



POSITIVE WOMEN'S NETWORK
USA

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March 26, 2014, New Orleans, LA - Just a few weeks ago, President Obama's budget for 2015 was released, proposing the elimination of Part D of the Ryan White HIV/AIDS Program, which provides family-centered medical care and supportive services to women, infants, children and youth (WICY) living with HIV. Positive Women's Network - USA is deeply concerned about this proposal and demands to see the evidence that drove this decision. *Within the Ryan White Program, and across the spectrum of care for people living with HIV, services and care designed to meet women's needs are not disposable.*

Part D-funded programs provide coordinated care and support services to women living with HIV who may be juggling caregiving responsibilities to family members and children. While not all women living with HIV are eligible to receive care through Part D, more than 90,000 WICY access Part D services each year, according to a recent report by the AIDS Alliance for Women, Infants, Children, Youth and Families, which has [criticized the proposed cuts](#). These programs are often entry points into care for underinsured women living with HIV -- and for youth, the fastest growing population living with HIV in the U.S.

"As a woman living with HIV, it appears as if the unique, coordinated care and services provided by Part D programs are of little concern to the President and his Administration, when the reality is that these services are vital to our survival," says Janet Kitchen, a member of PWN-USA who accessed case management and women's health services through Part D early in her diagnosis, and now serves as a consumer quality advisor to a Part D program in Florida.

Under the President's proposed 2015 budget, Ryan White Part C, which funds medical and early intervention services, would absorb Part D-allocated funds and receive a \$4 million-dollar increase -- but it's unclear what portion of these dollars would fund services for WICY populations, and what range of services would be covered.

"There are usually specific gender-related experiences for women living with HIV that create unique barriers to accessing and remaining in care," explains Susan Rodriguez, a woman living with HIV and founding director of [SMART](#) in New York City, which provides services to women and youth impacted by HIV. "These barriers are addressed in part through supportive services such as peer-based programming, transportation, housing, childcare, nutritional support and non-medical case management. These services are not extras -- they are *essential* for many women to be able to receive [consistent, high-quality health care](#)."

Programs delivering these services to women through Part D are precisely those at risk of being cut under the proposed elimination. Professional associations of medical providers, including the Ryan White Medical Providers Coalition and the HIV Medicine Association, have [expressed grave concern about this change](#).

"Part D services helped me to save my life, and enabled me to be a leader in my community and a healthy mother to my children," says Evany Turk, an Illinois-based PWN-USA member who works with University of Chicago's Care 2 Prevent Program. Part D's success in helping to drastically reduce rates of perinatal HIV transmission was made possible, in part, through coordinated care for pregnant women living with HIV and their families.

"When I was pregnant, a small agency funded by Part D sent a community worker to my home to help me learn how to take my meds so my baby would be free from HIV," Turk recalls. "That same agency came out to help me give my baby HIV meds the first six weeks of his life to be certain he had no chance of contracting HIV. Eliminating these important Part D-funded outreach services will make it harder to retain women in care."

Although the U.S. Centers for Disease Control and Prevention (CDC)'s HIV care continuum illustrates that only 41% of women living with HIV nationally are retained in care, 77% of female Ryan White Program clients stay in care, according to a recent report by the Health Resources and Services Administration (HRSA). These successes must be maintained and expanded if the U.S. is to reach the National HIV/AIDS Strategy's goals of increasing access to care and improving health outcomes for people living with HIV.

At a critical moment when the Affordable Care Act is already changing health care delivery for people living with HIV, the Ryan White Program needs to remain stable, not be taken apart. To that end, the 30 for 30 Campaign -- a coalition of leaders working to ensure that the unique needs of women are addressed in the national HIV response -- sent a letter last week to Dr. Laura Cheever, associate administrator of HRSA's HIV/AIDS Bureau, requesting an explanation of the Administration's rationale for the change, as well as the data which drove this decision.

"When I was pregnant and diagnosed with HIV, in 1991, there were no supportive services for women as well as their families," says Margot Kirkland-Isaac, a Maryland-based PWN-USA member and past Part D program client. "I was admonished and advised to abort my daughter, and even threatened with the removal of my other children. Meanwhile, women in similar positions to mine would take the food they got from the food pantry for themselves and give it to their babies, and would literally starve to death. Twenty-three years later, we're still fighting for the same thing.

"Far too many women do not seek or will fall out of care simply because programming does not provide a comprehensive, welcoming environment free of judgment, and one that addresses their specific needs," says Kirkland-Isaac. These kinds of environments must become and remain the norm not just in Part D programs, but in all places where women living with HIV receive care.

PWN-USA urges stakeholders and allies to share this statement with your networks, and [use our talking points](#) to speak out about the proposed change. Check out the growing collection of [Part D advocacy resources](#) on our website; and sign up [here](#) to stay

informed of our forward action to protect and augment care and services affecting women and young people living with HIV in the U.S.

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