



# CHANGING THE COURSE OF AN EPIDEMIC

WASHINGTON  
**AIDS**  
PARTNERSHIP  
1988-2023





# OUR COLLECTIVE STORY=A LESSON

for philanthropy, nonprofits  
and governments on how to  
**MOVE QUICKLY** and **TAKE BIG RISKS**  
to drive change.

## OUR STORY

Since 1988, the Washington AIDS Partnership – a collaboration of grantmaking organizations and individuals – has worked to end the HIV epidemic in the Greater Washington region as its largest private funder of prevention, care and advocacy. After much thoughtful consideration, the Partnership is closing its doors at the end of 2023, after 35 years of service.

In the early 1980s, the HIV/AIDS epidemic was spreading rapidly, creating fear and devastating communities. There was no treatment – only prevention, care and support services. In 1988, it was estimated that 60,000 people in the Washington, D.C. region were infected with HIV, 2,153 were diagnosed with AIDS, and there had been 1,276 AIDS-related deaths.

Eager to take action, the Ford Foundation invited the Washington, D.C. region, which had the fifth-highest infection rate in the nation, to become one of its partner sites in local-level response.

**The priority: “make grants to the community as quickly as possible.”**

Twenty Washington, D.C.-area foundations, led by the Meyer Foundation, joined together to match the Ford Foundation funding of \$500,000 and launch an unprecedented philanthropic response. Staff had to convince their boards to pool funds and support the decisions of the new advisory committee comprised of representatives of: philanthropy, business, government, religious and scientific communities, health professionals, service providers and people living with HIV and AIDS. Trust was key.

In January 1989, 15 organizations received grants between \$10,000 and \$30,000 from the newly formed Metropolitan Community AIDS Partnership, as the Washington AIDS Partnership was known at that time. Many of the grants were made to startup organizations; some were relying on

unpaid volunteers or using credit cards to pay salaries and rent.

**There was no real infrastructure to address the fatal disease with no treatment or cure, just bold people who knew they needed to move quickly to save lives.**

A snapshot of what was initially funded as described in original meeting notes:

- ▶ Youth education around peer pressure and HIV prevention through rap, music and dance
- ▶ Street outreach for people who use drugs, runaway youth and people engaged in sex work
- ▶ Multi-lingual and cultural prevention education for immigrants
- ▶ Care for those dealing with loss and stress associated with working with people with AIDS
- ▶ Education for human resource professionals at local businesses
- ▶ Care for HIV-positive babies

**“Many of the initial grant proposals were not projects or programs individual foundations would typically fund, but as a collaborative, we could share risk and help people we often couldn’t reach.**

**We worked together.”** said Mardell Moffett, executive director, Morris & Gwendolyn Cafritz Foundation, and the final chair of the Partnership.

Over the years, as the trajectory of the disease and focal point of research and treatment shifted from primarily gay white men to men of color, women, and youth of color, the Partnership adjusted

its grantmaking to be more targeted and effective, nurturing a broad, diverse network of service providers led by and serving these communities.

**“I was first familiar with the epidemic in 1981. Over time, I watched it go from a gay White disease to a gay disease to a poor person’s disease.”** said Earl Fowlkes, president/CEO, Center for Black Equity and a Washington AIDS Partnership Steering Committee member.

Against many odds, what started as a funding mechanism grew into so much more: a youth development program

strengthening the nation’s public health workforce; an incubator of some of the most innovative HIV/AIDS services in the nation; an agitator, watchdog and ultimately a partner of Washington, D.C. government; and a trusted convener of nonprofits, funders and service organizations across the region.

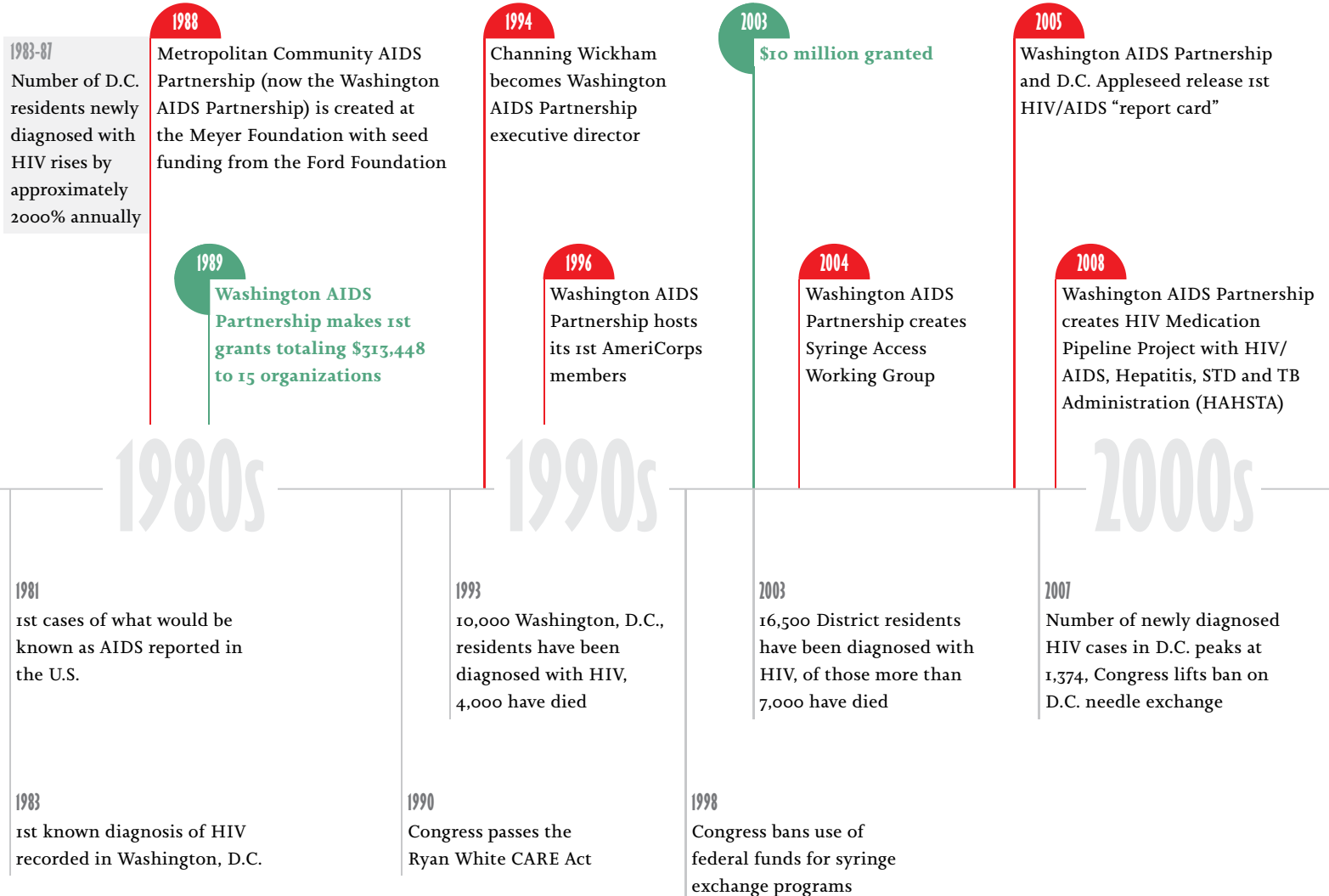
**Along the way, the Partnership has touched the lives of tens of thousands of people living with HIV and AIDS, those at risk, and their caregivers.** It has helped to change the trajectory of the epidemic in our region, saving lives and demonstrating the power of strategic philanthropy.

We went out on thin branches and bet on tiny organizations and leaders with integrity and good intentions. Some of them were brand new with no track record, but we believed in grassroots, community-based groups. THIS RISK TAKING HAD A LASTING IMPACT AND IS A GOOD LESSON FOR PHILANTHROPY. ▽

JULIE ROGERS

former president, Meyer Foundation (1986–2014),  
founding chair, Washington AIDS Partnership Steering Committee

# MILESTONES



2009

Washington AIDS Partnership launches Female Condom Initiative

2010

\$20 million granted

2011

Washington AIDS Partnership launches Positive Pathways community health worker program

2014

Final HIV/AIDS “report card” is released, showing HIV cases in D.C. continue to decline

2015

Positive Pathways has reached more than 1,600 individuals and linked nearly 1,300 to medical care

2015

\$30 million granted

2016

Washington AIDS Partnership secures funding for the Mobile Outreach Retention and Engagement (MORE) project.

