



THE CENTRAL VIRGINIA VOICE

Central Virginia HIV CARE Consortium

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“As I View It” ~ Perspectives From the Past and Challenges Ahead”

I support maximum funding for homeland security provided that the administration carefully examines reports of abuse and utilization of federal funding. I applaud the decision to support the Global AIDS Trust especially since the lions share is earmarked for poor third world nations inhabited by persons of color. I admired the action undertaken by the Congressional Black Caucus to argue for legislation that created the Minority AIDS Initiative.

For five years, funding increases to communities of color to enhance prevention education, medical and support services and the inclusion of minorities in research protocols. Many of these organizations are no longer providing these services. Perhaps greater emphasis should have been placed on developing a stronger infrastructure, but the focus was on preventing new incidences of HIV and promoting early intervention and access to care. I respect the Virginia Department of Health for recognizing the deficiencies in these communities and adhering to federal mandates way beyond the expectations of the federal government. Many of those no longer exist as the infra-

structure to maintain sustainability was overlooked, and the accountability component and impact to increase access to care and a reduction of new infections were not evident.

In a shifting paradigm, advocates for HIV services realized that the service delivery system will in time face unprecedented burdens. For some the writing was on the wall so there were efforts to embrace research and evaluation which supported the need for funding. While there was resistance, some community based organizations and other entities realized that without justification, funding would be reduced. It is likened to taking a check to the bank in an attempt to negotiate the instrument only to be informed that there were insufficient funds available.

I recall and supported the organization “Act-UP”, an advocacy group with branches in several major metropolitan areas around the country. Granted, I never handcuffed myself to the doors of the Federal Drug Administration nor did I place myself in protest at the Health and Human Services headquarters, I admire their tenacity and commitment to

becoming a force to be recognized and as such leveraged increased funding for HIV prevention, treatment and research. I participated in low budgeted grass root organizations that shared resources, had a vision and developed a compassionate response to what has now become a pandemic. That response reminded me of a trip with my grandparents when we traveled to Marion, Alabama from New York for my first “sit in” at the Pigly Wigly and then on to Selma where we were arrested for trespassing. (To this day I dislike Grits). I do realize however, that it was the impetus for my passion for human rights by “Any Means Necessary”.

What a difference a day makes and this was much longer than 24 hours ago. As anticipated, the national AIDS budget has been reduced an average of four percent. The reauthorization of the Ryan White CARE Act is currently underway. The Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) and Substance Abuse Service

Administration (SAMSA) in all probability will face further funding reductions.

The new cocktail party discussion around AIDS as it impacts minorities is stigma, poverty, racism, sexual abuse, unaddressed mental health disability, and of course the Tuskegee study and it’s outcome which supposedly leads to mistrust of the medical establishment. Within communities of color, particularly the African-American community, we have embraced and supported each other especially in the institution; The Church. Perhaps here through the new “Faith Based Initiative” there may be salvation, as well as redemption. Unfortunately, there are many hidden agendas among some leaders in these institutions. We have witnessed the evolution of HIV and AIDS as a political as well as a financial opportunity.

Continued on page 6

Inside this issue:

Promoting HIV . . . the Church	2
Drugs, Bugs, and Risk	3
When Marriage Kills	4
Show Me the Money	6
Community Corner	7
The Child Life Program	9
P. I. T. S. & P. O. W. E. R.	10



Promoting HIV Through the Church

According to the Centers for Disease Control and Prevention, twenty years ago, African Americans represented less than a quarter of the AIDS cases in the country, however, today over 50% of all new AIDS cases are among African Americans. In Virginia, African-Americans accounted for more than 63 percent of new HIV cases in 2003 although they represent approximately 12 percent of the state population, according to the Virginia Department of Health. In light of HIV/AIDS disproportionate impact on African Americans, it is imperative that minority organizations, especially African American faith-based organizations, take an active lead in promoting HIV prevention behaviors.

Historically, the African American churches have been the initiator for activities that benefit African Americans. Many scholars, including Lincoln (*The Black Experience in Religion*, 1974), Mays (*The Negro's Church*, 1933), Washington (*Black Religion: The Negro and Christianity in the United States*, 1964), and DuBois (*The Souls of Black Folk*, 1907) have affirmed this idea. Educational opportunities were presented and encouraged in the African American Church. The church was the cradle where voter registration was nurtured and matured, and where economic opportunities were conceived for African Americans. The church was the site of the civil rights movement, based on a theology of liberation.

