



The Divas Take Center Stage

By Mulan Williams

As our community continues to deal with the fallout from the current pandemic there are those of us who do not have the luxury to put our lives on hold. Those of us who have been mistreated and overlooked far too many times, even by the very institutions that are meant to serve us. That is why I created the program Divas in Dialogue. When creating this program, at first, I had myself in mind. I thought of all the opportunities and resources I wished existed when I was younger. Of the need that my sister and I have for a safe space where we can fully be ourselves. Something that is especially important considering the current social and political climate where trans women live in fear daily for simply existing in our true selves.

Divas in Dialogue gives a voice to all trans women. We started out as just a support group but with our mission statement in mind "A sisterhood of trans women of color empowering, building, and strengthening each other" and the ultimate goal to ensure that we all have a seat at the table, we have grown to develop a full curriculum. We focus on such topics as STD and Health Awareness, Body Positivity, and Career Readiness.

We want the women in our program to feel empowered and we assist with resume building and give guidance on proper attire for job interviews. I want my sister to shine with their true beauty and the program offers make up classes that help boost our self-esteem, and because no one should be denied the right to be recognized as their



true selves we offer name change services to all the ladies that participate. As a bonus to my sisters there are opportunities to earn rewards such as gift cards for upwards of \$300.

We are working to build credence and encourage the ladies to confidently step out into the real world. Our program reinforces the idea that trans people can lead traditional lives and that there are more opportunities out there for them

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CENTRAL FLORIDA HIV PLANNING COUNCIL

STANDING COMMITTEES

Membership Committee

- This meeting is the first Tuesday of the month at 2:00 PM

Service Systems and Quality Committee

- This meeting is the first Thursday of the month at 10:00 AM

PR & Marketing Committee

- This meeting is the second Tuesday of the month at 10:30 AM

Needs Assessment and Planning Committee

- This meeting is on the second Thursday of the month at 2:00 PM

Executive Committee

- This meeting is the Thursday of the week before the Planning Council meeting at 2:00 PM

Planning Council

- This meeting is the last Wednesday of the month
- Meet-N-Greet (5:30 PM) & Meeting (6:00 PM)

Contact Planning Council Support for meeting locations or visit website

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RYAN WHITE PART A SERVICE PROVIDERS

AIDS Healthcare Foundation
407-204-7000
www.aidshealth.org

ASPIRE Health Partners
407-245-0014
www.aspirehealthpartners.com

Center for Multicultural Wellness and Prevention
407-648-9440 • www.cmwp.org

Dept. of Health in Lake County
352-771-5500
http://lake.floridahealth.gov/

Dept. of Health in Orange County
407-858-1437
http://orange.floridahealth.gov/

Dept. of Health in Osceola County
407-343-2030
http://osceola.floridahealth.gov/

Dept. of Health in Seminole County
407-665-3200
http://seminole.floridahealth.gov/

Heart of Florida United Way
407-835-0900 • www.hfuw.org

Hope and Help Center
407-645-2577
www.hopeandhelp.org

Miracle of Love
407-843-1760
www.miracleofloveinc.org

Orange County Medical Clinic Pharmacy
407-836-7160

Orange Blossom Family Health
407-428-5751 • www.hcch.org

Turning Point
407-740-5655
www.turningpointcfl.org

Part A Recipient's Office
2002-A E. Michigan Street
Orlando, FL 32805
407-836-7631

other than taboo career choices such as sex work. There have been programs that offer similar services but this one takes into account the most important thing that our community needs to know. We fight for a seat at the table because when we are involved in every step of the decision-making process, we are able build each other up in meaningful and honest ways, look out for each other, and provide mutual aid not charity. Nothing for us without us.



“Drop Us a Line...”

