

## The State of AIDS: An interview with David Curtis

Mathew Viens

**BURLINGTON** -- Earlier this year, former Vermont defender general and recent Chair of the Board of Directors of Vermont CARES David Curtis testified in front of the U.S. Senate Labor and Human Resources Committee in Washington, D.C., urging its members to increase funding for AIDS services in rural states like Vermont. "Increasing the minimum Ryan White CARE Act grant to rural states would have a positive impact on Vermont and lives of Vermonters living with HIV/AIDS," Curtis wrote in a statement submitted to the committee. Recently, *OITM* had the opportunity to talk with him about his testimony, being HIV+ in Vermont, and the state of AIDS.

**OITM:** In February you testified in front of the U.S. Senate's Committee on Labor and Human Resources in regard to the Ryan White Care Act, a federal program which provides states with funds for HIV/AIDS patients. How did that opportunity present itself to you?

**Curtis:** Senator Jeffords called one afternoon and indicated that he was looking for someone from Vermont who had AIDS, who had been diagnosed with AIDS, and who would be willing and able to come to Washington and testify as to issues surrounding the provision of services to people with AIDS in rural areas.

**OITM:** What are funds from the Ryan White Care Act used for?

**Curtis:** The Ryan White Act is the primary federal funding for services. It provides some other things, but not research and education, those areas are dealt with elsewhere.

**OITM:** Given the conservative shift in Congress did you feel that the committee would be less receptive of your testimony?

**Curtis:** Well I had a concern politically as to how receptive the committee would be toward increasing funding for the program. The reality also was frankly that if I were appearing in front of a House committee on this issue I would have felt somewhat more uncomfortable. The senators were very gracious.

**OITM:** So, you didn't feel that the Republicans treated you any differently than the Democrats did?

**Curtis:** Oh no. First of all, Jim Jeffords is a friend of mine, so I wasn't concerned about that. I think Senator Kassebaum has indicated that she certainly supports the Ryan White Act and the purposes behind it. And so the two ranking Republicans on the committee certainly were supportive. That was pretty clear.

**OITM:** In your testimony you spoke about rural states having unique problems in dealing with the treatment of people living with HIV/AIDS. Could you elaborate on these problems?

**Curtis:** Sure, things will improve in Vermont because the comprehensive care clinic here at Fletcher Allen Health Care has received a grant from the Ryan White Fund to open up satellite clinics in Rutland, Brattleboro, and St. Johnsbury. The fact is, however, in terms of medical care, that people have to drive an hour or two hours to get their medical care. It's also a problem in terms of providing case management services, for us at Vermont CARES, for example, because people remain in more rural areas. If you are living up in Swanton, it's a drive to come to Burlington to get case management services, assistance from Vermont CARES, or whatever other services you may need. Another problem, which I think has always been true in rural areas, is preserving the anonymity and confidentiality of our clients and people with AIDS. We have had a number of examples of people who have been subject to harassment, violence, and threats of violence because their AIDS/HIV status became a matter of public knowledge in a small town, small community. And that's a problem.

**OITM:** Would you say that a state like Vermont, with a rural nature and a relatively low number of HIV/AIDS cases, is disadvantaged more because it receives fewer dollars per person or because it is simply harder to provide services to a diffused population?

**Curtis:** Both. The problem with the original Ryan White allocation formula was that it was based upon the total number of reported cases of AIDS in each area ... It didn't matter whether those people were still living with AIDS, but they were still counted toward the allocation. In some situations, all of those cases were counted twice. So metropolitan areas such as San Francisco and New York were comparatively receiving substantially greater funds than a state like Vermont, and we received the minimum of a hundred thousand dollars ... We're not able to provide many of the services to people that they would get in the urban areas because we can't operate on the same economic scale.

**OITM:** Has that process remained the same?

**Curtis:** It has remained the same each year. The proposal from the committee now will be increased to two hundred and fifty thousand dollars ... which will help.

**OITM:** How do you feel this situation in Vermont you described can be remedied, through more money, more clinics around the state?

