

Hi Nancy!

Here's a copy
of my paper. I hope
it helps you with
your research!

I'll mail the
disk with the
♀'s Health FRA &
♀ ~~As~~ As the key
~~disk~~ stuff within
the next 2 weeks.
I think it's
packed away in my
boxes somewhere!

I'll be graduating
on Sat. @ 11am at
Porter College. I'd
love it if you could
make it!

Best wishes,

|| Christine
v

**Asian Americans Responding to
the AIDS Epidemic**

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Asian Americans Responding to the AIDS Epidemic

Christine Wong

This study is an ethnographic examination of Asian American agencies in San Francisco who provide services to educate Asian and Pacific Islanders about HIV/AIDS as well as give assistance to Asians and Pacific Islanders who are HIV positive or diagnosed with AIDS. This investigation does not focus on all agencies in the San Francisco Bay Area that administer AIDS services to Asians, but rather on a selected few who were recommended by other agencies that perceived them to be an organization who has shown a great deal of AIDS education and service providing. This study was conducted over a 6 month period at various organizations located mostly at the outskirts of the Tenderloin in San Francisco, where there are larger numbers of Asian organizations present. The cohort consisted of 13 health educators, case managers, and directors of 9 agencies interviewed, 8 of which were visited and 1 which was contacted by phone. The main purpose of this project was to see how the AIDS epidemic has affected the Asian American population, and how they have responded. This paper specifically seeks to analyze the different types of educational strategies that are present among various organizations and to see how they have modified their material to make it more relevant to their target Asian population. In addition, the study attempts to analyze the effectiveness of the unique intervention strategies used in educating Asian Americans on the topic of AIDS. The findings, which are changing as we speak due to the latest cut back of available funding, suggests that there will be a continuation of adjoining organizations in forming coalitions as funding sources become depleted.

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Introduction

"My first impression while walking into the various Asian AIDS agencies was a scary experience. To begin with, they were mostly small hidden buildings located on the outskirts of the Tenderloin in San Francisco. Once the building was located, a floor had to be chosen, then a room number, then a room. It was like picking an ice cream flavor. After this was done, I would enter the agency and look around. All of the agencies were connected to or adjoined to another larger one. Sometimes I had to walk through long corridors, like the Japanese Against AIDS Project, in order to reach their organization. I found it very frustrating and thought that it must be difficult for some people who visited them to have their questions answered or to receive support for their HIV diagnosis, because they had to bypass anywhere from 10-30 people in order to reach the person that they wanted to contact. Asians are usually not the first people who would run out to an agency to find information. They are more discreet. Therefore those long corridors disturbed me.

It often took a while before anyone would approach me and ask me if I needed assistance. So, I took it upon myself to take a look around. I enjoyed spending time just looking at the interior of the agencies and how their employees interacted. All of the agencies had a unique look to them. Some, like the GAPA Community HIV Project and the Asian AIDS Project, were covered with colorful posters with catchy phrases and Asian men holding or kissing each other. Others, like the Asian American Recovery Services, had clean white walls with a file rack with half a dozen AIDS education pamphlets to pick up. I know it is not fair to judge an organization by its size, much less the types of posters that were displayed, but I found that my initial impression of the organization itself was a reflection of the attitudes and approachability that the organizations had."

--Christine Wong

I stepped into the role of an AIDS educator sometime in September of 1992, but I have only just become a researcher. Having no skills, tools or experience in conducting research, I experimented with many different approaches and methods until one felt right. Many people asked what I was looking for, and I couldn't exactly tell them. All I knew was that there was a limited, if not scarce, number of articles written specifically on Asian

Americans and AIDS. In fact, I could not locate one that was on the evaluation of AIDS education programs for Asian Americans. I, then, knew that I had to find out if there really were any and to see what types of education and services that they provided to Asian Americans. I remember reading article after article about programs not being culturally sensitive, so I wanted to see what that phrase really meant and to see who was using it. In sum, I guess I was looking to see if and how Asian Americans have responded to the AIDS epidemic.

After talking to a former co-chair of the Asian AIDS Task Force, Bertha Mo, I was made aware of certain barriers that I might encounter during my research. She suggested that I keep an open mind instead of having one specific question I wanted answered as I conducted my research. Bertha cautioned me that just because I was Asian American and an AIDS educator, it would not mean acceptance into their communities, so she suggested that I pay particular attention to the organizations providing AIDS services and the educators who comprised them. I was also forewarned about the political factors between organizations, which was the primary reason that Bertha chose to retire as co-chair.

With all these factors in mind, I chose to speak to three health educators/activists that Bertha recommended to me. She thought that they would be more willing to help me get started with my research and help to guide me. Thus, I started my research by interviewing these AIDS educators/activists and explored my research skills through different questions and approaches. Some were successful, some weren't. Nancy Stoller, my research advisor,

often asked how my research was going, and I shared my frustrations and accomplishments with her. She never told me not to try this or only to try that and encouraged me to explore on my own. So off I went...

After my interview with selected organizations, I would ask the person interviewed if he/she would recommend to me three organizations or fighters that they perceived as leaders in the fight against AIDS in the Asian American community. This response was then used as my next organization to target. One by one, I had accumulated a list of organizations that formed a cycle with two leaders who were mentioned by all of the participating organizations, the Asian AIDS Project and the Gay Asian Pacific Alliance Community HIV Project. Later on, I discovered why.

As my research reached its final stages, I was surprised at the amount of information that I had accumulated. Most of the organizations were very willing to answer questions and provide me with articles and brochures about their agency. Some educators were more willing to spend time with me and invited me to their events. Interviews also varied from very formal to talking over a take out of chow mien.

Upon leaving the organizations, I felt I needed to show them my appreciation for taking the time to talk to me about such a personal issue. A thank you letter was sent, but somehow that was not enough. It is partly for this reason that I write this paper. But it is mainly due to the frustration of not being able to find any published literature available on HIV/AIDS education and services available for Asian Americans, and for the Asian American AIDS

educators who go unrecognized for their long hours of little rewarding work that I dedicate this research project to them.

Methods

The primary research methods used in this study entailed ethnographic participant-observations, thorough literature reviews, and informal oral interviews. The first three chapters of this paper provide an overview of the pertinent literature which covers the lack of culturally sensitive AIDS material for Asian Americans, the epidemiology of HIV infection, taboo topics and myths within the Asian community, and a brief history of Asian AIDS education programs. The literature review is intended to provide a framework for analysis of the data collected in the second part of this paper. The principle research questions consisted of the following: (1) How was your organization formed? (2) What are some of the specific issues facing the Asian American community in terms of doing successful HIV/AIDS education and prevention? (3) What kinds of culturally appropriate strategies do you use in you outreach to various Asian American ethnic groups? (4) How successful do you perceive your outreach to be and to which specific target groups? (5) How has the AIDS pandemic changed in the Asian American community over the last decade and how has your organization responded to these changes?

The following chapters are an assessment of AIDS education and services that are available for Asian Americans and Pacific Islanders in the San Francisco Bay Area. Personal statements about current HIV/AIDS programs for A/PIs, HIV/AIDS educators' views

on changes over the years and predictions for future changes are discussed in these chapters.

Organizations and HIV/AIDS educators interviewed in order:

Bart Aoki	-	Asian American Recovery Services
Rene Astudillo	-	Filipino Task Force on AIDS
Kevin Fong	-	AIDS Project
Ginny Bourassa		" "
David Cho		" "
Vi Huynh	-	Chinese AIDS Prevention Education Project
James Naritomi	-	Japanese American AIDS Project
Ippei Yasuda		" "
Fatima Angeles	-	West Bay Pilipino AIDS Project
Vince Sales	-	Asian AIDS Project
Robert Bernardo		" "
Kyle Monroe-Spencer	-	Southeast Asian AIDS Prevention Project
Steve Lew	-	Gay Asian Pacific Alliance Community HIV Project

Asian American HIV/AIDS Organizations Interviewed

Organization	Person(s) Interviewed	Year HIV/AIDS program was formed	Target group(s)	Special Program(s)
Asian American Recovery Services	Bart Aoki	1985	Asian American Substance Abusers	COPASA
Filipino Task Force on AIDS	Rene Astudillo	1988	Filipino gay/bisexual men, general	Hut na hut, Pinoy Positive Panel peer counseling case management HIV prevention/education translation services
AIDS Project- Asian Health Services	Kevin Fong Ginny Bourassa David Cho	1988	all	prevention/education testing/counseling case management primary care peer education computer bulletin board Latex a go go
Chinese AIDS Prevention Project- Chinatown Youth Center	Vi Huynh	1990	Chinese youth, all Asian youth	Chinatown outreach High School AIDS 101

Asian American HIV/AIDS Organizations Interviewed

Japanese Against AIDS Project- Japanese Community Youth Council	Jim Naritomi Ippei Yasuda	1987	gay/bisexual men, heterosexuals, youth, immigrants	referrals media outreach AIDS antibody testing safer sex Workshops living with HIV peer counseling
West Bay Pilipino AIDS Project- West Bay Pilipino Multi-Services Corporation	Fatima Angeles	1991	Pilipino youth, all high school youth	peer education
Asian AIDS Project	Vince Sales Robert Bernardo	1987	mainly gay/bisexual men, lesbians, youth, immigrants, general population	prevention case manager youth at risk massage parlors Act Out Sex Rubberclub Community Outreach Project
Southeast Asian AIDS Prevention Project- Center for Southeast Asian Refugee Resettlement	Kyle Monroe-Spencer	1987	refugees, immigrants	media outreach prevention case manager youth peer education educational presentations media outreach community outreach

Asian American HIV/AIDS Organizations Interviewed

GAPA Community HIV
Project (G-CHP)-
Gay Asian Pacific Alliance

Steve Lew

1989

gay/bisexual men,
HIV+ gay/bisexual men

early intervention
direct support
Positive Buddies
Case Management
Buddy Program
Safe Sex Socials
Brother to Brother
Hot and Healthy Workshop
confidential counseling
"Worried Well" support
Qi Kong

Chapter One

Yellow does not equal white

Background

The number of articles on the AIDS (Acquired Immune Deficiency Syndrome) epidemic has grown substantially each year as this deadly disease has progressed. Once labeled as a "white, gay" disease, many overlooked the fact that they too were susceptible to this virus and chose to ignore it. As the statistics of AIDS related cases grew by the hundreds and reached into populations other than the white, gay population, people were shocked. AIDS cases began appearing in the heterosexual population, the African American population, then the Latino. But there were no reported cases in the Asian American population during this time, which was before the first reported Asian AIDS case in 1981.

Researchers began to study this group of people who were somehow immune to this disease. An epidemiologist claimed in 1983 that Asians were "immune" to AIDS (Lee & Fong, 1990). Many Asians began to believe this misinformation and did not perceive themselves susceptible to this disease. However, Asians have been infected with AIDS since the first case was diagnosed in the United States in 1981. Through the misinformation that was reinforced and the lack of information on actual AIDS cases in the Asian community it is easy to understand how this misreporting had an impact on the way that the HIV virus has made its way into the Asian population.

The lack of accurate information on AIDS cases only reinforces misconceptions that Asians hold on this disease. Limited articles

have been published which specifically address the issue of Asians and AIDS, and even fewer have been written on Asians with AIDS. In addition, AIDS classifies under the category of taboo topics in the Asian culture (sex, illness, death, and homosexuality) which poses a further barrier in educating Asians. It is no wonder why AIDS has not changed the beliefs of many Asians.

