

Asian & Pacific Islander HIV FORUM

Spring 2003 .Volume VIII . Number 1

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/CCU918544-03.

Asian and Pacific Islander Summit on HIV/AIDS Research

Lina Sheth, Asian & Pacific Islander Wellness Center

San Francisco, CA - The first-ever Asian and Pacific Islander Summit on HIV/AIDS Research (A&PI SHARE) took place in Oakland, California on November 15-17. The event was organized by Asian & Pacific Islander Wellness Center and the University of California, San Francisco School of Medicine, in collaboration with the Office of AIDS Research at the National Institutes of Health. A&PI SHARE brought together more than 400 researchers, clinicians, service providers, policy makers, and people living with HIV/AIDS. A&PI SHARE plenary sessions featured remarks from six community and research leaders, including:

- Patricia Nalls, Founder of the Women's Collective in Washington, DC (www.womenscollective.org), a South Asian from Guyana who spoke about her experience of living with AIDS for 16 years;

- Dr. Susan Paxton, an HIV-positive researcher from Victoria, Australia, who spoke to the importance of involving HIV-positive women in research studies;

- Al and Jane Nakatani, who shared their story of losing three sons — two to HIV disease. Their story is documented in an upcoming film, Honor Thy Children (www.honorthychildren.org).

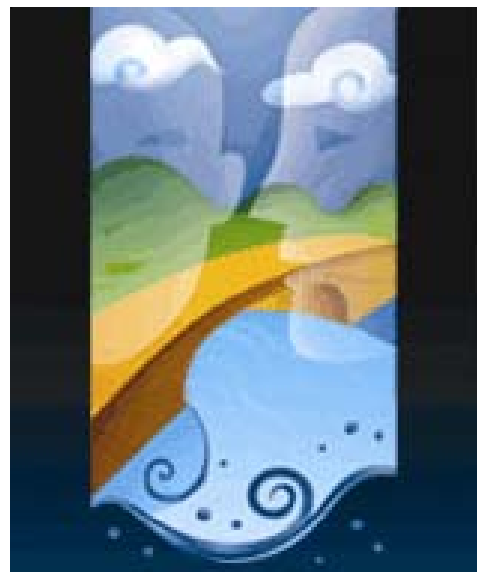
Twenty-one workshop panels displayed the body of existing research conducted or in progress, as well as highlighted critical research gaps. For example, the only faith-based session, "Research on HIV/AIDS Issues in Muslim Communities," sparked dialogue around the importance of research studies investigating people's spirituality and its relationship to HIV prevention and healthcare-seeking behavior.

A significant outcome of A&PI SHARE was a commitment to develop a HIV/AIDS research agenda for Asians and Pacific Islanders and collectively promote its urgency within researcher, community-based, and government circles.

While the conference focused on Asian and Pacific Islander communities in North America, A&PI SHARE's program explored the current state of research within a global context. Delegates from more than a dozen nations were in attendance, their contributions underscoring how much North Americans have to learn from our colleagues in their home countries. For example, The Asia Pacific Connection Track looked at the complex issues associated with involving women, gay/bisexual men, immigrants/migrants, and commercial sex workers and their relevance for working with populations in metropolitan areas this side of the Pacific.

Dr. Jack Chow, the first U.S. Ambassador for Global HIV/AIDS, closed the Summit on Sunday, with an inspiring call to action..

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Dr. Jack Chow, Vince Crisostomo, Al & Jane Nakatani, Francisco Sy and John Manzon-Santos at the Closing Plenary. Photo by : Toto Matillano.

A copy of this newsletter is available online at: www.apiahf.org/programs/hivcba.html

We welcome your comments, suggestions, and/ contributions.

Please send to: APIAHF, ATTN: Rachel J. Gacula, 450 Sutter St., Suite 600, San Francisco, CA 94108 or email: rgacula@apiahf.org

Main line: 415.954.9988 Fax: 415.954.9999 Agency Website: www.apiahf.org

The Asian & Pacific Islander HIV Capacity - Building Assistance Program is a national program of the Asian and Pacific Islander American Health Forum (APIAHF). Our HIV Capacity - Building Assistance Program, seeks to increase the organizational and programmatic capacities of community-based organizations (CBOs) who provide HIV prevention interventions to API populations in the United States and U.S. jurisdictions.