2016

Washington AIDS Partnership co-releases D.C.’s Plan to End HIV; plan is updated in 2020

2017

Washington AIDS Partnership launches D.C. PrEP for Women Initiative

2013

A total of \$35.2 million granted to 129 organizations over 35 years

2013

Washington AIDS Partnership AmeriCorps has its 27th team and 300th participant

2013

After 35 years, Washington AIDS Partnership closes its doors

2010s

2020s

2012

Pre-Exposure Prophylaxis (PrEP) becomes available, reducing the risk of contracting HIV by 95%

2015

Study finds D.C. Needle Exchange is successful in dramatically lowering transmission rates

2020

217 new HIV cases in D.C. show 85% percent decline from 2007 peak; no babies were born with HIV

2022

CDC removes Washington, D.C. from the list of high-incidence jurisdictions

2014

Journal of AIDS and Behavior shows D.C.’s Female Condom Initiative has prevented \$8 million in medical care costs

**A MESSAGE FROM OUR  
EXECUTIVE DIRECTOR  
CHANNING WICKHAM**





Philanthropy's job is to identify problems and fund solutions. BUT BEST PRACTICE IS TO ACKNOWLEDGE WHEN PROGRESS HAS BEEN ACHIEVED AND WHEN THERE IS A MORE URGENT NEED for those philanthropic dollars.

KATHY WHELPLEY

former chair, Washington AIDS Partnership Steering Committee

From the beginning, we simply did whatever it took to get the job done. Since joining in 1994, I have been a fundraiser, cheerleader, strategist, grantmaker, policy advisor, strategic partner, mentor, board member for grantees and board chair of Funders Concerned About AIDS.

It feels like both a moment and a lifetime and it's impossible to believe that we are closing our doors. But the decision was made after much intentional and thoughtful consideration. It's the right time.

**To be clear, the work to address HIV and AIDS is not over, yet the Washington AIDS Partnership's role in the fight to end the local epidemic is coming to a close, as the city has made great progress in reaching goals set in the DC Ends HIV Plan.** And there is a strong network of organizations providing services to previously underserved individuals and communities.

We are proud to have helped change how HIV and AIDS treatment and care are delivered in our region and to have expanded the broader range of health

services available. The ripple effect is huge – it's hard to capture the enormity of it all.

**Our collective story provides a lesson for philanthropy, nonprofits and governments across the country on how to move quickly and take big risks to drive change.** These lessons have the potential to transform how communities approach other challenges, from housing to food security, to the next epidemic. We reflect on these lessons in this report.

There are many individuals and organizations who share in the success of responding to the HIV and AIDS epidemic in the Washington, D.C. region and it is only appropriate that this retrospective is told in large part through their voices.



CHANNING WICKHAM  
Executive Director  
Washington AIDS Partnership



Unveiling of the first  
AIDS Memorial Quilt  
on the National Mall  
in 1987



# CHANGING THE COURSE OF AN EPIDEMIC

WASHINGTON  
**AIDS**  
PARTNERSHIP  
1988-2023





**FIVE LESSONS**  
the Partnership  
has learned  
over 35 years:



SINCE ITS EARLIEST  
DAYS, the Washington  
AIDS Partnership  
influenced policy.

— CHAPTER 1

— BOLD & PERSISTENT VOICES  
CAN CHANGE THE POLICY LANDSCAPE



The Washington AIDS Partnership has always recognized that private philanthropy could never replace public resources and leadership in combatting a public health crisis. With this clarity around roles, it has been vigilant about holding government accountable.

From brutally honest “report cards” rating the District of Columbia government’s response to HIV/AIDS, to advocating for syringe exchange, to increasing access to Pre-Exposure Prophylaxis (PrEP), to promoting female condom use, to employing community health workers to meet with people in their homes and in the community, the Partnership and its allies spoke up early and often on a range of policy issues.

#### **HIV COMMUNITY PLANNING GROUP**

In the mid-1990s, Channing Wickham served as community co-chair of Washington, D.C.’s HIV Community Planning Group, which recommended priorities for the Centers for Disease Control’s (CDC) grant funding to the city. Year after year, the community’s priorities were not reflected in DC’s plans and the Group issued formal letters of “nonconcurrency” in protest.

Boldly criticizing the city and shining a light on mismanagement of public funds launched the Partnership’s advocacy efforts. From that point forward, it played a pivotal role in both local and national policy dialogues, bringing its community-informed perspective to

addressing public agency actions and funding. Over time, this advocacy helped build a strong relationship with government leaders and build coalitions among area nonprofits that exist to this day.

#### **SYRINGE EXCHANGE**

In 1998, Congress banned the use of federal funds for syringe exchange programs on the theory that they would encourage drug use. Local municipalities could use their own money to pay for the programs, except in Washington, D.C., where Congress – and not city government – had jurisdiction.

During the nine-year ban, Washington, D.C. experienced the highest rates of HIV in the country, while other cities that were able to use their own funds for syringe exchange saw their rates drop. During this time, the Partnership provided technical assistance and support to Whitman-Walker Health, which ran a limited syringe exchange program through private funding. But by 2004, the District of Columbia lagged far behind San Francisco, Portland, New York City, Seattle and other cities that were showing how successful syringe exchange could be in preventing HIV transmission.



1996  
AmeriCorps  
members with  
then-Vice  
President Al  
Gore and  
Tipper Gore

That year, the Washington AIDS Partnership founded the Syringe Access Working Group, kicking off intensive public education and advocacy efforts. The ban was lifted in 2007, becoming one of the Partnership's greatest public policy successes. The District of Columbia allocated \$650,000 to the Department of Health to start a network of syringe exchange providers, taking the city from one provider to four. In the two years after the ban was lifted, George Washington University researchers found that 120 new cases of HIV had been prevented and roughly \$44 million in treatment costs had been saved.

The Syringe Access Working Group helped pave the way for Washington, D.C. to fund other interventions for people who use drugs, such as naloxone, a fast-acting drug that can reverse overdoses.

**“Later, pre-fentanyl, it was clear that Washington, D.C. was very far behind in naloxone distribution,”** said Cyndee Clay, executive director of Honoring Individuals, Power and Strength (HIPS). **“The Partnership saw that while naloxone is not a direct HIV prevention intervention, it mattered for drug user health. It was so important to have a funder who really got that.”**

In 2016-17, Washington, D.C. funded 3,000 doses of naloxone at the Partnership's urging. Fentanyl use exploded in the District of Columbia, in 2017; without naloxone, the city would have had a mass overdose problem. In 2018, the District funded 64,000 doses.

#### **HOLDING DISTRICT OF COLUMBIA GOVERNMENT ACCOUNTABLE**

By the end of 2003, approximately 16,500 District of Columbia residents had been diagnosed with AIDS and more than 7,000 had died. By 2005, nearly one in every 50 people in the District was living with AIDS and the annual rate of new AIDS cases was over 10 times the national average and the highest of any major city.

To shine a light on the city's shortcomings and demand accountability, the Partnership funded a report, *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis* produced in partnership with DC Appleseed Center for Law and Justice.

According to the 2005 report, “The District of Columbia's response to the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic lags far behind that of many other cities across

the nation. According to a high-ranking District official, the District is in some respects 10 to 15 years behind where it should be in mounting a concerted, effective response to the disease.”

The 148-page report laid out in great detail deficiencies in collecting and analyzing data, coordinating and supervising government agencies and private service providers, and general prevention efforts for youth, people who use drugs and those who were incarcerated.





# HIV/AIDS IN THE NATION'S CAPITAL

The D.C. government endorsed DC Appleseed's August 2005 report, *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis*, as a "blueprint" for change.

Since the release of DC Appleseed's report, there has been a surge of constructive energy in the District—within and outside the government—devoted to addressing the HIV/AIDS epidemic. Even with that constructive energy, much remains to be done to produce the needed results—as the individual grades below reflect. Those grades range from a B+ for improvements made to the District's HIV/AIDS website to a D for increased condom distribution.

## LEADERSHIP

MAKE HIV/AIDS A TOP PUBLIC HEALTH PRIORITY IN THE DISTRICT.

## HIV DATA

PUBLICLY REPORT DATA ON HIV INFECTIONS IN THE DISTRICT.

