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FIRST PERSON

VT CARES: The Cost and Benefits of Freedom and Integrity

By DONALD BONIFACE

ermont CARES, our AIDS Service Organization (ASO) for most of the state of Vermont, has an ambitious mission statement to be carried out by 11 employees and a crew of 25 volunteers: "to improve the quality of life, create compassionate communities, and prevent the spread of HIV by working with people affected by HIV/AIDS as catalysts for social and individual change."

Another official goal of the organization, one that I can more easily envision is to witness the day HIV is conquered, when Vermont CARES' services will no longer be needed: the day that the desks are cleared, the door is locked and everyone goes home for the last time. This aspiration nourishes a great hope that I've held since the pandemic began.

I was living in the thick of HIV/AIDS in New York City in the late 1970s and early 1980s, a close witness to the early decimation of the gay population there. The media's reporting was timid, infrequent, and often colored with prejudice. The federal government simply turned a blind eye. Leadership, direction, and HIV/AIDS education arose from out of the community itself.

Gay Men's Health Crisis in New York surfaced as the first grassroots ASO, serving as the model for future ASOs as the pandemic spread. Primarily funded through private donations, GMHC proposed the concept and the urgency of safer sex and broadcast the message.

"Silence = Death" became the mantra for the activist movement, a slogan that was meant to

shame the government and the media for their catastrophic neglect that allowed HIV to thrive and spread, unannounced and unchecked.

In 1984, I moved to Los Angeles. It was there the following year that my HIV-positive status was disclosed to me. I became a client of AIDS Project Los Angeles, the first of six ASOs that I would eventually access for services as I moved to different places over the two vaccine, community outreach and prevention education still remain today our best hope for putting an end to AIDS.

In 2004, the Centers for Disease Control and Prevention (CDC), one of the major funding sources for most ASOs in America, stipulated that future grantees would have to comply with restrictions on the degrees of explicitness that could be used in HIV/AIDS prevention education and literature. The

had the courage of conviction to stand on its own.

This past year has been difficult for the Vermont CARES team, as it has gone through many necessary changes resulting from their chosen autonomy. Three administrative positions were cut. With the juggling of responsibilities among staff members, individual workloads increased significantly, requiring everyone to work more than forty hours per week.

circumstances today suggest an eerie leaning backward toward a pattern in our past when our government retreated in casual denial, and private funds buttered the breads of truth and wisdom, delivering vital sustenance through the early days and years of the HIV/AIDS crisis. Comfort comes from knowing that the staff of Vermont CARES is preparing today for their secured future with the development of a positive new

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decades that followed. Among these services were psychological counseling, support groups, financial assistance and administrative help in dealing with the difficult bureaucracies. But for me, one of the most important benefits derived from the ASOs has been their opportunities to offer my volunteer services in return, connecting me back to the community as a valuable asset in HIV/AIDS education and prevention.

Both the face of AIDS and foci of the ASOs have changed in recent years. Symptomatic people with AIDS-related illnesses are living longer, while their needs for services and support don't diminish. Nor have the community's needs for prevention education and HIV testing diminished, and offering these community services is by far the larger part of Vermont CARES's work.

One enduring truth surfaced in the early days of the epidemic: AIDS is preventable. In the absence of the ever-elusive curative silver bullet and a viable CDC also directed that AIDS education be mostly provided for people who were already known to be infected.

For many reasons, these restrictions were unacceptable: for one in particular, it is estimated that 50 percent of the people living with the virus in this country have yet to be identified. With conscious focus on and adherence to their mission statement, which, I remind you, proposes serving everyone in the community, the Vermont CARES board of directors decided to move ahead through the ensuing three-year grant cycle without the CDC money, nearly \$300,000 in total, and without the limitations attached to the acceptance of the money, but with the freedom to continue teaching prevention methods that were proven to be most effective and appropriate in our communi-

I could not have been more proud of the board for their vision and probity. To our knowledge, Vermont CARES is the only ASO in the nation that

The programs that Vermont CARES offers have also been affected in line with the reduction in available funds. Despite last year's budget cuts, prevention programs experienced increases in the numbers of clients who were served. New rapid testing was introduced with test results available in about 20 minutes, and more people were tested in 2005 than in past years. Less money was available for community education but more important, the organization is free to deliver the uncensored messages of these programs in ways that make most sense for a healthier Vermont. A loss in the number of volunteers in the Peer Outreach Program required the refocusing of the program's attention to highest-risk clients. In the midst of all this, Vermont CARES raised \$27,000 in new donations, and a program was launched with privately raised funds to distribute safe syringes throughout the North East Kingdom.

I can't help noting here how

philosophy. While keeping their focus on their mission statement and the right thing to do as a service-providing team, their new philosophy suggests how to continue to provide service with integrity, regardless of unsure and changing outside pressures. One way for them to still be around for the end of AIDS is to learn to ask more for what they need. Their crucial work in our community for nearly 20 years renders them most deserving.

So while they're going through this learning process and, hopefully, you're still aglow with the holiday spirit, why not pick up the phone and call Vermont CARES, perhaps to find out how you might be able to help, or maybe just to thank them for all they've done and continue to do in the community? Everyone needs strokes, especially during difficult times. Call 802 863-2437 or 1-800 649-2437. For this, I thank you in advance.

Don Boniface is a Vermont CARES client and volunteer.

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