

# Asian & Pacific Islander HIV Forum

A quarterly newsletter published by the Asian & Pacific Islander HIV Capacity-Building Assistance (API HIV CBA) Program, a national program of the Asian and Pacific Islander American Health Forum (APIAHF) funded by Centers for Disease Control and Prevention through Cooperative Agreement No. U22/CCU918544-02.

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## East Coast Movers and Shakers Take Steps to Put Women and Girls *First—Not Last*

By Anh Do, Asian and Pacific Islander Coalition on HIV/AIDS

HIV infection among U.S. women has increased significantly over the last decade, especially in communities of color. There has been an encouraging and continuing focus on how HIV/AIDS is affecting communities of color and women. The latest census data shows Asian and Pacific Islanders are dramatically increasing, however the rate at which they are accessing health services is still much lower than other populations. Despite these developments, there has been very little focused attention on identifying barriers and facilitators to care among Asian and Pacific Islander women and girls who may be living with or may be susceptible to HIV.

On October 5, 2001, nearly 130 individuals including service providers, community members, and government agencies gathered in New York City for an unprecedented conference entitled, "Why Asian and Pacific Islander Women and Girls Last?". The conference was sponsored by the organizations of the East Coast Asian and Pacific Islander AIDS

Network (ECAAN) and hosted by Asian and Pacific Islander Coalition on HIV/AIDS (APICHA). Established after the 1999 East Coast Conference on AIDS, ECAAN was formed to foster closer collaboration amongst service organizations for the mutual development of innovative strategies to combat HIV/AIDS in API communities.

The conference began with a powerful keynote address delivered by Sujata Warriar of the State of New York Office for the Prevention of Domestic Violence Health Care Bureau. Throughout her address, she relayed the unique and pertinent relationship between domestic violence and the susceptibility to HIV. Often times, those providing HIV or domestic violence services to women fail to recognize that they too are faced with the same issues regarding gender dynamics and its relationship to women accessing health services. Hence, the need for these groups to make efforts to counter insular tendencies becomes essential. For example, in both abusive and non-abusive relationships the men often controls access to financial resources, medical care, and support systems. There exists a real opportunity to utilize non-HIV models as successful interventions for HIV prevention and vice versa. This theme was constant throughout the conference as many of the sessions focused on exploring violence against women and its relationship to the transmission of HIV.

The conference sessions covered a vast array of issues that demonstrate the multi-faceted vulnerabilities of women. Specifically, the sessions elaborated upon concerns dealing with child care, domestic violence, mental health, sex education, access to OB-GYN, and women-only services. Ultimately all of these sessions underscored the importance for existing organizations to increase their capacity to provide services for women. (continue on pg. 3)



The API HIV Forum is a quarterly newsletter published by the **Asian & Pacific Islander HIV Capacity Building Assistance** (API HIV CBA) Program, a national program of the **Asian & Pacific Islander American Health Foun** (APIAHF) funded by the Centers for Disease Control and Prevention through Cooperative Agreement No. U22/CCU918544-02.

We welcome your comments, suggestions, and/ or contributions. Please send to:

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942 Market St., Suite 200  
San Francisco, CA 94102

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4554 North Broadway, Suite 306  
Chicago, IL 60640  
773.878.3539  
[www.asianhealth.org](http://www.asianhealth.org)

**Asian & Pacific Islander Wellness Center (A&PIWC)**

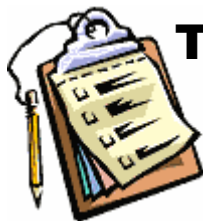
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## Tell Us What You Think!

### HIV CBA Program Technology Evaluation Survey

We would like to continue improving organizational and programmatic capacity of community-based organizations providing Asian American and Pacific Islander populations with HIV/AIDS prevention and care through the increased utilization of communications technology. This includes our internet website, electronic mailing list ([api-hivinfo](mailto:api-hivinfo)), and other capacity-building assistance services. Please fill out our evaluation survey to help us assess and develop our program.