## SURVEILLANCE STAFFING

FULLY AND APPROPRIATELY STAFF THE OFFICE RESPONSIBLE FOR TRACKING THE SPREAD OF HIV AND AIDS.

## GRANTS MANAGEMENT

IMPROVE THE MANAGEMENT OF GRANTS TO ORGANIZATIONS THAT PROVIDE HIV/AIDS SERVICES.

## RAPID TESTING

OFFER RAPID HIV TESTING AT DISTRICT-RUN FACILITIES (INCLUDING STD CLINIC, D.C. JAIL, TB CLINIC, AND SUBSTANCE ABUSE TREATMENT FACILITIES).

## ROUTINE HIV TESTING

DEVELOP CITYWIDE STRATEGY FOR ROUTINE HIV TESTING IN ALL MEDICAL SETTINGS.

## CONDOMS

SIGNIFICANTLY EXPAND CONDOM DISTRIBUTION IN THE DISTRICT.

## D.C. PUBLIC SCHOOLS

ADOPT SYSTEM-WIDE HEALTH EDUCATION STANDARDS, INCLUDING HIV/AIDS PREVENTION.

## SYRINGE EXCHANGE SERVICES

FUND COMPLEMENTARY SERVICES PROVIDED BY THE PRIVATELY-FUNDED SYRINGE EXCHANGE PROGRAM.

## SUBSTANCE ABUSE TREATMENT

INCREASE THE AVAILABILITY OF SUBSTANCE ABUSE TREATMENT PROGRAMS IN THE DISTRICT.

## HIV/AIDS AMONG THE INCARCERATED

IMPROVE COLLECTION OF HIV AND AIDS DATA IN D.C. DETENTION FACILITIES.

## WEBSITE

IMPROVE THE HIV/AIDS ADMINISTRATION'S WEBSITE.

Prepared by DC Appleseed. PH. 202.269.8007 [HTTP://WWW.DCAPPLESEED.ORG](http://www.dcappleseed.org)

## REPORT CARD

AUGUST 2005 TO  
MARCH 2006



## GRADES (A-F)

B-

INCOMPLETE

INCOMPLETE

B

B

C

D

B-

B-

D+

C+

B+

The Washington AIDS Partnership and DC Appleseed Center for Law and Justice released annual "report cards" from 2006–2014

The first report was “scorching – it said Washington, D.C. was bungling and it was serious,” recalls Michael Kharfen, former director of District of Columbia HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA).

This was a turning point: the epidemic and the city’s response received heightened media attention and then-Mayor Anthony Williams endorsed the report as a blueprint for change and promised his personal involvement in the implementation of its recommendations. To continue the attention, the Partnership and DC Appleseed decided to issue periodic “report cards.”

It also showed insufficient coordination within the government or among the community-based organizations funded by Washington, D.C., coupled with a lack of communication and planning within district government agencies.

As a result, the city completely overhauled its approach to addressing the epidemic. And for the next nine years, the Washington AIDS Partnership and DC Appleseed released annual report cards and the grades improved over time.

“The shift was because the Partnership and DC Appleseed held their feet to the fire,” said Fowlkes. “There was no accountability before then.”

“Back then, things were bleak, the relationship with community wasn’t good and there was lack of trust. Channing and the Partnership helped bridge the gap and bring everyone to the table for frank and honest discussions,” reflects Clover Barnes, senior deputy director, HAHSTA. “This helped the city refine its goals and be more transparent. Somebody needed to come in and illuminate what was happening.”

#### RAPID ANTI-RETROVIRAL THERAPY (RAPID ART)

The early standard of care was to genotype a person’s strain of HIV before prescribing medication. Sometimes this process could take weeks. People with HIV left after receiving a diagnosis scared and without treatment. Some didn’t return.

Beginning in 2017, the Partnership collaborated with HAHSTA and Whitman-Walker Health to pilot a program that tested rapid access to HIV medication within hours of diagnosis, which was complicated because the drugs were expensive, and it took time to get approval from private insurers. But Rapid Anti-Retroviral Therapy (Rapid ART) can help keep people engaged in treatment expedite viral suppression. The Partnership advanced Rapid ART as a new standard and is credited with getting people into treatment quickly and saving lives.

It landed like a bomb and was all over the news. Government officials thought the grades were too harsh and service providers thought we weren’t harsh enough, so WE FELT WE HIT THE PERFECT BALANCE. ▾

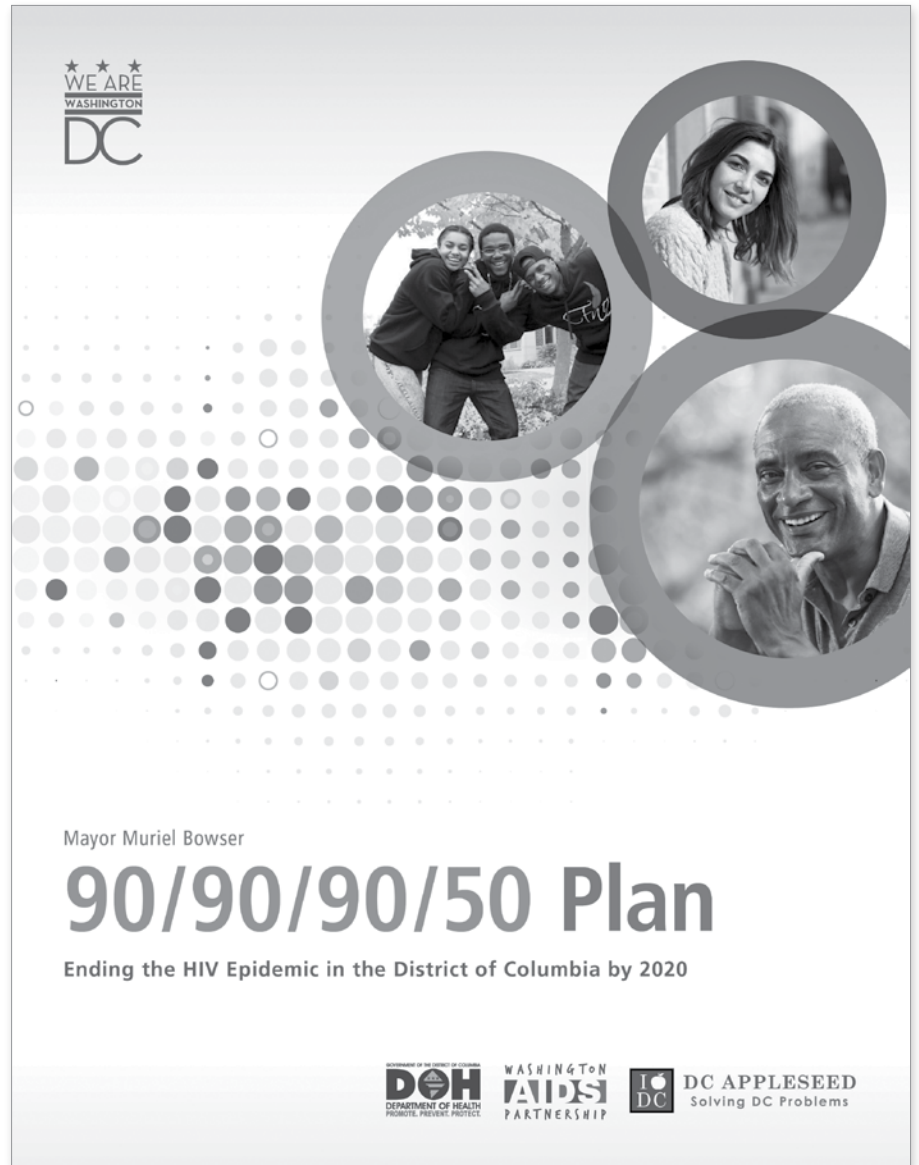
WALTER SMITH  
former executive director, DC Appleseed Center for Law and Justice

### PLAN TO END HIV

In one of its most important policy initiatives, Wickham and the Partnership advocated for the development of the D.C. Department of Health's first Plan to End AIDS (2016) and then assisted with developing the updated Plan to End HIV (2020). The goal is for the District of Columbia to have fewer than 130 HIV diagnoses annually by 2030, with 95% of people living with HIV on treatment reaching viral suppression. Many of the policies the Partnership advocated for and advanced are models for other jurisdictions across the country.

