

St. James
Infirmary

Annual Report 2010

AGENCY INTRODUCTION

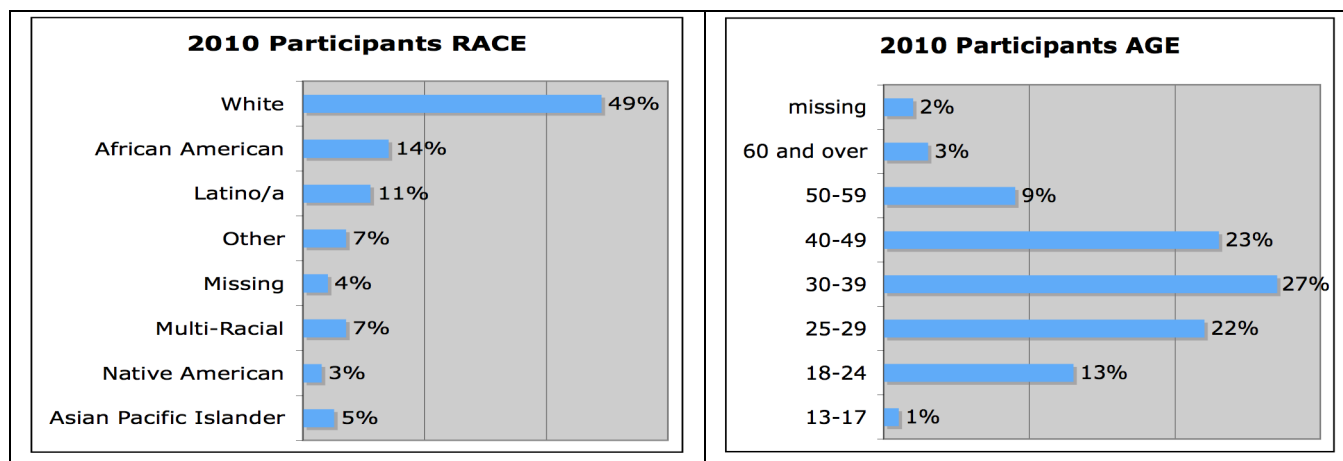
St. James Infirmary, a 501(c)(3), provides compassionate and non-judgmental healthcare and social services for current and former sex workers of all genders and sexual orientations while helping to prevent occupational illnesses and injuries through a comprehensive continuum of services. Founded by trailblazers 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; BDSMers; Internet workers; and people engaged in survival sex exchange. Since we opened our clinic in 1999, we have served more than 3,000 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.

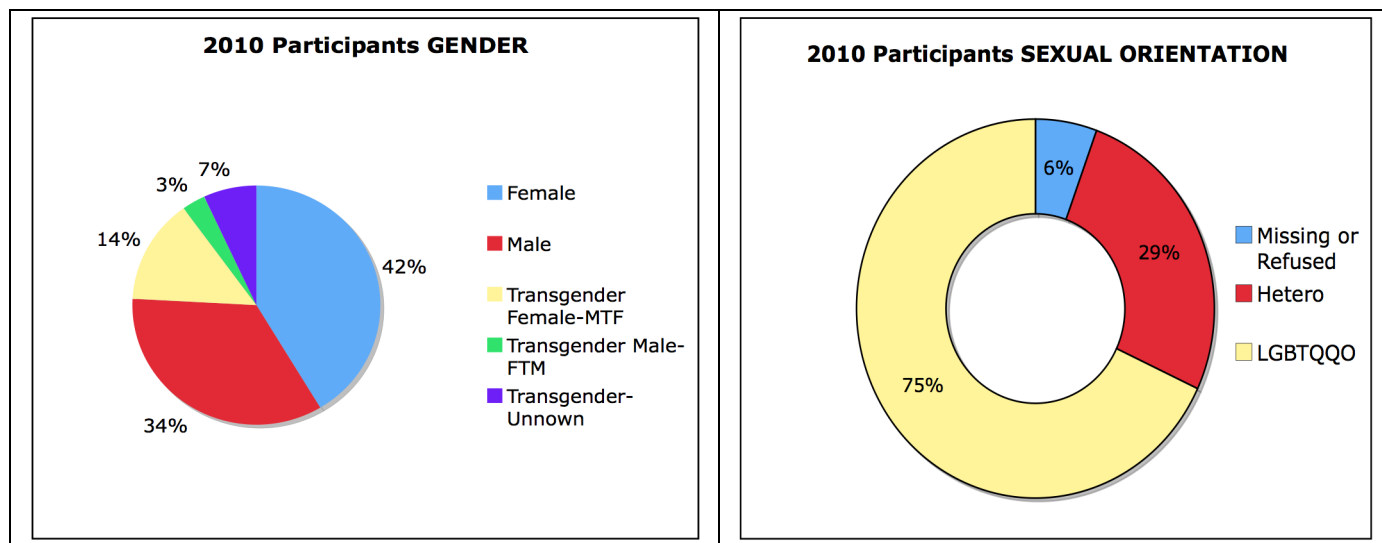
Our full-spectrum services include Primary Medical Care, Reproductive Healthcare, Gender Transitioning, HIV/Sexually Transmitted Infections (STI)/TB/Hepatitis Testing, STI treatments, Hepatitis A/B Vaccines, Acupuncture & Massage, Peer & Mental Health Counseling, Syringe Access & Disposal Services (NEX), Support Groups & Trainings, Food, and Clothing. Our clinic 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, are marginally housed, are 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. 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. A large percentage of our participants (70%) report that they had never discussed their sex work history in a healthcare setting before coming to St. James.

Charts 1-4 below give an overview of the demographics of our population in 2010.





