CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON AGING JOINTLY
WITH THE COMMITTEE ON HEALTH
AND THE COMMITTEE ON HOSPITALS

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HELD AT: COUNCIL CHAMBERS – CITY HALL

B E F O R E: Crystal Hudson,
Chairperson of Committee on Aging

Lynn Schulman,
Chairperson of Committee on Health

Mercedes Narcisse,
Chairperson of Committee on Hospitals

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Carlina Rivera
Charles Barron
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Christopher Marte
Darlene Mealy
Eric Dinowitz
Gale A Brewer

COUNCIL MEMBERS:(CONTINUED)

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Arthur Fitting
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New Pride Agenda

Christian Gonzales-Rivera
Strategic Policy Initiatives

Dinick Martinez
Self

Annette Tomlin
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Finn Brigham
Callen-Lorde Community Health Center

Katy Bordonaro
Mitchell Lama Residents Coalition

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A P P E A R A N C E S (CONTINUED)

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Health People

Jan Carl Park
Self

Sam Joe Kleinplatz
Self

Jules Levin
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Mohamed Q. Amin
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SERGEANT AT ARMS: This is a microphone check for the Committee on Aging joint with Health and Hospitals recorded in Chambers by Layla Lynch on November 17, 2023.

SERGEANT AT ARMS: Good morning and welcome to the New York City Council Hearing of the Committee on Aging jointly with Health and Hospitals. At this time, can everybody please silence your cellphones. If you wish to testify, please go up to the Sergeant at Arms desk to fill out a testimony slip. Written testimony can be emailed to testimony@council.nyc.gov. Again, that is testimony@council.nyc.gov.

At this time and going forward, no one is to approach the dais. I repeat, no one is to approach the dais. Thank you for your cooperation. Chairs, we are ready to begin.

CHAIRPERSON HUDSON: Thank you and good morning everyone. [GAVEL] I'm Council Member Crystal Hudson, Chair of the Committee on Aging and Co-Chair of the Council's LGBTQIA+ Caucus. My pronouns are she, her. Thank you to Chairs Schulman and Narcisse for Co-Chairing today's City Council Hearing on Older Adults Living with HIV.

It has been nearly two decades since the Council last held a hearing on the needs of older adults living with HIV. Since then, the challenges faced by this growing community have only become more urgent. I want to especially thank the advocates and members of the public testifying today for their patience and flexibility in the lead up to today's hearing.

With the development of effective anti-retroviral therapies or ART in the mid-1990s, HIV became a treatable condition. Previously tens of thousands of New Yorkers went ignored and failed to get any support from their federal, state or local governments. As a result, many New Yorkers living with HIV never had the chance to age and become an older adult. Now, people who regularly use ART can attain normal or near normal life expectancies. As a result, older people with HIV are increasingly dominating the HIV landscape. Approximately 60 percent of people living with HIV in the U.S. are now over the age of 50 with that number expected to reach over 70 percent by 2030.

Because of the success of ART and the prevalence of safe sex education and interventions like PrEP among younger individuals, people 50 and older now

likely make up the majority of adults with HIV in the U.S. The growth in the population of older adults with HIV is also fueled by new infections. In 2018, 17 percent of new HIV infections in the U.S. were diagnosed in people 50 and older. In New York City in 2021, older adults 50 plus comprised 17.1 percent of new HIV diagnoses. Among U.S. states, New York has the greatest number of older adults living with HIV. As of December 2020, New York State was home to approximately 59,000 older adults with HIV. Of which, 44 percent were Black and 27 percent were Hispanic.

In 2020, Black older adults made up 46 percent of new HIV diagnoses in New York State. The data says it all. The extreme disproportionate impact of HIV on communities of color and specifically Black older adults could not be clearer. Given the current and projected growth of the population of older people with HIV, it is imperative that we adequately support this growing community and develop an effective policy response to address their unique needs. However, due to agism and other factors, older adults living with HIV have been made to feel largely invisible.

Older adults with HIV face many obstacles to accessing and staying in the HIV care such as discrimination and stigma, a lack of insurance coverage, transportation issues, or inadequate social supports. According to a recent report published by the Brookdale Center for Healthy Aging at Hunter College, the most frequently expressed service needs among older adults living with HIV in New York City, were socialization at 54 percent, personal or family counseling at 42 percent, help with accessing benefits and entitlements 41 percent, someone to call or visit regularly, 31 percent and escort to a healthcare provider, also 31 percent or help finding a job at 28 percent.

We have a moral responsibility to care for older adults living with HIV in New York City and I look forward to learning more about how NYC Aging is addressing the specific needs of this growing community, whether through visitation programs, phone check-ins, cash management service or other initiatives.

As Co-Chair of the LGBTQIA+ caucus, I believe that we must do more as a city for our older adults living with HIV who are also LGBTQIA+ identified.

Earlier this year, the LGBTQIA+ caucus released the Marsha and Sylvia Plan, which advances a bold vision to lift up LGBTQI+ New Yorkers and all people living with HIV including older adults. To help older adults living with HIV, the plan calls for building more LGBTQIA+ specific housing for older adults and setting aside housing for LGBTQIA+ older adults and older adults living with HIV. Mandating LGBTQIA+ HIV anti-discrimination and competency training for all older adult service providers; providing free sexual health and wellness programming at older adult centers; and ensuring all New Yorkers have access to free PrEP, PEP regardless of insurance status or immigration status.

And earlier this week, the Council passed Introduction 564A, which requires the creation of a commission within the Department for the Aging to ensure that NYC Aging programming and services are inclusive and respond to the specific needs of LGBTQIA+ older adults, including those living with HIV.

I look forward to supporting the work of this Commission and working with NYC Aging to implement its recommendations. Older adults living with HIV

have been ignored and mistreated by policy makers and healthcare professionals for decades. That's why we're considering important legislation by Council Member Sanchez, which would expand the availability of rapid testing for sexually transmitted infections, as well as legislation by Council Member Ossè, which would require the city to conduct outreach and report on a distribution of PrEP medication. And while I am grateful that New York State now requires insurance companies to cover PrEP and PEP, my Resolution, Resolution 395 calls on the state to pass Assembly Bill 5995 and Senate Bill 3297, which would allow pharmacists to dispense PrEP and PEP as well as Assembly Bill 6059, Senate Bill 3227, which would prohibit health insurers, healthcare plans and HMO's from requiring prior authorization for PrEP.