Program Staff

Ed Tepporn
Prescott Chow
ManChui Leung
Rachel J. Gacula
Gretchenjan Cube Lactao

HIV CBA Partner Agencies

Asian and Pacific Islander Coalition on HIV/AIDS (APICHA)

150 Lafayette St., 6th floor
New York, New York 10013
212.324.7940
www.apicha.org

Asian Health Coalition of Illinois (AHCI)

4554 North Broadway, Suite 306
Chicago, IL 60640
773.878.3539
www.asianhealth.org

Asian & Pacific Islander Wellness Center (A&PIWC)

730 Polk St., 4th Floor
San Francisco, CA 94109
415.292.3400
www.apiwellness.org

Asian Pacific AIDS Intervention Team (APAIT)

605 West Olympic Blvd., Suite 610
Los Angeles 90015
213.553.1830
www.apaitonline.org

Maui AIDS Foundation HI HIV Multicultural Resource Project

1650 Kanunu St., Suite 309
Honolulu, HI 96814
808.947.3790
www.mauiaids.org

Continued from Page 1: A&PI Share

A special, post-conference satellite session, co-sponsored by Asian & Pacific Islander Wellness Center with amfAR (The American Foundation for AIDS Research) and the Gay Asian Pacific Alliance, featured Dr. Wan Yan Hai, jailed (and recently released) AIDS activist from China, and Chung To, President of Chi Heng Foundation in Hong Kong. The Chinese representatives delivered personal accounts and a big picture perspective on the situation in China's Henan Province, where by the mid-1990s as many as 700,000 people contracted HIV from the selling of infected blood.

For more information on A&PI SHARE sessions, contact Lina Sheth of Asian & Pacific Islander Wellness Center at 415.292.3420 x320 or lina@apiwellness.org.



Wan Yan Hai, Beijing AIZHI Action Project, spoke on his HIV/AIDS work & experience of being detained in China.
Photo by: Toto Matillano

Page 4: Look at some information presented at A&PI Share's Gender Dimensions of HIV/AIDS session



The Asian & Pacific Islander American Health Forum main office has moved to:

450 Sutter St., Ste 600
San Francisco, CA 94108

Main Line: 415.954.9988
Fax: 415.954.9999

HIV CBA Program staff have new phone numbers:

Prescott Chow: 415.568.3308
ManChui Leung: 415.568.3307
Ed Tepporn: 415.568.3309
Rachel J. Gacula: 415.568.3306
Gretchen C. Lactao: 415.568.3310

Announcements

Updates . Events . Requests . Jobs . Trainings . Networking

Would you like to post an announcement? Please email rgacula@apiahf.org.

TRAININGS

NMAC upcoming 2003 regional trainings. Visit www.nmac.org for more information.

Atlanta, GA

April 7 – April 11, 2003

Charlotte, NC

May 5 – May 10, 2003

San Francisco, CA

June 2 – June 6, 2003

Boston, MA

July 7 – July 11, 2003

St. Louis, MO

August 11 – August 15, 2003

Tampa, FLA

October 6 - October 10, 2003

Newark, NJ

November 9 – November 15, 2003

KEEP POSTED ONLINE!

Asian & Pacific Islander American Health Forum will have their 1st Annual Signature Event on June 5, 2003. Please visit www.apiahf.org for more details coming up later.

The Asian & Pacific Islander American Health Forum HIV Capacity-Building Assistance Program and its CBA Partner Agencies are planning a national meeting of API networks and API ASOs/CBOs August 2003. The goal for this meeting is to merge the capacity building assistance work that we have been doing over the past several years in community mobilization (mostly through the networks that we and our partner CBA agencies coordinate) with the work that we have been doing around enhancing HIV prevention interventions (mostly through our work with API ASOs and CBOs). The hope is that this meeting might potentially result in some best practices regarding how the networks and ASO/CBOs have worked together to strengthen the HIV prevention programs for our API communities. Read more information in the next API HIV Forum newsletter or visit www.apiahf.org/programs/hivcba.html.

