



FEBRUARY 2026

# CHPC

NEWSLETTER

---

*Leadership transitions, community voices, workforce insights, and  
Connecticut's roadmap to ending the HIV epidemic—together.*

## IN THIS ISSUE

- Leadership Transition — Honoring Nilda, Welcoming Blaise
- The Integrated Plan — Connecticut's Four Pillars
- Community Stories — Treat · Respond · Diagnose
- World AIDS Day 2025 — Dunkin' Park Gathering
- Ryan White Needs Assessment — What Our Community Told Us
- Resources & 2026 Meeting Schedule

[www.CTHIVplanning.org](http://www.CTHIVplanning.org)



LEADERSHIP TRANSITION

# Honoring Nilda, Welcoming Blaise

*A moment of gratitude and celebration as CHPC enters a new chapter of leadership.*



**THANK YOU · OUTGOING CHPC CO-CHAIR**

## Nilda Fernandez

After years of dedicated leadership, Nilda Fernandez is stepping down as CHPC Co-Chair this December. Nilda's commitment to centering the voices of women, infants, children, and youth helped shape Connecticut's HIV response during some of its most challenging years—navigating COVID-19, leadership transitions, funding shifts, and the loss of beloved colleagues.

Her ability to hold space for difficult conversations while maintaining compassion and clarity set a standard that will continue guiding CHPC's work.



**WELCOME · INCOMING CHPC CO-CHAIR**

## Blaise Gilchrist

Blaise brings over 15 years of experience as a Ryan White Part B Medical Case Manager at UConn Health Center, connecting people living with HIV to essential care and support services across the Greater Hartford area.

Blaise's connection to CHPC runs deep. He first joined the consortium in the 2000s as a member of the Youth Advisory Group, later serving as a CHPC Member, Committee Chair, and eventually Co-Chair. After stepping away to address family health matters, he rejoined CHPC in 2024—bringing both institutional memory and fresh perspective. At the November meeting, Blaise was unanimously elected by CHPC members.

Blaise joins continuing Co-Chairs **Dante Gennaro** and **Africka Hinds** in leading CHPC through 2026—a pivotal year for developing Connecticut's 2027–2031 Integrated HIV Prevention and Care Plan.

*We're grateful for Nilda's tireless advocacy and excited for Blaise's leadership ahead.*



INTEGRATED PLAN 2027-2031

# Understanding Connecticut's Integrated HIV Plan

Connecticut's comprehensive strategy to end the HIV epidemic is built on four interconnected pillars.

Connecticut is developing its 2027–2031 Integrated HIV Prevention and Care Plan—a roadmap that will guide the state's efforts to prevent new HIV infections, improve health outcomes for people living with HIV, and reduce disparities over the next five years. The plan is built around four pillars: **Diagnose, Treat, Prevent, and Respond.**

But what does that actually mean for you? The Integrated Plan isn't just a government document. It's a blueprint for how resources get allocated, which programs get funded, and what services become available in your community. It determines whether there's a mobile testing van in your neighborhood, whether your local clinic offers PrEP, and whether support services exist for people navigating both HIV care and substance use recovery.

 <p><b>PREVENT</b></p> <p>Stop new HIV transmissions by expanding access to PrEP and prevention services</p>	 <p><b>TREAT</b></p> <p>Link people to care quickly and support them in staying healthy</p>
 <p><b>RESPOND</b></p> <p>Provide comprehensive services that address the whole person</p>	 <p><b>DIAGNOSE</b></p> <p>Identify HIV infections early through accessible testing</p>

★ **Your Input Matters:** You know what barriers exist in your community. You understand what services are actually helpful. You can identify gaps that data alone might miss. CHPC will be hosting community input sessions throughout early 2026.

**For updates:** [www.CTHIVplanning.org](http://www.CTHIVplanning.org)

**PILLAR 2: TREAT**



**PILLAR 2 · TREAT**  
**From Smoking to Riding: A Journey of Inspiration and Health**  
*By Danielle Warren-Dias*

Prevention and treatment for people with HIV should not be done in a vacuum. Every aspect of that person's life can have a positive or negative outcome on living a long healthy life with HIV. I have found this to be evident in my journey to living a long, healthier and prosperous life with HIV.

We made one of the best hires twelve years ago by hiring Angel H Ruiz at the CT Children's/UCONN Health Youth and Family Community Health program. I knew that we were getting a highly committed soldier in the fight against HIV, Hep C, STI, substance use disorders etc. What I didn't know is what he would mean to my health and wellbeing.



