

IN THIS ISSUE:

Prevention in Non-Traditional Settings2

Update on HIV Epidemiology2

HIV Testing Takes Off at LaGuardia, JFK Airports3

Case Manager Does a “Suze Orman” Plus4

Grants and Gifts Make Our Programs Go ‘Round6

Grants and Contracts6

A New Chief Medical Officer7

In and Around Our Communities9

TEST ME/for hiv: Transforming Awareness into Action12

Seen On Site12

Twenty Years of Advocacy and Change

By Lourdes Marzan

This year, APICHA commemorates 20 years of service to the Asian and Pacific Islander communities in the fight against HIV/AIDS. To mark the event, we are holding “A Thousand and One Champions Gala” at the Grand Hyatt Hotel on Thursday, June 4, 2009. On this night we will honor the countless people – groups, individuals, public servants, philanthropists, agencies – who have given us encouragement and support all these years. Representing our various circles of supporters, we are honoring on this night the following:

- Abigail Alvarez**, Philanthropist
- Christopher Bates**, Director, Office of HIV/AIDS Policy (OHAP), U.S. Health and Human Services.
- Humberto Cruz**, Director, AIDS Institute, NYS Department of Health.
- Adisa Douglas**, Former Senior Program Officer, Public Welfare Foundation.
- Hon. Tom Duane**, Senator, New York State.
- June Jee**, Director of External Affairs, Verizon.

This is also an appropriate time to look back and remember where we came from and what we have been through in this 20-year journey. We wanted to get these recollections from people who lived

APICHA's history. There are so many of them, and we cannot fit all their stories in this article. So we selected five who have been with APICHA for many years and continue to mold its history in their commitment to its mission.

The year was 1989. It was a time of many unanswered questions relating to HIV/AIDS. In 1982, the Centers for Disease Control and Prevention (CDC) had declared that AIDS was an epidemic, following the outbreak of Pneumocystis Carinii Pneumonia (PCP) among five white gay men.

Suki Terada Ports, Co-Founder:

As a follow-up to the first Washington conference on the effects of HIV/AIDS held by the Office of Minority Health, a group got together over lunch in Chinatown. What diversity! – in age, probably 18 to 70; in ethnicity, Chinese, Hawaiian, Japanese, Korean, Filipino; gender, gay men, heterosexual men and women, lesbians; single, married, wives; from students with almost no income to upper income professionals; recent immigrants to second and third generation Americans of Japanese and Filipino

Continued on page 8

Lourdes Marzan is a volunteer contributing writer for this issue of APICHA News. She is a senior systems manager at an international bank and a longtime supporter of APICHA. Her insightful interpretation of APICHA's story was assisted by her being with Therese, her life partner of 29 years.

Clinic Expansion Well within Sight

HEAL NY—Phase 6 Grant Award

APICHA is pleased to report it has been awarded a one-time grant by the State of New York called HEAL NY – Phase 6 to expand its primary care services. HEAL NY stands for Health Care Efficiency and Affordability Law for New Yorkers. The \$499,322 grant makes it possible for APICHA to implement a program to provide primary medical care and sexual health-related care to Asian and Pacific Islander (A&PI) HIV negative clients who are at high-risk for acquiring HIV infection based on their sexual behaviors. APICHA is one of 32 organizations in New York that received this award.

“This grant opens the way to providing a broader range of medical services, particularly for Gay/Bisexual/MSM A&PIs at high risk for acquiring HIV infection who are not receiving medical care at other clinics,” said Chief Medical Officer Robert Murayama. “It is a wise investment in prevention.

With APICHA's proven record of cultural competency and A&PI language capacity, more people in our community will be able to access primary care services provided by APICHA's primary care clinic.” He also pointed out that HIV/AIDS is infecting more young A&PI men who have sex with men. “The hope is that by engaging these high risk individuals, mostly men, into medical care we can decrease their risk-taking behaviors and decrease the number of new HIV infections,”

APICHA's decision to expand into non-HIV, sexual health-related primary care services came as a natural consequence of the success of APICHA's HIV testing program. Every year approximately 1200 people come to APICHA to be tested. Most of them test negative for HIV but many present with other sexually transmitted infections. “We

Continued on page 7

Published by the Asian & Pacific Islander Coalition on HIV/AIDS, Inc. (APICHA), a non-profit organization providing HIV/AIDS related services, including primary care, counseling and testing, prevention education, food and nutrition, and other support services for the Asian and Pacific Islander communities, especially people living with HIV/AIDS in New York City.

Prevention in Non-Traditional Settings

Women's Project

Once a month since January this year, Women and Youth Program Manager Diana Roygulchareon, Case Management Team Leader Jennifer Chung, and Prevention Peer Educator Ellen Cha climb a 6-story walkup to reach the workshop site of CHOICES, a program of the Midtown Community Court that provides help to individuals who have been charged with prostitution to change and improve their quality of life. They go into a room where Korean and Chinese women report in order to complete the court-mandated life skills trainings which serve as an alternative to incarceration and disposition of their case. APICHA staff members go there to provide trainings in sex education, HIV risk reduction and women's empowerment. Roygulchareon conducts the trainings in English. Chung cofacilitates in Korean, Cha in Mandarin.

The women who attend the workshops have limited English skills and are immigrants whose length of stay in the U.S. ranges from one month to 10 years. One may be living in New York City for 10 years but if she works in an environment where Chinese or Korean is spoken, she does not learn how to speak English. Some women are undocumented.

When CHOICES asked Roygulchareon to conduct some workshops, she jumped at the opportunity, because women who work in the sex trade are deemed at high risk for HIV infection. When the topics were decided, Roygulchareon customized a curriculum to fit the rules of the court and the women they serve.

Roygulchareon needed to assemble a team with linguistic competency in Mandarin and Korean and cultural sensitivity to work with the women. In Cha, the Mandarin-speaking women are covered. But Roygulchareon had no Korean-speaking peer educator. She approached Chung of the Client Services Unit. This move proved beneficial to the project; Chung translates during the sessions and engages the women in conversations to open up. Chung can do this because she is a psychotherapist with intimate understanding of Korean society and women.

Chung relates her experience in past workshops: "The Korean women did not ask questions. They were mainly quiet, not an uncommon characteristic for these women. They are embarrassed to talk about sex in the presence of men, or in public. In sex education, we talk about sexual intercourse and anatomy, so that it was helpful to them that I am female and

married."

The police precinct at the court, in fact, has a male translator. But Chung said the women would not have been responsive because of his gender and lack of proficiency in HIV/AIDS and understanding of the importance of HIV/AIDS prevention and education. The team's goal has been to make the "women understand [the material] and feel comfortable so that knowledge will be imprinted in their heads," said Chung.

And so the APICHA team has been conducting 2-hour sessions every month – odd months for the Korean women, even months for the Chinese. Sixteen women have gone through the workshops thus far.

The APICHA team learned that the women in general know HIV/AIDS has no cure, but they do not know how the disease is transmitted. Perhaps, this information gap explains why the women reported in surveys they do not use condoms. When asked why, Roygulchareon said some women "feel shame about carrying condoms, they feel it is dirty. Most of the women don't know about the female condom and anything related to it. They also don't want to answer the question about risk history for fear of being 'outed' as a sex worker."

