

# DYING FOR HOMES

**HOW MAYOR NUTTER IS  
WASTING CITY MONEY AND  
FAILING PEOPLE WITH AIDS**

*A report on the Philadelphia AIDS Housing Crisis*

**ACT UP  
PHILADELPHIA**

# DYING FOR HOMES: How Mayor Nutter is Wasting City Money and Failing People with AIDS

## *Research Background*

A growing consensus of research proves that housing is a crucial element in helping individuals achieve stability and independence while lowering the risk of HIV transmission. A strong and consistent body of research shows that whether or not a person has stable housing has an independent, direct impact on HIV risk, access to care, and HIV medical outcomes, regardless of demographics, drug use, health and mental health status, or receipt of other services. Research clearly shows that receipt of housing assistance is associated over time with reduced HIV risk behaviors and improved health care outcomes.(i)

## *Housing Influences HIV Risk Behavior*

Being homeless or unstably housed can be associated with a chaotic lifestyle that often results in chronic stress and an inability to maintain stable relationships, both of which may influence patterns of drug use and sexual activity.(ii) As Aidala and Sumarjoto observe, addressing awareness of risk, motivation and intention goes only so far when persons are facing the myriad challenges associated with the lack of stable, secure housing. Housing status is thus a significant structural or "environmental" risk factor that itself affects the ability of individuals to avoid risky situations or effectively use risk reduction resources.(iii)

Studies have demonstrated that homeless and unstably housed HIV-positive individuals are more likely to engage in sex exchange, have unprotected sex, use hard drugs, and share syringes.(iv) This independent effect of housing status on HIV risk behavior has been shown to impact populations already bearing the brunt of the epidemic - gay men and other men who have sex with men, people of color, women, and injection drug users.(v)

## *Housing Improves Health Outcomes: Treatment as Prevention*

Access to treatment and adherence to regimens lower viral load and reduce the likelihood of HIV transmission.(vi) However, homeless individuals are less likely than the general population to have stable access to health care and life-saving HIV treatment. They often rely on a patchwork system of public health care services and hospital emergency departments. High rates of mental illness, substance abuse, and poverty can further complicate health problems. A lack of transportation, limited financial resources or things as simple as home phones for making appointments or a refrigerator for storing medications combine to create a tidal wave of challenges for HIV-positive homeless individuals needing to acquire and maintain HIV-related medical care.(vii)

## *AIDS Housing in Philadelphia Now*

Philadelphia is facing a housing crisis for people with AIDS. Philadelphia's program for providing supportive, permanent housing for people with AIDS is funded entirely through Housing Opportunities for People With AIDS (HOPWA, a federal HUD program) and Shelter Plus Care, another primarily federally-funded program. Supportive housing for people with AIDS is administered in Philadelphia by AACO, the AIDS Activities Coordinating Office. AACO requires people who use drugs or abuse alcohol to be sober for six months, and people with mental illness to be in treatment for six months, before they are eligible for housing subsidies. This policy is directly contrary to research showing that promoting a "Housing First" model of housing, where a person's housing needs are met first, without preconditions, is the best way to support a person's sobriety and mental health.

In the past 18 months, 8 people living with AIDS have died on the streets of Philadelphia. Many of those deaths could've been avoided if people had access to stable housing.

**In June 2010, the wait list for HOPWA-funded housing was over 200 people, a more-than 30% increase from December 2009, when the waiting list was 143.** This two-year long wait list also dramatically under represents the need for housing as HIV treatment and prevention in Philadelphia. The city's own needs assessment counts 8,000 individuals in families with members diagnosed with AIDS whose housing needs are not met (the families are either currently homeless, living in shelters, or living in transitional housing). (viii)

One reason for this under representation is that each month, over half of the wait list applications are rejected due to incompleteness. The eighteen page application requires that homeless individuals document their residence even though it might change regularly as they are shuttled between various shelters, the streets, and other temporary residences. City shelters prove to have an unreliable system for providing homeless individuals with documentation of their residence, and being documented as "street homeless" requires being spotted regularly by outreach workers who can't be in every part of the city every night. The difficulty of documenting homelessness is also the most likely reason that only four of the people currently on the wait list are considered officially homeless. Case managers and people currently on the wait list believe this number under-represents the number of homeless people on the list.

