



# HIV FORUM

*A newsletter of the Asian & Pacific Islander  
American Health Forum*

## ASIAN & PACIFIC ISLANDER RELIGIOUS LEADERS SPEAK OUT AGAINST HIV/AIDS-RELATED STIGMA

by Ed Tepporn

**O**n Thursday, May 19th, at the National Press Club in Washington, D.C., the Asian and Pacific Islander American Health Forum hosted Opening Doors - A Call for Compassion and Inclusion of Asians and Pacific Islanders Living with HIV/AIDS. This public forum was held in honor of the first-ever National Asian and Pacific Islander HIV/AIDS Awareness Day.

Opening Doors featured a panel of religious leaders, a health researcher, and a mother living with HIV/AIDS who discussed the faith community's attitude and role in combating social stigma against persons living with HIV/AIDS.

"I sat scared and isolated in my church for years," said Patricia Nalls, who shared her experiences as a South Asian woman and mother living with HIV/AIDS. Ms. Nalls is the Executive Director of The Women's Collective, an AIDS service organization dedicated to empowering women living with HIV/AIDS. "As women, we often turn to the church, but we get tossed out instead of receiving the love that we need."

Some religious institutions, however, have begun to get involved in HIV prevention activities. Venerable Kenjitsu Nakagaki, President of the Buddhist Council of New York and speaker at the forum, spoke about his involvement with the Asian and Pacific Islander Coalition on HIV/AIDS (APICHA).

He commented, "Community members rely on us as their faith leaders for guidance and support. It is our responsibility to be informed and help create a climate of inclusion for all members of our community."

During the forum, Dr. John Chin, a researcher at the New York Academy of Medicine, released findings from a new study on Asian religious institution's perceptions and involvement in HIV/AIDS efforts. "Regardless of their views on HIV, the leaders felt a strong sense of stewardship about their communities that are rooted in universal religious teachings of compassion and caring for all. Educating religious leaders about HIV and stigma can lead to their greater involvement in HIV-related work," commented Dr. Chin.

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Panelists (L to R): Patricia Nalls, Ven. Kenjitsu Nakagaki, John Chin, Rev. Daniel Lee.

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## MESSAGE FROM THE CEO

**Ho Luong Tran, MD, MPH  
President/CEO**

**T**he Asian and Pacific Islander American Health Forum kicks off the new fiscal year 2005 - 2006 with changes in the Supreme Court, new funding initiatives from federal agencies, and a shift in approaches to HIV prevention and treatment.

Community-based health policy needs to be in tune with changes in the political climate. As such, APIAHF maintains a continual

dialogue among both health advocates and policy decision makers, factoring in changes in legislation, shifts in the political climate and evolving cultural realities.

APIAHF continues to convene community forums to voice concerns and recommendations to policymakers.

California provides the greatest opportunity to hold this dialogue because it is home to one-third of Asian and Pacific Islander Americans in the United States, and these communities are actively engaged in creating opportunities for all people in health, political, social and economic arenas.

We continue to build our strength through our partnership with the Asian and Pacific Islander Wellness Center (APIWC) in San Francisco. Through funding from the Centers

for Disease Control and Prevention, APIAHF and APIWC are able to provide and coordinate technical assistance to community based organizations and health departments.

APIAHF concentrates on organizational infrastructure development and community planning, while APIWC focuses on program planning and national mobilization efforts through the Banyan Tree project.

Creating opportunities for change is a long-term endeavor. It is important to constantly research and analyze in order to reframe the issue and re-energize the debate. As we work at the program and policy level in addressing HIV/AIDS in Asian and Pacific Islander communities, we are grateful for your continual support.

The Asian and Pacific Islander American Health Forum is poised to stay the course!



## MESSAGE FROM THE DIRECTOR

**ManChui Leung  
HIV/AIDS Program Director**

### OPENING DOORS...

**O**n May 19, 2005, the first annual National Asian and Pacific Islander HIV/AIDS Awareness Day was commemorated with events around the country. The Banyan Tree Project, spearheaded by the Asian and Pacific Islander Wellness Center in San Francisco, focused on transforming HIV stigma, fear and discrimination into compassion, understanding and acceptance.