Read about the Asian & Pacific Islander Youth Leadership Development Summit in the next edition of Youth Wire. The Summit took place on January 31 - February 2, 2003 in Washington, DC. It was a national gathering of Asian & Pacific youth, youth providers and allies dedicated to building the HIV prevention, health services and advocacy skills of young people in the Asian & Pacific Islander community.

CONFERENCES/ SUMMITS

National Gay Men's Health Summit 2003

Raleigh, NC

May 7-11, 2003

Contact: 919.829.3981/ gmhsummit@yahoo.com

Visit www.gmhs2003.org for more information.

Sixth Annual National Youth Summit

National Youth Advocacy Coalition

May 30 – June 1, 2003

Washington D.C.

Visit www.nyacyouth.org for information.

National HIV Prevention Conference 2003

Centers for Disease Control and Prevention

Atlanta, GA

July 27-30, 2003

Scholarship - March 30, 2003 (limited)

Registration - received before June 15, 2003

Registration on-site only - after June 15, 2003,

More information at: www.2003hivprevconf.org

Gay Men Of Color Institute

July 24-26, 2003

Atlanta, Georgia

Contact: Lina Sheth at 415.292.3400 x320/ lina@apiwellness.org

Queer Asian Youth Conference

Asian Community AIDS Services

Toronto, CA

July 25 –27, 2003

Contact: youth@acas.org

Visit www.acas.org for more information.

U.S. Conference on AIDS 2003

National Minority AIDS Council

New Orleans, LA

September 18- 21, 2003

Call for Abstracts - April 7, 2003, 5:00 PM EST

Scholarship - June 6, 2003.

Early Member Registration - Postmarked by June 13, 2003

Early Non-member Registration - Postmarked by June 13, 2003

Member Registration - Postmarked by August 22, 2003

Non-member Registration - Postmarked by August 22, 2003

On-Site Registration - Postmarked after August 22, 2003

Visit www.nmac.org for more information



Asian Pacific AIDS Intervention Team Names New Director

Los Angeles, CA - The Asian Pacific AIDS Intervention Team, Southern California's largest provider of HIV/AIDS services to the Asian and Pacific Islander communities, has named Jury Candelario as its new Director.

After an extensive national search, lasting almost a year, Mr. Candelario was chosen among several worthy candidates from across the country. Jury Candelario served as APAIT's Interim Director during that time. Jury is no stranger to APAIT. He has maintained several posts with the 15-year-old organization, including Associate Director of Capacity Building and Technical Assistance, Interventions Co-Manager, Mental Health Support Coordinator, and Substance Abuse Program Coordinator.

His professional affiliations include Co-Chairmanship of the Asian Pacific Islander HIV/AIDS Caucus of Los Angeles County and the San Gabriel Valley AIDS Consortium, as well as Board Treasurer of the Asian Pacific Policy and Planning Council (A3PCON). He has served on the HIV/AIDS Counseling and Testing Task Force of the County of Los Angeles, Department of Health, Office of AIDS Programs and Policy. He has been active with the United States Conference on AIDS, the Community Planning Leadership Summit, the Health Resources and Services Administration (HRSA) Prioritization Roundtable, the Western Regional Centers for Disease Control and Prevention (CDC) Conference, and the White House Initiative on Asian Americans and Pacific Islanders during President Clinton's tenure. APAIT is very proud to have such a fine individual steer the organization.

A&PI Share's Gender Dimensions of HIV/AIDS Session: Asian & Pacific Islander Women and HIV/AIDS

San Francisco, CA - This session examined gender aspects of HIV/AIDS, specifically in the cultural context of HIV prevention and research issues among Asian & Pacific Islander women. Ramani Sripada-Vaz of Massachusetts Asian AIDS Prevention Project in Boston, moderated the session.

