Annual Report 2011
AGENCY INTRODUCTION

St. James Infirmary (SJI), a 501(c)(3), provides compassionate and non-judgmental healthcare and social services for current and former sex workers of all genders and sexual orientations while helping to prevent 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 clinic participants represent the diversity of the sex-worker community. This includes sex workers from a variety of sex-work venues: escorts; street-based workers; strip club dancers; massage-parlor workers; porn actors; BDSM; Internet workers; and people engaged in survival sex exchange. Since we opened our clinic in 1999, we have served more than 3,300 sex workers and their families through our clinic-based services and have provided outreach services to more than 20,000 sex workers in the Bay Area.

Our full-spectrum services include Primary Medical Care, Reproductive Healthcare, Gender Transitioning, HIV/Sexually Transmitted Infections (STI)/TB/Hepatitis Testing, STI treatments, Hepatitis A/B Vaccines, Acupuncture & Massage, Peer & Mental Health Counseling, Syringe Access & Disposal Services (NEX), Support Groups & Trainings, Food, and Clothing. SJI is located in the South of Market district of San Francisco. We are open 3 days a week: Tuesdays from 3-6pm for NEX, testing & holistic care; Wednesdays from 6-9pm for drop-in and appointment-based medical services; and Thursdays from 1-4pm for appointment-based testing and our STRIDE Program (transgender healthcare).

Participant Demographics

Through our needs assessment data, we know that the majority of the people we serve are living at 200% below the poverty level, and 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. More than 50% have been 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 more than one-third have no family or social network. The majority of our participants, 70%, report that they had never discussed their sex work history in a healthcare setting before coming to SJI. In all of our assessments, participants report stigma associated with sex work and criminalization as a contributors to decreased health.

Charts 1-4 below provide an overview of the demographics of our population in 2011.
### Overview & Summary of Activities in 2011

Table 1: Activities Provided by SJI in 2011 vs. 2010

<table>
<thead>
<tr>
<th>Service Description</th>
<th>2011</th>
<th>2010</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unduplicated Participants Served in Clinic*</td>
<td>445</td>
<td>439</td>
<td>↑1%</td>
</tr>
<tr>
<td>Clinic &amp; Venue-based Health Visits</td>
<td>2383</td>
<td>2044</td>
<td>↑17%</td>
</tr>
<tr>
<td>New Participants**</td>
<td>122</td>
<td>271</td>
<td>↓55%</td>
</tr>
<tr>
<td>Holistic Services</td>
<td>286</td>
<td>491</td>
<td>↓42%</td>
</tr>
<tr>
<td>HIV/STI Testing</td>
<td>742</td>
<td>745</td>
<td>↓1%</td>
</tr>
<tr>
<td>Health Education Training &amp; Support Group Encounters</td>
<td>241</td>
<td>342</td>
<td>↓29%</td>
</tr>
<tr>
<td>STRIDE New Participants Enrolled</td>
<td>22</td>
<td>17</td>
<td>↑29%</td>
</tr>
<tr>
<td>Peer &amp; Mental Health Counseling Sessions</td>
<td>336</td>
<td>359</td>
<td>↓6%</td>
</tr>
<tr>
<td>Outreach Program</td>
<td>1,919</td>
<td>1,151</td>
<td>↑67%</td>
</tr>
<tr>
<td>Syringe Access &amp; Disposal (NEX)</td>
<td>2,713</td>
<td>1,900</td>
<td>↑43%</td>
</tr>
<tr>
<td>Participants Accessing Hot Meals &amp; Food Pantry Program</td>
<td>1,691</td>
<td>1,553</td>
<td>↑9%</td>
</tr>
<tr>
<td>Participants Accessing Clothing Program</td>
<td>1,648</td>
<td>1,410</td>
<td>↑17%</td>
</tr>
</tbody>
</table>

* Does not include NEX
** Does not include venue-based testing, NEX or outreach

In 2011, we served 445 unduplicated participants and 2332 total visits during our primary and transgender health clinics, which is a slight increase from 2010. Of these, 122 were new participants. In 2011, we made 1,919 Outreach contacts and 2,713 participants received Needle Exchange services, which is a large increase compared to 2010.

We provided 241 Health Education Trainings & Support Group encounters to 171 unduplicated participants. Because of funding shifts around HIV Prevention from the City, as of September 2011 we are
no longer funded to provide trainings and groups to our community. Despite this funding termination and the fact that the number of trainings and groups we provided in 2011 was less than 2011, the number of unduplicated participants we served increased in 2011. Our Holistic Services (ear and full body acupuncture, full body massage) continue to be quite popular. In 2011 however with limited funding for this program, we are not fully meeting the needs of the community; we were only able to provide 286 holistic visits. Seventy six percent (76%) of our participants reported receiving food from our hot meals and food pantry program; and about 70% accessed items from our clothing closet. We enrolled 22 new participants into our STRIDE program, providing 128 transgender health and hormone services to 51 unduplicated participants.

As is now a tradition at the St. James Infirmary, we held our Annual Holiday Party in December. More than 65 clinic participants, volunteers, staff and their families came together to celebrate the holiday season and year-end. We provided a delicious holiday dinner from Left Coast Catering and Souley Vegan.

**Funding & Other Income Sources**

The charts below provide a breakdown of clinic income and expenses for 2011. In 2011, government grants were 50% of our total income and foundation grants were 40%. Our greatest expense was staffing at 63% for 2011, followed by supplies for programs, such as Outreach and NEX, at 15%.

![2011 Income Chart](chart1.png)

![2011 Expenses Chart](chart2.png)

Beginning in 2011, we were awarded a new contract with the California Family Health Council (CFHC), under Title X federal funding, to support our reproductive health services; the grant is for $73,500 per year and, provided that no major cuts in federal funding occur, is expected to run for 5 years. The partnership with CFHC has been multifaceted — e.g., the organization has assisted us with refining reproductive health policies and expanding our family planning services (such as reproductive health outreach to the sex-worker community and the ability to offer a wider variety of both short and long-acting birth control methods) — allowing us to provide our participants with more choices while further supporting our valuable services to the community.

The San Francisco Department of Public Health AIDS Office contract terminated on August 31st, 2011 ($118,000). Towards the end of 2010, the AIDS Office announced a new RFP that had a very sharp departure from previous RFPs and funding over the past 10+ years. The new RFP required such large deliverables, that we were forced to collaborate with larger organization or we would not even be eligible for the funding. This was a shift for us, as previously we had been funded directly from the AIDS Office. In response to this
challenge, we collaborated with the San Francisco AIDS Foundation (SFAF) and Magnet to submit two collaborative proposals to the SF AIDS Office for HIV Prevention Funding; both were awarded (a third collaborative proposal was not funded). These two new projects are supporting our current NEX program and venue-based HIV testing for communities identified by the City of San Francisco at high-risk for HIV infection (women who do not inject drugs no longer meet this criteria). One of these projects is a collaboration with SFAF as a subcontractor for venue based HIV testing along with Glide Health Services. In this partnership we are given supplies and support to fulfill a contract of 180 tests with hard-to-reach men who have sex with men, trans women, and injection drug users.