You can download 2 versions of the survey (PDF & Word format) online @ [www.apiahf.org/programs/hivcba.html](http://www.apiahf.org/programs/hivcba.html) or fill out the survey already included in this Fall 2001 newsletter (pgs. 7-8).

You can send your survey through...

mail: APIAHF, ATTN: HIV Program Assoc., 942 Market St., Suite 200, San Francisco, CA 94102  
fax: 415.954.9999 or  
email: [rgacula@apiahf.org](mailto:rgacula@apiahf.org)



## CPG Training

By

Ed Tepporn, Asian & Pacific Islander Wellness Center

After much anticipation, the first draft of the Asians and Pacific Islanders (APIs) in Community Planning Groups (CPGs) training curriculum has been completed. In order to receive funding for HIV prevention resources, every state health department must convene a CPG made up of health department representatives, community based organization representatives, and other stakeholders. Each CPG is responsible for developing a comprehensive HIV prevention that is based on scientific evidence and community values. The state health departments in turn utilizes this plan in their application to the CDC for HIV prevention funds and the consequent allocation of these funds statewide.

The outline for this curriculum was developed in October 2000 at a national meeting of past and present API CPG members. This training is intended to increase the number of APIs serving on CPGs as well as the effectiveness of their participation.

Asian & Pacific Islander Wellness Center (A&PIWC) will pilot the two-day Community Planning Training on **March 10-11, 2002** at the **Hyatt Regency Chicago Hotel** (151 East Wacker Dr., Chicago, IL 60601). The training is intended for new and prospective API CPG members and includes a variety of modules such as "Intra A&PI Issues", "Meeting Dynamics and A&PI Communication Styles", "Introduction to Behavioral Science and Epidemiology", "Epi Profiles and Needs Assessments", "CPG Process - Prioritization", "Recruitment", "Coalition and Alliance Building", and "Leadership".

If you are interested in more information about the A&PIs in CPGs training, please contact **Ed Tepporn** by phone at **415.292.3420 x 346** or by email at [edt@apiwelness.org](mailto:edt@apiwelness.org).

(continued from pg.1, “East Coast Movers and Shakers Take Steps to Put Women and Girls First—Not Last”)

The conference concluded with a Policy Institute on Saturday, October 6, 2001, aimed at exploring new ways of better serving Asian and Pacific Islander women and girls and developing next action steps to take their own localities and communities. Participants highlighted many critical needs that were common to the region as a whole including, the lack of representation of API women in planning bodies, limited capability for data collection, difficulty navigating through the laws and guidelines surrounding unique identifier and partner notification systems, and the lack of services available for undocumented immigrants. Clearly, these are issues that the network hopes to focus on through closer collaboration and communication amongst its membership.

Coinciding with overarching issues for the region as a whole is the need to provide resources for specific needs of the various localities. For example, in Georgia, service providers are struggling to find API community leaders who have the know-how to work with government officials, CDC, and local foundations in order to create and expand programs. Additionally, as Georgia is geographically segregated, from the strong API network in the Northeast, it draws upon the strength of its neighboring region.

Overall, the Policy Institute served as a strategy session identifying issues to help define the role of ECAAN in the long-term. Some immediate short-term goals for ECAAN were established and include, identifying the technical assistance needs of the various localities, developing policy briefs and fact sheets focusing on women, clarifying the unique identifier and partner notification systems in the various states, fundraising, and developing tools to assist in changing or establishing policy.

ECAAN hopes to play a monumental role in providing a safe and supportive environment to explore women’s health issues comprehensively. As ECAAN embraces this challenge, it must now continue the work to formulate a strategy that puts Asian and Pacific Islander women and girls *first*—not last.

## API Transgender HIV Prevention Meeting in San Francisco

By Ed Tepporn, Asian and Pacific Islander Wellness Center

In July 2001, the Asian & Pacific Islander Wellness Center hosted a two-and-a-half day national meeting on API Transgender HIV prevention. Fifteen participants from five separate agencies convened to discuss strategies in providing HIV prevention services. The agencies included Ke Ola Mamo and the Life Foundation from Hawaii, the Asian Pacific Islander Community Health Organization from New York, and the Asian Pacific AIDS Intervention Team and the Asian & Pacific Islander Wellness Center from California.