For the first time, APIAHF organized a dialogue among advocates, faith leaders and researchers in Washington D.C., "Opening Doors: A Call for Compassion and Inclusion of Asians and Pacific Islanders Living with HIV/AIDS" to discuss the faith community's response to HIV/AIDS. The community forum gave APIAHF an opportunity to build new relationships with faith-based organizations, such as the United Church of Christ and PANA - Institute for Leadership Development

and Study of Pacific and Asian North American Religion. It also allowed Asian civil rights organizations such as Organization of Chinese Americans, National AsianPacific American Women's Forum, and National Asian Pacific American Legal Consortium, who have been our-long time allies, to renew their commitment to health advocacy and to acknowledge that HIV/AIDS is a critical issue in our community.

### ...KNOWING THE ISSUES

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and the Violence Against Women Act (VAWA) are two pieces of legislation set to expire on September 30, 2005.

The CARE Act, also known as "the payer of last resort" has been instrumental in funding HIV/AIDS services and treatment for those most in need, such as the poor, uninsured and underserved - regardless of immigration status.

VAWA's renewal is a renewal in the nation's commitment to prevent violence against women and assist survivors. For immigrant and refugee women, services funded by VAWA provide options and opportunities that were previously not available.

This is a critical time to harness the momentum and awareness gained from the National Asian and

Pacific Islander HIV/AIDS Awareness Day, local leadership campaigns such as HIV Stops With Me, and state-wide advocacy efforts to focus our voices in a call to re-authorize the CARE Act and VAWA.

### ...SPEAKING UP!

You can be a voice for the community and an advocate for social justice and equal access:

- Visit, call AND email your local Representative and your state Senators about the importance of the CARE Act and VAWA and the need to re-authorize them before the September 30, 2005 expiration.
- Tell 10 or MORE friends and colleagues about getting active and speaking up for critical community issues such as domestic violence, HIV/AIDS and health access.
- Get involved in a campaign or coalition. This October, the Campaign to End AIDS ([www.campaigntoendaids.org](http://www.campaigntoendaids.org)) will have a mobilization project in Washington DC, with caravans leaving from all major cities.
- Attend a FACES (Fostering Advocacy and Community Empowerment Skills) training to develop your leadership skills. This coming year, there will be regional trainings in Seattle, New York, Honolulu, San Francisco and Chicago.

# Building A Better Board

By Victor Abud Hall

**W**hile it is an honor to be a board member for a nonprofit organization, it is also probably one of the most challenging volunteer roles one can undertake. Being a board member and taking an active role in an organization's survival and growth is rewarding, however, many board members sometimes find themselves at a loss or unaware of their roles and responsibilities in the organization.

Ideally, the board provides leadership for the executive director. But oftentimes the executive director finds herself or himself leading the board, thus being looked at as the "backbone" of the organization. In other cases, some boards tend to take on the role of managing the organization and staff, which in turn may cause friction and conflict.

Many boards are dedicated and skilled in their work, and provide clear and consistent leadership to their agency. Others however, are not as effective. Virtually all boards raise concerns at some time that their job is not clear and their work is at times difficult and confusing. In some cases, both board and staff somehow find a middle ground and work towards a solution. In others cases, when conflicts and certain issues are not cleared, the results could be disastrous to the organization.

As boards have diversified, and as the HIV/AIDS pandemic has changed, so have the structure, responsibilities, and work board members have to accomplish together. CompassPoint Nonprofit services ([www.compasspoint.org](http://www.compasspoint.org)), through its Board Café, and the National Minority AIDS Council ([www.nmac.org](http://www.nmac.org)) provide a wealth of information for people who serve as board members for nonprofits. Another organization called Board Source ([www.boardsource.org](http://www.boardsource.org)) provides us with a list of the ten basic responsibilities of board members (see below).

Part of our capacity building assistance (CBA) at APIAHF centers on strengthening organizational infrastructure and sustainability through board development. This is achieved through technical consultation and services, peer-to-peer networks, skills building training, technology transfer and information dissemination.

For more information on building board capacity and board leadership, contact us at [vball@apiahf.org](mailto:vball@apiahf.org)



## The Ten Basic Responsibilities Of Board Members\*

### 1. Determine the organization's mission and purpose.

It is the board's responsibility to create and review a statement of mission and purpose that articulates the organization's goals, means, and primary constituents served.

### 2. Select the chief executive.

Boards must reach consensus on the chief executive's responsibilities and undertake a careful search to find the most qualified individual for the position.

### 3. Provide proper financial oversight.

The board must assist in developing the annual budget and ensuring that proper financial controls are in place.

### 4. Ensure adequate resources.

One of the board's foremost responsibilities is to provide adequate resources for the organization to fulfill its mission.

### 5. Ensure legal and ethical integrity and maintain accountability.

The board is ultimately responsible for ensuring adherence to legal standards and ethical norms.