"They are conscious of their sentence for sexual misconduct, of prostitution, so that carrying a condom is sensitive," Chung explained. "Being in trouble with the law is enough to cause fear in a lot of women."

In the women's empowerment workshop, the discussion revolves around gender pride, what the women want, comparing genders and identifying the skills that women have that are not recognized. The workshop facilitators start off by asking the women who their women role models are. This is a difficult topic, for most of the women said they do not have a woman role model. To get them to talk, the facilitators had to throw out warm-up questions: "Can women be independent?" "Can women be the head of household?"

Roygulchareon heard about CHOICES from a fellow of the United Way Non-Profit Leadership Development Institute, where she also studies. Through e-mail, this colleague introduced Roygulchareon to Danielle Stockweather, Deputy Project Director and Sonia I. Rodriguez, LMSW, Clinic Coordinator of the Midtown Community Court. The women are provided information about the services they can access at

Continued on page 5

Update on HIV Epidemiology

Last year, the Centers for Disease Control and Prevention released new estimates, indicating that the HIV epidemic is worse than previously known. It appears that 56,300 new infections occurred in the United States in 2006. This is 40% higher than the CDC's former estimate of 40,000 infections per year.

When CDC examined who was being infected, men who have sex with men (MSM) of all races accounted for a greater proportion of new infections in 2006 than any other risk group. Male-to-male sexual contact accounted for 53% of all new HIV infections. Moreover, a CDC trend analysis shows that HIV incidence among MSM (the number of people who become newly infected with HIV in a given period), has been increasing since the early 1990s. The new estimates also confirm that African Americans/blacks are disproportionately affected by HIV than any other racial/ethnic group.

In 2008, the NYC Department of Health and Mental Hygiene (NYC-DOHMH) used the CDC model to arrive at estimates of new HIV infections in New York City. In 2006, approximately 4,800 people were infected with HIV. The NYC incidence rate of 72/100,000 was three times higher than the national rate of 23/100,000. Clearly, New York City bears a heavy burden.

These findings call attention to the need to refocus our efforts on effective prevention interventions that address the underlying factors that contribute to the risk of acquiring HIV. Factors include stigma, limited or no access to services and programs, and the challenge of maintaining safer-sex behaviors. HIV testing alone cannot fully address these issues – especially since Asians and Pacific Islanders are still not accessing this critical service. According to a recent report by the NYCDOHMH, APIs (19%) are less likely to have had an HIV test than blacks (40%) and Hispanics (39%). Only 6% of APIs reported receiving a recommendation for HIV testing from their doctors.



HIV Testing Takes Off at LaGuardia, JFK Airports

In the early autumn of 2008, APICHA joined forces with the New York Taxi Workers Alliance (NYTWA) to provide health care services to the taxi workers and their families. The project comprised of two health fairs which were conducted at LaGuardia and John F. Kennedy (JFK) Airports, with funding from the New York State Department of Health AIDS Institute's Communities of Color Initiative. These health fairs were APICHA's first experience in conducting testing events in an airport location.

A lot of adjustments had to be made to accommodate the unusual venue for this pioneering project – from staffing to scheduling and setup. All areas of APICHA's programming were pulled in to help: Young Men who have Sex with Men (YMSM), Young People's Project, Counseling, Testing and Referrals (CTR), client services and the clinic. Because of the large South Asian presence expected at the event, South Asian staff members who were fluent in Hindi, Bengali and Urdu were also brought in.

LGBT Program Manager Jarron Magallanes recalled there were immediate setbacks to the project's plan, beginning with scheduling: "Our initial plan was to hold the LaGuardia event in September 2008 but, due to Ramadan, the health fair was pushed to the first week of October, and the JFK event to the second week. We were nervous about having two events so close together, but in the end it worked in our favor, as some of the individuals who were tested at LaGuardia were able to access their test results and post-test counseling at JFK."

The staff also needed to understand the rhythm of the scene at the airports' holding

lots. CTR Project Manager Joey Akima painted this picture: "Taxi workers seeking fares at both airports undergo a process of lining up and then getting dispatched to a gate or terminal according to their spot in the line. What many people don't know is that the waiting time can range from 20 minutes to over an hour - enough time to receive health services."

The APICHA team provided prevention education, HIV testing, and screening for gonorrhea and Chlamydia. NYTWA recruited other organizations to provide blood pressure, glucose, cholesterol, and specialty screenings such as – cardiovascular health, vision, dental, audio, back care/chiropractic health, tuberculosis and asthma.

To prepare for the events, Magallanes and YPP Peer Educator Eric Navoa, delivered a 4-hour training to six members of NYTWA in August. The workshop covered information on HIV transmission, epidemiological data, APICHA services and the one-stop-shop model, and outreach techniques. Magallanes said the trained NYTWA members in turn disseminated the presentation handouts and training materials to other drivers.

NYTWA assigned several members to assist APICHA staff with outreach to drivers who were waiting in the holding lot. They were instrumental in announcing APICHA's services at both events. They were helpful in recruiting for HIV testing, and STD screening, despite the many difficulties in executing this work.

APICHA's HIV testing counselors found it was effective to approach and engage the taxi workers while they are sitting in their vehicles

instead of asking them to go to the tents that were set up for this purpose. The familiar environment provided a comfort zone for the drivers. As well, the risk that the driver would lose his spot in the line to access passengers was eliminated.

Eight hundred individuals received Safer Sex Kits consisting of condoms, personal lubricant and HIV Testing information. Forty-three clients accessed HIV testing; 15 were screened for gonorrhea and Chlamydia.

The process of returning the test results was also changed. The staff had planned that those who received the tests would be asked to return to APICHA for their test results a week later. But this arrangement proved to be a real challenge since most of the cab drivers worked during the day. Also, street parking in Manhattan is always difficult to get. To remedy the problem, we asked those clients who were tested at LaGuardia to attend the health fair at JFK to get their test results. To help make the process even more convenient and as to accommodate those who could not go to the JFK fair, the staff decided to invite the drivers to park their cab in front of APICHA's facility so that the counselors could meet them in their cabs for their post-test counseling and testing results.

There were other operational realities that APICHA staff had to live with. The NYTWA staff in charge of the project was available only in the evenings. The APICHA team had to adjust to the NYTWA staff schedule. NYTWA also had other priorities, including the strike the organization called at the time of our planning and preparation. Scheduling a meeting was difficult.

The NYC airport HIV testing project came about because there was a convergence of APICHA and NYTWA's health care goal. For years APICHA's staff had been talking of the need to implement HIV testing for taxi workers, sensing that this is a sector of New York's labor force that may have a significant number of Asians and Pacific Islanders who are medically underserved. NYTWA, on the other hand, has been interested in opening a clinic. A study NYTWA commissioned indicates the need is great: Seventy-seven percent of the drivers and their families have no insurance, including 19% uninsured children. Although the average age of those surveyed was 37, an astonishing 23% said they had never had a check-up.