In the wake of countless attacks on access to healthcare across our country, we must ensure comprehensive and equitable access to HIV prevention services and treatments in our state and in our city. I also want to note my legislation, we are considering today on mpox Introduction 620 and Resolution 294 and I look forward to discussing with the Administration the ways in which we can improve

outreach in public education around vaccination and treatment.

Mpox remains a serious concern in New York City and I encourage eligible New Yorkers to get fully vaccinated. Vaccination is free and available regardless of immigration status, and to learn more, please visit nyc.gov/health.

And before I close, I want to share some important information from the NYC Health website. An HIV test is the only way to know if you or a partner has HIV. Free or low-cost tests are available for anyone 12 and older at NYC Sexual Health Clinics regardless of immigration status. You do not need to have consent from a parent or guardian to get tested. Getting tested and knowing your HIV status is the first step toward taking care of your health. To find a testing location, please text test NYC to 877877 or call 311. Thank you again to Chair Schulman and Chair Narcisse. Thank you to the advocates and members of the public who are joining us today and thank you to representatives from the Administration for joining us.

I'd also like to thank my staff, Casie Addison and Andrew Wright and Aging Committee staff,

Christopher Pepe, Chloe Rivera, and Saiyemul Hamid. I'd like to acknowledge we're joined here today by Council Members Ossè, Marte, Menin, Sanchez, Narcisse, Schulman, and Ariola.

I will now turn it over to Council Member Schulman, Chair of the Committee on Health.

CHAIRPERSON SCHULMAN: Thank you Chair Hudson. Good morning. I am Council Member Lynn Schulman, Chair of the Committee on Health and a member of the Council's LGBTQIA+ Caucus. I want to thank you all for joining us for today's hearing, which is long overdue. As last time the Council held a hearing on the experience of older adults diagnosed with HIV was in 2006. That is why I am proud to Chair this hearing alongside Chairs Hudson and Narcisse and to hear Introduction 620, 623, 825, 895 and 1248, as well as Resolutions 294, 395 and 791.

Earlier this month, I joined the Mayor and Commissioner Vasan to announce Healthy NYC. A new campaign to increase New Yorkers life expectancy by 2030. My bill, Introduction 1248, which we are hearing today, seeks to codify Healthy NYC and would require the Department of Health and Mental Hygiene to develop a five-year population health agenda to

improve public health outcomes, address health disparities and improve quality of and access to healthcare.

I want to thank Commissioner Vasan for being here today to discuss this critical initiative. Healthy NYC ties into our hearing topic because despite improvements in life expectancy among people with HIV, thanks to effective anti-retroviral therapy, these improvements have not been equal across age, sex, racial and ethnic groups. The gap in life expectancy between people with HIV and the general population has narrowed but still remains. I look forward to supporting this vital work and working with the Commissioner and DOHMH to create a healthier New York City for all. According to DOHMH's latest HIV Surveillance Report, there were almost 23,000 adults age 50 and older living with diagnosed HIV in New York City as of December 2021. Representing 65 percent of all people living with diagnosed HIV in the city.

Although the COVID-19 pandemic impacted the provision of HIV testing, diagnosis and treatment, we must not forget about those who are most vulnerable and continuing to battle this virus. The joint

hearing held in 2006 was titled, Older Adults and HIV tailoring city services to help the senior population face the prospect of growing old with HIV.

17 years later, New Yorkers are no longer just facing the prospect of growing old with HIV. That experience is here and is very real. The reality is that older adults are often overlooked or neglected by the healthcare system and society and older adults with HIV may face additional barriers to accessing and staying in HIV care, such as lack of insurance, transportation or social support. They may experience stigma, discrimination or isolation from their families, communities, or healthcare providers because of their HIV status or age. But it is important to remember that older adults with HIV are valuable and resilient members of our society. They have lived through many hardships and changes in the history of the HIV epidemic that we cannot even fathom.

These individuals have valuable knowledge, experience and wisdom to share with others. But right now, many are uninsured or underinsured and may face difficulty affording the medications, copays, deductibles and other healthcare costs, as well as

discrimination or stigma from insurance providers or employers because of their HIV status and age. In addition, some older adults with HIV may have limited income or resources to pay for their HIV care and treatment as well as other expenses such as housing, food, transportation, or utilities.

They also have to deal with complex benefit systems or eligibility requirements that can be confusing or overwhelming. Older adults with HIV are more likely to have other chronic conditions such as diabetes, hypertension, cardiovascular disease, cancer or osteoporosis, which can complicate HIV management and increase their risk of complications or death.

They may also have cognitive impairment, dementia or neurocognitive disorders that can affect memory, concentration or decision-making abilities. That is why the cannot be forgotten or left behind in our continuing efforts to eradicate the HIV/AIDS epidemic from New York. These are just some of the issues that older adults with HIV face in New York City. As Chair of the Committee on Health, I am committed to ensuring that the city is providing comprehensive and

culturally competent services and programs that address the needs of this population.

In conclusion, older adults with HIV are a vital and valuable part of our city's diverse population. They deserve our respect, recognition and support as well as a city budget that reflects a commitment to improving older adults with HIV health outcomes. I have dedicated my personal and professional life to healthcare advocacy and advocacy for the LGBTQIA+ community, particularly as a former staff member of Gay Men's Health Crisis, where I personally witnessed the devastating effects of HIV and AIDS with our clients, many of whom are older adults. Healthcare is a human right and a persons sexuality, gender identity, or HIV status should not determine the quality of care they receive.

I want to conclude by thanking the Committee Staff for their work on this hearing. Committee Counsel Sara Sucher and Chris Pepe and Policy Analyst Mahnoor Butt as well as my team Chief of Staff Johnathan Boucher, Legislative Director Kevin McAleer, and my legislative fellow Andrew Davis.