### 6. Ensure effective organizational planning.

Boards must actively participate in an overall planning process and assist in implementing and monitoring the plan's goals.

### 7. Recruit and orient new board members and assess board performance.

All boards have a responsibility to articulate prerequisites for candidates, orient new members, and periodically and comprehensively evaluate its own performance.

### 8. Enhance the organization's public standing.

The board should clearly articulate the organization's mission, accomplishments, and goals to the public and garner support from the community.

### 9. Determine, monitor, and strengthen the organization's programs and services.

The board's responsibility is to determine which programs are consistent with the organization's mission and to monitor their effectiveness.

### 10. Support the chief executive and assess his or her performance.

The board should ensure that the chief executive has the moral and professional support he or she needs to further the goals of the organization.

\* source: boardsource.org 2005

**F**or several months, the Men of Asia Testing for HIV (MATH) Study Consortium - APIAHF, seven community based organizations, Georgetown University and University of California San Francisco - has been laying the foundation to start one of the largest behavioral studies among Asian and Pacific Islander Men Who Have Sex With Men (MSM).

The MATH study aims to achieve the following:

- To estimate the prevalence and incidence of HIV infection among Asian and Pacific Islander MSM.
- To describe the socio-cultural and individual-level factors related to HIV testing and knowledge of HIV infection status among Asian and Pacific Islander MSM.
- To examine the socio-cultural and individual correlation of HIV risk among Asian and Pacific Islander MSM and;
- To evaluate a Consortium model framework for conducting community based research.

Within the next four years, at least 2000 Asian and Pacific Islander MSM across the United States will participate in the study and know their HIV status.

Men who have sex with men account for the highest number of AIDS cases (79%) within the Asian and Pacific Islander population. Asians and Pacific Islanders have not accessed HIV testing and are more likely than any other racial/ethnic group to be diagnosed with HIV at a more advanced stage in the disease.

This national study will also assist community based organizations that target Asian and Pacific Islander MSMs to better understand the needs of this population, and develop culturally and linguistically competent programs to address these needs.

Partnerships between HIV/AIDS researchers and Asian and Pacific Islander community based organizations are key in shaping effective intervention programs and

services in the future. Because of the much needed data on Asian and Pacific Islander populations, another aspect of the MATH study is to increase the community's local, regional and national ability to use data for advocacy and awareness building.

APIAHF leads the capacity building effort in this study by coordinating the Consortium; facilitating communication between the researchers and the seven community based organizations; providing technical assistance; and conducting evaluation of the Consortium model.

**If you have any questions, or would like to receive more information on the MATH study, please contact:**  
**Christian Alvez at**  
**[calvez@apiahf.org](mailto:calvez@apiahf.org)**  
**415-568-3306**

**Principal Investigators:**

Dr. Frank Wong PhD of Georgetown University,  
Dr. Tri Do, MD, MPH  
University of California in San Francisco

**MATH study Consortium:**

AIDS Services in Asian Communities, Philadelphia, PA  
[www.asiac.org](http://www.asiac.org)  
Asian & Pacific Islander Coalition on HIV/AIDS, New York  
[www.apicha.org](http://www.apicha.org)  
Massachusetts Asians & Pacific Islanders for Health, Boston, MA  
[www.mapforhealth.org](http://www.mapforhealth.org)  
Asian Pacific AIDS Intervention Team, Los Angeles,  
[www.apaitonline.org](http://www.apaitonline.org)  
Asian Americans for Community Involvement, San Jose, CA  
[www.aaci.org](http://www.aaci.org)  
Asian Health Services, Oakland, CA  
[www.ahschc.org](http://www.ahschc.org)  
Asian & Pacific Islander Wellness Center, San Francisco, CA,  
[www.apowellness.org](http://www.apowellness.org)

**ASIAN & PACIFIC ISLANDER RELIGIOUS LEADERS SPEAK OUT AGAINST HIV/AIDS RELATED STIGMA**

(from page 1)

Pastor Daniel Lee of the Korean Bethel Presbyterian Church, the final speaker at Opening Doors, is another example of a religious leader who has incorporated HIV prevention messages into his sermons. "A lack of knowledge causes fear and discrimination. That is why I use my sermons to educate my community about HIV/AIDS and other social issues that some may be uncomfortable talking about," stated Pastor Lee. "In my sermons, I tell my congregation that it is okay to talk, hug, and eat with someone who has HIV/AIDS. There is so much fear and lack of accurate information in our community about this pandemic."

