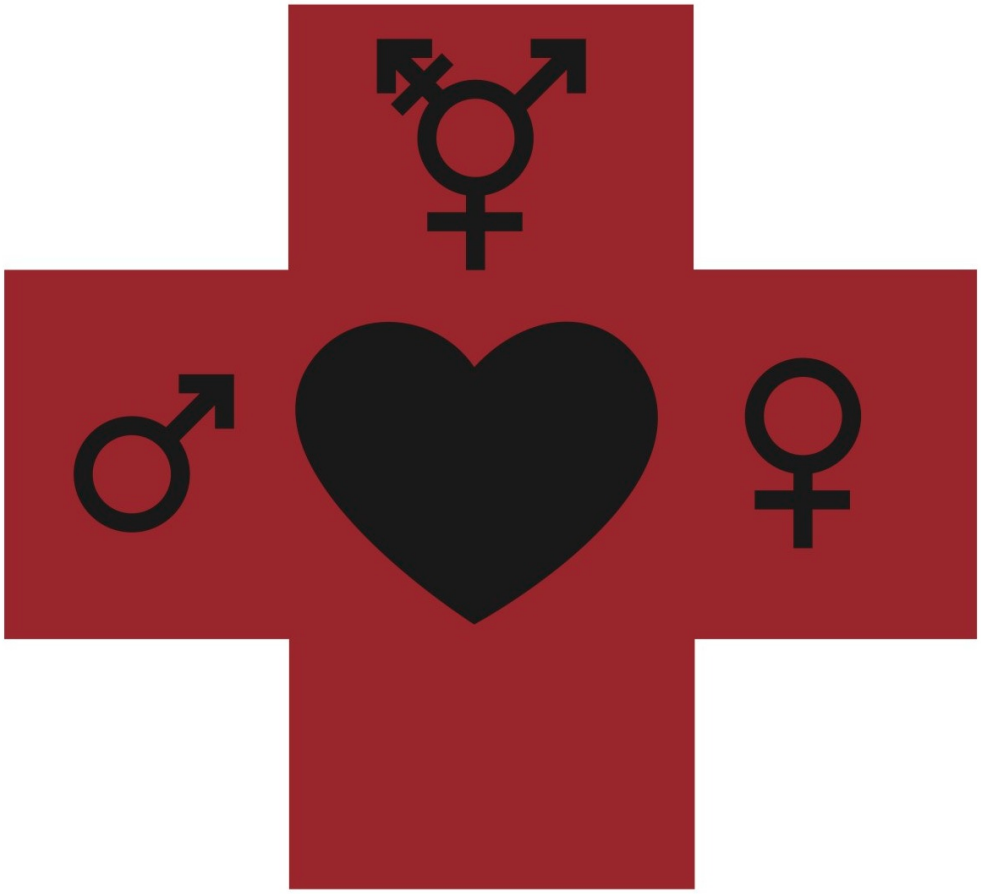

St. James Infirmary

Annual Report 2009

AGENCY INTRODUCTION

St. James Infirmary, a 501(c)(3), provides compassionate and non-judgmental healthcare and social services for all sex workers while preventing occupational illnesses and injuries through a comprehensive continuum of services. Founded by trailblazers in the sex workers rights movement, we are the first and only peer-run, full spectrum occupational health and safety clinic for sex workers in the United States. Our participants represent the diversity of the sex worker community in the San Francisco Bay Area. We serve current and former sex workers of all genders, including: escorts; street-based workers; strip club dancers; massage parlor workers; porn actors; BDSMs; Internet workers; and people engaged in survival sex exchange.

Our clinic is located in the South of Market district of San Francisco. We are open 3 days a week: Tuesdays 3-6pm NEX, testing & holistic care; Wednesday 6-9pm drop-in and appointment-based medical services; and Thursdays 1-4pm appointment-based testing and transgender healthcare. Our full spectrum services include Primary Care, Gynecological and Urological Care, HIV/STI, TB & Hepatitis Testing, STI treatments, Hepatitis A & B Immunizations, Acupuncture, Massage & Reiki Therapy, Peer & Mental Health Counseling, Syringe Access & Disposal Services, Wound Care, Support Groups, Food, Clothing, Apprenticeship & Internship Programs, and Research & Education.

PARTICIPANT SERVICES & CHARACTERISTICS

Through our needs assessment data, we know that the majority of the people we serve are living at 200% below the poverty level, are marginally housed, dealing with mental health issues and lack insurance or an income safety net of any kind. For our community, the risk factors that play a part in their daily lives are: substance use; homelessness; poverty; violence (including work-related violence); being criminalized; and social/familial isolation. Over 50% are victims of domestic violence, 35% have been raped or assaulted while doing sex work, 29% need mental healthcare, nearly 50% have a history of arrest, and over 1/3 have no family or social network. The vast majority of our participants (70%) report that they had never discussed their sex work history in a healthcare setting before coming to St. James.

In 2009, we served 531 unduplicated participants and provided 1,647 total visits during our primary health clinic, transgender program and our health education trainings. Of the 531 participants served in 2009, 103 were new to the clinic and 422 received holistic care (i.e. ear and full body acupuncture, full body massage and Reiki). In 2009, we made 2378 Outreach contacts and 2750 participants received Needle Exchange services. We provided 333 Health Education Trainings & Support Groups to 123 unduplicated participants. We provided 143 transgender health and hormone services to 44 unduplicated participants. We conducted 176 HIV tests and 778 screenings for STIs. Over half of our participants reported receiving food from our hot meals and food pantry program and about 40% received items from our clothing closet.

Risks for STIs and hepatitis for sex workers accessing services at SJI in 2009 are relatively high. Of the 531 participants that received services in 2009, 37% (194) reported injecting a non-proscribed drug in the previous 12 months. Of those who had injected, 16% (31) reported sharing a needle and 37% (71) declined to state. Moreover, of our total unduplicated participants in 2009, 82% (434) reported having sex without a condom in the past 12 months.