Table 2 is a breakdown of funding sources in 2011.

Table 2: 2011 Highlight of Top Funding Sources, Allocation and Amounts *

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Purpose/Allocation of Funds</th>
<th>Amount Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Family Health Council/Title X Funding</td>
<td>Reproductive Health Services</td>
<td>$73,574</td>
</tr>
<tr>
<td>craigslist Charitable Fund</td>
<td>General Operation</td>
<td>$20,000 (+$75,000 from 2010)</td>
</tr>
<tr>
<td>San Francisco Department of Public Health STD Control and Prevention Section — “City Clinic”</td>
<td>HIV &amp; STI testing, labs, rent, staff support</td>
<td>$~200,000 In-Kind</td>
</tr>
<tr>
<td>San Francisco Department of Public Health HIV Prevention Section</td>
<td>HIV Prevention (Outreach, NEX, Groups &amp; Peer Counseling)</td>
<td>$78,666**</td>
</tr>
<tr>
<td>Individual Donors</td>
<td>General Operation</td>
<td>~$25,000</td>
</tr>
<tr>
<td>Third Wave Foundation</td>
<td>Transgender Program (STRIDE) – $20,000 general, plus $6,500 for technical support</td>
<td>$16,500</td>
</tr>
<tr>
<td>Syringe Access Fund</td>
<td>Satellite Syringe Exchange Program</td>
<td>$10,000</td>
</tr>
<tr>
<td>SJI Community Events</td>
<td>General Operation</td>
<td>~$10,650</td>
</tr>
</tbody>
</table>

*Funding awards are for 12 months unless otherwise noted.
** Represents 8 months of funding in 2011.

Our other grant partnership as a subcontractor with the SFAF also includes four (4) other needle exchange providers in San Francisco (SFAF HIV Prevention Project, Homeless Youth Alliance, Glide, and API Wellness Center). Under the director of the AIDS Office, we have formed the Syringe Access Collaborative (SAC), a new collaboration with syringe service providers in the City of San Francisco. The mission of the SAC is to provide high quality, culturally proficient services to improve the health and well-being of San Franciscans who inject both illicit and licit substances. Many of these individuals are living in poverty and have physical and mental health disorders, are substance users, have incarceration histories and/or housing issues that create barriers to services and care. The SAC strives to reduce harms and improve the health status and quality of life for injection drugs users (IDUs).

Our in-kind support from City Clinic (SFDPH STD Control and Prevention Section) continued, including payment of all lab fees and rent through the end of 2011. In the past, we have been indirectly supported for HIV testing through City Clinic, which also funds a variety of our program services and
infrastructure through in-kind support. However, due to funding shifts around HIV testing and prevention at the City level, as of September 2011 HIV testing has transitioned to a medical model and is expensed in part through Family Pact reimbursement, our Title X Contract and through our general operating budget.

In late 2010, our Executive Director met with craigslist CEO Jim Buckmaster on several occasions to discuss funding possibilities. The meetings lead to a sizable multi-year grant for $250,000 from the craigslist Charitable Fund. This large grant has boosted our general operating budget as well as supporting the development of our volunteer program, support to conduct a small needs assessment of the sex-worker community around the health impacts of policing activities, and funding to hire a Clinic Manager and a temporary Communications Director (9-month position).

**Beneficial Staffing Changes**

The new position of Programs Director was filled by former Harm Reduction Coordinator, Stephany Ashley, enabling her to assume greater leadership, more responsibility, and a more active role in planning and evaluation. Stephany Ashley now oversees all the day-to-day operations of all participant-related activities of the clinic, including supervision and support for all front-line staff. This restructuring allowed the Executive Director, Naomi Akers to shift her time away from the supervision of front-line staff and on overseeing the daily operations of the many services and clinic needs to more of her time spent on fundraising, evaluation, program planning, policy work and strategic development. All of the activities are crucial for program growth.

The Programs Director worked with the NEX Coordinator, Outreach Coordinator, Harm Reduction/STRIDE Coordinator, Registration Coordinator, medical team and holistic team to strengthen and support their programs’ work, offering guidance, debriefing, training, and feedback to SJI staff and volunteers. By providing the program coordinators with an additional level of support, the Programs Director was well positioned to identify areas of potential growth and development among the programs. Some examples of this include:

- Collaborating with the DOPE Project to make SJI a Narcan distribution site. Effective March 2011, SJI staff and volunteers (with special focus on NEX and Outreach workers) were trained in the administration of Narcan in the event of an opiate overdose. Additionally, Program Coordinators Jessi Ross and Sam Formo were trained to distribute Narcan and to train participants to administer it as well. Satellite Syringe Exchangers, as well as NEX participants were offered Narcan training every Tuesday.

- Hiring and training a new STRIDE Counselor & Registration Assistant to support the STRIDE Coordinator and Registration Coordinator, as well as a new Administrative Assistant.

- Supervising a legal “know your rights” training for participants, a 3-month series of violence prevention trainings, and a subsequent research project assessing the prevalence of violence amongst community members, and identifying their desired support services.

- Recruiting, hiring, and training new volunteers via 3 comprehensive volunteer Meet & Greets and orientations. Out of these trainings, we recruited 4 new triage staff, 3 new clinicians, and nearly a dozen general clinic volunteers.
• Drafting, updating, and implementing new Policies & Procedures. As part of the Title X compliance process, Stephany worked with Program Coordinators to identify missing or out of date Policies & Procedures, and to get them up to compliance. A comprehensive Continuous Quality Improvement Plan for the HIV testing program was completed, as were P&Ps pertaining to PHI breaches, conflicts of interest, venue testing, and “medical model” HIV testing.

• Creating new MOUs (Memorandum of Understanding) with outside agencies to build or strengthen outreach and venue testing relationships.

• Group trainings on Harm Reduction, counseling, data collection, and youth sensitivity.

In prior years, most of the above mentioned activities would have fallen on the Executive Director’s lap. Hiring Stephany Ashley was critical in allowing the ED to continue focusing on development. In 2012, the Programs Director will continue to offer this support as the clinic gears up for new programs, further engagement with the public through conferences and policy work, and continued staff development.

The temporary Communications Director began working closely with the Executive Director to continue and expand existing communications projects and to develop new strategies to improve SJI’s visibility among the sex-worker community and in the general public. While this position was a temporary position, and was terminated in June 2011, a great deal was accomplished in a short period of time. Some of the accomplishments in this area are detailed in the upcoming sections discussing our policy work, collaborations, media campaign, community trainings and conference participation.