**"It is our responsibility to be informed and help create a climate of inclusion for all members of our community."**

- Venerable Kenjitsu Nakagaki  
President of the Buddhist Council of New York

APIAHF is excited to have had the opportunity to expand the dialogue on the role of Asian & Pacific Islander faith and religious leaders in HIV prevention efforts. We look forward to the possibility of future opportunities for community-based organizations and religious institutions in the Asian & Pacific Islander community to come together to discuss, debate, and collaborate.

According to the Centers for Disease Control and Prevention, the number of Asians and Pacific Islanders living with HIV/AIDS in the United States continues to increase, and Asians and Pacific Islanders have emerged as an at-risk group for HIV/AIDS. Yet HIV/AIDS related stigma continues to pose a major challenge for the success of HIV prevention and intervention programs.

## COMMUNITY PLANNING GROUP MEMBER SPOTLIGHT

By Ed Tepporn

Over the next year, the Asian and Pacific Islander American Health Forum will be interviewing Asians and Pacific Islanders who are involved in HIV prevention community planning groups (CPG). Through these interviews, we trust that you will discover stories of inspiration, courage, and leadership. We hope that this will inspire you to get involved or stay involved as an advocate and voice for the community.



### Gregory Huang-Cruz

For this issue, we spoke with Gregory A. Huang-Cruz, former Community Co-Chair for the New York City Department of Health and Mental Hygiene HIV Prevention Planning Group.

**APIAHF:** How long have you been a CPG member?

**Gregory:** A total of 8 years so far. I spent several years on Hawaii's CPG and New York City's Prevention Planning Group. In New York, we call ourselves a "planning group" versus a "community planning group."

**APIAHF:** That's a long time. Can you tell me more about your initial hopes and expectations regarding the community planning process?

**Gregory:** Initially, I had very high hopes and expectations, which eventually turned into intensive and difficult work. I wanted to guide my fellow members towards developing sound strategies and interventions in order to impact change. The fundamental basics that I advocated for included 1) Reducing HIV infection, 2) Developing culturally appropriate and sensitive interventions, 3) Educating and promoting HIV awareness, and 4) Recommending HIV testing in order to

know your status.

**APIAHF:** How have your actual experiences compared to your initial hopes?

**Gregory:** It took time to gain momentum to impact change, but my efforts eventually took root after I took on increased leadership roles. To be honest, my experiences have varied in the spectrum from being proud of my accomplishments to being very frustrated because of process. But overall, I've enjoyed my time on the CPG, and it has offered me many opportunities to advocate for Asians and Pacific Islanders.

**APIAHF:** What advice/suggestions would you give to other Asian and Pacific Islander CPG members?

**Gregory:** First and foremost, remember what you are advocating for. As an Asian, Asian American, Pacific Islander, or mixture of Asian and Pacific Islander, your culture and ethnicity will always be who you are. However, as a representative on the CPG, your knowledge and connection to your community are what counts. Bring your expertise, experiences, and first-hand knowledge in planning interventions and strategies for Asians and Pacific Islanders. Along with this, use examples and stories from people who want their stories told.

**"It took time to gain momentum to impact change, but my efforts eventually took root after I took on increased leadership roles."**

- Gregory Huang-Cruz

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**Gregory:** First and foremost, remember what you are advocating for. As an Asian, Asian American, Pacific Islander, or mixture of Asian and Pacific Islander, your culture and ethnicity will always be who you are. However, as a representative on the CPG, your knowledge and connection to your community are what counts. Bring your expertise, experiences, and first-hand knowledge in planning interventions and strategies for Asians & Pacific Islanders. Along with this, use

examples and stories from people who want their stories told. These stories reflect the true epidemic, something not found in epidemiology.

Couple this with the science-based evidence for effective interventions, and you will have a formula for success. In addition, it's important to partner up with people who you know can

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## F.A.C.E.S.

[Fostering Advocacy and  
Community Empowerment Skills]

Participants in F.A.C.E.S. trainings are introduced to the fundamentals of the community planning process, and take part in skills-building drills so that they can be effective in their local community planning groups.

Asians and Pacific Islanders who are members of CPGs learn how to identify barriers in accessing appropriate HIV Prevention and Direct Care Services in their respective communities, and acquire the tools that they will need in raising community awareness.