OVERVIEW & SUMMARY OF ACTIVITIES IN 2010

Overall the number of unduplicated participants served in 2010 was lower than in 2009; however, we saw substantially more *new* participants enrolled in the clinic as well as more total clinic visits in 2010. Staffing changes and budget cuts at the City and State levels (reported in 2009) presented a barrier for our Outreach and NEX programs, both of which saw a significant decline in the number of participants served in 2010. Holistic, counseling and support groups saw small increases. Notable increases in the proportion of our participants accessing basic needs like food and clothing also occurred. Table 1 shows a comparison of activities provided in 2010 compared with 2009. Details about individual programs are presented under relevant subheadings of this report.

Table 1: Activities Provided by SJI in 2010 vs. 2009

Service Description	2010	2009	% Change
Unduplicated Participants Served in all Health Clinics	439	531	↓17%
Clinic Visits	2044	1,647	↑24%
New Participants	271	103	↑163%
Holistic Services	491	422	↑16%
HIV/STI/Hepatitis C Testing	838	954	↓12%
Health Education Training & Support Group Encounters	342	333	↑3%
STRIDE New Participants Enrolled	17	20	↓15%
Outreach Program	1,151	2,378	↓52%
Syringe Access & Disposal (NEX)	1,900	2,750	↓31%
Peer & Mental Health Counseling Sessions	359	305	↑18%
Participants Accessing Hot Meals & Food Pantry Program	76%	50%	↑52%
Participants Accessing Clothing Program	69%	40%	↑73%

In late 2010, we expanded our testing services for HIV & STIs with the addition of appointment-based testing for all genders during our Thursday STRIDE program. Our community members appreciate the opportunity for this more quiet, private, and efficient way to access services.

The previous year (2009) was one of the toughest years St. James ever faced — for example, a 50% decrease in funding had forced us to cut staffing and some other services by nearly 70%. Fortunately, in 2010, we saw a dramatic increase in both funding and community support. In August of 2010, we received an unsolicited and unexpected \$25,000 grant from the craigslist Charitable Fund for general operating support. Our Executive Director then met with craigslist CEO Jim Buckmaster on several occasions to discuss additional funding possibilities, which led to another grant for \$225,000 from the craigslist Charitable Fund to support the hiring of a Clinic Manager and a Communications Director and variety of other activities described later in this report. These two positions are new to the clinic and we are excited about the opportunities they will bring to the clinic in 2011.

In the summer of 2010, our Development Team launched a matching grant campaign, “Matching Your Devotion.” A generous anonymous donor provided a \$10,000 matching grant from July 15 to September 30. We put together a mailer that included our clinic newsletter and a “donation-ask”, which was sent out to all of our donors, volunteers, staff and friends. As a result we were able to match the \$10,000 offered by the anonymous donor, yielding a final total of \$20,000.

Towards the end of 2010, 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 cuts occur, is expected to run for 5 years.

As is now a tradition at the St. James Infirmary, we held our Annual Holiday Party in December. More than 75 clinic participants, volunteers, staff and their families came together to celebrate the holiday season and year-end. We provided a delicious holiday dinner from Lefty O’Douls and Souley Vegan. Thanks to our wonderful donors, we were fortunate to be able to provide holiday gift bags filled with candy, warm hats, gloves, socks and scarves for all 75 guests.

Thus, 2010 ended up on a high-note, especially in light of our struggle with financial hardships in 2009. We are relieved and proud to have ultimately weathered the storm, and to be able to provide the quality of work that we do for our community — day in, day out.

Some Notable Highlights of 2010

- *Publication of the 2010 SJI Occupational Health & Safety Manual for Sex Workers*

SJI published the Third Edition of our *Occupational Health & Safety Manual for Sex Workers* in June of 2010. The first section of the book contains 46 interesting and relevant articles and essays devoted to harm reduction, occupational safety, health issues, and legal rights — material which reflects the work of 35 community contributors, including members of our Men in Porn Community Advisory Group as well as several SJI staff members. The back section of the book provides information about 720 unduplicated local, national and international resources relevant to the lives of sex workers. The Manual is available for sale on our website (hard copy) and as a free PDF download. We distribute this book at no cost to our participants and sex workers.

- *New registration desk area and participant waiting chairs for our front lobby and community room.*

- *Receipt of a \$250,000 Grant from craigslist Charitable Fund to support our General Operating budget.*

- *Matching Your Devotion, \$10,000 matching grant campaign (\$20,000 total raised).*

- *Hiring a Grants Development Coordinator*

In May 2010, we hired Gina de Vries as Grants Development Coordinator. This position had previously been vacant for 1 year due to funding cuts. Gina originally came to St. James as a community member and participant and later served as a volunteer. As a staff member, she will now join in a leadership role within the organization.

- *Establishment of a Communications Department*

In September 2010 we hired our first Communications Director, Stacey Swimme, who will develop a plan for increasing SJI's visibility among both the sex-worker community and the general public, and create a communications database utilizing current social media as well traditional media resources for maintaining agency presence at a variety of conferences and events.

- *Hiring a Programs Director*

In November 2010, staff member Stephany Ashley returned from a 6-month leave as our Programs Director. This new position has the primary responsibility of overseeing all participant-related clinic services, training and supervising all staff in clinic-based Coordinator positions, and managing the clinic over all.

FUNDING & OTHER INCOME SOURCES

The piecharts below provide a breakdown of clinic income and expenses for 2010. Government support in 2010 was 47% of our total income and foundation support was 48%. This is a significant change from 2009, in which government grants representing a larger proportion of our funding, and is primarily a reflection of the large grant we received from craigslist Charitable Fund in 2010. Our greatest expense was staffing at 52% for 2010. Overall, our proportional spending on staff in 2010 was lower than 2009, but we invested a larger proportion of our funds into program expenses, like food, medical supplies and syringes.