Planning Council Support
HFUW
1940 Cannery Way
Orlando, FL 32804
407-835-0900

CFHPC@hfuw.org



Connect with us on Facebook @
CentralFloridaHIVPlanningCouncil

<https://ryanwhitecfap.org/member-resources/integrated-hiv-prevention-care-plan/>

<http://centralfloridahivpc.com>

Ryan White Response to the COVID-19 PANDEMIC

By Andres Acosta

The COVID-19 pandemic has disrupted life across the globe, as nations struggle to contain the virus, local communities' race to adapt to the new normal. Large Central Florida is no different and while there have been major growing pains the Ryan White System of care has been rapidly changing to accommodate the needs of those of us living with HIV. We are not alone, the federal government awarded \$401,169 to the Orlando EMA to care for the individuals in the Ryan White system of care as the pandemic rages on.

Once these funds were made available the Part A team acted quickly to ensure that PPE was available to all clients through their agencies spending \$100,000 on reusable facemasks and hand sanitizer. Since June 3,000 facemasks were distributed to 737 clients, and since August 840 2oz hand sanitizer bottles were distributed to 280 clients. Understanding that the needs of our community go far beyond PPE the team set out to ensure that food security was addressed. This has taken the form of \$150,000 spent in food vouchers and personal hygiene products. Ryan white clients are now eligible to receive at least one \$25 store gift card and 272 have already received them via their case managers. Orange County also did their first mobile food box distribution on August 21st providing much needed groceries to over 100 clients and announced that future distributions will follow.

WHILE COVID-19 HAS CAUSED SOME CHALLENGES ALL RYAN WHITE FUNDED AGENCIES CONTINUE TO PROVIDE SERVICES, WITH MEDICAL SERVICES BEING AVAILABLE THROUGH TELEHEALTH OR IN CASES WHERE NECESSARY FACE TO FACE, INCLUDING SUBSTANCE ABUSE AND MENTAL HEALTH.

Emergency dental services continued to be provided during March with normal operations returning in June. The great news is that while operations have had to adapt and change as during this period, viral load suppression for clients in the Ryan White System of care continues to hold steady at 91%.

There are still challenges that need to be addressed. Agencies and clients

have limited access to technology for telehealth services, and while WebEx licenses were purchased for all referral specialist, medical case managers and peers, there is still a digital divide from the side of the clients in need of those services. Mental Health issues are increasing as the pandemic runs its course and there is a lack of access to services, and issued currently being address with the search for new mental health providers for those in Ryan Whites care. Finally face to face encounters for all services continues to be a challenge, but the peer support groups attempt to keep clients connected to their support system from a distance.

What are the next steps for Ryan White program?

After successfully launching and completing a COVID survey centered around the needs of their clients. The Ryan White program will make informed decision in the distribution of 11 million dedicated to medical support series for people living with HIV in the area and the management of 6 million dedicated towards housing assistance for people living with HIV in the Orlando EMA. In an effort to improve health outcomes in the area by ensuring access to services community engagement activities are planned to help us get through the challenges ahead.



Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT
1

Diseases can make anyone sick regardless of their race or ethnicity.

People of Asian descent, including Chinese Americans, are not more likely to get COVID-19 than any other American. Help stop fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.

FACT
2

The risk of getting COVID-19 in the U.S. is currently low.

Some people who live in or have recently traveled to places where many people have gotten sick with COVID-19 may be monitored by health officials to protect their health and the health of other people in the community.

FACT
3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT
4

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

FACT
5

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



CS 315446-A 03/04/2020

For more information: www.cdc.gov/COVID19

Taking Care of the **ESSENTIALS**

By Gabriella Rodriguez

We are six months into the COVID-19 pandemic life and our frontline “essential” workers are growing weary. Being essential now has a new meaning. As many continue to report to their jobs at health care facilities, grocery stores, delivery services, gas stations, and other essentially deemed work sites—to further ensure the rest of the country can maintain some semblance of life during this health crisis while in dangerous, exhausting conditions everywhere. Those same workers that were already at an economic disadvantage—generally earning lower wages and carrying less health-related insurance—before the pandemic hit, are often left unprotected by government and structural systems that have failed to supply access to enough personal protective equipment (PPE), supplies, and resources to do their jobs safely and efficiently.