### Upcoming trainings:

#### West Region

Basic Level Training  
September 15 and 16  
Seattle, Washington  
Contact: Elizabeth Mediano  
Asian Pacific AIDS Intervention Team  
714 636-9115;

e-mail:

[Elizabethm@apaitonline.org](mailto:Elizabethm@apaitonline.org)

#### East Region

Intermediate Training  
November 12 and 13  
New York, NY  
Contact: Kevin Huang-Cruz  
Asian Pacific Islander  
Coalition on HIV/AIDS  
212 334-7940, ext. 217;

e-mail:

[khuang\\_cruz@apicha.org](mailto:khuang_cruz@apicha.org)

# FROM THE HILL

## Senate and House Subcommittee Approves \$10M Increase in Ryan White Funding for FY 2006

In June and July, the Senate and House Appropriations Subcommittee on Labor, HHS, Education and Related Agencies approved the fiscal year 2006 Labor-HHS-Education spending bill (HR 3010); the budgets on both sides included a \$10 million increase over fiscal year 2005 levels for Ryan White CARE Act programs. The increase was equivalent to President Bush's February budget request.

The president's budget proposal FY 2006 requested nearly \$2.1 billion for Ryan White funding, maintaining FY 2005 funding levels plus \$10 million increase in federal funding for AIDS Drug Assistance Programs nationwide.

AIDS advocates including APIAHF are pushing for an amendment to be introduced on the Senate floor that would further increase spending for the Ryan White program. \$10 million does not meet the increasing need from the poor, uninsured and underserved relying on HIV/AIDS care and treatment services. Waiting lists for AIDS Drug Assistance Programs (ADAP) and people not receiving HIV/AIDS care is still found in many states.

As a payer of last resort, Ryan White services are earmarked for the poor, uninsured and underserved. Asians and Pacific Islanders have higher rates of being uninsured than Whites and are more reluctant and fearful of enrolling in public benefits, such as Medicaid because of welfare and immigration restrictions. Asians and Pacific Islanders continue to be underserved and experience disparities in healthcare.

Compared to other racial/ethnic groups, Asians and Pacific Islanders are more likely to be at an advanced stage of AIDS disease and have opportunistic infections at the time of

diagnosis. Also, a higher proportion of Asians and Pacific Islanders with AIDS are diagnosed with *Pneumocystis carinii* pneumonia (PCP) as a presenting opportunistic infection in spite of the overall decrease in the incidence of PCP.

## Healthcare Equality and Accountability Act to be Introduced in Congress

Congressman Michael Honda (D-CA 15th) is expected to introduce the Health Equality and Accountability Act (HEAA) before the August recess.

Congressman Honda is the chairman of the Congressional Asian Pacific American Caucus (CAPAC) and Vice-Chair of the Democratic National Committee.

HEAA is a comprehensive bill addressing racial and ethnic disparities in healthcare by doing the following: expanding health care coverage, removing language and cultural barriers, improving workforce diversity, funding programs to reduce health disparities, improving data collection, promoting accountability and strengthening the health institutions that serve minority populations. HEAA was drafted by representatives from the Congressional Black, Hispanic and Native American Caucuses.

The Asian and Pacific Islander American Health Forum contributed to the sections dealing with culturally and linguistically appropriate care (Title II) and data collection and reporting (Title V). Title II seeks to improve access regardless of one's ability to speak English through federal reimbursement for language access services under Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP). Title II also created the Robert T. Matsui Center for Cultural and Linguistic Competence in Healthcare at the Office of Minority Health which would help set standards for language access services and coordinate grants for innovative programs. Title V mandates collection of data on race, ethnicity and primary language in healthcare, social services, and research institutions.

The Senate is working on their own legislation to address racial and ethnic health and healthcare disparities.

Through legislation like the Healthcare Equality and Accountability Act and ongoing activism from health advocates, there will be fewer barriers for communities of color and poor communities to access healthcare and information.

## CPG MEMBER SPOTLIGHT Gregory Huang-Cruz

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collaborate with. They'll help you contribute sound ideas for the prevention of HIV/AIDS in our community.

**APIAHF:** What has been the most challenging aspect of being an Asian and Pacific Islander CPG member?

**Gregory:** For the most part, 1) not having many other A and PIs on the planning body and 2) the continued lack of published epidemiology.

It may seem that there is a lack of epidemiology, but there certainly is enough information that can be extracted to show the changes in our community and the increases in incidence and prevalence. It's just a matter of convincing our colleagues to take a risk and highlight/publish this information.