Materials available to Asians were once just a translation of English materials into an Asian language. Pictures and diagrams of AIDS figures were very complicated and not representative of the population being addressed, thus the materials were overlooked. Not only were the materials lacking specific cultural representativeness, but those educating Asians on the issue of AIDS were mainly white men. Obviously, the skin color of yellow does not equal that of white, and therefore the information was not taken seriously. These white men did not speak the Asian language that many of these people grew up with, which made it even harder to understand what these dominant figures were trying to tell them. AIDS education, then, was relatively unsuccessful.

The Model Minority Myth

The model minority myth needs special attention. This stereotype, which has continuously been reinforced by the media, assumes that all Asians are always academically and economically successful, compliant, obedient, quiet and subservient. However, this is not always the case and provides a false image of much of this population. It also presents a false image that Asians do not engage

in promiscuous sex, drugs, or illegal acts. But these problems do exist.

Some of the more serious problems in the Asian and Pacific Islander (A/PI) communities include poverty, substance abuse, mental illness and domestic violence (Lee & Fong, 1990). They are just not as publicly discussed as in other communities. Others have often compared themselves to the A/PI community by saying, "Why can't you be like them?" which leads them to be seen as targets for resentment. Asians and Pacific Islanders are seen as "foreigners" and a threat, rather than an addition to American society. Huynh (1993) suggests that, "society drives them (youth) into losing their identity, and they, therefore, remove themselves from Asian culture... Parents may have a rude awakening." This myth may also create additional pressure on youth from their families to do good.

Jim Naritomi, Project Director of the Asian American Communities Against AIDS, comments on the model minority myth by saying,

"We are still considered in some degree more of a model minority community, and yet we know that some of that is true. But we have our own problems within each of the communities within the larger group. We should acknowledge that Asians, as a whole, have achieved a great deal of financial success as a result of educational pursuits and business endeavors... The bottom line is, that's all wonderful. Sounds like painting a rosy picture and it is. We shouldn't deny that part. But we also have a large population of people, whether they be immigrants or U. S. born, who don't have an educational advantage or who may not have had any formal educational at all. Immigrants and refugees never finished high school, as we know it. They don't say that though. We have this image to continue."

The belief that Asian and Pacific Islanders conform to cultural norms, only reinforces the denial, misconceptions and misinformation

that heterosexuals hold toward AIDS in their communities. It allows them to reinforce their belief that AIDS is a "white, gay" disease and not a pandemic problem, which also prohibits effective services to Asian Americans who are HIV positive. This denial only leads to the further spread of AIDS in the Asian American community.

Kevin Fong, AIDS Director of the Asian Health Services' AIDS Project in Oakland, comments that parents are unwilling to admit that children are having sex. In order to prevent HIV infection in teens, Ginny Bourassa, Youth Programs Volunteer Coordinator of the AIDS Project at the Asian Health Services in Oakland acknowledges that teens are having sex during this critical turning point in their lives when they are faced with important decision. She has integrated education, self-esteem, negotiation skills and responsibility into her training of HIV/AIDS peer educators for this reason. She admits that, "young women are getting pregnant and they have to assume responsibility... we need to get education out to men, too.... They need to get communication going."

There still remains denial that homosexuality, drug use and HIV/AIDS still exist in some parts in the A/PI community. Homosexuality may be one of the biggest problems facing the Asian and Pacific Islander communities, because it is generally not accepted. Homosexuality is especially looked down upon because it prevents marriage and the procreation of heirs of the family's name. This is also a deviance of one's family and one's primary obligation, especially among males, to carry on the family name by the process of marriage and children. This may lead many gay, lesbian and bisexual Asian Americans to hide due to stigmatization.

According to Bart Aoki, who works with Asian substance abusers at the Asian American Recovery Services, there remains another challenge when trying to educate Asian substance abusers. The difficulty lies in finding out who the substance abusers are, where they are located and which substances they use. Aoki claims that he doesn't make the assumption that all A/PIs shoot up because, "that would be wrong and only help to encourage Asians to try other methods of using drugs." Of the Asian substance abusers in San Francisco, the Asian American Recovery Service has found that there are more Filipino and Japanese intravenous drug users (IVDUs) than Chinese. It is not known if Asian drug users use their own needles when shooting up. However, if they do not, and assuming that they shoot up, they may share with other Asians or between different ethnic groups. This may lead to a problem in a dominant IVDU (usually the other ethnic member) using the needle first, followed by the other IVDU (usually the Asian), which suggests there is a higher risk that HIV may be transmitted if the needles aren't cleaned after each use (Aoki, 1993). However, Aoki stresses that, "they (A/PI IVDUs) are out there; they're just harder to find."

Asians as a community

Categorizing different Asian ethnic groups into one homogeneous group over looks the fact that there are diverse languages, cultures, beliefs and traditions within each sub-group, as well as historic diversity. According to the 1990 U. S. Census Bureau, there are 210,876 (29.1%) Asians and Pacific Islanders in San Francisco City and County (Asian/Pacific AIDS Coalition, 1993).

Eighteen distinct groups were identified in this census report. There are also at least 32 different languages and dialects spoken in the Bay Area. These important factors must, therefore, be taken into consideration when designing and implementing AIDS education material to this diverse population.

Other considerations that must be taken into account when designing and AIDS prevention model targeting Asian Americans is that they hold different religious beliefs, as well as generations in the United States, gay vs. straight, their role within the family structure, gender issues, socioeconomic class, and "generation gaps" within a group (Lee & Fong, 1990).

Despite these differences, there are strong similarities among the Asian American cultures. One's family and community plays a major role in one's life in such a way that it almost always overrides the individual's needs. A person is seen as a representative of his or her family and not as an individual (Aoki, Ngim, Mo and Ja, 1989). One must protect "face", for its loss will be reflected upon the individual's family and community.

Chapter Two

Asians are immune... Not!

As the growing numbers of Asians diagnosed with AIDS rapidly increases, it is hard to imagine that Asians could still believe that they are immune to this disease. It has been over a decade since an epidemiologist spoke at one of the first public AIDS conferences in San Francisco, in 1983, and stated that Asians were immune to AIDS (Lee & Fong, 1990). At that time, there were no reported Asian AIDS cases. The number of AIDS cases in the Asian and Pacific Islander category today is still relatively small and in its early stages, however, statistics now show that Asians are among the fastest growing minority groups becoming infected with this deadly disease.

AIDS Cases by Transmission Category

As of March 31, 1993, 326 AIDS cases have been reported in San Francisco's Asian and Pacific Islander population. It has been reported that Asian Americans have the largest increase in newly diagnosed AIDS cases (San Jose Mercury News, 1992). Of these cases, 261 were among gay and bisexual men. The total number of HIV cases in 1991 among gay and bisexual A/PI men has been reported at 4,820 cases, according to health educators and the San Francisco AIDS Office (A/PAC, 1993).

There is a dramatic difference in the transmission categories of A/PI AIDS cases (see table 1). Transfusion recipients are the second leading transmission category followed by gay/bisexual men who

engage in IV drug use. This shows a notable difference when compared to the national averages of gay/bisexual & IVDU.

AIDS Cases by Race/Ethnic Group

Asian and Pacific Islander AIDS cases were once categorized into a group labeled "other" until 1988 (San Jose Mercury News, 1992). Since then, A/PI AIDS cases are identified by Race/Ethnic group and shows Filipinos as the highest number of reported Asian/Pacific Islander AIDS cases in San Francisco (San Francisco Department of Public Health, March 1993). Filipinos in San Francisco have the highest incident rate, followed by Filipinos in Los Angeles, then Hawaii (see table 2). Chinese then Japanese are the second and third leading ethnic groups, respectively, with the greatest number of AIDS reported cases in San Francisco (San Francisco Department of Public Health, 1993). As suggested by Steve Lew, director of education programs of the Gay Asian Pacific Alliance Community HIV Project (G-CHP), "the Japanese community is not that big and yet the cases show they're the third largest group of people. Their incidence is very high. We don't know why... overall it's hard to draw a definite conclusion in terms of ethnicity." Taking a closer look, there are 217 A/PI cases in New York State, but the NY AIDS Surveillance office does not further break down this number according to ethnicity (Astudillo, 1993). Therefore, Asian AIDS cases vary according to different cities and states.

HIV Test Sites

Vi Huynh, Case Manager of the Chinatown Youth Center, is also an HIV pre and post test counselor at Health Center One in San Francisco. He reports a feeling of a "gate-keeper" because he is responsible for revealing the patient's fate which is in the hands of AIDS. Huynh estimates that of the clients he counsels in San Francisco, only about 2 Asians out of a group of 20 visitors, who are not Asian, are there to be tested. It is surprising that out of the 40 confidential and anonymous test sites available in San Francisco (see table 3), there are not more Asians going in for HIV testing, especially since this is where many immigrants reside. He suggests that a possible reason for this is that Asians still do not trust the government. Many believe that by filling out the documents required to get tested means that it can later be used as evidence against them. But through mobile testing, more Asians may be willing to be tested because it will be located in an area that people rarely attend and reduces their chance of being seen (Huynh, 1993).

AIDS Related Issues in the General A/PI Population

This brings up the issue of underreporting of AIDS cases in the A/PI population, as suggested by the small number of cases, according to Steve Lew (1993). One reason may be that Asian Americans are less likely to go in for testing or even after an AIDS diagnosis has been given and after symptoms have appeared (San Jose Mercury News, 1992). Asians and Pacific Islanders diagnosed with HIV may wait until AIDS has erupted before their first encounter with a health care provider, which is usually in the

emergency room (A/PAC, 1993). Because a family member's illness is a reflection of one's entire family, a family will try to hide the patient in his/her last stages of AIDS, so that the family will not be stigmatized by family, friends, or the community. Death certificates may say that one has died from cancer or pneumonia instead. Doctors also do not report these cases to the Center for Disease Control (Sales, 1993).

Naritomi comments on Asian Americans who are diagnosed with AIDS by saying that,

"they don't go in until they have symptoms. Very few come in for help until they are very sick. They've already exhausted all of their resources. By resources, I mean they've allowed, if they have insurance, their insurance to cancel because they can't afford it. They've gone hungry. Many have not sought medical care or charged it to their insurance and therefore have depleted their financing because they don't want their insurance company or their employer to know their HIV status."

The highest number of STD cases reported in foreign students are among Japanese students, according to Ippei Yasuda, Health Educator at the Japanese Against AIDS Project. He also goes on to state that Japanese foreign students seek abortion the most. This shows that these women are not using condoms or other barrier methods which prevent conception, much less the spread of HIV. Yasuda hypothesizes that this may be because the Japanese family structure is strong and teens are often oppressed by older family members. Therefore, when they arrive in the United States, they feel a sense of freedom which allows them to try things that they were restricted from before.

It is startling to view the percentage of the total number of AIDS cases in the Asian and Pacific Islander population by year.

There is a dramatic increase from 1982, the first case diagnosed, until 1993. In order to lower the number of HIV transmission cases in the Asian community, proper education is necessary and we need to correct the many misconceptions about AIDS that many Asians hold, while being sensitive to topics considered taboo. This suggests that culturally and linguistically appropriate AIDS intervention needs to start now.

