



the circle

Spring 2010, N° 27

leading lines advocacy outreach community

SURVIVING AND THRIVING!

by John Hatchett

Since the LTI's earliest trainings back in 1997, one of our goals has been to encourage PLWHA to find and develop our voices as advocates. We've always tried to increase awareness among our peers of opportunities for raising those voices, and to increase enthusiasm for participating in advisory and planning groups wherever decisions are made that affect our lives.

Also from the beginning, Ryan White structures and processes have offered us some of the most numerous, consistent and powerful venues for speaking up for ourselves and our communities. Whether it's at the HIV Health and Human Services Planning Council of New York (Part A) or in any of New York State's eleven Ryan White Part B HIV Care Networks, PLWHA can participate and serve as leaders in a wide variety of capacities: from PLWHA Advisory Groups to Consumer Involvement Committees, from full voting Council membership to joining our regional Network's contingent in Albany for AIDS Awareness Day each winter—and much, much more.

In this issue of The Circle we highlight two important Ryan White-related projects: the LTI's "Planning Council Training Series," offered to PLWHA in New York City and the Tri-County area, and a consumer recruitment and training

(continued on page 6)

Planning Council for Dummies

by Gina Healy, former LTI CAB Member

This past summer, John Hatchett (intrepid leader of the LTI) and I brainstormed about important topics for inclusion in this newsletter. The biggest push that the LTI staff labored over at the time was the impending roll out of the revamped Planning Council (PC) series that John cheerfully announced at the June LTI CAB meeting. As John and I talked about the PC's immensely important work in setting priorities and allocating Ryan White Part A funding that affects the services PWAs access in New York City (which is perceived by many as a daunting task), it dawned on us that the trainings offer an accessible method to grasp the process and become motivated to be involved. We hit on the idea for this piece—unveiling the inner workings of the PC from an outsider's perspective, to re-present the series which has been condensed and retooled following the changes made in the last authorization process. When I say that the PC is perceived as daunting, I mean that I myself view the work of the PC this way because I have no health or human services background or experience, and for me the PC has always seemed mysterious and inaccessible. I hesitantly accepted the task of writing this piece when John reassured me that my outsider's perspective combined with information from the PC would serve as a fresh look that might encourage other LTI grads to revisit the trainings and reconsider becoming involved with the PC.

The first step was figuring out how the trainings have been altered. The series used to be comprised of four trainings: Community Planning, Understanding Data, Priority Setting and Resource Allocation, and Working Effectively in Groups. In this new edition of the series, the former two-day Community Planning training is

(continued on page 8)

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The PWA LTI is a program of Cicatelli Associates Inc., supported by the New York City Department of Health and Mental Hygiene, the New York State Department of Health, and the AIDS Institute.

This newsletter was supported by Grants Nos. H89HA00015 18 and X07HA00025 18 from the U.S. Health Resources Services Administration (HRSA). These grants are funded through Part A and Part B of the Ryan White Treatment Modernization Act of 2006 through the New York State Department of Health, AIDS Institute. Its contents are solely the responsibility of Cicatelli Associates Inc. and do not necessarily represent the official views of the funders.



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FROM THE UPSTATE NETWORK NEW MEMBER TRAINING IN ALBANY MARCH 17-19, 2010

This past year, the LTI was asked to work with the state's 11 HIV Care Networks to strengthen their ability to attract and retain consumer members. This 2-phased project involved training Consumer Recruiters selected by the Networks to focus on enlisting our peers into the Networks' activities, and orienting the newly recruited Network members to the unique role played by the Networks across New York State. Not all who attended the training were, in fact, new members—several Networks opted to send trained leaders who were interested in supporting their new recruits, and refreshing their own knowledge of the state's Ryan White Part B programs. Three attendees -Marcus Jackson, Deshell Fields, and Josh King -shared their thoughts on the training and on their involvement with the Networks.

MARCUS JACKSON

What am I doing here, surrounded by all these people with HIV and AIDS...people like me...?

The Deputy clicked my door; I rolled over, tired from having worked all night buffing floors, and all morning in the mess-hall, I got up, put on a uniform shirt and walked to the door. From my cell I could see the library, and I could see that the HIV/AIDS lady was there to see me, about my results. Well ain't nothing to worry about, I thought, I was just tested the last time I was here in January, so I'm good. Hell, it's only been about five months since I was in Jail for some other bullsh*t.