Given this history, one might surmise that the African American Church would be the major thrust regarding care and nurturance for persons with HIV/AIDS and the ones that love and support them. Historically, faith-based organizations have not taken the lead in promoting prevention of HIV. However, there has been a shift in this paradigm and the African American church community is becoming more and more visible and active in the battle against HIV/AIDS. As these churches heed to the national call to become community

centers for HIV/AIDS education, treatment and compassion, they need local support from organizations that are equipped to work with them. "It is critical time for our community and it is more important than ever for organizations to work with our black churches to help them become active centers for education and compassion for HIV/AIDS in our community," says Pernessaa Seele, the founder of Balm of Gilead, as she addressed the congregation at St. Paul's Baptist Church on Thursday, March 10, 2005.

The Virginia Local Performance Site of the Pennsylvania/Mid-Atlantic AIDS



Education and Training Center (VA LPS of PA/MAAETC) at the VCU HIV/AIDS Center recognized the need to be involved in promoting education and awareness of HIV through the church. With funding from the Minority AIDS Initiative project, and in collaboration with the NVA and DC LPS of PA/MAAETC, the VA HIV/AIDS Resource Center, the VCU Health System Infectious Disease Clinical Care Working group and the HIV/AIDS Ministry at St. Paul's Baptist Church, the VA LPS of PA/MAAETC implemented the first conference in the state of Virginia to address the epidemic of HIV/AIDS and the African American faith community. "Being

involved in the challenge to educate and raise awareness about HIV/AIDS in the African American church is vitally necessary," says Carline Jean-Gilles, Site director of the VA LPS of PA/MAAETC. "It would be a crime not to do this work because so many in our community are affected by this disease due to a lack of understanding and education."

This year's conference coincided with the Black Church Week of Prayer for the Healing of AIDS, the largest AIDS awareness campaign targeting Black America which is organized by the Balm of Gilead. Approximately 80 health professionals, activists and churchgoers attended the two-day conference. The conference provided capacity building training and technical assistance for community-based organizations (CBOs) serving minority populations, and increased access to training for minority and minority-serving providers particularly healthcare support services professionals (HSSPs) including case managers, social workers, mental health workers and substance abuse counselors.

Respectfully Submitted by:

Carline Jean-Gilles, Site director of the VA LPS of PA/MAAETC



"It is critical time for our community and it is more important than ever for organizations to work with our black churches to help them become active centers for education and compassion for HIV/AIDS in our community," says Pernessaa Seele, the founder of Balm of Gilead. . .



Drugs, Bugs, and Risk

It is hard enough to be in recovery: physical and emotional changes and challenges every day. The last thing needed is something else to worry about. And here they come: infectious diseases you might have been exposed to while you were using, manipulating to get drugs, having sex while using or to pay for drugs. Make no mistake about it, not being sick doesn't mean you aren't infected. The big three, Hepatitis B, Hepatitis C and HIV can infect someone for years and cause no symptoms at all. The early symptoms they can cause can easily be ignored, especially if you are actively using, or be dismissed as being "a cold" or "the flu." Most folks in recovery are very reluctant to get tested for these diseases believing (and hoping) that they've been lucky enough just to survive addiction.



Approximately 1 million people in this country are infected with HIV (the virus that causes AIDS) and 30% do not even know it. Close to 4 million folks are infected with Hepatitis C and 75% do not know it. Only by being tested can any of us know our status- the essential first step to getting care. The earlier people get treatment, the better their chances to live the life they have been fighting to get back.

Blood borne pathogens (BBPs) are infectious diseases that are passed from an infected to a not-yet-

infected person through blood and often through sexual secretions. Here are the fluids to worry about: blood, semen, vaginal secretions, breast milk and any bodily fluid that has blood in it. The infectious fluid needs a way to get into the blood stream of the second person. Means of exposure include a needle stick (into skin or into a vein), exposure to cuts in the skin, an opening or sore in the lining of the mouth, nose, vagina or anus. Here's who is at risk: those of us

who have been sexually active and did not use protection (latex condoms/barriers); who injected any type of drug and shared works; who snorted any type of drug and shared the device; who got tattoos or pierced our parts with unsterilized ink or needles.

Only you know your risk-both past and present. Many don't want to recall what they did for drugs or while on drugs. We didn't take names and check the health status of drug or sex partners. Let's get real about using/abusing alcohol, drugs and risk. Beyond sharing dirty works that may pass Hep B, C or HIV, there is the reality of what many do to get their drugs: unsafe sex, agreeing to share works. Risk is second to a fix. There are threats of violence, of criminal charges, of

withdrawal. The scene does not support careful decision making and consideration of risk.