#### DC ENDS HIV PILLARS

- 1 = **DIAGNOSE:** 95% of people living with HIV know their status
- 2 = **TREAT:** Reduce the time between HIV diagnosis and HIV treatment (rapid anti-retroviral treatment) to seven days
- 3 = **PREVENT:** More than 13,000 individuals are on PrEP by 2030
- 4 = **RESPOND:** Increase the timeliness & completeness to link individuals to HIV care or prevention services
- 5 = **ENGAGE:** Develop a network of wellness services guided by an HIV status-neutral approach



The D.C. Department of Health updated its 2016 Plan to End HIV in 2020

## **WE ARE MAKING PROGRESS.**

There were **ZERO** babies born with HIV in 2021.

There were **FIVE NEWLY DIAGNOSED CASES OF HIV** from injection drug use in 2020, a **DECREASE OF NEARLY 99%** from 2007, prior to the scale-up of the city's syringe exchange program.

The percentage of people living with HIV who know their status **INCREASED TO 93.9%** in 2021, approaching the goal of 95%.

The percentage of people who received medical care for their HIV diagnosis within one month of diagnosis **INCREASED FROM 79.6% IN 2017 TO 88% IN 2022.**

Among people newly diagnosed with HIV in 2021, **55% WERE LINKED TO MEDICAL CARE WITHIN SEVEN DAYS OF DIAGNOSIS AND 78% WITHIN 30 DAYS.**

The number of people on PrEP **ALMOST DOUBLED** from **4,018 IN 2017 TO 7,686 IN 2022.**

When asked about the city's progress, Barnes reflects: "**Washington, D.C. has become a leader. I can't tell you how many peer-to-peer conversations I have to share knowledge. We are the only jurisdiction doing PrEP housing, for**

**example. We have a great relationship with partners like the mayor's office on LGBTQ affairs. And we're looking at the full continuum of care as opposed to funding silos."**

D.C. Annual  
Epidemiology  
and Surveillance  
Report, 2022

THE PARTNERSHIP  
has been an incubator  
for new approaches to  
treatment and care.

— CHAPTER 2

— PUBLIC-PRIVATE PARTNERSHIPS ALLOW  
GOVERNMENT TO TEST NEW IDEAS





a client visits  
the Prevention  
Works outreach  
mobile van

Many funders – both public and private – are cautious in how they give money, looking for tested leaders, proven solutions, clear metrics to measure progress, or all three. Because HIV was new these rules couldn't apply, at least initially. By partnering with the Washington AIDS Partnership, District of Columbia government agencies and other funders had the opportunity to test new and sometimes unconventional approaches and be creative in the deployment of resources.

For decades, the Washington AIDS Partnership has served as an incubator for HIV treatment and care, advancing policies that today serve as models across the U.S., including the focus on prevention and treatment for women, who for years were largely ignored.

#### **HIV MEDICATION PIPELINE PROJECT**

In 2008, the Washington AIDS Partnership created the HIV Medication Pipeline Project with District of Columbia HAHSTA to deploy \$5.8 million in unspent AIDS Drug Assistance Program (ADAP) funds, ultimately purchasing 14,000 medication doses for District of Columbia residents with low incomes.

**“We had many people in need, but also millions in ADAP funds and the Feds said, ‘If you don’t spend it, we’re taking it back,’”** recalls Kharfen. **“The peak year for HIV diagnosis in D.C. was 2007 –**

**if it wasn’t for this new pipeline, people would have lost their medications.”**

The speed at which the pipeline was created and the preserved funding strengthened the trust between the Partnership and District of Columbia government, leading to many other transformational collaborations.

**“We were always asking, ‘What can we do? How can we take another evidence-based approach and turn it into a promising practice?’ We came up with one project and then another,”** Kharfen recalls. **“We had a true partner in Channing, we were at the table together and our relationship was very synergistic.”**

The District of Columbia government contributed either support or direct funds to many projects the Partnership managed, described in the following chapter.

**“We changed the conversation around female condoms for the entire country and were the only place to do PrEP for women. We showed how new approaches could work and be integrated into core programs and services. Together, we put Washington, D.C. on the map for innovation in prevention and care,”** Kharfen notes.

By the time Kharfen left the District of Columbia government in 2021, surveillance data showed that the District had reached the lowest rate of HIV diagnoses since the epidemic started. Of the 59 jurisdictions with plans to end the HIV epidemic, the District had the steepest decline.

**“The Partnership was attuned to the community and stayed ahead of the curve. It often knew what was coming even before the health department knew,”** reflects Fowlkes.



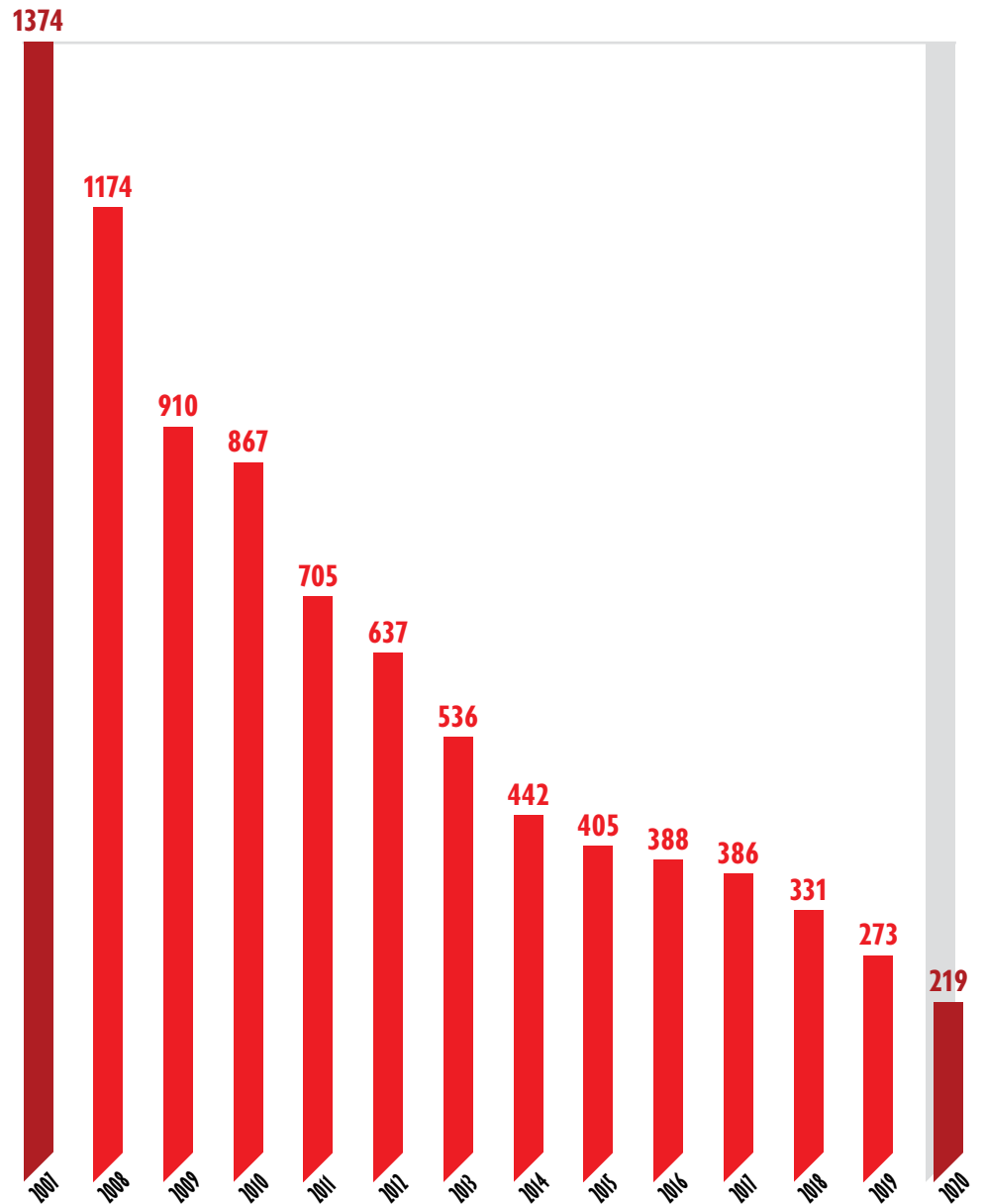
Northern Virginia AIDS  
Ministry staff member  
explains the oral HIV test  
to a client



2007 — **84% DECREASE** — 2020

**NEW HIV DIAGNOSES BY  
YEAR OF DIAGNOSIS**

District of Columbia,  
2007–2020



DC Health Annual  
Epidemiology &  
Surveillance Report,  
December 2020

THE COLLABORATIVE  
model proved to be  
undeniably essential.