I will now turn it over to Chair Narcisse for her opening statement. Thank you.

CHAIRPERSON NARCISSE: Good morning. I'm Council Member Mercedees Narcisse, Chair of New York City Council Committee on Hospitals and a proud representative of the 46 Council District in Brooklyn.

Before we begin, I want to extend my thanks to Chair Crystal Hudson and Chair Lynn Schulman, as well as all their staff for the collaborative work that has been done on the issues we will be discussing this morning.

Today, we are here to discuss on the specific group of people living with HIV. Those who are 50 years or older. This group represents more than half of all New Yorkers living with diagnosed HIV. Older adults living with HIV are not just survivors, they are advocates and leaders that have dedicated their lives to the betterment of our communities. They have lived through the darkest days of the epidemic when there was little hope and no effective treatment. They have also witnessed the tremendous advances in science and medicine that have transformed HIV from a death sentence to a chronic condition that can be managed with medication.

My own journey in healthcare has deeply connected me to this cause. As a registered nurse with over 30 years of experience, I was one of the first nurses at Elmhurst Hospital to volunteer to care for patients with HIV. This experience during a time when fair and misunderstanding of the disease were rampant, shaped my approach to healthcare and advocacy. Working with the nurse services, I also have the opportunity to deliver care to homebound HIV patients, seeing firsthand the challenges they face in their daily lives.

However, older adults living with HIV face unique challenges that require immediate attention and action. Studies have shown that they are more likely to experience multiple chronic conditions, such as diabetes, heart disease, and cancer that can complicate their HIV care and effect their quality of life. They are also more likely to experience social isolation, depression and poverty, which can undermine their mental health and wellbeing.

They may face barriers to accessing healthcare and social services that are tailored to their needs and preferences. And they may encounter stigma and discrimination from healthcare providers, family

members and society at large based on their age, HIV status, sexual orientation, gender identity, race, ethnicity or immigration status.

In understanding the deeply painful history of prejudice, it is imperative to note that just over three decades ago, in 1990, tens of thousands of patients marched across Brooklyn Bridge to protest the U.S. government characterization of patients at at-risk factor for AIDS. This demonstration was against an FDA recommendation that sought to include all people from Haiti or the sub region from donating blood. Despite the fact that Haitian New Yorkers were no more likely to carry the AIDS virus than any other group.

Discriminatory FDA recommendation was eventually reversed for days after the historic march, showcasing the pervasive, prejudicial bias that unfairly targeting certain communities. Echoing the stigma that until recently prevented gay men from donating blood.

This historic context highlights the importance of understanding the existing biases in our healthcare and the urgency of promoting regular HIV testing among older adults who are often overlooked.

It is crucial to acknowledge that many older adults and their providers do not perceive the aging population as being at risk for HIV or maybe unaware of the current testing guidelines. Consequently, a significant number of older adults are diagnosed late in the course of their infection. When AIDS or other serious complications have already developed.

Data published in 2015, revealed that only 36 percent of adults, age of 50 to 64 in the United States, reported ever being tested for HIV. WOW! A lower figure compared to the 53 percent reported by adults age of 18 to 49 in New York City. Merely 29 percent of adults age 50 to 64, reported undergoing HIV testing in 2018.

Educational efforts to inform older adults about the importance of understanding their HIV status and undergoing regular testing are crucial in ensuring their health and the quality of life. We must try to create easier, more accessible, culturally sensitive and confidential HIV testing opportunities tailored to older adults and their unique needs while connecting them to appropriate care and prevention services. Undoubtedly, today's discussion on older adults living with HIV is a valuable step forward in

our city's effort to make HIV information, prevention and treatment more readily available for New Yorkers.

I look forward to hearing the testimony of all the witnesses who are joining us today and I'm hopeful that we can take everyone's perspective into consideration as we continue our work on Intro. 620, 623, 825, 895, 1248, and Resolution 294, 395 and 791.

In closing, I extend my heartfelt gratitude to all that have gathered here to share their invaluable perspective and insight today, and I want to share something with you. In 2000, I got stuck with a needle when I thought I was going to die and that gave me open eye in what an HIV patient can go through. So, everybody was scared coming and talked to me and wondering if I was going to die but I was persistent and I took the medication for two weeks. In that two weeks, I got so scared, I had to do the test almost every month, I would be standing behind the door to take my test to see if I was HIV. Thank God I was not, but that gave me a new look into caring for a patient with HIV.

It was not easy. I would also like to thank the Hospitals Committee Counsel Rie Ogasawara and Policy Analyst Mahnoor Butt, along with the Health and Aging

Committee staff for their work on this hearing. Together, we can foster an environment in New York City that uplifts and supports older adults living with HIV making our city a beacon of inclusivity and compassion and empathy.

With that, I will yield back to Chair Hudson.

CHAIRPERSON HUDSON: Thank you Chair. I'd like to acknowledge that we've been joined by Council Members Lee and Gutiérrez and I will now turn it over to Council Member Ossè to deliver a statement on his legislation being considered today, Introduction 825.

COUNCIL MEMBER OSSÈ: Thank you Chairs Hudson, Narcisse and Schulman for this hearing. If you look up at this dais, there are two LGBTQIA identified Chairs of this Committee as well as a Haitian woman who are holding this important oversight committee hearing. You know this policy and this oversight is personal to I'm guessing the three of you sitting up there as well as myself.

Today, we are hearing my bill Intro. 825, a bill requiring DOHMH to report on the city's outreach and distribution efforts to ensure New Yorkers have access to preexposure prophylaxis or PrEP. PrEP is a medication that prevents HIV and it is crucial to

ensure that as many New Yorkers have access to it, and we need the data and information to do this.

Under Intro. 825, we will have data and information on whether our city's efforts to promote access to PrEP are truly equitable and accessible. Powerful medical technologies have allowed us to make incredible strides in the field of healthcare, most especially within HIV and AIDS But far too often, these gains are not enjoyed by everyone. It is often Black and Brown, working class, and older New Yorkers who are often marginalized and left out of the conversations when it comes to access to healthcare.