This burden has been seen nationally. Families that lose employment don't have a moment to rethink but search tirelessly in finding anything to ensure the safety of their families and dwellings as our essential workers may not qualify for Government assistance. Families biologically and chosen are finding innovative ways to navigate this new norm and band together.

Marilanis moved in with a close coworker to keep cost down and have one housing bill due to the loss of hours, she works part time to be flexible in homeschooling five children under the age of ten, due to the fear



“ I constantly have to address social distancing and note the dis-concern, I keep up with all the county information of death and infection rates, with this knowledge and knowing the continued risk of exposure, I have had to take extra precautions. ”



years did I think I was going to be in this situation a year ago, this is taxing as I have to fight an invisible battle that continues to move in closer and closer now even more with trying to pick up the work of my coworkers infected and quarantined.”

Paul has been working in the grocery industry for 5 years at a local popular chain, and mentioned that he never considered himself an essential worker before, but has now had this unwanted title bestowed upon him. He states “Policies change everyday, and is an all day every day conversation, Part of my job has become reassuring people that that stuff isn’t running out and that they don’t need to panic. “I constantly have to address social distancing and note the dis-concern, I keep up with all the county information of death and infection rates, with this knowledge and knowing the continued risk of exposure, I have had to take extra precautions.” Paul accounts to me the additional precautions they have made. “I have a separate space in my small apartment which allows me to be apart from everyone, especially my parents since they have recently moved in and have underlying conditions and their age. My face hurts from the mask I wear and my hands hurt from washing them consistently, but I will do what I have to keep my family safe and a roof over their head by any means, as I’m the breadwinner in my family, so I can’t get sick... a continuous reminder and added stress in the back of my mind, with the potential exposure with every guest interaction.”

of COVID in a 973 sq foot space, while her friend remains fulltime frontline at a local gas station employee. She mentions “I’m a single mother of three of my own that are now Homeschooled. Who is staying with them?” While some child care centers are still open for the children of essential workers, this is not true everywhere, and not everyone qualifies and is becoming a rising concern as many single mothers who have essential jobs are also facing the added emergency of 24-hour child care, either having to make hard decisions of going back to an abuser or finding other alternatives. “ My friend and I had

to band together, for our children and survival since no one else was, I think of how fortunate I was able to be... This pandemic has turned my my life upside down, I don’t qualify for support from this government that I pay taxes into I need help too... I still have to work but am in fear everyday, I leave the house, I’m in contact with so many people, and if someone doesn’t wear a mask I as nicely but fear retaliation, everyone is on edge, I think of my children, and minimize my contact with the fear of spreading the virus to the kids, as much as I instill conversations about germs they’re children. Never in a million

These are only 2 experiences of millions of low-wage “essential” workers on the front lines, facing these concerns everyday when navigating their every decision. An what constitutes as an essential worker in the USA varies by state, what we do know is people of color (Black, Latinx and Native American community) make up a large part of the essential workforce and have been disproportionately affected by COVID-19. While many would argue that our communities of color face many underlying conditions such as

heart disease, obesity, etc. and while that is one piece that is linked to a systemic issue of long held racial inequities that leave many without access to healthy food and health care, a key role in how different Americans are impacted by the virus.

Dr. Mary Bassett, the Director of the FXB Center for Health and Human Rights at Harvard University. Stated “The focus on comorbidities, makes me angry, because this really is about who still has to leave their home to work, who has to leave a crowded apartment, get on crowded transport, and go to a crowded workplace, and we just haven’t acknowledged that those of us who have the privilege of continuing to work from our homes aren’t facing those risks” The workers I interviewed expressed a range of emotions—from fear to frustration to anger—over their lack of access and support from our larger systems, this continued outcry of people deserving an equal opportunity to live—to get health care, to get testing, to get tracing.