**COMMUNITY EVENTS & DEVELOPMENT**

After more than three years of service, Jason Chadderdon, SJI’s Events Development Coordinator for St. James Infirmary left the agency in May, 2011. He was replaced by Stephanie Anderson who was immediately tasked with recruiting volunteers for Pride, Dore Alley and Folsom. The primary goals of Events & Development are:

• To raise unrestricted funds via fund-raisers, community partnerships, and in-kind donations.

• To increase awareness of the clinic amongst the communities and populations we serve.

In addition to the usual events we have each summer (Pink Saturday, Pride, AIDS Walk, and Folsom Street Fair Events,) as well as several beer busts, we hosted or benefited from some of the following fabulous events:

$ Finally! The Roast of Chris Daly! (Thank you Chris for your years of service to San Francisco)

$ Art XXX-Hibition Celebrating International Sex Workers Rights Day (March 3)

$ Love for $ale: A Sweet Talking, Street Walking Burlesque Cabaret Hosted by Tom Orr

$ Sophilya Leggz presents: Goth Chicks Vs Cowgirls, hosted by Diva LaFever!!

$ The Cure for What Ails You hosted by Heklina and Steph Joy

$ Hot & Healthy with the House of Garza
A warm and special thanks goes out to all those amazing activists and allies who hosted an event with St. James Infirmary as the beneficiary. We are grateful to have wonderful friends in the community.

**Harm Reduction Program**

The Harm Reduction Team provides HIV & STI screening and education, harm reduction counseling, mental-health counseling, intake services and groups/workshops from a peer-based model.

**HIV & STI Services**

In 2011, the Harm Reduction Team provided the following HIV/STI testing services:

<table>
<thead>
<tr>
<th></th>
<th>In Clinic Testing</th>
<th>Venue Testing</th>
</tr>
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<tbody>
<tr>
<td>164 HIV tests</td>
<td>51 HIV tests</td>
<td></td>
</tr>
<tr>
<td>136 VDRL (Syphilis) tests</td>
<td>5 VDRL (Syphilis) tests</td>
<td></td>
</tr>
<tr>
<td>143 pharyngeal swabs for Gonorrhea and Chlamydia</td>
<td>5 pharyngeal swabs for Gonorrhea and Chlamydia</td>
<td></td>
</tr>
<tr>
<td>133 urine samples for Gonorrhea and Chlamydia</td>
<td>1 urine samples for Gonorrhea and Chlamydia</td>
<td></td>
</tr>
<tr>
<td>50 rectal swabs for Gonorrhea and Chlamydia</td>
<td>0 rectal swabs for Gonorrhea and Chlamydia</td>
<td></td>
</tr>
<tr>
<td>53 blood draws for HSV2 (Herpes Simplex 2) antibodies</td>
<td>1 blood draws for HSV2 (Herpes Simplex 2) antibodies</td>
<td></td>
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</tbody>
</table>

We conducted 215 HIV tests and 527 screenings for STIs. In 2011 our HIV positivity rate was 1.8%, the same as 2010. Our positivity rate for STIs remains low, with positive tests seen for 18.87% of participants tested for HSV2 antibodies (Herpes Type 2); 4% of those tested for rectal Gonorrhea and Chlamydia; 0% of participants tested for Gonorrhea and Chlamydia in urine; 2.09% tested for Gonorrhea and Chlamydia through throat swabs and 3.38% tested for VDRL (Syphilis).

Because of the shift in HIV Prevention funding at the City level, we have suffered a cut in HIV prevention services in general. As of September 2011, on Tuesday afternoons from 3pm-6pm during the NEX drop-in program hours, we had to suspend holistic services, HIV/STI testing services to our general participants, and close the food program in the community room. Closing auxiliary services on Tuesday afternoons has affected our program outcomes, specifically around in-clinic testing, holistic services and food distribution. Conversely, because of our new contract with the San Francisco AIDS Foundation and Magnet, we are offering venue-based HIV testing through the Counseling Testing and Linkage (CTL) model.

In 2011, City Clinic implemented new STI Screening Guidelines for our clinic. The new guidelines exclude STI screening for non-symptomatic women over the age of 25 from routine Gonorrhea, Chlamydia and Syphilis testing. In 2011 we tested 75% fewer women for STI screenings compared with 2010. Moreover, the switch to medical model HIV testing has meant less financial support to provide these services, and more reliance on our billing capabilities. As a team we have been concentrating on how to provide services and counseling within these guidelines while also supporting our unique population. The changes in public health HIV/STI services have left a lot of people out of the loop and we are working hard to continue to provide testing and education even for those people we are no longer contracted to serve.
Venue-Based Testing

While the shift in funding towards NEX and venue-based testing did not require many programmatic changes, there were some exceptions. As stated earlier, the SF AIDS Office made some radical shifts in their RFP process. In addition to the need to collaborate with larger agencies for a slice of the HIV Prevention funding pie, the AIDS Office also stated they would no longer fund peer-based HIV testing for agencies with a medical license. This included the St. James Infirmary. We were told we would need to shift our HIV testing to a medical model1 and that we would need to find our own funding to support it. Thus, we no longer have City funded HIV testing available in the clinic and have moved to a medical model. Moreover, we have had to strain our thinly-stretched general funds to pay for what is a critical service to our community. Furthermore, our clinicians were stressed at the idea of having to screen for HIV in addition to the other health issues on which they focus during a medical visit. The good news is that we have managed to retain the peer-based nature of our testing. Peer-counselors provide the initial screening and results disclosure, and offer counseling sessions for those who want it.

The shift in funding priorities at the AIDS Office allowed us an opportunity to continue HIV testing, but only in settings outside the clinic (venue-based), for example street fairs, shelters, and other events. Venue-based HIV Testing included the creation of, essentially, a new program (which benefitted from the SJI’s history of Venue-based Testing in strip clubs several years earlier). With Cyd Nova as the program coordinator of our new Venue-based Testing Program, we began reaching out to venues and events throughout the city to offer HIV testing.

In 2011, SJI counselors and phlebotomists brought this service to the Folsom Street Fair, the ARC memorial vigil at Occupy SF, the LYRIC queer youth dance, and Nob Hill Theatre (where we also offered STI testing). MOUs were also created with Ladies Night/Mission Neighborhood Resource Center, LYRIC, HIFY (Health Initiatives for Youth), and Glide Health Services, where collaborations will continue through 2012.