Each agency presented a set of “best practices” and offered suggestions as to how other agencies could replicate successful segments of their program. Participants also began to strategize on methods of strengthening the relationship between API Transgender programs on a national level.

Two major activities evolved out of this meeting: 1) a group of representatives from the meeting are working on developing a 2-hour long API Transgender sensitivity training targeted to service providers and 2) the entire group is discussing the formation of a national coalition on API Transgender HIV prevention. If you are interested in learning more about the national meeting, contact **Ed Tepporn at 415-292-3420 x 346, [edt@apiwellness.org](mailto:edt@apiwellness.org)**.

If you are interested in learning more about continued activities, contact:

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**Sunny Shiroma:** [sunnydesu@msn.com](mailto:sunnydesu@msn.com)

## 6th International Congress on AIDS in Asia and the Pacific Conference

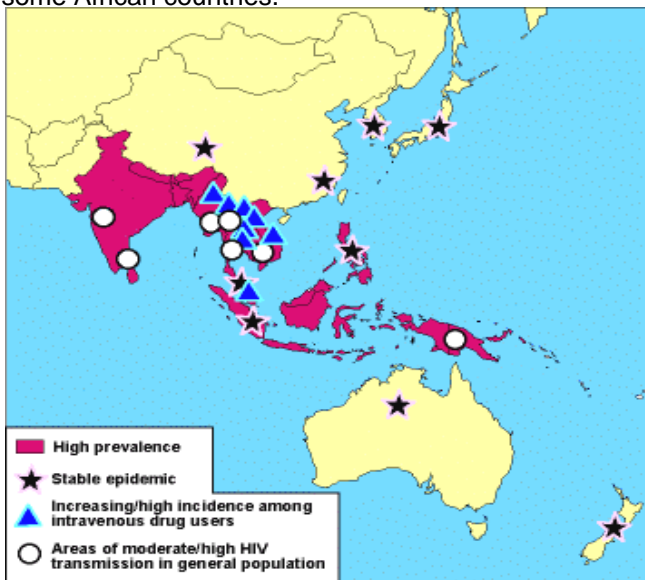
By Vince Cristosomo, Coral Life Foundation

The 6<sup>th</sup> International Congress on AIDS in Asia and the Pacific (ICAAP), the largest conference on HIV/AIDS in the region, was held in Melbourne, Australia from October 5 – 10, 2001. High-level political decision makers and members of civil society who address the AIDS pandemic on a daily basis met for these five days to talk policy, identify issues and brainstorm strategies to address the impact HIV/AIDS has had in the region.

The terrorist attacks of September 11, 2001 heavily influenced the proceedings. Many of the United States delegates to the conference, including AIDS researcher Dr. David Ho, cancelled their attendance because of security risks. In addition participants feared that AIDS funding would be jeopardized due to the war efforts. Despite the uncertainties participants from all over Asia came to the 6th ICAAP, recognizing that with increasing numbers of over seven million people infected with HIV in the Asia Pacific region it is vital to remain focused on addressing the spread of the HIV epidemic in the region.

Recent reports have shown that new epidemics are emerging across the region. With the exception of Australia, New Zealand, Cambodia and Thailand, the region's epidemic continues to grow. At the 5th ICAAP in Kuala Lumpur two years ago, only Thailand, Myanmar and Cambodia were reporting substantial nationwide epidemics, with some states in India and provinces in China also affected. The range of HIV cases in Asia and the Pacific vary from Mongolia's three reported HIV cases and India's 3.5 million, to Australia's contained epidemic and China's unknown severity.