This is a new day. And tomorrow will be a new day for others choosing recovery. Part of reclaiming your life should mean knowing not only who you are in this world but also how well you are. Testing for HIV, Hepatitis B and C is another critical way of taking control of your life back. Testing for HIV is available free of charge, clinics are available to arrange for care if needed, community services exist

to help you out. You can get the information you need by calling the VDH Hotline at: 1-800-533-4148 or the VCU HIV/AIDS Center at 828-2210. Think about this: the second step of recovery just might be getting tested.

Respectfully submitted by:

Jane Kaatz, ANP and Joy Zeh, FNP; Virginia Commonwealth University HIV/AIDS Center

Jane Kaatz and Joy Zeh are Nurse Practitioners practicing in the Richmond and Petersburg communities. They can be reached through the VCU HIV/AIDS Center at 828-2210.

Additional Information on HIV and Hepatitis on the web at:

www.CDC.gov

www.hivandhepatitis.com

www.aegis.com

www.liverfoundation.org



When Marriage Kills

By: **Nicholas D. Kristof; New York Times, OP-ED**

Livingstone, Zambia — Sex kills all the time, particularly here in Africa. But prudishness can be just as lethal.

President Bush is focusing his program against AIDS in Africa on sexual abstinence and marital fidelity, relegating condoms to a distant third. It's the kind of well-meaning policy that bubbles up out of a White House prayer meeting but that will mean a lot of unnecessary deaths on the ground in Africa.

The stark reality is that what kills young women here is often not promiscuity, but marriage. Indeed, just about the deadliest thing a woman in southern Africa can do is get married.

Take Kero Sibanda, a woman I met in a village in Zimbabwe. Mrs. Sibanda is an educated woman and lovely English-speaker who married a man who could find a job only in another city. She suspected that he had a girlfriend there, but he would return to the village every couple of months to visit her.

"I asked him to use a condom," she said, "but he refused. There was nothing I could do."

He died two years ago, apparently of AIDS. Now Mrs. Sibanda worries that she and her beautiful 2-year-old daughter, Amanda, have H.I.V. as well.

Encouraging more use of male and female condoms might reduce such tragedies, for there's a disdain for condoms in many countries that social marketing might change (there's an African saying: "Who wants a sweet with the wrapper still

on?").

The fact is that condoms have played a crucial role in the campaigns against AIDS that have been relatively successful, from Thailand's "100 percent condom program" to the efforts in Uganda, Cambodia and Senegal. And condoms don't cause sex any more than umbrellas cause rain.

In theory, everybody agrees on



how to prevent AIDS: the ABC method, which stands for abstinence, being faithful and condoms. But the Bush administration interprets this as ABc. New administration guidelines stipulate that U.S.-financed AIDS programs for young people must focus on abstinence or, for those who are already sexually active, "returning to abstinence."

Here in Livingstone, Zambia, I visited Corridors of Hope, a U.S.-financed center for young people that has proved cheap and effective in reducing H.I.V. among prostitutes and long-distance truck drivers. One prostitute in the program is Mavis Sitwala, an orphan (probably because of AIDS) who is supporting her five siblings and one

child. She says that truck drivers pay \$1 for sex with a condom or \$4 for sex without.

"At times, you need food or money to pay the rent," she said, "and so even if he won't use a condom, you agree."

Encouraging Ms. Sitwala to "return to abstinence" isn't likely to get far, but encouraging more use of condoms might save her life, the lives of her clients and the lives of her clients' wives. Indeed, the Bush administration recognizes that, allowing condoms to be handed out to prostitutes in programs like Corridors of Hope - but not to society as a whole.

There's a bit of wiggle room in the administration guidelines. But the U.S. Center for Health and Gender Equity reports that in several countries, the U.S. is already backing away from effective programs that involve condoms.

The irony is that President Bush's plan to tackle AIDS in Africa - spending far more than any previous administration - could be one of his best and most important legacies. It tackles one of the most important humanitarian challenges in the world today: at present infection rates in Zimbabwe, 85 percent of today's 15-year-olds will die of AIDS.

So I wish Mr. Bush would reach out beyond the ideologues to a real expert, like Loveness Sibanda. I met Mrs. Sibanda (no relation to the other Mrs. Sibanda) and her child in her village in Zimbabwe. She is 26, and her husband works in the city of Bulawayo, where she



When Marriage Kills. . . continued

has heard that he has a girlfriend. Every few months he comes back to the village and insists on sleeping with her, without a condom. She now dreads these visits.