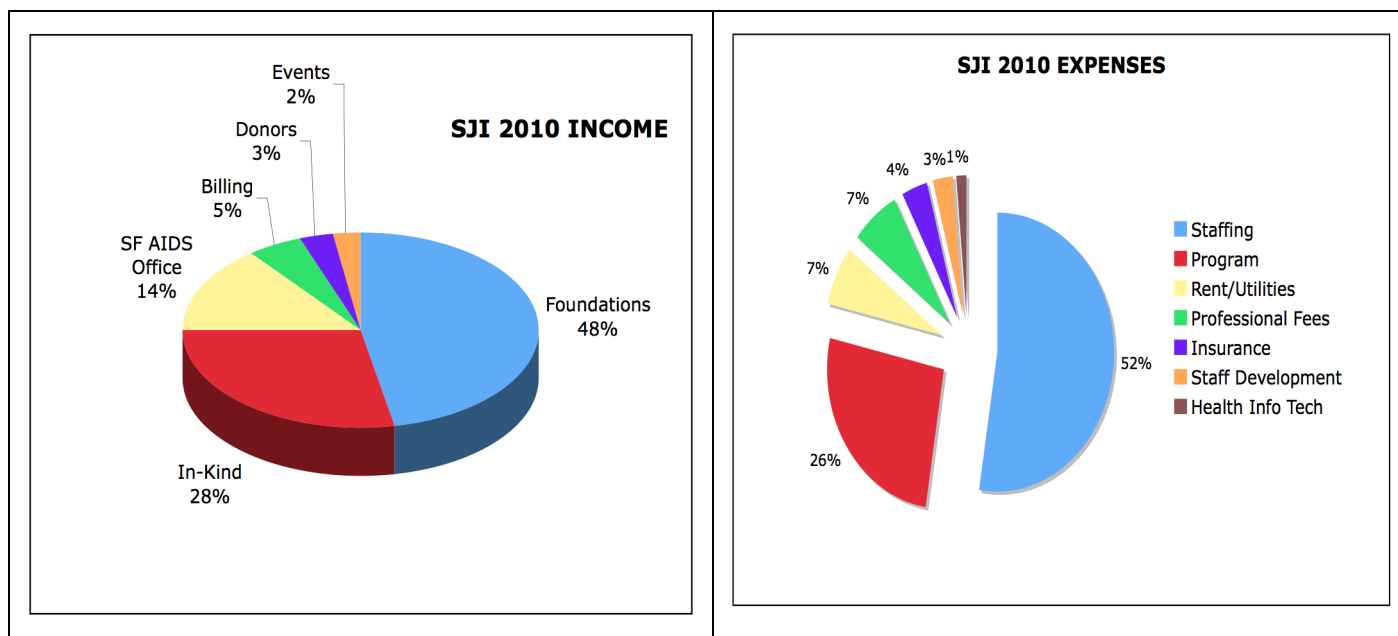


Table 2 is a breakdown of funding sources in 2010. The San Francisco Department of Public Health AIDS Office contract was our only government contract (\$118,000). Under this contract, we provide food and harm reduction supplies, support groups, educational workshops, STI testing and individual counseling, needle-exchange services and street- and venue-based outreach services to massage-parlor workers, porn performers, strippers, and street-based and survival 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.

Table 2: 2010 Funding Sources, Amounts and Allocation*

Funding Source	Purpose/Allocation of Funds	Amount Funded
San Francisco Department of Public Health AIDS Office	HIV Prevention (Outreach, NEX, Groups & Peer Counseling)	\$118,000
craigslist Charitable Fund	General Operation	\$250,000**
City Clinic (SFDPH STD Control and Prevention Section)	HIV & STI testing, labs, rent, staff support	\$~200,000 In-Kind
Third Wave Foundation	Transgender Program (STRIDE) – \$20,000 general, plus \$10,000 for technical support	\$30,000
Horizons Foundation	Support for a study and campaign to stop the use of “condoms as evidence” against the local trans/gender-variant sex-worker community	\$5,000
Sisters of Perpetual Indulgence	<ul style="list-style-type: none"> ➤ 2010 <i>Occupational Health & Safety Manual for Sex Workers</i> ➤ SJI work at Pink Saturday Pride Event ➤ Support for a study and campaign to stop the use of “condoms as evidence” against the local transgender and gender-variant sex-worker community 	<ul style="list-style-type: none"> ➤ \$300 ➤ \$575 ➤ \$300
Syringe Access Fund	Secondary Syringe Exchange Program	\$10,000
The Point Defiance AIDS Project	Needle exchange supplies	\$2,000
The Kaiser Foundation	Development of women’s reproductive services	\$10,000
SJI Community Events	(See Table 3 for highlights of 2010 events)	\$20,000
Development Team Matching Grant Campaign	(Anonymous donor provided \$10,00 to be matched)	\$20,000

*Funding awards are for 12 months, 2010, unless otherwise noted.

**Grant period is 18 months.

Our in-kind support from City Clinic (SFDPH STD Control and Prevention Section) continued, including all lab fees and rent through the end of 2010. We are indirectly supported for HIV testing through City Clinic, which also funds a variety of our program services and infrastructure through in-kind support.