"In the last two years, the picture has changed dramatically. Indonesia, Iran, Japan, Nepal and Vietnam have all registered marked increases in HIV infection in recent years. In China, home to a fifth of the world's people, the infection seems to be moving into new groups of the population," said the latest updated report on the epidemic in this region, Monitoring the AIDS Pandemic (MAP). About 42,000 have been tested positive in Malaysia as of this year. The World Health Organization has now categorized Malaysia as moderate HIV prevalence country, from being a low prevalence one before. Some find reassurance in the fact that only three Asian countries: Cambodia, Myanmar and Thailand have recorded nationwide prevalence rate of over 1% thus far, as compared with national rates 10 or more times higher in some African countries.



Unfortunately, national averages are not particularly meaningful in the Asian context where epidemics have yet to mature. Low prevalence rates could also translate in huge numbers considering Asia's dense population. "Today in India, according to official estimates, there are 3.5 million HIV+ cases. A rise of 0.1% would add half a million more to the total." Indian actress and social activist Shabana Azmi pointed out in her keynote address at the opening of the 6th ICAAP. The Congress focused on three main themes: care and treatment; prevention; socio-economic determinants: drugs, sex work, mobility.

Apart from the ongoing debate about access to drugs, the conference ended on a positive note. The reactions to the conference were mixed. "This was an amazing opportunity to meet like minded people and share information about program implementation in our countries," said one delegate. "I feel very frustrated," said another. "So much money has been spent and what have we gained?" Participants of the conference took home renewed energy and hope in their fight against HIV/AIDS.

Now with the indication of political commitment hopefully national prevention and treatment programs will be strengthened. "We know that every effective national program around the world has had strong national political leadership," said Rob Moodie, Co-Chair of ICAAP and Chief Executive Officer of VicHealth. The concrete outcomes of the conference will not, however, be evident until an assessment at the Seventh ICAAP in Kobe, Japan in 2003.

**"Today in India, according to official estimates, there are 3.5 million HIV+ cases. A rise of 0.1% would add half a million more to the total." - Shabana Azmi**

# PIJAAG CDC Meeting at the 2001 National HIV Prevention Conference

By Vince Crisostomo, Coral Life Foundation

## PIJAGG Member Jurisdiction

American Samoa

Commonwealth of the  
Northern Marianna  
Islands

Federated States  
of Micronesia

Guam

Republic of Marshall  
Islands

Republic of Palau

The Pacific Island Jurisdictions AIDS Action Group (PIJAAG) met with Robert Janssen who is the Director of the Division of HIV/AIDS Prevention and staff from the Centers for Disease Control and Prevention / National Center for HIV, STD and TB Prevention on August 14, 2001 in Atlanta. In addition APIAHF, Capacity-Building Assistance (CBA) providers, Asian & Pacific Islander Wellness Center, and Malama Pono attended. This historic meeting was a huge step in establishing a partnership between the Pacific Island jurisdictions (PIJs) and the Centers for Disease Control and Prevention (CDC) in stopping the spread of HIV/AIDS in the PIJs. The purpose of this meeting was to discuss the CDC 5 Year HIV Prevention Strategic Plan, which when released in January 2001 made no specific mention of the Pacific Island jurisdiction.

PIJAAG is concerned that the Pacific Island jurisdiction's unique issues and constrained resources were not taken into consideration creating barriers in the implementation of this plan. PIJAAG has become painfully aware that the prevalence of HIV in the region much greater than originally believed. While the absolute numbers appear small now, the impact is great relative to the jurisdiction's size of population. Currently there are no services specifically targeting those living in the PIJs with HIV infection. This will not only worsen the suffering amongst people living with HIV infection, but will also not provide them the adequate skills and support to prevent further transmission of HIV. As a portion of the United States, it is unconscionable that twenty years into this epidemic the Pacific Islander community lacks even the most basic treatment facilities that are in comparison easily accessible on the continental U.S. As a result, PIJAAG developed seven recommendations that were submitted to the Centers for Disease Control and Prevention for consideration and further discussion. The following is our understanding of the agreements made during the August 14, 2001 meeting and the subsequent follow-up.