Our 2009 Participant race, age, gender and sexual orientation is reported below in Tables 1 and 2 and Charts 1 and 2, respectively (n=531):

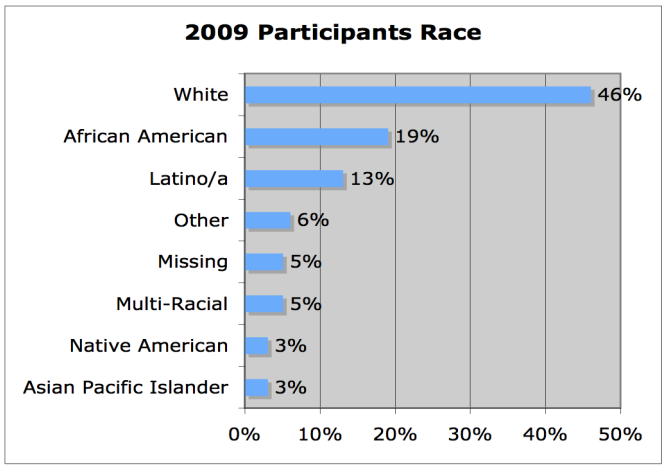

Table 1

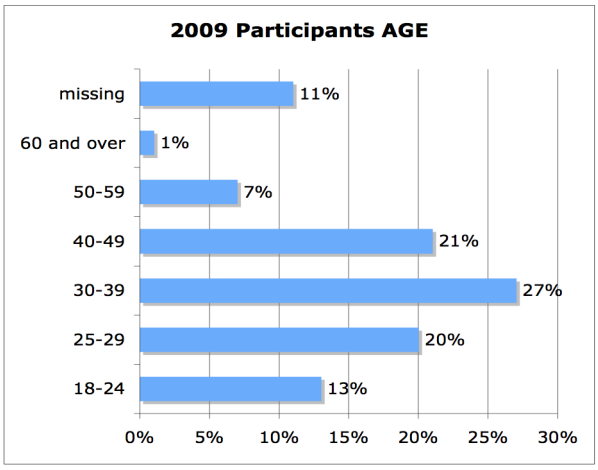

Table 2

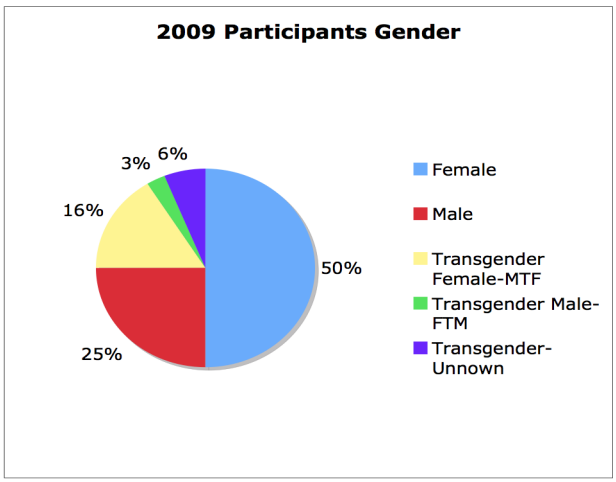

Chart 1

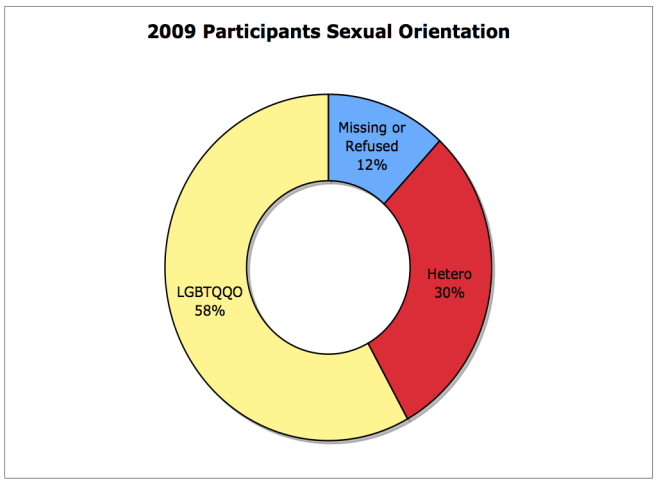

Chart 2

PROGRAM CHALLENGES AND SUCCESSES

Budget Cuts

In November 2008, the City and State told us that we would be receiving significant funding cuts. We prepared for these cuts by increasing enrollment into the Family Pact (FamPact) billing program and by forming collaborations with other healthcare and social service providers to lobby against the cuts. Our lobbying efforts included protests, demonstrations, press conferences, and testimonies at City Hall with the Mayor and Board of Supervisors as well as meetings with Sate Assembly member Tom Ammiano. These combined efforts helped save a portion of our funding but a large portion was cut due to the reality of the national recession and State and City operating deficits.

In dealing with these challenges, we are fortunate to have a strong cadre of community members committed to maintaining a solid presence in order to provide quality peer-based care. This level of community involvement helps St. James keep operational costs low, while providing a consistent standard of care. However, even with the enthusiastic contributions of many volunteers and supporters, the clinic was facing stark challenges with the loss of such considerable amounts of state and local funding.

The cuts began in February. Moreover, all government funders began to issue registered warrants (IOUs) instead of checks, which caused us additional financial hardship. By April 2009, we were forced to cut our staffing from 12 FTEs to 5 FTEs. This included 12 layoffs as well as cuts in hours and adjustments to staffing roles and responsibilities. We had to cut our Outreach Program activities for nearly 4 months, close our Thursday night drop-in clinic and suspend auxiliary services with community partners (weekly testing and NEX at other agencies). By June 2009, our San Francisco Department of Public Health AIDS Office (SFDPHAO) contract was cut in half and our State Office of AIDS contract was cut entirely. These cuts were approximately $200,000 or just under 50% of our total income.