A year after Angel was hired, he came to me and said that he was going to quit smoking because he wanted to ride a motorcycle like me. He needed to save the money to purchase a motorcycle. He was able to save and buy his motorcycle (named Negrita) in only 10 months after quitting because he was a chain smoker spending about \$400 a month on cigarettes.

*"Angel inspired me to quit smoking. I'm 9½ years nicotine-free today. I'm always reminded of how God's universe works when I pull up to work and park my motorcycle (named Betty White) next to his."*

— Danielle Warren-Dias

During this time, I too had been a smoker for 42 years. I had attempted to quit but had failed until I witnessed Angel's journey. So, he, in turn, inspired me to quit smoking. I am 9½ years nicotine-free today. I'm always reminded of how God's universe works when I pull up to work and park my motorcycle (named Betty White) next to his..... Nicotine-free!



*Danielle and Angel with their motorcycles, Betty White and Negrita — nicotine-free!*

**PILLAR 3: RESPOND**



**PILLAR 3 · RESPOND**

**Breaking the Chain: A Mother, A Daughter, and the Power of Community**

*By Chrissy Marie Ely*

In December of 1966, when I was just 18 months old, I became the center of a tug-of-war between a desperate 20-year-old father and a 19-year-old mother struggling with addiction. My father won that battle, and I grew up with him and my newborn sister. I had no memory of the event, only the lifelong imprint of abandonment and a deep loyalty to the father who fought for me.

Years later, an article revealed a name I had never heard before—a woman arrested for check fraud, bearing my father's last name. When I confronted him, he finally told me the truth: I had a mother, her name was Cathy, and she was a drug-addicted sex worker. Already experimenting with pills myself, I became determined to find her and uncover my roots.

I found my mother in 1978, at the age of 13. She was an addict—just like me. Our relationship was complicated, chaotic, and painful, but it was real. We had ten years together before the virus took her life on December 9, 1988.



In those years, something beautiful happened. My mother found recovery. We began attending 12-step meetings together. During the late 1980s, when HIV carried enormous stigma and fear, the recovery community became her lifeline. There were few treatment options then—AZT was available only through limited programs—and many NA members were dying weekly. Yet despite her own diagnosis, my mother chose courage. She found purpose in service, linking with local churches and HIV advocates to hand out pins, encourage testing, and reach out to women still working the streets.

Together, we joined others in creating one of Connecticut's first HIV-focused NA specialty meetings in 1987. My mother dreamed of a candlelight meeting to honor those who died clean. I knew it was only a matter of time before I would be lighting a candle for her.

When she died—alone in her apartment, exhausted spiritually and physically—I walked in behind the police and heard, as clearly as if whispered from above: "Job well done, my faithful servant." For years, I told people she died of cancer. I thought hiding the truth protected her legacy. But recovery taught me something far more powerful.

*"My mother was not weak. She was not her disease. She was not her addiction. She was a warrior fighting two impossible battles at once—HIV in the 1980s and addiction in a world that offered little mercy for either."*

— Chrissy Marie Ely

And she didn't fight alone. She survived as long as she did because a community wrapped around her—HIV advocates, NA members, sponsors, friends, and everyday people who refused to let stigma have the final word. Their support allowed her to live with dignity, purpose, and love.

Her journey became the foundation of my own recovery. She made me promise to stay clean, to break the generational cycle of addiction, and to turn pain into purpose. Today, I keep that promise one day at a time. I see the results in my children and grandchildren, who are growing up free from the chains that bound the generations before them.

*"Support saves lives. Connection heals wounds. Community is medicine."*

— Chrissy Marie Ely

My mother's life taught me this: Support saves lives. Connection heals wounds. Community is medicine. Her story didn't end in 1988. It continues through me—through my recovery, my service, my truth, and my hope for those still fighting. And with every act of compassion, every hand extended, every stigma challenged, her legacy lives on.

 PILLAR 4: DIAGNOSE

PILLAR 4 · DIAGNOSE

**Pillars of HIV Prevention: Diagnose**

*By Mike Judd*

Knowing one's HIV status is the critical first step in HIV prevention. Early HIV detection is essential to the Ending the HIV Epidemic in the U.S. initiative, which aims to reduce new HIV infections by 90% by 2030. To support this goal, Connecticut implemented standardized routine opt-out HIV screening in primary care and emergency care settings. This approach not only increases the likelihood of diagnosing HIV earlier and linking individuals to care sooner, but it also helps normalize testing and reduce stigma.



However, routine screening in healthcare environments reaches only those who interact with the medical system. Many individuals—especially those facing housing instability and homelessness, discrimination, or other systemic barriers—never enter healthcare settings at all. This is where community-based organizations (CBOs) play a crucial role.

