

## Budget Cuts Threaten State AIDS Funding

A change in the federal formula allocating AIDS/HIV prevention and education money to the states may mean a 65% reduction in the amount of money available for AIDS education in Vermont.

In addition to directly affecting the activities of the state Health Department's AIDS program, the cuts would also mean that money would no longer be available for community-based organizations which provide outreach to gay and bisexual men, IV drug users, and others at risk for HIV.

"The ultimate price Vermonters will have to pay for this congressional blunder is the loss of Vermonters' lives," said Lauren Corbett, Executive Director of Vermont C.A.R.E.S. Noting that if the cuts go through "...there will be no AIDS prevention education in Vermont next year," Corbett reminded policy-makers that "the expense of risk reduction education is far outweighed by the costs of providing

medical and social care to persons infected with HIV/AIDS."

The Vt. Department of Health was first told of possible cuts in July at a Centers for Disease Control meeting in Atlanta. If implemented, federal prevention money given to Vermont would drop from \$577,639 in 1990 to \$200,000 in 1991.

The change reflects a formula passed by Congress in 1988 which directs money to states based on population and number of AIDS cases. The implementation of the Health Omnibus Programs Extension (HOPE) Act will result in 36 states losing AIDS prevention funds from the previous year. Vermont loses a higher percentage of funds than all but three other states.

Deborah Kutzko, AIDS program manager for the Department of Health, noted that it is "somewhat ironic" that prevention funds are being taken away from states with few cases "where prevention

can still do some good." She added that "these cuts would have a devastating effect on our programs." If implemented, five positions would be cut from the AIDS program, contracts with community organizations would end, and the Department's public education campaigns and speakers would disappear.

The cuts will be felt more strongly in Vermont than most other states, as Vermont is one of only five states which allocate no state funds for AIDS education, prevention, or services. All AIDS education to date has been financed by federal or private funds, and it is unlikely that state funds will be provided in the near future.

The \$200,000 would be shared between the Department of Health for public education and the Department of Education for school-based AIDS education. Some in the AIDS field have expressed concern that combining school and

public education funds will force political competition between programs to educate school children and programs targeted at adults, especially those for gay men, needle-users, and sexually active heterosexuals.

Senators Patrick Leahy and James Jeffords have pledged to fight to restore the funding cuts during the Congressional budget process this fall. If enacted, the new formula takes effect on January 1, 1991.

## Coming Out in the Age of AIDS

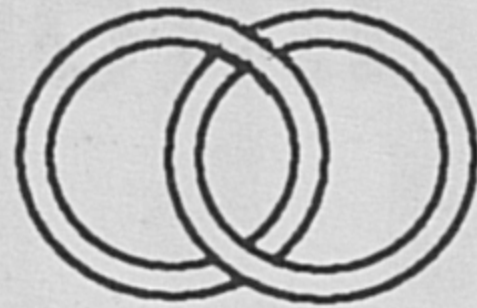
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Coming out to family and friends is also influenced by AIDS. There are far too many horror stories of families who forced their gay children to eat from paper plates during visits, who recoil in fear of infection, who lack the understanding needed to separate gayness from AIDS. It seems that when gay people come out to someone, they need to be prepared not just to present their own identity honestly, but to take on responsibility for educating others about AIDS. There is sometimes a good outcome to all this, even after a rocky beginning: one gay man reports that his mother, who never before talked about his gayness, started telling him to "be careful" and included a box of condoms in his Christmas stocking.

All too often, the decision to come out to someone may be forced by the news of an AIDS or HIV+ diagnosis and involve disclosing two difficult pieces of information simultaneously. For some families, this may be too much, while others respond supportively to the news. Coming out both as gay and with HIV can be traumatic, to be sure, but it also offers a chance to re-establish honesty in family and social relationships that might have previously been strained by lack of real communication.

Just as before, every person coming out is bound to do it at his or her own pace, a crazy path of alternating little baby steps and huge leaps. AIDS influences that path, but what remains most important is to remember that the choices remain ours. Key to those choices are becoming educated ourselves, educating those around us, and treating ourselves and those in our community with the understanding, patience, and caring that has always been needed in the process. Those are the things that AIDS doesn't change; it simply makes the need for them even greater.

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