**RECOMMENDATION # 1:** Clarity on how jurisdictions fit into CDC 5 Year HIV Prevention Strategic Plan.

**AGREEMENT:** Official CDC written clarification on the Pacific's role in meeting the Objectives of CDC's 5 Year HIV Prevention Plan is forthcoming.

**RECOMMENDATION #2:** Ensuring federally approved standards of care are implemented.

**AGREEMENT:** Convening advisory body (PI jurisdiction representatives, PIJAAG, CBA providers, CDC, and other federal agencies) to look at issues HIV presents in the Pacific.

**RECOMMENDATION#3:** Inter-agency coordination

**AGREEMENT:** Coordinated with Recommendation 2 with mechanisms to be determined.

**RECOMMENDATION#4:** CDC Project Officers' Annual site visit.

**AGREEMENT:** Project Officers (HIV & STD) will conduct site visit at least once a year. Project Officer will work with PI jurisdictions to determine best time.

**RECOMMENDATION#5:** Development of regionally appropriate community planning guidance.

**AGREEMENT:** CDC open to recommendations as to what would be useful. PIJAAG will convene strategic planning meetings to discuss development of a regional guidance and other relevant topics. Resources need to be allocated.

(continue on pg. 6)

continued from pg.5 "PIJAAG CDC Meeting at the 2001 National HIV Prevention Conference"

**RECOMMENDATION#6:** Selection of Capacity Building Assistance providers for the Pacific Island Jurisdictions.

**AGREEMENT:** Two Regional planning meetings: one in the Pacific and one in Atlanta. CDC will look into funding for these meeting.

**RECOMMENDATION#7:** Guam as a technology and information transfer point for the region.

**AGREEMENT:** Commitment to identifying resources to support Guam's work in the Pacific.

**Priorities:** In a follow-up meeting on August 15, the members of PIJAAG came up with the following priorities to hopefully be coordinated with Recommendation 2. PIJAAG hopes that in the year 2002 that needs assessments will be conducted to identify personnel, training and resource needs to implement the following.

1. **Laboratories** **Goal:** To  
meet minimum standards in HIV testing and treatment laboratories and to ensure a safe and adequate blood supply.
2. **Surveillance/Epidemiology Reporting** **Goal:**  
To meet minimum standards for adequate surveillance and reporting on HIV, AIDS, and other STDs.
3. **HIV Testing**  
**Goal:** Build local capacity for pre and post test HIV counseling.

**Follow-up and Future Plans:** Since the August 14, 2001 meeting the members of PIJAAG have engaged in the following activities with the support of Project Officer Vicky Rayle and capacity building service providers from the Asian Pacific Islander American Health Forum and Asian & Pacific Islander Wellness Center

- On August 16, 2001 met with other offices of CDC HIV/AIDS Division.
- Initiated dialogue with HRSA to establish partnership, inform, complement efforts and maximize resources.
- Conference calls to brainstorm strategies and report progress.
- Compile a list of current services being provided, needs and identify possible sources of support to address those needs.
- Inquired as to the costs and needs of building Guam's capacity to serve as a Reference Lab.

The events of September 11, 2001 had a great impact on the momentum established by PIJAAG earlier in the year but the work of these dedicated individuals continues. The Pacific Island Jurisdictions AIDS Action Group looks forward to furthering our partnership with CDC and extends deep gratitude for the support in preventing the spread of HIV in our communities.

## PIJAAG MISSION STATEMENT

We are representatives of the United States affiliated Pacific Island Jurisdictions standing united to speak in one voice around the shared issues of HIV/AIDS in our island communities.