So what can be proposed?

- Hold OSHA to be more receptive and recognize the needs of our “Non healthcare” essential workers to higher standards and hold employers accountable.
- Create and Targeted health insurance program to qualifying essential workers that covers testing, vaccines and hospitalization
- Offer Life insurance program for qualifying essential workers

In my Opinion, I feel these are not out of the box asks. You are just as someone performing a construction or sanitation job you are putting yourself at risk, you are provide hazard pay, additional support to do the job because it is understood to be dangerous and a risk... you understand it and have options, right now there are no options you don’t work... NO pay, No PPE, No protections.

Throughout my conversations what I noted as a trend of unity within the community realizing the need, shared experiences, helping and support of one another to attempt to overcome some of these hurdles. As a community we can make a difference, in as little as being nice, wearing a mask, showing

The pandemic has affected us all in different ways, Let’s support one another. Essential workers are just that—essential—and by protecting their health, and access to support, we protect the wellbeing of us all. Together we can make a difference. #TogetherWeThrive



appreciation for an essential worker, Continuing to let each other know of the community support and resources you may know of, donate your transportation pass or just calling in to support and listen. If you are able allow an essential worker to share their frustrations or concerns with you, If you can ask how you can help alleviate some other areas, maybe a hot meal , a dog walk, possible childcare or running an errand.

If you are a Ryan White recipient, Reach out to your Case Manager or the Central Florida Planning Council for more information on PPE, Food and Financial Support as the State and

Reach out to your case Manager today or the Central Florida HIV Planning Council for more information, the County and State have received funding to further support our Ryan White recipients, with PPE, Nutrition and financial support.

Reference

<https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latino-african-americans-cdc-data.html>

<https://unitedwaynca.org/stories/us-states-essential-workers/>

<https://www.kff.org/policy-watch/taking-stock-of-essential-workers/>

<https://s33330.pcdn.co/wp-content/uploads/2020/04/Executive-Order-20-91-Essential-Services.pdf>

FREEDOM

From Active Addiction

By Sam Graper

My irises were mesmerizing, in every beautiful detail. The colors were dancing in the late afternoon sunlight from golden, to ocean green then light blue hues. Remarkable, I thought staring into them just inches away from the bathroom mirror. I turn, reaching for my pipe. Once last hit I promised myself. I was revolting, even to myself, stigma and shame washed over me. I felt so alone.

I was there for 4 hours. “Stuck” as we call it. Staring into that mirror, frantically searching for who I used to be. Hitting it again, THIS is my last time. Screaming inside “Where are you... where is that little Eagle Scout?” I had been diagnosed a year earlier with HIV and already using. This was my excuse to kick into high gear. Hitting it again, then promising myself THIS is last time. Peering back at me was a gaunt, ashy human shell. Thinking “Why can’t you just die? I’m not taking my meds... God please help me, let me die...you can’t even do that right. Worthless.” I pleaded but my prayers were unanswered.

That was in 2008, it was a turning point. The self-inflicted pain I was enduring is so deep and traumatic it tears your very soul open. I knew I was in there, fighting to live. I destroyed everything in my life, giving up a great job, a wonderful loving partner, and a stunning home in downtown... and no one could figure out why. I couldn’t stop, I needed help.

When my friend offered to take me to the detox on Gore Street, I agreed. I was terrified. It was literally the best decision I ever made. It saved my life. During the intake, they asked “HIV”? Head hung low, quietly “yes”. Shame and disgust welled up inside.



I TOLD SOMEONE MY DIRTY LITTLE SECRET. I LEARNED THAT I WAS AN ADDICT, LATER TERMED SUBSTANCE USE DISORDER. WHEW! I HAD CHRONIC DISEASE! I MOVED HOME TO KENTUCKY TO GET TREATMENT FOR MY DISEASE AND START MY JOURNEY OF RECOVERY.