The large grant of \$250,000 from the craigslist Charitable Fund 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. The Clinic Manager, a permanent position, now

oversees all the day-to-day operations of all participant related activities of the clinic, allowing the Executive Director to focus more of her time on fundraising and development. The temporary Communications Director (a nine-month position) began working closely with the Executive Director to continue/expand existing communications projects and to develop new strategies to improve SJI's visibility among the sex-worker community and in the general public.

In late 2010, SJI also learned that we would become a new grantee partner of the California Family Health Council (CFHC) for Title X funding in 2011. Our recent enrollment into the Family Pact billing program made us eligible for this amazing funding opportunity. The partnership with CFHC will be multifaceted — e.g., the organization will assist us with refining reproductive health policies and expanding our family planning services (such as reproductive health outreach to the sex-worker community and a wider variety of both short and long-acting birth control methods) — and promises to give SJI participants more choices while further supporting our valuable services to the community

COMMUNITY EVENTS & DEVELOPMENT

Jason Chadderdon, the Events Development Coordinator for St. James Infirmary, took on the additional role of Volunteer Coordinator for the year of 2010. Combining the two programs led to a successful and lucrative year for the Events Team. Parties, events and fundraisers brought in just under \$20,000 for 2010.

In addition, volunteer orientations were held periodically throughout 2010. Jason and the Volunteer Team conducted four Meet & Greets and three volunteer orientations, totaling seven volunteer orientations in April, June and October of 2010. St. James Infirmary received more than 100 volunteer applications and has cultivated a group of 28 fully active and dedicated core volunteers to help with events, clinics, registration, community room, outreach and needle exchange.

“Event Season” started off at the end of June and included the events and collaborators shown below in Table 3.

Table 3: Highlights of Events Sponsored by SJI & Collaborators in 2010

Event	Date	Collaborator(s)	Amount Raised*
Pink Saturday Party	Jun 26	The Sisters of Perpetual Indulgence	\$500
SF Gay Pride 2010 Booth	Jun 27	LGBT Pride	\$3,735
SF AIDS Walk 2010	Jul 18	SF AIDS Foundation	\$4,000
Up Your Alley Beverage Booth	Jul 25	Folsom Street Events	\$1,675
Beer Bust at Eagle Tavern	Sep 5	Eagle Tavern	\$2,785
Folsom Street Fair Beer Booth	Sep 26	Folsom Street Events	\$2,680
Naked Twister Booths	2 events	Steamworks	\$2,110
Raffle at Appreciation Party	Oct 6	Tom Orr (Clinic Friend)	\$1,000

*Not all events are shown here. Amounts are gross income; related expense not shown here.

To celebrate the success of our events campaigns and to thank all of the clinic's hard-working donors, the SJI staff and volunteers, we held an "appreciation party" on October 6 at the San Francisco Boat Club. This event included tasty food, amazing music from volunteer DJ Dakim Cobra, a local jazz band, and performances from clinic friend Tom Orr.

STAFF CHANGES IN 2010

In 2010, the Harm Reduction team grew from 6 to 11 counselors, largely through the cultivation of volunteers who exhibited strong counseling skill sets while working in the community room. These volunteers joined the team first as Intake Counselors, then as Peer Counselors, and occasionally, as HIV & STI test counselors.

In May of 2010, Harm Reduction Team Coordinator Stephany Ashley took a leave of absence to work on a local candidate campaign — Outreach & Syringe Exchange Co-Coordinator Jessi Ross stepped up to fill the position. Having served on the Harm Reduction Team for 3 years, Jessi was well qualified to lead the team while still serving as co-coordinator of her primary program.

Stephany Ashley returned to the clinic in December as the Programs Director, a new position which enables her to assume greater leadership, more responsibility, and a more active role in planning and evaluation. This restructuring has allowed the Executive Director to put more attention on fundraising, evaluation and program planning while reducing the amount of time spent on the supervision of front-line staff and on overseeing the daily operations of the many services and clinic needs.

In mid-November, our Registration, Medical Records and Billing Coordinator left the clinic suddenly. Prior to her departure, she had not trained other staff in billing; thus billing activities were delayed until we could replace the position, which was an immediate priority. In late November of 2010, we hired Rebecca Dukes as our new Registration, Medical Records and Billing Coordinator. It was necessary to recruit this position from outside the clinic because no current clinic staff or volunteers were interested in the position (the billing process was perceived as too stressful). The new Registration & Billing Coordinator received extensive training and support from the Executive Director and other staff to become familiar with the clinic and the program and to enable her to initiate much-needed changes to improve, streamline and elucidate the duties to the rest of the team.

In December Rebecca, with the support of the Executive Director, designed and installed an entirely new front lobby registration area that was clean, well organized and more inviting to our participants as they entered our space. She worked with other SJI staff to organize the billing paperwork and work station so that it is easier for all staff to navigate; met with representatives of the Medi-Cal/Family Pact programs and the California Family Health Council (grantees of our recently awarded Title X funding) to get support around billing and reproductive health services; and received support from a billing staff at Women's Community Clinic to learn the billing program in order to efficiently process Medi-Cal and FamPact claims for November and December to get this funding stream flowing back into the clinic.

A top priority for Rebecca was to render the registration and billing program transparent to all SJI staff and make the entire clinic process as stress-free as possible for participants and staff. To date, the new front lobby registration area, and the now streamlined registration and billing processes have been overwhelmingly well received by participants, staff and volunteers.

Other staff changes include the hiring of Cyd Nova as the STRIDE Coordinator, a position that was vacant for more than a year due to budget shortfalls, and hiring Stacey Swimme for the new position of Communications Director. The impact of these staff changes will be detailed later in this report.

These staff changes have provided a new opportunity for team members to acquire new skills, work together in new dynamics, and share accountability. The changes also give added support to our plans for revamping and revitalizing all of these programs in 2011.

