Support Reauthorization of the Ryan White CARE Act

An HIV/AIDS diagnosis is the beginning of a journey in search of care, fraught with social, emotional, and financial issues. Discrimination, ignorance of the disease, fear, and a fragmented and often unresponsive health care system are a few of the obstacles faced by persons with HIV/AIDS. The CARE Act is a source of assistance for individuals on this journey.

What Is the CARE Act?

+ The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is the largest and most important source of funds for essential health and social services for persons living with HIV/AIDS. This year, more than $1.4 billion will be awarded to cities and states for AIDS treatment and care.

+ The CARE Act helps local communities and states provide a safety net for HIV+ persons in need. The average CARE Act recipient earns less than $5,000 a year and has no health care coverage. With the rising cost of caring for the sick overburdening state and local health systems, the CARE Act is essential to maintaining a system of care for persons with HIV/AIDS.

+ The demand on CARE Act services is greater now than ever before. Advanced therapies are helping many CARE Act recipients live healthier and longer lives. Meanwhile, new infections continue to occur unabated. As a result, greater numbers of people live with HIV and need the CARE Act to access increasingly complex and specialized assistance.

+ The CARE Act allows local communities to set priorities for service planning and delivery. This planning model recognizes that the HIV epidemic in the United States is really a combination of many local epidemics each with its own face and unique service needs.

+ Even though the CARE Act has provided substantial resources for AIDS care since 1991, the demand for services is such that only the most basic needs can be met.

How Does the CARE Act Affect Illinois?

In 1999, $40 million of CARE Act funding supported a comprehensive system of care for low-income Illinoisans with HIV/AIDS. The system includes:

- outpatient medical care
- mental health services
- dental care
- food & nutrition services
- AIDS medications
- legal assistance
- transportation
- substance abuse treatment
- case management

Four Examples of CARE Act Services:

+ Some 2,000 persons with low or moderate incomes and no prescription drug coverage receive their HIV/AIDS medications through the Illinois AIDS Drug Assistance Program (ADAP). From 1997-99, the number of individuals receiving assistance increased by 61% and the number of clients prescribed protease inhibitor medications increased by 124%.

+ Over 150 case managers at 55 different community-based organizations throughout the nine-county Chicago metropolitan area serve over 5,500 persons with HIV/AIDS and their families. Clients receive assistance in obtaining essential medical and social services.
Nearly 200 persons with HIV/AIDS living in Chicago’s far western suburbs receive primary medical care at the Open Door Clinic in Elgin and Aurora. Reflecting national trends, an increasing number of clients are women (43% in 1998) and people of color (35% in 1998).

In 1998 alone, some 1,400 persons with AIDS received groceries or home-delivered meals from Open Hand Chicago. The group delivered 48,000 meals to individuals too sick and poor to cook for themselves and provided groceries for another 473,000 meals to low-income people with AIDS who can prepare their own meals but are too poor to afford the type of balanced nutrition needed to help boost their body’s embattled immune system.

The Face of AIDS in Illinois

Since 1981, some 22,000 persons have been reported with AIDS in Illinois.

Over 8,000 persons are currently living with AIDS in Illinois, and an additional 40,000 persons are believed to be living with HIV disease.

While gay and bisexual men, especially men of color, continue to be disproportionately affected by the disease, the numbers of infected women, injection drug users, and youth are increasing at startling rates.

People of color now account for a majority of reported AIDS cases in Illinois, while accounting for just a quarter of the state’s population. The trend is expected to continue as most new infections are believed to occur among African Americans and Latinos.

Although the City of Chicago continues to experience the highest numbers and concentration of cases, HIV and AIDS cases are growing rapidly in the surrounding suburban areas and across the state.

The CARE Act MUST Be Reauthorized

The CARE Act’s current authorization expires on September 30, 2000.

AIDS programs and services will likely take center stage on Capitol Hill in the spring of 2000 when House and Senate committees begin to debate whether to extend the CARE Act for another five-year period, and if so, in what form. Congress will also need to consider funding for the program for the 2001 fiscal year that begins October 1, 2000.

Early indications are that the reauthorization process will be fraught with difficulties. Some members of Congress have indicated that they will call for the program to be radically reduced or limited in scope. Others may introduce negative amendments hindering the delivery of services.

What Can I Do?

Urge your U.S. Representative and Senators to support swift reauthorization of the CARE Act. Contact them in writing for best results. Make sure your letters are short, hand-written, and include your name and address so that your members of Congress may respond to your concerns. (If you do not know your U.S. Representative or Senators, call the AIDS Foundation of Chicago, 312-922-2322, or the Illinois Board of Elections, 312-814-6440).

Copy and distribute this fact sheet, and recruit others to contact members of Congress. Discuss the importance of CARE Act reauthorization with clients, family members, co-workers, board members, and colleagues.

The CARE Act was named for Ryan White, a young boy from Indiana who, before his death, inspired the country with his tremendous courage and determination in the face of ignorance and fear on the part of his schoolmates and neighbors. While America waits for truly meaningful reform of the nation’s health care system, Congress should act quickly to reauthorize the CARE Act.