I joined a 12 Step fellowship and found hope. The process helps me deal with HIV and with myself. Back then I was the only gay HIV positive person in meetings. This was long before the science of Undetectable Equals Untransmittable. I moved back to Orlando but found our community consumed with stigma and ignorance. I became determined to help others

so they didn’t have to live in the twin horrors of HIV and addiction stigma.

Two of my dearest friends, Oleg Priven and Bryan Morgan were educated and fearless with their status. In 2010, they were trailblazers as the only two people on apps with their face picture and status. I wanted that. I wanted to be free. So I did the internal work to know my value at a deep level and joined a handful of other brave men in Orlando living openly with their status. I became a quiet activist of sorts. Then I became not so quiet. I was finding my voice, shattering HIV and addiction stigma.

Oleg insisted I get a job at a HIV nonprofit. I finally found what my entire life had been leading me too. I was uniquely created through education and life experience to help and empower others. I thought I was alone. But I wasn’t.

The numbers are shocking. According to the Florida Department of Health, in 2018 17.5% of people living with HIV struggle with substance use disorder compared to 1% of the general population. Substance use disorder is a chronic illness. The Ryan White program assists those living with HIV and has resources for people struggling with substance use disorder.

Over twelve years later, I haven’t relapsed and I manage both conditions the same way—one day at time.

1% of adults ages 18 and older experienced a substance use disorder in the past year Statewide Drug Policy Advisory Council 2019 Annual Report. According to the 2019 Data from the Florida department of health it is Substance Abuse. About 2,645 individuals in our System of Care that

It's hard to know what to say to someone who is struggling with depression, anxiety, or other mental health issues.

No need to be an expert.
Just be a friend.

One of the best ways to help a friend who's struggling with depression or anxiety it's just checking In.



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are living with HIV also struggle with substance abuse, that's about 5.7% of all individuals living with HIV in the Orlando Service Area. This number only reflects those who are struggling with substance abuse and seek treatment. The overall numbers for the country are alarming. The National Institute of Mental Health mentions that in 2014 about 20.2 million Americans suffered from Substance Use disorder. This number has risen since the opioid epidemic.

Substance use disorder is a chronic illness. Those of us living with addiction can live long and healthy lives once we start treatment for our condition. The work required to recover is long and never ending. However there are several ways to get help right here in our service area. Talk to your case manager if you feel you might have a problem with Substance Abuse. There is no easy way to say that substance abuse is a public health epidemic. One that we are no longer able to sweep under the rug. There is hope, there is healing. All you have to do is ask.



Sam Graper and State Representatives
Carlos Guillermo Smith and Anna Eskamani

If you are struggling with substance abuse please contact your case manager to find resources available to you.

HIV Prevention in a Pandemic

By Chris Haubenestel

The onset of the Novel Coronavirus 2019 pandemic certainly created a chain of events that would lead to cancellations, interruptions, and inconveniences that have affected everyone on the planet. COVID-19 has been the main subject of conversations while also becoming the highest priority regarding prevention and care when it comes to our health. Even though COVID-19 poses the greatest threat to public health, other infectious diseases such as HIV can still contain a high level of risk, especially during a time where promotions are specifically targeting COVID-19.

Orlando Service Area prevention providers have had to be creative on how they were going to implement and continue their HIV prevention programming amid the pandemic. While some agencies receive funding to provide prevention work, they have had to create innovating solutions in order to avoid interruptions in their funding while also making sure clients are not experiencing any gaps in the care or assistance they may need. Some programs such as, one-on-one peer support and peer support groups have been conducted virtually. With this method, clients can reach their peer mentors while never leaving their homes, thus creating no risk for COVID-19. The same goes for support groups. While some individual relies on these sorts of groups, having the ability to still gather helps keep these individuals engaged in their care safely.