Panelist: Erme Maula - R.N., M.S.N.
Asian & Pacific Islander Women's HIV/AIDS National Network Co-Chair Member
Philadelphia, PA

Between July 1999 and March 2000, Asian and Pacific Islander Women's HIV/AIDS National Network (APIWHANN) conducted focus groups with A&PI women, ages 13-52. Fifteen focus groups were carried out in strategically selected sites with API women living in the US and the Pacific Island jurisdictions. This is the first nation-wide grassroots collection of data surrounding API women and issues related to HIV/AIDS.

The following are some of the policy recommendations emerged from the key findings of the study:

1. Asian and Pacific Islander women should be included in the collection and dissemination of HIV/AIDS and HIV/AIDS related data in research, including clinical trials, at local, state, regional, and federal levels.
2. The unique geographic (i.e. San Francisco versus Austin), ethnic (i.e. Laotian versus Filipino), and population-specific (i.e. commercial sex workers, substance abusers, or homophobic populations) diversity should be addressed within all program planning and implementation, especially around hard-to-reach populations.
3. All health related materials, especially around HIV/AIDS, should be ethnically, culturally and linguistically appropriate for A&PI women. These materials should address the specific needs of A&PI women and be translated into different A&PI languages, and be culturally sensitive.
4. The provision of HIV/AIDS services should be provided to Asian and Pacific Islander women in a way that reflects their needs and concerns within a cultural family unit rather than as an individual.

For a copy of the executive summary of the APIWHANN report or a complete copy of the report when available, please contact:

Staff Contact: Manchui Leung, APIAHF: 415.568.3307, mleung@apiahf.org

APIWHANN Co-chair Contacts: Joy Alunit jalunit@aol.com or Erme Maula 215.685.5630, erme@mindspring.com

Panelist Gurpreet Kaur Clair

Asian & Pacific Islander Coalition on HIV/AIDS Women's Project Coordinator

Asian & Pacific Islander Women's HIV/AIDS National Steering Committee Member

New York, NY

Erme Maula, Gupreet Kaur Clair, and Ramani Sripada-Vaz. Photo by: Toto Matillano.

From the research of Jen Haejin Kim, Research Analyst at Asian & Pacific Islander Coalition on HIV/AIDS

HIV/AIDS Transmission of API Women:

1. API women accounted for 82 or 0.3% of those cases. This is not an accurate number and may actually be higher. 51% of HIV positive API women contracted HIV through an unknown transmission factor, while 24.4% of HIV positive API women contracted HIV through heterosexual contact, and 13.4% contracted the virus through IDU. This is followed by transfusions and then hemophilia. So compared to all other women in New York City, API women have the highest percentage of contracting HIV/AIDS through unknown transmission factors.

API Women and HIV/AIDS Transmission Factors: Given the serious health concerns and barriers that API women face, HIV/AIDS is usually the last thing on their minds, however it is a health issue that is affecting API women. Here are some ways how API Women are contracting HIV/AIDS:

1. Many API women are married to partners who have sex with other men outside of the marriage. Arranged marriages are still very much the norm in many API cultures; sometimes a person who is gay is not "allowed" to be gay, as defined by cultural norms. Marriage to a partner of the opposite sex is expected as familial duty, whether or not it is an arranged marriage situation. This leaves the homosexual partner with one of three situations: suppress his homosexuality and either live in denial; believe himself to be truly heterosexual but once in awhile sleep with men; or know himself to be homosexual, yet not act on this for most of his life.
2. Many API women are married to men, where within their culture it is normal for the men to have additional wives or partners outside of the marriage.
3. Another situation: many API men come to America before their families. They are lonely and sometimes sleep with prostitutes or others. When their wives come to America, certain reproductive diseases are passed on, sometimes HIV/AIDS. Because API women typically do not get pap smears, often the disease is noticed when treatment is too late.
4. Some women are involved with partners who are migrant workers, truck drivers, etc where there may tend to be a higher percentage of non-monogamous relationships.
5. Often times an API woman cannot negotiate safe sex with her partner/husband. Asking her partner/husband to use a condom may be interpreted as very insulting to her partner, and may make him think that she is not a virgin or not faithful. He may see her request as a sign of not trusting him. Violence against the woman by her partner/husband has a high chance of occurring in these cases.