The partnerships built through the venue-testing program have been invaluable, but the program is not without its challenges. While the concept of “bringing services to the doorstep” of our target populations is a solid one, the amount of time it takes to build trust, to set up a smooth and efficient mobile testing site, and to spread the word about the services is significant and progress is inevitably slow. Additionally, as we found on a few occasions, many people simply do not want to receive an HIV test in their recreational or community setting. Venue testing is visible and, understandably, some people feel more comfortable in the

1 Up to this point St. James was providing CTL (Counseling Testing Linkage) HIV testing during all clinic hours. State trained and certified peer counselors conduct individual risk reduction counseling (IRRC) sessions and disclose test results in a face-to-face setting. Under the Medical Model, clinicians disclose HIV test results instead of peers, results can be disclosed over the phone, and there is no IRRC. There can advantages to both models, however there is currently a wide-spread, global debate, about the transition away from peer-based approaches towards medicalized methods, particularly in regards to the appropriateness of medical model testing in all sex work cultures, such as in developing countries. The advantage we have at St. James is that there is a lot less cumbersome and mandated paperwork involved with the medical model as it is no longer a funded project of the AIDS Office. Also, folks who get tested frequently may not need or want an IRRC session; they would prefer to simply get tested and get their results quickly without the requisite counseling session with CTL.
privacy of the SJI clinic. Adapting to these variables and working with the community’s needs meant building a great level of flexibility into this program and its staffing.

In our Venue-based Testing Program, we have participated in events that are mostly attended by youth. At the last event, at Occupy SF, we tested one young woman who had been sexually assaulted but had been turned away from 2 clinics for an HIV test because of her gender and age. She had been living in extreme anxiety about her HIV status for the past year. We were able to test her and provide counseling, but there will be many more like her when publicly funded HIV/STI testing becomes inaccessible to women over the age of 25 or women who do not meet a “risk demographic.”

Over the past 2 years, one clinic, which provided healthcare to women and trans communities (Women’s Choice Clinic) closed, and two others (Planned Parenthood and Lyon Martin Health Services [LMHS]) had periods when they were closed and their survival was in question. LMHS is one of the largest providers of hormone care, and for many months we saw many patients who sought care when they suddenly were unable to access it through them. San Francisco — often believed to be a utopia of social-service organizations — is under threat from budget cuts and shifting focus from community building and anti-stigma work to more straightforward medical interventions.

The elimination of Tuesday testing hours, launching a new HIV testing program in the field, along with the implementation of new STI screening guidelines by the City, resulted in our STI/HIV in-clinic testing numbers remaining relatively close to those of the previous year, i.e., numbers neither grew nor diminished dramatically. As most of these changes did not begin until late in 2011, we are concerned that we may see a steady decline in participants served as we move into 2012 and these program cuts take full effect.

Groups

Despite the discontinuation of funding for groups, in September 2011, during the first 9 months of 2011 we did host a series of well-attended workshop focusing on different elements of peoples lives: these included workshops on holistic care, harm reduction around recreational use of pills and knowing your rights in SROs. Other topics included HIV/AIDS risk in serodiscordant couples; aging in trans communities; sexual assault and trauma; “know your legal rights”; holistic health; harm reduction in sex work; overdose prevention; and housing options. Participants reported a sense of excitement in having room to safely discuss their lives with other members of their community. We are actively seeking funding to support a scaled down version of our groups program. Our ideal goal would be to hold a 3-5 session workshop series every 3-6 months.

**STRIDE**

The mission of the St. James Infirmary Transgender Health Program is to assess and address the medical, social, and psychological needs of current and former sex workers who identify as transgendered.

All participants are evaluated individually within the framework of medical evaluations, medical care, and care referrals. All care is tailored to the individual participant’s specific situation and addressed in an ongoing continuum of care. Our foremost concern is the health and well being of our participants. In an attempt to acknowledge and address any past negative or discriminatory experiences with the healthcare system, all services are offered in a welcoming, respectful manner.
Since beginning the STRIDE Program — appointment-based hormone care — in 2009, Thursday’s clinic has been a space where our trans participants can access caring and culturally competent hormone replacement therapy (HRT) and counseling services.

Table 4 shows STRIDE Program statistics in 2011 compared with 2010.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Medical Visits</th>
<th>Unduplicated Participants</th>
<th>New Intakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>110</td>
<td>57</td>
<td>17</td>
</tr>
<tr>
<td>2011</td>
<td>128</td>
<td>51</td>
<td>22</td>
</tr>
</tbody>
</table>

Below are two examples of case studies from the STRIDE program, which is followed by a description of some ongoing projects within this program.

**Case Study:** Two stories stand out from this year of clinic. One participant, a young woman who had recently been released from incarceration, came to the clinic to continue with her hormone care. In addition to being able to access cohesive medical care, she was also able to share her experience with a counselor who had come from a similar background who was able to give her emotional support and also connect her with resources for housing and job networking. That participant went on to become a clinic volunteer.

Another participant was a person who had identified as gender non-conforming for many years and had taken steps towards getting ready for physical transition. We had seen her through conversations with her romantic partner and a move from a rural area to a more urban one where she would have access to a wider support system. After many consultations, she decided to start on a low dose of hormones. A month and a half later she called the clinic and said she wanted to discontinue hormones. She had a long conversation with the counselor about how she wanted the change of the hormones badly, but she felt like they were compromising her mental health. The peer counselor on the phone discussed her options and supported her in following her intuition, reassuring her that she would have a place in the STRIDE program no matter what decision she made around hormone therapy. She stated that she had never felt so comfortable and supported around her gender in her life, in a way that was not contingent on a physical gender transition.

**Restructuring and Creating a Standard of Service**

During the 13 years we have been offering transgender care, we’ve learned a lot about best practices. In 2011, we finalized a policies and procedures guideline to define a standard of care that will help all clinicians working with participants in the STRIDE program.

The program provides a continuum of care to transgender sex workers who want to investigate, start, or continue hormone therapy. It combines peer counseling – which continues as long as the participant wants it – with ongoing medical care and evaluations, in addition to referrals for other supportive services.

We focus on participants over all quality of life – incorporating hormonal transition into a holistic care plan to strengthen individuals self esteem and support systems. We have developed our program, as trans people and sex workers ourselves, knowing that for our community it can prove very difficult to access non-judgmental services.

Other accomplishments that we have made include creating a Zine for new intakes and for wider community distribution — a collaborative project between staff and participants in the program. The Zine
combines information, answers to frequently asked questions, advice and reflections from peers, as well as a resource list. The other publication begun in 2009 and published in 2012 was the Policies and Procedures Manual, which outlines the entire framework of our program and gives medical guidelines for prescribing hormones. This document is an important internal training tool, but it also may be used by other clinics interested in starting a program similar to ours.

We also maintained our appointment based HIV/STI testing for all genders, with 40 HIV/STI tests taking place during the clinic year. This testing supported participants in the STRIDE program and also provided a space for the wider SJI community to get tested if they were unable to make night time drop in clinic hours.

**Going Forward in STRIDE**

In the past year our program has developed in a positive direction. In January we brought on a part time counselor for the STRIDE program. The counselor was to focus on outreach and getting the word out about STRIDE to different parts of our communities. While she has brought a wider capacity and diversity of experience to our counseling abilities, the overall increase in participants have been lower than expected for various reasons.

Over the past year, San Francisco has undergone many changes in the structure and availability of its support services. In a changing financial world, many agencies have closed or had to cut their programs, which in turn, has an impact on every agency around them. For the harm-reduction and transgender-care programs at St James, this year has been both a particularly challenging and strengthening one.