Partnership commitment, tenacity, flexible approaches, and funding – it took all that to make HIV testing fly at LaGuardia and JFK Airports.

400 Broadway
 New York, NY 10013
 Entrance on 70 Walker St.
 Phone: 212.334.7940
 Fax: 212.334.7956
 Infoline: 1.866.APICHA9
 (1.866.274.2429)
 Healthcare
 Services: 212.334.6029

APICHA NEWS EDITORIAL BOARD

Therese R. Rodriguez
 Executive Director

Aleli Alvarez
 Community and Media
 Relations Coordinator

Yumiko Fukuda
 Director of Programs

Dr. Robert Murayama
 Chief Medical Office

Melissa Nibungco
 Development Specialist

Ding Pajaron
 Director of Development

BOARD OF DIRECTORS

John J. Chin, Ph.D.
 Chair

Tommy Tam
 Secretary

Sherida David
 Treasurer

Alexander Chan, Esq.

Jacqueline Chan

Cindy Chen, Esq.

Errol A. Chin-Loy

Mars Custodio, M.D.

Fleur Lee

Lou Madigan

Rev. Charles McCarron

Eliza Ng, M.D., MPH

Suki Terada Ports

Therese R. Rodriguez, Ex officio

Case Manager Does a “Suze Orman” Plus

It is a double whammy. In late January this year, Xiaona Zhu, one of APICHA’s case managers, received a desperate call from a female client. “I lost my job in December. I’ve had no luck. I’ve been looking, anything, so I can pay my rent. Now my landlord just came and told me I have to leave my apartment.” Not having a job means the client lost her private insurance coverage. Without insurance, she will have to pay for the cost of medication - about \$2,500 a month.

The client, one with limited English skills, is a professional. She has been employed all these years so that she has difficulty recognizing she needed help. Like many clients in her situation, she waited until the last minute before notifying her case manager of the problem. Zhu asked for details and listened carefully to the client’s concerns. Zhu immediately went to work after assessing the situation. Foremost in the mind of any case manager, especially during this time of the year, is not to allow a client with a compromised immune system to be thrown out in the streets, or made to line up for space in a shelter in the middle of winter. Emergency funds were made available. APICHA is fortunate to be a recipient of the generosity of Broadway Cares. Broadway Cares/Equity Fights AIDS raises money from those who enjoy NYC’s theaters and designates its funds for client emergencies. Knowing that lack of employment can take a long time to resolve, the case manager assisted the client in applying for housing assistance from HIV/AIDS Service Administration (HASA). The client received assistance to pay for back rent. The case manager also helped the client apply for Medicaid.

Zhu’s client is not alone. Client Services has been experiencing an increasing need for intensive case management services since mid-September. We are seeing clients who have been employed and self-sufficient who are now forced to access public assistance.

“We just finished the first week of May and we have already enrolled two clients in COBRA, the Medicaid reimbursed intensive case management” alerts Associate Director of Client Services Venus Vacharakitja. “On average, prior to

September, we would enroll one to four clients in COBRA over a three-month period,” she said.

COBRA helps Medicaid-eligible HIV+ clients who require frequent contact with care providers. They usually have had difficulty gaining access to care, and retaining services. Clients living below the Federal poverty guideline of \$706 per month (\$767 per month if blind, disabled or over 65 years old) are eligible for Medicaid.

APICHA case managers are prepared for this type of emergencies. A number of recent clients did not know anything about public assistance before they approached their case managers for help. Case managers first inform clients of the

range of benefits available to them - Medicaid, Food Stamps, AIDS Drugs Assistance Program (ADAP Plus), low-income housing. Once the type of assistance is determined, the case manager works with the client to gather the required documents to obtain benefits, explains the complicated welfare application process in their language, and assists clients at meetings with various social service agencies and medical providers.

providers.

In addition to obtaining benefits for clients, case managers help those who fail to make their payment on credit card debts and student loans. They call credit card companies to reduce the interest rates due to the client’s circumstances; they call student loan companies and ask for forbearance, relief from monthly payments for least a year. Should a client need to file for bankruptcy, the case manager refers that client to the Legal Aid Society. To help clients adjust to a lifestyle suitable to their lower income level, case managers discuss money management with them.

Job loss may also impact a client’s psychological health. For this reason, case managers, while working hard to get benefits for clients promptly, also listen carefully for signs of emergent psychological issues. Dealing with clients is not just about medication and to their doctors. It is taking care of the whole person.

Zhu promised to take care of her client’s needs and she did: from rent to health insurance coverage.

In addition to obtaining benefits

for clients, case managers

assist those who fail to make

their payment on credit card

debts and student loans.

Prevention in Non-Traditional Settings

continued from page 2

APICHA, including HIV testing. The APICHA team hopes some women will actually build upon the knowledge they have received and make a move toward accessing testing services to know their status.

Young People's Project

"Would you date an HIV+ person?" Andriani Zainuddin and Antony Lee would ask the students who attend their workshops. As workshop leaders, they want to provoke a discussion. "Of course, if I love the person I would!" a participant would answer. To Zainuddin and Lee's amazement, the answer provokes as much opinion as the question.

They both attest to the question's power to bring to the open attitudes toward HIV/AIDS and reflections of family and personal values among workshop participants. It also presents opportunities to provide information. Here are samplings of what the students say: "I can adjust. I'll wear a condom." "But what happens if I want to have children?" "It's too much emotional strain to be with someone weak or about to die."

Zainuddin and Lee are peer educators of the Young People's Project (YPP). Zainuddin is a college student at St. John's University. She is studying to become a physician's assistant. Anthony Lee is a senior at Stuyvesant High School. Although they go to different schools, have different levels of schooling, the paths of

these two youths converge after school when they work as part of the YPP team that go to high school classrooms to bring HIV prevention to their peers. The other peer educators in YPP are Vanessa Ramalho and Melanie Dulfo.

The peer educators this year focus on students at non-traditional high schools. Students enrolled there are typically 17 to 21 years old who have not thrived in regular high school settings. These are students who have life issues, have either been suspended or dropped out from their regular school. Risk-taking behavior – such as having unprotected sex and substance use – may be associated with individuals who are in their situation.

In Manhattan, City As High School and Lower East Side Preparatory School (LES Prep) are examples of non-traditional high schools. In the outer boroughs, the Newcomer High School in Queens and International High School in Brooklyn fit the bill. There are also transitional schools for students who are new immigrants with non-English speaking backgrounds.

APICHA's YPP team gives workshops three times a month on average. Large numbers of students are reached in these school settings. At the LES Prep, for example, where 93% of its students are A&PIs, as many as 65 students from two classes attend the workshops. The students learn about minors' rights – what to expect if they go to a youth clinic (where services are free) for their health care. These students do not have health insurance, which makes youth clinics an important part of their health resource. Since these students

are believed to be sexually active, risk reduction in sexual activities is the key topic for the workshops. In addition, students are provided smoking patches.

