

CHICAGO WOMEN'S AIDS PROJECT'S TESTIMONY

U.S. HEALTH AND HUMAN SERVICES TOWN HALL REGARDING RYAN WHITE CARE ACT REAUTHORIZATION

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CHICAGO

My name is Catherine Christeller, and I am here as the Executive Director of the Chicago Women's AIDS Project, an agency serving over 150 HIV positive women and families. I am also here as a mother of a young man who lived for 20 years with HIV infection. Over the past 20 years I have witnessed the transformation of HIV from a death sentence to a manageable chronic infection. I have also witnessed the growth of a strong system of supportive services that allow people struggling with addiction, poverty and isolation to successfully manage complicated treatment regimens and rebuild their lives.

It is absolutely crucial that we continue to strengthen this safety net of practical supports, mental health services, drug treatment services and client-centered clinical care that makes it possible for women, especially women of color living in under-resourced communities, to benefit from advances in HIV treatment. We are alarmed that the federal government is talking about cutting services and funding when the disparities in mortality and utilization of HIV treatment experienced by African Americans and women diagnosed with HIV are so very well documented by studies funded by HRSA. The barriers to care are still enormous. With a majority of women in the U.S. no longer covered by health insurance, increases in CTA public transit rates and sky rocketing heating costs the barriers are growing, not shrinking.

Despite the wide range of services available in Chicago, our clients still report that affordable housing, food and transportation are their greatest unmet needs. Over half the women we serve have multiple health problems, including Hepatitis C, diabetes, high blood pressure, asthma, COPD (Chronic Obstructive Pulmonary Disease) and depression. Over two-thirds of our clients have utilized drug treatment services, in the present or the past. Over one-third are utilizing psychotropic medication. Over 40% are currently caring for dependent children. These challenges to survival are not insurmountable, but they are ongoing.

Community-based agencies play a very important role in making a wide range of mental health services accessible to women who are often suspicious of the medical establishment. The Women's Interagency HIV Study documented very clearly that women living with HIV experience very high rates of depression, and that untreated depression leads to higher mortality and decreased utilization of optimal HIV treatment. Managing HIV disease for a lifetime takes a strong network of both professional and peer-based mental health, drug treatment and harm reduction services delivered in a way that is culturally appropriate and accessible.

We are seeing a whole group of women successfully manage their disease, going back to school and back to work, raising their children or grandchildren and becoming leaders in the community and the workplace. We have also seen a huge decrease in the rates of perinatal transmission because women have access to rapid testing and intensive support services. Unfortunately, we are also seeing a whole new cohort of very young women who are being diagnosed positive through a pregnancy—because of our society's shortsighted failure to invest in prevention. Are we going to give these young women the intensive support they will need to successfully manage a lifetime of HIV medication? Or are we going to save the baby and throw away the mother? Are we going to extend the safety net to the south side and west side of Chicago where clients still routinely show up in the hospital with untreated HIV infection and 10 T cells?

Clinical services are not enough. We need community-based services, case finding, mental health, housing and drug treatment, to draw people into care and keep them in care for a lifetime.

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