One of the places that STRIDE came up short was in filling the capacity of the clinic. Collaboration with the outreach team was not as widespread as planned, that combined with medical leave of the STRIDE doctor and the hours of the STRIDE coordinator being stretched between 3 different programs, led to fewer participants than we had hoped for. In 2011 we had 313 visits total; 22 of those were STRIDE intakes, which were up from 17 in 2010 but did not reflect the expansion we were hoping to make with a new staff member.

Today we are refocusing on strategy and how to further expand the program under staff constraints and budget shifts. Some ways that we are planning on revitalizing the program are: concentrated outreach with our trans specific materials, increased collaboration with other inner city and national programs, and surveying our participants about what services are important to them and what they would like to see change.

**Outreach Program**

The St. James Infirmary Outreach Program consists of the distribution of harm reduction supplies, educational materials and agency fliers to sex workers out in the community. We contacted people working within many of the different types of sex work including street-based, massage, independent in-call/out-call, security, sex trades, exotic dancing, and peep-show workers. Additionally, our relationships with local non-profits and sex work-related venues, as well as internet outreach and outreach to private work spaces utilized by sex workers, the latter of which are more accessible to our team since we are peer-run, offered us creative, time-saving ways to reach our community in 2011.

As previously documented by our intake data, outreach is the second best source of new participants (the source yielding the greatest number of participants being “word of mouth”).
Table 5: Outreach Activity: 2011 vs. 2010

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants Served</td>
<td>1,919</td>
<td>1,151</td>
</tr>
<tr>
<td>Female &amp; Male Condoms</td>
<td>9,254</td>
<td>12,180</td>
</tr>
<tr>
<td>Packets or Bottles of Lube</td>
<td>4,475</td>
<td>5,810</td>
</tr>
<tr>
<td>Hygiene kits</td>
<td>461</td>
<td>321</td>
</tr>
<tr>
<td>Food Bags</td>
<td>517</td>
<td>683</td>
</tr>
<tr>
<td>Other: hats, gloves, scarves, etc</td>
<td>3,582</td>
<td>4,761</td>
</tr>
</tbody>
</table>

The general duties, functions, and activities of the outreach team during 2011 include the following: outreach services of various types; purchasing and maintaining stock of outreach; supporting safer sex; giving out certain harm-reduction supplies; networking with organizations (with whom our relationships are both new and established); developing collaborations with outside organizations (focusing on Venue-based HIV testing); and supporting other programs and research studies at SJI. The types of outreach on which we focused this year were primarily event and venue-based; prearranged delivery/pick-up style outreach; collaborations with an outside NEX program; massage parlor; and strip club. Street-based and internet outreach occurred with less frequency during 2011.

In 2011, outreach focused on that of venue-based, event-based, and supporting individuals who could accept outreach services at home or had the ability to pick up supplies during prearranged office hours. The number of individuals who prearranged to pick up outreach supplies or have them delivered helped fill in some gaps where street outreach was lacking in 2011. It enabled us to reach IDU’s directly by supplying their distributor and other community members with harm reduction supplies. Our event and venue-based outreach saw a couple of new programs in 2011. Outreach to Ladies’ Night resulted in an MOU for venue testing set to begin in March 2012.

The most serious challenge in 2011 was the lack of consistency in outreach shifts. In terms of programmatic challenges, the starting and stopping of weekly outreach to the Bayview area has affected relationships with community members, but luckily the monthly testing collaboration with Positive Directions, diminished the blow of this inconsistency. Lastly, the drop in street-based outreach during 2011 was a difficult challenge; however, with the rebuilding of a smaller outreach team focusing on street outreach during 2012, the outreach program hopes to reconnect with street workers and survival sex workers on the street.

The major accomplishments of 2011 included the contract with the outreach coordinator and her supervisors, helping create the structure needed for her to handle the team after a very personally challenging year and the establishment of a group of regular participants who accepted home delivery of supplies and/ or those who were willing to visit during prearranged office hours. The most successful accomplishments of 2011 were the regularity with which strip-club outreach occurred and the collaborations that came out of venue and event based outreach which resulted in monthly testing MOU’s with Nob Hill Theater, Positive Directions, and Ladies’ Night (to begin in Spring 2012).
Case Study: The personal case study that stands this year is that of a participant we will call Bob, who is a community elder in Bayview. After years of keeping his opiate habituation to himself and only accepting non-NEX supplies to distribute to the community between our weekly outreach shifts, Bob came out to us and began asking for clean syringes and safer injection supplies, as well as returning his used syringes on a regular basis. This expresses our growing trust with at least one person for whom the personal impact and significance was substantial.

The Outreach Coordinator continued to provide overdose prevention trainings to other harm reduction workers, SJ1 staff, volunteers and community members, as well as to outreach participants. The work of people throughout the world doing overdose prevention work has resulted in the CDC finally recognizing the validity of Narcan distribution with a recent report.

There are a number of activities planned for 2012. These include the initiation of testing at Ladies’ Night, the continuation of testing at Positive Directions, Nob Hill, and continued venue-based outreach that will result in further collaborations. The continuation of strip club outreach and massage parlor outreach services is being provided on a regular basis, so that these relationships can grow into stronger programs that support these workers with their specific needs. Finally, one of the important goals for 2012 is the reestablishment of a small team of outreach workers who will focus on specific street based outreach.

**Syringe Access & Disposal (NEX)**

The Syringe Access & Disposal program of the St. James Infirmary includes street-based distribution and collection of syringes and safer injection supplies, 1 weekly fixed site — Tuesdays from 3-6pm at the clinic — and our Satellite Syringe Exchange program. The Satellite Syringe Exchange (SSE) involves recruiting and training active injection drug users (IDU) to distribute safer injection supplies and collect used syringes from within their social networks, with injection drug users who do not normally access a fixed-site syringe program.

Table 6 shows numbers of distribution/collection for 2011 vs. 2010.

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>2,713</td>
<td>1,900</td>
</tr>
<tr>
<td>New Syringes</td>
<td>79,072</td>
<td>59,477</td>
</tr>
<tr>
<td>Used Syringes</td>
<td>63,233</td>
<td>62,263</td>
</tr>
<tr>
<td>Fix Kits</td>
<td>7,672</td>
<td>6,432</td>
</tr>
<tr>
<td>BioBuckets</td>
<td>484</td>
<td>427</td>
</tr>
</tbody>
</table>

In the reporting period, the needle exchange program encountered 2,713 participants. This total comes from the combined contacts made through the outreach program and the Satellite syringe exchange program, which is now referred to as the Satellite Syringe Exchange program (SSE). This number is higher than the previous year, which totaled 1900, and is due in part to the growth of the SSE program. There are now approximately 10 or more participants in the SSE program, almost twice as much as the previous year. Because of this rise in participation, the number of syringes distributed rose to 79,072, in contrast to the year
prior’s number of 59,477, equaling almost 20,000 more syringes distributed for the reporting year. However, the 63,233 syringes collected reflected little change between the reporting year and the year prior, which was at 62,263. This is in part due to the fact that we distribute syringes according to what an individual needs in order to have the ability to use a new syringe for each shot and we are no longer required to exchange one for one. Therefore the number of collected syringes decreases because it is often that participants are not necessarily discarding their used syringes for new ones and are receiving as many as they claim to need. This is can be a beneficial arrangement because many people are bringing clean syringes into their community and making them available to others in need, much like the SSE program, without the requirement to collect and dispose of used ones (collection/disposal is highly encouraged and the proper containers are provided).