CBOs bring HIV testing directly to the people who need it most. Through mobile testing units, street outreach, and partnerships with shelters, harm reduction programs, and community centers, these organizations reach individuals who might otherwise fall through the cracks. They meet people where they are—both geographically and in terms of readiness—offering not just a test, but a connection to care and support.

*"Increased awareness and accessible testing are key to diagnosing HIV infections early, connecting people to immediate and effective treatment and care, and ultimately ending the HIV epidemic."*

— Mike Judd

Organizations such as the CT Harm Reduction Alliance work to expand access to rapid-result HIV testing within our most vulnerable and at-risk populations. These agencies meet people where they are, providing testing services in community spaces, shelters, encampments, and other environments where traditional healthcare is often inaccessible or unwelcoming.

For individuals who test negative, CBOs offer vital education on HIV prevention—providing information on safer sex practices, PrEP/PEP, harm reduction strategies, and other tools that empower people to make informed decisions about their sexual and overall health well-being.

The combination of routine screening in healthcare settings and targeted outreach through CBOs creates a comprehensive approach to HIV diagnosis. Both strategies are essential: one normalizes testing within the medical system, while the other ensures that no one is left behind.

**We'd Love to Hear From You**

Your story matters. Whether it's about prevention, diagnosis, treatment, or the community that supports you—sharing your experience can inspire others and shape Connecticut's HIV response.

[Share Your Story — email reyes@xsector.com](mailto:reyes@xsector.com)

DECEMBER 1, 2025

# World AIDS Day 2025

*Hartford Community Gathers at Dunkin' Park*

On December 1, 2025, Connecticut's HIV community came together at Dunkin' Park—home of the Hartford Yard Goats—for an evening of remembrance, solidarity, and renewed commitment to ending the epidemic. The event brought together people living with HIV, service providers, advocates, and allies to honor those lost to AIDS while celebrating the progress we've made and the work still ahead.





*"Today we gather not just to reflect on the past, but to celebrate the resilience, progress, and sheer determination of our community."*

— Ryan White Planning Council Co-Chair Clifford Batson

Ryan White Planning Council Co-Chair Clifford Batson delivered heartfelt remarks that captured both the gravity and joy of the occasion. "As someone who has personally navigated the journey of living with HIV, I stand before you filled with hope, gratitude, and a spirit of celebration."

Batson reminded the crowd how far the community has come since the epidemic's early days—transforming fear into knowledge, compassion, and action. He emphasized that today, someone living with HIV can expect a normal lifespan—"nothing short of miraculous."

Yet even as he celebrated progress, Batson acknowledged the work that remains. There are still too many people who don't know their status, too many who face stigma and discrimination, and too many who still don't have access to the care they deserve. But his message was ultimately one of faith in the community's power.

*"You never know what a person is going through. Just with that laugh, just with that joke, just even with that short conversation—you could be giving a person so much."*

— Clifford Batson



Clifford Batson delivers remarks at Dunkin' Park



**Hear Clifford's Full Remarks**

[Listen on Google Drive](#)

Or scan QR code on back page

Batson also spoke to the importance of small acts of connection—reaching out, making people feel seen, and building relationships one conversation at a time.

*"Here's to love, to community, and to a future where HIV is nothing more than a chapter in our history."*

— Clifford Batson

World AIDS Day serves as an annual checkpoint—a moment to measure how far we've come and how far we still need to go. The gathering at Dunkin' Park embodied this dual purpose: grief and celebration, reflection and action, history and hope.

Connecticut has made significant strides in HIV prevention and care, but challenges remain. Events like World AIDS Day strengthen our community's resolve, connecting us to our shared history while pointing us toward a future where HIV is no longer a public health crisis and where everyone affected by the epidemic receives the dignity, care, and support they deserve.

*The World AIDS Day 2025 Solidarity Gala at Dunkin' Park, Hartford*



2025 RYAN WHITE NEEDS ASSESSMENT

# What Our Community Told Us They Need

Over 1,000 Connecticut residents living with HIV shared their experiences and needs.

Between September and November 2025, over **1,000 Connecticut residents living with HIV** completed the Ryan White Needs Assessment—that's more than half of everyone invited. These findings will directly shape the **2027–2031 Integrated Plan** and determine which services get funded in your community.

**Who Responded:** 41% Hispanic/Latino, 37% Black, 17% White · 63% over age 50 · Only 6% under 30 · 67% English-speaking, 27% Spanish-speaking



**Dental Care is the #1 Medical Need**

Almost **1 in 4** respondents can't access dental care or need more. 32% haven't seen a dentist in the past 12 months. 30% couldn't get in quickly during a dental emergency. By race: White (26.5%), Black (23%), Hispanic (20.5%).