Barriers Faced When Outreaching to API Women about HIV/AIDS: At APICHA's Women's Project we try to educate API women about HIV/AIDS prevention. But given the situations that put API women at risk for HIV/AIDS, there are many barriers to education and prevention.

1. Many API women do not want to learn about HIV/AIDS because this is not seen as a problem within their own communities. Many identify this disease as a "white" disease; if it occurs in their ethnic community, then it is due to "deviant" behavior (i.e. homosexuality, sex before marriage, etc).
2. Many API women have more pressing issues that need to be addressed and fixed first, such as domestic violence, lack of job skills and the other health concerns highlighted earlier. Many women know that it is their responsibility to care for others first, not themselves, and so they put off seeking treatment.
3. The mechanisms for outreaching that are mandated by certain funders and that are used by other populations do not work in the API communities. Street outreaching is not culturally appropriate in API communities, particularly targeting API women. An API woman who is seen accepting information from our peers may result in rumors spread about herself and her family, and thus create community dishonor of her family if they find out that she accepted material about sex or domestic violence.
4. Not having peers that are the same ethnicity and religion as the target population that we wish to outreach to can be a barrier. Many people will accept messages when delivered by people who are like them in sexual orientation, religion, ethnicity, language spoken, etc.



WHO WE ARE: HIV Capacity-Building Assistance Provider Profiles



Xuan-Lan Doan, Hawai'i Multicultural HIV Resource Project – Maui, HI

Xuan-Lan is the Project Director for the Hawai'i Multicultural HIV Resource Project through Maui AIDS Foundation. She works as a capacity builder to enhance HIV prevention services in the region and participates as one of the partners in the national API HIV capacity building program. She has been actively involved in APIWHANN for three years and the National API Youth working group for over a year. Formerly, she has worked on HIV issues for five years in the Greater Philadelphia region. In addition, Ms. Doan is a graduate of Brown University.

Ed Tepporn, Asian & Pacific Islander American Health Forum – San Francisco, CA

Ed Tepporn is one of APIAHF's newest staff members. His primary projects focus on CBA around the community planning group process and HIV prevention for positives. Additionally, Ed provides staff support and helps to coordinate the Southeast Asian Network and the HAPI Being Alive Network HAPI network. Ed's work at APIAHF is informed by his previous experiences as a GLBT outreach program and Director of Education for an ASO in the Midwest, community co-chair for a statewide CPG, organizational management & public relations consultant, and as a HIV technical assistance trainer. Ed is more than willing to accept and admit that he is addicted to the Food Network, especially Food 911.



Gretchenjan Cube Lactao, Asian & Pacific Islander American Health Forum – San Francisco, CA



Born and raised in the Philippines, Gretchenjan Cube Lactao's first fifteen years of her life was spent in Quezon City. She is the first in the family to graduate from an American college, earning a degree in Molecular & Cell Biology at the University of California at Berkeley. Being a female, immigrant minority in this institution of higher education, she is inspired to become involved in various activities outside academia, and address issues of access and opportunity particularly towards underrepresented communities such as my own. Her work includes involvement in political activism and community service in the areas of education and public health. Ms. Lactao has been working with Asian & Pacific Islander American Health Forum for a year. She was involved in various projects including a research study on the cardiovascular risk in Asian communities in the U.S., a project of the National Heart Lung Blood Institute. She recently joined the APIAHF HIV

Program team and is currently working on designing a research project on Asian and Pacific Islander youth.

ManChui Leung, Asian & Pacific Islander American Health Forum – San Francisco, CA

ManChui Leung, Program Coordinator, has been working at Asian & Pacific Islander American Health Forum for over 2 years. Working primarily with women and youth communities through networks such as the Asian & Pacific Islander Women's HIV/AIDS Network and the National Youth and HIV/AIDS Network, ManChui has had the opportunity to work on creative and innovative projects that address under-served needs. ManChui formerly worked at the Chinese-American Planning Council - HIV/AIDS Services in New York City, NY, and the Asian Society for the Intervention of AIDS in Vancouver, BC, Canada.