Challenges

The challenges that the NEX program faced in the past year were minimal. What had the most impact were the elimination of testing and holistic services on Tuesdays during the NEX hours. For participants of the NEX, it was an important part of community building and an opportunity to engage, where otherwise they wouldn’t. They were able to get a meal, clothes, groceries and holistic care. NEX participants must be eligible for other health services at SJI, but most participants are losing out on these services because they are now limited to Wednesday nights, which is not a time that NEX participants access the clinic.

The issue regarding SSE participants becoming unable to fulfill their responsibilities continues to be a problem. There seems to be a point in which some participants begin to forget what they originally agreed to do. The solution is to meet with each participant individually, remind them of their original agreement and have them sign a new contract. We are also planning to provide monthly meeting for all SSE participants, which would include trainings, networking, information sharing and community building.

Collaborating Towards Overdose Prevention & Stronger Services

In 2011 we partnered with the Drug Overdose Prevention and Education (DOPE) Project to receive on-site overdose prevention training at SJI as well as technical assistance in supporting our clinicians to distribute Narcan to trained participants. This important collaboration has enabled us to provide overdose prevention training for both new and experienced NEX and SSE participants, for all community members, and for SJI staff. Acquiring the ability to dispense Narcan was one of the highlights of successful endeavors at SJI during the reporting year. The NEX coordinator as well as the outreach coordinator can now train people how to prevent an opiate overdose by administering Narcan/Nalaxone. So far, this partnership is running smoothly.

Another notable success for the NEX program, as well as most of the NEX programs in San Francisco, was the forming of the Syringe Access Collaboration (SAC). This collaboration was developed due to a change in how the NEX programs were contracted. The San Francisco Needle Exchange, Glide, Trans/Thrive, and the SF AIDS Foundation (SFAF) are now all under the same contract with the AIDS Office. We meet once a month to share info, gather knowledge and report on all the programs. Under this contract we are able to quickly access and acquire supplies through the AIDS Foundation, whereas before it could take weeks, sometimes months to gather supplies. The shared interests among all programs are completely in line with each other and the powers-that-be and the community that has been built is a positive force that is beneficial to the IDU population as well as all residents of San Francisco. Through this collaboration it has come to be that some of the language concerning participants has changed. For example, the SSE participants are now referred to satellite syringe exchangers rather than Satellite Syringe Exchangers. This was done in order to empower our participants, who are often marginalized and already feel they are treated as secondary citizens,
by eliminating language that could possibly be taken as negative. It is part of the mission of SAC to ensure that participants are made to feel that they are providing a positive service to their community by helping to prevent the spread of HIV and Hepatitis C.

**Case Study:** There were two notable participants in the reporting year who are worth mentioning. One male in his early 40’s, who has been a long-time participant of SJI, acquired housing after being homeless for a long period of time. Not only has his health visibly improved, he has signed on as an SSE and is providing new, clean syringes for his new community, exchanging up to 300 or more syringes weekly.

The second person, a female in her late 20’s, has also signed on as an SSE but what is important to mention is that she came in from another county where syringe access is scarce. She is now able to provide new, clean syringes for a small population of IDU’s in her town. She exchanges a couple thousand syringes at a time, driving for over an hour to get SJI.

Future endeavors include scouting out and procuring another satellite NEX site along the 24th street corridor (anywhere from Mission to Potrero Streets). This would serve not only the underserved Latino community but also people who aren’t accessing NEX sites due mostly to a lack of one in the area. Further efforts are being made, as mentioned above, to build on and improve SSE participation at SJI through having regularly scheduled meetings, trainings, skill sharing, etc. This is vital to the survival of a program that is growing and is in need of infrastructure.

Other undertakings involving all NEX programs are the improvement of a relationship with law enforcement in an attempt to educate officers about syringe exchange, the rights of NEX participants and the new law concerning how many clean, new syringes people are allowed to have on their person, which is now thirty. This also involves Walgreens’, who can opt to sell syringes to people and are apt to be unaware of the new law. Pharmacists might also benefit from having something on hand that defines some of the slang associated with syringes (such as what “longs” and “shorts” are, or “points,” “works,” etc.) This is a work in progress spearheaded by people at the DPH who are a part of the team that oversees SAC.

**Satellite Syringe Exchangers**

Funding from SAF gave us the resources to strengthen our Satellite Syringe Exchange program. The SSE program has continued to be a successful endeavor and most participants have been reliable and consistent. The number of contacts made through the SSE program makes up more than 46% of the total number of contacts made through the NEX as a whole. In an effort to add structure to the program, the NEX coordinator developed a policy that communicated more simply to participants and SJI what participation in the SSE program entails. A contract was also designed to create an agreement between the NEX program, Saint James Infirmary, and participants, ensuring that all needs and responsibilities were being met by each of the parties.

So far these developments have been successful in: 1) reminding SSE participants what they initially agreed to do in order to be an SSE member, and 2) providing better organization for the program. The policy and contract were put into place as a response to a small number of participants who fell short of their original agreement and were frequently unable to uphold their role in the SSE program. With this policy in effect it is the goal of the NEX program to continue to recruit more SSEs in 2012.

In conclusion, the operations of the NEX program at SJI have been without negative impact due to drastic budgetary crises that came about in the reporting year. The growth of the SSE program shows that
clean syringes are reaching beyond fixed sites and that the community is interested in getting involved in the prevention of HIV, Hep C and other complications that IDU’s face, as well as educating themselves and therefore others on subjects such as vein care, safe injection, survival tips and overdose prevention. Having a close knit group of people, such as those in SAC, helps to solidify the force that is harm reduction in San Francisco. The successes of our participants and the growth of our programs are largely because of this collaboration.

**The Communications Department**

In September 2010 we hired our first Communications Director, whose charge was to continue existing communications projects and develop new strategies to improve SJI’s visibility among the sex-worker community and in the general public. Important steps to help achieve this goal included the development of a Communications Database, increasing our utilization of social media and traditional media resources, and maintaining agency presence at conferences and community events.

Building our Communications Database was a key focus in 2011 of the new department. The database has helped us to maintain communication with participants, supporters, donors, prospective donors, and organizations with whom we collaborate. Connecting regularly with these contacts will increase participation in our services/events, attract more individual and private donations, and keep St. James Infirmary at the forefront of health issues and rights advocacy for sex workers.