But there are drawbacks to holding HIV prevention workshops in schools. Demonstrations on condom use and distribution are not allowed. As well, Zainuddin and Lee notes that students don't speak up as openly in school as they do when they are outside the school setting. They are apprehensive about being monitored. Some students eventually attend additional workshops at APICHA, where they receive more intensive prevention trainings. They also get to access condoms, learn how to use them, and participate in many youth-led activities.

Although NYC schools are mandated to provide HIV prevention, the expertise may not be available in the schools. In fact, the workshops at these non-traditional schools began when teachers approached Roygulchareon. "I met teachers who told me they didn't feel strong enough or didn't feel they have the level of expertise to talk about HIV/AIDS," Roygulchareon said.

Clearly there are gaps in information and expertise in schools and APICHA's peer educators like Zainuddin and Lee are ready to fill in.



"Unfortunately we still have stigma of HIV and it does not make sense," Council Member John Liu told the crowd gathered at the May 19 press conference. He urged community members to ask for the HIV test. Shown in photo (l-r) Therese R. Rodriguez, Council Members Letitia James, John Liu, Alan J. Gerson, Gale A. Brewer, and Dr. Robert Murayama.

TEST ME/for hiv: Transforming Awareness into Action

continued from page 12

to a program featuring testimonials about the campaign.

TEST ME/for HIV is a campaign long overdue. It addresses stigma within the medical profession, a very important sector in the fight to stop AIDS. As Dr. Robert Murayama puts it, "Do you want an HIV test?" That question can be all it takes to introduce the topic of HIV testing. Doctors almost never address the subject with their Asian and Pacific Islander patients and this can lead to harm to the patient and extreme risk for their partner(s). Doctors have an obligation to offer the test" without regard to culture or ethnicity."

Grants and Gifts Make Our Programs Go 'Round

Capital Grant Award

APICHA this year received a grant award of \$350,000 from the Community Capital Assistance Program of New York State to be used for renovation of the organization's facility on 400 Broadway. NYS State Senators Malcolm Smith and Tom Duane allocated \$250,000 and \$100,000 respectively toward the grant. APICHA is redesigning its cellar to build a second egress. When completed, the cellar's meeting rooms will be able to accommodate more

people. The award will also help pay for the repair of the sidewalk. Roz Li of Li/Saltzman Architects has been hired to design and oversee the project.

New Funding for Policy Advocacy

In January 2009, the New York AIDS Fund awarded a one-year grant of \$40,000 to APICHA to help support the agency's advocacy efforts. APICHA has been seeking increased State and City funding for HIV/AIDS services

for Asians and Pacific Islanders. The budget crisis has resulted in budget cuts that affected all programs. In this situation it is crucial to reach policy decision makers to educate them on the needs of the A&PI communities. As it stands right now, only a handful of lawmakers are familiar with APICHA and the communities it serves. With guidance from the Parkside Group, APICHA's lobbying consultants, Executive Director Therese R. Rodriguez and Director of Development Ding Pajaron began their work without missing a beat. They made visits to several State senators and assembly members during the budget discussions.

Grants and Gifts

GOVERNMENT

Federal

Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD and TB Health Resources and Services Administration HIV/AIDS Bureau

New York State

New York State Department of Health, AIDS Institute Bureau of Community-Based Services LGBT Health and Human Services New York State Department of Health, Office of Health Systems Management New York State Legislature Communities of Color Initiative Sexuality-Related Programs

New York State Senate Office of State Senator Thomas K. Duane Office of the Senate Majority Leader Malcolm A. Smith

New York City

New York City Department of Health/Mental Hygiene/Public Health Solutions Ryan White Modernization Act, Part A, Client Services New York City Council Communities of Color HIV/AIDS Initiative Office of Council Member Alan Gerson New York City Health and Hospitals Corporation

PRIVATE FOUNDATIONS

\$50,000 and up

H. van Ameringen Foundation The Paul Rapoport Foundation

\$10,000 and up

C. J. Huang Foundation CFDA-Vogue Initiative/ New York City AIDS Fund of The New York Community Trust The Orisha Foundation

\$1,000 and up

Broadway Cares/ Equity Fights AIDS AIDS Walk/Gay Men's Health Crisis Project CHARGE/ Coalition for Children and Families

Up to \$999

Georgetown University/ Men of Asia Testing for HIV

CORPORATE MATCHING GIFTS

American Express Foundation KPMG

INDIVIDUAL GIFTS

July 1, 2008 to April 30, 2009

\$5,000 and up

Therese R. Rodriguez & Lourdes Marzan

\$2,000 and up

John-John Manlutac & James M. Jaeger Troy Phillips and Akimitsu Sadoi

\$1,000 and up

Jean R. Lobell Elvin B. Parson, M.D.

\$500 and up

Paul D. C. Huang John E. Tucker

\$100 and up

Ronald L. Ellis John D. Gregory Carlota K. Hernando Dunnie C. Lai Alan W. Lee Dr. Yeou-Cheng Ma & Michael Dadap Tamaki Ogata

Thomas Pelosi

Eduardo Sanz Amelia & Rolando Sebastian

Reuben S. Seguritan Darryl L. Wong & Michael Kandel Shu-Hui P. Wu

Up to \$99

Susan J. Behrens Chinatown Ice Cream Factory Ian Darnton-Hill, M.D. Wendy N. Frank Evangeline T. Rosello Stephen C. Ho Lesley B. Hoopes Jacqueline Huey Setsuo Izutsu Yoko Kanamori Phebe Lee Milk & Cookies Bakery Hilda Ohara Paul O'Neil Evangeline T. Rosello Kenneth G. Ye Linda Young



Youth Peer educators and advocates mobilized for the 2009 AIDS Walk to raise funds for APICHA. The team has raised over \$6,000 at press time. APICHA team captains this year are Diana Roygulchareon and Jonathan Chang with assistance from Andriani Zainuddin and Anthony Lee. Jonathan achieved a "Star Walker" status, having raised more than \$1,000. Over 100 walkers signed up to join APICHA's contingent. Aside from raising money for the cause, the young people jumpstarted the TEST Me for HIV campaign.

A New Chief Medical Officer

Dr. Robert Murayama, a noted HIV specialist and internist has been appointed to the position of Chief Medical Officer. He assumed the post in August 2008. Before joining APICHA, he was senior medical director of the William F. Ryan Community Health Center. For nine years, he was a founding partner at Astor Medical Group, a clinic noted for its HIV and LGBTQ-affirming services.

Dr. Murayama completed his postdoctoral training in primary care internal medicine at Montefiore Medical Center/Albert Einstein College of Medicine's Residency in Social Medicine. He received his medical degree from the State University of New York Upstate Medical University in Syracuse and a public health degree from Columbia University's School of Public Health. He is also a certified Acupuncturist and a Clinical Assistant Professor of Medicine at NYU Medical School. He is currently a member of the New York State Department of Health AIDS Institute's AIDS Drugs Assistance Program (ADAP) Medical Advisory Committee and the HIV Quality of Care Advisory Committee.



Jonathan achieved a "Star Walker" status, having raised more than \$1,000.