So I get dressed and go down to see what Anna has to say. As I walk in the door, she smiled at me, as she always does, and offered me her hand, and I sit down. Then she hits me with the rock, right between the eyes, "your test came back positive!" all I could do is sit there, like a deer caught in somebody's head lights...I mean I don't know why I would be surprised, I mean it's not like I been taking care of myself and using protection all the time. To tell the truth, I hardly ever used it, I hated the feel of latex. And to make matters

worse, I had to no way of really knowing who had given it to me.

So here I was, in Jail, again! And now I got this sh*t in my veins! On top of everything else I got to be in here and find out I'm dying... where is God now?

About six months later I got out...the police took me downtown, put me out and said "good luck"... ain't no luck... What am I supposed to do? I'm homeless, its cold and I'm dying...what the hell am I supposed to do now?

This week I've had the opportunity to attend a core training session taught by Cicatelli Associates, Inc ...I feel empowered now. I know now that I have a voice in the decision making process... but I also feel indebted. I feel indebted to those who have come before me... those persons like little Ryan White, a thirteen year old, who paved the way for me to enjoy many of the benefits I have today...But I also have an obligation. I am obligated to speak out on behalf of those many men, women, boys and girls who today are suffering in silence. I am obligated too, to pave the way for those who will come after me. To use all the tools in my arsenal to assure that when and if the time comes, they will not have to endure alone the pain and the fear that I have....

"It is in the quiet crucible of your personal, private sufferings that your noblest dreams are born and God's greatest gifts are given in compensation for what you've been through"
—Wintley Phipps

DESHELL FIELDS

Someone asked the question, why did I join the network? Well, I have to share my story.

I was diagnosed in 1995 and didn't actually accept the diagnosis. I didn't understand what HIV meant, except that I was going to die and that I wouldn't be able to have any children. I then relocated to Buffalo, NY after residing in Atlanta, GA.



Deshell Fields

To say it mildly for those of you who know her, I met this very outspoken white blonde woman when I was working at The Greater Buffalo Chapter of the American Red Cross. This woman named Rosetta and I would work together on presentations about HIV and AIDS. At the end of the presentations she would always share that she was HIV positive. I would get pissed off at her because people didn't need to know that she was positive, they just needed to know the facts on how to not get HIV. I thought that she was a crazy person because I didn't dare tell anyone my HIV status. Besides, it wasn't part of the job description. I was still ashamed and afraid of being talked about.

One day I asked her why she always told people her HIV status. She answered in a sarcastic way. "Because people like you don't!" I thought to myself, "you white b*tch!!" Back then I didn't get it. African American heterosexuals were getting infected at higher rates than any other category. The network needed some representation from the African American community to speak in their communities. The only person that would go was Rosetta, a white woman. The African American community needed to identify with someone of their own race who was living with HIV and not dying.

Rosetta invited me to a network meeting. When attending the network meeting I saw and only heard from white people. I had to step up to the table and represent my community. Rosetta actually paved the way for me. After listening to her, it actually made it easier for me to speak up.

A heterosexual African American woman with no substance abuse history living with the virus for 15 years—Deshell Fields. That's me. The network showed me that there was a missing part from the equation. I know it's not right, but sometimes people can only identify with their own kind. I felt I could make a difference by sharing my per-

sonal story. I had to let women know that they have to protect themselves as well as their unborn children. And to other women, preventing pregnancy is not enough. A condom must be used. Get tested.

I thank God for people who I didn't identify with who spoke up for me when I couldn't speak up for myself. The network is not a service provider, but a place to let your voice be heard. Plain and simple, the network assesses the needs of the PLWHA's. After the consumers assess their needs, the providers can better service the PLWHA's. As people are living longer with the disease, we need to be more concerned and involved with our peers. We need to stop complaining if we're not at the table. Listen, gather your thoughts, do some research, then speak out.

I am so proud to be a part of the Western New York AIDS Network. Who better to assess my needs than me? I want to be in the forefront when holding the torch.

When the network fist started, it was just providers and other agencies. But what consumers need to know is that we make up 25% of the network. Through the network I found out about the LTI trainings. I began to take those trainings and empowered myself. I've learned how to be a leader. Even more so, I've learned how to be a follower when I need to be.