Prescott Chow, Asian & Pacific Islander American Health Forum – San Francisco, CA

Prescott Chow is the Program Manager for the HIV Capacity Building Assistance Program. He has been working with Asian & Pacific Islander American Health Forum for 5 years. In addition, he has been doing HIV work for over 10 years in line work, technical assistance, and management.

Rachel J. Gacula, Asian & Pacific Islander American Health Forum – San Francisco, CA

Rachel J. Gacula, Program Coordinator, has been working with the Asian & Pacific Islander American Health Forum HIV Capacity-Building Assistance Program for over 2 years. In addition to HIV program technology capacity building and resource development, Ms. Gacula also collaborates with the Asian & Pacific Islander Women's HIV/AIDS Network and the National Youth and HIV/AIDS Network. Previously as a health educator and HIV testing counselor, she worked at Cal State Hayward Student Health Services and Ohlone College Student Health Center. She is currently serving on the California Family Health Council Board of Directors, organizing grass roots efforts on Filipino youth community development, and pursuing her graduate degree in Public Health.



Javid Syed, Asian & Pacific Islander Wellness Center – San Francisco, CA

Javid Syed is an immigrant queer of South Asian descent. He came to the U.S. from India to expand his economic opportunities and to go to university here. Through his activism, academic training, and the inspiring guidance of fellow community members he has been able to deepen the values of justice that his family taught him while growing up as a Muslim in India. Javid currently works as the National Capacity Building Assistance Trainer at the Asian and Pacific Islander Wellness Center in San Francisco.



Lina Sheth, Asian & Pacific Islander Wellness Center – San Francisco, CA

Lina Sheth is the daughter of Indian immigrants. Lina directs the Research and Technical Assistance program at the Asian & Pacific Islander Wellness Center in San Francisco. This program offers National Capacity Building Assistance on HIV Prevention and California-wide trainings on treatment and care. Formerly, she was the Executive Director of the Massachusetts Asian AIDS Prevention Project in Boston for over six years. Her experience has taught her to slow down, reflect and never forget to play.

Mazdak Mazarei, Asian & Pacific Islander Wellness Center – San Francisco, CA

Mazdak Mazarei, Asian & Pacific Islander Wellness Center's newest National HIV Technical Assistance Trainer, has been doing capacity building work for the agency since last October. Over the past 6 years, he has worked in various capacities on issues of youth health in the San Francisco Bay Area, most recently as both a former member of the San Francisco HIV Prevention Planning Council and as a Trainer and Health Educator at Health Initiatives for Youth. At the Wellness Center, Mazdak concentrates on providing support for young MSM communities, helping to staff the National A&PI Youth and HIV/AIDS Network. In addition, Mazdak has recently started working with fellow South West Asians and North Africans (SWANAs) in the US to increase HIV prevention efforts targeted to this community.



Tim Young, Asian & Pacific Islander AIDS Intervention Team – Los Angeles, CA

Tim Young is the Director of Community Development at Asian & Pacific Islander AIDS Intervention Team. He recently joined the HIV Capacity-Building Assistance Team last year. He has experience in HIV prevention and worked at AIDS Project Los Angeles prior to APAIT.

Clarita Santos, MPH, Asian Health Coalition of Illinois – Chicago, IL

Clarita is currently the Midwest Asian and Pacific Islander HIV/AIDS Capacity Building Project Coordinator for the Asian Health Coalition of Illinois. Ms. Santos' current work centers on community-based HIV/AIDS research and policy. Ms. Santos is a former Asian Community Liaison for State's Attorney Richard A. Devine. Prior to working for the State's Attorney, she was the Executive Director of the Asian American AIDS Services. Ms. Santos is a board member of the Leadership Center for Asian Pacific Americans, co-Vice President of the Asian American Institute, and a member of FilCRA (Filipino Civil Rights Advocates). Ms. Santos received her Masters in Public Health in Health Policy and Administration from the University of Illinois at Chicago.