Clinic Expansion Well within Sight

continued from page 1

have the license, the facilities, the expertise. There is no reason why we can't provide primary care to those who are HIV negative but at high risk for HIV infection," said Therese R. Rodriguez, APICHA's Executive Director. "Our HIV work in the A&PI LGBTQI community also informed us that there is a dearth of providers who are gay affirming and culturally sensitive to the medical needs of the gay community. By expanding the vision and delivery of APICHA's primary care, APICHA can help improve the overall health of an underserved population."

The overall goal of APICHA's expansion plan is to address the needs of individuals who face significant barriers to care. These include lack of insurance, language and cultural competency among medical providers, homophobia and unfamiliarity with the health care system. Cultural beliefs also play a part in this problem. Some A&PIs perceive their culture makes them invulnerable to HIV infection while others believe that traditional medicine can cure the disease.

Indeed, epidemiological data show that A&PIs are the least likely to receive preventive health care services. The New York City Department of Health has also reported that 40% of A&PIs living with HIV or AIDS were not in care within 3 months of their diagnoses, during the period 2001 to 2006. With HIV infection, delayed access to medical care has meant diagnosis at an advanced stage of HIV infection, which often takes place when a person is sick and in a hospital or emergency room setting.

To prepare for the clinic expansion APICHA implemented, in collaboration with the New York City Department of Health and Mental Hygiene's Primary Care Information Project (PCIP), a state-of-the-art Electronic Medical Record (EMR) eClinicalWorks, which has the capacity to electronically prescribe, bill, record service data and maintain patient information. In addition, pooled statistical information can be obtained on the medical issues faced by patients. Patients receiving

HIV primary care, STD testing and treatment, and non-HIV primary care services funded under the HEAL NY- Phase 6 grant will now have their records centralized in one secure server located in-house. Only APICHA medical providers can access those records even remotely. APICHA will provide DOHMH aggregate data on diabetes and smoking as part of its collaboration agreement.

APICHA's eClinicalWorks went live in March this year. It has features that significantly help to improve quality of care. Dr. Murayama is energized about success of the project: "We now can implement e-prescribing – sending medication refills to the pharmacy electronically. We can also check in real time any drug interaction. Review of medication profiles can be checked as well; it is easy for our medical providers to pull up who is

taking a certain medication." Accuracy of patient care is also enhanced by having a photograph of the patient in the EMR. This assists medical providers in identifying the client, especially during emergency calls during off-clinic hours.

APICHA is one of 7% of clinics serving medically underserved communities to have adopted an EMR, a key element of the health care reform being implemented throughout the country.

Expansion of clinic services has been under discussion within APICHA's senior management team since 2005 when APICHA began a strategic planning process. But in the midst of the planning process, APICHA was notified by the owners of 150 Lafayette Street that it must vacate the space. APICHA was forced to redirect its efforts into finding a suitable space to house its one-stop shop of HIV/AIDS services and, once the space was found, into the design of the new space and planning how to finance its relocation.

The design of the current clinic has taken into account the need for expanded primary services. That decisive management move proved to be critical to APICHA's ability to compete for the HEAL -NY grant. Although the contract has been delayed due to the budget crisis in the state, the prospect for the expansion plan is good and well within sight.

The overall goal of APICHA's expansion plan is to address the needs of individuals who face significant barriers to care.

Twenty Years of Advocacy and Change

continued from page 1

descent; people educated in high school overseas to those with graduate degrees; professionals, individuals with no work experience, to the retired; people with a range of experience from teaching, nutrition, social work and hours of volunteer work in schools (PTA), hospitals and organizations like the YWCA.

Their common bond was their response to the invisibility of Asians, Pacific Islanders and Native Americans – in research data being classified as “other”, and in many panel discussions on the effects of HIV/AIDS on minorities, described as Black, Hispanic and, again, “other.” They recognized the need to react to the multiple needs faced by their perpetually underserved and primarily immigrant, multi-lingual communities. Of numerous cultures speaking many tongues, many not proficient in English, and practicing many different religions, this group realized something had to be done. They needed to create some kind of organized response.

A recent immigrant non-English speaking Chinese waiter suspected that he might have this “new disease” that was spreading like wildfire; he had no one to turn to for help, no place to go to... A Filipino artist became ill with PCP and feared he had AIDS; he felt he could not go to his family for help and, outside of his family, who else was there?

Something had to be done, and thus APICHA was born.

John Chin, Board Chair:

I first met Suki around 1987. I was looking for speakers for Cornell where I was then going to school. I found Suki and Craig Harris, who talked about HIV in minority communities. I found them very inspiring. I kept in touch with Suki until, late in 1989, she introduced me to this group organizing around HIV/AIDS. I was then working for the AIDS Discrimination Division of the NYC Human Rights Commission, so it was a perfect group for me to be involved in.

We would sit around a table sharing our observations and discussing what we could do. Everyone knew people who did not know anything about HIV and people who were stuck in hospitals and did not know what to do because they couldn't speak English. Some were already doing things on their own. We all knew we had to do something, but there were also conflicts on what we should do.

We decided we needed to go for funding.

It was funny how we worked on some of our first grant proposals. Every evening, after 6 p.m., we would go to my office and take over all the computers to write parts of grant proposals. Suki was responsible for our earliest funding. She introduced us to the Aaron Diamond Foundation which gave us our first foundation grant. This was followed by a grant from the U.S. Conference of Mayors, then by our first government grant from the NYC Department of Health (DOH).

The funding from the NY State DOH AIDS Institute was not so easily gotten. The AIDS Institute put out a call for proposals for the support of minority organizations, but in the call they explicitly limited it to only Blacks and Latinos. We actually got a pro bono attorney to assist us in protesting the restriction and to threaten to sue the State for discrimination against A&PIs. The State relented and removed the limitation and granted us some money. This was important in getting us legitimacy as well as sustainability. It also began a relationship which eventually became the friendship with the State DOH that has lasted all these years.

In 1996 we got our first Federal grant – a 5-year \$2.1 million grant from the SPNS (Special Projects of National Significance) program. It was for a demonstration project and its requirements forced us to professionalize our practices and formulate a model that could be replicated by other groups. This honed our evaluation and reporting capacity, and gave us the confidence to seriously consider building our own clinic and to go for money to realize that goal.

In 1999, APICHA won a 2-year Ryan White Title III grant to study HIV primary care. This was the first time we were getting involved in something medical. It was timely in light of the medical advances in HIV/AIDS treatment. So, as the treatments got better, the more focus we gave to medical care, not just social services. At first it sounded almost ridiculous for us to even consider having a clinic of our own. But as we looked at other models, it was clear that the stigma still attached to HIV, the specialized character of the care we needed to provide to A&PIs, and the need to link the care to social services especially for people experiencing language and cultural barriers made having our own clinic essential in pursuing our goals.

After this planning phase, we went for a 3-year Ryan White Title III grant to establish the clinic. This happened at the same time that we were moving to 150 Lafayette Street.

Without the certainty of getting the funding, we took the risk of building the clinic into the design of our new office space at considerable cost. Therese provided the determination and optimism to forge ahead without the guarantee of funding. Therese and I made a good team at that time, strengthening each other and never faltering in our steps.