I joined the network to get other consumers involved. All consumers have something to bring to the table. There is strength in numbers. For the newly diagnosed PLWHA's, I stand up for you and pave the way so that when I can no longer stand someone will be standing for me.

As a result of getting involved with the network, you can build stronger communities, find out about the history of HIV, get the facts of HIV 101, and find out about Ryan White. Lastly, the network is not a support group, but for me, it is an important part of my support system.



Josh King

JOSH KING

There is a certain comfort that emerges from the many ways in which the quest for knowledge has led me to become involved with the Central New York HIV Care Network.

When I was diagnosed, it was immediately apparent that my life would never be the same. Now almost ten years later, it has become my mission to do whatever I can in a seemingly endless battle against this preventable monster, which infects and affects far too many people from all walks of life. We are not born empowered, just like we are not born educated.

We produce those attributes through passion, dedication, and aspirations for a better life. It is my right to be informed, and I cannot expect that anyone is going to make that possible for me, besides myself.

By participating in the Central

New York HIV Care Network so many doors have been opened that would otherwise be closed. I have gained indescribable resources, information, and connections. I have also expanded my perspective, vision, and awareness of myself and the world around me.

When HIV changed my life I decided that I would not allow it to take over my life and I also made the choice to somehow become instrumental in changing the lives others; whether it be through hitting the streets to conduct outreach, participating in committees, or even storming Capitol Hill. If I am able to touch someone else's life, the same way my mentors have touched mine, then my purpose is confirmed.

I owe it to myself to learn, change, and grow. I owe it to those who have come before me to strive, persevere, and challenge. And I also owe it to those who DO NOT have to come after me to inform my peers, prevent future infections, and facilitate change.

CONSUMER EMPOWERMENT THROUGH TRAINING AND NETWORKING

by Steve Hemraj, Manager, CRCS Program, Community Healthcare Network (NYC)

Consumer empowerment is not a misnomer—it's real. But empowerment can only come through increased knowledge and awareness. This can be achieved through training and networking.

As a Manager of the Comprehensive Risk Counseling Services (CRCS) program at Community Healthcare Network, I have seen the growth, development and adherence in care and prevention among clients who received training from the PWA Leadership Training Institute (LTI) at Cicitelli Associates Inc.

I have heard many providers use the phrase, "we have to empower clients to take care of themselves," but I disagree. We providers cannot empower clients; clients must empower themselves. Service providers can offer clients the tools and medium to help them build knowledge and awareness. Through training, workshops and networking—sharing ideas, experiences and best practices with each other—self-empowerment can take place.

This is exactly what I have experienced with clients who have gone through training at LTI. I am also a product of these trainings and I understand the power and potential to help clients take more control of their own health outcomes. But the real empowerment comes from the clients' desire to take control after increasing their knowledge of HIV treatment, care and prevention through training. This, in my opinion, is what LTI has provided to my clients who have attended the trainings.

It makes life easier for me as a provider. I feel I can engage my clients in more meaningful discussions about their treatment outcomes, health care and prevention messages, because I can connect these issues to their quality of life, and to their ability to take greater control of their own health. That is what I call empowerment. ●

ALL TRAINED UP AND NOWHERE TO GO?

There are many chances to use your LTI experience to help our communities plan, strategize and set priorities for services for PWHA. Also, every region of the state has a Ryan White Part B **HIV Care Network**, and several regions are also Ryan White Part A designated EMAs or TGAs, with their own **Planning Councils** and **PWHA Advisory Groups**. If prevention is your passion, check out the city or state **Prevention Planning Groups**.

In other words, there are lots of opportunities for our involvement in different kinds of groups all around New York State. All of these groups depend on our contributions and expertise as PWHA, and some are actively recruiting members right now!

Please directly contact any of the groups below for more information or for schedules of their open public meetings.

