CARC

Connecticut AIDS Resource Coalition

Testimony of Shawn M. Lang
Appropriations Committee
20 February 2008

Senator Harp, Representative Geragosian, members of the committee; I appreciate the opportunity to testify before you today. I'm Shawn M. Lang, the Director of Public Policy with the CT AIDS Resource Coalition, Connecticut's only statewide HIV/AIDS organization. We work to ensure that the nearly 11,000 people living with HIV/AIDS in our state have the housing, care and supportive services they need in order to live their lives in dignity.

I'm here, along with others, to urge you to restore the proposed $2.5 million cut to the AIDS Service line.

In her state of the state speech, the governor said, "We must care for our most vulnerable." People living with HIV/AIDS (PLWHA) are among the most vulnerable and medically fragile citizens in Connecticut. This cut represents a 40% reduction. We are fully aware of the fiscal crisis in the state and were prepared to shoulder our part of the burden in helping to reduce spending to help balance the budget; but 40% goes above and beyond.

If this cut is allowed to go through, it will deliver the most punishing blow to the HIV/AIDS system of care, which is an already precarious house of cards.

I want to try to simply explain a very complex set of circumstances that occurred with this funding. The $2.5 million was added to the state's budget two years ago to help mitigate the loss of $3.3 million of federal Ryan White funding. This funding primarily went to Hartford, New Haven and Fairfield counties where 90% of all PLWHA live. There was a federal earmark of $1.6 million for CT to help offset the loss of the Ryan White funds. Cutting $2.5 million leaves us with a gap of $1.5 million compared to our funding levels 3 years ago. There are nearly 1,000 MORE people that we know to be living with HIV/AIDS since that time.

These funds help to patch gaps in the fragile safety net that provides medical care, housing, utility assistance, dental care, medication and more. The funds are used in line with the intention of Ryan White funds as the payer of last resort. PLWHA have to document that they have exhausted all other sources before applying for assistance. Simply put, there are no other agencies or funding sources that can or will provide these services. None.

While the number of newly identified and reported cases of HIV/AIDS has declined over the past few years, the number of PLWHA continues to increase. Over the past 10 years, the number of PLWHA has

doubled, while funding in all categories has seen very small increases, cuts, or flat funding on the state and federal levels.

Additionally, nationwide, we are seeing increases in HIV/AIDS cases among gay and bisexual men, particularly among young men of color, and increases in communities of color in general.

In fact, recent research documented that 23% of people who are given an HIV diagnosis also receive and AIDS diagnosis as well.

DPH is proposing to change the state's counseling and testing statute – which we support – to make it easier to conduct routine HIV testing in medical settings. This will hopefully identify more PLWHA and refer them into HIV care and supportive services earlier on in their illness. But what will happen if the funding is cut? What will we do with more people coming into an already stretched system? And more importantly, what will happen to those newly identified people with HIV/AIDS who are frightened, isolated and unable to access the services that they need?

All of these services – medical case management, housing, health care, substance us and mental health services, medications – all act as secondary prevention tools. When people are in care and adequately housed they do not engage in higher risk behaviors.

We urge you to restore these funds. Lives are depending on it.

Thank you. I'm happy to answer any questions you might have.