After the Budget Cuts…

At present, the SFDPHAO contract is our only government contract ($118,000). Under this contract we provide food and harm reduction supplies, support group, educational workshops, STI testing and individual counseling, needle exchange services and street and venue based outreach services to massage parlor workers, porn actors, strippers and street based sex workers, including teens and adults engaged in exchanging sex for their survival. This funding also provides the staffing infrastructure for all our drop-in medical care services that we provide at 1/5 the cost of the urgent care services provided at San Francisco General Hospital.

Our in-kind support from City Clinic (SFDPH STD Control and Prevention Section) is continuing in full, including all lab fees and rent through the end of 2010. This support allows us to plan our program services over the next year. Because of restructuring of City funding for HIV testing by SFDPHAO 4 years ago, we are indirectly supported for HIV testing through the City Clinic. City Clinic also funds a variety of our program services and infrastructure through in-kind support. However the future of our City Clinic funding beyond 2010 is uncertain as the State is still experiencing budget shortfalls.. We are actively preparing for these cuts by aggressively pursuing general operating support.

Like many other organizations around the globe, our economic situation has suffered. This has had discouraging impacts on staff morale and our ability to continue offering services at the level we had in the past 2 years. This has also caused us to take stock of our mission statement and exam our services through the lens of "mission critical" services only and to take stock in what resources we have that we value as "stable." Since we are a small operation, we have not experienced the extreme service cuts relative to those of other larger agencies in our area. We are fortunate. We have an extremely dedicated core group of staff and volunteers who are determined to keep the organization running "no matter what." Moreover, through the hard work of our staff and commitment from our loyal funders, we have managed to stabilize our budget.

Furthermore, we reorganized our staffing and made recruiting and training new volunteers to help with all program activities a top priority. In 2009, we recruited 8 new committed volunteers. These new staff are working as outreach workers, harm reduction counselors, community room assistants, and registration assistants. This extra support has enriched our clinic services and allowed us a modest level of time for capacity building projects and strategic planning. In 2010, we plan to continue active enrollment into our volunteer program to support clinic activities in addition to supporting us in events and fundraising activities.

DEVELOPMENT HIGHLIGHTS

As stated before, due to funding cuts, in 2009 we had to make some hard decisions about our staffing and services. These decisions did not come lightly and were very difficult for our community. In general the sex worker and transgender communities are under funded. As the only sex worker clinic in the US, we work hard to keep our doors open. The burden of these cuts has been slightly minimized with the reality that all across the State, community-based organizations were forced to make similar decisions, and many were forced to close their doors altogether.

The good news is that we are still open and since we were already a relatively small organization, the cuts in our services were not as extreme as they were with other larger organizations we are familiar with. We were also fortunate to have had a very successful fundraising year. We held our 10-year anniversary event in June 2009 and raised $15,000 in unrestricted funding. We received $3,500 from the AIDS Walk, $14,000 from a major beneficiary Folsom Street Events grant, $50,000 from Blue Shield and $30,000 from Third Wave Foundation. Our biggest success is our third-party billing program. In 2008 we began this program and it has added an element of financial stability to our services. Our total billing income was over $42,000 in 2009.

Below, in Charts 3 and 4, a breakdown of clinic income and expenses for 2009 are illustrated. Government support in 2009 was ~62% or our total income and our greatest expense was staffing at 61% for 2009.

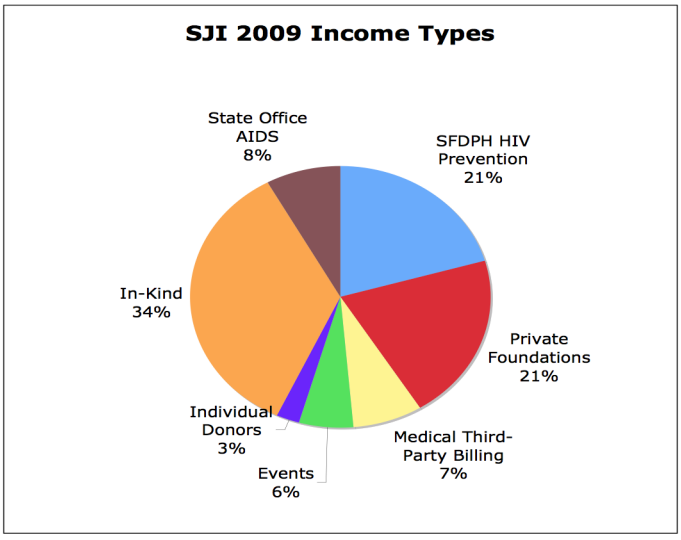

Chart 3

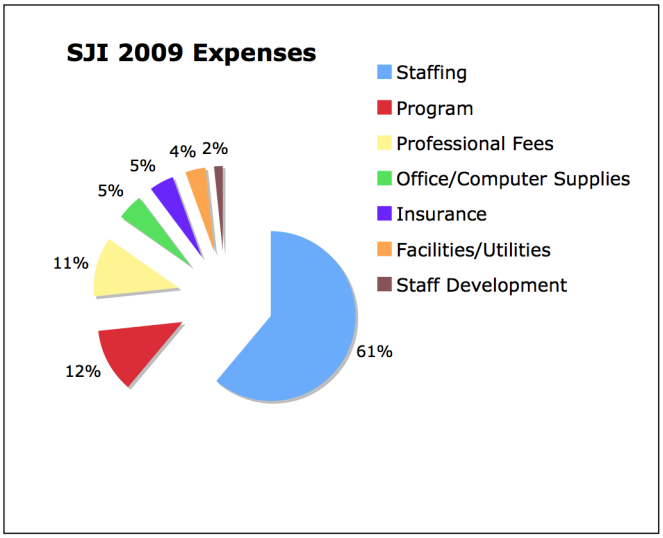

Chart 4

Billing

In 2002, SJI staff and Board members conducted a series of strategic planning consultations, in which we developed strategies to diversify and increase our revenue through third party billing for our medical services. This aspiration was riddled with myriad steps and barriers, one of which required the installation of a new medical registration database that cost us $100,000. After 6 years, we were able to actualize our objective. In 2008 we completed the installation of our new medical registration database that enabled us to bill for medical reimbursement funding for the first time in our clinics history. We are now actively billing for third-party reimbursement from Medi-Cal, FamPact and Expanded Access to Primary Care (EAPC).

