

## House Committee on Ways and Means

Statement of Sherena Johnson, former foster youth from Morrow, Georgia

Testimony Before the Subcommittee on Income Security and Family Support  
of the House Committee on Ways and Means

November 14, 2007

Chairman McDermott, Ranking Member Weller, and members of this Subcommittee, thank you for allowing me to appear before you today on behalf of my brothers and sisters in foster care who need your help to make health care available for youth in foster care so they can make a successful transition to adulthood.

My name is Sherena Johnson. I am 22 years old and live in Morrow, Georgia, a suburb of Atlanta. I am a senior at Clayton State University, majoring in Psychology and Human Services. I've been very involved with the Metropolitan Atlanta Youth Opportunities Initiative, which is a site of the Jim Casey Youth Opportunities Initiative, a national foundation that helps states and communities assist youth in foster care make successful transitions to adulthood. I've served on the youth advisory board, and I'm an Opportunity Passport™ participant. After my mother died and my grandmother no longer could care for me, I spent eight years in the Georgia Foster Care system only to be emancipated at age 18 with limited to no resources. The most significant resource that I lost was Medicaid.

When I left foster care, I did not realize the impact that not having health insurance would have on my life. During my sophomore year of college, I was diagnosed with a serious medical condition that left untreated could have caused infertility. As a young woman, it is critical that you receive yearly physical exams. In my case, because I had no medical insurance coverage, I was not able to afford the cost of yearly exams. During the time that my condition went undetected, I experienced nausea, pain in my stomach, and high fevers often due to my undetected medical condition. I became so depressed because of my condition and not knowing who to ask for help, I stopped going to college regularly. I was not focused in school anymore because I was very much preoccupied with my medical condition. I imagined that the condition would ultimately be diagnosed as cancerous or worse. If this was the case, I concluded (in my fearful state of mind) that I might not be around at the end of the semester.

As expected, my negative state of mind started a ripple effect. My GPA dropped below a 2.0. I was suspended for a semester and placed on academic probation. It was not until I finally broke down and told some very special people at the Georgia Department of Human Resources (where I worked as an intern at the time) that I finally had the courage to divulge exactly what was going on. The journey to find help was difficult. Some of the members of this team of dedicated social workers drove me across numerous different counties in an attempt to find a doctor's office that would see me at an affordable rate. But all attempts proved to be unsuccessful. We tried the local health department but were unsuccessful in obtaining an immediate appointment and were told that I would have to be placed on a waiting list. We attempted to be seen at another health department in a surrounding county. In order to be seen there, I would need to arrive at the clinic no later than 7:00 a.m. due to limited availability of appointments. This clinic had a limited number of staff and because of this could only take the first five people in line. There were so many people in line when I arrived at 6:15 a.m. that I immediately became discouraged. **I was not one of the five.**

I finally received medical attention from a health clinic that was an hour and thirty minutes outside of

the county where I resided. Even still there was only so much that could be done for me because I had waited so long to get medical attention for my condition. I had to yet again be referred to another clinic for lab work. Though I was still frustrated, I did schedule an appointment for the lab work. After numerous clinic visits, help from many concerned, supportive adults in my corner, to this day I continue to have a medical condition that needs to be treated. There is a possibility that this condition may indeed require surgery. So, here I am back at the beginning, right where I started from two years ago. I have no health insurance, no means of affording insurance, no parent's insurance that will cover me.

My recommendation to this subcommittee would be for Congress to mandate states to exercise the Medicaid option of the Chafee Act to allow youth to have medical coverage to age 21 as we transition from foster care.

The state of Georgia was my parent for many years. Consequently, it would help youth transitioning from foster care so much if my parent - the state of Georgia - stepped up to the plate and assume its parental role. Medicaid until age 21 would be a first step to helping former youth in foster care, young people like me, become healthy, self-sufficient, productive individuals as we receive the help we need for physical and emotional problems. Still, a more comprehensive approach is also needed to address the health care needs of young adults who remain uninsured.

Thank you.