APICHA Community Health Center – Investing in Our Future

To much of the outside world, APICHA – still the dependable refuge for LGB and T, immigrant and underserved populations particularly from communities of color for excellent medical care – has remained mostly unchanged. But from within, a dramatic and ongoing evolution has been taking place in order to achieve that very sense of stability these people have come to expect and rely upon for their health care needs. Among the most evident of changes occurred with the adoption of a new operational name APICHA Community Health Center, a certification for which was filed and approved and will be formally announced at the annual benefit gala event (see story p. 4). The new name signifies far more than an arbitrary decision and casual changes. It officially ushers in a new era in APICHA’s history.

The name change was arrived at with numerous considerations given to all that it would imply in terms of an already well-established identity while easing the transition to the much broader scope that APICHA Community Health Center would now be undertaking. Much in the way of affinity, tradition and its much deserved reputation for reliability are attached to APICHA’s identity for which it is known by its patients, supporters, partner providers and the entire community at large. To reflect all this, the APICHA name was retained with the annexation of the phrase “Community Health Center” to characterize the enhanced scope of its services.

Guided by the health care needs within its immediate neighborhoods and those of its target populations who live in all five boroughs of New York City, APICHA Community Health Center has streamlined its existing programs while developing and integrating new ones to assure a comprehensive continuum of care. Enabling Services including care coordination and support groups, Prevention Programs including health promotion and disease prevention, and Policy Advocacy including community engagement and community based research partnerships will all be bound to the core of APICHA Community Health Center’s Medical Services in primary care and mental health. Within this coverage are services specific to the population and focused on the health problems to which they are most susceptible including Hepatitis, STD and a proposed anal and cervical cancer prevention program as well as clinics specializing in care for lesbian, gay, bisexual and people of Trans experience. APICHA Community Health Center’s HIV/AIDS Care Model that has served its patients so well over the years is the foundation of the expanded medical services.

APICHA’s Quest to Become an FQHC

It was in December of 2006 when APICHA’s unexpected relocation to its current home on 400 Broadway brought on both a destabilizing effect and an opportunity to look to the future. Amidst the shifting sands of city and statewide legislations as well as brutal cuts in funding sources and allocations, APICHA needed to transform itself simply to continue delivering quality health care while establishing a relevant organizational model that could forge ahead into the future.

Two years into the move, the agency had found its footing in its new physical environment as well as within the very fabric of its neighborhood, prompting senior management to begin seeking out fresh perspectives from friends and associates, peers and allies for practical courses to sustainability and growth. APICHA conducted a sweeping assessment of demographic and epidemiological data to identify emerging and persistent issues affecting its target populations and service area. Extensive discussions were held with patients and staff, community leaders, elected officials and funders. Based on all the gathered information and the evidently paramount concerns of its patients, the most feasible course for APICHA to take was to tender a bid for becoming a Federally Qualified Health Center (FQHC). APICHA proceeded to lay down the groundwork for expanding its scope and re-configuring its infrastructure for compliance to the regulations governing FQHCs. A framework was carefully designed to streamline organizational mandates to comply with the exact requirements for designation.

Meanwhile, Congress passed the Patient Protection and Affordable Care Act (ACA) in the spring of 2010 followed by the White House’s first-ever National HIV/AIDS Strategy (NHAS). With these came the most transformative catalysts in the nation’s health care system. The ACA gave hope that more people would soon have access to...
**HEALTH: A Patient Discovers That Help is Where The Heart is**

Cure of Tuberculosis, Hepatitis B, and Hepatitis C

HIV cases inevitably present additional challenges for APICHA Community Health Center where patients find a combination of compassion and competence that result in the kind of success stories that make the work worthwhile. One such remarkable story is that of an HIV patient with multiple co-infections – not just one or two, but three.

Prior to relocating to New York in 2008, Wei*, a 34-year-old immigrant from China had been experiencing intermittent bouts of fatigue. A lump that formed in his armpit had grown to the size of a small clementine. This was accompanied by other symptoms including fever and weight loss. He sought care at a local medical center where they ran tests to investigate possible sources of his ailments. The results showed abnormal results in his liver: Wei was infected with Hepatitis B and Hepatitis C. Since Hepatitis C is acquired through blood-to-blood transmission, the doctor administered an HIV test as well, which also returned positive. He was referred by the local medical center to APICHA for his HIV treatment. Wei was referred to yet another provider for a biopsy of the lump in his armpit.

But while waiting for his biopsy results, Wei’s overall health condition steadily and steeply declined with extreme fatigue, fevers and weight loss. He transferred out of his local medical facility and sought medical care at APICHA Community Health Center. His CD4 cell count was also dangerously low at just 50 cells per mm3 of blood. Comparatively, a healthy CD4 cell count is between 600 and 1,200 cells per mm3. This indicated that his condition had progressed to AIDS, further exacerbating the effects of his co-infections and putting him at risk for other opportunistic diseases.

APICHA Chief Medical Officer Dr. Robert Murayama immediately administered antiretroviral therapy (ART) to boost Wei’s immune system. But once the biopsy returned positive for tuberculosis (TB), he had to revise Wei’s treatment to prevent any interaction with the TB medications. With the help of a TB expert at the New York City Department of Health and Mental Hygiene, Dr. Murayama devised an astute regimen to concurrently treat Wei’s TB and HIV. As part of this plan, Wei enrolled in directly observed therapy (DOT) – a service that helps ensure a nurse and physician monitor him while taking his TB drugs – and carefully-planned cocktail of ART. After nine months, Wei’s TB was cured and his AIDS symptoms were under control.

With Wei’s TB cured and AIDS symptoms in check, Dr. Murayama began to treat Wei’s Hepatitis C with a combination of weekly interferon, daily pills, and weekly injections. Unfortunately, a side effect of Wei’s concurrent Hepatitis C and HIV treatments was depression. To address this, Dr. Murayama altered Wei’s ART to lessen the severity of the side effect. After several months of Hepatitis C treatment, Wei’s Hepatitis C was cured, and to his surprise, so was his Hepatitis B. In some cases, interferon targeting Hepatitis C can also cure Hepatitis B.