As an elected official, we have a responsibility to extend the blessings of modern medicine and close the gap. This bill will equip us with the tools necessary to access the problem before us and work to solve it. Any resource available to address HIV/AIDS in our city must be accessible and inclusive for all. You know I started taking PrEP last year and the process as an elected official, that I consider myself capable of figuring things out on my own was very difficult. You know to find if my healthcare would allow me to use PrEP. It was just an incredibly confusing process that I know so many of

my friends have undergone and so many New Yorkers deal with in tangent with the stigma around testing and HIV/AIDS as a whole, it is a real setback for a lot of people in accessing this important medicine.

So, I'm proud to have a hearing on Intro. 825 today and look forward to its swift passage and implementation. Thank you very much.

CHAIRPERSON HUDSON: Thank you so much Council Member. I'll now turn it over to Council Member Sanchez to deliver a statement on her legislation being considered today Introduction 895. But before that, I also want to recognize that we've been joined by Council Member Brooks-Powers.

COUNCIL MEMBER SANCHEZ: Thank you. Thank you Chairs and thank you to all of my colleagues who are here and for the Administrations presence at this important hearing.

Uhm, sorry, I said what I didn't need to say, okay. Despite significant strides in fighting the HIV epidemic, pernicious inequities persist in rates of HIV and STI's across our state. Concentrated in Black and Brown communities. The Bronx has over 23,500 people living with HIV. This is over three times higher than the overall New York State rate and

the highest within New York City with rates more than double than our siblings over in Brooklyn and Queens and Staten Island.

In 2021, the Bronx also had the highest rates of HIV/AIDS deaths. These rates are most alarming among Black non-Hispanic Bronx sites who are diagnosed with HIV at over twice the rate of their White and Hispanic neighbors and experience the majority of deaths in our borough. In honor of Trans Remembrance Week, this week, I'd also uplift the particular inequities facing our trans siblings, which are even more stark. Trans feminine people are 66 times more likely than the general population to receive an HIV diagnosis. Trans masculine people, seven times more likely. And these inequities are a problem of caring for our older adults.

As has been said, approximately 60 percent of people living with HIV in the U.S. are now over 50 years old and that number is expected to rise to 70 percent by 2030. That is why I am so proud to be in these chambers with Chair Hudson, Chair Schulman and Chair Narcisse. In recognition that testing is awareness and awareness can be prevention. I am proud to be sponsoring Intro. 895, which would

require the Department of Health and Mental Hygiene to establish more labs in the city providing rapid same day testing services for HIV and some sexually transmitted infections. And it would launch an information and awareness campaign on their services.

This bill spurred from organizing efforts by many of the advocates here in the room today as an acknowledgement that the services at DOHMH currently has can work but we need more.

I look forward to hearing the Administration's response in moving forward to ensure that we can provide these essential services while breaking down stigma with a particular focus on increasing access to testing for those facing the highest rates of STI's.

If the Chair's would permit me, I just want to thank the advocates who have been working so diligently with all of us and have brought us to this day Callen-Lorde Vocal New York, MHHC Latino Commission on AIDS, Housing Works, Health People, Saint Ann's Harm Reduction, the New York City Anti-violence Project, African Services Community, Caribbean Equality Project, Black Health, Harlem Pride, Ali Forney Center, Destination Tomorrow. And

in my team, our communications and legislation director Caden Robinson. Thank you so much. Thanks to my colleagues who are already on this piece of legislation and I hope that we can push for a swift passage. Thank you.

CHAIRPERSON HUDSON: Thank you so much Council Member. I'll now turn it over to Council Member Marte to deliver a statement on his legislation being considered today, Introduction 623. Although I'd also like to recognize that we've been joined by Council Member Joseph.

COUNCIL MEMBER MARTE: Good morning everyone. First of all, I'd like to thank Chair Hudson, Schulman and Narcisse for holding this hearing and Chris Pepe and Chloe Rivera from the Aging Committee for working with us these past couple of months to make this happen.

I'm here today to discuss Intro. 623, which would require Senior Services provider to attend antidiscrimination training on sexual orientation, gender identity and expression. This will help our senior centers become safer and more welcoming spaces for LGBTQIA seniors. It's hard enough being a senior in New York. It's even harder being an LGBTQIA

senior in the city. These seniors are more likely to be low-income, have chronic diseases or disabilities and experience depression and social isolation. This is the community that needs senior center most but even with hundreds of senior centers citywide, nearly 60 percent of LGBTQIA older adults report feeling the lack of compassion with over half feeling isolated from others. And if they try to take advantage of senior centers, they risk facing discrimination and harassment. For a city that claims to be as safe for seniors and a supportive one and accepting homes for this community, this is unacceptable.

When almost 90 percent of LGBTQIA seniors in New York say that they would feel more comfortable with service providers who are trained in these practices, it is our job as elected officials to listen to them and make sure that the providers have this training. This bill should have been passed decades ago but I'm thankful of my 35 colleagues on the Council who have recognized this failure and who have cosponsored this bill so we can finally pass it and stop the discrimination against our seniors. Thank you.

CHAIRPERSON HUDSON: Thank you so much Council Member. I'd like to also acknowledge that Council

Member Barron is with us online. Uhm and before we begin with today's oversight topic, we're going to hear from Dr. Ashwin Vasan, the Commissioner of Health for his remarks and Healthy NYC and Introduction 1248 by Chair Schulman.

Once we've heard from the Commissioner, we will allow any questions on his testimony and on Intro. 1248 and then we'll allow the Commissioner to leave and we'll proceed with testimony focusing on today's oversight topic by Dr. Celia Quinn for DOHMH.

I'll now turn it over to the Committee Counsel to administer the oath.

COMMITTEE COUNSEL: Good morning. Please raise your right hand. Do you swear to tell the truth, the whole truth and to respond honestly to Council Member questions?

DR. ASHWIN VASAN: Yes.

COMMITTEE COUNSEL: You may proceed Commissioner.