DUTCHESS COUNTY HIV SERVICES PLANNING COUNCIL

Call: (845) 452-8805
 Contact: Chris Lee
www.hivplanningdutchess.org
info@hivplanningdutchess.org

NASSAU/SUFFOLK HIV HEALTH SERVICES PLANNING COUNCIL

United Way of Long Island
 Contact: Jennifer Coup
 (631) 940-3716
jcoup@unitedwayli.org

NEW YORK CITY HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL

Call: (212) 788-2734
 Staff Liaison: Darryl Wong
dwong@health.nyc.gov

TRI-COUNTY RYAN WHITE PART A STEERING COMMITTEE

Contact: Tom Petro
 Tel: 914-813-5047
tjp1@westchestergov.com

NEW YORK STATE HIV PREVENTION PLANNING GROUP (PPG)

General Number: (518) 473-8484
 Staff Liaison: Barry Walston

NEW YORK CITY DOH HIV PREVENTION PLANNING GROUP (PPG)

Call: (212) 788-4180
 Staff Liaison: Linda Battle
dohmhppg@health.nyc.gov

Ryan White Part B HIV Care Network Directory

REGION	NETWORK CONTACT INFORMATION
BROOKLYN	Gail Greenidge Kings County Hospital Center Tel: 718-245-2820 Fax: 718-735-4165 Email: gail.greenidge@nychhc.org
BRONX	Socrates Caba Montefiore Medical Center Tel: 718-231-3296 Ext. 25 Fax: 718-655-3763 Email: Scaba@montefiore.org
CENTRAL NEW YORK (14 counties: St. Lawrence, Jefferson, Lewis, Herkimer, Oneida, Oswego, Onondaga, Cayuga, Cortland, Madison, Chenango, Broome, Tioga, Tompkins)	Stephen E. Waldron Coordinator, Central New York HIV Care Network Tel: 315-472-8099 Ext. 15 Fax: 315-472-8033 Email: sewaldron@cnyhsa.com
FINGER LAKES (9 counties: Monroe, Wayne, Ontario, Livingston, Yates, Seneca, Steuben, Schuyler, Chemung)	Pat Zacharias Finger Lakes Health Systems Agency Tel: 585-461-3520 Ext. 102 Fax: 585-461-0997 Email: patzacharias@flhsa.org
HUDSON VALLEY (7 counties: Sullivan, Ulster, Dutchess, Orange, Putnam, Rockland, Westchester)	Barbara Bennet AIDS Related Community Services (ARCS) Tel: 914-785-8275 Fax 914-785-8265 Email: bbennet@arcs.org
LONG ISLAND (2 counties: Nassau, Suffolk)	Anthony Sanchez United Way of Long Island Tel: 631-940-3735 Fax: 631-940-2551 Email: asanchez@unitedwayli.org
MANHATTAN	Jose Martin Garcia Orduña Union Settlement Association, Inc. Tel: 212-828-6143 Fax: 212-360-5914 Email: jorduna@unionsett.org
NORTHEASTERN NEW YORK (17 counties: Franklin, Clinton, Essex, Hamilton, Warren, Fulton, Saratoga, Washington, Montgomery, Schenectady, Rensselaer, Schoharie, Albany, Greene, Columbia, Otsego, Delaware)	Shannon Mason Northeastern New York HIV Care Network Tel: 518-689-0880 Fax: 518-689-0753 Email: smason@caresny.org
QUEENS	Robert Steptoe AIDS Center of Queens County (ACQC) Tel: 347-952-4943 Fax: 718-739-2552 Email: Rsteptoe@acqc.org
STATEN ISLAND	Karina Ryan Community Health Action of Staten Island Tel: 718-808-1414 Fax: 718-808-1391 Email: karin.ryan@sihealthaction.org
WESTERN NEW YORK	Andrew Kiener AIDS Network of Western New York, Inc. Tel: 716-882-7840 Fax: 716-882-2139 Email: aidsnet@pce.net

THE U.S. CONFERENCE ON AIDS—OCTOBER 23: “YES WE CAN AND WE WILL” WORDS I WILL REMEMBER FROM THIS CONFERENCE...

by Victor Benedava

Let's start from the beginning. Wednesday, October 28th: after registration, the first night was the town hall meeting with White House Office of National HIV/AIDS Policy. As the room got packed and the speakers started sharing their stories and recommendations, you could feel the degree of listening had gone up a notch. Someone was really listening, and we knew we were being heard; after eight years I finally believed things were going to improve.

I spoke about the importance of housing, nutrition, holistic health, the need for prevention education, the return to the work force. I recall a gentleman saying HIV is “a human disease. Not African American, white, Latino, straight, gay,” and that a human and global approach is necessary. Members of the American Indian community shared their concerns on funding, and the Transgender community was well represented in speaking about their needs and challenges. From all over the country voices resonated, and I realized that we all have the same concerns and hopes for the future. Empowered and ready to go see some of these same leaders again in December in New York (at the White House’s listening forum) I realized how lucky I was to be a part of a new era!