We got the grant, and the really hard work began. We had to ramp up our knowledge of medical facilities and services. We had to develop policies and procedures, and hire the staff with the skill set to provide the services. We hired Dr. David D. Kim as medical director, and it was his commitment and skill that clinched the birth of the clinic.

In 2001, the same year we got the grant, I left APICHA's staff. In 2003, APICHA got its Article 28 license and received its first clinic patient. This was quite a relief as the funder had taken a chance on our innovative model and was very patient as we underwent the arduous process of getting our clinic license so that we could start seeing patients.

Wherever his career has taken him, John has remained a close friend and supporter of APICHA. John re-joined the Board and though his teaching at Hunter College and his research projects keep him busy he is now our Chair of the Board.

Yumiko Fukuda, Director of Programs:

I was doing volunteer work in the Japanese community when I first heard of APICHA. In 1994, JAWS (Japanese AIDS Workshop) was struggling to keep its AIDS “warmline” going once a month. Nobody in the community would offer help, but APICHA provided support. I thought that was very brave of them. This attracted me to them.

When I first started as an APICHA volunteer there was no professional case management – only a buddy system. Volunteers would buddy-up with persons with HIV/AIDS and assist them in navigating the tangled web of social services and health care providers.

Around then I met Gilda Sambajon. She's a Filipino nurse doing HIV work and helping a Filipino man around where I live. He used to work for NYNEX but became ill and was then living in an SRO. After some training from APICHA, I became his buddy. During a snowstorm, he was not answering my calls, so I drove up to his place. His family was also looking for him, but they lived far from his SRO. I got permission from his family over the phone to enter his room only to find him disoriented

from dehydration. Fortunately, I got him to a hospital and he recovered. Others were not as lucky. Almost every week we would watch clients deteriorate and die – alone, abandoned by their families, with only an APICHA volunteer at their side.

In 1995 strategic planning meetings were held. Led by Don Kao, people elected to put a sharper focus on client service for people living with AIDS. APICHA applied for federal funding, Special Program for National Significance (SPNS) and got it. Case management became more professional. Case managers were hired. I was the first professional social worker hired in 1997, under Noel Bordador, right around the time Therese took over the reins of APICHA. We started out with about 30 clients. Now we're up to over 120!

At that time the case managers had to answer the phones too! We would get crisis calls of all kinds. Most calls were about where one could go for HIV testing. All we could do was refer them to the Chelsea DOH. We would also get frantic calls like from a woman who was raped by her ex-boy friend. What should she do? Where can she go? It was hard when the case managers had to juggle all our responsibilities, and all we could do was provide referrals. Oftentimes we would wait for callers as early as 7:00 a.m. outside of the DOH STD clinic to interpret for them, only to find out we lost the callers and never heard back from them again.

In 2000, the multilingual Info-Line was launched and in 2001 HIV Testing and Counseling program was established. Those are two big milestones. With these two new services, crisis calls were handled more efficiently. Callers could be directed to come in to APICHA for HIV testing, and a case manager was available for counseling as soon as the client received the test results. Today APICHA's testing effort is known to be one of the most robust programs. In 2008 alone, we tested over 1,200 people.

The next challenge was where to send them when they tested positive. Many A&PIs living with HIV/AIDS would go to A&PI physicians trained in Western medicine when they got sick with shingles or pneumonia. Because these community physicians do not even think that their A&PI patients might be at risk for HIV, the patients miss early treatment opportunities and end up in the emergency room.

This is where the idea of having our own clinic came in. Many of our clients often expressed frustration from confusing hospital registration systems. Some of them were not

In and Around Our Communities



Executive Director Therese R. Rodriguez Honored

NYC Comptroller William C. Thompson, Jr. honored 6 outstanding leaders – including APICHA's Executive Director, Therese R. Rodriguez - during his 8th annual Asian Pacific Island Heritage event. It was held in Flushing Town Hall on May 5, 2009. Event co-sponsors included Asian Americans for Equality, Asian American Federation of New York, Chinese-American Planning Council and Korean American League for Civic Action. Comptroller Thompson stated that "our honorees represent many nations, and many professional paths. They are leaders in their chosen fields and in their community." Ms. Rodriguez was recognized for her advocacy on behalf of Filipino Americans and Asian and Pacific Islander Americans living with HIV/AIDS.

treated well because of their limited English proficiency. After the long process of planning that John Chin, then Deputy Executive Director of APICHA, went through, the clinic became a reality. Our clients love to come to our clinic which is currently headed up by Dr. Robert Murayama. He is not only an experienced HIV specialist but also values every client's culture and belief.

Dr. Robert Murayama, Chief Medical Officer:

I became involved with APICHA in the early 1990s when APICHA was on John Street. I was working at Gouverneur Hospital at the time, and it was easy for me to travel from Chinatown to the financial district. I provided education on HIV for the advocates and volunteers. It was mostly general information about HIV: transmission, prevention, staying healthy, etc. At that time there was nothing very effective to fight HIV infection, so most of our medical treatment was directed at fighting the opportunistic infections that developed and making people with HIV comfortable. Those were the dark years of HIV.

In the mid-90s, there were breakthroughs in medications for HIV. Clients suddenly had more options so it was important to educate them. I was asked by Jun Matsuyoshi, a social worker, to help educate the growing number of clients APICHA served, providing treatment education and medication updates to the Plus-API group she facilitated. I would meet with the clients about once a month, teaching them how to read their labs, understand their medications and how to ask questions of their doctors. I also updated them when new

medications were available.

In the late 90s, Dr. David D. Kim and I started our own private practice. At the time, I was the Director of HIV/AIDS Education and Training at St. Vincent's Hospital. Together we probably treated the largest number of Asians with HIV infection in NY. David went on to become APICHA's first Medical Director. When I joined APICHA last September as Chief Medical Officer, it was like coming home. I am expanding on the work David started.

My favorite activity has always been working with the clients. Many A&PIs with HIV infection come into care very late, often after being hospitalized with an opportunistic infection. Many A&PIs don't get tested because doctors in their communities do not routinely recommend testing or realize their patients are at risk for contracting HIV infection. Now that I am at APICHA, many of the folks I worked with years ago to educate about medications are now my patients.

It's amazing for me to see how APICHA has grown up – how it went from a young grass roots organization, very touchy feely, to the maturing, multi-services health care agency it is now, providing professional, high-quality, compassionate services including having its own Article 28 medical clinic.

Therese R. Rodriguez, Executive Director:

A job announcement for a Community Organizer pinned on a bulletin board at the Lutheran Immigration Service where I worked caught my attention and introduced me to APICHA. Before I joined LIRS I was a full-time activist and community organizer. For 14 years after

Twenty Years of Advocacy and Change

continued from page 9

I left the Philippines, I was part of the U.S.-based anti-Marcos Dictatorship and became active in the Filipino-American immigrant community's struggles. I sent in my application for the position but did not get any response for about a year. One afternoon, I got a call from John Manzon. He told me that a grant proposal for the community organizer position was rejected. Instead he asked me if I would like to consider the position of Deputy Executive Director. I came for an hour interview, but our conversation lasted from 6:00 until 9:00 p.m. Needless to say, I was hired. On my first day at work in October 1996, we received the great news that APICHA was awarded a Ryan White Care Act SPNS demonstration grant by HRSA!