— CHAPTER 3

— TAKING RISKS ON NEW IDEAS  
CAN FOSTER INNOVATION & GROWTH



Over the years, the Washington AIDS Partnership has supported innovative models of care and untested organizations. Programs and initiatives like Us Helping Us, the Women’s Collective, Positive Pathways, She Comes First and countless others have provided a broad range of cutting-edge services.



Us Helping Us  
President/CEO Ron  
Simmons leading a  
support group

**“It’s hard to quantify how many organizations we touched. Some of the organizations no longer exist. For those that do, part of that staying power was our continued investment,”** said Jennifer Jue, former senior program officer of the Washington AIDS Partnership.

The Partnership was also able to make grants where other funders will not or cannot.

**“We weren’t afraid to give money to test out new ideas. Rather than telling our grantees and partners what to do, we asked questions such as ‘What is innovative, what can we test, what can we invest in, how can we help?’”** recalls Jue.

#### **MEDICAL MORALE GRANTS**

The Partnership began providing Medical Morale grants in 1989 with the first going to Advocates for Youth to assist caregivers in managing the loss and stress associated with AIDS. Dozens more followed for things like training and workshops, bereavement programs and staff retreats. **“Government funds are appropriately restrictive but sometimes we need flexibility,”** said Naseema Shafi, CEO, Whitman-Walker Health.

**“It’s the only grant that allows us to use funds to support staff to reduce turnover and burnout. This is huge for an organization that doesn’t have extra money. It’s the seed money to do the extra things that make a difference. It’s easier to get money for the ‘bread and butter,’ but the Partnership’s funding gets us the ‘peanut butter.’”**

#### **FEMALE CONDOMS**

The Washington AIDS Partnership’s Female Condom Initiative served as a national model for how women can take charge of their own health. Between 2009 and 2012, the program trained 1,273 female condom educators, distributed 567,250 female condoms, conducted 1,456 group education sessions and 26,064 individual education sessions. Research published in the *Journal of AIDS and Behavior* found the initiative saved more than \$8 million in future HIV-related medical care costs.

#### **POSITIVE PATHWAYS**

The idea of training local residents – many of whom were living with HIV or AIDS to connect with their peers

in neighborhoods in the District of Columbia and Prince George's County to get people into care was novel at the time. Positive Pathways trained and placed community health workers in local organizations to encourage engagement and retention in care. The program not only recognized and addressed barriers to care, it created jobs with living wages and helped professionalize this type of peer-to-peer program. A collaboration of the Washington AIDS Partnership, Institute for Public Health Innovation, HAHSTA and the District of Columbia Primary Care Association, Positive Pathways reached more than 1,600 individuals and linked nearly 1,300 to medical care between 2011 and 2015.

#### **MOBILE OUTREACH, RETENTION AND ENGAGEMENT (MORE)**

Under the premise that people aren't hard to reach, but services are, the Washington AIDS Partnership and HAHSTA launched the MORE initiative to provide medical visits in people's homes and other nontraditional sites, providing medical evaluations, lab testing, counseling and support services. In 2018, MORE became a program of Whitman-Walker Health.

#### **SHE COMES FIRST**

She Comes First is a program for Black women run by Black women. It's a partnership between the District of Columbia government and the Washington AIDS Partnership. It initially focused on PrEP for women of color – and was one of the first in the U.S. to do so. In 2018, the program expanded more broadly to provide sexual health services and address the impact of trauma. Today, She Comes First collaborates with groups including: Who Speaks for Me, which addresses the

**WE SHOWED HOW NEW APPROACHES COULD BE INTEGRATED INTO CORE PROGRAMS AND SERVICES.**

**We changed conversations around female condoms for the country, were the only place to do PrEP for women, enabled community health workers to become core to HIV services and created mobile outreach for HIV care. With Channing, we put Washington, D.C. on the map.**

**MICHAEL KHARFEN**

former director, District of Columbia HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

trauma to prison pipeline; Mamatoto Village, which focuses on maternal health; Community Family Life Services, which provides services for formerly incarcerated women and resources to help women and families move out of poverty and homelessness; and local health centers like Whitman-Walker Health, Mary's Center and La Clinica del Pueblo.

### SECTOR EVOLUTION INITIATIVE

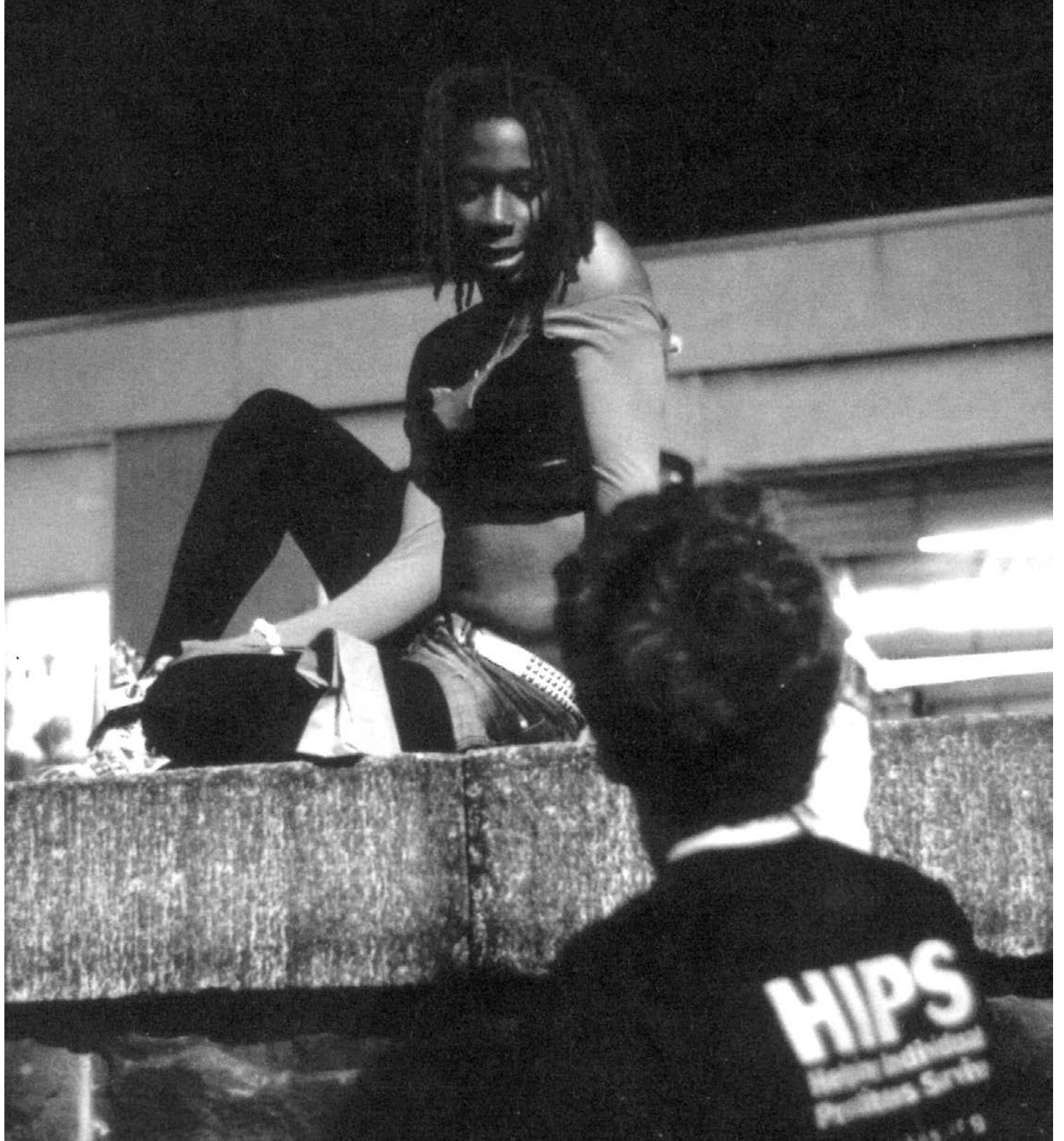
Launched in 2013, the Sector Evolution Initiative brought in leaders of local organizations to have open, no-holds-barred conversations about the state of AIDS service organizations and their future. They were honest conversations about ensuring an equitable system of care and how organizations could evolve as HIV prevention and care became more integrated and, simultaneously, the ACA expanded insurance coverage. The effort included convening service providers for off the record conversations with top officials of the District of Columbia health department as well as technical assistance grants from the Washington AIDS Partnership to help organizations make needed structural changes.