Thursday, October 29th: so many presentations and interesting lectures, I had to make a choice. Plus, that morning they needed volunteers, so I went to the Potluck of Success presented by the Substance Abuse and Mental Health Services Administration (SAMHSA). The topic very well presented, and what struck me was the approach to the youth community, the care and sensitivity of the SAMHSA staff’s approach was inspiring—on how youth peers were needed and making a difference, and the involvement of Faith-based organizations (FBOs). I split my time between that session and the presentation next door on “The Future of HIV/AIDS Care, Treatment &

Prevention with Health Reform.” The focus here was the permanent inclusion of the Ryan White Program into the Health Care Reform plan. Two statements of basic principles from the presentation:

- 1) Providing early, reliable access to health insurance is critical for people with HIV to remain healthy and to prevent further HIV transmissions.
- 2) As the Obama Administration begins to develop a National HIV/AIDS Strategy, healthcare reform could extend coverage and services to millions of low income people who lack adequate coverage for HIV medical care and/or preventive services.

The day went on with lunch and more workshops. But as important as the workshops was the possibility of networking and seeing friends and colleagues from all around the country. A lot of what was happening was in the Hall of the Hotel where we all gathered to sit, chat and share ideas. This year everyone had a smile on their faces, and as I said before, it was so empowering to be in that room and feel a wind of renewal!

Friday, October 30th, I started my day with a Breakfast Symposium: “Mental Health and HIV.” What a way to start a day! Thank you, but I refuse to be depressed in the morning, and because that will take me there, well... Don’t get me wrong, it was very interesting and we all know the importance of mental health support, but at 7 o’clock in the morning... ! Come on... I made the suggestion for the next conference to have this presentation later in the day.

Soon after was the highlight of the conference, a seminar called “Yes You Can! Carrying the HIV Message to the New Administration.” They turned off the lights and via internet The President Of The United States Of America entered the room. You could sense the emotion! The ceremony we were watching was the signing of the bill reauthorizing The Ryan Act Program for 4 years. As The President spoke and signed the bill, the room exploded in joyful applause. Plus, in his speech President Obama announced the future signing of the order lifting the HIV travel ban. Shortly after, Christopher

Bates took the podium. A couple of points from his remarks:

- the importance of Post Exposure Prophylaxis
- Working within our communities to bring constructive strategies to the table, keeping in mind that we only have 3 more years with this administration.

I had the honor to be introduced to him by one of my colleagues, and was able to thank him for sharing his vision and commitment to our community.

The conference was about us, about me, about my friends who passed away, or our friends who don’t have a voice. For them, for us, we need to empower ourselves. Knowledge opens many doors, and at any level there is always something to do, to learn, something to share, or simply to give hope, a smile to someone who’s lost. We have many roles and many responsibilities, to ourselves first, to humanity next....

In New York we are lucky to have the Leadership Training Institute at Cicatelli Associates—a program for and by People Living with HIV or AIDS. Their curriculum is developed by positive folks for other positive folks, and builds community while building knowledge and skills. (Plus it’s a lot of fun!)

We need to take responsibility, stop complaining and ask for more; we need to secure what we have and help find strategies to lengthen and enhance our lives, and put an end to this pandemic. ●



Victor Benedava

SURVIVING AND THRIVING!

(continued from page 1)

initiative designed to enhance and strengthen the Care Network’s consumer involvement. The first has been a part of the LTI’s program for a number of years, and continues to evolve to keep pace with changes in the Ryan White legislation itself, as well as the work of the Council. The Network Project has only been part of the LTI since last spring, but it has already infused new energy into the entire program! For many of us around the state, the Networks remain the simplest and best place to stay connected, informed and involved.

Former LTI CAB member Gina Healy writes about her own encounters with the Planning Council workshops (the series consisting of “Introduction to Ryan White Part A Community Planning,” “Using Data to Set Priorities and Allocate Resources” and “Working Effectively in Groups”) and relates some thoughts from other PLWHA who are involved with the Council. From the Network Project, three participants in the Network New Member Training, whose involvement in their Networks runs from years to a matter of months, share some thoughts about what the Networks mean for them.