Two weeks into my job, John Manzon made a startling announcement. He had accepted the job as executive director of a merger of two San Francisco A&PI AIDS organizations – now known as the San Francisco A&PI Wellness Center. After months of intensive search – both local and national – for a replacement, the Board promoted me to the position of Executive Director in March 1997.

I asked John Chin to be my deputy as well as my mentor. We divided the work. He took care of the program areas while I built the infrastructure – the fiscal system, a new computer system, development, grants management, data gathering and reporting management. Such an infrastructure was needed to support the huge infusion of government grants.

We faced the challenge of having to transform a grassroots organization, run largely by volunteers, into a professional agency that can make efficient use of a substantial budget to accomplish its mission. We had to deal with a staff composed of individuals deeply committed to APICHA's cause but not prepared for a professional organization. I had to introduce professional accounting of APICHA's financial activity: The original volunteer who did the books was an accomplished clarinetist. But government grant vouchering was tough even for a trained accountant. One thing I can say about the volunteer, he never threw a single piece of documentation, including ones written on paper napkins. That helped a bit in reconstructing the general ledger. One day when we were cleaning out the administrative assistant's desk, I nearly fainted when I saw a stale-dated check for \$10,000 – an advance from a funder.

I had to introduce professional management practices: At first the staff wanted to decide on all matters related to the organization. They demanded that all "hires and fires" be decided by consensus. Some thought that APICHA, being pro-immigrant, should hire and sponsor their undocumented friends. I had to explain that I am governed by labor laws, immigration laws and the IRS, and I have to abide by them. To serve clients we cannot function outside the law.

I had to introduce professional personnel management: At one point APICHA had to pay a staff an enormous amount of money for unused vacation days when he resigned. He was banking his comp time year after year and never used vacation days. I had to immediately copy a personnel policy and procedure manual discussed at a National Minority AIDS Council conference. After implementing the new policy, staff complained that there was no incentive to work through lunch anymore if comp time is removed!

I had to eliminate waste perpetuated in the name of "client service": I had a staff member who came to every workshop with Tupperware to bring home left-over catered food. I was so embarrassed when the office janitor commented that we seem to have a lot of parties. "So much food," he said. "So many containers to throw", he added. My limiting the cost per meal initially caused an uproar.

I also inherited a strategic planning vision to open up a satellite office in the borough of Queens – residential area to many A&PIs. In June 1997 we opened an office in Jackson Heights to bring service to where many potential clients live. As planned we chose a location that was in a commercial area in order to provide anonymity for our clients. Staff had to divide up time between the Queens and Manhattan offices. We were the first to test the URS—the AIDS Institute's Uniform Reporting System—and used communication lines that would transport data from Queens to Manhattan. This was before the sophisticated communications using the internet was available. More than the logistical and financial difficulties of maintaining another site, the real challenge was how to attract PWAs. We tried enticing them with acupuncture services, support services and more. Yet even with these enticements, only a few came. Even if we were in a commercial zone, the business area was still small relative to the residential character of Queens. So, perhaps in the mind of our clients, there was not enough cover from

the curiosity and gossip in the neighborhood. We eventually closed the Queens office.

It was during my first years at APICHA that our programs developed a sustained case management service to PWAs (people living with HIV/AIDS). New programs came – Counseling and Testing Program, Infoline and Planning Grant for HIV Primary Care, Peer Training Initiative, LGBT Program, Women's Program, and Volunteer Program. Our grants from the state – MSA/CDI (Multi-Service Agencies/Community Development Initiative) – allowed us a wide community outreach, offering prevention education and building coalitional relationships. By 1998 we were bursting at the seams at the Chelsea office. We asked the landlord for more space only to find that the Bailey House, the office of Sen. Tom Duane, Japanese American Social Services Inc. and the NY Immigration Coalition, tenants on the same floor of the building, were all looking for more space. When HRSA approved our proposal to provide Early Intervention Services, APICHA was faced with the greatest challenge yet – to simultaneously relocate and build an Article 28-licensed clinic.

Looking for space that will accommodate both office needs and clinic requirements was tough. After about a year of search we found a landlady in the Chinatown, SOHO, Little Italy area who allowed us to build office and clinic facilities on the 6th Floor of 150 Lafayette, a former garment factory. From a 2,500 square-foot space, we moved into 10,000 square feet with the clinic at the center of the space – the heart of the operations. We built a beautiful space, had a great opening and welcome from the community, but this was not meant to be our home for long. After five years in this space, after 9/11, we learned that the building had been sold to a luxury condominium developer. Before we could find another space, demolition crews were wrecking other floors above and below us. We had no choice but to move once again.

Through all these challenges, the staff has continued to grow in its professionalism under Therese's stewardship. APICHA's ability to achieve its mission is directly related to its internal strength as an organization. Today APICHA has gone beyond HIV education, client service and advocacy. It has in fact used advocacy to articulate ideas, build and sustain the A&PI voice and help bring enduring improvements in the health and well being of all of the A&PI communities. It continually works to find new approaches in dealing with health issues surrounding HIV

To commemorate 20 years of service, we have chosen six extraordinary people to symbolically represent the many circles of friends who have helped us through the years.

Abigail Alvarez has supported APICHA since 2003, when she took on the role of co-chair for our major gala benefit event. She has consistently supported our gala fundraisers since then. She was impressed with APICHA's impact in educating the community about HIV/AIDS, helping to prevent infection and assisting those who are infected. She has generously offered her guidance and advice to APICHA, in addition to her financial support. In addition, she is involved in Mt. Sinai's gene therapy program for the elimination of liver cancer and NJ SEEDS (Scholars, Educators, Excellence, Dedication, Success), a non-profit organization that has placed 1,000 low-income students around the state in elite prep schools.



Christopher Bates is a senior health program and policy analyst with more than 20 years of experience in public health and HIV/AIDS issues. As Director of OHAP, he advises the Assistant Secretary for Health on department-wide matters pertaining to HIV/AIDS education, prevention, testing, care and treatment, and research. His office administers the Congressionally-appropriated funds for the Minority AIDS Initiative as well as the Leadership Campaign on AIDS, the National HIV Testing Mobilization Campaign, and a variety of new media activities designed to better educate the public on HIV/AIDS.



Humberto Cruz has served in management positions in New York State government and community-based organizations for 25 years. He has been instrumental in the development of a comprehensive continuum of care for people with HIV and AIDS in New York. Mr. Cruz's involvement in HIV/AIDS policy extends well beyond New York State. As an executive committee member of the National Alliance of State and

Territorial AIDS Directors (NASTAD), he has been able to deliberate HIV/AIDS policy at the national level, most recently in support of the needs of New Yorkers with HIV/AIDS in the context of Ryan White reauthorization.



