

**Testimony of Donna Galluzzo, Executive Director, Fannie Peabody Center
Before the Joint Standing Committee on Health and Human Services
Regarding the HIV Advisory Committee (HIVAC) - January 22, 2019**

Good afternoon Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Donna Galluzzo. I'm currently the Executive Director of Frannie Peabody Center and I serve as Secretary of the HIV Advisory Committee (also known as HIVAC).

We are very pleased to have this opportunity to talk with you about HIVAC's statewide role regarding HIV/AIDS.

HIVAC has been in existence since 1987. The committee's role has been to advise the governor's office and the legislature on relevant and current issues regarding HIV/AIDS and on behalf of those living in Maine who are HIV+.

In the beginning of the epidemic there were reportedly between 9-13 ASOs (AIDS Service Organizations) throughout Maine. Today, of the two remaining ASOs, Frannie Peabody Center is the only singularly focused ASO in the state, serving York and Cumberland Counties and providing housing support statewide for PLWHA. Our counterpart to the north, HEAL (Health Equity Alliance, formerly known as DEAN- Downeast AIDS Network) provides services and advocacy for our LGBTQ+ community, PLWHA and consumers of drugs with a significant focus on championing best practices in harm reduction.

You could say that HIVAC itself has followed a similar path to the AIDS epidemic here in Maine. Created in 1987 to help address a fast-growing and unprecedented epidemic, as we all learned more about HIV/AIDS from prevention and transmission to treatment and care, new incidences began to stabilize and decrease and those living with HIV began living longer, more normalized life expectancies.

In more recent years, and speaking in very general terms, I think we can all agree that the epidemic has slowed and that new incidences of HIV in Maine have been trending downward. This is in large part because of the community and state agency partnerships cultivated through HIVAC. Such coalition building is why the existence of HIVAC continues to be so important today.

While HIVAC continued to meet and advocate for PLWHA in Maine, the declining numbers of ASOs and the steady decrease of funding from federal (and therefore state) agencies created either a dangerous complacency and/or growing tensions. Dwindling community service organizations were forced to compete against each other for the funding necessary to keep their programs running and community outreach in existence.

Sensing the weariness in community service organizations and state agencies alike, HIVAC membership became more motivated to inspire change at our committee meetings. We've attracted strong new members; we've worked with NASTAD (National Alliance of State and Territorial AIDS Directors) and key departments within the state of Maine to make sure that the voting membership takes on the role of leadership; we've established a legislative sub-committee to track bills of interest for our HIV+ community members; we've proactively asked the Speaker of the House and Senate President to assign our legislative representatives; and, most recently we've received a grant from MeHAF (Maine Health Access Foundation) that is supporting us in interviewing HIV+ individuals all over Maine, with the intent of gathering current anecdotal information regarding the state of HIV in Maine today.

However, inconsistencies and gaps in data reporting and the existence of a fast-growing statewide opioid epidemic suggest that this is a critical time to be asking more questions, digging deeper and re-focusing our efforts in the fight against HIV/AIDS.

In 2003, approximately 1200 people were thought to be living statewide with HIV, in 2008 that number was approximately 1300 and in 2015 that number was thought to be closer to 1700. The number of new incidences of HIV between 1997 and 2017 have vacillated between 30 and 60 each year. So, while new HIV incidences in Maine have been inconsistently trending downward these past 20 years, the number of people living with and aging with HIV in Maine has been quietly trending upward.

ASOs depend on MaineCare billing and funding from federal programs such as Ryan White Part B to provide targeted case management to everyone from long-term survivors to those who are newly diagnosed. The challenges of living in a rural state with significant geographic disparities, socio-economic challenges, transportation issues, affordable housing shortages and gaps in access to healthcare creates a dangerous and unpredictable living environment for those who are living with HIV.

Federal funding continues to flow to other states whose new incidences of HIV are on the rise. Over the past eight years we have observed key positions within the state CDC becoming vacant and left unfilled. A growing opioid epidemic may also be setting the stage for dramatic increases in incidences of HIV as evidenced in other places throughout the US.