- **We advocate for the provision of quality HIV prevention and care services in the region.**
- **We advise national, international, and local policy entities on HIV/AIDS.**
- **We strengthen and coordinate AIDS activities through the sharing of information and resources within the region.**

# Please Fill Out This Survey - THANKS!

**APIAHF HIV CBA Program Technology Evaluation** We would like to continue improving organizational and programmatic capacity of community-based organizations providing Asian American and Pacific Islander populations with HIV/AIDS prevention and care through the increased utilization of communications technology. This includes our internet website, electronic mailing list (api-hivinfo), and other capacity-building assistance services. Please fill out this evaluation survey to help us assess and develop our program. The form can also be downloaded @ [www.apiahf.org/programs/hivbca.html](http://www.apiahf.org/programs/hivbca.html). Please mail to: **APIAHF, ATTN: HIV Program Assoc., 942 Market St., Suite 200, San Francisco, CA 94102** or fax to: **415.954.9999**.

**Date (month/year):**

**Demographics**

1. Which best describes your profession?
- Program Manager/Coordinator     Student
- Program Associate/ Assistant     Executive Director
- Outreach Worker/Case Manager     Educator
- Other \_\_\_\_\_     Researcher

2. Region you are located in:
- Pacific Islands     West
- South West     Midwest
- North East     South
- Other \_\_\_\_\_

3. Community groups you serve: **(Check all that apply.)**
- LGBT     MSM
- Women/ girls     Youth
- Pacific Islanders     Elderly
- IDU/ Substance User     Homeless/ Transient
- Migrants     Low-Income
- Refugee/ Immigrants     Other \_\_\_\_\_

4. Ethnic communities you serve: **(Check all that apply.)**
- East Asian
- Chinese     Japanese
- Korean     Other \_\_\_\_\_
- Southeast Asian
- Cambodian     Hmong
- Laotian     Indonesian
- Malaysian     Pilipino
- Thai     Vietnamese
- Other \_\_\_\_\_

- South Asian
- Bangladeshi     Indian
- Myrmar     Pakistani
- Sri Lankan     Other \_\_\_\_\_

Pacific Islander

- Chamorro     Fijian
- Native Hawaiian     Samoan
- Tongan     Other \_\_\_\_\_

Other Racial/ Ethnic Groups

- African American     Caucasian
- Latino/ Latina     Native American/ Indigenous <sup>Alaskan Native</sup>
- Other \_\_\_\_\_

Website

5. Please rate our website as a whole:  
Scale range – 1 for NOT useful to 4 for VERY useful.

(Not Useful)	(Somewhat Useful)	(Useful)	(Very Useful)
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have not used our online resources, skip to question #10.

6. Please rate our online resources/ materials available on the website:  
Scale range – 1 for NOT useful to 4 for VERY useful.

	(Not Useful)	(Somewhat Useful)	(Useful)	(Very Useful)
	1	2	3	4
HIV Fact sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
API HIV Forum Newsletter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV Archives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"API HIV Links"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Other HIV Links"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Youth HIV Links"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How were our online resources useful or not useful ?

\_\_\_\_\_

8. Have the resources help build capacity in your work or program?

- Yes     No    **(Proceed to question #10)**

**PLEASE CONTINUE ON NEXT PAGE**

Fall01newsletter

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9. If so, how?

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**Electronic Mailing List (api-hivinfo)**

10. What are you using api-hivinfo for?  
(Check all that apply.)

- Job announcements       Conferences/ events
- Grants/ funding info       CBA/ technical assistance requests
- Reports/ press releases       HIV policy/ advocacy
- Material resources/ requests       Health/ medical -related updates
- Global news       Resource bibliography/ articles/ news
- All categories       Not using api-hivinfo
- Other \_\_\_\_\_

11. How do you feel about the frequency of messages you receive from api-hivinfo? (Please choose 1.)

- Too many       Too few
- Just right       Not sure

12. Please rate the api-hivinfo electronic mailing list:  
Scale range – 1 for NOT useful to 4 for VERY useful.

(Not Useful)	(Somewhat Useful)	(Useful)	(Very Useful)
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Capacity-Building Services**

13. Have you accessed capacity-building services?

- Yes       No (Proceed to question #15)

14. If so, what service did you access and what was your experience like?

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**Future Activities**

15. Would you like to participate in online discussions within topics of your interest?

- Yes       No       Don't know / not sure

16. What types of online discussion forums would you like to participate in or you think is appropriate?

(Check all that apply.)