In treating HIV, APICHA Community Health Center has to maintain an overall view of managing co-infections while addressing factors particular to each patient including linguistic isolation and navigating complicated medical systems. Its capacity to effectively treat HIV and its co-infections, coupled with its ability to treat patients with diverse cultural and linguistic needs, enabled Wei to achieve positive medical results. Dr. Murayama’s knowledge of HIV and Hepatitis B and C treatments played a crucial role in tailoring Wei’s ART to accommodate treatments for other illnesses while still improving his HIV-related symptoms. In addition to Dr. Murayama, Wei’s successful treatment involved a team of care providers. A Patient Navigator at APICHA Community Health Center, Betsy Chau, played an important role in Wei’s care. When he arrived in New York, Wei lacked the English skills to communicate with his medical providers, as well as the necessary familiarity with American medicine to understand the importance of his various treatments. Betsy, a fellow Cantonese speaker, skillfully interpreted for Wei at all of his doctor’s appointments, accompanied him to all of his DOT drop-ins, and clarified any cultural miscommunications that took place throughout the treatment process. Her constant presence and support allowed Wei to effectively follow through with Dr. Murayama’s treatment plan.

Today, with his Hepatitis B, Hepatitis C, and TB cured, and his HIV symptoms under control, Wei continues to receive HIV/AIDS treatments at APICHA Community Health Center and live a happy, active life.

* “Wei” is a fictitious name for a real patient. The patient’s real name is not used in this article to provide anonymity.

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**On The Wish List: Anal and Cervical Cancer Prevention Services**

To enhance its primary care offerings, APICHA Community Health Center plans to offer services for anal and cervical cancer prevention. The new services will include cervical colposcopy, high resolution anoscopy (HRA), and infrared coagulation to all high-risk patients, with a focus on those infected with HIV. Once properly trained in HRA and infrared coagulation, our medical providers (with one provider to be trained in cervical colposcopy) can take a closer look when a screening test (Pap smear/cytology) result is suspicious. This will enable APICHA Community Health Center medical providers to treat the abnormal area with infrared coagulation immediately to prevent abnormal lesions from progressing to cancer over time. Early detection of cancer will also enable providers to refer their patients to appropriate treatment facilities at earlier stages.

“We have always wanted to incorporate cervical colposcopy, HRA, and infrared coagulation into our primary care services,” explains Dr. Murayama. “These types of screenings and cancer prevention treatment are needed to make our sexual health program more effectively comprehensive. And the high volume of gay men and HIV+ women we serve here are the ones most impacted by anal and cervical cancer, or are susceptible to conditions that lead to these types of cancer.

“The number of Men-who-have-Sex-with-Men or MSM who develop anal cancer is worrisome,” says Dr. Murayama. “Among HIV-negative MSM, an estimated 35 out of every 100,000 develop anal cancer, while among HIV-positive MSM, the rate is about twice as high.” MSM is the term used by the Centers for Disease Control and Prevention to classify HIV transmission risk. At APICHA Community Health Center, last year, 90% of HIV-positive MSM patients showed abnormal anal Pap smears. The proposed project will help compensate for a citywide gap in anal and cervical cancer prevention services. Most medical facilities in New York lack cervical colposcopy and even fewer offer or accept referrals for HRA or infrared coagulation. In past years, APICHA has referred patients to a small number of medical centers for cervical or anal cancer screening but have found that these patients often face language and cultural barriers with their providers.

Continued on page 3
APICHA Community Health Center Thanks You

It takes grants, contracts, generous contributions of money, time and moral support to sustain our community health center. On behalf of all the people we serve, APICHA says thank you to everyone who gave their support:

(Note: List covers the period April 1, 2011 to April 30, 2012)

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To donate, contact Gertrudes Pajaron, Director of Development, at (646) 884-5383 to e-mail to gpajaron@apicha.org.
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APICHA’s 22ND ANNIVERSARY GALA

On May 23, APICHA celebrates its 22nd anniversary with its annual “A Thousand and One Champions” Gala at the Manhattan Ballroom of the Grand Hyatt New York. The much-anticipated gala brings together the city’s outstanding philanthropists, community dignitaries, respected policy makers and medical professionals along with other constituents for a momentous evening. Traditionally, the special event is held as an occasion to reflect on APICHA’s recent hard work and achievements, raise much-needed funds, express sincere gratitude to all the generous and steadfast supporters, while readying for another year ahead of challenges to be met and new goals to be reached. In the company of its countless community allies, APICHA will once more call for a unity of purpose and a renewal of the resolve to serve those most in need.

Honoring the Community Champions
As in previous galas, the festivities will feature APICHA’s customary tribute to a group of esteemed honorees. This year’s recipients are being recognized for impressive, individual accomplishments in their respective fields as well as their exemplary dedication to the greater good of communities and causes that share a kinship with APICHA’s objectives. As a lasting tribute of profound appreciation for their valuable contributions, each honoree will receive a beautiful, commemorative glass plaque designed by artist and former APICHA board chair Kevin Huang, and etched with APICHA’s flowering plant motif. Underscoring the gala theme of “A Thousand and One Champions”, each honoree is being extolled for their achievements as much as they represent all the many other diligent champions of the community. Hailing from a range of fields including medicine, business and the arts, these honorees are linked by a common devotion to social justice, demonstrating an unconditional passion to alleviating suffering and bringing to bear their lifelong careers for the betterment of the lives of the disadvantaged.

Lisa Eng, D.O.
For nearly three decades Dr. Eng has been serving countless women with little or no access to medical care through her private practice in the heart of Chinatown and in her many capacities with various health care and social service organizations. She holds several leadership positions, including presidency of the Association of Chinese American Physicians, from which she tirelessly fosters accessible health care. Her work has been recognized with awards and cited by many as a testament to rising from humble beginnings and the importance of giving back. Her unflagging commitment to the underserved segment of the population is a vital cornerstone of her integrity and character. “I am of this community and to not help would be like ignoring a part of me” she says. “If we could all see ourselves not so much as individuals rather as part of a global whole, we would realize that we all share in suffering and in success. I think tangible demonstrations of compassion touch lives in profound ways and organizations like APICHA play a crucial role in reaching those who would otherwise fall through the cracks, providing them with medical care with much needed compassion and empathy.”

Presenting the award to Dr. Eng is Doris Ling-Cohan, Justice of Supreme Court, who also serves as a Commissioner of the Franklin Williams Judicial Commission on Minorities. She is a member of the New York City Bar Association’s prestigious Council on International Affairs and was recently elected the National President of the Judicial Council. In 2005, Justice Ling-Cohan delivered a 62-page ruling that deemed the state’s Domestic Relations Law that limits marriage to unions between opposite-sex couples as unconstitutional thus paving the way to the possibility of issuing marriage licenses to same-sex couples in New York. A product of immigrant parents, her accomplishments have given her an appreciation for the plight of immigrants while her dedication to the course of justice has made her a champion of equal rights for all.