DR. ASHWIN VASAN: Thank you. Good morning everyone. Good morning Chair Schulman, Hudson, Narcisse and members of all the Committees. I am Dr. Ashwin Vasan, New York City Health Commissioner. I'm joined by Dr. Celia Quinn, Deputy Commissioner for Disease Control who will speak later on the oversight

topic, Older Adults Living with HIV and the related legislation.

Thanks to advancements in HIV screening, treatment and prevention, as well as institutional and community efforts to reach the last mile and address inequities, we have a clear opportunity in our lifetimes to end the HIV epidemic in New York City. Dr. Quinn will speak to our work in this regard.

Before the advent of and widespread access to HIV medications, HIV/AIDS was a leading cause of death in New York City until the early 2000's. The dramatic gains in life expectancy experienced in the first decade of this century are in part due to the introduction and widespread access of anti-retroviral therapy, which transformed HIV from a fatal diagnosis to a chronic disease.

I began my own career working to ensure access to HIV treatment around the world and to address this leading cause of preventable death. And so, I'm very glad as well and I want to thank Chair Schulman for the opportunity to testify today on Healthy NYC. The city's campaign to improve life expectancy and to create a healthier city for all.

The health of New Yorkers is certainly at a major inflexion point. As we emerge from the COVID-19 pandemic, New Yorkers are on average sicker and dying too soon. Life expectancy, the average number of years a person can expect to live from the time of their birth, dropped more than four and a half years. From 82.6 years in 2019, the highest ever recorded life expectancy in New York City to 78 years in 2020.

Underneath these overall data, we also see stunning inequities reflecting that our health challenges are not experienced equally. Black New Yorkers starting from the lowest baseline life expectancy in 2019 of 77 years lost five and a half years in 2020, and Latino New Yorkers six years.

Overall, this is the biggest and fastest drop in lifespan in a century. In 2021, life expectancy rebounded slightly to 80.7 years, accounting for the lessening impact of COVID-19 due to advances in treatment and our vaccination and prevention efforts. However, we are still two years behind in lifespan from where we were in 2019 and there should be no expectation that we will just return to our previous baseline or meet our common expectation of healthier, longer lives without intentional action.

Two weeks ago, Chair Schulman joined myself and the Mayor, we launched Healthy NYC. The city's population health agenda to improve life expectancy and create a healthier city for all.

Healthy NYC sets as a matter of civic planning and civic expectation that all New Yorkers, year after year should expect to live healthier and longer in our great city. And it is a plan that demonstrates how the City of New York is stepping up to meet this challenge along with partners across sectors.

We know that health is a choice but it's not just an individual choice. It's an institutional choice and it's a democratic choice and that's why we have government to tackle those institutional and democratic problems that are too big or too complex for us to address on our own. Healthy NYC sets clear mortality reduction goals to reduce number one, the greatest drivers of overall risk and death. Number two, premature death below age 65, which predominantly impacts Black and Latino New Yorkers. Number three, excess debts which predominantly impact vulnerable groups like older New Yorkers we're discussing today, disabled people, people with

underlying health conditions are living in vulnerable settings. And Number four, the most extreme racial inequities, including unacceptable rates of Black maternal mortality.

The Healthy NYC goal set numeric targets for reducing debts from chronic and diet related diseases, screenable cancers, overdoses, suicide, Black Maternal mortality, violence, and COVID-19. These are all the leading causes of death in our vital registry.

By 2030, if we are successful in achieving these disease targets, we will reach the highest ever recorded life expectancy in New York City, 83 years and we will stop thousands of preventable deaths. We want New Yorkers to experience more birthdays, more weddings and more graduations, more holidays and as we're entering the holidays, that's even more trenching. More holly days, more life lived and to do so is an all-hands-on deck moment. It's a civic responsibility and we must engage all parts of our civic infrastructure to achieve it. Government through Healthy NYC can set the guideposts and the goals and will indeed play a big part in achieving these goals but we will need nonprofits, community

organizations, the private sector and every day New Yorkers to align around these goals.

Healthy NYC is how we ensure everyone across sectors, across our city consider health in every institutional and individual decision they take. It's how we link all of these decisions to perhaps the most important single metric we have for our society and for our democracy. How well and how long we live.

So, I'm happy that we have the support and partnership of the City Council in this campaign. The Health Department proudly supports Introduction 1248, which will require our agency to lead the development of a citywide population health agenda that focuses on improving life expectancy.

The bill also requires that we report on progress towards achieving the goals set in that agenda and update the agenda every five years, setting new goals to achieve new life expectancy targets as needed. Under the legislation, the Health Department will consult with stakeholders and provide regular updates to the City Council on progress made.

This bill ensures that planning around health and life expectancy has the key measure of our collective

health, will be a permanent feature and a legacy in New York City government. One that lasts from Mayor to Mayor and Administration to Administration and City Council to City Council.

Because we know that this is long work, it is hard work, and it is bigger than the ability of any one institution or any one branch of government or any one community to achieve on their own. Improving life expectancy will require collaboration, energy and focus for many partners across the five boroughs. Healthy NYC will not only be a model for civic planning for health for our city but for our nation, showing once again that New York City is a leader and innovator in public health.

Thanks to the Council, the Speaker and specifically to Chair Schulman, Healthy NYC will be an organizing force in our government for years to come. Thank you once again for the opportunity to be here today. I look forward to answering your questions on Healthy NYC and on Intro. 1248 and I will then turn things over to Dr. Quinn for the remainder of testimony.

CHAIRPERSON HUDSON: Thank you so much Commissioner. I'll now turn it over to Council Member Schulman for any questions.

CHAIRPERSON SCHULMAN: Hi Commissioner. Thank you very much and this is a much-needed program. So, do you know when we'll have an agenda ready and just, do you have a timetable?

DR. ASHWIN VASAN: So, Healthy NYC lays out mortality targets and lays out bundles of strategies to get there. One great example is the bill that we will be together signing later today, the Sweet Truth Act to require added sugar labeling in all New York City restaurants and food seller establishments.

So, as we've outlined those bundles of strategies, we also link those to our plans, our mental health plan. We're working on a chronic disease prevention plan and diabetes prevention plan as you passed a law earlier this year on that front.