**ABOVE** Women's Colective clients learn about the effects of HIV/AIDS

**BELOW** Prevention Works Program Manager Ron Daniels and a volunteer discuss a client's progress in the mobile van

**“We are fortunate to have a lot of support from government and philanthropy, but the Partnership’s funding has had a great impact over time because it’s innovative,”** said Shafi. **“Often when we apply for grants, we check boxes about what we will do. The Partnership asks us what we need and helps us figure out how to do it.”**





### CYNDEE CLAY

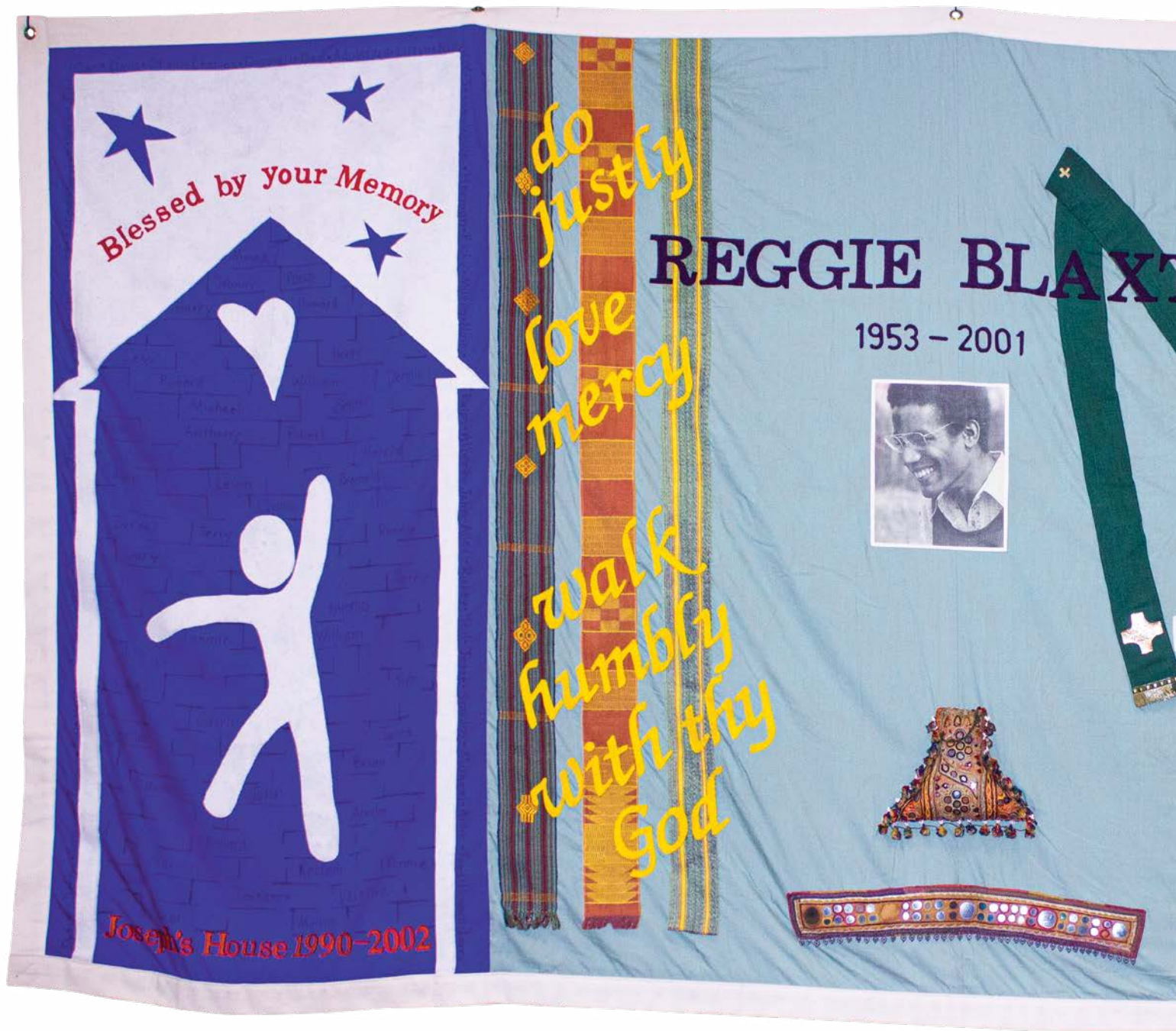
Executive Director, Honoring Individuals Power and Strength (HIPS)

"HIPS was founded in 1993 to serve the needs of young women doing sex work on streets. Nobody else provided supportive services then. The Washington AIDS Partnership supported radical programming as one of our first funders. We were initially an outreach and referral program, working overnight in vans.

I became HIPS' interim executive director at age 23. I had a call with Channing and was terrified because he was the funder and our finances were a mess. He told me to stop apologizing and to just keep providing good services; that moment was the start of a long relationship, and I knew I could go to him when things were hard and be honest with him. Back then, that type of transparency with funders wasn't the norm. He saw and convinced everyone else to be brave enough to support stuff that was edgy.

The Partnership funded innovative programs and put resources into the most underserved communities. It was one of the first funders to look at stimulant use and sexual behavior together; young meth users were getting attention from epidemiologists but not from funders and the Partnership's funding helped make clear the bigger picture.

I hope someone will take note of what they have accomplished and how to fill those shoes. We still have a lot of health disparities in our region and voices like the Partnership's are still needed."



**LEFT PANEL**

This panel recognizes Joseph's House residents who have died.

**CENTER PANEL**

This panel remembers Reverend Reginald Blaxton, a former Steering Committee member and founding member of the Partnership.





**RIGHT PANEL**

The falling leaves in this panel represent clients of Us Helping Us who have died.

**AIDS MEMORIAL QUILT**

These quilt panels were created by the Washington AIDS Partnership 2001 AmeriCorps team, staff and Steering Committee members, with the assistance and generosity of volunteers from the NAMES Project of the Capital Area. The AIDS Memorial Quilt is a collection of panels that honors people who have died of AIDS. These panels represent but a few of the many people in D.C. who have died of AIDS in the past 40 years. They remember those who died while clients of, or associated with, the Washington AIDS Partnership and organizations at which our AmeriCorps members serve.



Alexandra Carter, Channing Wickham, Margaret Siegel and Diana Goldberg stitching Reverend Blaxton's panel

SINCE 1995, the  
Partnership hosted 300  
AmeriCorps members.

— CHAPTER 4

— INVESTING IN YOUTH = BUILDING OUR  
FUTURE HEALTH WORKFORCE



One of the unique strategies of the Partnership was to partner with the AmeriCorps program to both expand the capacity of HIV-focused nonprofits in the region with additional staffing and to introduce AmeriCorps program members to the urgency of the AIDS crisis.

They came from all around the country, many from small towns, some who had never seen a low-income neighborhood. These young people gained invaluable experience that they are now using in positions in clinics, hospitals, research labs, schools, universities, public advocacy and service organizations, sharing what they've learned in careers around the world.

For over 27 years, 10 to 13 young people annually spent a year learning about community-based health, bringing energy and fresh focus to the city's service providers. In total, they've provided HIV and sexually transmitted infection testing and counseling for tens of thousands of people, offered health education to more than 17,000 people, and helped over 4,000 people access primary and mental health care, hospice and other supportive services. In the process, the Partnership seeded a new public health workforce committed to addressing the social determinants of health and ending the AIDS crisis. Others are active on school boards and are leaders in their communities advocating for effective health policies.

**“It's important to see young people getting into and staying in HIV work and**

**helping them understand what it means to do community-based public health,”** said Shafi.

**“They keep us young and breathe life into our organization,”** Meghan Davies, chief program officer of clinical operations, Whitman-Walker Health echoes. **“All of them stayed and worked through the COVID-19 pandemic when clinics were closed, doing virtual outreach about vaccines and PrEP and mailing kits for home HIV and sexually transmitted infection testing. They worked their tails off. They even did TikToks on how to have safe sex.”**

The mentoring the Partnership provided its AmeriCorps members, personally and professionally, about the goals and type of work that organizations are expecting results in commitment, creativity, curiosity and a willingness to get involved and immersed in each organization's culture.

