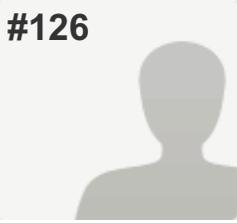


Ending the Epidemic Task Force Recommendation Form

#126



COMPLETE

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Orlando
Last Name	Perez
Affiliation	harlem United Community AIDS center
Email Address	operez@harlemunited.org

Q2: Title of your recommendation PrEP Introduction to Illegal Brothels and Undocumented Sex Workers

Q3: Please provide a description of your proposed recommendation

Since the advent of PrEP, NYC has been focusing their efforts solely to the LGBTQ community. Infact there are numerous illegal brothels where undocumented men and women get sexually served, by undocumented sex workers. This is an area where HIV, STI's and HCV are rampant and the great majority don't get tested for HIV! Many of the undocumented sex workers travel to many brothels, servicing a host of undocumented individuals,

When I was working in New Jersey, I befriended the owners of the brothels and theie was an agreement to have their sex workers tested for HIV/STI/HCV monthly, as the undocumented sex workers would only stay at one site for a month, then new sex workers were brought in.

It is imperative that we want to seriously end the epidemic by 2020, this is one specific high risk sexual area that has been missed and never targeted.

My recommendation is that the Task Force research and develop a plan of action that will introduce HIV/STI/HCV screenings to this target population as well as introducing PrEP to the sex workers that test HIV-, without any fear of repurcussion from ICE and immigration. Develop a specific flyer in a langauge where this target population will feel safe, as well as the brothel owners...

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New program,

Other (please specify)

There is no existing policy in place at this time and a needs to be created.

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Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required? Statutory change required

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)? Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

Lowering the sero-positivity rates among the undocumented population, as well as avoiding the spread of infections to wives, girlfriends, husbands and boyfriends, of whom many live abroad. HIV education among the undocumented population is still not to par with what we know and understand. There is fear of reprisal by family, friends and government, as well as being outed in public to the point of being killed.

This will also benefit risk of undocumented sex workers, many of whom never tell their families how they are surviving in New York and won't have to be shamed or embarrassed because of the high possibility of infection rate in their line of work.

Q10: Are there any concerns with implementing this recommendation that should be considered?

N/A

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated? *Respondent skipped this question*

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated? *Respondent skipped this question*

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

1. ASO's, and CBO's who have Latino staff, who will be able to identify with the undocumented sex workers in their native language and have an understanding of the inner cultural working.
2. The city of New York, by being able to identify a demographic where high risk sexual behaviors occur daily. The ability to provide newly diagnosed HIV+ patients, the treatment and medical care to lower community viral load and enhance Quality of Life.
3. The city of New York, will be able to lower the sero-positivity rate by providing PrEP to those individuals who have sero-negative status and educate on the importance of self preservation and the use of contraception.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Measures need to be developed...

Q15: This recommendation was submitted by one of the following Advocate