



Testimony Before the Senate Executive Committee

HB3840 SA1 – Illinois Health Care and Human Service Reform Act

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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 in Illinois.

We are pleased to submit this written testimony today in support of a number of provisions in HB3840, Senate Amendment #1, the Illinois Health Care and Human Service Reform Act. This legislation seeks to address systemic racial injustices and inequities experienced by Black Illinoisans by dramatically reforming the State's health and human service system. The reforms outlined in HB3840, SA#1 seek to remedy a number of issues AIDS Foundation Chicago is supportive of, including community health worker certification; addressing maternal and infant mortality and mental health and substance use treatment; requiring medical implicit bias training; and the creation of an Anti-Racism Commission. While we hope to have further discussions on this legislation, specifically on the provisions we continue to have outstanding questions and suggested revisions to, we support the overall intent of this legislation and appreciate Senator Hunter and the Illinois Legislative Black Caucus' leadership to address the historic and systemic racial health inequities plaguing our state.

During the COVID-19 pandemic, Black, Latinx and Indigenous communities have been disproportionately impacted by higher rates of positive tests, hospitalization rates, and unfortunately, deaths due to the virus. However, these racial and ethnic health disparities predate the COVID-19 pandemic that has cost the lives of over 17,395 Illinoisans. We know that Black Illinoisans also suffer much higher rates of chronic diseases, including diabetes, hypertension, heart disease, asthma, many types of cancer and HIV.

Looking more closely at HIV, in Illinois, even though Black residents only make-up approximately 15% of the overall population, they comprise 46.6% of people diagnosed with HIV and 50.1% of all people newly diagnosed. Additionally, HIV diagnosis rates among Black males were 2 times higher than the rates among Hispanic/Latino males and nearly 8 times higher than the rates among White males. 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. Unfortunately, this is only a very small example of the health disparities and inequities that are so pervasive in the Black community. These racial health inequities are also laid bare across the opioid epidemic, maternal and infant mortality rates, and the rising rates of sexually transmitted infections (chlamydia, gonorrhea and syphilis).

Finally, we are pleased that this legislation is buoyed by the acknowledgement that these poor health outcomes and disparities experienced by Black Illinoisans are due to racism—a public health crisis in America that can be traced back over 400 years.

HB3840, Senate Amendment #1 is an important first step in improving the health outcomes and correcting systemic health inequities. We look forward to partnering with Senator Hunter, the Illinois Legislative Black Caucus and the esteemed members of this committee to further build on and strengthen the policy solutions in this vital legislation. I appreciate the opportunity to submit this testimony before the Committee today. Should you have any questions, please do not hesitate to contact me via telephone at (256) 200-8878 or via email at tjackson@aidschicago.org. Thank you.