**“So many have stayed in HIV treatment and prevention or have gone into philanthropy. The Partnership's AmeriCorps program is a network that's throughout the country and world,”** said Sarah Hamilton, director of operations, Funders Concerned About AIDS.



2018  
AmeriCorps  
members



**BRANDEN COMFORT, MD**  
AmeriCorps Class of 2008

"I grew up in rural Kansas and graduated college with a degree in accounting but wanted to do something different. A friend suggested AmeriCorps so I applied and interviewed with a few programs, including the Washington AIDS Partnership. Channing checked in with me every day for weeks and I finally said, "I'll do it." I'm glad he was so persistent. The Partnership opened up my world and changed my life in more ways than I could imagine.

I moved to Washington as a pretty darn naive 22-year-old and started working at Miriam's House, a shelter for women with AIDS who were homeless.

I was loosely assigned to helping the nurse, but the biggest part of my job was forming friendships with women who lived there. I accompanied them to medical appointments or the ER, but also helped in the kitchen – really whatever they needed to help them live a normal life with AIDS. We talked about their hopes and fears, sometimes for hours. People opened up to me. Some of them had the most horrific lives you can imagine.

**I've taken what I learned with me as a doctor and public health practitioner today in an underserved part of Kansas City. What Miriam's House taught me, I teach my students.**



2008  
AmeriCorps  
members

I saw what happens when a woman gets to a safe, loving environment, sleeps in a bed and eats regular meals. Many eventually stabilized and moved to transitional housing. I could see and feel the shift. I learned that medical care is the easy part – getting people to be healthy is the real challenge. It's easy to judge people for the decisions they make but I would like to think I stop and think about what a patient's life is like and what led them to this point. Often what they are dealing with is more challenging than anything I've faced. I know that I have more empathy because of my work at Miriam's House.

I'm limited by what I can do in an exam room. I try to connect my patients with outside resources to overcome barriers to health. Helping people with addiction, housing, education, jobs – things that help people set up for success for overall health. I 100% learned how to approach health because of the Partnership and Miriam's House.

This was just my own experience – there were 12 Partnership AmeriCorps members my year. Most have gone on to health careers and have taken those experiences with them. The ripple effect is so huge."



**SUFIA DADABHAI, PHD**  
AmeriCorps class of 2003

"I've been glued to the HIV and AIDS communities for more than 20 years since starting as a 22-year-old AmeriCorps member.

**Today when I'm conducting the most complex clinical HIV trials in Malawi, I see the faces of the people I served.**

Working in research, I have colleagues who have never met someone with HIV, but I have a different perspective. My placement was at Children's Hospital in the adolescent health center where I basically drove around the District of Columbia with a

picnic basket of tools for birth control and safe sex. But I was also the coordinator for my class of volunteers, which meant I got to go see the other team members' projects and learned about the full network of services around HIV. We were helping people others didn't want to work with, people who were otherwise forgotten, dying and being told they didn't deserve anything. Working in Kenya and now in Malawi, I feel like I'm working toward the same goals. I'm just a little more upstream."



**CARLOS O'BRYAN, MD**  
AmeriCorps Class of 2003

"I was La Clínica del Pueblo's first AmeriCorps member. It was nice to be accepted into the community even though I had a very different background. The other HIV counselors treated me like family and took the time to walk me through the process of testing and telling people their diagnosis. We only had a week of orientation before I was working with clients who were gay, lesbian, trans or seeking political asylum. California (where I'm from) is diverse but in Washington, D.C., it's more concentrated – it was amazing to be exposed to so many cultures.

Today, I'm a family medicine doctor and my whole career has been about service – even in medical school, I worked in a free clinic. The same core values represented in AmeriCorps remain with me to this day. For the last 10 years, I've worked

at a Federally Qualified Health Center working mostly with Medicaid patients, the majority of which are migrant farm workers, and many are homeless. This year, I started working in full-spectrum family medicine and teaching residents in the clinic. I also run a free tattoo removal clinic and a summer scholar program for undergrad students. **I aim to build confidence in young people the way the Partnership did for me. It's something I want to pass on.** I urge the students to take a year off to explore medicine if they can. If they have that interest in service, it's a great experience. I want to inspire the scholars to stay in medicine or public health. It's why I'm taking on so much – the Channings of the world remind us to take advantage of these opportunities."

"If you have come to help me, then you can go home again. But if you see my struggle as a part of your own survival, then perhaps we can work together."

--an Australian Aborigine woman

IN LOVING MEMORY OF THOSE  
WE HAVE SERVED



DC NEEDLE  
EXCHANGE  
PROGRAM

JOSEPH'S  
HOUSE

FOOD &  
FRIENDS

WASHINGTON  
HOME & HOSPICE

WASHINGTON  
AIDS  
PARTNERSHIP



METRO  
TEEN AIDS

HIV COMMUNITY  
COALITION

MIRIAM'S HOUSE

made by the 1996-97 National AIDS Fund  
DC AmeriCorps team

1996 AmeriCorps  
placement sites  
quilt panel

Channing had a gift in being able to pick not just the brightest minds, but young people that just had an incredible heart for this work. IT WASN'T EASY WHAT HE WAS ASKING THEM TO DO.

One example I remember is the AmeriCorps members who worked at Joseph's House. These were young people straight out of college who were sitting at the bedside of clients who didn't have any family members. In some cases, they were experiencing homelessness and they were there with them, providing that care and comfort while they were dying. ▽ ▽

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HOSANNA ASFAW-MEANS  
former director, Community Health, Blue Cross Blue Shield

THE RELATIONSHIPS  
created among funders  
still exist today.

— CHAPTER 5

— **PHILANTHROPY CAN USE ITS LEVERAGE  
TO FOSTER COLLABORATION**





It is an important part of the story that the Partnership is rooted in philanthropy and was housed at the Washington Regional Association of Grantmakers (now Philanthropy DMV) after being incubated at the Meyer Foundation. Part of its legacy is the creation of long-standing relationships and trust among local funders, community members, government officials, people living with HIV and AIDS, people from the religious community, service providers and countless others.

Its regular convenings, shared learning and constant, steady presence has brought the region's leaders and residents together, creating space for honest conversations and building unbreakable bonds that will last in perpetuity.

The Washington AIDS Partnership funded organizations and programs that advanced how the region responded to the HIV epidemic. It supported innovative strategies that are now best practices in the field. With Partnership funding, there are many more organizations providing comprehensive care and supportive services than when the epidemic started. It invested in people who were from and deeply knew their communities, understanding the importance of

cultural competency and community expertise before this was a common funding practice.

The Partnership's approach shifted how local funders tackle pressing issues and how they work together, enabling a more holistic approach. Moving forward, these lessons can be applied elsewhere – from addressing structural racism, to creating affordable housing, or improving food security.



2018  
AmeriCorps  
members

Channing stayed on top of where HIV was and where it was going. He is always following the needs in the field. HE CREATED AND REPLICATED THE PUBLIC-PRIVATE PARTNERSHIP MODEL, was an early adopter and funder of PrEP for Women, and prevention for women of color. The Partnership funds where the need is and is always one of the first to move into a new space. ▽

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SARAH HAMILTON

director of operations, Funders Concerned About AIDS

The Partnership's ability to read what was coming down the line and be flexible and entrepreneurial – from grantmaking, to direct services, to policy work, to syringe exchange, to harm reduction, to holding funds that would otherwise have gone back to the federal government is why it thrived for 35 years. THE ORGANIZATION CHANGED AS IT NEEDED TO CHANGE OVER TIME TO WHERE THE DISEASE WAS MOVING. ▽

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MARDELL MOFFETT

executive director, Morris & Gwendolyn Cafritz Foundation,  
final chair, Washington AIDS Partnership Steering Committee

We created a mechanism where together community and philanthropy and people with HIV were all together in a room and could talk through proposals and make the right decisions on where that money should go. We created a place where THERE WAS EXPERTISE THAT DID NOT EXIST IN INDIVIDUAL FOUNDATIONS. ▾

CHANNING WICKHAM  
executive director, Washington AIDS Partnership

Funders Concerned About AIDS came together in 1987 to push a broader philanthropic response to HIV and AIDS. Channing Wickham served as a board member from 2009 to 2023 and board chair from 2016 to 2022. His role created national visibility for the Partnership's innovative efforts and helped many become national models and standards of care.