While EAPC funding has been fairly simple to implement, the maximum dollar amount we can bill for specific services has a pre-determined cap that fluctuates each year. Conversely, FamPact has no annual cap on dollar amount for billable services and is the largest untapped funding source our clinic has within our immediate reach. Unfortunately, the process of enrollment into FamPact required a significant overhaul of our clinic flow processes: registration, participant screening and pro-active enrollment into the FamPact program. While more time consuming to implement, once enrolled in FamPact, participants can receive family planning services, including pap smears, and prescriptions that are paid for by the State. In addition, participants are able to utilize services at other community clinics that accept FamPact.

To maximize our third party billing and increase this funding, with the help of our Billing Coordinator, Monika Weis, we developed strategic measures and an intensive staff-training process to implement FamPact billing and appointment-based services that began in February 2009. Our efforts were very successful and we were able to increase our billing for this program 6 fold. This relatively stable source of monthly income is extremely valuable to our small organizations future. The initiation on a large scale of the FamPact program has led to nearly 90% of eligible participants being enrolled into the program. The timing of this shift in enrollment has been ideal, as our funding from EAPC was cut from $25,000 cap in 2008 to $8,750 cap in 2009 due to State budget cuts. Massive enrollment in FamPact limited the clinic's exposure to this loss as the majority of EAPC claims are now being sent to FamPact.

Events

The Events Development Coordinator, Jason Chadderdon, and the Events Team had an active year in 2009. Over the course of the year, the Events Team was directly involved in over thirteen events, parties and fundraisers and worked with another five fundraisers in which the St. James Infirmary was named as the beneficiary. All together, the Events Team brought in just over $34,000 for 2009.

The Events Team got right to work once 2009 began with a party celebrating the inauguration of newly elect President Obama. The celebration event called *Obama-Nation*, was held at the Powerhouse Bar on January 20th and, with the help from Sister Roma and Bebe Sweetbriar, featured a First Lady Drag-Off.

For most of the spring, the Events Team planned a large event to commemorate the St. James Infirmary's ten-year anniversary. On June 5th, *Cirque X* turned out to be an exotic carnival of decadence and a night to remember filled with exciting performances of burlesque, aerial acrobatics, fire dancers, x-rated clowns and fierce drag queens. It was a wonderful way to celebrate 10 fabulous years of helping the sex worker community. *Cirque X* proved to be a profitable event bringing in $11,410 at the door and another $3,500 in sponsorship.

> "Helping out with the St James events this year has been really fun and rewarding. I love being able to help and give back to the sex worker community in a direct physical way rather than just simply writing a check. Besides, I don't really have the money to donate myself, so it's cool that I can donate my time instead." -*SJI volunteer*

The Events Team was excited about being able to work with Folsom Street Events (FSE) again this year as a Major Beneficiary. The FSE line-up includes the Bay of Pigs party, Up Your Alley Fair (Dore Alley), Magnitude and Folsom Street Fair. As Major Beneficiaries, St. James Infirmary's Event Team was responsible for supplying nineteen volunteers for Up Your Alley, five volunteers for Magnitude and thirty-seven volunteers for Folsom Street Fair. To honor and reward St. James for all of it's help and dedication in 2009, Folsom Street Events granted SJI with a handsome check for $14,000, almost twice what we were expecting. We could not have done it without the support and commitment of our wonderful volunteers.

In addition to our grant from Folsom Street Events, Steamworks named St. James Infirmary as a beneficiary for their "Naked Twister" booth at both Up Your Alley and Folsom Street Fair. Steamworks has long been known for their "Naked Twister" booth at both events and SJI was happy to be a part of it this year. Overall, these events were lots of fun during two unusually sunny San Francisco days and, with the help of the Events Team and their volunteers, was able to bring in ~$1,800.

In November, St James Infirmary hosted our final fundraising event for 2009 with an Eagle Tavern Beer Bust. The Eagle Tavern is known for its Sunday Beer Busts and all the help and money it provides to local community organizations. Serving up hot dogs, fried chicken and all the beer you can drink, after expenses, SJI's Beer Bust raised $1,256 in profit.

Also in November, we continued our tradition by hosting our annual holiday party for all of our community members (participants and staff). In spite of the budget cuts in 2009, we felt strongly that this event was important both as a service to the community and as a symbol of our hope for the new year. Over 50 community members attended the holiday party at the clinic to celebrate another year of service with a traditional holiday meal and gift bags for everyone that included socks, hats, gloves, scarves and candy (and backpacks for children).

APPOINTMENT CARE

Through program evaluation data, we learned that to meet our community's needs, we needed to include appointment hours in addition to our drop-in services. Most sex workers are independent contractors and are unable to afford the time away from their shifts to wait long hours for drop-in services and potentially not get seen. In February 2009, we added appointment slots for medical services during our Wednesday evening clinics. This service was initially slow to catch on as our people were used to our exclusively drop-in model. However, this service has been well received and there has been a huge demand for appointment-based HIV and STI testing services. By May of 2010, we plan to add appointment slots for testing.

