



August 1, 2007

Honorable Christine Quinn
City Hall
New York, NY 10007

Dear Speaker Quinn:

On behalf of the HIV Health and Human Services Planning Council of New York, we commend you for your initiative, drive, and commitment to the health and well-being of New Yorkers living with HIV and AIDS. We are impressed by your dedication to health issues in general and to the problems afflicting the population burdened with this disease in particular. We also take this opportunity to urge you to hold hearings on expanding eligibility for HASA (HIV/AIDS Services Administration) housing and benefits to include low-income asymptomatic people living with HIV, not just those who have been diagnosed with advanced HIV illness or with AIDS.

Members of the HIV Health and Human Services Planning Council of New York include physicians, service providers, representatives of state and local governmental agencies and consumers of HIV/AIDS services. The HIV Planning Council has been intimately involved in the process of allocating and distributing Federal funding for a variety of services for the HIV-infected population. We have witnessed first-hand the drastic toll this illness has taken on the lives of many and we are amply aware of the potentially life-saving impact of services for PLWHA, especially housing.

We take this opportunity to call your attention to studies that have found that people living with HIV/AIDS who are homeless or unstably housed may engage in behaviors that endanger their own and others' health. They may, for example, engage in unsafe sex or drug transactions in exchange for a place to stay. They may also be forced to take up residence in the shelter system; according to *The Health of Homeless Adults in New York City*, prepared by the New York City Departments of Health and Mental Hygiene and Homeless Services, 3,108 (or 3.5%) of 88,014 New Yorkers infected with HIV/AIDS spent a minimum of one night in a shelter during 2001-2003.¹

Moreover, we call your attention to a report in 2007 by researchers at the Mailman School of Public Health at Columbia University conclusively demonstrating a link between housing


¹The Health of Homeless Adults in New York City: A Report from the New York City Departments of Health and Mental Hygiene and Homeless Services. December 2005: 18.

instability and poor health outcomes: "...housing instability, including living in a temporary or transitional housing program, as well as literal homelessness, is associated with delayed entry into medical care, not receiving care that meets good clinical practice standards, dropping out of care, and inconsistent use of antiretroviral medications, even when indicated by established clinical markers. Formerly homeless persons who are in supportive housing have better medical care outcomes; however difficulties in sustaining care often return when housing assistance ends."² Housing clearly constitutes a highly effective preventive tool: PLWHA who are housed have better clinical outcomes and are more likely to stay in care.

A secondary benefit of increasing housing for HIV-infected persons who have not progressed to AIDS would be the freeing-up of some federal dollars from our Ryan White funding for other services for PLWHA. In our spending plan for 2008, the Ryan White Planning Council is asking HRSA for \$2,718,018 for emergency rental assistance and \$4,093,986 for emergency transitional housing, as well as \$933,766 for housing placement. With additional housing from HASA, some or all of these Ryan White funds could be freed up for other services for people living with HIV/AIDS such as treatment adherence, early intervention services, and outpatient medical care.

Given the challenges faced by low-income asymptomatic HIV positive individuals, we ask you to hold hearings on expanding eligibility for HASA housing and benefits to this vulnerable population of New York City residents.

Sincerely,


Steve Hemraj
Community Co-Chair

²Aidala AA, Lee G, Siegler A (2007). Housing Need, Housing Assistance, and Connection to HIV Medical Care. NYC CHAIN Report 2006-5: 15.