Paul D. C. Huang
Through many years of voluntary contributions of his time, skills and personal resources, Mr. Huang has been actively engaged in subsidizing and building from within the Asian and Pacific Islander communities.

His impressive professional experience and business acumen give him a pragmatic perspective in helping others establish a solid base from which to effectively operate across fields of shared interests. As president of the C.J. Huang Foundation...
and serving on the board of multiple organizations, he not only recognizes the immense potential of unifying diverse groups, he also creates synergistic opportunities for them to bridge resources with needs in order to benefit everyone. Among his many key causes is the Asian American Federation and its Asian Community Fund which received a personal and generous endowment as an affirmation of his faith in its magnanimous goals and the recipients of its projects. He is among APICHA’s most dependable and trusted mentors who provides the organization with invaluable guidance and has pushed patrons for much needed increased funding for HIV and LGBT health services. “We need to work and give together,” he asserts. “Collaborative philanthropy is important as an investment in the quality of life of the community.”

Presenting the award to Mr. Hwang is Cao K O, Executive Director of the Asian American Federation of New York, which has garnered substantial financial and management resources for Asian Americans along with active public policy advocacy on their behalf. Mr. O’s leadership and experience were built on many years of public service and social work. He has since received several honors recognizing his work with the federation and he has been featured as an “Unsung Hero” on a local news program for WPIX11.

David Henry Hwang
Mr. Hwang is the preeminent Asian American dramatist and author of a number of widely acclaimed plays including the Tony Award winning and Pulitzer final M. Butterfly and Time Magazine’s Best American Play of 2011 Chinglish. He has also penned feature film screenplays, the books for several Broadway musicals as well as librettos of distinguished operas. The intricacies of identity and the struggle of integration by Asian American immigrants have been immortalized as prominent themes in some of his most important work. His ability to underscore these thought provoking concepts resonates as a universal message with everyone who has had the privilege of witnessing these masterworks. He was appointed by President Clinton to serve on the President’s Committee on the Arts and the Humanities from 1994-2001. He continues to generously extend his time, talent and finances in support of Asian American, arts, theater, education and social service causes. “I do feel we all have a moral responsibility to improve the world around us,” he says. “It’s important that we help ourselves to give us more control over our future and APICHA plays a critical role in educating and administering life-saving treatment to our communities.” (photo credit Lia Chang)

Presenting the award to Mr. Hwang is Obie-award winning theater director Leigh Silverman. Ms. Silverman and Mr. Hwang’s collaborations include the much lauded Chinglish, which will be touring this Summer, a revival of “Golden Child” at the Signature Theater in the Fall, and an upcoming new play entitled “Kung Fu.” Her vision and astute ability of brining to life the written word on stage has made her an invaluable asset to the international theater community.

In the company of its countless community allies, APICHA will once more call for a unity of purpose and a renewal of the resolve to serve those most in need.

Natalia Kanem, M.D., MPH
A renowned international proponent of women’s and children’s health, Dr. Kanem’s career has spanned across many prominent posts including co-founder of the Harlem Center for Health Promotion and Disease Prevention, joint appointments in pediatrics and epidemiology at Columbia University for its College of Physicians and Surgeons and School of Public Health respectively, Deputy Vice Presidency of the Ford Foundation, founding President of ELMA Philanthropies, director of King Baudouin Foundation US, Trust Africa and Nike RED’s sports programs in Africa. Her insightful work has had a deep and far reaching impact by acknowledging and incorporating social, cultural, educational and humanitarian factors in transforming medical care. She has headed countless progressive programs and research into developing sustainable ways to effectively improve public health and education for women and children and underserved people around the globe. “In seeking medium-to-long-term solutions to systemic issues in public health, you need to look at and address the problems from the perspective of those living in the culture,” she explains. Dr. Kanem has received recognition for her achievements from the American Medical Association, the University of Washington, the University of Benin, Africa and Latin America community groups and the African Women’s Development Fund.

Our Gala Host - ARTHUR CHI’EN
Three-time Emmy Award winner and WPIX-TV reporter Arthur Chi’en once again lends his gracious presence as the host of the annual benefit gala. From his early years as producer for NBC’s Nightly News with Tom Brokaw and Bureau Producer for the Today Show to covering high profile news for NY1, CBS, and currently for WPIX, Mr. Chi’en has always displayed an innate talent for recognizing a good story. As one of the city’s most respected reporters, his stories have ran the gamut from local to national, from human interest features to investigative reporting and hard news. Through all the accolades, Mr. Chi’en remains steadfast in his support of both the Asian and Pacific Islander community and the city of New York.
ongoing health care through expanded insurance programs while the NHAS presented a blueprint of a well-rounded strategy to reverse the course of the HIV/AIDS epidemic in the nation. But with the benefits came unintended but nevertheless adverse consequences. For instance, while the NHAS calls for the assimilation of HIV/AIDS into primary care, the ACA allocates all primary care funding to FQHCs. This renders APICHA ineligible for many funding opportunities through the ACA. APICHA has had to navigate such newly formed as well as old regulations that prove disadvantageous or don’t quite address the realities and needs of the specific population segments it serves.

Policy Advocacy in Action
In an effort to find workable solutions, APICHA advocates extensively on behalf of its patients’ issues, outlining persuasive policy papers, attending committee meetings, tirelessly shutting to and from Albany and Washington DC, and making heartfelt presentations at city, state and federal levels in an effort to promote the modification of certain outdated terminologies within existing provisions and pave the way toward efficient outcomes. Through these activities, APICHA has formed important alliances with other groups that are in the similar quandary of having to negotiate terms inapplicable to certain patient populations.

When the Health Resources and Services Administration (HRSA) released a Request for Proposals for a New Access Point (NAP) award, APICHA competed because earning an NAP is a stepping stone to becoming an FQHC. Unfortunately, the application process revealed a number of obstacles to an FQHC designation including geographic shortage definitions and legislated restrictions that were not quite representative of the present circumstances. There also existed palpable opposition from the service area’s existing FQHCs which inaccurately viewed APICHA’s entry into the FQHC system as a threat to their business. This presented a major obstacle since the support of these FQHCs was required by HRSA. To address these concerns and present counter arguments and support from community-based organizations APICHA met with HRSA. During the same period, a Negotiated Rulemaking Committee was convened by Secretary of Health Kathleen Sibelius to consider changes to guidelines for becoming an FQHC. APICHA assisted in shaping the report submitted to Secretary Sibelius that includes new criteria in recognizing medically underserved populations to cover people living with HIV/AIDS, immigrants and lesbian, gay, bisexual and transgender individuals, among others. The report also contains proposals and recommendations for new pathways to designate magnet facilities that serve eligible communities or populations but do not meet the threshold of “geographic shortage” along with “facility-specific medically underserved population” category.