People with AIDS on the housing waiting list are forced into shelters, where they are exposed to illnesses such as TB and Scarlet Fever. The cost of treating these otherwise preventable infections is borne by the city.

It is worth noting that some city funding flows to supportive housing for people with AIDS through the Shelter Plus Care program. Shelter Plus Care combines federal, local, and state funds to help people who are chronically ill (mentally or physically) access supportive housing. This program, like the HOPWA-funded program, requires at least six months of sobriety (so it is not the most cost-effective or evidence-based housing model), and unlike HOPWA this is only for people who are "officially" homeless meaning that they are continually staying in shelters (so it is not very good public health policy to make people with severely compromised immune systems wait in shelters for housing). **It is especially worth noting that additional city funding for Shelter Plus Care slots for people with AIDS was won in the late 1990s through the efforts of We the People Living with HIV/AIDS of the Delaware Valley and ACT UP Philadelphia, by members like Roy Hayes among many others. Clearly, the city funding has not kept pace with the need, and it is now time for the city to contribute money directly to housing for people with AIDS, until the wait list is ended and the crisis is over.**

### ***Effect on Individuals***

Last year in Philadelphia, six people with HIV died on the streets or in the shelter system. This year, two people with HIV have died homeless *so far*. These six individuals have paid the ultimate price for the mayor's inaction. (ix)

In addition to facing deadly conditions on the streets, HIV-positive Philadelphians risk exposure to illness living in crowded shelters. The city of New York has declared that shelters are unfit places for people with compromised immune systems and pay for hotel rooms for homeless people with AIDS if they can't find housing for them quickly enough. Philadelphia shelters aren't any safer than New York shelters; just ask ACT UP member Cliff Williams, who contracted scarlet fever while in a Philadelphia shelter.

In addition, HIV-positive people must take a complex regimen of medicines in order to stay healthy. The medicines must be taken at certain times, some with food, and others on an empty stomach, etc. Currently in Philadelphia shelter residents must surrender their medicines to the shelter staff (which means revealing their HIV-positive status) and can only access their medicines during designated times. In the late 1990's, ACT

ACT UP Philadelphia – PO Box 22439 Land Title Station, Philadelphia, PA 19110-2439

Phone: 215-386-1981 ▲ Fax: 215-386-0128 ▲ Email: [actupp@critpath.org](mailto:actupp@critpath.org)

Website: [actupphilly.org](http://actupphilly.org) ▲ Blog: [actupphilly.blogspot.com](http://actupphilly.blogspot.com)

UP Philadelphia won the right of people with AIDS to control their own medications in city shelters, but that right has been rolled back in practice.

### *Effect on the City*

Philadelphia's current housing emergency for people living with AIDS puts excessive strain on an already strapped system. Accepting the federal government's underfunding of HOPWA and not putting any additional resources for housing for people with AIDS means that even the sickest, most desperately in need of safe housing, have trouble getting homes. This means that the city must shoulder the cost of preventable medical emergencies for those individuals. The two-year long wait list forces individuals into shelters and other unsafe situations. In the shelters, otherwise healthy individuals are exposed to illnesses such as TB, and have a very difficult time storing and accessing the medicines they need to remain healthy and managing their illness. It is the city that must shoulder the burden of this preventable medical care.

People living with HIV who do not yet have an AIDS diagnosis are not eligible to even be on the wait list, because the underfunding leaves AACO performing triage, turning away all but the sickest individuals. An inability to safely manage illness leaves those living with HIV at an increased risk for becoming sicker, and they are more likely to transmit HIV to others. A Boston study found that homelessness increased mortality rates for people with HIV that had not yet progressed to an AIDS diagnosis. (x) In other words, having safe, stable housing may be just as important for HIV-positive people without an AIDS diagnosis, the very people whom Philadelphia must turn away due to lack of funds.

People not infected with HIV are then pushed to the bottom of an already broken system, putting them at increased risk of becoming infected. The Section 8 wait list is so long that it is closed. People without homes who are not disabled have even fewer places to turn. **The city spends money inefficiently (waste) housing people in shelters and then paying for their medical care, rather than providing housing through more cost-effective models.** In addition, lack of stable housing increases the likelihood of engaging in high-risk behaviors, thus increasing the likelihood of being HIV-positive.

