



POSITIVE WOMEN'S NETWORK
USA

U.S. Positive Women's Network, a
project of WORLD
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ECONOMIC JUSTICE

*2.1% of heterosexuals, 18-50
years old, living in high-
poverty urban areas in the U.S.
are living with HIV.*

- Centers for Disease Control and Prevention

*76% of women
with HIV had a
child under the age
of 18 in their
homes.*

*- HIV Cost Services and
Utilization Survey*

*64% of women living with HIV
receiving regular medical care
had annual incomes under
\$10,000 compared to 41% of
men*

- HIV Cost Services and Utilization Survey

For many women living with HIV, an HIV diagnosis has been a sentence to a lifetime of poverty.

Economic Justice is necessary to address the HIV epidemic among U.S. women. Most women living with HIV are low-income. Recent data from the Centers for Disease Control and Prevention shows that among heterosexuals in urban areas, poverty is heavily linked to acquiring HIV. In addition, for many women who test HIV-positive, their HIV diagnosis has become a sentence to a lifetime of poverty.

HIV-positive women around the globe carry the heaviest economic burden. As primary caretakers within the family, women have the responsibility of attending to the needs of their partners, parents, children, and increasingly, grandchildren and grandparents. If a woman is HIV-positive, she will often attend to her own needs only after taking care of those who depend on her — sometimes at a cost to her own health. The HIV Cost Services and Utilization study (HCSUS) showed that 76% of women with HIV had a child under the age of 18 in their homes. Family responsibilities play a key role in women's ability to take care of their own health.

Background

Poverty may lead to HIV

Women who are poor may not have stable housing and may also have less power to negotiate safer sex in relationships, putting them at increased risk for intimate partner violence and for acquiring HIV and other sexually transmitted infections.

...but HIV also may lead to poverty

Benefits programs including the AIDS Drugs Assistance Program, some medical care services, and housing programs require an HIV-positive individual to earn less than a specified amount of money annually to qualify for benefits. These "income eligibility caps" mean that HIV-positive women have to keep their income under a certain level in order to maintain access to life-extending medications, stable housing and other services. If a woman attempts to earn more money to take care of herself and her dependents, but it's not enough to pay for medical care and other associated costs, her health and the wellbeing of herself and her family may suffer. ***HIV-positive people are therefore incentivized to stay poor.***

HIV-positive people are also incentivized to get sick. Some benefits programs require an AIDS diagnosis to qualify. If a woman and/or her dependents need housing but can only qualify once her T-cells go below 200, or once she develops an opportunistic infection, she may be compelled to get sick or allow her T-cells to drop to take

of herself and/or her family. This places an increased economic burden on the family as she may not be well enough to work or to take care of other family obligations.

HIV-positive people sometimes lose their jobs as a result of their diagnosis. Despite protections such as the Americans with Disabilities Act which protects people with HIV from discrimination due to their HIV status, a survey by the National Working Positive Coalition showed that 84% of HIV-positive individuals had been employed at the time of their diagnosis, and 81% of those reported having lost employment. Further, 64% of those who had lost employment reported that HIV played a role in their loss of employment.

64% of women living with HIV receiving regular medical care had annual incomes under \$10,000, compared with 41% of men
- HIV Cost Services and Utilization Survey (HCSUS)

Challenges

- ✚ Poverty increases vulnerability to HIV – Women who are poor experience lack of stable housing, power dynamics that make it challenging to negotiate safer sex, and may live in communities heavily impacted by incarceration and violence, putting them at increased risk for acquiring HIV and other sexually transmitted infections.

... And HIV increases vulnerability to poverty –

- ✚ People are incentivized to stay poor: Benefits programs including ADAP, some medical care services, and housing programs require an HIV-positive individual to earn less than a specified amount of money annually to qualify for benefits. These “income eligibility caps” mean that HIV-positive women have to keep their income under a certain level in order to maintain access to life-extending medications, housing and other services.
- ✚ People are incentivized to get sick: Some benefits programs require an AIDS diagnosis to qualify. If a woman and/or her dependents need housing but can only qualify once her T-cells go below 200, or once she develops an opportunistic infection, she may be compelled to get sick or allow her T-cells to drop to take of herself and/or her family. This places an increased economic burden on the family as she may not be well enough to work or to take care of other family obligations.
- ✚ Loss of employment related to HIV diagnosis: a survey by the National Working Positive Coalition showed that 84% of HIV-positive individuals had been employed at the time of their diagnosis, and 81% of those reported having lost employment. Further, 64% of those who had lost employment reported that HIV played a role in their loss of employment.

PWN Recommends

- ✚ Develop policies/programs that support women’s rights to work and to be paid a living wage, regardless of HIV status
- ✚ Reform policies and programs that incentivize people to get sicker or to be unreasonably poor before achieving eligibility for access basic services like housing, medication, medical care and support services
- ✚ Compassionate policies that support HIV+ individuals transitioning back into the workplace