**Utilizing Social Media**

Increasing the use of social media was a significant milestone for us in 2011. Specifically, we saw an increase in the number of followers on both Twitter and FaceBook:

- **Twitter (comebystjames)**: We gained an additional 51 followers between November to December 2011 and now have a total following 520 people on 23 lists focused on, or relating to, harm reduction, sex work, sex workers, social justice and medical services for sex workers.

- **FaceBook (Friends of The St. James Infirmary)**: We gained an additional 42 followers between July and December 2011 and now have a total following of 458 FaceBook followers.

**Policy Work & Collaborations**

*The Global Front*

Since 2009, the St. James Infirmary has held membership with the North American-Caribbean region of the Network of Sex Works Project. In October 2009, the Executive Director was voted by the regional NSWP network as a member of the Global Working Group on Sex Work and HIV Policy to UNAIDS.

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 and June of 2010, the ED went to Geneva, Switzerland as part of her work with the Global Working Group on Sex Work.
and HIV Policy to UNAIDS. In September 2011 the ED went to Paris to work on finalizing the work on the Guidance Note. This work has involved developing 4 annex papers for the UNAIDS Guidance Note on Sex Work and HIV, a document that is scheduled for launch at the International AIDS Conference in Washington DC July 2012, and subsequent distribution to member states throughout the globe. 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. Participation in these programs by SJI not only allows us to make substantial service contribution to these global efforts, but it keeps SJI in the limelight, which can only help us with future endeavors.

In September 2011, our ED, Naomi Akers, was invited by The UNDP Global Commission on HIV and the Law to participate in a Regional Dialogue of representatives from High Income Countries. St. James Infirmary was invited to participate in the dialogue about sex work, criminalization, HIV and the law. Ms. Akers testified, along with over 50 civil society members from high-income countries, on legal and social discrimination against sex workers and drug users that facilitate HIV infection. We met with sex worker representatives from 10 countries and drafted a 10-point statement that we presented to the Commission (available on our website). This position paper will be presented at the 2012 International AIDS Conference, along with the coalition work that led to the creation of the paper.

In October 2010 the United Nations Human Rights Council evaluated the United States record on human rights through a process called the Universal Periodic Review (UPR). This review produced over 200 recommendations about how the US can improve its track record on human rights. In recommendation #86, member state Uruguay called on the Obama Administration to “undertake awareness-raising campaigns for combating stereotypes and violence against gays, lesbians, bisexuals and [transgender people], and ensure access to public services paying attention to the special vulnerability of [sex] workers to violence and human rights abuses.”

Our colleagues at Best Practices Policy Project began this advocacy work in its early stages a year ago. Once the recommendation was made the St. James Infirmary, along with several other organizations, was invited to collaborate in planning and carrying out an advocacy effort to get the recommendation accepted. On March 9 2011 we learned from the report put out by the U.S. State Department in response to their UPR evaluation that the U.S. adopted #86 saying: “…no one should face violence or discrimination in access to public services based on sexual orientation or their status as a person in prostitution.”

This news comes as a huge victory after a year-long collaborative advocacy effort. Sex workers and our allies, including human rights advocates, anti-violence organizations, organizations advocating for gender and economic equality and many others came together to carry out three essential tasks: 1) Build a multi-faceted coalition of supporters, 2) Develop advocacy material supporting the adoption of Recommendation #86 and 3) Target policy makers and other state agents who influence these decisions.

The National & Local Fronts

St James Infirmary was one of two San Francisco organizations chosen to attend the Open Society Institute (OSI) conference in September 2011 to give input on transgender health and social justice issues. From this three-day conference, which included a site visit hosted by St James, OSI gathered information through panels and topic discussions to inform a paper that will guide their policy work and funding.

During the contract negotiations between CBOs and the DPH, SJI participated in weekly meetings with other agencies to create our own analysis of how the HIV prevention budget cutbacks would affect the
communities that we serve. We created materials and drafted proposals to counter the paradigm shift of the new funding cycle – pointing out gaps in services that would be created by the closure of several small agencies, especially concentrating on the lack of services available for cisgendered women and youth.

With our continued pressure, the DPH set aside some extra funding for youth programming and smaller, trans-led peer support programs and agreed to a town hall meeting, during which they would hear not only from staff in organizations, but also from the people who access HIV prevention services. SJI staff did extended outreach to let our community know about the town hall, which was extremely well attended.

In November 2011, we partnered with AIDS Housing Alliance to commemorate the 1985 – 1995 ARC/AIDS Vigil at the Occupy San Francisco camp in Justin Herman plaza. Two days after the mayoral election was called, we used this event to highlight the high rate of homelessness amongst HIV positive people and demanded that the new mayor prioritize ending homelessness for queer, trans, and HIV+ persons. At the event we did testing in partnership with GLIDE Health Services and supplied outreach supplies to campers.

Media Campaign

In keeping with our philosophy that social stigma contributes negatively to the health and wellness of sex workers, we’ve been working on a public education campaign titled, “Someone You Know is a Sex Worker.”

In December of 2010 and January of 2011, our volunteer graphic designer and sex worker activist Rachel Schreiber joined forces with Chicago fine arts photographer and pornographer Barbara DeGenevieve to create this campaign of portraits and interviews with 27 sex workers and their families members from the Bay Area along with service providers from the St. James Infirmary.

Our goals with the campaign are:

- To point out that sex workers are every day people and are valued members of the community.
- To educate the general community that sex workers are equal members of society, and that our rights are human rights.
- To promote our position that sex work is real work, and that sex workers deserve labor rights.
- To raise awareness about the important work of the St. James Infirmary.

The interviews and photographs are intimate and poignant, and have resulted in the creation of beautiful images for our posters and an inspiring message of compassion and justice. Each poster features a portrait, and a line of text about what it is like to be a sex worker, to care for a sex worker, or to love a sex worker.

All the images, along with the various quotes, layout and design were reviewed by over 25 members of the sex worker community, staff from the Infirmary and another 12 members of the general community for feedback. The final 6 agency posters and the Muni bus ad are a result of this community feedback. Funding from the craigslist Charitable Fund helped make this ad campaign possible.

Our original intent was to have a billboard ad campaign throughout San Francisco. However when we approached CBS Outdoor and Clear Channel with our art work, we were rejected because the words “sex work” and “sex worker” are not considered “family friendly” terms by these major retailers. Committed to the global sex worker rights movement, and the core principles that sex work is real work, that our rights are human rights, that we deserve social justice and labor rights, we sought other vendors who would accept our
message as a very human message suitable for every family. We eventually found Titan 360 and decided on the Muni buses for our ad. The posters were displayed during the month of October on Muni buses throughout the City.