Some activities pose more of a challenge when being conducted remotely or socially distanced. Condom distribution and face-to-face outreach have been examples of such activities. While condoms are still a primary tool for safer sex practices, passing them out into the community safely has been the topic of how to conduct safely. Some agencies have implemented condom delivery



programs to their client's homes and businesses or having distributed them on a limited basis while avoid close contact with others. Face-to-face outreach can carry a high level of risk or COVID-19. This has allowed prevention providers to utilize their social media platforms and maximize their online presence with HIV prevention programming. Utilizing social media has also given prevention providers the opportunity to combine HIV prevention with COVID-19 prevention as well. Generally, HIV prevention is tied into safer sex practices. However, using safer sex practices to prevent COVID-19 has been an effective way to maximize online outreach.

HIV testing is a key element to most prevention programs. Testing has also been the greatest challenge to continue since HIV testers are generally within 6 feet of other individuals and there is a higher prevalence of touch and contact points. At the beginning of the pandemic, most testing locations were forced to close. However, as businesses began to open so did testing. HIV testing sites have been able to adhere to social distancing in waiting areas and

by requiring masks and other Personal Protective Equipment (PPE) in the testing area. The Florida Department of Health has also been able to provide home testing kits to agencies to distribute to their clients. For this year's National HIV/AIDS Testing Day, the Health Department with "Test on Your Terms. Test on Your Time" distributed several home test kits at various events to promote the importance of HIV testing even during a pandemic.

While COVID-19 still poses a major threat to our health, HIV is still out there. Providers in the Orlando Service Area have come up with innovative ways to make sure that HIV prevention is still a priority in our community.

IF YOU HAVE ANY QUESTIONS ABOUT TESTING, CONDOMS, OR HIV HOME TESTING PLEASE CONTACT THE FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY OR THE CENTRAL FLORIDA HIV PLANNING COUNSEL.

RYAN WHITE HIV/AIDS PART A PROGRAM BY THE NUMBERS: 2019-2020

People served in the Orlando Eligible Metropolitan Area*



5,689

Served approximately

43%

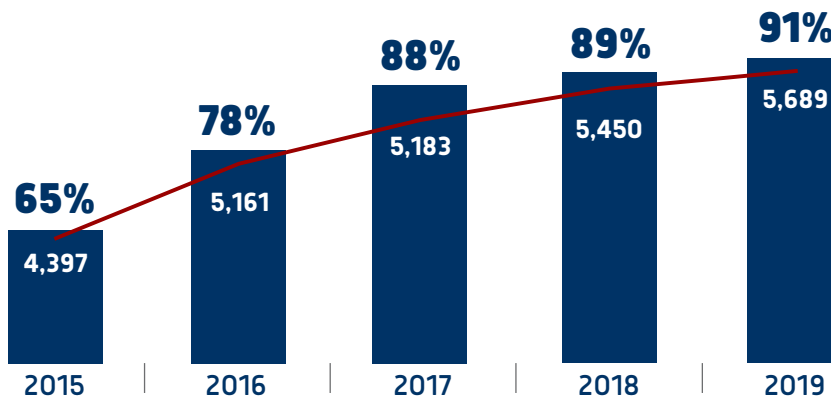
of people with diagnosed HIV in Orange, Osceola, Seminole and Lake Counties.

47.5%
of clients were racial/ethnic minorities

45.5%
of clients identified as Black/African American

32.7%
of clients identified as Hispanic/Latino

Number of clients served & viral suppression rate



In 2019
91%
of clients identified achieved viral suppression



55.6% of clients were aged 45 years and older



58.5% of clients were living at or below 100% of the Federal Poverty Level



* Orlando Eligible Metropolitan Area covers Orange, Osceola, Seminole and Lake Counties. Information obtained from Orange County's Provide Enterprise Database.



www.ocfl.net/ryanwhite



Can't wait for the next Red Ribbon Times? Us either! Stay connected for all the latest info on Facebook @ CentralFloridaHIVPlanningCouncil