Perhaps the White House thinks it has the moral high ground when it preaches, completely irrelevantly, to women like Mrs. Sibanda about the need to be faithful. But it strikes me as hypocritical to pontificate about virtue while pursuing an ideological squeamishness about condoms that risks condemning Mrs. Sibanda and millions like her to die of AIDS.

Published March 30, 2005

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Based on the recent New York Times article entitled "When Marriage Kills," (March 30, 2005) addressing HIV/AIDS in Africa, we asked Mr. Simon Okoth to provide some first hand insight into the plight of persons of color on the continent of Africa and HIV/AIDS.

- Sexual abstinence: Preaching abstinence to a married couple in Africa may be a bit unrealistic, however for the youth this is right on target even though it is a huge challenge considering influences of our time.
- What is more realistic is preaching on the dangers of HIV/AIDS so that couples can adhere to monogamous partners (fidelity). There is adequate evidence to show that awareness and education has

helped reduce the rates of HIV infection in many parts of Africa.

- Condom use: While condoms have helped reduce the number of new infections in many countries, including Uganda, Thailand, Senegal and Cambodia, their relative acceptance and use in many African countries have been varied. In some Kenyan communities for example, stigma is attached to the use of condoms. Its use is also suspect. The suggestion of condom use by a married partner often engenders suspicion of probable promiscuous behavior. Secondly, it is a general misconception that condoms are not 100% safe, hence some people justify their decision not to use them. Thirdly, the diffusion of condom use in many parts of Africa has partly been problematic due to socio-economic factors including cultural beliefs, low literacy levels, poor infrastructure, and myths about its cause and transmission. In South Africa for example, a myth emerged to the effect that condoms have maggots in them. In Kenya, a myth that never lasted long but had a resounding effect in the minds of users was that condoms were laced with the virus that causes AIDS.

- Marriage Kills? In a society where traditional beliefs in the sanctity of marriage is still very strong, floating the idea that AIDS can be avoided by not engaging in marriage is foolhardy. Based on my experience in Kenya, many parents prod their sons and daughters to get married as soon as they reach appropriate age with the hope that will reduce their chances of getting infected. While infection rates among heterosexual couples are on the rise in Africa, it can not be concluded that avoidance of marriage will reduce

infection or transmission. Staying single, at least in my own experience, increases the chances of one's getting infected.

Policies addressing the prevention and transmission of HIV/AIDS should focus not only on condom use and abstinence but on widespread education and poverty reduction. With the current magnitude of the pandemic, an estimated 30 million people already infected, efforts should focus heavily on providing antiretroviral treatment drugs. It is only through this combination that the fight against HIV transmission will be manageable.



Simon Okoth, a native of Kenya, recently joined the Survey and Evaluation Research Laboratory's staff as a Research Associate. Mr. Okoth served for five years in the Peace Corps as a program manager for Small Enterprise Development and Information Technology, during which he facilitated Volunteer community projects. Along with incorporating gender equality in fiscal development programs, Mr. Okoth worked in identifying HIV/AIDS-related awareness programs for underserved communities. Simon will be involved in the CVHCC evaluation and quality assurance activities.



Continued from cover page:

I attended a meeting recently to address real or perceived need in the community. I felt as if I was back on Wall Street, negotiating a merger or acquisition as I was informed that the \$10 incentive, transportation and dinner was not adequate for individuals who are the end users to participate in various

regional focus groups to address the need for continuation of services that are supported by federal funding for medication, health care, transportation, dental care and other services. I hear of persons who attend meetings who are dissatisfied with the \$25 stipend that is received for offering guidance in an effort to assess gaps in service and contribute to meaningful dialogue. I know of situations in which individuals are secretive in sharing information that may benefit persons living with HIV. I have even sat through dialogue in which discussion ensued regarding returning to work with assistance and training and the disadvantage of attempting to help oneself, become more independent, and improve overall self esteem.

The current environment that has evolved, reminds me of the dependency of welfare and public housing as well as entitlement. Where is the compassion for each other, the nurturing values that has been

passed down from generation to generation, respect of human beings and consideration of other and most important the honor, respect pride and values that were passed down by our fore-fathers? Where is the community mobilization and collaboration that will support funding while creating an environment of documented, positive impact within our communities? What happened to "love thy neighbor"? Is everyone expecting the government to nurture and write checks? The revolution has been televised, a change has come, and it is now time to act up systematically and be informed and stop acting out. With all the funding shifts which are politically correct, and without those participants in service articulating the need while engaging in discussion around self determination, the prayers of the saints will remain unanswered and someone else will make decisions around your future without your participation. As a fiscal conservation and as a good steward of public funds, what is the return on the dollar and for the money, what has been the outcome.