We also need to recognize the grave enemy of HIV that existed with the beginning of the epidemic and which lives on as strongly as ever today - STIGMA.

It is HIVAC's goal to be the voice of those living with HIV. It is also our goal to reach out to those at risk of becoming HIV+ - despite severe cuts in prevention and outreach funding. We are ready and poised to help nurture existing coalitions as well as build new coalitions with community and state agencies that can help make a difference.

HIVAC has taken the time to submit comment and testimony on a number of issues that directly and indirectly impact our HIV+ community – from banning conversion therapy to best practices in harm reduction. HIVAC understands that HIV+ people throughout Maine look both the same and dramatically different than they did some 35+ years ago. For example, between 40-45% of the clients that Frannie Peabody Center serves, are refugees and immigrants.

Maine is seen as a low-HIV-incidence state with, as we explained earlier, new incidence numbers that seem to have continued to cycle between 30-60 for decades. With the right support and leadership and strategic partnerships, Maine could be one of the first state's in New England, even the entire country, that is able to "get to zero" new incidences by the national goal of 2030.

HIVAC members feel that now is the time for us to join under common bipartisan goals: whether it's working towards getting to zero, reaching out to those at risk, getting as many community members in Maine as possible to know their status, supporting PreP and PeP access or proactively addressing the risks of rising HIV numbers due to the current opioid epidemic.

To be most effective, HIVAC is ready to continue to be a strong voice advocating for bipartisan support, fighting complacency and changing the face of stigma.

Today, we ask you: what questions can we answer, and what can we specifically address in our 2019 report to the Health and Human Services Committee?

Thank you.

HIV Advisory Committee (HIVAC)

Established: 1987 in 5 MRSA, 19202

Purpose: To advise “the Office of the Governor and state, federal and private sector agencies, officials and committees on HIV-related and AIDS-related policy, planning, budget or rules.” The HIV Advisory Committee also assesses emerging HIV-related issues and trends, initiates and responds to legislation, and prepares and presents an annual report on the status of HIV in Maine.

Meetings: Second Tuesday of each month*, 9:30-11:30a in Augusta*

*unless otherwise noted

Members by statute as defined in Article VI Section I of the Bylaws:

- Two members of the Legislature, one Senator (currently unappointed) and one Representative (2018 – **Ryan Fecteau** appointed)
- A representative of the Department of Health and Human Services, CDC (**Jamie Cotnoir**)
- A representative of the Department of Education (**Jean Zimmerman**)
- A representative of the Department of Corrections (**Holly Howieson/Heidi Lacroix**)
- A representative of the Department of Health and Human Services, Office of Substance Abuse (open seat)
- A representative of the Office of MaineCare Services (**Emily Bean**)
- Four persons living with HIV/AIDS (**Kent Wotton & Stash Bayley, Co-Chairs, Jim Pombriant**, 1 seat currently open)
- Two representatives of populations most affected by HIV/AIDS in the state (**Matt Moonen** of Equality Maine & **Sarah Lewis** of Maine Access Immigrant Network)
- Two providers of HIV-related prevention or social services (Frannie Peabody Center/**Donna Galluzzo, Secretary**, and Health Equity Alliance/**Kenney Miller**)
- Two representatives of the public health community who have experience in the prevention of and the care and treatment of persons with HIV or infectious diseases (**Jen Rogers**, Greater Portland Health and **Megan Evans**, Horizons Program)
- Two persons chosen by the committee because of the positive impact of the person’s expertise or experience will have on the work of the committee (open)

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Maine Facts regarding HIV/AIDS:

Between 1987-2018 cumulative new incidences of HIV total 2106

As of 2018 – more than 1700 people are estimated to be living statewide with HIV/AIDS

Between 1982-2015 there have been approximately 794 deaths of people with HIV/AIDS

***Since 1985, there have been more new incidences of HIV annually than the number of people dying annually with HIV/AIDS**