Adisa Douglas, Former Senior Program Officer, Public Welfare Foundation. Ms. Douglas was a Senior Program Officer at the Public Welfare Foundation for over 16 years. Her AIDS grant making included the implementation of a grants strategy focused on populations with highest rates of HIV/AIDS but with the least access to resource-

To commemorate 20 years of service, we have chosen six extraordinary people to symbolically represent the many circles of friends who have helped us through the years.

es: women of color, youth, men of color who have sex with men, and injecting drug users. She is the author of Harm Reduction: A Critical Strategy in AIDS Prevention, a widely used resource on needle exchange, published by Public Welfare in 1999 and 2006 (revised edition). Currently, she serves as a Senior Adviser to the Funders Network on Population, Reproductive Health and Rights. As program officer of Public Welfare Foundation, she was both a mentor and advocate. Her comments helped bring out the full potential of our programs. She counted among the rare breed of funding officers who understand that general operating support is the glue that holds together programs funded by government contracts.



The Honorable Tom Duane represents New York's 29th State Senatorial District. He was first elected to the State Senate in 1998 and became the first openly gay and HIV-positive member. In his role of Chair of

the Senate Health Committee, Senator Duane is committed to promoting sound health care policy and quality, affordable health care for all New Yorkers. In his work on Senate committees and on the floor of the Senate, he fights for the rights of tenants and the availability of affordable housing; is a defender of a woman's right to choose; committed to full civil rights for LGBT New Yorkers; an activist for parks and open space and protecting the environment; and a leader in the fight against HIV/AIDS and the terrible stigma surrounding this public health problem.



June Jee, at Verizon is responsible for establishing and maintaining third party stakeholder relations as well as the corporation's community involvement. She is also responsible for managing a component of the Verizon Foundation's philanthropic programs. In her position at Verizon, Ms. Jee was instrumental in bringing to the attention of Verizon the importance of supporting work around HIV in the A&PI community. Verizon's support helped break the prejudices of the A&PI community towards a stigmatized issue. Through Ms. Jee's intercession, Verizon provided the first significant corporate support to APICHA and has remained a consistent funder year after year.

As we enter our 21st year of service, we anticipate a new stage of struggle. We have to confront not only the needs of our clients but also the changing organizational needs of APICHA in a period of new funding priorities and approaches to care, of a growing movement in the nation to provide health care for all.

TEST ME/for hiv: Transforming Awareness into Action

This year, a young Chinese woman living with AIDS was finally diagnosed with the disease after she sought services at APICHA. Infected with HIV and stricken by an HIV related illness she went from one local doctor to another without a diagnosis, or a recommendation for an HIV test. During this delay in getting the right treatment, HIV had progressed in her system to become AIDS, and an irreversible harm had been done, which could have been prevented with appropriate diagnosis and treatment.

It is easy to imagine scenes similar to the case of this young woman played out in medical clinics around the city. Stigma of HIV, misguided perceptions of A&PIs as impervious to HIV/AIDS, low numbers of A&PIs getting infected when compared to other racial or ethnic groups, and the diminished focus on HIV in recent years – all this contribute to the pervasive complacency and inaction about HIV testing. Recent epidemiological reports indicate that A&PIs are the only racial/ethnic group in New York that has not experienced a decline in the number of new HIV diagnoses. Yet, in a survey conducted by the city, only 6% of A&PI New Yorkers reported that their doctor recommended an HIV test.

With that public health concern in mind, APICHA developed a campaign – TEST ME/for

HIV – designed to take the issue to the media and empower members of the A&PI communities to take action and get their primary care providers to offer or recommend HIV testing.

Diana Roygulchareon, project manager of the Women and Youth Program, relates an encounter with her own primary care provider:

“I knew my primary care doctor was one of the doctors with clinics in Queens who were approached by APICHA to become part of last year’s Health and Hospitals Corporation’s (HHC) initiative to increase HIV testing at Elmhurst Hospital. I was involved in that project. I thought my doctor and her colleagues would be more sensitive to promoting HIV testing. When I asked my doctor if she has heard about the initiative I found out they didn’t think it was important to promote HIV testing at Elmhurst because their patients could have it done in their clinic, if patients asked for it. But when I asked her if the clinic’s patients ask for an HIV test, she responded: ‘Not really, because our patients aren’t at risk.’”

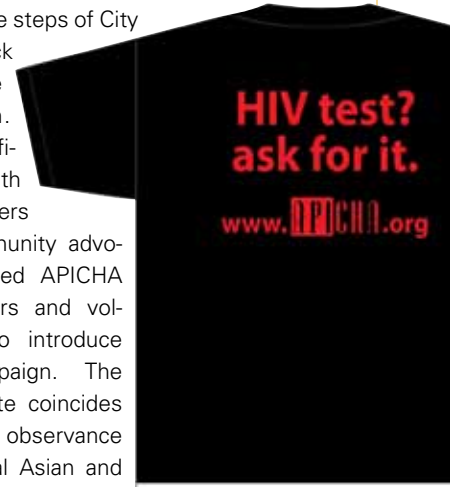
“Our hope is that doctors will come around and make HIV testing part of their routine for care, but until that time comes I call on every

A&PI person to demand a test”, Executive Director Therese R. Rodriguez explains the campaign’s objective. “If you have not discussed HIV with your doctor, you do not have a complete picture of your health.”

A press conference was held on May 19 at noon at the steps of City Hall, to kick off the campaign. Elected officials, health care leaders and community advocates joined APICHA staff, peers and volunteers to introduce the campaign. The launch date coincides with the observance of National Asian and Pacific Islanders HIV/AIDS Awareness Day.

In addition to educational materials, T-shirts and flyers bearing the slogans “TEST ME/for hiv” and “HIV test? ask for it” were printed for the occasion, which were previewed during AIDS Walk. On World AIDS Day 2009, campaign participants and the public will be invited

Continued on page 5



Seen On Site



Dr. Monica Sweeney, New York City Department of Health and Mental Hygiene Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control, on February 6, 2009, made her first visit to APICHA. She was accompanied by her staff, Director of HIV Prevention Dr. Blayne Cutler, Special Assistant Adriana Andaluz, and Director of Community HIV Prevention Planning Group Terrance Gardet. Dr. Sweeney and her party were met by Executive Director Therese R. Rodriguez and her staff. After setting the ground rules that the visit is not about

money, both parties hailed the occasion as a first step in getting to know each other and left open the door for future collaborations. Dr. Sweeney (center in red jacket) is flanked by Ms. Rodriguez

(right) and Dr. Cutler and Mr. Gardet to her left.

Visitors from New York State Department of Health

Barbara Devore, Deputy Director, NYSDOH Center for Community Health and Peter Laqueur, Special Liaison, NYSDOH AIDS Institute visited APICHA on April 14, 2009. After touring the new facility, they participated in a lively discussion with APICHA staff about the current trends and needs of A&PI clients



and patients. Ms. Devore was especially interested in learning about the primary care clinic – particularly, the health disparities faced by people of color. We also showed the YMSM public service announcements from 2007 and 2008, which was funded by CDC. Mr. Laqueur complimented APICHA staff and noted that during these tough economic times, collaboration is key in implementing effective social marketing.