



Testimony Before the Senate Appropriations-Health Committee (SB448: FY22 IDPH Funding)

Timothy S. Jackson, Director of Government Relations, AIDS Foundation Chicago
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My name is Timothy Jackson and I am the Director of Government Relations for AIDS Foundation Chicago (AFC), an organization committed to mobilizing communities in the pursuit of equity and justice for people living with and vulnerable to HIV or other chronic conditions. For more than thirty years, AIDS Foundation Chicago (AFC) has led the fight for HIV prevention and treatment services across Illinois.

It is my pleasure to offer testimony today in support of additional investments in essential programs and services that help alleviate the impact of the HIV epidemic on Black, Latinx and LGBTQ+ communities.

For nearly four decades, HIV/AIDS has ravaged communities, doubling down on the racial health disparities we also see laid bare across the opioid epidemic, maternal and infant mortality rates, COVID-19 mortality and morbidity rates, and the rising rates of sexually transmitted infections (chlamydia, gonorrhea and syphilis). While there have been advances in HIV testing, treatment and care over the past number of years, we know that marginalized communities – Black and Latinx LGBT people specifically - continue to bear the disproportionate impact of this epidemic.

We know that we can virtually eliminate HIV transmission when we provide linkage to HIV medications and medical care, at the same time as addressing the Social Determinants of Health (SDOH). Treatment as prevention strategies such as Pre-Exposure Prophylaxis (PrEP) and Undetectable=Untransmittable (U=U) are time-tested, science-based interventions that we know work. As a bit of background, PrEP is a prevention strategy that involves sexually active HIV-negative adults and adolescents taking prescription medications to prevent HIV acquisition. **PrEP is 99% effective in preventing HIV when taken as prescribed.** U=U acknowledges the proven science that **people living with HIV who have an undetectable viral load pose ZERO chance of transmitting the virus.** However, access to health care, HIV treatment, and access to PrEP remain as barriers to lowering the HIV incidence and prevalence rates across Illinois.

While progress has been made, HIV remains a significant epidemic in Illinois. There are an estimated 42,500 people living with HIV, including those undiagnosed. **Of new HIV cases, nearly 75% are within Black and Latinx communities with 38% among young people ages 20-29.** We also know that Black and Latinx communities comprise 66% of those living with HIV in Illinois. In Chicago, the numbers are even more stark. Black residents comprise 49.9% of people diagnosed in Chicago, 55% of new diagnoses, 60% of AIDS diagnoses and 56% of late diagnoses. To be clear, ending the HIV epidemic is a health equity and racial justice issue. To meet the moment and address these racial health disparities, we must invest in the effective strategies that will increase access to HIV testing, treatment and care across Illinois.

Some of the consequences of inaction for these populations and the Black and Latinx people that are overrepresented in HIV include increased housing instability and rates

of homelessness, increased hunger and food insecurity, and increased likelihood of falling out of ongoing healthcare treatment, including HIV care.

To help address the impact of HIV on these populations and communities and continue our collective work in Illinois to Get to Zero, we request the following investments to HIV education, prevention, testing, and treatment:

- To achieve the priorities of the [Getting to Zero Illinois \(GTZ-IL\) plan](#), Illinois must commit **an additional \$2 million in FY2022 state funding to expand HIV prevention and treatment services, including HIV testing and access to PrEP.**
- Illinois must invest **\$15 million in FY2022 state funding to the African-American HIV/AIDS Response Fund (AAHARF) to address the disproportionate impact of HIV on Black people living with or impacted by HIV.**
- To address the rising rates of STIs across the state (Chlamydia, Gonorrhea, and Syphilis), Illinois must **prioritize \$900,000 in new FY2022 state funding for STI screening, prevention, and treatment services.**

If we are to realize the priorities and goals of the [Getting to Zero statewide initiative](#) to end the HIV epidemic by 2030, then we must have the resources to implement public health prevention strategies and interventions that work.

I hope you will prioritize the needed investments in the communities most impacted by HIV. With your support, we will ensure that Illinois addresses the harmful impact of HIV in our communities and invests in ending the HIV epidemic. Doing so will provide healthier and more equitable futures for all Illinoisans.

I appreciate the opportunity to submit this testimony before the Committee today and would be happy to take any questions. Thank you.

Timothy S. Jackson, Director of Government Relations
AIDS Foundation Chicago
(256) 200-8878 (cell)
tjackson@aidschicago.org