Table 1

REPORTED AIDS CASES
(7/81 TO 03/31/93)

San Francisco reported cases: 15,543
San Francisco Deaths: 10,388

S.F. A/PI AIDS Cases by Year of Diagnosis

Year of Diagnosis	Number Diagnosed	Percent of Total Dx
1982	1	0.9
1983	2	0.6
1984	5	0.8
1985	15	1.6
1986	23	1.7
1987	48	2.9
1988	27	1.6
1989	46	2.5
1990	51	2.7
1991	53	2.3
1992	45	1.8
1993	10	3.6
Total	326	2.1%

San Francisco AIDS Cases by Age and Sex

Age	Male	Female
<13	1	0
13 - 19	1	0
20 - 29	50	0
30 - 39	127	8
40 - 49	81	10
50 - 59	29	2
60+	15	2
Total	304	22

S.F. A/PI AIDS Cases by Race/Ethnic Group

Race/ Ethnicity	Number Diagnosed	Percent Diagnosed
Chinese	89	27.30
Japanese	47	14.42
Pilipino	124	38.04
Southeast Asian	23	7.06
Korean	4	1.23
Pacific Islander	27	8.28
Other	12	3.68
Total	326	100.0%

San Francisco AIDS Cases by Transmission Category

Transmission Category	Number Diagnosed	Percent Diagnosed
Gay/Bisexual	261	80.1
Intravenous drug user	8	2.5
Gay/Bisexual & IVDU	11	3.4
Lesbian/Bisexual & IVDU	1	0.3
Hemophiliac/Coagulation disorder	3	0.9
Heterosexual contact	10	3.1
Transfusion recipient	22	6.7
None of the above/Other	9	2.8
Total Pediatric Cases	1	0.3
Total of All Reported Cases	326	100.0%

State of California A/PI cumulative diagnoses = 756 (to 12/31/92)
TOTAL CASES IN CALIFORNIA = 47,636 (12/31/92)
United States A/PI cumulative diagnoses = 1,610 (to 12/31/92)
TOTAL CASES IN THE UNITED STATES = 253,448 (12/31/92)

Table 2

API AIDS Cases L.A.

Date Reported:	10/31/92	
TOTAL API	254	
Burmese	1	
Cambodian	3	
Chinese	27	
Filipino	76	29.90%
Indonesian	3	
Japanese	44	
Korean	10	
Malayan	3	
Pac. Islander	14	
Sri Lankan	1	
Taiwanese	4	
Thai	17	
Vietnamese	15	
Unknown	36	

Table 2
State of Hawaii AIDS Nos.

Total AIDS Cases	960			
API Cases	207	22%		
API Breakdown:				
	No.	%	Gay/Bisexual	%
Hawaiian/Part Hawaiian	86	42%		
Filipino	40	19.32%	33	81%
Chinese	14	6.70%		
Japanese	37	17.87%		
Mixed, Non-Hawaiian	15	7.24%		
Other API	15	7.24%		

HIV TESTING PROGRAMS

Provider Name	Address	Phone #	Confidential Testing	Anonymous Testing	Cost	Criteria
AIDS Health Project	Appt. ONLY	621-4858		Eve. Appts. various sites	Donation	lang. and special appts. avail.
BAART	75 Townsend St.	543-2656	Doctor ordered		free	testing for clients only
Bayview Hunters Point	5815 - 3rd	822-7500	by appt. only		free	speak w/ Roslyn Allen
California Detox Program	1040 Geary	928-7800	by appt. only		\$30	testing for clients only
City Clinic	356 1/2 7th St.	864-8100	through STD clinic	by appt. only	donation	testing for clients only
Davies Medical Center	Castro & Duboce	565-6000	M-F/7:30-6:30, SSu/8-3		\$23	doctor ordered
Glide Memorial	330 Ellis Suite 503	567-2273	drop-in, W/12-5	drop-in, W/12-5	donation	Tenderloin residents only
Haight Ashbury Free Medical Clinic	558 Clayton St.	431-1714	by appt., M-F/1-5, M-Th/6-9		free	includes physical exam
HIV Center Children's Hospital	3695 California	750-6481		M-F/9-4:30	\$75	Russian language available
Kaiser Permanente Medical Group	2425 Geary	202-3450	by appt., T/6 & 7:00		free	testing for members only
Lyon Martin Women's Services	1748 Market St.	565-7667		by appt. only	free	women's clinic
Native American Health Center	56 Julian Ave.	621-8051	MWF/8:30-5, TTh/9-5		free	Native Americans only
North East Medical Services	1520 Stockton	391-9686	by appt., M-F/8:30-5		slide scale	
North of Market Senior Services	333 Turk St.	885-2274	through primary care appt.		free	testing for clients only
Planned Parenthood	815 Eddy St.	441-5454	T/4-7:30, W/9-1, Th/4-7	F/9-1, S/10-2	\$28	anon. and conf. by appt. only
St. Anthony's Medical Clinic	105 Golden Gate	241-8320	by appt. only, M-F/8:30-5:00		free	includes physical exam
South of Market	551 Minna	626-2951	by appt. only		donation	
UJIMA	195 Kisk Rd.	821-9272	drop-in, MThF/1-7:00		free	includes STD services
Westside Inner City	1049 Market #507	552-6601	by appt., M-F/9-5:30		free	general public
YOUTH SPECIFIC SERVICES						
Huckleberry House	555 Cole St.	751-8181	by appt., M-F/10-6:30		free	
Larkin Street	1044 Larkin St.	673-0911		by appt. only	free	teens, 12-23 years
Mount Zion Teen Clinic	1600 Divisadero St.	885-7742	by appt., M-F/8-5		slide scale	new patients receive physical
Project Aware	3180 18th St.	476-4091	by appt. only		free	Spanish language available
SFGH	1001 Potrero	206-8376	by appt., M&F/1-3:30		slide scale	
UCSF Teen Clinic	400 Parnassus St.	476-8626	by appt., MWF/1-5		free	
Youth Advocates	535 Cole St.	386-9389		by appt. only	free	teens, 12-22 years

Table 3

To update this referral list, please call the DPH AIDS Office 554-9037/9026

Provider	Address	Phone #	Confidential Testing	Anonymous Testing	Cost	Criteria
DRUG TREATMENT and HIV TESTING REFERRALS						
18th Street Services	254 Church St.	861-4898	by appointment only		free	testing for clients only
BAART	75 Townsend St.	543-2656	by appointment only		\$15	testing for clients only
Bayview Hunters Point	5815 - 3rd	822-7500	by appointment only		free	testing for clients only
Haight Ashbury Free Medical Clinic	558 Clayton St.	431-1714	by appointment only		free	testing for clients only
Tom Waddell	50 Ivy St.	554-2950	by appointment only		slide scale	testing for clients only
Westside Methadone	1301 Pierce St.	563-8200	by appointment only		free	testing for clients only
CITY and COUNTY						
FAMILY PLANNING and GENERAL CLINICS						
Health Center #2	1301 Pierce St.	292-2120	by appointment only		slide scale	test only offered with other services
Health Center #3	1525 Silver Ave.	468-3664	by appointment only		slide scale	test only offered with other services
Health Center #4	1490 Mason St.	558-3158	by appointment only		slide scale	test only offered with other services
Health Center #5	1351 - 24th Ave.	753-8100	by appointment only		slide scale	test only offered with other services
Potrero Hill Health Center	1050 Wisconsin	648-3022	by appointment only		slide scale	test only offered with other services
San Francisco General Hospital	1001 Potrero	648-6300	by appointment only		free	test only offered with other services
Southeast Health Center	2401 Keith St.	822-2850	by appointment only		slide scale	test only offered with other services
Tom Waddell	50 Ivy St.	554-2950	by appointment only		slide scale	test only offered with other services

The following special needs can be accommodated by request for HIV testing:

- *teen focused counseling
- *wheelchair access
- *hearing impaired
- *blindness
- *translation services for specific languages not available on site

To update this referral list, please call the DPH AIDS Office 554-9037/9026

Chapter Three

Something which is stink put the lid on it!

-- a Japanese proverb

Barriers to overcome

There are many reasons why Asians may not perceive themselves to be susceptible to this virus. As previously mentioned, the lack of culturally appropriate information or published literature specifically written on Asians and AIDS or Asians with AIDS is scarce and often based on misinformation. Different Asian newspapers, such as *Asian Week*, periodically publish articles on AIDS issues, but do not give it the attention that this epidemic demands.

What may seem like an adequate education strategy, may not be very effective at all. There is no translation for many AIDS related words and many carry with them such connotations as death and homosexuality, which are a few from a list of taboo topics among the Asian population. In addition, education provided for Asian schools may be administered by a white group, which may deter many Asians from listening because the educator is not a mirror of the population being addressed.

Newly arrived immigrants or those whose native language is not English have been shown to be the least knowledgeable on the subject of AIDS. There are many reasons for this. One is their inability to read English. Of the articles that are available to them in "Asian" newspapers, AIDS is often down-played and prevention methods are rarely discussed. Another reason may be due to the translation of English AIDS education materials into the different Asian languages.

Many Asian immigrants trust the media, which is often sensationalized and may not accurately reflect situations truthfully. They assume that since these reporters are on television it must mean that they have gone through a lot of screening, therefore what they say must be correct. Also, their lack of understanding of the U. S. health care system, social service benefits and lack of insurance coverage leaves them without the assistance of the health care system.

As for AIDS prevention, Vince Sales, Executive Director of the Asian AIDS Project, comments that,

"Some (immigrants) have fatalistic attitudes toward HIV. I think it underlies the whole attitude of Asians toward prevention. When we seek medical care, it's more for treatment. We're not there to prevent it. It's more like, 'cure me,' and we look at medical doctors as experts to cure whatever we have. We don't necessarily think of medicine as prevention. Medicine in the Third World is expensive. We don't think in those terms."

Immigrants also hold the belief that, "HIV is an air borne disease... It comes from how diseases are spread in the Third World countries and they bring some of those attitudes here. It is hard for them to change their perceptions" (Sales, 1993). Naritomi adds by saying, "you're always going to have people that are going to resist. That's going to be forever more. It's not going to be absolute."

Popular taboo topics such as sex, homosexuality, death and illness must be dealt with in the Asian community. Yasuda comments that there is a popular Japanese saying that goes, "Something which is stink, put the lid on it!" Attitudes such as these must be overcome by educators and Asian residents of San Francisco in order to effectively administer AIDS education.

Knowledge, attitudes, behaviors and beliefs

It is for the previous reasons that education is the key to intervention to prevent HIV transmission. But before intervention, there needs to be an assessment of the knowledge, attitudes, behaviors and beliefs (KABB) of each ethnic Asian group. KABB studies are presently not reported according to their separate groups. However, agencies that have received funding have conducted KABB studies on their particular target group. Most of these, however, have been conducted between the years of 1989-1990 and the results may have changed since then. Studies have not been recently funded. In fact, the last study funded was in 1990 (Sales, 1993). A possible reason for this may be, according to Sales, "...since we have a lower number of AIDS cases, they (funding sources) think we can handle it. We are able to manage. In some ways that is true, but we need more resources. Sometimes we get overlooked." One can only rely on them while keeping in mind that their sample may also not be representative to sub-groups and those outside of the cohort.