**Housing Stability is Fragile**

**6%** currently experiencing homelessness—and 36.5% don't know how to access shelter or emergency housing. 6% don't feel safe in current housing. 6% anticipate losing housing in the next 3–6 months, and 5% are at risk. Without addressing instability, homelessness could exceed 10%.

**How People Are Accessing Care**

Nearly **1 in 4** went to the ER for routine care in the past year. 52% went because they "felt sick." 16% went for non-life-threatening issues. Of ER users: 63.5% were on Medicaid, 28% on Medicare. Only 18% used telehealth. This suggests barriers to accessing regular providers.



**✓ Good News: Harm Reduction Needs Are Met**

95% said their harm reduction needs are met. This includes sexual health info, PrEP/PEP understanding, overdose prevention/naloxone access, syringe services, and substance use treatment resources. A bright spot—harm reduction services are reaching people who need them.

**📖 Knowledge Gaps: What People Want to Know More About**

Key topics where respondents feel *not informed*: Syringe service programs (35%), Reproductive health (29%), PEP (24%), Intimate partner violence resources (24%), Community planning groups like CHPC (22%), Partner services (20%), Long-acting injectable treatment (18%), Funding changes (18%). *Gender*: Women less informed about PEP (27% vs 21%) and injectables (20% vs 17%). Men less informed about reproductive health (35% vs 21%) and IPV resources (26% vs 23%).

**📅 What Happens Next**

These findings will directly inform the **2027–2031 Connecticut Integrated HIV Prevention and Care Plan**, due June 2026. Priorities—dental care, food assistance, housing stability, racial disparities—will shape what services get funded.

**Want to be part of the planning?** Join CHPC or attend a Ryan White Planning Council meeting. Visit [www.CTHIVplanning.org](http://www.CTHIVplanning.org) or talk to your case manager.

**RESOURCES**

## CHPC Social Media Resource Folder

Access ready-to-share graphics, fact sheets, and campaign materials for HIV prevention and care awareness.

**Social Media Graphics**  
Posts for Facebook, Instagram, and X

**Fact Sheets**  
Print-ready PDFs on prevention, testing, care

**Campaign Materials**  
Customizable templates for outreach

**Regularly Updated**  
New content added on a rolling basis

[Access Resource Folder](#)

[Submit Your Resource](#)

**MARK YOUR CALENDAR**

## 2026 Meeting Schedule

Join us as we develop Connecticut's 2027–2031 Integrated HIV Prevention and Care Plan.

**NEW** **What's Different in Early 2026:** Main meetings EXPANDED for Plan discussions. Committee meetings limited to one hour. Includes data sharing, draft reviews, and small-group discussions.

**JAN 21** **Virtual**  
9am – 2pm

**FEB 18** **Virtual**  
9am – 2pm

**MAR 18** **In-Person**  
9am – 2pm  
Chrysalis Center, 255 Homestead Ave, Hartford

**APR 15** **In-Person**  
9am – 2pm  
Chrysalis Center, 255 Homestead Ave, Hartford

**MAY 20** **In-Person**  
9am – 2pm  
Chrysalis Center, 255 Homestead Ave, Hartford

**JUN 17** **Virtual**  
9am – 2pm

**JUL 15** **Virtual**  
9am – 2pm

**SEP 16** **In-Person**  
9am – 2pm  
Chrysalis Center, 255 Homestead Ave, Hartford

**OCT 21** **In-Person**  
9am – 2pm  
Chrysalis Center, 255 Homestead Ave, Hartford

**NOV 18** **In-Person**  
9am – 2pm  
Chrysalis Center, 255 Homestead Ave, Hartford

No meetings in August or December. · [View Full Calendar & Register →](#)



**QUICK ACCESS**

# QR Code Directory

Scan any code with your phone's camera to go directly to these resources.



**CHPC Website**  
[www.CTHIVplanning.org](http://www.CTHIVplanning.org)



**Meeting Calendar  
& Registration**  
[cthivplanning.org/events](http://cthivplanning.org/events)



**Clifford Batson's  
WAD Remarks**  
Audio on Google Drive



**Social Media  
Resource Folder**  
Google Drive folder



**Submit a  
Resource**  
Google Form



**Share Your  
Story**  
Email [reyes@xsector.com](mailto:reyes@xsector.com)



The Connecticut HIV Planning Consortium is an integrated, statewide prevention and care planning group comprised of diverse partners—including persons living with HIV—working together to guide Connecticut's HIV response.