Rounding out the issue, LTI CAB member Victor Benedava relates his experience of last fall’s US Conference on AIDS, and former CAB member Steve Hemraj reminds us that training can be a transformational experience. Finally, we welcome to the LTI team Trainer Rusti Miller-Hill and Youth Advocate/Organizer Justin LiGreci, both of whom are introduced in the issue. ●



PWA LEADERSHIP TRAINING INSTITUTE

A Program of Cicatelli Associates Inc.

“Self-Management: Becoming Your Own Health Care Advocate”

(open to any New York State resident living with HIV)

This training is designed for individuals who want to better manage their HIV health care. Medical information, communication skills building and peer support are combined in a free, fun, interactive educational experience created by and for people living with HIV or AIDS (PWHA).

“Self-Management” is offered in each region of the state one time each year, and twice a year in New York City. Graduates of the training are matched with peer mentors, who offer support and information for six months following the training.

Call Rusti Miller-Hill for more information:

New York City: 212-594-7741, ext. 278

Outside New York City (toll-free): 866-792-5323 ext. 278

New York City “HIV Planning Council Training Series”

(anticipated launch in June 2010 -- open to HIV+ residents of New York City, and Putnam, Rockland and Westchester Counties)

Newly revised and updated, the series consists of three workshops that are designed to build knowledge and skills for PWHA who are currently active with the NYC HIV Health and Human Services Planning Council, as well as for others who may be interested in learning more about the Planning Council and its opportunities for participation by consumers of HIV health and human services.

- Introduction to Community Planning (2 day) introduces participants to the federal Ryan White HIV/AIDS Program (previously known as the Ryan White CARE Act). The focus is on Part A of the program (funds to aid “local areas hardest hit by the epidemic”) and its mandate for community members—including people living with HIV—to partner with government to identify local needs and set priorities for funding.
- Using Data to Set Priorities and Allocate Resources (2 days) builds on Introduction to Community Planning and elaborates on the work of the HIV Health and Human Services Planning Council. The workshop describes the processes the Council uses to make service and funding decisions, and helps participants understand how data is used to ensure that all such decisions are “evidence-based.”
- Working Effectively in Groups (2 days) examines some common stages and dynamics in the development of working groups. Participants identify helpful and unhelpful behaviors in group processes, and practice skills for negotiating and managing conflict in groups.

To register for trainings, or for more information, please call Rusti Miller-Hill, at 212-594-7741 x278.

MEET THE NEW LTI STAFF

Rusti Miller-Hill – New York, NY

Peace and Blessings.

My Name is Russelle Miller-Hill, but you can call me Rusti (with an “i”).

I have been a part of LTI as an advisory board member for the last two years. The opportunity to work with the staff here at Cicatelli presented itself in December of 2009. I joined the staff as a trainer for the LTI Program. I have spent the last six years at Albert Einstein Methadone Maintenance Clinic working with women and families with histories of incarceration and substance abuse, around reproductive health issues. I have been in the field for more than 15 years working on everything from housing to CAPC women and their families. I look forward to the journey ahead and getting to know you all. I will look for you at the next training. We have a seat waiting just for you .



Justin LiGreci – Staten Island, NY

Hi there! As a recent hire of Cicatelli Associates Inc. and a brand new member of the LTI team, it is my pleasure to introduce myself to you all—my name is Justin LiGreci. I became involved with advocacy work in 1996 when I started speaking publically, and in 1998 I started my own not-for-profit to address HIV/AIDS youth-specific issues on Staten Island, where I reside. I graduated from St. Johns University and for the past two and half years I had been working part time with the NYS DOH AIDS Institute. I have had the opportunity to work on many youth related projects, and am happy to bring my expertise to LTI in my new position as a Youth Advocate/Organizer. I will be working closely with the Ryan White Care Networks, helping to recruit youth to the Networks as well as providing technical assistance.

My hobbies include travel, art, popular culture, trivia and having a good time!



WE DON'T WANT TO LOSE YOU!