Of the agencies visited, some provided me with their KABB study. Their curriculum seems to be based on these studies, and I later found that they are often used as reference. However, it was called to my attention that many of these studies were based on a U. S. Census and have been biased in population by that way. In addition, many of the studies do not accurately correlate with the statistics of AIDS cases that we see today. For example, the Filipino KABB study showed that there are no Filipino IVDU's in San Francisco. Therefore, one can only rely on these studies taking into consideration the previous factors.

Of the knowledge, attitudes, behaviors and beliefs studies I obtained from these agencies, HIV/AIDS educators commented on the KABB of their target group which provided the following results:

Filipino

A study was conducted by Lydia Gorrez, Maria Rosario G. Araneta, and Jaime Geaga to find the AIDS knowledge, attitudes, beliefs and behaviors in a household survey of Filipinos in San Francisco. The study was conducted through telephone interviews between October 1989 through 1990 and consisted of a group of four hundred randomly selected self-identified Filipinos. Some of the findings are as follows:

- of 24 true/false questions, overall knowledge score about HIV transmission were low (58.2%, 13.98 out of 24)
- AIDS knowledge scores were higher among those who were never married (63.9%), born in the United States (75%), and with reported behavioral risk factors for AIDS (69.8%)
- Common errors included the belief that AIDS is caused by sharing toothbrushes or razors with HIV-infected persons (66%), needles used for vaccinations or laboratory tests (57%), by receiving blood transfusions after 1985 (54%), by donation blood (42%) and via mosquito bites (35%)
- 24 (6%) individuals reported engaging in the following risk factors: having unprotected sex with homosexuals, bisexuals, HIV-infected persons, female prostitutes, transfusion recipients (prior to 1985), multiple sex partners and persons with venereal diseases and unknown sex histories
- there was no reported intravenous drug abuse or having an IVDU sex partner in this study
- AIDS knowledge did not correlate with sexual behavior modification or practice of risk reduction

Rene Astudillo, Interim Executive Director of the Filipino Task Force on AIDS, estimates that about 80% of the total population of gay/bisexual Asian/Pacific Islander men are Filipino. There is a sense of freedom within gay/bisexual immigrants when they arrive in the U. S. and they may engage in activities that they would not normally take part in. They also bring with them attitudes which consist of denial, *hiya* (shame) and *bahala na* (come what may) which are seen in the Filipino culture. Aoki (1993) has suggested that Filipinos engage in high risk behavior despite their high levels of knowledge.

Chinese

One hundred ninety-two Chinese adult residents of San Francisco were interviewed between March 1989 through January 1990 by Davis Ja, Kerrily Kitano and Aaron Ebata. This study, which represents the findings of the Chinese portion of the Asian AIDS Project's Baseline Survey: AIDS Knowledge, Attitudes and Behaviors Among San Francisco's Japanese and Chinese Communities yielded the following results:

- over 77% is generally aware of the existence of AIDS, but at the same time, over half of the people reported that they know little or nothing about AIDS
- 74% felt they could protect themselves from AIDS and that it probably would not affect their lives
- over half of the respondents felt people with AIDS should be quarantined, however 74% also felt that these people should not be identified publicly
- those worried were respondents interviewed in Chinese, those with low incomes, those with children, and less education

- nearly everyone correctly identified all known ways of AIDS transmission, but over half reported knowing little or nothing on AIDS
- 3.6% report unsafe sexual and/or drug use behavior
- only 11% reported "always" using condoms
- only seven responded to using drugs, and eight people consumed alcohol daily
- 15% reported changes in their sexual behavior since becoming aware of AIDS
- only 2.7% of respondents have taken the antibody test
- 84.4% feel AIDS education should be taught
- three-fourths of the respondents preferred to have their information in either Chinese or in both English and Chinese
- most of their information has been through newspapers and television

Huynh stresses that there are different attitudes among Chinese Americans and what part of Asia they originated from. Those from China are more shy, reserved, and not exposed as much to sex education. For them, "condoms mean sex and sex is taboo. Therefore, it shouldn't be discussed" (Huynh, 1993). Those originating from Hong Kong are more aggressive, updated on AIDS, and challenge the educator. This poses an additional assessment of the educator before a presentation begins. Huynh says that those from mainland China find HIV more difficult to accept in their community, and he finds it harder to talk to them about HIV transmission. He claims that he has to talk "babyish." Many different names are substituted because there is no translation and some terms have never been used. Huynh also finds that due to the different expectations and role of the sexes, separating the groups according to gender helps the youth in asking more personal questions.

Japanese

The results of the first baseline KABB study in the United States was conducted through a survey distributed between the Spring and Winter in 1989 in San Francisco's Japanese communities. The survey consisted of two hundred face to face interviews. This study was conducted by Davis Ja, Kerrily Kitano and Aaron Ebata. Some of the findings are as follows:

- 95% of the sample has heard of AIDS, with 46% knowing someone with AIDS (this may suggest higher levels of awareness)
- 90% felt able to "protect myself against AIDS"
- 95% identified all the know ways of HIV transmission (sexual contact, sharing needles, and through blood transfusion, and breast milk), however they seemed confused about casual transmission and believed that such things as mosquitos or drinking out of the same glass could infect a person
- 8.1% had unsafe behavior, but only one of every ten said they always used condoms during sexual intercourse
- 90% had two or more sexual partners
- drinking was high among males, those age 30-40, college graduates and those living in small households
- only one person was found engaging in unsafe drug use with needles
- 15% respondents changed their sexual behavior since learning about AIDS, only 4% used condoms regularly
- only 13% had taken the HIV antibody test
- almost the entire sample has heard of AIDS through newspapers and television, primarily in English

In the Japanese tradition, according to Yasuda (1993), it is customary for the parents, usually the mother, to administer sex education to the children. However, kids in Japan currently have more knowledge than their parents. They learn mostly from other

peers or through books. These books are sometimes wrong and do not mention contraception (Yasuda, 1993). This is likely to create a barrier between the parents and the child. The child seeks to learn more from their peers, but their parents may not want to discuss sex. Also, much of the information that these children receive may be filled with misconceptions.

Southeast Asians

The AIDS Knowledge, Attitudes, Beliefs and Behaviors study in the Southeast Asian Communities in San Francisco was conducted in the Fall 1990 by Kenji Murase, Susan Sung and Vu Duc Vuong. This study consisted of 87 Cambodians, 91 Laotians, and 205 Vietnamese adults who were between the ages of 18-60 and showed the following results:

- on a scale of 18 possible correct responses to ways by which AIDS is transmitted, the Vietnamese had the highest mean score (10.5), followed by Loatians (8.9) and Cambodians (5.7)
- beliefs were still held that AIDS can be transmitted by: kissing (43% of Laotians), sitting on toilet seats (49% of Cambodians) and insect bites (56% of Vietnamese)
- increase in education was correlated with increase in AIDS knowledge
- women scored lower in AIDS knowledge than men
- respondents who scored high on AIDS knowledge seem to be as likely to be in the high risk group as those who scored low
- all three groups ranked AIDS as the second greatest health problem in the community, yet there is a sense that the threat of AIDS is not personal but rather directed against other people
- of those who had heard or received information about AIDS were: 36% of Cambodians, 61% of Laotians and 69% of Vietnamese

- the rate of high risk of sexual behavior among the three samples ranges from 5.7% for Cambodians, 8.8% for Vietnamese and 20.9% for Laotians
- among high risk partners, gay men and female prostitutes were most prevalent
- non-use of a condom in vaginal intercourse was reported by 57.5% of Cambodians, 58% of Vietnamese and 62.6% of Laotians
- unsafe or intravenous drug use was found to be non-existent among the Vietnamese and extremely low for Cambodians (1.1%), but the Laotian sample was at 11%

Kyle Monroe-Spencer, a Health Educator from the Southeast Asian AIDS Project, comments that, "if Southeast Asians have concerns, they would rather go to mainstream AIDS organizations for fear that their information would not be kept confidential." This poses a problem because many of the mainstream AIDS organizations like the SF AIDS Foundation do not have bicultural educators or are not able to speak the various ethnic Asian languages. Moreover, their material and services are not designed to be culturally sensitive to the needs of the Asian population. It may distract them from the services that are available to them. Many do not know of the services that the Southeast Asian Refugee Resettlement provides (Monroe-Spencer, 1993).

Monroe-Spencer continues by stating that, "men mostly decide if they are going to use condoms, and women don't talk to men about it." "They (Vietnamese) didn't even know that they could go into a drug store and buy condoms..." However, she perceives education to the Vietnamese community to be more successful because they work with them more; there is not as much access to subgroups. Loatians

have a more visible transgender population and gay/bisexual men among Southeast Asians are more open.

gay/bisexual men and men who have sex with men

A survey of AIDS Knowledge, Attitudes and Behaviors in San Francisco's American-Indian, Filipino and Latino Gay and Bisexual Male Communities, conducted by Fairbank, Bregman and Maullin, interviewed one hundred and six Filipinos between June through October, 1990. Some of the results from this study are as follows:

- 34% of Filipino respondents had engaged in unprotected anal sex in previous years, which is approximately two times more than whites (18%)
- 85% have changed their sexual behavior since becoming aware of AIDS
- in the Filipino community there is some evidence that changed behavior is related to increased acculturation
- of both formal and informal networkers that the following were sources of information about HIV: newspapers (98%), signs or billboards (91%), friends (91%), pamphlets (89%), television (88%), doctor or other health professional (76%), and their sexual partners (69%)
- most knew that AIDS can be transmitted through anal sex and needle sharing, however only 44% said that AIDS can be transmitted through oral sex
- condom use is recognized by 97% of the respondents as the primary prevention method, however, 62% reported not always using them
- 62% had been tested with 11% of all respondents having a HIV positive result
- 25% reported that they have no private insurance coverage
- 36% of the 42% who admitted to having sex while under the influence of alcohol or other drugs, were less likely to use a condom when "under the influence"
- 82% of the respondents identified themselves as gay 9% as bisexual 5% Queer, 3% transsexual, and 1% as straight

As I asked David Cho, Community Health Specialist from the Asian Health Services' AIDS Project, about his AIDS education to gay/bisexual men, he quickly corrected me by saying that not all gay/bisexual Asians identify themselves as such. They would rather classify themselves as men who have sex with other men. This suggests that many men who occasionally engage in homosexual relationships do not acknowledge the fact that they may be gay or bisexual. This behavior puts them at a closer risk of HIV transmission if safer practices are not used.

According to Yasuda (1993), Japanese gay foreign students are passive because they lack English and negotiation skills. This behavior may encourage them to be the receiver when engaging in anal sex without a condom. This passive behavior is seen especially in interracial relationships, which puts them at a higher risk for HIV infection (Yasuda, 1993). The partners of Asian gay men have often been labeled as "rice queens" for this reason. Although homosexuality is not openly accepted within one's Japanese family, it is tolerated (Yasuda, 1993). It is also often explored while in the United States.

Lew (1993) comments that many closeted gay men are not comfortable meeting people in open gay environments. They instead go to such public sex environments as public bathrooms, adult movie theaters, or adult book stores, which are more enclosed. They feel that these environments are more anonymous and private. However, these places are, "risky because people go there specifically for sex. So a lot of people will break down to just have sex. There is a lot of compromising without using condoms which is risky" (Lew, 1993).