Anh Do, Asian and Pacific Islander Coalition on HIV/AIDS – New York, NY

Anh Do is currently the Capacity Building and Policy Projects Manager at the Asian and Pacific Islander Coalition on HIV/AIDS (APICHA). Originally, she began her professional life as a chemist after earning her Bachelor of Science in Chemistry in Florida. Life's twists and turns landed her in New York City where she sought to make a difference in the lives of others through her work at APICHA, beginning in 2001. Anh and her family arrived into the US in the early 80's as Vietnamese refugees. She follows in the footsteps of her father, who spent his lifetime as a social worker helping other new Vietnamese immigrant settle in the US and navigate the complex public welfare system and the various public health, criminal and social welfare system in hopes of making a better life for themselves and their family.

HIV Youth Research Project Update

Gretchenjan Cube Lactao, Asian & Pacific Islander American Health Forum

The APIAHF HIV Program is partnering with various Community Based Organizations across the U.S. in conducting a research project on the cultural factors affecting knowledge, attitudes, beliefs, and behaviors of A&PI youth in the U.S. The project is under the guidance of professional researchers, educators, & community leaders.

Each selected ethnic-specific CBO will conduct one focus group discussion and two in-depth interviews starting the end of March. Some of the participating organizations are:

- South Asian Youth Action: New York City, New York
- La Crosse Hmong Mutual Assistance Association: La Crosse, Wisconsin
- Guahan: Guam

The research hopes to explore cultural values and its impact on HIV/AIDS perspective and risk behaviors at the community, family, peer, and individual levels. Community reports will be provided at the end of the project in addition to a full-length report comparing all ethnic-specific data, which may be used in improving CBO youth programs and services.



**Gem Daus, Asian & Pacific Islander American Health Forum
Legislative and Government Affairs Coordinator**

The Hill BUZZ HIV Policy Briefs

AIDSVAX Trial Results

New York, NY - The AIDS Vaccine Advocacy Coalition (AVAC) along with AIDS Services in Asian Communities (ASIAC) would like to host a conference call for folks involved in Asian AIDS work to discuss and strategize around the AIDSVAX trial results which were announced on Monday. The results from the world's first efficacy trial on a preventative AIDS vaccine were announced on Monday. The vaccine is called AIDSVAX and is made by a bio-pharmaceutical company in the San Francisco bay area, VaxGen.

The announcement by this company raises complex issues specifically for Black/African Americans, Asians and Mixed-race folks. The results of the trial overall found the vaccine did not provide protection from HIV infection, disappointing news for us all. What is complicated and of concern are the claims by the company that AIDSVAX appeared to protect ethnic minorities, specifically Blacks, Asians and "Others". These statements are potentially damaging for both communities of color and AIDS vaccine research in general. The AIDSVAX study was NOT designed to look at protection from HIV infection within subgroups (ie racial, gender subcategories). This means that when they designed the trial and recruited participants, they did not randomize ethnic minorities or women in such a way to rule out factors such as differences in HIV infection rates, geographical difference, etc. This flaw opens up the possibility that Asians in the study were from only one city (possibly not even in the US as the trial was conducted in US, Canada, Puerto Rico and the Netherlands) which means the results cannot be applied to Asians broadly, or that the observed rate of protection was actually something that occurred by chance.

To further this point, out of the 5,403 trial participants only 77 were Asian. This in itself raises flags about making claims about the efficacy of any product for Asians when your sample was less than 2% Asian. The company has not yet released information about which Asian ethnic groups were included in the trial category Asian or if they tracked Asian ethnic subcategories. But it is critical these statistical leads are thoroughly investigated to see if further research is justified. AVAC believes the data VaxGen has should be reviewed by an independent group of statisticians and scientists to see if there is indeed indication of protection for Blacks, Asians and Others. If there is such indication, further research designed specifically to study Black, Asian and mixed-race communities need to be planned. One of the biggest lessons to come out of this is the absolute need to increase participation of people of color in clinical trials, so that intention to report on ethnic subgroups is reflected in the trial design and recruitment.