One huge barrier for our transgender hormone therapy program had been the lack of capacity we had to enroll new participants. Due to various restrictions within the clinic, we had been limited in the number of new participants we could enroll into the program. With the generous support from the Third Wave Foundation and Folsom Street Events, in February 2009, we began seeing transgender participants during a newly added Thursday afternoon appointment clinic. We are thrilled to manifest this dream, and know it will offer our TG participants more time with providers that will produce more thorough referrals and continuity of care. Inspired by the success of transgender service agencies such as Castro Health Clinic's "Dimensions" or Asian Pacific Islander's "TransTHRIVE" project, we named our transgender program STRIDE to honor movement & pride in our transgender community members.

In May 2009 we had to close our Thursday night drop-in clinic. Because we were fortunate to have launched the STRIDE program in February, all of our transgender participants who were receiving hormone therapy during the drop-in hours have transitioned to the afternoon program. The new appointment flow makes our afternoon program easier to manage and uses less of our valuable clinic resources than our drop-in services.

In STRIDE With Transgender Services

The St. James Infirmary is one of only four community-based organizations in San Francisco currently offering gender-transitioning services to the transgender community. As a peer-based, comprehensive health

clinic for sex workers, offering hormone therapy is consistent with a culturally competent and community responsive health services model. Prior to 2009 Transgender services were offered during a Thursday evening drop in clinic. The move to appointment-based services was designed to allow us to provide more comprehensive primary care that includes a strong educational component and a fixed number of visits during the intake process. Additionally, the move to appointment-based services was developed to increase the number of total transgender participants into primary care and allow us to enroll new participants into our hormone therapy program.

In February 2009, we opened STRIDE–our new Transgender Primary Care Program. During the next 11 months, we enrolled 20 new participants into our transgender hormone therapy program and shifted the majority of existing and medically stable transgender participants from our Thursday evening drop-in hours to our new appointment hours on Thursday afternoons. We have been able to provide appointment based hormone therapy to 44 core participants for improved health outcomes and quality of life.

Considering the drastic cuts we have experienced, our STRIDE program has been successful. Moving our hormone participants to the Thursday afternoon clinic made our situation of having to cut other services much easier for the staff and our community. While loosing our Thursday evening drop-in clinic was a hardship, the situation could've been much worse had it not been for funding from Third Wave and FSE to support our switch to the appointment model.

Overall, participants have articulated an increased satisfaction with appointment-based services versus drop-in services. Some longtime participants however reported a period of adjustment to the new system in that it involved pre-planning for prescription refill and laboratory monitoring. Most participants made the transition over time while a small minority continued to access other clinic services but stopped using SJI for their hormone management. Participants who liked the appointment-based system better than drop in reported that it was the more focused and unhurried process they liked best.

Hormone Therapy Encounter History 2008 versus 2009:

TIME PERIOD	TOTAL VISITS	UNDUPLICATED VISITS	NEW INTAKES
1/1/08-6/30/08	50	32	3
7/1/08-12/31/08	87	31	9
Total 2008	**137**	**67**	**12**

TIME PERIOD	TOTAL VISITS	UNDUPLICATED VISITS	NEW INTAKES
1/1/09-6/30/09	85	33	14
7/1/09-12/31/09	58	22	6
Total 2009	**143**	**44**	**20**

Changes in Transgender Services 2008 versus 2009

- During 2009 the goal to provide a structured peer-based intake process and a more comprehensive primary care experience was achieved. Now all STRIDE program participants engage in an hour long educational component, have access to ongoing peer counseling, have comprehensive medical intakes and follow-ups, and have telephone and email access to program clinicians and staff.

- The total number of visits for Transgender care remained essentially the same while unduplicated visits decreased from 67 to 44. These numbers likely reflect the switch to appointment based services, with the three to four visit intake process increasing the total number of visits and the program change and natural loss-to-follow up decreasing number of unduplicated visits. Additionally, the more comprehensive care available through appointment-based services has improved the identification of participants who require more specialized primary care due to more complex health needs as well as their linkage into these services.
- The number of new intakes increased from 12 in 2008 to 20 in 2009. This is an achievement of our goal to increase capacity for new intakes into hormone therapy.
- The sharp drop in new intakes between the first and second half of 2009 most likely reflect the loss of the Transgender program coordinator and the continuity peer counselor to budget shortfalls requiring layoffs across the spectrum of SJI programs. This personnel loss eliminated our ability to actively recruit new participants as well as our ability remain actively engaged with other programs serving the Transgender community.
- In addition to the goal of enrolling new participants, another purpose of moving our transgender hormone therapy program to Thursday afternoons was to increase capacity of the Thursday evening drop-in clinic to see more participants for urgent and holistic care. In the first 3 months of moving hormone only participants to the appointment clinic we had provided 226 drop-in urgent services and over 125 holistic services on Thursday evenings. The unfortunate aspect of closing our Thursday evening clinic is that we were serving a significant number of participants during these hours.

Case Study: Sarah has been one of the 20 new participants we enrolled into our STIDE Program in 2009. Sarah came to St James after having several negative and mentally harmful experiences at other places in her attempts to begin and regulate hormone therapy treatment. She was skeptical and untrusting of medical providers due to her previous experiences. After a few visits, Sarah slowly began opening up and participating in her treatment and counseling. She has successfully continued her therapy since her enrollment and has told St. James that she has never felt so comfortable and accepted at any other clinic or with any other medical provider. Sarah has stated that her newfound confidence in herself and her gender has allowed her to pursue applying for jobs outside of sex work as well as enroll for classes at City College.

STRATEGIC PLANNING

To strengthen organizational development, the St. James Infirmary established a strategic planning committee of 6 staff members and the Chair of the Board of Directors to review our 2002 strategic plan and build on that work. Our strategic planning committee worked with an Organizational Development Consultant, Anushka Fernandopulle, to begin this process. To date our activities have included: full committee meetings with the consultant; a meeting with the consultant and all of the agency staff; several meetings with the consultant, the ED and the Board Chair; and a meeting with the consultant and the full Board of Directors.