Aoki (1993) also comments that many Asians are aware they are at risk, but they are not yet willing to change their behaviors.

The Gay Asian Pacific Alliance Community HIV Project (G-CHP) has designed a postcard type book which deals with such issues as the one previously mentioned. It is called Safer Sex Comes in All Languages and focuses on ways that gay/bisexual men can talk to their partners about safer sex. G-CHP had people write stories in Chinese, Japanese, Thai, Pidgin, Filipino, Cambodian, Korean, and Vietnamese, which was then translated into English. For example, one of the postcards' story takes place in a public restroom, where people occasionally meet to have sex. The main character is Japanese and talks about how he was 'cruising' someone, but the other person would not use a condom and left. So, he talks about the fact that he did what was right and he'll just wait for the next person to come along. Lew says that, "We're (G-CHP) trying to pick up a lot of situations that we know happen. We're not necessarily saying that this is the way we always want people to do things, but we realize that this is the reality for how a lot of gay men are sexually active. We want them to know those skills in whatever context."

In addition, G-CHP also holds such social events as 'Prom Night' where there is a dance with such fun things as condom corsages and a tunnel of love with displays interactive games where people can learn such skills as negotiation. Lew states that, "a lot of people in our community only relate to each other in the bars socially, so the best place to sort of create an atmosphere for HIV education is linking it to their own lives by doing social events."

Most gay men usually do not come out until after high school or college and a lot of the socialization process that other people have gone through does not necessarily happen (Lew, 1993). So G-CHP has developed Sex and Dating Relationships & Rap workshops which are informal meetings of gay/bisexual men to come and talk about concerns around dating and relationships.

Youth

Huynh (1993) states that Asian youths' behaviors may be especially hard to change because they are holding on to their parents standards. Parents, instead of accepting change in their teenagers, blame these changes in attitudes on youth. He believes that those around age 25 are the hardest to reach because their parents' beliefs are especially ingrained in them and they feel guilty for doing other than their parents' beliefs.

Fatima Angeles, Project Coordinator of the Pilipino AIDS Education Project, states that, "A lot of teenagers rely, not on their moms and dads, but they rely on their friends. It's just happened too many times when their friends had the wrong answers." This is especially seen in teens who just immigrated from other countries. "It's confusing for immigrant kids. It's doubly hard for kids who come from another country and have to come here and adjust. There's culture shock. There's also a language problem. Things are more open here. They get confused. They want to do what their parents want them to do, but they want to be accepted by their peers (Angeles, 1993)."

In a study conducted by the Filipino Task Force in Vallejo in 1993, it was found that one in four Filipino American teens has tried illicit drugs and three in four have consumed alcohol. Of those who admitted that they engage in sexual intercourse, almost half responded that they did not use a condom the last time they had sex, although virtually all of them responded that unprotected sex can transmit the HIV virus (San Francisco Sunday Examiner and Chronicle, 1993). Most of those interviewed were in the ages between 15 to 17 years old, which suggest that HIV/AIDS education needs to start early.

Angeles observes the teens she educates and says that they,

"... want to play the numbers game, because they want to feel good. They ask questions like, 'What are the chances of me playing basketball and I get infected if blood gets into my eye?' They don't think they're at risk. It's really important that Magic Johnson came out because he wasn't white and had HIV. For that man to have gotten HIV from unprotected sex, that just proves it's (unprotected sex) not safe. They're young. They haven't dealt with death and dying. They have other things to look forward to. It's not in their heads."

Youth are especially in need of attention. Huynh (1993) states that Asian youth, "don't have a culture of their own... their own identity." They need someone to help facilitate the change through family unity. Not many gay youth are self identified and they need a place where they will be accepted in order to deal with their sexual preference as well as the turmoil that goes on during teenage years.

One of the populations that engage in the most risky behaviors and needs more direct attention are the youth, especially young gay men. Lew (1993) notes,

"this is a city (San Francisco) where a lot of young gay and bisexual men liberate to. It's a very expensive city to live in and yet there's this closer feeling that it's a supportive place for gay people, that a lot of them end up really needing to have sex for survival purposes... doing sex for money or to find a roommate."

Young men who are in the process of coming out do not see themselves at risk. They feel like they are invincible and that the people that they are having sex with are in this population that is sort of risky, yet they engage in unprotected penile sex, which is the highest risk activity (Lew, 1993). G-CHP is currently designing programs to cover these issues among gay and bisexual youth.

Chapter Four

Entering the world of AIDS education

David Cho, from the AIDS Project of Asian Health Services, comments that education is based on a, "time factor... the more you've been around, the more willing people are to sit and talk to you." Rene Astudillo from the Pilipino Task Force on AIDS, comments that, "Asians are where the main community (white gay male community) was 10 years ago". This may be so, however, as the numbers of AIDS cases is increasing there has been a slow, but somewhat positive response from the Asian community.

Asian Americans Responding to the Cry of HIV/AIDS

Of the individuals interviewed, most of them started to become involved in AIDS education within the last 2-5 years, with few exceptions. Most of them are men and have openly identified themselves as being gay, with one who was bisexual. Only two women were interviewed and they did not disclose their sexual preference. The majority of the workers at the agencies I visited consisted of men who looked to be about age 23-30. This suggested to me that a great number of them may have some personal relation to this virus because they were relatively young when AIDS became an epidemic. I later found out that the majority of staffing at all of the agencies were gay or bisexual men. Because AIDS has disproportionately affected gay/bisexual A/PI, this may have encouraged many young men to do AIDS work. With the limited

number of female or heterosexual workers, many Asians may not perceive the disease to affect them.

Sales reflects on his awareness of AIDS as a former AIDS volunteer and comments that he,

"met the first HIV positive Asian Pacific Islander and I was completely blown away by it. It was such a powerful experience. I couldn't sleep, I had to talk to someone about it because it just overwhelmed me. It's such a fearsome kind of disease and there were misconceptions surrounding it. I wanted to take hold of that fear by educating myself."

Jim Naritomi began doing AIDS education in 1987. He begins to tell me his involvement by saying,

"At the time, my other half, I'm gay, had AIDS. I was kind of a bit down all the time. We had a kid. The executive director of JCYC, who was also a friend and relative, came to me and we talked many times about starting this Japanese program. AIDS/HIV is too close to me. With Jerry dying, I lost many friends, probably will lose more.

When Jerry was still alive we talked about it, he said to do it temporarily. It was supposed to be only a 6 month arrangement and I'm still here. I think a part of it was that I was extremely frustrated within the first 6 months because I worked extremely hard. It was very difficult to develop everything from scratch. People weren't ready to talk about HIV. This was 1987. Individually they supported me for the person I am. There's a difference between personal support versus proactive support. It took some time before the proactive support came, but it did take its toll in its very beginning. And I'm still here."

Steve Lew was among the most open and honest about his decision to take part in AIDS education. With a sigh he comments that,

"for the most part it feels very empowering because a lot of the reason I got involved in activism around HIV is because I knew I was positive. I tested back in 1986. A lot of the feelings that I went through were feelings of powerlessness, feelings that I had no control of the situation. At the time that I tested, there was very little information known about how you could treat HIV. That's still the case now they still don't know what's really effective, but they have options. There's some treatment. But at

that time there were so many unknowns and even in terms of knowing how long people could live a healthy life.

That's changed a bit now because I've lived a healthy life since then and I still feel like I have much more of a long term vision for myself. So, I can focus on HIV education not only in terms of prevention but also working with people who are sick, helping them to see how they can cope with a life threatening disease. Sometimes it gets a little difficult because it's hard not to separate out talking and living with the disease and at some points feeling that it saturates your whole life. And sometimes seeing other people get sick does push the button too, because then I think, well is this going to happen to me and you go through a whole personalization of it too. But for the most part I feel that it's been a very good decision for me and that it's really helped me to confront a lot of my own issues."

The Beginning of HIV/AIDS services for Asians

In 1986, the Asian AIDS Task Force started. It was made up of service providers, individual members, and volunteers who got together with a goal of finding out what types of services Asians were in need of, to advocate for funds, and to produce a needs assessment (Naritomi, 1993; Lew, 1993). There were no prevention activities going on at this time. Now it is called the Asian Pacific AIDS Coalition (A/PAC) and its purpose is advocacy and lobbying for funds, to work together, and to do formative research regarding the A/PI community. One educator openly commented that,

"there was a huge discrepancy in how AIDS dollars were allocated to our Asian communities in HIV/AIDS to do education as compared to who was infected by the epidemic, who was coming down with HIV. Most of the dollars going to prevention/education was being spent on doing general community education. Nice brochures that didn't talk about homosexuality at all or if they did it was a certain type of reference and people were using the money to go to classes just to talk about AIDS without really targeting information to gay/bisexual men. It was truly a limitation with the resources that we had. The bigger question for us was why don't you have gay and bisexual men working in your agency so that you could do that type of work."

The Asian AIDS Project responded, in 1987, and hired a couple of health educators who were gay or were gay and "in the closet." All of the directors, ironically, were straight men so it was hard to do planning. The directors had to overcome the barriers of homophobia, whether it was internalized or due to the lack of sensitivity to gays (Sales, 1993). The Asian AIDS Project was the first organization to get a small amount of funding to provide AIDS services for Asian Americans.

The Gay Asian Pacific Alliance (GAPA) joined in in 1987 and realized that it would probably be more effective in providing services from themselves. In 1989, the GAPA-Community HIV Project (G-CHP) came out of GAPA to start more of an activist-based program and to incorporate more gay men in administration. They started by organizing workshops, where Steve Lew took a part in. He says that, "I was probably one of the earlier persons that was public about my HIV status... Just by doing a few things we kind of created a nucleus in our community for gay/bisexual men." The second year, G-CHP got funding and started prevention services, which helped them to establish an agency. Volunteers were recruited and a buddy program was started.

In 1987, Jim Naritomi started an AIDS education program within the Japanese Community Youth Council with funds of only \$24,000 for the entire year which was spent on salaries, operational expenses, and the development and production of Japanese bilingual AIDS brochures. In 1990, the Asian American Communities Against AIDS (AACAA) was initiated by Naritomi and formed to campaign for a larger pot of money. The money was then divided among the five

consortium groups evenly to start HIV programs: Chinese AIDS Prevention Project (CYC), Japanese Against AIDS Project (JCYC), West Bay Pilipino AIDS Project (West Bay), Southeast Asian AIDS Prevention Project (CSEARR), and the Korean Community Service Center. Naritomi comments that,

"the problem is because we're one project we don't like to give the idea that we all do the same things the same way equally and identically. The communities that are involved have different expertise. Additionally, the people who work in prevention programs within different communities have different barriers, different successes. They're not all the same."

Naritomi goes on to say that the Filipino and Japanese communities are currently the most progressive of his consortium members due to their consistent staffing and the linkages that they have formed in the community.

One may notice that there is no AIDS education program specifically designed for Koreans. When the Korean Community Service Center was contacted, I was surprised to find that they did not have anything more than a couple of pamphlets available for the Korean population. When I asked a worker at the Korean Community Service Center as to why no program has been initiated, he replied that there has been no interest in the Korean community to start one. I proceeded to ask the following organizations as to why they think that the Korean Community Service Center has not started an AIDS program, and one provided me with a response that Koreans do not want to be directly part of a consortium, even though they are a member of AACAA. They may feel that there are not enough people infected in order to call attention to funding sources to start such a program. I foresee this as a problem. We can no longer afford to

wait until the number of AIDS cases have reached a specific number before we do education to all groups; we must act now.