MEDICAL SERVICES HIGHLIGHTS

We continue to offer medical services during all three clinical shifts at SJI:

1. *Tuesday afternoon* remains primarily a needle exchange clinic, with STI/ HIV testing offered to those requesting it. In 2010 the number of participants utilizing this service has increased as word has spread that we offer client centered, respectful services to all participants seeking services. The wound-care services that we worked long and hard to establish for the Tuesday clinic were curtailed during this past period because of the loss of the dedicated clinician to provide that service. Because we did not have a volunteer clinician able to staff the Tuesday shift, and because our monetary resources did not allow us to hire a paid clinician, we were forced to rework wound-care services until a full-time clinician could once again take over the wound care duties. To keep wound-care services available, clinical staff members were trained in general evaluation of wounds that needed immediate medical care. Any participant who was determined to need immediate medical care was referred by telephone to the Clinical Director, who arranged to see the participant in person at City Clinic or to provide referral and transfer to the nearby Tom Waddell Health Center or the Adult Urgent Care Center at San Francisco General Hospital. This solution has worked out well for our participants.
2. *Wednesday evening* continues to be our busiest and most utilized clinical shift, open to any current or former sex worker needing evaluation for any medical need. Because of SJI's continued excellent reputation within the community, the number of participants seeing care continues to increase. Our triage system, which is crucial in evaluating who needs what type of services, has grown along with the increased patient need. This allows SJI's clinicians to see almost all participants seeking care in a timely and focused manner. Flu vaccinations for participants doubled in 2010 compared to 2009. Since we now have a dedicated appointment-based transgender clinic, those participants are now referred to an appointment the following day. We continue to have a highly skilled clinician staff who are well trained in the special needs of the sex-worker and transgender community.
3. *Thursday afternoon* is our STRIDE Program, an appointment-based program for transgender participants only and our new appointment-based HIV/STI testing for all genders. STRIDE has been a huge success with our transgender participants, who have told us they appreciate dedicated appointment times that allow them to access services in a more structured way. It also allows much shorter wait times and longer time spent with the clinician and other staff caring for them. When the program began we were without a program director, which limited our ability to reach out to the transgender community and to other agencies providing services to that community. Since hiring Cyd Nova, a peer counselor in our program who took over the coordinator role, our ability to reach out to this community has grown, as has the number of new participants we serve today.

Cyd is also conducting a weekly transgender men's group as well as groups to discuss harm reduction, skill building, and Chinese medicine, which take place on site during the STRIDE clinic hours; all have been a huge success. Cyd came with an HIV Prevention Certificate from a local college; his goals for the transgender program are focused on increased outreach and more education groups for participants.

New Medical Services

New medical services in 2010 focused primarily on increasing the types of family-planning methods available to our cis-gendered female (assigned female at birth) participants. Because many women had asked for an intrauterine device (IUD) as their main method of birth control, we have focused on training the clinical staff on IUDs as well as ways of identifying funding to pay for the devices. The majority of the Wednesday night clinician staff is now trained in IUDs and we have worked out a method to purchase the devices for most women through the Family Pact Insurance program. This service is very new but appears likely to be a highly utilized service as we move forward.

The Medical Team

The medical team now has a highly skilled clinical team who continue to participate in relevant clinic-related training to assure that they have an up-to-date understanding of issues affecting the health and well being of the sex-worker community. When not at SJI they are participating in cutting edge clinical care at other sites where they are developing skills that translate well to their work at the Infirmary. Liz Faber, FNP our lead continuity clinician has just completed a study on Pre-HIV Exposure Prevention, which showed such success that the study was halted early and opened up to both treatment and non-treatment arms. Her team's work has been published widely and will stand as a new hallmark in HIV Prevention.

Medical Director Pratima Gupta has traveled repeatedly to Africa where she has taught family planning techniques to clinicians working in the field. Clinical Director Charles Cloniger has spoken to several groups about the SJI model of care, most recently giving the Plenary Address to the National Planned Parenthood Innovations Conference in Las Vegas in November 2010.

We have recently recruited five new clinician volunteers from the OB-GYN and Family Practice Residency Programs at San Francisco General hospital, three of whom have already come on board and begun their training to work at SJI; the other two will begin this process in 2011.

In closing, as we approach our 12th year of operation, the SJI medical team is poised as never before to expand our clinical services to reach more participants and meet all their clinical needs. It has been our goal during the last year to expand and train additional clinicians so that, as resources allow, we are ready to expand services. We remain committed to serving more participants with high-level care as soon as resources allow and to providing continuing relevant medical education so that our clinicians are always current in their knowledge and understanding of the needs of those we serve.

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. We had the

opportunity in 2010 to rethink and implement new systems to maximize our efficiency and streamline our services. This section outlines the ways in which this opportunity was utilized by the team.

Intake & Peer Counseling

In 2010 we saw a slight increase in the demand for peer counseling services and the intake of new participants. Peer counseling services — which in prior years had been triaged by level of crisis in concert with a Mental Health Professional from New Leaf — increased 19% (359 in 2010 vs. 305 sessions in 2009), possibly as a result of a citywide decrease in mental-health services to our community in 2010, with New Leaf closing its doors in October.

A slight increase was seen in the number of new individuals coming to the clinic for services for the first time. With the help of our new paperless intake system, which accesses our intake form electronically through the iPad, counselors were able to conduct and document intake interviews in an efficient, confidential, and streamlined manner; 160 new participants received their intake interviews via the new iPad system.

Groups

Numerous groups were held for sex workers throughout the year. 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.