- Discussion board       Electronic mailing list
- Chat room       Don't know/ not sure
- Other \_\_\_\_\_

17. What topics are you interested in, or think would be appropriate for online discussions for the HIV program to facilitate/ co-facilitate?

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18. How would you like to see the HIV CBA program's communication technology activities progress?

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**The following demographic questions in this box are optional for you to answer.**

19. Name of Agency or Affiliation:

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20. Gender:

- Female       Male       Transgender

21. Age Range:

- 12 and under       13 - 17       18 - 25
- 26 – 29       30 - 39       40 - 49
- 50 – 59       60 and over
- Decline to answer

**Additional Comments:** Please feel free to make additional comments and or suggestions. We appreciate the time you took to help us improve our program.

.....  
 : Please mail to: **APIAHF, ATTN: HIV Program Assoc., 942**  
 : **Market St., Suite 200, San Francisco, CA 94102** or fax to:  
 : **415.954.9999.** Thank you for your participation!  
 : .....

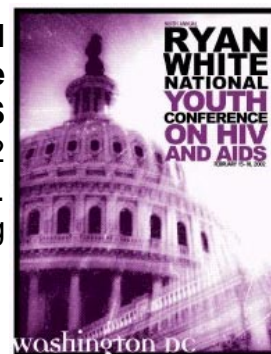


# Announcements



**2002 Community Planning Leadership Summit for HIV Prevention**  
March 6 - 9, 2002  
Chicago, IL  
[www.nmac.org](http://www.nmac.org)

**The Ryan White National Youth Conference on HIV and AIDS**  
February 15 - 18, 2002  
Washington, D.C.  
[www.rwnyc.org](http://www.rwnyc.org)



**NYAC Fifth Annual National Youth Summit**



May 18-20, 2001  
Washington, D.C.  
[www.nyacyouth.org](http://www.nyacyouth.org)



## HIV Mini-Grant Funding: Cycle 2

The Asian & Pacific Islander HIV Capacity-Building Assistance Program of the APIAHF announces an upcoming mini-grant cycle for one-time funding to agencies to conduct short-term telehealth activities that will increase the capacity of organizations to provide improved HIV prevention and care services to Asian American and Pacific Islander communities.

Mini-Grants will be available for projects under two general capacity-building categories. **Supporting HIV Interventions through New Technologies:** This category includes projects that will use new technologies to support new or existing HIV interventions. **Implementing HIV Interventions Utilizing New Technologies:** This category includes projects that will conduct HIV interventions, through new or innovative approaches utilizing new technologies as one of its main activities.

**How do I apply?** For application guidelines, download a Word or PDF copy on our website [www.apiahf.org/programs/hivcba.html](http://www.apiahf.org/programs/hivcba.html) or contact Program Associate Rachel Gacula at 415.954.9969/[rgacula@apiahf.org](mailto:rgacula@apiahf.org).

**Who to contact if I have questions on the application?** Contact Kim Nguyen, Mini-Grants Coordinator at 415.954.9962, fax 415.954.9999, or email [knguyen@apiahf.org](mailto:knguyen@apiahf.org).

## Consultants Wanted

Are you a grant writing expert? Have you started or implemented HIV programs before? Do you have skills as an advocate on your Community Planning Group? Have you helped mobilize your community to be involved in HIV prevention?

APIAHF is expanding its database of consultants to help build capacity of CBOs and Health Departments regarding HIV Prevention programs targeting Asians & Pacific Islanders. We're looking for consultants in different priority areas, including organizational development, program development, community mobilization, and HIV prevention community planning. We will be recruiting consultants in all regions, including the Northeast, the Midwest, the South and Southwest, the Northwest, the West, Hawai'i, and the Pacific Island jurisdictions.

If you would like to be on our database, please contact us. We will send you an application. We will also be posting the announcement and application on our website @ [www.apiahf.org](http://www.apiahf.org).

