume represents a series of case studies that simultaneously update us on many of the important contours of the domestic HIV/AIDS epidemic and encourage readers to reflect on the potential, limits, and empirical challenges of syndemic theory.

Looking beyond narrowly defined biomedical disease processes to incorporate psychological, social, structural, and environmental forces into complex models of disease dynamics is no simple task. As the reader will learn, syndemic processes have been theorized, and sometimes operationalized, as being *multilevel* (i.e., linking individual, organizational, community, and societal forces); *multifocal* (i.e., clustering of multiple, intersecting and/or overlapping communities); and *multi-determinant* (i.e., involving virological, biological, physiological, psychological, and social causes or drivers). Only adding to this theoretical and empirical intricacy, the existing research literature signposts that these dynamics most likely also *evolve and shift over time*.

Each chapter in this volume offers an interesting and important overview of the syndemic processes at work within a particular subpopulation in the U.S., based on the available literature and/or the authors' own work. Individually, each chapter calls attention to a specific range of forces and/or dynamics that will help the reader understand and appreciate the potential value and challenges in applying syndemic theory. The reader will, however, likely be disappointed in that the chapters do not collectively suggest a single, clear, general road map to guide future research. This is clearly an inherent challenge in that the framework implies that scientists should and must focus more detailed attention on contextually specific or local forces operating within particular communities.

In the end, we believe that the collection of essays in this volume will paint a deeper understanding of the U.S. HIV/AIDS epidemic. We also hope that it will stimulate more theoretical speculation and empirical research on the syndemic processes in HIV/AIDS and other diseases. Future understanding and our ability to intervene effectively will depend on our collective ability to acknowledge and disrupt the syndemic forces that are shaping communities' risk behavior as well as their experiences living with HIV/AIDS.

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