So, we expect that we will be reporting annually on progress towards these goals but all of the KPI's, the metrics, the accountability measurements are built into the citywide health plans that we have laid out throughout the two years of this Administration.

CHAIRPERSON SCHULMAN: And then, I know you spoke a little bit about it where HIV comes into that whole plan in terms of increased life expectancy.

DR. ASHWIN VASAN: Well, I'm so grateful that HIV is no longer a leading cause of death in this city, due to anti-retroviral therapy but you rightfully point out, there are still deep inequities.

And so, just because Healthy NYC focuses on the leading cause of death primarily doesn't mean our work, and you will hear much about this work later in testimony, to go to that last mile and to end the HIV epidemic doesn't remain central to the mission of the Health Department in New York City.

CHAIRPERSON SCHULMAN: And my recollection from the conversations that we've had about Healthy NYC is that you'll be going out into different communities throughout the city to talk with constituents and talk with various stakeholders, is that correct?

DR. ASHWIN VASAN: That is absolutely correct, 100 percent. We have already begun that work. We have meetings scheduled in every borough with different stakeholder groups, whether they be community partners, faith-based organizations, the private sector, hospital systems, payers. This is an

all-hands-on deck strategy. There will be a campaign as well in early 2024 targeting every day New Yorkers as well because we do not want this to feel simply like top-down government and top-down institutional policy. Every day people have to be involved in Healthy NYC too.

CHAIRPERSON SCHULMAN: And I want to just make sure; I know we've had this conversation but just to state it here publicly is that you'll be reaching out to the Council Members as well to talk to them about their various constituencies in their districts.

DR. ASHWIN VASAN: 100 percent.

CHAIRPERSON SCHULMAN: Okay, thank you.

CHAIRPERSON HUDSON: Any other questions from colleagues?

CHAIRPERSON NARCISSE: There is a concerning number of older people being diagnosed currently with HIV and AIDS or advanced diseases we may say. What efforts are being made to prevent this from happening?

DR. ASHWIN VASAN: I'm happy to defer questions about the oversight topic to Dr. Quinn later on. Happy to focus my answers on Healthy NYC today but I

know that Dr. Quinn can respond to your question. We can do that now or later, as you wish.

CHAIRPERSON HUDSON: We'll do it later when we get there.

DR. ASHWIN VASAN: Okay.

CHAIRPERSON HUDSON: Thank you so much Commissioner Vasan. I think we'll close that out.

DR. ASHWIN VASAN: Okay, thank you very much.

CHAIRPERSON HUDSON: I'll now turn it over to Council Member Brewer to deliver a statement on her legislation being considered today, Resolution 791.

COUNCIL MEMBER BREWER: Thank you very much Chairs Hudson, Schulman and Narcisse. This particular Resolution 791 calls on the State and the Governor, the Legislature and the governor to pass S.2960/A.5741 and the Senate Sponsor is Brian Kavanagh. It provides an annual adjustment of the maximum income threshold eligibility for SCRIE, DRIE, SCHE, and DHE by any increase in the CPI, the Consumer Price Index same way the Social Security increases take place.

In 2020, there were a total of 71,665 households receiving SCRIE or DRIE benefits in New York City and we know that with continued increases in the Social

Security benefits, which we hope take place, those eligible households can quickly become ineligible. With this Resolution, older adults and people with disabilities could both see an increase in their Social Security benefit and keep their affordable housing.

I think we know that Social Security benefits increased by 5.9 percent in 2020, 8.7 percent in 2023, and in 2024 they could go up another 3.2 percent for another 71 million Americans, which is a good thing. But with this added income, these increased Social Security benefits placed many older adults and people with disabilities at risk of losing their housing benefits. Because SCRIE, DRIE, SCHE and DHE income thresholds do not increase at the same rates. That's why we need this Resolution. Thank you for including it. I certainly want to thank Hally Chu from the Office of Brian Kavanagh in the State Senate and Cynthia Hornig from my office and thank you very much.

CHAIRPERSON HUDSON: Thank you so much Council Member Brewer. I'd also like to acknowledge that we've been joined by Council Member Mealy. And now,

I'd like to turn it over to Dr. Quinn for her testimony.

DR. CELIA QUINN: Thank you. Good morning Chairs Hudson, Schulman, and Narcisse and all members of the Committees on Aging, Health and Hospitals. I also want to thank Commissioner Vasan for speaking today on Healthy NYC. My name is Dr. Celia Quinn and I am the Deputy Commissioner for the Division of Disease Control at the New York City Department of Health and Mental Hygiene.

I'm pleased to be here with my colleagues Dr. Emma Kaplan-Lewis from New York City Health + Hospitals and Anya Herasme from the New York City Department for the Aging to discuss the important topic of older adults living with HIV and the legislation included on today's agenda.

Before I describe the Health Departments specific programming and services for older people with HIV, I want to mention the advances in HIV treatment that have allowed people with HIV to live longer. HIV antiretroviral medicines are safer and more effective than ever. When taken as prescribed, HIV treatment medicines can reduce the amount of virus in the body to levels so low that the virus is undetectable.

People with undetectable HIV cannot pass HIV to others through sex. In New York State, HIV treatment is available to anyone who has HIV regardless of immigration status. As more people with HIV are on treatment and have access to health insurance and patient assistance programs, they are living healthier, longer lives.

In 2021, there were approximately 49,400 people ages 50 years and older with diagnosed HIV in New York City, representing 56 percent of all people with diagnosed HIV in the city. Among people 50 years and older with HIV, 90 percent were receiving care, 86 percent were prescribed HIV treatment medicines and 83 percent were virally suppressed, meaning that the amount of virus detectable in the persons blood is very low.

The Health Department receives federal funding through the Ryan White HIV/AIDS program to support the medical and non-medical needs of income eligible people with HIV in New York City. In 2021, approximately 48 percent of Ryan White clients were ages 50 years and older and 93 percent of those receiving Ryan White funded HIV medical care were virally suppressed. This speaks to the Ryan White

Programs role as a critical safety net provider for people with HIV who are uninsured or underinsured. Clients benefit client centered care coordination and a range of supportive services including food and nutrition services, mental health services, housing placement and short-term rental assistance, health education and legal services among others.