2003  
AmeriCorps  
members

Here is one letter  
of **HUNDREDS** that  
the Partnership  
received in response  
to its closing:

September 20, 2023

Dear Channing,

I wish to convey a deep thanks to you and others involved with the Washington AIDS partnership.

You and Washington AIDS partnership took a risk in 1994 to fund a group of people living with HIV who wanted to improve DC-area services. Through your commitment and support, HIV Community Coalition of Metropolitan DC (HCC) was born.

In HCC's first year, we raised other funds, yet WAP funding was the only reliable source. After 2 1/2 years, HCC grew to 400-plus living with HIV members, 9 full and 3 part-time staff and more than \$400,000 in secure funding. WAP continued to support us and was willing to invest in "risky" projects such as prison outreach ("Blindfaith" group), "Addicts Helping Addicts" and "Project Empower," which was for a primary and secondary prevention, a novel concept in those years.

Channing, thank you and WAP for taking risks that others did not.

I took what I learned from HCC to an international community of women living with HIV to build support and advocacy for women in numerous countries worldwide, including Africa, Asia, Eastern Europe and Latin America and the Caribbean.

Channing, do you know the work I was exposed to by you and others on the Ryan White Planning Council and the Prevention Planning Committee directly influenced the Global Fund to create the Country Coordinating Mechanisms that are all over the world and a requirement in order to receive Global Fund money?

Thank you for believing that individuals have the ability to make a difference to improve others' lives.

It is wonderful that you and WAP have done so much work that you have put yourself out of business - a goal that all of us should have!!! Though WAP offices will be closed, I want you to know that your efforts will continue to grow and make an impact in DC and worldwide.

With deep thanks and the fondest memories,

Philippa Lawson Celmer

## FUNDERS

The Washington AIDS Partnership began its work in 1988 with the support of 20 local funders. Decades later, the Washington AIDS Partnership was made possible by the

continued and generous support of national and local philanthropic partners and individual donors. In addition to individual and anonymous donors, funders include:

Aetna Life & Casualty, Inc.	Fabrangen Tzadakah Collective	MAC AIDS Fund	Serve DC – D.C. Mayor’s Office on Volunteerism
AIDS United	Fannie Mae Foundation	Magic Johnson Foundation	Smith-Evans Foundation
AmeriHealth	Freddie Mac Foundation	Moriah Fund	TEGNA Foundation
Bernstein Family Foundation	Freed Foundation	Morningstar Foundation	The Names Project Chapter of the National Capital Area
Bristol Myers Squibb	Gannett Foundation	Morris & Gwendolyn Cafritz Foundation	Venable Foundation
CareFirst	Glen Eagles Foundation	Naomi & Nehemiah Cohen Foundation	ViiV Healthcare
BlueCross BlueShield	Gilead Sciences, Inc.	Open Society Foundations	Washington Forrest Foundation
Consumer Health Foundation (now: if Foundation)	Greater Washington Community Foundation	Paul & Annetta Himmelfarb Foundation	Weissberg Foundation
Corina Higginson Trust	Hattie M. Strong Foundation	Pettus Crowe Foundation	Wells Fargo – Wachovia
DIFFA – D.C.	International Monetary Fund	Philip L. Graham Fund	Woodbury Fund
Elton John AIDS Foundation	Johnson & Johnson	Prince Charitable Trusts	World Bank Group
England Family Foundation	Kaiser Permanente	Queene Ferry Coonley Foundation	
Meyer Foundation			

# GRANTEES

1988—2023

ACLU	Center for Multicultural Human Services	Consortium for Child Welfare	Ethiopian Community Development Council
Advocates for Youth	Center for Youth Services	Damien Ministries	Everyday Theater Youth Ensemble
AIDS Action Foundation	Chapel in the Woods	Dance Exchange	EVS Communications
AIDS United	Children's National Medical Center	DC Abortion Fund	Family and Medical Counseling Service
American Bar Association	Children's Research Institute	DC Appleseed Center for Law and Justice	Family Therapy Practice Center
American Red Cross	Church Association for Community Service	DC Assembly on School Health Care	Food & Friends
Answer – Center for Applied Psychology	City Lights School	DC Exchange	Fredericksburg Area HIV/AIDS Support Services
Art Against AIDS/AmFAR	Community Connections	DC HIV/AIDS Housing Planning Council	Friends Meeting of Washington
Asian and Pacific Islander Partnership for Health	Community Education Group	DC Needle Exchange	Gala Hispanic Theater
Athletes United for Social Justice	Community Family Life Services	DC Prisoners' Legal Services Project	Gay and Lesbian Community Center of Washington, D.C.
Black Women's Health Council	Community Medical Care	DC Women's Council on AIDS	Gente Latina de Ambiente
BLM-DC	Community Ministry of Montgomery County	Deafpride	Georgetown University
Building Futures: Family AIDS Housing	Community of Hope	Dennis Avenue Health Center	Greater Baden Medical Services
Calvary Healthcare	Community Services Agency of Metropolitan Washington AFL-CIO	District of Columbia Hospital Association	Greater Washington Community Foundation
Campagna Center		District of Columbia Primary Care Association	
Carl Vogel Center		Durrin Films	
CASA of Maryland		El Centro Rosemount	
		Episcopal Caring Response to AIDS	

GRANTEES  
CONTINUED ▶

**GRANTEES 1988—2023**  
**CONTINUED**

Gum Springs Community Development Corporation	Inova Health System	Marshall Heights Community Development Organization	Pediatric AIDS/HIV Care	Supporting and Mentoring Youth Advocates and Leaders	Visiting Nurse Home Care
Health Care for the Homeless	Institute for Public Health Innovation	Mary's Center	Planned Parenthood of Metropolitan Washington	Technology Works for Good	Wanda Alston Foundation
Health Education Resource Organization	Inter-City Community AIDS Network	Mary's House	Prevension	Tenants' and Workers' Support Committee	Washington Area Council on Alcoholism and Drug Abuse
Heart to Hand	Interfaith Conference of Metropolitan Washington	Medstar Georgetown University Hospital	Prevention Works!	Terrific, Inc.	Washington Conference Branch of the AME Church
Heaven In View	Jewish Social Service Agency	Metro TeenAIDS	Prince William Interfaith Volunteer Caregivers	The Empower Program	Washington Free Clinic
HIPS	Joseph's House	Metropolitan AME Church	Reaching Inside For Self-Esteem	The Positive Alliance	Washington Home & Hospice
Hispanic AIDS Consortium	Kenilworth Parkside Resident Management	Metropolitan Police Boys and Girls Clubs, D.C.	Residing in Group Housing Together	The Positive Woman	Washington Urban League
HIV Community Coalition	Korean Community Services Center of Greater Washington	Miriam's House	Safe Haven Outreach Ministry	The Potomac Residence Club	Washington Urban League
HIV Prevention Project for the Homeless	La Clinica del Pueblo	Montgomery Hospice Society	Salud	The Theatre Group for the Mentally Handicapped	Wendt Center for Loss and Healing
Homemaker Health Aide	Latin American Youth Center	Mosaica	San Quentin Drama Workshop/ All Souls Church	The Women's Collective	Whitman-Walker Health
Hope Housing	Legal Services of Northern Virginia	N Street Village	Sasha Bruce Youthwork	The Young Women's Project	Who Speaks for Me
Hopkins House Association	Lifelink	Names Project of the National Capital Area	Second Genesis	Union Temple Baptist Church	Youth Positive
Hospice of Northern Virginia	Living Stage/ Arena Stage	New Day Wellness Coalition for Southern Maryland	Sisters of the Good Shepard	Us Helping Us, People Into Living, Inc.	Youth Resources Center
Identity	Love and Action	No Justice No Pride	So Others Might Eat	Virginia Organizations Responding to AIDS	
IMPACT-DC	Mamatoto Village	Northern Virginia AIDS Ministry	Southern Area Youth Services	Visiting Nurse Association of Washington, D.C.	
Indochinese Community Center		Our Place DC			



**REALTALKDC**  
a program of  **WHITMAN-WALKER HEALTH**



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[www.whitman-walker.org](http://www.whitman-walker.org)

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**FREE HIV TESTING**

**FREE HIV TESTING**



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