Through a full review of our previous plan, our committee learned that in 7 years, our agency had achieved all but one of the goals as outlined in the 2002 plan. We determined that the one item not achieved in the 2002 plan had become dated and was no longer relevant. We also observed that the timelines set in the 2002 plan

for reaching activities was not congruent with our real-life timeline of actually achieving our goals. Many activities that were given 6 months to achieve actually took 2 years; activities that were scheduled to take 2 years, took 5 years (and cost 10 times more than was originally budgeted).

The committee reviewed previous key stakeholder interviews and identified a list of 8 relevant interviews of external stakeholders and other community partners outside of our clinic. In addition, an on-line survey was developed to gather feedback from the sex worker community on current programs, the quality of our services, and our fundraising events as well as identify gaps in our services. We also asked community members who would be eligible for services but have not been to the clinic what was holding them back from utilizing our services. We collected over 30 completed stakeholder surveys. Next steps include developing a qualitative staff survey and concentrated efforts on Board development.

Syringe Access & Disposal (NEX)

In the first quarter of 2009, Sam Formo, the Needle Exchange Coordinator was joined by Jessi Ross as program assistant. The success of this partnership led to the creation of co-coordinator positions within the NEX program, with equal distribution of responsibilities. This partnership was extremely fortunate since State funding for NEX services was cut entirely and City funding for overall services was also cut. In response to the these cuts, the St. James Infirmary suspended most Outreach Services for nearly 4 months, cut NEX services by 2 hours on Tuesdays and cut a newly established partnership in the Bayview. In order to keep NEX services going beyond our State and City contract cuts, we merged our NEX and Outreach Programs into one program, managed by the newly formed co-coordinator partnership.

Supplies

From the time we begin formal NEX activities and the accompanying documentation in July 2005, our NEX program has consistently expanded our reach to participants as well as continuously increasing the number of safe supplies we distribute to the injection drug using sex worker community. Our total fixed site, SSE and street-based NEX efforts are detailed below:

From July 1, 2005-December 31, 2008 (3.5 years)	**From January 1, 2009-December 31, 2009 (1 year)**
➢ 5,603 participants served	➢ 2,750 participants served
➢ 47,179 new syringes	➢ 76,866 new syringes distributed
➢ 12,732 used syringes collected[1]	➢ 70, 571 used syringes collected
➢ 6,680 Fix Kits	➢ 6,217 Fix Kits
➢ 316 BioBuckets	➢ 346 BioBuckets

Even with the severe budget cuts, our NEX activities in 2009 far surpassed those of the previous 3.5 years of services. In addition to the supplies listed above, in 2009, 1,438 NEX participants received food (hot meals & food bags) during our fixed site services on Tuesday afternoons.

[1] Documentation for collection began July 2006

NEX Community Engagement

Secondary Syringe Exchange (SSE) are community members who are trained in safer injection practices and harm reduction and are given supplies to distribute among their social networks, primarily reaching people who would not normally access a NEX or health care services. The recruiting and maintaining of a dozen active SSEs participants has been very successful and has been an asset to the St. James community. Two of the SSE participants have been consistently active in the SSE program for almost 2 years now. One participant in particular has been pursuing residential treatment and is currently interested in volunteering with the outreach team.

Another successful development in the NEX program was our partnership with Positive Directions in the Bayview district. Our NEX staff provided services for the Bayview community every Thursday, which doubled the number of contacts for the NEX program as well as recruited at least one regular SSE participant. Being one of only two NEX providers in the Bayview, the increase in numbers demonstrates how critical these services are to this under-served community (HIV Prevention Point provides services at the same site on Mondays). Unfortunately, funding cuts have harshly impacted local syringe access work. Within a few months of beginning this partnership, we were forced to suspend these services due to funding cuts from the State.

One challenge to this partnership, other than having to cut this service just three months after it began, was encouraging Bayview community members to bring in their used syringes for equal exchange. Other than the SSE participant and one community member who regularly brought in several hundred syringes, collection of used syringes at this site was minimal. The other disappointment that occurred as a result of the termination of this site was the loss of the SSE participant who was providing clean syringes to the homeless encampment she lived in.

The Bayview/Hunters Point is a neighborhood of San Francisco that has been disproportionately impacted by HIV, both in number of HIV positive people and in the lack of HIV treatment access for the community. Moreover, as documented by our research, this neighborhood has a high level of sex work activity. Services in this area are critical. The good new is that recent funding from the Syringe Access Fund will allow SJI to resume its collaboration with Positive Directions in Bayview beginning March 1, 2010. With this program picking up where we left off, we anticipate that in addition to an increased need for program supplies, our engagement with the community in accessing services and syringe disposal activities will increase over time and through trust.

OUTREACH TEAM

St. James Infirmary's Outreach Team saw many changes in 2009. The team started off well staffed with consistent shifts and contacts (January through April). As 2009 progressed, and budget cuts became a reality, the Outreach Team endured a number of changes, including the loss of the Outreach Coordinator and all of the paid staff from this team. As stated before, the Outreach Team and NEX program merged in response to budget cuts. The joining of these two programs was strategic as many of these services, staffing and funding had previously overlapped. The commitment of the clinic staff that remained after the cuts focused on continuing the outreach program, which included event, Internet, and organizational outreach, as well as continuing strip club and massage parlor outreach on a consistent basis to maintain carefully developed relationships in these establishments. In spite of the budget cuts, we made 2,378 Outreach contacts in 2009.

2009 Outreach Shift Type and Contacts:

- Massage Parlor: 140 contacts in 4 shifts.
- Strip Clubs: 396 contacts and 11 shifts.
- Street-Based: 901 contacts in 27 shifts.
- Internet outreach: 585 contacts in 7 shifts.
- Other: 356 contacts in 7 shifts (primarily porn studios)

2009 Outreach-based Supply Distribution:

- 21,159 Female & Male Condoms.
- 8,392 Lubricants.
- 1,198 Safer Sex Kits.
- 1,567 Food Bags.
- 6,610 Other: (hats, gloves, socks, etc).