"You better tell somebody including your local, state, and federal officials as well as your spiritual leader"

The Ryan White All Titles needs assessment for the Central Region will arrive via the organization from which you registered for services. Your participation is appreciated.

*Submitted by: Fred Wilson,
Director of HIV Community Programs*

SHOW ME THE MONEY

It's that time again! The offers are open and this year the Virginia Department of Health Division of HIV/STD is announcing their competitive grant programs for 2005-2006.

Below are the competitive grant programs available through the Division of HIV/STD. Please note that dates for new cycles of competition, award amounts, and number of recipients are subject to change.

For additional information, please feel free to visit www.vdh.virginia.gov/std.

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**Name:** MSM HIV Prevention Grants  
**Description:** Funds HIV prevention services among men who have sex with men (MSM). Sub-populations may include MSM of color, young MSM, men who do not identify as gay or bisexual and MSM who also inject drugs.  
**Eligibility:** No restrictions  
**Current Funding:** \$ 250,000  
**Current Contractors:** Six  
**Next Competitive Announcement:** Fall 2005  
**New Award Start Date:** January 1, 2006  
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Name: OraSure Testing and Intensive Outreach Services
Description: Funds street and community-based oral HIV testing and intensive outreach services to men who have sex with men and injecting drug users with an emphasis on reaching racial/ethnic minorities. A limited amount of testing may be conducted for other high-risk populations.
Eligibility: No restrictions
Current Funding: \$410,000
Current Contractors: Six
Next Competitive Announcement: Fall 2005
New Award Start Date: January 1, 2006
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**Name:** Primary Prevention for Persons Living with HIV  
**Description:** Funds primary prevention (prevention of new HIV infections) among persons living with HIV  
**Eligibility:** No restrictions  
**Current Funding:** \$335,000  
**Current Contractors:** Seven  
**Next Competitive Announcement:** Fall 2005  
**New Award Start Date:** January 1, 2006



# Community Corner

As part of the Central Virginia HIV CARE Consortium's efforts to provide comprehensive information to infected and affected persons residing in the rural areas of Central Virginia, "The Central Virginia Voice" is proud to present Community Corner, a special section dedicated to the Rural Population. If you have additional information on programs, services or would like to express your voice, please forward all submissions to Rodney Lofton at [rlifton@vcu.edu](mailto:rlifton@vcu.edu) or Adrienne Howard at [afhoward@vcu.edu](mailto:afhoward@vcu.edu).

Crater HIV/AIDS Services and Education (CHASE) is a community planning organization that comes under the direction of the Central Virginia HIV CARE Consortium. It serves the cities of Hopewell and Petersburg and the counties of Prince George, Dinwiddie, Surry, Sussex, Waverly, Greenville and Emporia. The mission of CHASE is to develop and coordinate services for persons infected and affected by HIV/AIDS and to increase awareness of this disease in the Crater Health District through prevention education services. A completed membership application must be submitted to CHASE for approval. There are no dues or agency fees. Funding sources consist of donations and sponsorships. CHASE is in the process of securing a 501c3 status. CHASE meets every second Monday

at 9:00 am at Virginia State University.

Members of CHASE include the Petersburg Health Department, Healthcare Solutions, Virginia State University, Crater AIDS Action Program, St. Stephen's Episcopal Church, District 19 Community Services Board, Victory Christian United Church of Christ, Minority Health Consortium, Fan Free Clinic, Urban Ministries, American Red Cross, Resources for Independent Living, Peer Advocates Coalition of Central Virginia, consumers and interested person.

CHASE sponsors community prevention education training and speakers via a Speaker's Bureau. Several of CHASE's members are American Red Cross Certified prevention education specialists. CHASE has provided

sponsorships for consumers to obtain American Red Cross HIV prevention education certification. Community outreach is conducted that consists of OraSure testing, counseling and referrals and education. Incentives are offered to encourage HIV testing and behavioral changes. CHASE is in the process of opening an office and establishment of public library. It is anticipated that consumers will be the primary staff for the office and library.