Although existing FQHCs in proximity to APICHA have been successful in serving their target populations, HRSA's own data shows some 66% of this service area’s low-income population remain unserved and without any other specialized HIV/AIDS, STI or LGBT-sensitive primary care. Furthermore, APICHA’s combined strengths of being a provider with a successful HIV/AIDS service model and LGBT sensitive care is distinctly different from what existing FQHCs in the area offers. Compared to other organizations, APICHA stands apart for its blend of pan-Asian, Hispanic/Latino, African American and LGBT reach – communities that experience health disparities in HIV, obesity, hypertension and other chronic diseases. Despite APICHA’s sterling credentials, however as fine print regulations currently stand, there are obstacles to gaining this designation.

Genesis
To fully appreciate why APICHA has taken this immensely challenging course, it may be helpful to recall that it has always been dedicated to health equity, having been conceived as an undeniable civic obligation during an era of quiet desperation. It was in the practice that led to an understanding that advocacy must lead to service delivery if social justice is to be achieved. In the late Eighties, while most of the gay community had already begun to marshal its resolve to push back against the once seemingly unfathomable specter of HIV/AIDS, there were still many others even sub segments of the same population that were largely either uneducated or in denial about the pandemic. Asian communities, particularly taciturn when confronted by issues of sexuality and disease, as well as a number of other communities of color were largely ill-prepared in how to deal with the crisis. During those early years, the APICHA mandate was to pierce through the veil of silence and ignorance surrounding HIV/AIDS and draw immigrant populations into the struggle by engaging them on their own linguistic, social and cultural terms.

Through workshops and outreach, APICHA slowly but steadily made pivotal inroads with its target base just as medical science had also begun to gain an upper hand on HIV. From the moment it was officially recognized in 1981 to about 2005, AIDS had killed over 25 million people worldwide, according to estimates by the Joint United Nations Programme on HIV/AIDS and the World Health Organization. In 1996, successful outcomes in protease inhibitor-based anti retroviral therapy altered the way the disease was being handled. No longer condemned to the certain death sentence HIV/AIDS once was, people living with the infection now needed supportive services. Once again, APICHA would face the new circumstance with equal vigor.

As advancements in treatment moved HIV/AIDS into a chronic disease classification, APICHA responded by transitioning from a purely prevention and education-based agency into providing the a broader range of services vital not only to assist those afflicted by the infection but also addressing the various medical care needs of an increasingly diverse demographic who face considerable barriers due to several factors including language, culture and sexual orientation. From the outset, chief among APICHA’s strengths is its hard-won roots in the Asian and Pacific Islander and Lesbian, Gay, Bisexual and Trans communities. Its experience, sensitivity and proficient knowledge of the cultural, social and linguistic complexities endemic in these groups have earned APICHA the reputation of being the destination of choice for health care, which these people may otherwise find inaccessible or unwelcoming at mainstream settings. As a result, similarly disenfranchised groups such as other people of color and immigrants and New Yorkers have been drawn to APICHA’s specific purview, finding here a sense of shared affinity.

The Long Road Home
Through over two decades of its history APICHA it has remained resolute, never losing sight of its most cardinal goal - the dedication to serve. And in the capacity of service, meeting the needs of the people one serves is the true measure of the work’s integrity. In order to sustain the highest quality of care and keep pace with the exponentially increasing needs
of these patients, APICHA had to explore different avenues of resources and support. APICHA applied for a planning grant to provide HIV primary care from the HRSA.

The planning was approved and APICHA applied for a Certificate of Need to open a clinic. In 2003, APICHA was licensed to open a free-standing Article 28 Diagnostic and Treatment Center and it operated an HIV primary care clinic to complete its goal of creating a one-stop HIV/AIDS service delivery. This model fulfilled APICHA’s commitment to serving patients who could not access HIV services due to barriers such as language difficulties, stigma and discrimination. But clients who came in for testing always ended up inquiring why they couldn’t get their primary care here as well. To expand the services and provide care for individuals who are HIV negative but at high risk for infection, APICHA found and obtained a Phase 6 grant from HEAL New York.

By the turn of the millennium, funding for HIV had started dwindling, further exacerbated by a nationwide recession. During these ensuing years, APICHA continued to struggle, adapt and persevere through the tumultuous and inevitable changes in the medical, social, political and economic landscapes.

When the New York State Department of Health (NYS DOH) rolled out its Medicaid Health Home Initiative as part of its Medicaid redesign, APICHA proactively engaged in the rapid changes in the medical care system. It immediately responded to the Request for Proposal to secure continuity of services for those under its HIV Targeted Case Management (TCM) program. Under the redesigned system, the overriding concern among HIV TCM providers was that HIV patients needing care coordination might be assigned providers who lacked sufficient knowledge and experience in dealing with the needs specific to this population. TCM providers therefore formed a consortium, iHealth, to advocate for a voice at the decision-making table of lead Health Homes. APICHA Community Health Center has become a partner agency of iHealth with CEO Therese R. Rodriguez elected as a member of its steering committee. To ensure coverage of its own patients citywide, APICHA Community Health Center entered into an agreement as a subcontractor with Health Home lead agencies Maimonides Medical Center, Health and Hospitals Corporation, Community Healthcare Network and the Visiting Nurse Service of New York. Lead Health Homes assign patients with complex chronic medical, behavioral and long-term care needs to care coordination providers.

**Heading Toward FQHC Look Alike Designation**

APICHA Community Health Center was not among the 67 organizations that received an NAP award last year. Since NAP’s cycle comes every two to three years, a seemingly more attainable alternative is pursuing a designation as an FQHC Look-Alike instead. This will afford some benefits to running the community health center but doesn’t match what the NAP award and its pathway to a FQHC designation has to offer. At the heart of APICHA Community Health Center’s drive to achieve this goal are the over 2,600 patients currently receiving services from the health center and the countless others who have yet to receive the health care they deserve. APICHA Community Health Center will continue its valiant struggle to achieve its vision for quality health care access to all!

**United Voices**

In a series of letters of support and recommendations, many partners and allies have come forward with firm testimonials for APICHA Community Health Center’s application for an FQHC Look-Alike designation. Here are excerpts from these much appreciated endorsements:

> Each year The New York City Department of Health and Mental Hygiene (DOHMH) conducts the New York City Community Health Survey. The results indicate that 11.5% report not receiving needed medical care. There is a substantial income disparity as well – 16.3% of low income New Yorkers reported not obtaining needed medical care. APICHA already plays an important role in providing essential services to the needy of New York City. APICHA’s expansion to primary care for the neediest low-income people of the Chinatown and Lower East Side neighborhoods will contribute to the overall health of the entire area by providing high-quality, culturally-competent and language-appropriate services to all those who enter their door – Dr. Amanda Heron Parsons, Deputy Commissioner Health Care Access and Improvement.