In conclusion, the main challenges for 2009 were the turn over and reorganization of the outreach leadership and team in general, budget cuts, and sporadic, inconsistent outreach shifts. The major successes were the creation of a the co-coordinator position, the number of shifts and overall contacts made in 2009, the reorganizing of a volunteer-based outreach team, and the range of outreach shifts accomplished in 2009.

HARM REDUCTION PROGRAM (HR)

As was true for the Infirmary at large, 2009, for the Harm Reduction Program, was an exercise in maximizing efficiency with diminishing resources. While the Harm Reduction program saw a downsizing in staffing and service hours, our capacity remained relatively stable for the remaining hours of operation at the clinic.

HIV and STI Services

In 2009, the HR team provided the following sexual health services to the Sex Worker community in the form of STI and HIV screening:

- HIV: 176
- HSV2 (Herpes Simplex Virus II): 78
- Chlamydia: 161 urine; 36 pharyngeal; 36 rectal
- Gonorrhea: 167 urine; 108 pharyngeal; 42 rectal
- VDRL (Syphilis): 150

Of the tests conducted above, the positivity rate of our participants has remained very low. Of the 176 HIV tests conducted, only 1 test came back positive. Similarly, we saw only 1 positive Chlamydia result (urine sample), 1 positive Gonorrhea result (rectal sample), and 1 positive Syphilis. The positivity rate was highest for HSV2 at 22% (n= 17). Given the robust occurrence of HSV in the general population, and that this test screens for antibodies only (and is not a diagnostic test), this rate could also be viewed as relatively low.

Mental Health & Peer Counseling Services

In addition to HIV and STI screening and education, the HR team provided a consistent and dense amount of peer and mental health counseling. The team enrolled new community members into peer counseling and engaged longtime community members into counseling for the first time. In 2009, in addition to numerous HIV/STI screenings, we provided 305 peer counseling sessions.

As we were fortunate to have the services of volunteer psychologist from New Leaf Community Services for the first 6 months of 2009, we saw a definite shift in the volume and frequency of peer counseling sessions.

While the New Leaf psychologists was on site, she was able to address the needs of our community members frequently experiencing mental health crisis, opening up peer counseling opportunities to participants who usually do not access these services. Likewise, her departure, due to maternity leave, led to an influx of community members seeking routine peer counseling (though some community members were able to be referred to New Leaf for care). This illuminates the need for a spectrum of mental health services to be available at our clinic. Our successful collaboration with New Leaf is one example of how we are able to creatively leverage existing resources for the benefit of our community.

Effects of Budget Cuts and HR Program Response

The mid year also saw the budget cuts that resulted in the following programmatic changes:

- ✓ Suspension of off-site testing at the HPP syringe exchange and the Speed Project's "Pit Stop"
- ✓ Staff downsizing from a team of 9 counselors to a team of 6
- ✓ Decrease in team training/meeting capacity

While these changes were without a doubt a loss for the clinic, the resilience of our staff and volunteers is stellar and contributed to the relatively soft impact on our community members. Additionally, the reprioritizing of volunteer recruitment and training was a positive response to our tightened budget. Because of our clinic-wide drive to reconnect with volunteers and find them meaningful roles during clinic hours, the Harm Reduction Team has benefited from having community members step into roles as peer counselors, intake counselors, and clinic assistants: offering food, entertainment, guidance, and company to community members at registration and in the community room.

PARTNERSHIPS AND COLLABORATIONS

While the capacity to do trainings, in-services, and media engagement diminished this year due to cuts in our resources and staff time, the Harm Reduction Team still had some great opportunities to engage with other organizations. In October, Harm Reduction Counselor and NEX/OR Co-Coordinator Jessi Ross and Harm Reduction Coordinator Stephany Ashley attended the Reproductive Justice Network Convening hosted by the 3rd Wave Foundation, as representatives of the St. James Infirmary. The convening offered invaluable time to engage the mission and work of SJI with diverse and multiple organizations doing reproductive justice work nationwide. As the convening also serves as a capacity-building tool, Ms. Ashley and Ms. Ross participated in trainings around policy work, strategic planning for the network, and organizational messaging. The convening reinforced the importance of connecting the goal of occupational health and safety for sex workers to a national discourse of body autonomy and reproductive justice.

Additionally, in September 2209, Cedars-Sinai Medical Center invited the Clinic Director, Chuck Cloniger and the Executive Director, Naomi Akers, to be guest speakers in their 10th Annual HIV/AIDS Conference, held in Los Angeles, California. Over 100 clinicians attended the event, and the due spoke on the St. James Infirmary in general, while highlighting best practices for working with the transgender community.

Policy & Advocacy

While the primary focus of the St. James Infirmary is on providing quality, peer-based health services to sex workers, we appreciate the importance of vigorous advocacy campaigns in creating better heath outcomes for

our community. St. James maintains a regular presence in local groups committed to a progressive public health agenda, including San Francisco's grassroots Committee to Save Public Health, which comprises other syringe access programs and other groups that support a progressive community health agenda.

In keeping with these goals, the St. James Infirmary Executive Director, Naomi Akers, MPH, maintains a high level of engagement around issues of sex work, substance use, syringe access, harm reduction and other policy issues that impact community health. For the past four years, Ms. Akers was has served on the Community Advisory Group for the SFDPHAO HIV Research Section where she advocates for the concerns of the sex worker community.

In October 2009, the Executive Director was appointed to a Global Working Group on Sex Work and HIV Policy to UNAIDS. UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organizations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic.