**Curtis:** I think that from a medical standpoint that the proposal that Dr. Grace has with the Comprehensive Care Clinic and the setting up of various satellite facilities around the state will make a big difference. It will help in terms of educating physicians. What the satellite clinics will enable Dr. Grace and the people at Fletcher Allen is to do that kind of education in basic stuff ... and make care more readily available, in terms of medical care. In terms of case management, the various AIDS service organizations like Vermont CARES and the other ones around the state have to be continuously vigorous in our efforts to provide services. The face of HIV and AIDS in Vermont is changing much as it has throughout the country. We're finding in the Comprehensive Care Clinic that there is a significant increase in HIV infection among IV drug users. That's a change from what it was ten years ago. Ten years ago, in terms of providing services, it was easy for Vermont CARES, which at that time was the only AIDS service organization in the state, to be a group of gay, lesbian, and bisexual people who came together to provide services for people with AIDS, all of whom were gay. Today, that is no longer the case, and we all have to reach out to those other people.

**OITM:** Do you believe that Vermonters are generally understanding and tolerant of people with HIV/AIDS?

**Curtis:** Well, the answer to that is yes and no. I think officially, clearly Vermont is understanding, tolerant, and supportive of people with HIV and AIDS. Early on in the course of the epidemic, we were fortunate that the legislature passed the anti-discrimination legislation specifically directed toward HIV infection, and other protection for people with HIV. From a social standpoint I think that Vermonters probably, much like everywhere else, if they are touched by the virus in some way, once they know someone who is HIV positive or has AIDS it affects them more. And I think that most people will respond in a supportive and positive manner. There are certainly those out there who will not. Those are the people we will have to educate.

**OITM:** Personally, as a gay man and a person with AIDS, do you feel that Vermont provides a comfortable environment, socially and medically, and do you believe that your experiences have been representative of others with HIV/AIDS?

**Curtis:** No, I don't believe that my experiences have been representative generally of people with HIV/AIDS. I've seen too many people in my office, professionally, who have been subjected to discrimination, who have lost their jobs, who have not had adequate health insurance ... I know that the problem of homelessness is significant for many people with AIDS/HIV in Vermont. I am very fortunate, as I have said on more and more occasions. I have love and support, good income, I am able to support myself and live comfortably, and I have a supportive environment here at my office ... and I've had no threats of harassment.

**OITM:** Would you say that Vermont is unique in regard to its degree of toleration?

**Curtis:** We are so much more fortunate than people feel in Montana, for example. Where, as you know, ... the senate has passed a bill requiring registration of anyone convicted of any sexual offense involving homosexuality. Homosexual activity is still a crime in Montana and if you were convicted of sodomy you would have to register as a sex offender. Or in Colorado where the majority of the state votes to pass the constitutional amendment barring municipalities from passing a gay rights bill. We have not yet had to deal with that, and hopefully we will not have to. I think we are fortunate. But of course that is not to say that homophobia is not a problem in Vermont. It certainly is, has been, and will continue to be.

*The United States Senate reauthorized funding for the Ryan White CARE Act on July 27th. The vote was 97-3, with only Republican Senators Jesse Helms of North Carolina, Robert Smith of New Hampshire, and John Kyl of Arizona opposed. In this Senate bill, Vermont is allocated \$250,000 for the next fiscal year, up dramatically from the \$104,000 allocation received this year. This reflects a change in allocation strategy designed to better address the needs of rural America. On September 18th, the United States House of Representatives passed its version of the Ryan White CARE Act reauthorization by unanimous voice vote. ▼*

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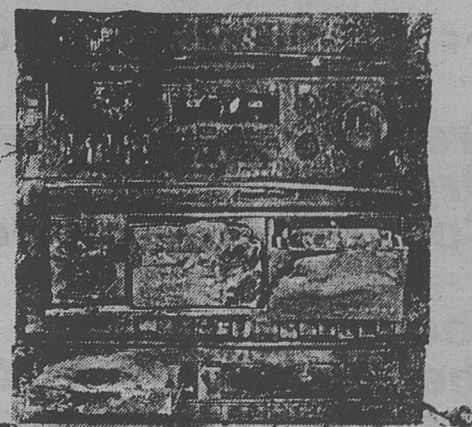
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