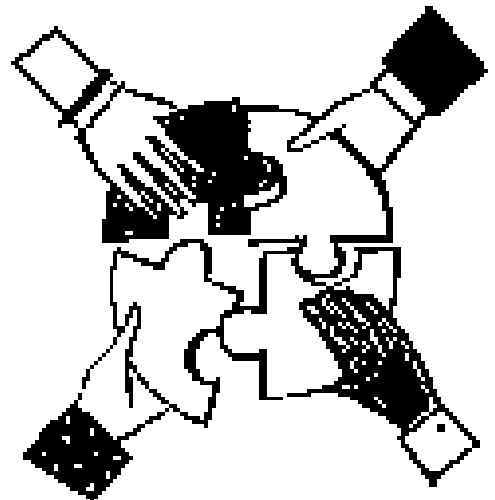
CHASE also sponsors community events in recognition of national HIV acknowledgement dates. There will be a My Brother's Keeper training offered in October, 2005. **For additional information call (804) 863-1652, (804) 863-1351 or (804) 524-5847.**

The CHAAP (Community HIV/AIDS Assistance Program) was created in July 2004 by PATHS (Piedmont Access to Health Services, in order to provide a comprehensive response to the HIV epidemic in the Danville/Pittsylvania County Health District. CHAAP provides the provisions of health care, case management and supportive services to persons living with HIV/AIDS, whose income is 300% or less than the federal poverty level, and to those persons who do not have access to third party payment. Through Ryan White Title II, CHAAP is able to provide primary medical services for persons living with HIV including lab work, x-rays, medications and dental care. Other services include transportation to medical appointments, mental health

services and nutrition.

PATHS also provides HOPWA (Housing Opportunities for Persons with AIDS) assistance, to assist with housing and related supportive services for low-income persons with HIV/AIDS and their families. HOPWA helps clients to avoid homelessness by addressing their housing needs. HOPWA can assist with emergency housing, shared housing, apartments and single room occupancy. Related supportive services are crisis intervention assistance, utility assistance and avoidance of eviction.

**If you would like to know about CHAAP/PATHS please contact Ms. Traci Fitz at (430) 791-3630 extension 307 or at [tfitz@pathsinc.org](mailto:tfitz@pathsinc.org).**





## Community Corner continued...

### The Silence is Broken...

Did you realize that there are over 500 individuals within the Piedmont Planning District that are known to be infected with the HIV virus? That number is not inclusive of those individuals that are infected and have no idea they are carrying the virus. Though disturbing, these facts exist in obscurity because no one wants to talk openly about HIV or AIDS. This is something Piedmont HIV/AIDS Services and Education (P.H.A.S.E.) is trying to change here in Southside Virginia - to break this silence and get people talking.

P.H.A.S.E. is a coalition composed of area organizations dedicated to improving the quality of life of persons infected and affected by the HIV virus. The mission of P.H.A.S.E. is to improve the quality, availability, and coordination of services for persons infected and affected by HIV/AIDS. This mission shall be accomplished by identifying needs and expanding and developing services to meet those needs. Further, the mission shall be to increase awareness of HIV/AIDS in the Piedmont community through prevention and education ser-

vices. A list of those services includes:

#### Testing

Free, confidential OraSure swab testing is provided and the results are determined within a few days.

#### Intake/Referral & Case Management

Clients are identified and assigned to a case manager.

#### Education

This refers to both clients and the community. Clients are educated about how to best care for themselves. P.H.A.S.E. also coordinates educational workshops and trainings for civic and private organizations, schools, health care professionals and the general population.

#### Support

Support groups are conducted by trained professionals for those who are infected and affected by HIV.

#### Outreach

As a part of our outreach efforts, P.H.A.S.E. participates in local health fairs, gives presentations to civic and community organizations, as well as individuals.

P.H.A.S.E.'s Board of Directors is comprised of twelve individuals. Its

membership is interdisciplinary - spanning several professions.

The Executive Board Members are:

Chair - Will Crower, UVA

Co-Chair - Dr. Mark Ryan, Satori Medical Center

Secretary - Augustus Harper, Crossroads Prevention Services

Treasurer - Bonnie Statzer, Crossroads Prevention Services

B. Jackson, E. O'Neal, L. Williams, S.

Nelms, M. Baker, R. Grenilou, R.

Lofton, J. Robertson

The coalition recently filed with the State Incorporation Commission to reestablish its 501(c)(3) status. Once reestablished P.H.A.S.E. hopes to pursue funding opportunities that will allow it to further its prevention education efforts by developing printed media and a website as it continues "breaking the silence here in Southside Virginia".