HIV & STI Services

In 2010, the Harm Reduction Team provided the following HIV/STI testing services using an Individual Risk Reduction Counseling Model:

- ♦ 183 HIV tests
- ♦ 156 VDRL (Syphilis) tests
- ♦ 119 pharyngeal swabs for Gonorrhea
- ♦ 168 urine samples for Gonorrhea and Chlamydia
- ♦ 42 rectal swabs for Gonorrhea and Chlamydia
- ♦ 80 blood draws for HSV2 (Herpes Simplex 2) antibodies
- ♦ 93 blood draws for Hepatitis C antibodies.

While our testing numbers were slightly lower than those reported in 2009, our positivity rates varied. In 2009, we conducted 176 HIV tests, of which 1 result was positive vs. 4 of 183 tests showing positive in 2010 (1.8% positivity rate). All of these participants were either connected to care at another clinical site, or continue to receive services and engage at SJI. Our positivity rate for STIs nonetheless remains low, with positive tests seen for 3.8% of participants tested for HSV2 antibodies (Herpes Type 2), 2.3% of those tested for rectal Gonorrhea, 1.2% tested for Chlamydia in urine, 0.59% tested for Gonorrhea in urine, 1.1% tested for Hepatitis C, and 0.64% tested for VDRL (Syphilis).

Testing for HIV & STIs — always an important service within our community — was expanded in 2010 by the addition of appointment-based hours for these services. Because wait-lists and maximum capacity were common with drop-in testing, we decided to offer a day of testing on an appointment-only basis, which allows a quiet, timely, and efficient way for participants to access services. This has been greatly appreciated by our community members. Since our Thursday Transgender Hormone Clinic was operated on an

appointment-based model, and was our least busy day of services, we chose this time for this new service. Since this service was initiated in late 2010, and is a new service, only 22 people came in for appointment based HIV/STI testing on Thursdays. In light of the lack of promotion in 2010, we feel the program has made a promising start and expect greater utilization as our outreach activities are revitalized in the next year.

IN STRIDE WITH OUR TRANSGENDER PROGRAM

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 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. In 2010 the program underwent numerous changes due to budget shifts and staff changes, but has remained steady in taking on new participants and serving those already in the hormone program (see Table 4). Cyd Nova, the STRIDE Coordinator hired in September 2010, is currently investigating creative ways to improve the program's organization and diversify the range of services available. In addition to hiring a new STRIDE coordinator, we were able to hire a permanent STRIDE program counselor to increase capacity and bring new ideas to the team.

Table 4 shows STRIDE Program statistics in 2009 compared with 2010. Total medical visits and new participants in 2010 decreased: however, unduplicated, or returning visits increased. Our community members have developed strong relationships with medical director Charles ("Chuck") Cloniger. Thus we have seen goods rate of continuation and follow-through with participants coming in for routine medical care overall. However, for a large portion of 2010, we did not have a Coordinator to oversee program development, which meant that most management and program logistics fell on the shoulders of our Clinical Director, who also is our STRIDE services provider. In addition, we lacked a permanent peer-staff trained to facilitate hormone intake counseling, which resulted in inconsistent outreach and a drop-off in new intakes.

Outreach activities to promote our programs is a *vital step* in informing our community about SJI's services, particularly when we make changes or add a new service. As our outreach program is slated to increase in 2011, we are confident that we will see an increase in new STRIDE participants.

Table 4: STRIDE Program Participants: 2010 vs. 2009

Year	Total Medical Visits	Unduplicated Participants	New Intakes
2009	143	44	20
2010	110	57	17

Following is an example of a case study from the STRIDE program, which is followed by a description of some ongoing projects within this program.

Case Study: Most participants that came to clinic for trans intake went on with the program and continue to access medical services from us. However, one participant, Eli, came in to talk about starting testosterone and ended up not pursuing a prescription. The counselor met and talked with him about what was going on in his life at that time and how hormones would affect his current physical and mental health. A conversation ensued about how starting hormone treatment at a time when there was a lot of instability in his life might lead to having to discontinue HRT early, while waiting for a better beginning might ultimately be more productive for his overall medical transition. Eli continues to come to clinic weekly to talk about his goals, and to stay focused on why sobriety is important.

Restructuring and Creating a Standard of Service

In the two years that STRIDE has been operating, we've learned a lot about best practices. In mid-2010, we designed intake forms for counseling to better suit the diversity of participants entering our hormone program. The educational PowerPoint presentation will be revised in 2011 to comprise an information booklet for participants to take away after their initial appointment. We plan to create and write a policies and procedures guideline to define a standard of care that will help all clinicians working with participants in the STRIDE program.

OUTREACH PROGRAM

The St. James Infirmary Outreach Program consists of the distribution of harm reduction supplies, education 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 2010.

The Outreach Team maintained and even strengthened its existing connections to the community during 2010. We have continued to focus on team building and trying to maintain outreach to our target communities through collaborations and community overlap. Because of our close ties to the community, we were able to share legal/rights information and resources with local massage parlors to let them know in advance about a raid planned as part of a television reality show. We consider this one of our great achievements in 2010 — a result that exemplifies the importance of consistent and regular outreach in the community.

Over the last 2 years, St. James Infirmary, along with the rest of the country, has suffered due to budget cuts. The hardest hit program has been our Outreach Program. With shrinking funds, we have had to concentrate our existing sources of funding on core-services, including clinic-based activities like testing, healthcare and NEX. Thus our outreach-based activities have suffered the most severe burden of these cuts. Outreach activities have been inconsistent and mostly provided by trained volunteers, when available. Moreover, our Outreach Coordinator was working as the interim Harm Reduction Coordinator for 6 months in 2010, and unable to focus exclusively on outreach. As stated previously in this report, our decreased capacity to focus on outreach activities due to funding cuts and staffing shortages has had a negative ripple effect on core services.