> I...convey my strong support for the application submitted by APICHA for qualification as a Federally Qualified Health Center Look-Alike (FQHC-LA) by the HRSA. Its primary mission is to provide medical services and a welcoming environment to underserved and vulnerable people, including Asian and Pacific Islanders, immigrants, and Lesbian, Gay, Bisexual and Transgender (LGBT) individuals. If the application for FQHC-LA is granted, APICHA proposes to serve all residents of a service area bounded by Zip Code Tabulation Areas (ZCTA) 10013 and 10002, including census tract 31, a medically underserved area (IMUA) where APICHA is located. Consistent with its mission, APICHA intends to provide culturally competent, quality comprehensive primary care and preventive health care services including oral health, mental health, substance abuse services and sexual health services for patients aged 16 years and older. HRSA data and the results of an APICHA needs assessments show a need of these services in the community – Congressman Carolyn B. Maloney 14th District of New York, House of Representatives.

Despite the extensive services by Bellevue, our patients’ needs are met only through the collective efforts of multiple organizations. Our ability to work effectively with community-based organizations and providers is essential to the integrated, seamless continuum of services provided in many settings. We have worked with APICHA since the organization’s inception in 1989. APICHA has deep roots in the Asian Pacific Islander community, as well as within the HIV health and service networks, across the city. Their highly professional and creative approach to community outreach and their comprehension of social and cultural norms within the communities they serve has resulted in success in HIV prevention, primary care and social services. Creating access is one of APICHA’s greatest strengths, and their capacity to do these through strong relationships with other providers such as Bellevue is a function of their client-focused, collaborative approach. Bellevue looks forward to working with APICHA as it expands its services – Lynda D. Curtis, Executive Director and Senior Vice President Bellevue Hospital Center.

I have worked closely with APICHA since its founding in 1989 and witnessed its growth from a fledgling prevention education unit to a premier provider of HIV prevention and care with a free standing Article 28 primary care clinic. APICHA stands out for serving all individuals in a compassionate and dignified manner. Significantly, (it) has demonstrated its ability to meet healthcare needs of marginalized and medically underserved New Yorkers. It is also notable that in 2010, APICHA was awarded Level 3 recognition as a Patient-Centered Medical Home by the National Committee of
APICHA Community Health Center – Programs in Focus

The Opening Ceremony of the Trans Clinic (from Left) Dr. Robert Murayama, Dr. Marcelito Custodio, David Boyd, CM Daniel Dromm, Jane D. Schwartz, Senator Tom Duane, Therese R. Rodriguez, Dr. Monica Sweeney, AM Deborah Glick, CM Margaret Chin, Alma Candelas, AM Richard N. Gottfried, Lourdes D. Follins, and Suki Ports.

Trans Health Clinic Opens

APICHA’s Trans Health Clinic, made possible by a generous three-year grant from the Paul Rapoport Foundation, formally opened its doors in ceremonies November 3, 2011. It was attended by some of the city’s most prominent elected officials and other policy makers and community leaders including Councilmembers Margaret Chin (District 1) and Daniel Dromm (District 25), Richard N. Gottfried (Chair of the New York State Assembly Committee on Health, Assembly District 75), Deborah Glick (New York State Assemblymember District 66), State Senator Tom Duane (District 29), Dr. Monica Sweeney (Deputy Commissioner for the Bureau of HIV/AIDS Prevention and Control, NYC DOHMH), Alma Candelas (Director Division of HIV Prevention AIDS Institute), and Suki Ports (Executive Director Family Health Project). They were joined during the ribbon-cutting by APICHA’s CEO Therese R. Rodríguez, Chief Medical Officer Dr. Robert Murayama, Board of Directors - Chair Dr. Marcelito Custodio, Vice Chair Lourdes D. Follins, and David Boyd. Special guests from The Paul Rapoport Foundation were Executive Director Jane D. Schwartz and Program Director Ona M. Winet.

Ms. Winet spoke eloquently and movingly on the momentous occasion on behalf of the foundation. “We live in a world that condones and perpetuates the widespread discrimination against, and even the abuse of, transgender, gender non-conforming and intersex people. It is no wonder that transgender communities are reluctant to seek medical and mental health care when experience has shown them they are likely to face extreme ignorance and discrimination,” she said. “Some years ago, while living in Washington DC, I accompanied a transgender friend to his first ever gynecological appointment. As emotionally taxing as that experience was for him, lying there in a medical gown and feeling exposed on so many levels, he was still faced with fewer barriers, being white, with health insurance, a fluent English speaker and with me in tow as a sort of patient advocate to say and ask things he was too embarrassed or afraid to say. I cannot imagine what it must be like for a transgender immigrant of low-income (background) who has difficulty finding services of any kind offered in their language and all of the stress which that entails, let alone locating services that are gender affirming and offered by a provider who understands the cultural context in which the patient is coming from. The great news is APICHA is that provider!”

In a similarly rousing speech, CM Dromm echoed the importance of having this clinic by saying, “We know deep in our hearts that we still have a lot to accomplish and that is what APICHA and the Paul Rapoport Foundation are trying to do – create a safe, culturally competent place for transgender people. A program like this is critical to our community.” AM Gottfried also took to the podium to reiterate “the admirable goals that would be achieved by this clinic”. Before cutting the ribbon, Ms. Ports briefly recounted the early years of APICHA and lauded its progress stating how the community health center “stands on the shoulders and the hearts and minds of the people who are no longer here.” Ms. Rodriguez, on the other hand, read aloud messages from well wishers including one from an LGBT affinity group from Goldman Sachs and another from Michael D. Silverman, Executive Director of the Transgender Legal Defense and Education Fund. She concluded by saying that “This clinic is a small though absolutely significant step in our agency’s long standing and continuing struggle for equal access to health care.”