Asians community based organizations in San Francisco have slowly responded to its city's cry for culturally relevant HIV/AIDS material. These HIV education programs have stemmed mainly from an already existing Asian non-profit agency. When funding was available, organizations one by one chose to implement HIV/AIDS education programs into their organization. As more money was made available through grants, more programs began to erupt focusing on even more specific target groups. Of the organizations currently administering HIV/AIDS education, the brochures and pamphlets, workshops, and even educators have changed along with the epidemic to become more of a reflection of their targeted communities. As suggested by Robert Bernardo from the Asian AIDS Project's Love Like This Theater Project, "The more friends see people on stage that are like them, the more they are willing to listen to them." Angeles agrees and comments, "We want to target young Filipino kids. My educators are young and Filipino. So automatically there's a connection, automatically there's a bond."

The three main AIDS service organizations in San Francisco, who are specifically Asian AIDS service organizations, are G-CHP, Asian AIDS Project, and the Filipino Task Force on AIDS. Only recently has there been funding available and programs developed specifically for A/PIs. Some community-based organizations in San Francisco, such as the Asian/Pacific AIDS Coalition and the Asian American Communities Against AIDS have formed to provide direct prevention and education services to the A/PI population. Sales

(1993) comments that, "if you have to present HIV, you have to present it in a comprehensible health fair. You have to bring the services out, do outreach, go to the community rather than having them come to us."

Many suburbs of San Francisco have not yet implemented a program for their A/PI communities. This may be due to the relatively low number of AIDS cases among A/PIs, a lack of knowledge of services available to them, a lack of culturally appropriate services (i.e. bilingual, bicultural, sensitive to A/PIs), and the lack of funding available to support such ongoing education and programs. "You must have an enormous funding base in order to have a staff that is bicultural, bilingual, and biliterate," Naritomi comments. San Francisco's community based organizations are also continuing to struggle with such barriers as racism, lack of economic power, homophobia and sexism (A/PAC, 1993). AIDS organizations are also not easily accepted. Sales (1993) says, "when it (Asian AIDS Project) started, everyone wanted to see AAP fall flat on its face. It had a reputation of being homophobic. If you want to serve people at risk for HIV, you can't be judgmental."

The few community based organizations who are doing outreach to A/PIs are centered around gay and bisexual Asian men, in particular. However, there is limited outreach to lesbian/bisexual women and transgender/transvestite A/PIs. While there are organizations that do target other populations besides gay or bisexual men, their programs are not as rigorous nor readily available. This may represent a slowly growing AIDS awareness in the Asian community, however it may not be fast enough.

Chapter Five

The Face of HIV is changing

Changes in Asian and Pacific Islander HIV/AIDS Education

Education to A/PIs has just begun. First the focus was on gay and bisexual men, with only gay and bisexual men educators. Now this list is slowly growing and includes such programs set up for heterosexuals and youth. However, programs still need to be developed for A/PI groups that are often overlooked such as A/PI women, disabled children, substance abusers, and sex industry workers, as suggested by the Asian/Pacific AIDS Coalition (1993).

In addition, HIV/AIDS education for youth may need to start at a younger age. Fatima reflects on her experience of visiting an elementary family life class for fourth and fifth graders and was amazed at the questions in the room.

"They are already asking very complicated questions about HIV, which wasn't in our agenda at all. We don't want to talk about HIV, we just want to talk about sex and reproduction, the very basic stuff. But they already have questions because they see it on MTV and the videos. 'How do people get HIV? Do kids get it?' I was surprised that they're asking these questions. They're 9 years old. They (sex educator teachers) should be able to answer these questions early on. They shouldn't have to wait until they're in 10th grade to have their questions answered."
(Angeles, 1993)

AIDS education for Asians has changed over the years to become more "culturally sensitive." Steve Lew commented on the notion of cultural sensitivity, by saying, "the whole idea of culturally appropriate, culturally competent and culturally specific is that it is

usually referred to the context of people of color... from there ethnic, racially specific." G-CHP is trying to, as Lew put it,

"...broaden the definition to include anything that creates a cultural identification as well as a way to include sub-groups of culture (i.e. in order to be culturally competent you need to address gay, lesbian or bisexuality, possibly people who are disabled, and different sections within a community). We really try to use resources to address cultural competency from looking at people who we are working with, try to develop different cultural aspects that are important to them."

Translating English pamphlets into an Asian language may be classified as culturally specific, but it overlooks many of the issues that Asians face. Material should instead be modified into one's first language using words in that language that best describe the statements; however, as Astudillo (1993) states, "once translated, it (AIDS education materials) loses its essence." Pictures that represent Asians may also be helpful in making material more culturally relevant.

Through a closer look at HIV/AIDS services to A/PIs, one may note that the services that are provided do not yet meet all the needs of this diverse, and often multilingual group. Another factor to consider is the degree of variability in generations that may occur within specific and among different ethnic groups. This poses a challenge for the HIV/AIDS educators delivering prevention, education, and other HIV-related services. Access to bilingual/bicultural service providers is often limited, as well as material produced by these organizations. For example, Ippei Yasuda from the Japanese American AIDS Project, is the only member in the staff who speaks Japanese, and therefore acts not only as an educator, but as a substitute case manager when they are in need of

a Japanese speaking person (Yasuda, 1993). It is only in places where there is a large client population, such as San Francisco, that such services are usually available.

However, new problems coming from all levels of government are arising. The 93 members of the Senate who voted in favor of banning HIV-infected people from immigrating to the United States has left many Asian and Pacific Islander communities, as well as many other populations, angry. According to the Bay Area Reporter (1993) this ban will particularly affect the estimated 50,000 Filipinos who immigrate to America each year. Filipinos were especially surprised at this passed legislation because just weeks before the Philippines government proposed that all Filipinos returning from overseas employment be required to take an HIV test (Bay Area Reporter, 1993). The Filipino Task Force on AIDS fears, "the HIV ban on immigration would drive those who are HIV-infected further underground and prevent them from accessing the needed health intervention." This report also notes that many A/PI leaders feel that this will, "send a false message to members of their communities, as well as to the mainstream population about HIV: to their mind, it unnecessarily reinforces the fear that HIV can be casually transmitted." This suggests that not all levels of government are aware of the cultural implementations that will result from their decisions.

As suggested by Ken McLaughlin from the San Jose Mercury News (1992), Arthur Hu (1992), and *AIDS in the World* (1992), the number of people who are newly infected with HIV will soar in Asia during the next few years as we see cases leveling off or decreasing

in the rest of the world. Asians make up over half of the world's population, and only make up one-15th the level of North America. However, Harvard's Jonathan Mann, Daniel Tarantola and Thomas Netter (1992) show that Thailand and Japanese rates of AIDS is growing dramatically. Even though the number of AIDS cases is not extremely large in Asia now, there is likely to be an increase if education and prevention efforts don't start now.

However, the city of San Francisco has slowly recognized the need for culturally appropriate material and given attention to populations of color on the issue of HIV/AIDS. Since 1988, San Francisco began to track the number of Asian/Pacific Islander AIDS cases by ethnic groups of Chinese, Japanese, Pilipino, Southeast Asian, Korean, Pacific Islander, and Other (Lew, 1993). This has aided HIV/AIDS service providers in knowing which groups specifically need attention. Specific ethnic groups are also being focused on such as Mayor Frank Jordan's declaration of March 22-29, 1993 as Filipino AIDS Awareness Week (Bay Area Reporter, 1993). This is a much needed call for attention to the Bay Area Filipino residents about the threat of HIV and AIDS. San Francisco is responding to the Asian and Pacific Islander needs.

Bourassa (1993) comments that changes in the AIDS epidemic has come from, "the heart of the gay community." She notes that a lot of them are dead and that emotions are high which encourages Asians to do more. During the 5 years she has been involved in various AIDS related work, she boldly states that the, "face of HIV is changing." There are agencies that have self destructed from not

working together and there are a fewer number of strong fighters than there was a few years ago.

According to Kevin Fong (1993), Asians as a community have become more accepting of AIDS. Immigrants have heard of AIDS and now know what it is. They also ask more sophisticated questions and approach their booth at the Oakland Chinatown Spring Festival. Cho (1993) estimates that within the last 10 years people are beginning to open up, but there is always a new influx of immigrants.

Low reflects on the changes over the years and says, "we are a lot clearer of what we are doing and work together a lot more. Even though there are gaps, given diversity there is lots of coverage making sure education is getting out there."

Coming together: coalition building

Asian AIDS education programs have only developed within the last 5 years. It is interesting to see how each program has slowly developed to become what it is now. As funding for HIV education drops on all levels of government, we may soon see a dramatic change in the way that A/PI's administer their services. Other sources of funding, such as private industries, may be called upon to support the already existing community based organizations providing AIDS education to the A/PI population. There is a dramatic need to keep a circulation of funding in the A/PI community if San Francisco is to keep the number of AIDS cases low and educate Asians in the prevention of the transmission of HIV. San Francisco has the tools to continue their programs for now, and

they should be used to educate the community. It is through community educators that knowledge is spread.

I originally hypothesized that these organizations would all collaborate and do their outreach together, however this was proven wrong. Although a few of the organizations have worked in conjunction with others, there is no continuous working relationships between organization for long periods of time, other than the Asian AIDS Project and GAPA Community HIV Project. There is a memorandum of understanding between these two organizations so that the collaboration is formal. Sales (1993) states, .."it's written, it's actually happening, and clients are not getting lost in the process. Organizations, such as the Filipino Task Force on AIDS have, on occasion, collaborated with the Asian AIDS Project to do education to gay/bisexual men. In addition, the Asian Health Services joins the AIDS programs of the East Bay and Filipino Action when doing AIDS education in gay bath houses. There has been different responses as to whether organizations should work together. Astudillo (1993) states that he, "doesn't think it's duplication. You need to talk to people at different times." People may, after all, relapse into their old risky habits.

However, this picture I paint is not so simple. Many health educators have responded that doing HIV/AIDS work is exhausting. They put in long, hard hours and may never know if their information is actually being used. There are many factors that these educators have taken into consideration when doing their educational presentations on HIV or providing services to those infected. These also vary with their target population. Many

organizations frequently visited certain places, such as a bar, and therefore placed a "stamp" in it. Other organizations seemed to know which group went to which bars in order to avoid overlapping of information. Many educators interviewed frankly and openly admitted that there was somewhat of a battle between groups. This was due to funds becoming scarce. One educator made the following comment, "People fight about money. It's part of politics... its part of working in AIDS. Personally, I don't relish that." This has caused organizations to, "compete as to who provides better services, who has the right to do outreach at certain bars, and who is more equipped," as another educator commented.