**For additional information on PHASE, please contact Gus Harper or Bonnie Statzer at (434) 392-9461.**

The Richmond Organization for Sexual Minority Youth (ROSMY) serves gay, lesbian, bisexual, transgender and questioning (GLBTQ) youth, ages 14-20. ROSMY operates a Youth Support Line and two age-specific support groups per week; a drop-in center with computer lab, lending library, big screen television and social activities; and a full continuum of services that lead to improved *overall well-being*.

ROSMY has identified seven areas of focus that lead to well-being, including: **Good Physical Health, Good Mental Health, Safe Environment, Academic Achievement, Social Connectedness, Economic Self-Sufficiency, and Leadership/Advocacy.** As part of ROSMY's

programming around good physical health, ROSMY provides free HIV prevention, outreach, education and testing through a partnership with the Fan Free Clinic and the Virginia Department of Health.

Free condoms, dental dams and educational materials are also provided. Guest experts in HIV prevention, often from the Fan Free Clinic, help youth to express their concerns and face their fears regarding testing and safer sex practices.

GLBTQ youth who are sexually active are often at increased risk for HIV transmission. ROSMY's hope is that through direct education and outreach, ROSMY can reduce this risk and prevent positive sero-conversions from happening at all.

However, when a youth tests positive for HIV, it is important that a safe environment where they can address the emotional and physical challenges they face, as well as good resources to meet their medical and other needs. Through collaborative partnerships, ROSMY assures these youth are linked to appropriate professional services in a place that focuses on their resiliencies and strengths.

**For more information on ROSMY, please contact Scott Lowther, Executive Director at (804) 644-4800.**





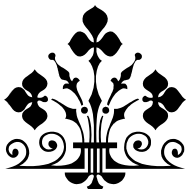
### Community Corner continued. . .

As Epidemiology Program Representatives we are responsible for surveillance, control and prevention of sexually transmitted diseases (STDs) including HIV/AIDS by education, counseling and intervention of patients and their partners in the Crater, Chesterfield, Piedmont, and Southside Health Districts. We apply these efforts to reduce the risks of disease infection and transmission by using behavior modification techniques, community education, and appropriate medical and community referrals.

Quite simply we educate and with the idea of preventing individuals from risks or exposures to STDs and HIV. If they have already been forced to deal with any of these issues we educate, counsel, treat and/or refer for those problems with the hopes they will avoid another exposure or concern. And more importantly we listen and learn from the public for their issues and concerns.

At Petersburg Health Department we have a walk-in STD clinic Monday, Wednesday & Friday 8:15 – 10:30 am, 804-863-1652. Chesterfield Health Department has a walk-in STD clinic Friday 1:00 – 3:30 pm, 804-748-1691. As well, feel free to contact your local health department for information and other options.

*Brian Carpenter, Epidemiology Program Representative  
Petersburg Health Department*



## The Child Life Program

"I want to color!"; "My birthday is in 5 days!"; "Can I paint a picture?"; "Want to make some beautiful jewelry with me?"; or "What good stuff do you have for snacks today?"

These are the sounds of children getting ready to have some fun. The setting could be a community center, a park event, or an outing to a local festival. In fact, the setting is far different. These requests accompany smiles and hugs as children arrive for their medical appointments at the VCUHS ID Clinic. Children and their families infected or affected by HIV/AIDS who are seen at the clinic on any Tuesday, learn quickly that a warm, welcoming environment, where play happens first, will greet them.

A visit to the ID Clinic may include an uncomfortable medical procedure, medicine that tastes yucky, check-ups and frank discussions with providers, or a long sit while the IV drips medicine into an arm. The children know this. The medical routine is familiar. How then, can giggles and happy excitement be part of this environment?

Through Ryan White Title II funding, a Child Life Specialist (CLS) is present in the ID Clinic when children are seen. The purpose of Child Life as one of the Allied Health Professions is to help children, teens, and family members cope with illness, injury,

treatment, and the overall health-care experience. In the ID Clinic, the CLS offers play activities, procedural preparation through age-specific language, distraction during medical procedures, and emotional support. The goal is to reduce anxiety and encourage children in developing coping skills for long term medical compliance, critical to staying healthy and strong while living with or around HIV/AIDS.

**More information about the Child Life profession is available at [www.childlife.org](http://www.childlife.org).**

*Robin M. Smith, Ed.D, CTRS  
Child Life Specialist*





# P.I.T.S

## Prevention, Intervention, Transition & Sustainability

Due to unfortunate circumstances, prisoners are looked upon as a discarded community on the fringe of society's ills. Whatever the circumstances that led to incarceration, inmates are still entitled to proper healthcare, maintenance, and information in order to maintain a healthy existence while living with HIV/AIDS.