The clinic opening was followed by a community dialogue on Reframing Trans Health Perspectives led by a panel that included AM Gottfried, Pauline Park, Ph.D., Chair of the New York Association for Gender Rights Advocacy; Theresa Nolan, Division Director of New York City Programs, Green Chimneys, Children Services; and Dr. Robert Murayama. Discussion topics ranged from social plights such as homelessness among trans youth and the inability of a significant portion of the trans community to obtain rudimentary health care with dignity. AM Gottfried discussed the Gender Expression Non-Discrimination Act, commonly referred to as GENDA, which would amend the state non-discrimination laws to include gender identity and expression among characteristics protected from discrimination in employment, education, public accommodations, housing and credit. He drew attention to how passage of the act would render trans discrimination a hate crime. Dr. Park, on the other hand, brought up the prevalence of violence, discrimination and oppression faced by the trans community. A question and answer session after the panel presentations also helped create a dynamic conversation amongst the attendees to identify existing challenges and open the door to ideas for possible solutions and courses of action that may be explored.

The groundbreaking Trans Health Clinic provides comprehensive general and HIV primary care services along with mental and social support services designed to promote wellness.
and accommodate the distinct needs of transgender individuals. Comprehensive primary medical services include but are not limited to screening for viral hepatitis, immunizations against Hepatitis A and B and when susceptible, treatment of chronic Hepatitis B and C infections, chronic disease management, disease prevention and management, and the initiation and maintenance of hormone therapy.

The opening also drew the attention of the media and resulted in features including an interview with Dr. Murayama in the local “Our Town Downtown” newspaper. And by year’s end, POZ magazine, the leading monthly that chronicles the myriad concerns of people living with HIV/AIDS, named the clinic in the top ten of its yearly POZ 100 List. According to the publication: “Given its history of delivering progressive health services to under-the-radar communities in need, it’s no surprise that the Asian and Pacific Islander Coalition on HIV/AIDS, led by Therese Rodriguez, chose to recently open the doors of this much-needed clinic. APICHA’s multi-lingual, multi-cultural staff is fluent in 17 languages. They also translate care into compassion and understanding” – POZ Magazine

Recently open the doors of this much-needed clinic. The clinic is designed to deliver comprehensive medical services, including hormone therapy and mental and social support services, for transgender people. APICHA’s multi-lingual, multi-cultural staff is fluent in 17 languages. They also translate care into compassion and understanding”. With the program focus on primary care with mental health for individuals across the trans and gender variant spectrum who are not HIV positive, APICHA CHC has already exceeded expectations in the number of patients who have already enrolled and positive feedback that has continuously spread among the trans community with regards to the quality of service available to them and unparalleled sensitivity to their needs.

It was shortly after the 2009 expansion of its primary care services that APICHA arrived at the inevitable conclusion that it had to develop an integrated program that could appropriately attend to the unique healthcare requirements of trans patients. Having provided the finest range of medical care services to the LGB and T community through the years, the highly competent APICHA Community Health Center medical team, led by Chief Medical Officer Dr. Robert Murayama, was already in an unrivaled position to deliver the necessary treatments and support to this group. In addition to the direct medical services, APICHA is also providing trans-specific sensitivity training to service partners.

**Women & Youth Program Takes a Stand Against Domestic Violence**

The Women’s Project peer educators of APICHA joined the Korean American Family Service Center (KAFSC) and many other local support groups – including the New York Asian Women’s Center, YWCA Queens, Sanctuary for Families, Women in Need Center, Garden of Hope and Sakhi for South Asian Women and community members in the 14th annual silent march against domestic violence in Queens.

New York City Comptroller John Liu talks before the annual silent march against domestic violence in Queens.

**LGBT Program Conducts HIV Screenings and Implements Evidence-Based Interventions**

APICHA Community Health Center has merged the LGBT Program and Counseling, Testing and Referral Program into a single cohesive LGBT Program unit – to more effectively provide and increase targeted confidential HIV and STI screening, counseling and referral to appropriate services, prevention interventions outreach and field testing events for New York City young men who have sex with men (YMSM), non-Hispanic Black/African-American, Hispanic and Asian men at high risk for HIV.

Among the concerns of the LGBT program are various national data reports - including the Centers for Disease Control and Prevention (CDC) surveillance data – that reveal homeless and runaway LGBT youth are at the highest risk for contracting HIV
and other sexually transmitted infections. Therefore, APICHA Community Health Center is partnering with Green Chimneys and the MCCNY Charities, in a CDC-funded project, to conduct two evidence-based interventions targeting homeless and runaway LGBT youth and enhanced HIV testing with Personalized Cognitive Counseling that also incorporates sexually transmitted infections and viral hepatitis screenings.

Before taking on this project, APICHA had previously worked with both Green Chimneys and MCCNY Charities, both of which it has previously worked with in several initiatives including HIV testing, facilitation of Street Smart workshops (another evidence-based HIV prevention intervention) and additional bidirectional referrals to prevention services. Green Chimneys is a national non-profit, non-sectarian multi-service agency that restores emotional health and well-being in children and families through educational, therapeutic and outreach services; while the MCCNY Charities, the “spiritual home for LGBT and open to all”, is a center for worship, prayer, social action and human rights works.

Since both Green Chimneys and the MCCNY Charities operate transitional shelters for LGBT runaway and homeless youth – the 25-bed Gramercy Shelter and the 75-bed Sylvia’s Place respectively – their well-established and first-hand experience with primarily LGB and T youth of color is invaluable to the outreach effort. The intended target populations are young men who have sex with men (YMSM), Non-Hispanic Black/African-American, Hispanic and Asian in New York City with HIV-negative or unknown status. APICHA Community Health Center is providing all enhanced HIV testing except those that are conducted at MCCNY Charities.

**PCC:** Each evidence-based intervention is designed with clearly outlined goals. The enhanced HIV testing with Personalized Cognitive Counseling (PCC) aims to increase the number of YMSM of color who know their HIV status, provide them with access to appropriate services including risk-reduction interventions. PCC follows a five-step process in which the counselor assists the subject in understanding his own motivations and self-justifications when indulging in unprotected sex and guide him in re-examining them to prevent future episodes of unprotected anal intercourse with partners of unknown or positive HIV status.

In a particular case, a 23-year old Black Latino MSM, who in weeks prior had unprotected anal sex, came to APICHA Community Health Center after learning of its services from the MTV website. He had never been tested for HIV and was quite nervous about it. The patient went through the PCC intervention wherein he recounted how he felt before, during and after the sexual encounter, expressing both a sense of rationalization for and regret for his behavior. He had since felt alone with no one to talk to about what had happened. After the intervention, the patient expressed his determination to use condoms in any future sexual encounter to prevent this torment from happening again. After completing PCC, the patient was referred for Gonorrhea and Chlamydia screening through the LGBT Program and later found positive for gonorrhea. He was referred to APICHA Community Health Center’s primary care clinic for treatment the following day. The patient recently emailed the LGBT Program’s YMSM Coordinator to thank him for listening and making him feel welcome and supported at APICHA Community Health Center.

