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HIV Grants

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"One thing we have to take into consideration with the numbers is that they are cumulative numbers, and they represent individuals," said Kleier. "MSM were impacted disproportionately in the early part of the epidemic. I think you have to look at recent trends."

In an article published in the December 3, 2004 issue of *Morbidity and Mortality Weekly Report*, the CDC reports an 11 percent increase in MSM AIDS cases from 2001 to 2003.

According to the "Epidemiologic Profile for HIV/AIDS Prevention and Care Planning in Vermont" released by VDH in April 2004, two-thirds of new AIDS diagnoses (31 cases) between 2000 and 2002 were among men who have sex with men.

"White men who reported having had sex with men continue to be the group most affected by the epidemic in Vermont," the report states.

The report also states, "The proportion of cases attributed to injection drug use has declined." Only 6 percent of new AIDS diagnoses (fewer than three cases) between 2000 and 2002 were among injection drug users.

In spite of these data, the percentage of funds directed towards programs serving gay and bisexual men fell from 37 percent in 1997 to 31 percent in 2004 while the percentage of funds for injection drug users rose from 22 percent in 1997 to 39 percent in 2004.

VDH's preference for serving injection drug users coupled with a decrease in overall available funds has meant fewer and fewer dollars available for prevention services targeting gay and bisexual men.

The loss of HIV prevention funding to support the Upper Valley Men's Project also means a further erosion of infrastructure for delivering HIV prevention and other gay men's health services to men in Vermont.

The hardest part about the way the funding was allocated is that there were so few MSM programs that were able to apply, so there are going to be gaps all over the state,"

said R.U.1.2? Executive Director Christopher Kauffman. "The organizational infrastructure isn't there."

"But ACoRN did apply to serve two counties and they [VDH] knowingly zero-funded [us]," said ACoRN's Mock.

Kleier countered that the real issue was that ACoRN's proposal to expand a program VDH was currently funding just wasn't good enough.

"Some of the general concerns we had from the Health Department's perspective is that they had to successfully propose a model,

er's note states that the director violates the confidentiality of their clients. Another note states that while the Harm Reduction Coalition clearly understands prevention case management, "It isn't clear that they really do it the way it should be done."

The Vermont Harm Reduction Coalition applied for \$65,000 to reach 36 individuals. VDH awarded them a grant of \$69,000 to reach 25 individuals.

"There was an element of clinical supervision involved in this work that needed to be strengthened," explained Kleier. "We felt like the four thousand dollars that we awarded extra would go very far in insuring a strong infrastructure for them over the next three years."

The funding allocation

VDH's preference for serving injection drug users coupled with a decrease in overall available funds has meant fewer dollars for prevention services targeting gay and bisexual men.

tie it in together with the behavioral theory, and show how it would be put into practical application," said Kleier. ACoRN did not address these concerns to the satisfaction of VDH.

But other organizations whose applications also had serious flaws did receive funding. For example, internal and external reviews of the Vermont Harm Reduction Coalition's application cited a range of problems with that organization's proposal: a lack of clarity on how many people the program would reach and how services would be evaluated, an incomplete timeline, no accounting for supervision of case managers, and a staffing plan that is not sustainable. One review-

process was "one of the more comprehensive processes that has ever been utilized for awarding any HIV grants here in the state of Vermont," said Kleier.

New grants will not be available until 2008. Meanwhile, gay and bisexual men should not expect VDH to begin addressing their needs anytime soon. According to Klier, should new funds become available, they will be directed toward other communities. ▼

Ric Kasini Kadour is a men's health activist who splits his time between Shoreham, Vermont and Montreal, Canada.