In 2007, UNAIDS released a "Guidance Note on HIV and Sex Work" that demonstrated a clear departure from human rights-based, evidence-informed approaches to an emphasis on eliminating sex work altogether as an HIV prevention strategy. The Global Working Group on Sex Work and HIV Policy, a coalition convened by the Network of Sex Work Projects, was established to make changes to the Guidance Note with specific policy recommendations that addressed HIV interventions and access to HIV treatment for sex workers rather than trying to eliminate the world's oldest profession. In November 2009, the ED was flown to Geneva, Switzerland as part of her work with the Global Working Group on Sex Work and HIV Policy to UNAIDS. A new version of the Guidance Note has been drafted, with key global recommendations, including, but not limited to the decriminalization of sex workers, injection drug users and men who have sex with men to further the critical agenda of universal access to HIV prevention and treatment. While these efforts are primarily aimed at efforts for the global south and developing nations, the Guidance Note is an important policy guide for national and local efforts as well.

> "We believe the mission of UNAIDS should be to focus on reducing HIV transmission, which requires protection of the rights of sex workers…., rather than the 'rehabilitation' of sex workers."
>
> –*Open Society Institute*

In December, 2010, the Executive Director, was invited by UNAIDS to speak at their World AIDS day event in Washington DC. The theme of the event was HIV, Human Rights, Universal Access and Marginalized Populations. As the request of UNAIDS, our ED presented on issues specific to sex workers in the U.S., the St. James Infirmary model and removing barriers for better access to HIV prevention and treatment. Her recommendations included: meaningful participation of sex workers in research, program planning/evaluation, and policy work; the decriminalization of sex workers; and the removal of the anti-prostitution pledge required for countries and agencies receiving US HIV prevention funding (PEPFAR).

These conferences represent important opportunities for St. James to network with other advocates working on policy related to sex workers, injection drug use and syringe access issues, such as lifting the federal ban on funding for syringe programs.

GOALS FOR 2010

The budget cuts and national recession made 2009 a tumultuous year for the St. James Infirmary. The last year has perhaps been one of the most difficult years to date. However, overall we emerged victorious. While overall the number of participants the clinic has served in 2009 is generally down across the board because of cuts in services, the participants that the clinic does see are able to get longer counseling and medical sessions with smaller wait times, which has led to higher quality more intensive services. Our dedication and hard choices have ultimately allowed us to weather the storm, thus far and for the first time in 18 months we are optimistic enough to plan small increases in services and new projects for 2010.

Looking forward, our future programs and services in 2010 look promising. We have the resources to add appointment testing to our STRIDE program and have received funding to support our strategic planning, Board Development, and the ability to resume our NEX services on Thursday evenings in the Bayview at Positive Directions. In 2010 we will also be completing two exciting tasks that have been long-term goals: moving to an electronic intake and completing the 3rd Edition of our Resource Guide.

E-Intakes & iPads

As a direct result of funding for our research, from 1999 to 2005, 1,500 new participants intakes were completed face-to-face on paper and then later entered into a medical records database. After 2005 however, we have been slowly entering the backlog of Intakes into the database because we lacked the funding to pay staff to enter the Intakes into a database after the face-to-face interview was completed. We now have over 2,600 new participants, however only 2,000 intakes are entered into our database.

We have asked ourselves: How can we avoid spending double-time on the intake, with the time taken to complete it face-to-face with the participant, and then the time entering the Intake into the computer at a later date? The answer is to enter the intakes directly into the database during the face-to-face encounter with the Harm Reduction Counselor, bypassing the paper form altogether. This leaves us with the problem of the physical and perceived barrier of a computer between the participant and the Harm Reduction Counselor (either on a laptop facing the participant or, worse, on a desktop with the counselors back to the participant). As the Intake is a defining moment for participants upon entering our clinic for the first time, and an opportunity for our staff to touch on intimate and sensitive topics with participants, a barrier of any type is unacceptable.

Considering all of these issues and our resources, we have determined the best course of action is to phase out the paper intake form completely and utilize a hand-held portable device to enter the Intakes electronically during the counseling session. We have contracted our Database Consultant to develop a virtual application that can be used by the Apple iPad, a new large touch screen device launching in April, 2010. This device is less expensive than any laptops and will be easier, *and thus faster*, to use than a palm pilot. We have examined all aspects of security risks to the participant medical information and theft and have these risks down to zero for patient information and minimal risk for theft. We are excited to announce that in May, with capacity funding from the Third Wave Foundation, we will be moving to E-Intakes on the exciting new iPad.

Occupational Health and Safety Handbook, 3rd Edition

St. James has produced and distributed hundreds of copies of our Occupational Health and Safety Handbook (1st Edition in 2002 and 2nd Edition in 2004). These resource guides include information on safer sex practices, safer methods of injecting drugs and smoking crack, how to prevent and avoid violence, as well as listings for individual community organizations and services—many recommended by SJI. In addition, the handbook also contains profile listings for over 400 government and community organizations. The past two editions of the handbook have served as a useful educational tool for hundreds of sex workers, and many local service providers have requested copies to assist their work in providing services to sex workers at their individual agencies. The second edition is out of print and currently only on-line copies are available. Moreover, the resources listed in the previous editions are outdated.

To enhance community awareness of agency services, occupational health and safety methods specific to various forms of sex work and other resources, SJI has been working on a 3rd edition of our Occupational Health & Safety Handbook for sex workers. This project originally started in 2007, but suffered many pitfalls, including past gaps in funding and our 2009 budget cuts. Thanks to funding from The California Endowment, RTI International and contributions from our generous individual donors, in July 2010, we will publish a complete revision of the Sex Worker Resource Guide and distribute at least 1,000 copies of SJI's to clients and community partners.

For more information about the clinic, the services we provide, to download any of our research, order a copy of the new Occupational Health and Safety Handbook or a fabulous St. James Infirmary tee shirt, or to make a donation and support what we do, please visit our website at: www.stjamesinfirmary.org