



March 24, 2008

Secretary Mike Leavitt
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Secretary Leavitt:

On behalf of the HIV Health & Human Services Planning Council of New York, I write to urge you in the strongest possible terms to reconsider HRSA's announcement, via Policy Notice 99-02 Amendment 1, that recipients of Ryan White services will be limited to a total of 24 cumulative months of short-term and emergency housing assistance. I ask you to permit local discretion about implementing a 24-month time limit.

New York City remains the epicenter of the HIV/AIDS epidemic with 98,861 cases as of December 31, 2006. Between March 2007 and February 2008, approximately 1,595 clients received housing services funded by Ryan White in New York City. Many of these individuals are medically and socially fragile with histories of substance abuse and/or mental illness, and many do not have the educational background or vocational training to enable them to find full-time employment that would allow them to pay rent in a tight housing market. If they are forced out of Ryan White-supported housing at the end of 24 months of assistance, they may become marginally housed or homeless and forced into shelters. Without the security of a place to stay, they may cease to adhere to their medication regimens and return to some of the risky behaviors that contributed to acquiring and/or transmitting the virus.

Furthermore, finding permanent housing in New York City is a challenge even for individuals with resources. According to U.S. Bureau of the Census data, the overall rental vacancy rate for the City is 3.09%. The rates for the individual boroughs are as follows: 2.63% for the Bronx; 2.78 for Brooklyn; 3.79% for Manhattan; 2.82% for Queens; and 4.67% for Staten Island.¹ Clients of Ryan White-supported housing generally have limited earning power, and finding a permanent affordable place to stay

¹ Personal conversation with Bob Callis of the US Bureau of the Census, March 12, 2008.

may require more than 24 months. Although housing programs supported by Ryan White money generally are successful in placing individuals over the long term, there is also a hard core of people living with HIV/AIDS who are extremely difficult to house. These individuals, in particular, are in danger of being destabilized.

The connection between housing and health care outcomes, especially for the chronically homeless and mentally ill, has been well documented. A policy that directly impacts on these populations will result in evictions, interrupted care, and new infections. The policy, furthermore, does not make sense from even a purely financial analysis: caps don't prevent homelessness. Caps create homelessness. Interrupted treatment increases hospitalizations, emergency room visits, health care costs, and drug-resistant viruses. Each new infection creates a lifetime health care cost of not less than \$300,000. Bottom line: this policy is bad for people with AIDS and bad for government.

The HIV Health & Human Services Planning Council of New York is comprised of service providers, physicians, advocates, and people living with HIV/AIDS. Members are well aware of the tremendous risks posed by the threat of loss of housing assistance to people living with HIV/AIDS. We have watched many of these individuals gradually transition into safer lifestyles and are concerned that the loss of housing may impede their recovery. We urge you, again, to reconsider your decision.

Thank you very much for your attention.

Respectfully yours,

A handwritten signature in black ink that reads "Soraya Elcock". The signature is written in a cursive style and is underlined with a single horizontal line.

Soraya Elcock
Community Co-Chair

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