According to the Department of Corrections: *"The Department of Corrections has no authority over jail medical personnel or quality of medical treatment provided to inmates. If someone is dissatisfied with treatment provided they should contact the sheriff or superintendent. Inmates can also request to see their personal physician. If this option is granted by the jail, the inmate will be required to pay the entire cost of treatment and may be charged a transportation fee to an outside medical appointment."*

Prevention, Intervention, Transition, and Sustainability (P.I.T.S.) approaches the issues and concerns of inmates living with HIV/AIDS in the Central Virginia Region. The three tier approach: healthcare accessibility, wellness, and care; is the first of its kind in Central Virginia. The Virginia Commonwealth University HIV/AIDS Center and the Central Virginia HIV CARE Consortium will provide much needed assistance to Corrections Providers in offering life management skills to persons incarcerated, as well as developing strategic plans for persons scheduled to be released.

### P. I. T. S. Services Include:

Case Management  
Substance Abuse

Transitional Housing  
Mental Health Counseling  
Community Support Services

Access to Healthcare  
Back to Work Training



### To learn more about P.I.T.S., please contact:

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# The P.O.W.E.R. Project

Central Virginia HIV CARE Consortium

A STRENGTH BASED CASE MANAGEMENT PROGRAM OFFERING ACCESS TO  
PRIMARY MEDICAL CARE AND SUPPORT SERVICES



⇒ HAVE YOU BEEN NEWLY DIAGNOSED WITH HIV WITHIN THE LAST SIX MONTHS?

OR

⇒ HAVE YOU BEEN LOST TO CARE FOR AT LEAST SIX MONTHS OR LONGER?

IF YOU ANSWERED “YES” TO EITHER ONE OF THESE QUESTIONS, THEN  
THE P.O.W.E.R. PROJECT IS JUST FOR YOU.

FOR MORE INFORMATION ABOUT THE P.O.W.E.R. PROJECT OR TO ENROLL, PLEASE CALL  
**1.866.838.4133** FOR A CONFIDENTIAL ASSESSMENT.



**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Protecting You and Your Environment*  
[www.vdh.state.va.us](http://www.vdh.state.va.us)





## UPCOMING COMMITTEE MEETINGS

# JUNE 2005

| Sunday | Monday | Tuesday                                                                                  | Wednesday                                                                                     | Thursday                                                                  | Friday | Saturday |
|--------|--------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------|----------|
|        |        |                                                                                          | 1                                                                                             | 2                                                                         | 3      | 4        |
| 5      | 6      | 7<br>Case Mgmt.<br>Continuum Team<br><br>9:00 a.m.<br><br>Fan Free Clinic                | 8<br>Development<br>Committee<br><br>10:00 a.m.<br><br>Fan Free Clinic                        | 9<br>CQI & Program<br>Committees<br><br>10:00 a.m.<br><br>Vernon J Harris | 10     | 11       |
| 12     | 13     | 14<br>Governance<br>Committee<br><br>10:00 a.m.<br><br>IVNA Health<br>Services           | 15                                                                                            | 16<br>Membership<br>Committee<br><br>2:00 p.m.<br><br>VCU HIV/AIDS Ctr.   | 17     | 18       |
| 19     | 20     | 21<br>Executive<br>Committee<br><br>10:00 a.m.<br><br>Commonwealth<br>Catholic Charities | 22<br>Quarterly Meeting<br>of the Whole<br><br>10:00 a.m.<br><br>Virginia State<br>University | 23                                                                        | 24     | 25       |
| 26     | 27     | 28                                                                                       | 29                                                                                            | 30                                                                        |        |          |



WE'RE ON THE WEB!  
WWW.CVHCC.EDU.COM

## Central Virginia HIV CARE Consortium

Anyone interested in submitting an article for publication in **The Central Virginia Voice** should contact Mr. Rodney Lofton or Mrs. Adrienne Fordham-Howard for submission deadlines.

If you would like to submit an article **anonymously**, please mail a typed copy of the article to be published to Mr. Rodney Lofton at the Central Virginia HIV CARE Consortium office.

If you, or anyone you know, would be interested in receiving the "Quarterly" publication of **The Central Virginia Voice**, please contact Adrienne Fordham-Howard at (804) 828-1827, toll-free at, 1-866-838-4133, or by email, [afhoward@vcu.edu](mailto:afhoward@vcu.edu).

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