Reported by: Edd Lee, Director of Education & Outreach, AIDS Vaccine Advocacy Coalition, 212-367-1534.

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DID YOU KNOW - You can receive a copy of our newsletters online? Visit our resource center at: www.apiahf.org/programs/hivcba.html. Announcements about new published newsletters are made through our electronic mailing lists (HIV Info & API Youth HIV). You can sign up by visiting the website.

Would you like to receive API HIV Forum and or Youth Wire Newsletters through mail? If you haven't made your request, please fill out this form and mail to: APIAHE, ATTN: Rachel Gacula, 450 Sutter St., Ste. 600, San Francisco, CA 94108. Or you can email rgacula@apiahf.org the following information.

Name: _____ Position: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Please send me (circle all that apply): API HIV Forum Youth Wire
 Would you like to be a part of our general mailing list as well (circle one): YES / NO

Continued from Page 8: The Hill Buzz - HIV Policy Briefs

Fiscal Year 2004 Appropriations Process Underway

Washington, D.C. - The President released his budget proposal for FY 2004 on February 3, using his proposed FY 2003 budget as the baseline since the final FY 2003 budget had not yet been passed. The proposed budget for the Department of Health and Human Services, which is more than \$500 billion, can be accessed at www.hhs.gov/budget/docbudget.htm. Below are some highlights.

Health Resources and Services Administration (HRSA)

- \$1.627 billion for Community Health Centers, an increase of \$100 million over FY 2003. President Bush has committed to double the capacity of community health centers by 2006 by adding 1200 new health care sites or access points.
- \$213 million for the National Health Service Corps, a \$24 million increase. NHSC will prioritize the recruitment of clinicians from disadvantaged backgrounds including under-represented minorities.
- \$11 million for Health Professions Training Programs, the same amount as FY 2003. However, the FY 2002 level was \$295 million. Several programs were moved to other departments; however, these do not account for the entire loss.
- \$2.01 billion for Ryan White HIV/AIDS Programs, a net increase of \$99 million over FY 2003. The AIDS Drug Assistance Program (ADAP) may increase by \$100 million depending on the final FY2003 appropriation.
- \$123 million for Abstinence Education, an increase of \$43 million.

Office of the Secretary

- \$47 million for the Office of Minority Health, a \$1 million increase.
- \$34 million for the Office for Civil Rights, a \$1 million increase. OCR monitors the limited English proficiency (LEP) policy guidance

Centers for Disease Control and Prevention (CDC)

- \$125 million for the Steps to a Healthier US Initiative. This is an increase of \$100 million for new investments to prevent and reduce the burden of diabetes, obesity and asthma-related conditions.
- \$1.281 billion for the National Center for HIV, STD, and TB Prevention, a \$46 million increase for the center; however HIV prevention funding is flat.
- \$211 million for Breast and Cervical Cancer Screening, a \$10 million increase.
- \$100 million for the National Center for Health Statistics, a \$1 million decrease. The budget will support reengineering the vital statistics system and a sample redesign for the National Health Interview Survey.

National Institutes of Health (NIH)

- \$5.5 billion for FY 2004, a \$549 million dollar increase or 2%. This is much smaller than increase than the previous five years when 15% increases were the norm.
- \$193 million for the National Center for Minority Health & Health Disparities (NCMHD), a \$7 million increase.

Agency for Healthcare Research and Quality (AHRQ)

- \$279 million for this agency, a \$29 million increase from FY 2003, but still \$20 million lower than the FY 2001 budget. The National Healthcare Disparities Report is due this fiscal year.

Administration for Children and Families (ACF)

- \$428 million for Refugee and Entrant Assistance, a decrease of \$25 million due to the lower than expected number of arrivals entering in the last two years. This program covers refugees, asylees, and victims of torture and trafficking.
- \$127 million for Violence Against Women programs, the same as the last two years.