Another interesting fact is that when I asked educators to suggest possible referrals or agencies that they perceive as strong fighters in educating Asians on the issue of HIV/AIDS, there was a circular pattern. The Asian AIDS Project and G-CHP were the two organizations that were mentioned the most. In fact, the Asian AIDS Project was the third highest ranked agency, based on such factors as quality of service, units of service, evaluations, administrative, fiscal implementation, and timeliness, in all 124 programs in the city of San Francisco (Sales, 1993). However, such coalitions as AACAA (Asian American Communities Against AIDS) and its 5 agency representatives were often mentioned as successful in reaching their target groups. A few individual's names reappeared more than once, and I found when I went to speak to these educators, they have been confronted with the issue of AIDS for many years, whether it be personal or work related. Their dedication to their work was obvious, as was all the HIV/AIDS educators I spoke to. I find this an

important aspect of HIV/AIDS education because one needs the drive, strength, and experience of being around people who are HIV positive or have AIDS in order to be a successful educator.

There is a great need for coalition building among A/PI organizations. While funding sources are becoming more scarce each month, it is more important now that A/PI organizations come together in order to exchange information on a regular basis. Sales (1993) agrees and says that, "I think that people really need to look at how they can create a movement to address the situation. I think a solution may be to come together, consolidate." This will not only help others to become more aware of important issues on the A/PI population, but it will also help to train health professionals and sensitize service providers. As suggested by Fong (1993), A/PIs are making themselves known in the political/policy scene, since it is easier to get funding that way.

Because the number of A/PI AIDS cases has been dominated by men who have sex with men, 3 organizations have recently come together to form a coalition whose target group is Asian gay men. This coalition is called the Asian Pacific Islander Coalition on AIDS and consists of the Filipino Task Force on AIDS, GAPA Community HIV Project, and the Japanese American AIDS Project, who all predominantly target the Asian gay population.

Coalitions cannot do this on their own. Community input is becoming more important. Asian Americans have always relied on strong community ties and it is for this reason that we need to bring them into the educational services that are provided to them. They should be included in program planning and policy development for

it is them who the decisions will be affecting. In addition, the A/PI community has expressed a need for the hiring of racial and ethnic minorities to staff federal, state, and local health agencies, according to the National Commissions on AIDS (1993).

Summaries and Conclusions

It is obvious that education and prevention methods must continue in order keep the numbers of AIDS cases among Asian Americans and Pacific Islanders from growing. San Francisco has slowly responded over the years to combat this disease with many emerging Asian American activists. Asian American voices need to be heard and they need to be heard now.

There are many factors to consider in combating this disease. There is not enough government spending for HIV prevention and education targeted to the A/PI communities. Community input needs to be heard in order to help set priorities around those most in need of HIV services. More services are needed for Asian Americans who are HIV positive, such as psychological support, intervention, outpatient care, health management, and financial services. In addition, services should be available for women, sex workers, transgenders, and disabled persons. But most importantly, there needs to be a strong foundation of Asian American AIDS educators who are sensitive, bicultural as well as biliterate who can carry out the strategies needed for successful intervention.

Asian Americans can only begin to predict what will happen to their communities in San Francisco over the next years. As more requests on the bans of HIV positive immigrants in the United States are made, and the number of AIDS cases is rising in Asia, the numbers of HIV positive Asians immigrating to our cities may soon be on the rise (Mann et al., 1992). It is with hope that funding will allow the education and services available to Asian Americans in San

Francisco to continue, and someday extend these services over seas to Asia.

On a personal note, I find it overwhelming to think of all the issues on HIV/AIDS that the Asian American community faces all at once. I find it more productive to focus on one problem, while keeping in mind factors that could affect it. There are too many little problems that need attention and only a limited amount of dedicated people who are willing to make change happen. I am one of those, and have contributed my time in order to provide a general background of HIV/AIDS services for Asian Americans. I hope that those who often overlook services (i.e. because it takes too long to call and ask what every organization does) will find this resource book helpful. By all means this report is not complete, and I hope that the reader that picks this up will revise and continuously make additions to it. This is the only way that Asian activists will help to stop the AIDS epidemic, one step at a time.

Appendix

An overview of Asian organization providing AIDS services in the San Francisco Bay Area

The following is a list of organizations that were visited and interviewed. They are in order of visitation and were previously suggested by a former organization interviewed:

Asian American Recovery Services

location:

300 Fourth Street, Suite 200
San Francisco, CA 94107
(415) 541-9285

person interviewed:

Bart Aoki, *Clinical Psychologist*

history:

stemmed from the Asian American Substance Abuse Task Force

target group:

Asian American substance abusers

target areas:

San Francisco Bay Area

methods:

education, prevention, rehabilitation and research services

special programs:

COPASA-- the Comprehensive Outreach Project for Asian Substance Abusers targets A/PIs in need of substance abuse treatment and HIV testing and counseling

Filipino Task Force on AIDS

location:

1540 Market Street, Suite 275
San Francisco, CA 94102
(415) 703-9880

person interviewed:

Rene Astudillo, *Interim Executive Director*

history:

1988- Board of Directors was formed. It started through the response to an AIDS report which showed that Filipinos had the highest diagnosis of AIDS cases among Asians. These volunteers began this program with fund raisers.

1990-1991- survey of KABB, pre-post tests
1991- full time staff was hired

target group:

Filipino gay/bisexual men, general community

target areas:

bars, public places, In Touch, bars in Castro, public sex environments, sex clubs, south of Market, bath houses in Market

methods:

direct intervention, flyers, condoms

special programs:

Hut na hut-- A 3 hour risk reduction workshop for self identified gay men, Filipino gay men, Catholic, or closeted. Deals with issues of the Catholic church condemning gays, disapproval of condom use, guilt; how to come out to your family; how to negotiate with partner

Pinoy Positive Panel-- This is an open forum for Filipinos who are HIV+ or have AIDS, partners or families.

AIDS Project-Asian Health Services

location:

310 Eighth Street, Suite 200
Oakland, CA 94607
(510) 444-2437

persons interviewed:

Kevin Fong, *AIDS Coordinator*
Ginny Bourassa, *Youth Programs Volunteer Coordinator*
David Cho, *Community Health Specialist*

history:

1974- clinic started
1988- HIV Program started
1989- testing and counseling
1991- case management
1992- officially funded in 1992
1993- peer education

target group:

all

target areas:

Oakland Chinatown

method:

patient services, bars, gay bath houses, others

special programs:

Prevention education outreach-- AIDS 101, works with people who are high risk, prevent reinfection, relapse or seroconversion, 3-6 mo. spent with individual

Testing/Counseling-- in Chinese, Vietnamese, Loatians, Thai, Korean, Tagalog, English every Thurs 2-4:40pm free HIV confidential or anonymous testing

Case management-- social support to people with HIV/AIDS or their loved ones

Primary care-- 1st patient in 1991, doctors trained in clinical and diagnostic services, referrals, periodic medical evaluations, one of

two Asian clinics in the country that provides medical services to HIV/AIDS patients

Peer education-- a new program to start in June 1993, peer educators/mentors at East Bay Asian Youth Center, HIV/AIDS education to high school and junior high schools

Computer bulletin board services-- makes use of the modem to target gay men, allows men to engage in sexual fantasies, and to exchange letters, especially used by young men who cannot go to bars and computer literate men, health educators don't disclose their identity unless necessary, they ask AIDS related questions and encourage safer sex

Latex a go go-- modeled after AAP's Rubberclub, includes a dance environment in a gay bar, males with safer sex questions complimented with erotic pictures, pre-test counseling, held two times a year

Chinese AIDS Prevention Project-Chinatown Youth Center

location:

1693 Polk Street
San Francisco, CA 94109
(415) 775-2636

person interviewed:

Vi Huynh, *Case Manager*

history:

1990- JCYC started program

target group:

Chinese youth and immigrants

target areas:

Chinatown

methods:

high school presentations, street fairs, media

special programs:

High School AIDS education--safe sex workshops at high schools, show Behind the Mask (video), AIDS 101 workshop

Chinatown Outreach--outreach to Chinatown (Huynh states that about 70% of San Franciscans, even American born Chinese, will go to Chinatown at least 1 to 2 times a month), stand in front of YMCA, go to playgrounds, recreation centers and answer questions. Most of these people are immigrants with men less hesitant than women. Target age is 17-20 years old.

*Japanese Against AIDS Project - Japanese
Community Youth Council*

location:

1596 Post Street, first floor
San Francisco, CA 94109
(415) 563-0553

persons interviewed:

James Naritomi, *Project Director*
Ippei Yasuda, *Health Educator, Gay/Bisexual men & all Japanese
speaking*

history:

1987- JCYC started with a budget of \$24,000 for the year
1988-89- staffing still only 1 person (Naritomi), no stability in
funding to expand
1990- AACAA started with JCYC as the primary funding source and
distributor
1992- Prevention Case Management and services

target groups:

gay/bisexual Japanese men, heterosexual, youth, immigrants

target areas:

churches, corporations, Japanese language schools, gay bars, media,
papers

methods:

various

special programs:

Immigrants-- 40-60 year olds, education in churches

Japanese new immigrants w/children

Corporation people-- (sent to U.S. to work) educate wife of business
men at Japanese language school

Japanese foreign students-- (college) no family members or peers,
new students

Japanese gay men-- an 8 week session for gay men covering the following topics: AIDS 101 workshop, antibody testing, coming out and personal support network, inter-cultural and safer-sex communication, safer-sex negotiation in interracial relationships, loss and grief, relapse, and living with HIV

West Bay Pilipino AIDS Project-West Bay Pilipino
Multi-Services Corporation

location:

965 Mission Street, Suite 518
San Francisco, CA 94103
(415) 882-7803

person interviewed:

Fatima Angeles, *Project Coordinator*

history:

came out of West Bay in 1987
1991- Peer education program started

target group:

Pilipino youth

target areas:

San Francisco Bay Area high schools and colleges

methods:

peer education through presentations in the schools

special programs:

Peer education-- 15-20 teens design 1-2 hour peer education program on such topics as HIV/AIDS, pregnancy, decision making, peer pressure, Filipino history, and peer counseling to administer in high schools and junior high schools, and colleges

Asian AIDS Project

location:

300 Fourth Street, Suite 401
San Francisco, CA 94107
(415) 227-0946

persons interviewed:

Vince Sales, *Executive Director*
Robert Bernardo, *Health Education Specialist I*

history:

1987- started in April
1989-1990- crisis, turnover in staff
1991- new programs started
1991- first performance of Love Like This Theater
1993- about 50% of programs today started

target group:

gay/bisexual men, out of school youth, adults

target areas:

throughout San Francisco Bay Area, other nearby counties

methods:

bar outreach, community soliciting, media, presentations, etc.

special programs:

Act out sex-- theater safe-sex workshops for groups of 10-15 people

Rubberclub-- long skits at different places (i.e. schools, gay bars)
which consists of 3 skits, 1 serious, 1 targeting gay, and 1 targeting
heterosexual; use lip sync, improv, role plays

Community Theater Program-- formal plays, 1-2 hour acts

Community Outreach Program-- AIDS 101 workshops in ESL classes,
Universities, community agencies, adult classes; for immigrants and
monolingual A/PIs

Youth at risk-- detention facilities, small discussion with youth
around HIV and STDs

Massage Parlors--talk to women workers

Prevention Case Management-- works with high risk populations or recently tested HIV+; hook them up to services, serves as link to social services, medical, homeless shelters, etc.

Latex Lounge-- lesbian/bisexual women, materials, outreach through media

This interview that was conducted over the phone...