We want to be able to send you the most up-to-date information about LTI programs and related HIV/AIDS events. Please call us if your contact information has recently changed, and remember to let us know if you move or change your phone number in the future! 866/PWA-LEAD (866/792-5323) x278; rmiller-hill@cicatelli.org



PLANNING COUNCIL

(continued from page 1)

now streamlined into a one-day version that focuses on general Part A funding, and more specifically the PC. This new version of the community planning workshop is very targeted in information and dense in content. However, John explained that because of the amount of information presented, anyone who truly wishes to become involved and feels that they need to take the Community Planning class more than once in order to better process the information is welcome to re-enroll. The purpose of taking these trainings is to educate and inspire, not to quiz or fail. So those who are interested in taking the trainings should not feel turned off by the technicality of the subject matter. In addition, John, Petra, Sammie, and the LTI team remain committed to the tradition of fun breakout activities in spite of the fast pace.

Understanding Data and Priority Setting and Resource Allocation, which used to be two separate trainings, have now been combined into one training. Working Effectively in Groups remains a two-day affair. John impressed upon me the importance of encouraging PWAs to take these trainings in order. However, Working Effectively in Groups is a stand alone training which can be taken at any time.

After getting this overview from the LTI, I interviewed several LTI grads who are now active at different levels in the PC to get their insider's perspective on the importance of being involved in the decision making process engaged by the council, and how taking the three LTI trainings (Community Planning, Understanding Data and Priority Setting and Resource Allocation, and Working Effectively in Groups) benefitted them in their work with the council.

Felicia Carroll, LTI grad and Community co-chair of the Advisory Group to the PC, told me right off the bat that understanding data was of vital importance during her time

on the council. She remembered the time before the courses were offered by the LTI, when the mayor appointed members to the council who didn't understand the data being presented and couldn't vote intelligently as they were confused by the technical demands of epi-data, budgets, and health policies, which are the substance of the PC. Since the inception of the Planning Council series, LTI grads are educated about their advocacy role in the decision making process, and because of their LTI training, they can hit the ground running once appointed to serve on the council, or on one of numerous PC committees.

This observation was echoed in a first person account of LTI training in action at the PC by Victor Benadava, LTI CAB member, PC member, and Consumer Committee Co-Chair. It was Victor who discovered an omission in an RFP that resulted in less funding for community-based organizations. The combination of his LTI training in reading and understanding data, his diligence in attending PC committee meetings, and the inspiration offered by LTI's message enabled him to "connect the dots" and discover this omission in funding. In the end, the funding decision could not be reversed, but the Advisory Group, co-chaired by LTI grads who had taken the trainings, helped to draft the language for a resolution that was offered as a compromise to the lack of funding. LTI Planning Council trainings provided this direct real world meaningful contribution to the PC. Victor told me that his advocacy on behalf of community-based organizations stemmed from his strong personal values which he could express at the Council. "It's easier for people to go to community-based organizations for their care because they're out in the street, and to push the door of a big hospital and ask for help is not as easy to do as to go where you know that your friends are going already. You know that the people will help you... You go to a hospital because you're sick. That's the difference. You go to a community-based organization because you need love, you need care."

Another common thread between LTI grads that are now active in the PC was the inspirational value added to the lives of consumers who advocate for their fellow consumers. Victor explained, "For me it's not just a title, to say 'I'm a member of the PC.' I do it because I save lives. Because I make sure that people get fed, that people get treatment. So being seated at the table you have a big responsibility. You have the responsibility on your shoulders of 200,000 people in the city who are poor, and if they don't get the treatment they need, they die." This inspirational value is further illuminated when casting back to his own needs as a consumer. "I wanted to make a difference. I became HIV positive and I didn't want anyone else to become HIV positive. But there were things I didn't know because of where I was raised and where I came from. I became poor, I lost everything, but I was able to survive directly because of the Ryan White services that I got." After accessing the services, Victor received the PC trainings at the LTI, and was empowered, inspired, and motivated by knowledge. He then became involved with the PC. All of the trainings gave him the tools to engage in the process with confidence and conviction. His is only one of the many success stories produced by the LTI trainings.

Jan Carl Park, Director of the HIV Planning Council, added this explanation of the broad reach of the PC. "Not only does LTI train consumers living in New York City, but the jurisdiction also includes Westchester, Putnam and Rockland counties, so there are five or six thousand people living with HIV and AIDS in those counties north of the city.... Living with HIV and AIDS in the suburbs is very different than living with HIV and AIDS in the south Bronx or central Brooklyn, or central Harlem. Urban HIV and AIDS, suburban HIV and AIDS, and rural HIV and AIDS all bring different needs, different challenges, and LTI speaks to those differences." ●