### *Solving the Problem*

The first step in solving the housing crisis for people with AIDS is to end the wait list. This means funding enough housing vouchers and supportive care (such as case management services) for those people currently on the list. Then the City and AACO need to take a close look at the application process and the criteria for being on the wait list, and make sure that the applications are fair and reasonable, that people are not excluded from the wait list if they use drugs and alcohol, and that eventually anyone with an HIV diagnosis has access to supportive housing if they need it.

Aggressively seeking state and federal funding sources may be part of the long-term solution, but federal and state governments have not traditionally given adequate funding to supportive housing. Other cities, such as New York, Chicago, Los Angeles, San Francisco, and Seattle, have acknowledged the crisis and contributed city dollars specifically to housing for people with AIDS. **Given the scope of the crisis and the proven cost-effectiveness of providing supportive housing, it is time for Philadelphia to stop spending our money on shelters and emergency room care, and instead channel city money towards supportive housing for people with AIDS.**

### *Long-term cost savings*

Numerous studies have shown that providing supportive housing for people with HIV/AIDS is cost-effective at the federal and local levels. (xi) Because of the improvements in health outcomes when people living with HIV/AIDS have access to homes, the city saves money in emergency room services and health center visits. **In New York City, when the city provided supportive housing for people with AIDS, they recouped 95% of the cost of the program in savings on emergency room visits and other medical care.** (xii)

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In addition due to reduced infection rates when people with HIV have access to safe, steady housing, new cases are prevented. Each case prevented saves the city \$355,000 dollars. Sources within AACO say that it would take 3.4 million dollars a year to end the wait list – if ending the wait list prevents only ten new infections per year, it has paid for itself. This frees up funds to address homelessness for all Philadelphians, further preventing new infections.

Finally, providing supportive housing (especially using a Housing First model) has been proven to be cost effective even for those not living with AIDS. In Philadelphia the cost of 95 days of shelter for a family (the average stay) is \$8,550; a whole year's housing subsidy for a family with a working parent could cost \$8,060. (xiii)

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### ***Funding Options***

While ending the wait list will most likely be cost effective in the long run, it will require an initial investment. Rather than divert funding from other sources (such as using federal HIV-focused Ryan White funding), or relying completely on stimulus money and other federal programs that may not last long enough to solve the problem for the long term, we believe the city needs to dedicate some City money to the problem.

The Mayor can choose policies that generate more revenue than he is currently choosing to. For example, reforming the Business Privilege Tax so that large businesses shoulder a fairer share of the burden will both help small businesses and generate more revenue for the city. He could also choose to make sure that the largest of non-profits, such as the several large universities in Philadelphia, contribute to the city for the resources they use. Payments in Lieu of Taxes (PILOTS) have been used effectively in other cities to make sure large, financially secure non-profits are a boon, rather than a burden, to cities. In addition, the mayor could choose to create a new tax, for example a tax on smokeless tobacco, pipe tobaccos, and cigars, which would generate more than enough revenue each year to end the wait list. (xiv)

### ***Summary***

In short, providing supportive housing for people living with AIDS, regardless of substance abuse or mental illness, is a cost-effective, life-saving program. The Mayor has instead chosen to spend our money on unsafe, unsustainable shelter systems, on emergency room visits, and in the case of at least eight Philadelphians in the past eighteen months, funerals. Access to safe, permanent housing is a vital component of HIV/AIDS treatment and care. By relying on the shelter system instead of funding a functional supporting housing program for people with AIDS, the mayor has failed on HIV treatment and HIV prevention.

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ACT UP Philadelphia is an activist organization led by and for people living with HIV/AIDS. Since 1988, ACT UP has been a preeminent grassroots activist group calling for funding for effective prevention, treatment and care services for people living with and at risk for HIV. Special thanks to the Community HIV/AIDS Mobilization Project (CHAMP), without who's Housing Issue Brief this report could not have been written.

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All sources will be available on <http://actupphilly.blogspot.com> and by request from Max Ray, [octobermax@gmail.com](mailto:octobermax@gmail.com), 215-908-8939

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