Despite difficulties with consistent program funding, limited staff resources and diminished availability of supplies, the team was able to distribute the following materials this year to 1,151 individuals, as demonstrated in Table 5 below:

Table 5: Outreach Activity: 2010 vs. 2009

2010	2009
➤ 1,151 Participants Served	➤ 2,378 Participants Served
➤ 12,180 Female & Male Condoms	➤ 21,159 Female & Male Condoms
➤ 5,810 Packets or Bottles of Lube	➤ 8,392 Packets or Bottles of Lube
➤ 321 Hygiene kits	➤ 655 Hygiene kits
➤ 683 Food Bags	➤ 1,567 Food Bags
➤ 4,761 Other: hats, gloves, scarves, etc	➤ 6,610 Other: hats, gloves, scarves, etc

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”). It is fundamental that our Outreach Program receives the funding, cultivation and nurturing required so that all program areas and our community are benefited.

We intend to further improve our outreach team through planned meetings in 2011; giving the coordinators supervisory training and closer supervision (through the creation of the Program Coordinator position); establishing equal and sufficient hours for coordinators; and adding more outreach shifts. Team-building within our core staff and volunteers was an essential factor which, along with sufficient funds to pay for hours to support all of the work performed, enabled us to end 2010 on a hopeful, high-note for the outreach team.

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, 2 weekly fixed sites — Tuesdays from 3-6pm at the clinic, and Thursdays 4-6pm at Positive Direction in the Bay View — and our Secondary Syringe Exchange program. The Secondary Syringe Exchange (SSE) involves recruiting and training active injection drug users 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.

In 2010, there were 1,900 participants in the needle exchange program, a number that encompasses all contacts made through and reported by participants in the secondary syringe exchange program as well as our satellite NEX site at Positive Directions in the Bayview district. The number of syringes distributed and collected reflects a decrease from last year, partly because of a general decline in needle distribution after purchase in pharmacies was legalized in 2010. It is important to note that the number of syringes collected exceeded the number distributed by almost 2,800, primarily because SSE participants often returned more syringes than they chose to receive, and some NEX participants are simply making trips to the clinic to properly dispose of used syringes without picking up new supplies. Table 6 shows numbers of distribution/collection for 2010 vs. 2009.

Table 6: NEX Activity: 2010 vs. 2009

2010	2009
<ul style="list-style-type: none">➤ 1,900 participants served➤ 59,477 new syringes➤ 62,263 used syringes collected➤ 6,432 Fix Kits➤ 427 BioBuckets	<ul style="list-style-type: none">➤ 2,750 participants served➤ 76,866 new syringes distributed➤ 70,571 used syringes collected➤ 6,217 Fix Kits➤ 346 BioBuckets

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 2011, which would enable the program to expand to underserved communities such as the Bayview district.

For 2011 we are considering involving SSE participants in SJI's outreach program and as volunteers clinic-wide. Their intimate connection to their communities, coupled with their insightful assessment of the needs of its members, will be effective in connecting more community members with SJI. Plans are underway for the NEX program — in partnership with the Drug Overdose Prevention and Education (DOPE) Project — to receive on-site overdose prevention training at SJI as well as referrals to obtaining Narcan training. This important collaboration will provide overdose prevention training for both new and experienced NEX and SSE participants, for all community members, and for SJI staff.

THE NEW 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 has been a key focus of the new department, and will continue its importance in 2011. The database will help 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.

In collaboration with two other sex workers' rights organizations — Bay Area Sex Worker Advocacy Network (BAYSWAN) and Sex Workers Outreach Project of San Francisco Bay Area (SWOPSF) — SJI's communications staff attended and presented at the National Sexual Assault Conference in Los Angeles, CA, September 1-3, 2010, which yielded more than 30 new contacts for the Communications Database and two invitations to provide in-service trainings with Bay Area assault prevention projects in the first quarter of 2011. Participation was challenging but rewarding. It was clear that an ideological divide exists among those working outside of direct services (academia) vs. those working in violence prevention/response (direct services): e.g., some believe that all sex work is violence, while others recognize that there is a spectrum of violence and consent. It was essential for SJI to bring a presence there to communicate the perspectives of sex workers and to advise service providers on the best ways to support sex workers who have experienced sexual assault. In support of our mission, we handed out 100 copies of our 2010 *Occupational Health and Safety Handbooks for Sex Workers* to attendees who had come from all over the US.

In October 2010, our Communications Director attended a training on community-based research, which will support research efforts by our Community Advisory Board (CAB) as well as those of others connected with SJI. For instance, we are exploring opportunities for partnership with other organizations in San Francisco to produce a comprehensive report on violence in the sex industry, including institutionalized violence and police brutality. Community-based research will enable us to acquire reliable, qualitative data as well as give voice to sex workers who are often ignored when their ideas and opinions are not presented in a formal report format.

Also in October 2010, our Communications Director and the Events Coordinator joined to continue ongoing advocacy work for Adult Film Performers in California who are resisting problematic regulation at the state level. In addition to attending hearings on porn regulation with CalOSHA staff, our Communications Team hosted a community forum for Adult Film Performers in December 2010 with another meeting scheduled for January 2011.

St. James Infirmary was highly visible at the 8th annual International Day to End Violence Against Sex Workers events in San Francisco held in December 2010. Each year we partner with SWOPSF and other organizations around the world to bring attention to the harmful effects of criminalization and stigma on the lives of sex workers. We hosted an art-making party and contributed banners and other visual aids for the occasion. Staff, volunteers and participants from the clinic participated in a public vigil and then a public speak-out at the Center for Sex and Culture (CSC). This is one of the many events that unite us with SWOPSF as well as the global sex worker rights community.