The Health Department continues to work closely with our HIV Health and Human Services Planning Council of New York to set program priorities and allocate resources for Ryan White clients. New York City is also seeing decreases in the number of older people newly diagnosed with HIV. In 2021, 273 people ages 50 years and older were newly diagnosed with HIV which is down 21 percent since 2017 and 67 percent since 2001 when HIV reporting began in New York State.

The sooner people with HIV are diagnosed, the sooner they can be connected to HIV care and treatment. We're encouraged that the federal government is moving towards requiring Medicare to fully cover HIV preexposure prophylaxis or PrEP including long-acting injectable PrEP and look

forward to more information from them on this initiative.

We also welcome the final rule issued by the federal government for Medicare to reimburse providers for community health worker services including principle illness navigation services for those with HIV/AIDS, which will start in January 2024. This rule will provide resources for care coordination, patient education, facilitation of social services and health systems navigation for older adults with HIV.

In addition to our work to ensure that more New Yorkers know their HIV status, the Health Department oversees an array of programming and services for older people with HIV. Our Building Equity Intervening Together for Health or Be Into Health Initiative, funds nine HIV clinics across the city to implement evidence informed HIV care models that support communities most effected by HIV, including three clinics that specifically focus on serving Black and Latino people with HIV who are ages 50 years and older.

Be Into Health's goals include increasing engagement and re-engagement in HIV care and

decreasing racial and ethnic inequities in HIV outcomes. Since Be Into Health's launch in 2021, funded clinics have served 267 Black and Latino people with HIV ages 50 years and older.

In April of this year, the Health Department launched a new Ryan White program for older people with HIV, which funds three New York City Health + Hospital sites to deliver outpatient health services designed to treat the complex needs of older people with HIV. Services include medical history taking, physical examination, diagnostic testing, treatment and management of physical and behavioral health conditions, preventive care and screening, prescription management and treatment adherence, education and counseling on health and prevention issues, and referral to specialty care and other services.

Providers also offer social and physical activities addressing isolation among older people with HIV. And my colleague Dr. Kaplan can answer more questions about this specific program.

Last year, the Health Department also launched our PlaySure Network 2.0, which is a network of 18 organizations funded to provide a comprehensive

health package of HIV related services in healthcare and non-healthcare settings. And this uses an equity focused one-stop shop and holistic client centered model. PlaySure Network 2.0 providers offer universal HIV testing, PrEP and emergency post exposure prophylaxis or PEP, immediate initiation of HIV antiretroviral treatment, sexually transmitted infection or STI testing and treatment, outreach and navigation services, and mental health substance use and other supportive services.

Several funded organizations offer programming and services designed for older people with HIV. For example, exponents offers ARRIVE, an eight-week education and counseling programming for older people with HIV who are struggling with addiction. GMHC has helped the aging project and it's helped for long term survivors offer workshops, resources and referrals to supportive services and GMHC's Thriving at 50 Group for older Black and Latino people with HIV focuses on reducing social isolation, depression and stigma. And New York Presbyterians comprehensive health program offers a wellness program for people with HIV who are 50 years and older.

Last year, the Health Departments training and technical assistance program launched a training for clinical, nonclinical and social service providers on enhancing health outcomes for older people with HIV. Participants learn how these clients unique mental and physical health needs may impact their care, treatment and health outcomes. Participants learn about the importance of using a strength spaced health equity approach and how to transform HIV care settings to better serve older clients with HIV.

Since the training launched last February, we have held seven trainings attended by a total of 112 participants. The Health Departments NYC Condom Availability program delivers condom education trainings at senior centers across the city and since last April, we have conducted over 17 trainings at senior centers, attended by a total of 544 participants. I'm happy to be here today with the Department for the Aging which has a broad range of programs serving older adults with HIV. For a quick description, NYC Aging serves older New Yorkers 60 and over through a range of programs and services including older adult centers, case management, home delivered meals, mental health programs, workforce

development and supports and a host of other aging services. All older adults who are physically ale are welcome to attend any of the more than 300 older adult centers across the city to participate in programs and activities or receive services, including a daily congregate meal, referrals and case assistance.

Additionally, homebound older adults may be eligible to receive homebase services such as case management, home delivered meals, homecare, friendly visiting and more.

Before we answer your questions, I'd like to briefly discuss the legislation being heard today. Regarding Introduction 825, which relates to reporting on PrEP outreach and distribution, New York State Department of Health regularly reports on the outreach and distribution of PrEP. They purchase statewide PrEP prescription data and other HIV related data that are uploaded to the ending the epidemic or ETE Dashboard annually.

The New York State ETE Dashboard can be filtered by region and by sex, age, and race ethnicity. Data on the number of people with PrEP prescriptions in New York City are already publicly available on the

ETE Dashboard. The Health Department uses these data to inform our efforts to expand access to PrEP and increase PrEP uptake among specific groups and communities. Requiring the Health Department to report on this data would duplicate the states current efforts.

Regarding Introduction 895, which relates to providing rapid testing for STI's in all boroughs, the Health Department has concerns related to the logistics and feasibility of the proposed legislation as written. The Health Department operates sexual health clinics across the city, all of which offer rapid HIV testing. Two clinics, Chelsey and Fort Greene offer quicky express visits for rapid STI testing for people who do not have symptoms with most HIV, chlamydia and gonorrhea test results available within hours. We are able to process the chlamydia and gonorrhea tests through the use of a special specimen testing machine that is located onsite. These machines are large, stationary and require specific infrastructure to operate.

Our other clinics also offer rapid HIV testing and screening and testing for STI's with immediate treatment initiation if indicated. In addition, the

Health Department partners with approximately 70 organizations located in all five boroughs to deliver free HIV self-tests directly to New Yorkers at home. And as I mentioned earlier, the Health Department funds numerous organizations across the city to offer routine STI and HIV testing, including rapid HIV testing in clinical and non-clinical settings.

The Department distributes resources and support services based on need, taking into account a variety of factors including our surveillance data, care access and equity concerns. Neighborhoods and communities with the highest burden of STI's can change quickly.