On October 16th, 2011 we held a Media Launch Party at Intersection for the Arts. The other images and interviews are being used and will continue to be used in other SJI materials and art shows. The party featured our new campaign posters along with a retrospective look at various sex-worker poster campaigns from our founding organizations COYOTE and Exotic Dancers Alliance. The Media Campaign also includes 6 agency posters for sale at conferences and on our WebStore. We have already printed 3 of the agency posters and are currently soliciting donations to print the other 3 posters. We are very excited about this opportunity to have our first agency posters and public billboard. This project is quite an achievement for SJI and for sex workers in the City of San Francisco.

The media campaign was probably the most exciting project for the staff, participants and our supporters. The rejection of the campaign by CBS Outdoor and Clear Channel was actually a great opportunity for us to get increased press. Our ad campaign and the controversy around the words “sex worker” got us four on-line articles (including the Huffington Post), one print story in the Bay Area edition of the NY Times, a report on ABC Channel 7 evening news, and a television interview with Stephany Ashley (who rocked it) on KTVU Channel 2 Bay Area People (video on our website). The greatest impact is that we all feel proud of the work we’re doing and seeing it highlighted in this special way reinforces how amazing our clinic is. However, another remarkable impact is that our campaign was recently nominated by the Global Network of Sex Work Projects (NSWP) for a consultancy to the World Health Organization (WHO), in collaboration with UNFPA, UNDP and NSWP.

Stephany Ashley will be presenting the media campaign in Geneva sometime in January 2012. The consultation aims to identify and document programs/strategies to address violence faced by sex workers in the context of HIV. This consultation is part of a process to develop WHO guidelines on HIV prevention, treatment, care and support services in lower and middle income countries for female, male and transgender sex workers and their clients. When published, the guidelines will include specific recommendations for health care providers as well as good practice in areas of community mobilization, human rights and violence against sex workers.

**Community Trainings & Conference Participation**

In-service trainings, presentation and workshops to other sex workers and the general community are important work for the Infirmary. In 2011, we gave 18 presentations to over 500 audience participants at various conferences, social service agencies, colleges and clinics. Below are a few of the highlights of these events.

In 2011 the STRIDE team – Cyd Nova and Chuck Cloniger – attended and presented for 3 conferences on transgender health, those were Philly Trans Health Conference, UCSF Trans Health Summit, and Open Society Institute conference. As a representative of SJI, Cyd has also done in-services and spoken on panels at: UC Berkeley, SF State, Tenderloin Health, San Francisco AIDS Foundation, and Westside Crisis. Cyd is also in two working groups in the national organization HIV Prevention Justice Alliance, which strategizes around decriminalization and for LGBTQI rights. Also in 2011, we gave 3 presentations to East Bay SARTs (already reported). By attending these events, we not only have been able to spread the word about SJI
overall, but also about the specific benefits of using informed-consent framework, which empowers participants by creating a horizontal partnership in their healthcare.

Through the connections of the Communication Director, SJI staff were invited by the Alameda County and Contra Costa County Sexual Assault Response Teams (SART) to provide 3 tailored presentations (in 2011. The East Bay SARTs consists of: service providers, rape crisis advocates, special victims offers, prosecutors, and forensic clinicians. We presented powerful and challenging presentations on working with sex workers who have experienced sexual assault and the barriers we face when dealing with reporting these crimes. This work has been one issue we focused on in developing our three position statements regarding policy recommendations for sex workers (discussed earlier in the report). Our presentations to the East Bay SARTs were well received, mostly. Some members of the Alameda District Attorneys office had a harder time accepting our message that negative routine police encounters by sex workers and fear of criminalization made sex workers less willing to report assault. We delivered this message as sensitively as we could while getting yet straight to the point. Criminalization is a barrier and harms our community. Without watering down our message, we are examining various approaches we can take when we make our move to meet with San Francisco SART.

In June of 2011, we had an initial meeting with the SFDA Victims Assistance Program, and presented our three position papers, and they were quite receptive. Now that Kamala Harris has moved on to the California Attorney Generals Office, and the current SFDA has shown to be more willing to work with our community, we are feeling more positive about possible changes to benefit our community.

In addition to the trainings above, in 2011, our new Programs Director, Stephany participated in the several speaking engagements, including a UC Hastings Outlaw Symposium, co-sponsored by the Hastings chapter of the American Constitution Society; The Other Letters: Examining the growing LGBTQAAAII2 acronym in today's changing legal landscape. (Panelist); and a Harm Reduction training for the Institute for Advanced Study of Human Sexuality, training on Harm Reduction (with Daniel Wilson)

**Porn Industry**

In October 2010, our Communications Team joined to continue ongoing advocacy work for Adult Film Performers in California, who are resisting problematic regulation at the state level. Earlier in 2010, our Executive Director participated in the first forum on this legislation held at UCLA and hosted by their Reproductive Health School. The meetings were attended by CalOSHA, UCLA staff and faculty, LA and Bay Area DPH representatives, porn actors and studio representatives. In addition to attending hearings on porn regulation with these groups, we conducted an on-line survey of gay porn actors opinions about testing and condoms and met with SFDPH and local studios to discuss testing regulations and condom usage. Going further, our Communications Team hosted a community forum for Adult Film Performers in December 2010 with another meeting held in January 2011. The results of this forum and the survey were shared with CAL OSHA during public meetings held in 2011.

During our work with the porn industry and stakeholders, a clear divide emerged between LA porn (mostly straight, and involved in studio mandated clearance to work through HIV/STI screenings from Adult Industry Medical Healthcare Foundation, AIM) and SF porn (mostly gay and not involved in the mandatory testing scheme, with the exception of SF-based Kink.com). Early in these dialogues, we tried, unsuccessfully, to work with AIM to become a satellite draw station for SF-based porn workers. In 2010, the AIM medical
database of porn actors was hacked and released on the Internet on a site called Porn Wikileaks. The HIPPA violation was comprehensive, and listed thousands of actors real and working names, along with their test results and in some cases their home addresses. This breach impacted a large number of our staff and participants who had tested through AIM. Subsequently, AIM closed their doors in 2011. This opened a gap in services for porn actors.

One outcome for the Infirmary is that we are slated to start a beta-test program of STI/HIV screening for Kink.com porn performers in 2012. Depending on the results of this program, we will possibly expand it to other studios.

**St. James Infirmary Goals for 2012**

As always, we will continue to fundraise for general funds and support of all our clinic services. In 2012, we also hope to:

➢ Secure funding to support a scaled-down version of our groups program;
➢ Expand our street-based outreach activities;
➢ Continue promoting our media campaign messages;
➢ Lobby towards policy change regarding the use of condoms as evidence;
➢ Work closer with SARTs so that sex workers are more likely to report sexual assault without getting arrested;
➢ Attend the International AIDS Conference in DC;
➢ Successfully launch our porn testing program;
➢ Secure funding for in-clinic HIV testing and on-site mental health counseling;
➢ Educate the general public about sex work issues; advocate opportunities for better, healthier policies;
➢ Continue to offer quality, culturally competent services for sex workers and their families.