

Twenty years ago HIV was an issue primarily of urban concern. When reality hit Vermont's "urban" center, a community-based, grassroots organization was formed. Vermont CARES, which now serves ten of Vermont's fourteen counties, was started not far from Burlington's one gay bar.

Recently Vermont CARES Executive Director David Hooks moved on to pursue other career opportunities. The Board of Directors has named a new Executive Director, Kendall Farrell, to the position. I had the opportunity to interview Kendall at her new desk.

Rob Larabee: Hello Kendall, and welcome to your new position.

Kendall Farrell: Hi Rob, and thanks for meeting with me.

RL: How long have you been in the Burlington area?

KF: I moved to Vermont in 1996 from Boston where I had been working in direct service with people living with HIV/AIDS. Most of my experience up to that point was in hospice care and case management.

RL: How long you have been with Vermont Care's?

KF: It is sort of a running joke at CARES ... I applied for a couple of different jobs at Vermont CARES before I was hired in 1997. When I moved here in 1996 I began volunteering at CARES using my hospice experience and provided support to a gentleman living with HIV. I was ultimately looking for a job at an ASO [AIDS Service Organization] and was determined to get involved whether it was volunteer work or otherwise. The HIV providers community is fairly small in Vermont, and there are a limited number of organizations. In this area Vermont CARES was the only option available.

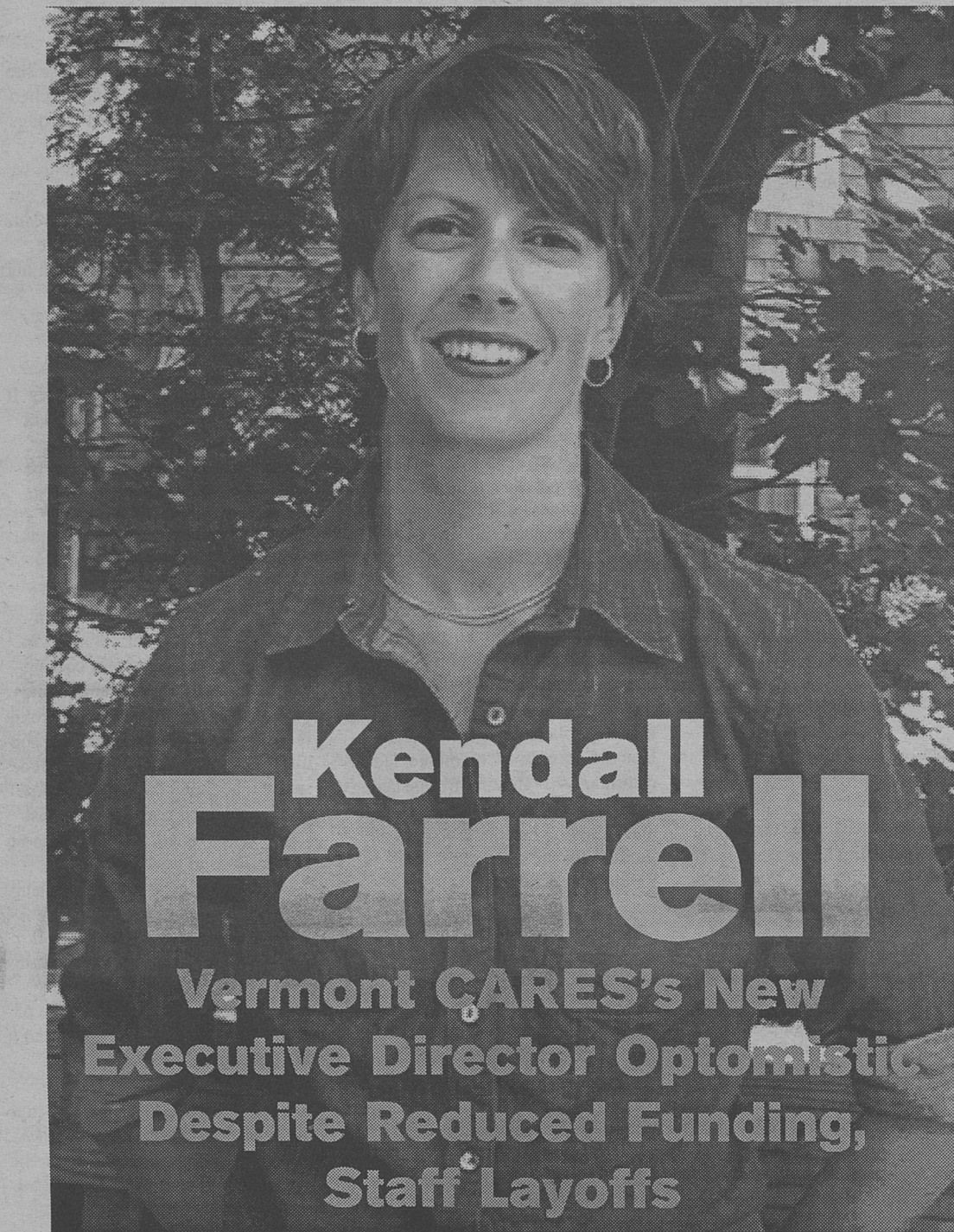
I stuck it out for a year or so, and I was hired in 1997. Initially I was hired to help develop 600 Dalton Drive, Vermont's only residential facility for people living with HIV and provide services to the residents. From there I became the Team Coordinator and later the Program Director for Services before switching gears to Special Events Fundraising more recently.