**Southeast Asian AIDS Prevention Project- Center
for Southeast Asian Refugee Resettlement**

location:

875 O'Farrell Street
San Francisco, CA 94109
(415) 885-2743

person interviewed:

Kyle Monroe-Spencer, *Health Educator*

history:

have received funding for past 3 years

target group:

Vietnamese, Loatians, Cambodian

target areas:

Southeast Asians in the Tenderloin

methods:

posters, outreach workers, street fairs

special programs:

Outreach workers-- Vietnamese- Vietnamese businesses, massage parlors

Loatians home visits, one-on-one

Cambodian- business, attend meetings to health care providers in temple

Media campaigns-- ethnic newspapers

Education-- ESL classes, high schools, colleges, using interactive games (i.e. Loatians gambling game)

Youth Peer Volunteer-- interns do peer education in schools and youth centers

Prevention Case Manager-- to start in June 1993, if HIV+ what to do to stay healthier longer

GAPA Community HIV Project (G-CHP)- Gay Asian Pacific Alliance

location:

1841 Market Street
San Francisco, CA 94103
(415) 575-3939

person interviewed:

Steve Lew, *Chair of the Asian Pacific AIDS Coalition & Director of education programs*

history:

one of the first organizations to serve people who are HIV+
1987- Gay Asian Pacific Alliance (GAPA) started
1989- G-Chip started, activists-based started this project because they felt they should incorporate more gay men in administration

target group:

gay/bisexual men, HIV+

target areas:

San Francisco Bay Area

methods:

prevention, education, support and direct services to HIV+, direct services to recent immigrants (language, legal assistance, etc.)

special programs:

Case Management-- primary assessment of people's needs, medical, social services, mental health

Buddy Program-- matching people who are HIV+ with a partner to help with such things as laundry, taking them to an appointment, companionship, etc.

Positive buddies-- people who go through coping with own HIV+ diagnosis and help those who just found out, support by peer counseling

Asian and Pacific Islander Individuals and Agencies doing HIV/AIDS Work

Compiled by R. Chang
Asian/Pacific AIDS Coalition
Date: 11/10/92

The following are agencies and individuals which work with or have a program for HIV/AIDS targeting clients who are Asian, Southeast Asian or Pacific Islander. They are not in any alphabetical order or ranking.

NORTHERN CALIFORNIA

Rafael Chang
Asian/Pacific AIDS Coalition
995 Market Street, Ste. 1112
San Francisco, CA 94103
T 415/243-8909
F 415/243-8628

Danny Yu.
John Silva, Steve Lew, ~~Lori Lee~~
GAPA, Community HIV Project
1841 Market Street, 2nd Floor
San Francisco, CA 94103
T 415/575-3939
F 415/575-3935

Tony Nguyen
CSEARR
875 O'Farrell Street
San Francisco, CA 94109
T 415/885-2743
F 415/885-3253

~~Dino Ago~~ *Roberto Flores*
Asian Am. for Community Involvement
232 East Gish Road, Ste. 200
San Jose, CA 95112
T 408/452-5151
F 408/452-4630

Vi Huyn, May Lee
Chinatown Youth Center
1693 Polk Street
San Francisco, CA 94109
T 415/775-2636
F 415/775-1345

Laurin Mayeno, Renjie Yuan
Assc. of Asian Pacific Comm. Health Org.
1212 Broadway, Ste. 730
Oakland, CA 94612
T 510/272-9539
F 510/272-0817

Tom Kim
Korean Community Service Center
3136 Fulton Street
San Francisco, CA 94118
T 415/567-3267
F

Kevin Fong, Virginia Bourassa
Asian Health Svcs- AIDS Program
310 Eighth Street, Ste. 200
Oakland, CA 94607
T 510/444-2437
F 510/451-2786

~~Dorothy Wong~~, Vince Sales
Asian AIDS Project
300 Fourth Street, Ste. 401
San Francisco, CA 94107
T 415/227-0946
F 415/541-9986

Pete Astudillo.
~~Jaime Coaga~~, Rob Samonte Tagalicod
Filipino Task Force on AIDS
1540 Market Street, Ste. 275
San Francisco, CA 94102
T 415/703-9880
F 415/864-7482

Welmin R. D. Militante
Filipinos for Affirmative Action
3982 Homer Street
Union City, CA 94587
T 510/487-8552
F 510/487-3930

Kenneth A. Akinaka
Bay Area Addic. Research and Treatment
45 Franklin Street, Third Floor
San Francisco, CA 94102
T 415/552-7914
F 415/552-3455

James Naritomi
Japanese Against AIDS Project - JCYC
1840 Sutter Street, Ste. 207
San Francisco, CA 94115
T 415/563-0553
F 415/563-1345

Cesar Cadabes
WestBay Pilipino AIDS Project
953 Mission Street
San Francisco, CA 94103
T 415/882-7803
F 415/512-9219

Dr. L. Karoline Naufahu
Nat. Off. for Tongan and Pacific Am. Affairs
18 North Humbolt Street
San Mateo, CA 94401
T 415/342-8554
F

Ignatius Bau
SF Lawyers Committee for Urban Affairs
301 Mission Street, Ste. 400
San Francisco, CA 94105
T 415/553-9019
F 415/543-0296

Dr. Sophia Chang, Galen Leung
SF Dept. of Health - AIDS Office
25 Van Ness Avenue, 5th Floor
San Francisco, CA 94102
T 415/554-9019
F 415/431-7547

Tessie Guillermo
Asian American Health Forum
116 New Montgomery Street, Ste. 531
San Francisco, CA 94105
T 415/541-0866
F 415/541-0748

Evelyn Lee
Richmond Area Multi-Services, Inc.
3626 Balboa Street
San Francisco, CA 94105
T 415/668-5955
F

Kean Tan
UCSF - AIDS Health Project
Box 0884
San Francisco, CA 94143

Epee Rafanan
Filipino AIDS Hotline - SFAF
25 Van Ness Avenue, 6th Floor
San Francisco, CA 94102
T 800 FIL-AIDS

Lester G. Katsura
Lake Park United Methodist
281 Santa Clara Avenue
Oakland, CA 94610
T 510/893-7092
F

Melinda Paras, Jeanette Lazam, Teri Oshio
Shanti Project
525 Howard Street
San Francisco, CA 94105
T 415/777-2273
F 415/777-5152

Bart Aoki
Asian Youth Substance Abuse Project
300 Fourth Street, 2nd Floor
San Francisco, CA 94107
T 415/541-9285
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Bibliography

- Angeles, F. (May 7, 1993). Personal contact. West Bay Pilipino AIDS Project.
- Aoki, B., Ngim, C. P. N., Mo, B., & Ja, D. Y. (1989). AIDS prevention models in the Asian American communities. In Mays, V. M., Albee, G. W. and Schneider S. F. (eds.), *Primary Prevention of AIDS: Psychological Approaches*, Sage, Newbury Park, CA, pp. 290-308.
- Aoki, B. (April 19, 1993). Personal contact. Asian American Recovery Services.
- AP/I AIDS Cases L.A., Courtesy of Rene Astudillo from the Filipino Task Force on AIDS
- Astudillo, R. (1993, February 25). Creating 'A Group of Nomads': Filipinos Face 'Double Jeopardy' With Governments' Actions. *Bay Area Reporter*.
- Astudillo, R. (1993, March 18). It's Filipino AIDS Awareness Week. *Bay Area Reporter*.
- Astudillo, R. (April 19, 1993). Personal contact. Filipino Task Force on AIDS
- Bernardo, R. (May 10, 1993). Personal contact. Asian AIDS Project.
- Bourassa, G. (April 23, 1993). Personal contact. Asian Health Services.
- Chang, R. (1992, November 10). Asian and Pacific Islander individuals and agencies doing HIV/AIDS work. Asian/Pacific AIDS Coalition. Courtesy of G-CHP.
- Chang, R. (1993, March). HIV/AIDS in the Asian & Pacific Islander Communities: an informational document for Elected Officials and Key Leaders of the City and County of San Francisco. Asian/Pacific AIDS Coalition.
- Chin, S. (1993, March 14). Survey takes pulse of Filipino teens in Vallejo. *A section of the San Francisco Sunday Examiner and Chronicle*.

Cho, D. (April 23, 1993). Personal contact. Asian Health Services.

Fairbank, Bregman and Maullin. (1991). A Survey of AIDS Knowledge, Attitudes and Behaviors in San Francisco's American-Indian, Filipino and Latino Gay and Bisexual Male Communities. Fairbank, Bregman and Maullin, Inc.

Fong, K. (April 23, 1993). Personal contact. Asian Health Services.

Gorrez, L, Araneta, Maria Rosario G., and Geaga, J. (1990). AIDS Knowledge, Attitudes, Beliefs and Behaviors in a Household Survey of Filipinos in San Francisco, Volume 1: Findings, Summary and Conclusions. A Joint Project of the San Francisco Department of Public Health AIDS Surveillance Office, The Asian American Health Forum, Filipino Task Force on AIDS-Northern California.

HIV Testing Programs in San Francisco, Courtesy of Vi Huynh from the Chinatown Youth Center

Hu, D. (1992, December 11). AIDS sweeps Asia? *Asian Week*, p. 19.

Huynh, V. (May 3, 1993). Personal contact. Chinatown Youth Center.

Ja, D., Kitano, K. and Ebata, A. (1990). Report on a Survey of AIDS Knowledge, Attitudes and Behaviors in San Francisco's Chinese Communities: Executive Summary. Conducted for the San Francisco City and County Department of Public Health Office of AIDS.

Ja, D., Kitano, K., and Ebata, A. (1990). Report on a Survey of AIDS Knowledge, Attitudes and Behaviors in San Francisco's Japanese Communities: Executive Summary. Conducted for the San Francisco City and County Department of Public Health, Office of AIDS.

Lee, D.A., and Fong, K. (1990). HIV/AIDS and the Asian And Pacific Islander Community. Unpublished SIECUS Report, February/March 1990.

Lew, S. (May 28, 1993). Personal contact. Gay Asian Pacific Alliance Community HIV Project

- Mann, J., Tarantola, D., and Netter, T. (1992). *AIDS in the World*. Harvard University Press: Cambridge.
- McLaughlin, K. (1992, August 31). Low AIDS rates gave Asians false confidence. *San Jose Mercury News*.
- McLaughlin, K. (1992, September 1). Asian-Americans issue 'a call to action' on AIDS. *San Jose Mercury News*.
- Monroe-Spencer, K. (May 17, 1993). Phone interview. Center for Southeast Asian Refugee Resettlement.
- Naritomi, J. (May 7, 1993). Personal contact. Japanese Community Youth Council.
- National Commission on AIDS. (December 1992). *The Challenge of HIV/AIDS in Communities of Color*. National Clearing House.
- Paragas, T. (1989). Asians and AIDS: The Deadly Silence. *Pacific Ties*, November 1989, pp. 18.
- Sales, V. (May 10, 1993). Personal contact. Asian AIDS Project.
- Sam, C. AIDS comes home. *East West News*. March 23, 1989, 8.
- San Francisco Department of Public Health. AIDS Monthly Surveillance Report, March 31, 1993, Courtesy of Asian AIDS Project.
- State of Hawaii AIDS Nos., Courtesy of Rene Astudillo from the Filipino Task Force on AIDS.
- Yasuda, I. (May 7, 1993). Personal contact. Japanese Community Youth Council.