Media Campaign

In keeping with our philosophy that social stigma contributes negatively to the health and wellness of sex workers, our Communications Team has been working on a public education campaign titled, "Someone You Know is a Sex Worker." Towards the end of 2010, 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:

1. To point out that sex workers are every-day people and are valued members of the community.
2. To educate the general community that sex workers are equal members of society, and that our rights are human rights.
3. To promote our position that sex work is real work, and that sex workers deserve labor rights.
4. 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 will be reviewed by members of the sex-worker community, staff from the Infirmary and members of the general community for feedback. The Media Campaign will include: the development of our very first St. James Infirmary agency posters for sale at conferences and on our webstore; a public ad featured on the side of Muni buses throughout the City of San Francisco in October 2011; and various social media campaigns.

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 2010, we gave 13 presentations to 281 audience participants at various conferences, social service agencies, colleges and clinics. Below are a few of the highlights of these events.

In June of 2010, the Executive Director was invited back to Geneva by UNAIDS and the Network of Sex Works Project to continue her work as the North American representative on the Global Working Group on Sex Work and HIV to UNAIDS. This work has involved developing 4 annex papers for the UNAIDS Guidance Note on Sex Work and HIV, a document that is scheduled for distribution on World AIDS Day 2011, to member states throughout the globe.

In August of 2010, we sent 10 staff and volunteers to the Desiree Alliance Conference in Las Vegas. We also awarded 4 scholarships to participants and sex-worker activist from smaller, sex-worker led organizations to attend the conference. The conference, which lasted one week, was attended by more than 300 sex workers and their allies from around the country. At the conference, we staffed a merchandise and information booth, which resulted in more than \$1,500 in merchandise sales. We were also able to promote the 3rd Edition of our Occupational Health & Safety Resource Guide, distributing over 200 copies for free or at a low cost. Throughout the week, our staff conducted workshops and gave presentations on various sex worker themed issues. Moreover, this conference inspired the team through skill sharing and networking, and this experience helped build a stronger sense of community. In addition, all the staff, volunteers and scholarship recipients were able to engage in a number of recreational activities, including sharing meals together, swimming at the pool and riding roller coasters at the casinos.

Grants Development Coordinator Gina de Vries attended the New Leadership Networking Initiative (NLNI) Meeting in Chicago in October 2010 to speak about St. James' work with the sex-worker community.

In November 2010, we sent 7 staff members and volunteers, as well as 2 sex-worker activists to the National Harm Reduction Conference in Austin, Texas. At this conference, our new Communications Director and Needle Exchange Coordinator co-presented on the effects of shame and stigma on sex workers

and drug users. Our Executive Director teamed up with KittenINFINITE, a sex worker activist from the Sex Workers Outreach Project, to co-present an evaluation of sex-worker run and operated “Bad Date” lists. Additionally, our agency had a merchandise booth at which we sold identity gear such as T-shirts and posters. SJI staff members worked shifts at the booth to give media interviews and to model in the Outreach Gear Fashion Show. The booth and its related activities strengthened team-building among our staff, while also helping to increase networking with other agencies and individuals.

ST. JAMES INFIRMARY GOALS FOR 2011

Reviving our Outreach Program is a high priority for the clinic. Are plans are to devote more resources into the program to reach our community and recruit participants through sex-worker venues and on the streets. With the return of Stephany Ashley as the Programs Director we anticipate that the Outreach Coordinator will have more time and support to cultivate our outreach efforts.

The Programs Director will also be assuming the responsibility of recruitment, training and supervision of all clinic-based volunteers. This will help ensure that prospective volunteers will be screened and placed in a timelier manner, and that they will receive ongoing, more intensive supervision and support while they learn the ropes of the clinic. Moreover, special projects that are time-intensive, and challenging for any one program Coordinator to undertake — e.g. re-organizing the thousands of medical charts we have accumulated or assembling hundreds of safer-sex kits, safer-injection kits and hygiene kits — can be completed by volunteers. The Programs Director will be essential in the completion of these endeavors.

Through the connections of the Communication Director, SJI staff have been invited by the Alameda County Sexual Response Team and Contra Costa County Sexual Assault service providers to provide tailored presentations on working with sex workers who have experienced sexual assault and the barriers we face when dealing with reporting these crimes. This work will be one issue we focus on in developing position statements regarding policy recommendations for sex workers. The other two issues we will be working on in 2011 are the use of condoms as evidence of prostitution and the arresting of adults and minors in anti-trafficking raids by SF Anti-Trafficking Task Force.

As stated above in the report, our public-awareness media campaign is a project we expect to complete in 2011. This includes developing the agency posters and public billboard layout and then launching the project. We are planning to host a media launch party close to time of the release of the billboard ads. The party will feature a retrospective look at various sex-worker poster campaigns from our founding organizations COYOTE and Exotic Dancers Alliance. We are very excited about this opportunity to have our first agency posters and public billboard. This project is quite an achievement for the St. James Infirmary and for sex workers in the City of San Francisco.

As always, we will continue to fundraise to support our clinic. Towards the end of 2010, we began working on a two collaborative proposal with the San Francisco AIDS Foundation and Magnet to be submitted to the SF AIDS Office for HIV Prevention Funding. These two proposals will support our current NEX program as well as for venue-based HIV testing for communities identified by the City at high-risk for HIV infection. We look forward to this new opportunity to work more closely with these two well-respected and established organizations in order to continue providing quality HIV prevention to our community.