**POL:** The Popular Opinion Leader Program identifies and enlists community-entrenched individuals who are able to step up as potential role models and create rapport with the target population. From within specified high-risk venues frequented by YMSM of color such as clubs, street corners and LGB and T homeless shelters and transitional housing – and more specifically the Gramercy Shelter residents - the program has cultivated relationships to instill healthy attitudes among the community.

One recruit into the POL intervention was a 25-year-old Filipino MSM who had previously been unable to openly talk to his own friends about sex or HIV/AIDS. His initial conversations with his friends about these subjects were stilted and awkward, influenced as they were by discomfort and embarrassment. But with subsequent POL trainings, he has since been able to open up to his friends and create a new sense of intimacy in being able to share with them candid talks on sexual health. He now actively encourages his friends to get tested and keeps them aware of HIV and sexually transmitted infections.

**RESPCT:** Another intervention-based platform under the LGBT Program is RESPECT, first implemented here in October 2010 to promote testing through client-focused HIV risk-reduction counseling. Targeting men who have sex with men, this three to five-minute one-on-one intervention is done following an HIV screening and was designed to re-enforce a patient’s understanding of the gravity and consequences to his own health when engaging in risky behavior. By approaching the patient with motivational points, exploring context, possible circumstances and potentially dangerous results, the intervention allows the patient to realize his susceptibility thereby reducing the tendency of repeating risky behavior.

A patient, an MSM Korean American in his early 30s is a repeat tester who had first learned of APICHA Community Health Center’s services through friends. But he exhibited an evident indifference to HIV testing, considering it as a matter of routine. He admitted to frequently engaging in unprotected anal and oral sex, counting on multiple sex partners including anonymous encounters. He underwent the RESPECT intervention and has since been motivated to modify his behavior. Based on self-reports within six months to a year, he has decreased the number of sex partners and has demonstrated a gradual acceptance of condom use, improving from “sometimes” to “most of the time”.

**Palm Card Outreach**

Under the New York City Communities of Color HIV/AIDS Initiative contract and APICHA Community Health Center’s Clinic Manager Mihaela Mihai oversees a team of peer navigators who have been reaching out and engaging individuals in conversation about HIV prevention and testing. Twice a week, these well-trained peer navigators go out to areas most frequented by people at high risk for HIV (men who have sex with men) such as clubs and bars and provide them with information on the importance of knowing one’s HIV status and the screening services available to them. They are given these handy palm cards as a way of creating a tangible connection to the conversation as well as a reference they can turn to with APICHA Community Health Center’s information. In a week’s coverage the peer navigators are able to connect with fifty individuals on a personal level that underscores anonymity and engenders trust in APICHA Community Health Center’s concern for the well-being of everyone in New York City.
YOUNG WOMEN OF COLOR HIV/AIDS COALITION LAUDS APICHA

APICHA was among the seven honorees that received the WE SPEAK (Women Empowered Support Protect Educate Advocate and Know) Awards from the Young Women of Color HIV/AIDS Coalition (YWCHAC) with the banner theme: “Voices: Past, Present, Future, recognizes the advocacy efforts of individuals and organizations that push forward awareness, treatment, and prevention of HIV/AIDS among young women of color.”

On behalf of APICHA Community Health Center, Chief Executive Officer Therese R. Rodriguez accepted the award in ceremonies held on October 5, 2011 at The Prince George Ballroom. Claire Simon, co-founder of the YWCHAC, pointed to APICHA’s well-earned reputation and long history of service when she said, “APICHA has been the voice of Asian and Pacific Islander women in the fight against HIV/AIDS.”

During her acceptance speech, Ms. Rodriguez lamented that “HIV/AIDS has been and continues to be a taboo subject in the Asian and Pacific Islander communities. Our Women’s Program has played a significant role in APICHA’s struggle to stop HIV/AIDS in our communities. In every government funding prioritization model, small or emerging populations always end up as outliers of the bell curve. Due to budget limitations we are told, only those inside the bell curve merit allocation of funds. Statistical outliers in effect become ‘outsiders’. Sadly many of them are the undocumented, the uninsurable, the immigrants we serve – Asian & Pacific Islanders, men and women. We believe the practice of public health has been gutted, replaced by a heartless statistical model running algorithms in a computer somewhere in a government back office. APICHA was founded on the premise that the color of your skin, the country of your birth or that of your ancestors should not be a basis for exclusion. APICHA’s beliefs are grounded in the ideas and struggles of the Civil Rights Movement and all the movements for equality and fairness that it spawned. Strong in those values, it struggles to serve as a gateway for those who are on the outside looking in. It has become an integral part of building a more welcoming and caring America.” And while grateful for the recognition, she acknowledged APICHA’s role and responsibility by closing with, “This award from the YWCHAC serves as a reminder that there is much more that needs to get done.”

The others recipients of this the first annual WE SPEAK awards were Urooj Arshad, Associate Director, Racial/Ethnic Disparities and Social Justice Advocate for Youth; Caressa Cameron, Miss America 2010; Holly Delany-Cole, Co-Director of the Community Resource Exchange; Tracie M. Gardner, Director of NYS Policy & Coordinator of Women’s Initiative to Stop HIV/AIDS of New York, Legal Action Center; Ana Oliveira, President & CEO, The New York Women’s Foundation, and Tracy Reese, President, T.R. Designs, Inc.

YWCHAC’s mission addresses HIV and the structural factors impacting the lives of young women of color 13-24 years old, by fostering their organizational and advocacy skills to make changes in their community.

AIDS WALK 2012

Each year, AIDS WALK is a way of spotlighting the reality that AIDS remains a serious concern for everyone, attracting thousands of the city’s biggest celebrities, important business and political leaders along with activists and civic minded participants and volunteers. Everyone gathers at New York City’s Central Park for the 10k walk to generate attention, awareness and advocacy while raising much-needed funding for multiple AIDS related organizations city-wide. This year, APICHA Community Health Center kicks off its community partnership with the Gay Men’s Health Crisis (GMHC) for AIDS WALK with a Goldman Sachs-sponsored barbecue at Prospect Park to rally the staff and volunteers. APICHA Community Health Center’s Women and Youth Program, which is spearheading its participation, will also be holding a garage sale to raise additional funds for the walk. The APICHA Community Health Center contingent hopes to inspire more people in the ongoing fight against AIDS and pull in about $5,000 in donations. As a community partner APICHA will receive eighty percent of funds raised by the APICHA team, funds that help sustain its comprehensive programs and services. Each team member has undergone orientation on fundraising for AIDS Walk and a primer on HIV/AIDS and will be sporting a distinctive APICHA T shirt for the walk. Founded in 1986, AIDS Walk is easily the most celebrated march against AIDS in the country.
Quality Assurance (NCQA), an indication of its high standards of operation. As a long time collaborator with and supporter of APICHA, I have full confidence in the capabilities of its fine leadership and staff. – Senator Thomas K. Duane, 29th District

