

**Testimony**  
**Appropriations Committee**  
**Jennifer W. Levine**  
**March 4 2011**

Senator Harp, Representative Walker, members of the committee. I'm Jennifer Levine a student at the University Of Connecticut School Of Social Work. I'm also an intern community organizer for Leeway, inc. in New Haven, the sole facility in Connecticut that serves only individuals living with HIV/AIDS.

I am here today to express my concern about the proposed cuts to the state AIDS Assistance Program- CADAP. I understand the cuts will be relatively small, but any small clips to funding will directly impact the population that I serve. My specific role as an intern at Leeway, Inc. is the community organizer for Leeway's Alumni Society. Leeway's Alumni Society is a supportive community for individuals living with HIV/AIDS that were once patients at Leeway's skilled nursing facility that have taken back their health and are now living independently. The group is made up of ten individuals that are actively living with HIV/AIDS for ten plus years. Members of my group are currently receiving benefits from Title IXI, State Administered General Assistance Program, and The Department of Veterans' Affairs, but claim that their longevity of life and ability to participate in these federal and local programs is from the medical benefits they received prior from CADAP.

So, I asked the members of Leeway's Alumni Society and members of the HIV/AIDS community in New Haven, what made this program so effective for you? A common answer amongst all participants asked was that "getting medicine through CADAP was a

much faster process, than waiting for other state or federal subsidies to kick in that take much longer time. If CADAP was not so easily accessible, I might not have been well enough to wait or go through the process to be on other programs.” In this statement, when the consumer speaks of being “well enough” they are speaking in terms of T-cell white blood count.

To put this in perspective, a healthy adult’s normal white blood count can vary, but is typically between 600 to 1200 cells. A person who is positive, but in “good standing,” and not in need of medication is between 600 -350. As immune systems weakens they are at increased risk for infection and illness and this happens between 350 -200 cells. Then when T-cell count drops bellow 200, their health is in much greater danger.

Imagine not being able to get medicine as needed because there is no program available in the wait time between the times your immunity system breaks down and for Medicaid benefits to kick in. This is just an extreme example, but a reality for many people living with HIV/AIDS. My hope is that all together this cut will not be as harmful as I first thought.

Any type of health care cuts to this population will only result in creating more obstacles that they already face.

I urge you to reconsider these cuts

Thank you.