For questions and info, contact: Prescott Chow @ 415.954.9970 / [pchow@apiahf.org](mailto:pchow@apiahf.org).

## Subscribe to our electronic mailing lists

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# First National Conference on HIV/AIDS and South Asians in the U.S.

By Neelam Gupta, Asian Pacific Islanders for Human Rights

Los Angeles, CA - In a historical gathering, the Asian Pacific Islander Wellness Center (A&PIWC) organized the "First National Meeting on HIV/AIDS Prevention in the South Asian Populations in the United States" in Los Angeles from August 24 - 26. This dynamic, personalized event convened approximately 40 delegates from all over the country, with Asian Pacific Islanders for Human Rights (APIHR) as the local host and funding from the Centers for Disease Control and Prevention.

The conference objective was to create a national plan to improve community access to HIV/AIDS preventive services for people living in the United States with family origins in countries such as India, Pakistan, Nepal, Bangladesh, and Sri Lanka. Attendees included leaders and advocates affected by this tragic epidemic who work with diverse families such as youth, women, gay, and bisexual communities. Unlike other illnesses, HIV/AIDS is associated with a great deal of fear and stigma because of myths associated with the disease as well as the people who live with it.

The best defense is primary prevention, consisting of strategies such as education, outreach, and support that target the inaccurate beliefs and unsafe behaviors which place people at risk of HIV infection. For example, some South Asians believe that HIV/AIDS only affects white gay men and hence they are not susceptible to the virus. Along the same lines, issues of sexuality are not generally discussed in some South Asian households. One result may be a lack of information about reproductive health and safe sex practices. According to the National Minority AIDS Council, HIV/AIDS is a disease of global proportions with 33.4 million people worldwide infected at the end of 1998. On a country level, India has the largest number of HIV infected individuals at 4 million people.

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"As the South Asian American population has increased in numbers, so have our needs for HIV/AIDS prevention," said Javid Syed, Asian and Pacific Islander Wellness Center staff and coordinator of the national meeting. According to the United States 2000 Census, the Asian Indian community grew by 106 percent to 1.7 million since 1990.

Speakers included Kevin Conare of Action AIDS in Philadelphia, Lina Sheth and Marlon Wallen of Massachusetts Asian AIDS Prevention Projects in Boston, Khurram Hassan of Raksha in Atlanta, and Neelam Gupta of APIHR. A demographics and data panel covered a South Asian American community profile, the current state of knowledge of HIV/AIDS, limitations of existing data, and models for collecting useful information. Not only are South Asians from a broad range of national origins, approximately 75 percent are immigrants with place of birth in a country outside the United States.

Of all documented South Asian AIDS cases in the United States in 1998, 73 percent were from India, 19 percent were from Pakistan, and 2 percent from Sri Lanka. The majority of cases were found in men, with the most common mode of transmission being men who have sex with men at 72 percent. However, a high proportion of women does not know or will not identify how they acquired HIV, suggesting the deep-rooted shame associated with the disease. When identified, the most common mode of transmission for women is heterosexual contact. Hassan spoke about ways in which upward trends for related data should be noted and used in the absence of South Asian specific data. For example, rates of sexually transmitted diseases such as chlamydia were rising for API teens as compared to their white counterparts from 1995 to 1999.

Sheth stressed the importance of creating a safe environment in which extremely sensitive information about difficult topics could be discussed. To put a human face on the issues involved, a panel of South Asians living with HIV and AIDS shared their experiences on how this disease has impacted their lives including challenges for receiving culturally appropriate support and services. One HIV positive woman shared that she had never met another infected South Asian female and started an organization to address the special needs of women such as raising children.

Conare, who has worked in the HIV/AIDS field for eight years, commented that he has never seen South Asians assembled in a forum to raise these issues. "The system has no place for people to talk. It is a challenge for our communities to talk as they are still in a silence phase," he said. He also noted the importance of building capacity within mainstream health and social services to bring together prevention efforts. (continue on pg. 11)