**APIAHF:** What has been the most rewarding aspect of being an A&PI CPG member?

**Gregory:** Definitely the camaraderie I developed with other planning members, regardless of their cultural background. Many of my colleagues here in New York City have been open and understanding of Asian and Pacific Islander needs. Additionally, I was elected by my peers in 2003 to be the Community Co-Chair, which opened many opportunities for me both locally and nationally. I continue to be a leader in Policy and External Relations and have extended my involvement into the New York City Health and Human Services Planning Council (the HIV care side of planning).

However, what's been most rewarding has been the opportunity to meet other Asians and Pacific Islanders who share my compassion for ending the HIV pandemic. Over the years, I have developed lasting friendships and deep respect with many Asians and Pacific Islanders from Hawaii to San Francisco, Los Angeles, Chicago, Philadelphia, Massachusetts, Washington DC, New York, and points beyond.

**APIAHF:** Thanks, Gregory, for your continued leadership and activism.

# PARTNER IN FOCUS:

## *The Asian and Pacific Islander Wellness Center*

**S**AN FRANCISCO, May 19, 2005 The Asian and Pacific Islander Wellness Center led the nation with a special launch event, "Family Trees: Rooted in Acceptance," directing attention to the important role families play in stopping silence and shame around HIV/AIDS in Asian and Pacific Islander communities.

Along with video presentations, a panel discussion featured Olympic gold medalist and AIDS activist Greg Louganis, movie star Russell Wong, CBS5/KPIX award-winning television news anchor Sydnie Kohara, award-winning journalist, writer Helen Zia, San Francisco Human Rights Commissioner, the Hon. Cecilia Chung, together with her mother Dawning Chung and grandfather Kenneth Lai, and Kristine Silva, a mother and HIV educator and advocate who lost her son, Derek Silva early on in the epidemic.

The common theme for this day was Fostering Acceptance and Reducing HIV/AIDS-Related Stigma in Asian and Pacific Islander Communities.

The cities of Boston, Chicago, Dearborn, Honolulu, Los Angeles, New York, Philadelphia, San Francisco and Washington D.C.

commemorated this historic day through local events, making it a nationwide fight, unified by one mission.

This national Asian and Pacific Islander HIV/AIDS awareness day is funded by the United States Centers for Disease Control & Prevention and is part of the Banyan Tree Project, a groundbreaking national campaign designed to promote acceptance and compassion towards Asians and Pacific Islanders at risk for, or living with HIV/AIDS.

The visual symbol of this project is the banyan tree, which says Karl Kimpo, project coordinator of one of our partner organizations, the Asian Health Coalition of Illinois, "has branches that continually shoot out new roots into the ground, thus, inspiring the project's tagline: 'Rooted in Acceptance.' It is also the tree under which the Buddha is said to have attained enlightenment. In this way, we hope that Asian and Pacific Islander communities across the United States gain enlightenment and understanding around HIV/AIDS."

**For more information, please contact Lori Higa, program development consultant at 415 292-3420, ext. 327.**

## **APIAHF HIV/AIDS PROGRAM STAFF**

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**Description:** APIWC "Family Trees" panelists and guests: L to R: Kenneth Lai, Dawning Chung, Steven Tierney (SFDPH HIV/AIDS Prevention Program Director), Jason Chan (S.F. Mayor Gavin Newsom's community liaison), Mr. and Mrs. Silva, Hon. Cecilia Chung, Russell Wong, Greg Louganis, Helen Zia, Ryan Okashima, and San Francisco Police Chief, Heather Fong.

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San Francisco, CA 94108



## Announcements from APIAHF

# *Join Our Family!*

THE ASIAN AND PACIFIC ISLANDER AMERICAN HEALTH FORUM is in search of the following:

### **ADMINISTRATIVE ASSISTANT**

Responsible for administrative services systems including receptionist and office management duties, coordinating travel arrangements, and providing administrative support for Program Directors.

### **CHRONIC DISEASES PROGRAM ASSISTANT**

Responsible for performing administrative and support duties to the overall Chronic Diseases Program team. The Chronic Diseases Program includes tobacco control and cancer survivorship.

### **HIV PROGRAM COORDINATOR**

Will help strengthen Asian and Pacific Islander participation in HIV community planning by helping to plan and implement FACES (Fostering Advocacy and Community Empowerment Skills). Will also assist with program communications, program documentation, program support, and database management.

### **CONSULTANTS**

We are constantly on the lookout for non-profit professions with expertise in organizational development, strategic planning, fund development, program planning and evaluation.

If you are interested in any of these opportunities, or if you have any questions, please send an e-mail to: [spadua@apiahf.org](mailto:spadua@apiahf.org), or check out our website at [www.apiahf.org](http://www.apiahf.org).