Betances is the only single site FOHC serving a target area in five highly dense census tracts with a population of more than 40,000 residents. APICHA’s FOHC presence in Lower Manhattan including Chinatown and Lower East Side neighborhoods can be very helpful in reaching the goal of ensuring access to health care for all underserved residents within our shared service areas. APICHA has demonstrated a remarkable ability to help the community by providing HIV/AIDS outreach, supportive and medical services to the most marginalized people of New York City, including Asian and Pacific Islander, Lesbian, Gay, Bisexual and Transgender individuals – Holly Delany Cole, Co-Director of the Community Resource Exchange

New York City needs strong community health centers. An FOHC Look-Alike designation for APICHA will benefit my constituents who need access to high quality, culturally competent primary care. It is without question that APICHA is poised to reach the thousands of low-income individuals and families within the community that are currently uninsured, not served and marginalized. I strongly support APICHA’s application of the FOHC-Look Alike Program – Congressman Jerold Nadler 8th District of New York.

Now more than ever we need strong community health advocates like (APICHA) working with us to make quality healthcare more accessible to all New Yorkers and I know that the many benefits of an FOHC Look Alike designation will serve...our city well. – Speaker Christine C. Quinn, New York

As an elected official in New York City, I am acutely aware of the health care needs of my constituents. I am a long-time supporter of APICHA’s work in the Lower Manhattan community. New York City needs strong community health centers – Margaret S. Chin, New York City Councilmember District 1

The partnership between the AIDS Institute and APICHA has served the community well in addressing a highly stigmatized disease, contributing to the understanding of the importance of sensitivity to language and culture in providing health services to a largely immigrant and LGBT population. Further, it has enabled APICHA to develop the infrastructure and competency required to provide high quality primary care - Humberto Cruz, Director AIDS Institute New York State Department of Health

Both as a client and a partner of ours, we at Community Resource Exchange have become very familiar with APICHA’s experience and expertise with HIV prevention and care, particularly within the Asian and Pacific Islander community. APICHA has demonstrated its ability to help the community by providing HIV/AIDS outreach, social and medical services to the most marginalized people in New York City, including Asian and Pacific Islanders, Latinos, and Lesbian, Gay, Bisexual and Transgender individuals – Holly Delany Cole, Co-Director of the Community Resource Exchange

The New York University B Free CEED National Center of Excellence in the Elimination of Hepatitis B Disparities is fully committed to working and supporting APICHA to continue to serve and expand its reach to ensure the health of all residents of New York City. We strongly urge HRSA to give APICHA’s proposal their highest consideration - Dr. Simona C. Kwon, Director of NYU B Free CEED

Leaders for Progress
Many others - from the city and state’s important policy makers, APICHA’s respected affiliates and other community representatives - have issued their messages of encouragement and support including:
(In Alphabetical Order)

Catherine M. Abate, President and CEO of the Community Healthcare Network; Herbert Barish, President and CEO of Lower Eastside Service Center Inc.; Dr. William B. Bateman, Medical Director of Governor Healthcare Services; William Moran-Berberena, Executive Director of the Metropolitan Community Church of New York; Douglas Berman, Coordinator for the New York City Providers of Health Care for the Homeless; Gale A. Brewer, New York City Councilmember 8th District; Edna Davis-Brown, Program Director of the American Psychological Association’s Behavioral and Social Science Volunteer Program; Dr. Neil Calman, President and CEO of the Institute for Family Health; Guillermo Chacon, President of the Latino Commission on AIDS Inc.; David S. Chen, Executive Director of the Chinese-American Planning Council Inc.; Peter Cheng, Executive Director of the Indochina Sino-American Community Center Inc.; Congressman Joseph Crowley 7th District of New York; Carrie Davis, Director of Community Services of the Lesbian, Gay, Bisexual and Transgender Community Center; Emma DeVito, President and CEO of Village Care; Daniel Dromm, New York City Councilmember 25th District; Sharren I. Duke, Executive Director and CEO of AIDS Service Center NYC; Senator Kirsten E. Gillibrand; Dr. Roslyn Glicksman, Medical Director of Primary Care for Project Renewal; Dr. Lisa Eng, President of the Association of Chinese American Physicians; Assembly member Deborah J. Glick 66th District the City of New York; Philip Glotzer, Executive Director of the AIDS Center of Queens County Inc.; Richard N. Gottfried, Chair of the New York State Assembly Committee on Health; Mark Handelman, Executive Director of Hamilton Madison House; Dr. Marjorie J. Hill, CEO of Gay Men’s Health Crisis; Wayne Ho, Executive Director of the Coalition for Asian American Children and Families; Dr. Sel J. Hwang, Principal Investigator of National Development and Research Institutes Inc. and Visiting Scholar and Lecturer for the Center for the Study of Ethnicity and Race at Columbia University; Dr. Nadia Islam, Research Director and Research Core Principal Investigator of the New York University’s Health Promotion & Prevention Research Center; Robert Jackson, New York City Councilmember 7th District; Paul Kawata, Executive Director of National Minority AIDS Council; Charles King, President and CEO of Housing Works Inc.; Christopher Kui, Executive Director Asian Americans for Equality; Hong Shing Lee, Executive Director of the Chinatown Manpower Project Inc.; Rosie Mendez, Councilmember 2nd District the City of New York; Dirk McCall, Executive Director of the Bronx Pride Community Center; Larry Mcdonald, Executive Director of the Lutheran Family Health Centers; Theresa C. Nolan, NYU Division Director of Green Chimneys Children’s Services; Elizabeth H. Swain, CEO of the Community Health Care Associations of New York State, Senator Charles E. Schumer; Dr. Chau Trin-Shevrin, Director and Research Principal Investigator of the New York University School of Medicine’s Center for the Study of Asian American Health; Wendy Stark, Executive Director of Callen-Lorde Community Health Center; Catherine Thurston, Senior Director of Programs for Services & Advocacy for Gay, Lesbian, Bisexual and Transgender Elders; Mart Markowitz, Brooklyn Borough President; Michael D. Silverman, Executive Director of the Transgender Legal Defense & Education Fund; Pauline Park, Chair of the New York Association for Gender Rights Advocacy.