RL: Tell us a little something about yourself, about your educational and family background.

KF: I graduated from William Smith College in 1992 with a degree in Sociology and an Independent Study in HIV/AIDS. From there I moved back to Boston, where my family still lives, until moving to Vermont. I live in Burlington with my husband Chad and our 12-year-old golden retriever, Dakota.

RL: There have been several Executive Directors prior to you. Do you have any plans for major changes?

KF: Over the past couple of years Vermont CARES has been through several transitions. While these



interview by rob larabee

changes have provided opportunities for growth for CARES, I hope to build off the foundation of programming and provide stability to the agency as a whole. I think what is important now is to focus on our prevention and services efforts, which are at the core of our mission and build on the partnerships that we have developed throughout the communities of Vermont with people affected by HIV/AIDS.

RL: Each year funding for services has changed from both the state and federal Ryan White dollars. This year is no exception as all state agencies have had drastic cuts. Can you talk a little about the changes that have affected services and VT CARES's ability to deliver services to people living with HIV/AIDS in your areas?

KF: Vermont CARES has been greatly affected by both inconsistencies and reductions in funding both on state and federal levels as well as through private foundation grants and

general donations. Recently we were in a position where we needed to revisit our budget, to take a look at Vermont CARES structure and really determine what we can and cannot afford when it comes to programming. As a result Vermont CARES made the difficult decision to restructure our staffing from a 21-member team to 14. We are optimistic that the changes will continue to have a minimal impact on the direct services that we provide to people living with and affected by HIV/AIDS. The changes will require the staff to reorganize internally and develop creative ways that Vermont CARES can more efficiently carry out our mission.

One of the greatest challenges that we are currently facing is our goal to reach 10 out of the 14 counties with prevention and services. Not only is this a large area geographically but each region of the state of Vermont faces its own set of very unique challenges and barriers to services. Quite simply it takes a considerable amount of funding to

support the programs that Vermont CARES is committed to providing throughout the communities of Vermont. As a result we depend largely on donations from these communities in addition to a diverse group of public and private funding sources to continue to support the work that we do. At this point in time our main focus is to stay alert to the changes in funding streams and the impact this has on CARES; ultimately our goal is to have a balance of diverse funding sources so that these inevitable fluctuations in funding will have less of an impact on the agency as a whole.

RL: Vermont CARES covers most of the state. How many HIV-positive individuals at any given time might you be serving?

KF: Vermont CARES provides services to close to 150 people living with HIV/AIDS. We also provide prevention outreach and education to thousands of Vermonters at risk of

HIV infection.

RL: Since you have held a position in the case management services area of VT CARES you must know many of the HIV-positive individuals. What effect do you feel this will have on your style of management?

KF: I believe that my experience working with people living with HIV/AIDS will help to provide additional opportunities to build on existing partnerships in the community. My approach to the work that CARES does is very matter-of-fact. Vermont CARES has a certain level of experience in the work that we are doing but by no means is this the end-all-be-all. CARES relies heavily on working in partnership with people affected by HIV/AIDS to incorporate feedback into the work that we do.

My goal is to improve the lines of communication among the HIV community to work toward accessible and relevant prevention efforts and services to people affected by HIV/AIDS. Vermont CARES relies on these partnerships in order to accomplish our mission. These relationships are essential for us to receive feedback on our programming, identify our strengths and challenges and pinpoint gaps in services.

RL: I know there are many questions we could ask but is there anything you would like to say at this time?

KF: Over the past 16 years Vermont CARES has made every effort to evolve with the changes in the AIDS epidemic. Our ultimate goal is to break down the barriers that keep people from accessing services and ultimately provide services that are relevant to as many individuals as possible.

A common perception is that AIDS is a gay disease. While AIDS affects a growing number of populations, Vermont statistics do show that HIV/AIDS still largely affects gay men. Vermont CARES has faced the challenge of providing services that are "queer friendly" while at the same time not alienating other populations who are also in need of services.

There is an on-going effort to continue to raise awareness of the issue of HIV/AIDS throughout Vermont. AIDS is not over! Vermont CARES' biggest challenges are to provide relevant prevention to those at risk while continuing to integrate the diverse communities affected by the virus and provide accessible services.

RL: On behalf of the HIV-positive community and the Vermont People with AIDS Coalition, I would like to welcome you to your new post at Vermont CARES.

KF: Thanks, I look forward to working together to increase awareness of HIV/AIDS, provide services to those in need and ultimately prevent the spread of HIV in Vermont. ▼

Rob Larabee is a Consumer Advocate with the Vermont People with AIDS Coalition and lives in the Northeast Kingdom.