Additionally the burden of different STI'S can vary by population within neighborhoods at times requiring targeted approaches by gender, race and ethnicity, age group or geography. Given the constraints around the method of testimony and the infrastructure needed to perform these tests, we do not support this legislation.

Introduction 620 relates to mpox education and prevention efforts and an infectious disease vaccine scheduling portal. The Health Department has incorporated mpox prevention activities into our

routine sexual health programming. This includes provider education, assisting providers with access to mpox vaccination and partner and community outreach including during pride events.

The Health Department provides a list of mpox vaccination sites on the citysvaccinefinder.nyc.gov website, which includes links to the various sites for scheduling and other information. The infectious disease vaccine scheduling portal described in this legislation would take a substantial amount of time and resources considering the lack of standardization across healthcare provider platforms. We are pleased to report that the number of mpox cases in New York City has remained low in 2023 with just 22 cases reported from October 8th through November 4th of 2023 and a total of only 133 cases since January 1, 2023.

In our view, existing vaccine information and resources are effective and meet the current level of need. The Health Department remains committed to providing comprehensive services and support to older adults living with HIV and we're happy to discuss with the Council how we can best support the intention of the proposed legislation.

Thank you for the opportunity to be here today to address this important topic and we look forward to answering your questions.

CHAIRPERSON HUDSON: Thank you so much. I asked Council Member Brewer to read her statement earlier but I just want to formally acknowledge her presence with us today and we'll jump to questions if that's okay. The first of which is, what outreach is being done to connect older adults with HIV to services to reduce loneliness and isolation?

DR. CELIA QUINN: Sure, so thank you for raising the issue of loneliness and isolation for older adults. I'd like to turn it to the Department of Aging to answer that question.

JOCELYN GRODEN: Good morning. I'm Jocelyn Groden, Associate Commissioner with New York City Aging. I'm joined by my colleague Anya. With our overarching mission to ensure that New York City is an inclusive place to age in place, New York City Aging has a variety of services that Dr. Quinn mentioned to support older adults and breathing and creating community and addressing social isolation.

Some of our many programs include over 300 older adult centers located throughout the city. Our

workforce programs, mental health, home delivered meals. As Dr. Quinn mentioned, we also have particular programs for largely homebound older adults, which includes case management, homecare, home delivered meals and friendly visiting. And programs like Friendly Visiting, which is a volunteer match program as well as our mental health programs provide very specific spaces to combat particular struggles around social isolation as well again, as older adult centers is an opportunity to connect with people in your community, participate in classes and be connected.

CHAIRPERSON HUDSON: Thank you and my apologies, I want to acknowledge Council Member Rivera who has also joined the hearing. Have steps been taken to ensure that older adult center staff are HIV competent and can foster HIV stigma free environments?

ANYA HERASME: So, good morning. So, within our OACs network, there is at least one center in each borough that specializes in LGBTQIA+ older adult services. These centers include the Edie Winsor Sage Center, Sage Center Harlem, Sage Center Bronx at Crotona Pride House, Park Pride House, Sage Center

Brooklyn at Stonewall House, Sage Pride Center of Staten Island and the Queens Community House Center for Gay Seniors. While not all older adults living with HIV are part of the LGBTQI+ community, all of our OACs are obligated to serve the needs of their local community including those living with HIV.

Our providers are uniquely positioned to identify and provide the specific types of supports and services which best fit the needs of their center members and local older adults. Additionally, specific programs, meals, language access and activities are a key component of our network of services. Our network of OACs, Home Delivered Meals providers, naturally occurring retirement communities and other services are required by their contracts to be culturally specific in their programming. While we recognize that not all older adults living with HIV are part of this community, there are overlapping needs within them. That’s why OACs geared towards the LGBTQIA+ community may have support services for older adults living with HIV. Moreover, those centers work to break down stigma associated with clear life and provide affirming programs which are specific to that community.

CHAIRPERSON HUDSON: Thank you. I'll take that as a yes. Have there been any efforts to create a working group of aging services providers and HIV services providers to identify opportunities for collaboration, sharing of resources, and best practices?

JOCELYN GRODEN: Thank you for the question. For the past year, New York City has been working — New York City aging has been working with 23 other city agencies as part of our cabinet for older New Yorkers. Through this cabinet, we address a range of topics through subcommittees designed to address a variety of issues facing older adults.

The Health Subcommittee includes representatives from our partners at DOHMH, Health and Hospitals, and New York City Aging has worked to educate city employees on older adult needs in healthcare situations. The Cabinet for Older New Yorkers allows for collaborative discussions between agencies to break down communication silos and use existing resources to solve problems older adults experience when interacting with city agencies. We're very excited about the work that has been completed and

look forward to continuing this great work as part of our Phase II, which is currently underway.

While specific subcommittee project may not focus specifically on older adults living with HIV, those considerations are taken into account as we continue to evolve this work.

CHAIRPERSON HUDSON: Okay, thank you. I have a question on ending the epidemic. The New York City Health Department sexual health clinics provide low-cost walk-in services, including STI services, rapid chlamydia and gonorrhea testing, immunizations, behavioral health services, reproductive health services and harm reduction services, in addition to the HIV testing and antiretroviral therapy services.

Will the Health Department be able to provide those additional services through other means, despite proposed funding cuts for the ending the epidemic plan?

DR. CELIA QUINN: So, the Health Department, all of those services that we provide at our sexual health clinics, we also are funding various organizations through different streams of funding in order to make sure that we're meeting the needs of New Yorkers and continuing to advance our shared

ending the epidemic goals that are set out in the New York City and New York State plans.

CHAIRPERSON HUDSON: So, you don't think those services will be impacted by proposed cuts?

DR. CELIA QUINN: So, I can't speak specifically to proposed cuts today. I'd have to defer to colleagues at OMB. I just don't have information about those.

CHAIRPERSON HUDSON: Okay, can NYC Aging speak to the impact of the proposed cuts on the services that you're providing specifically to older adults with HIV?

JOCELYN GRODEN: We continually work with OMB to manage our budget needs. We look forward to working collaboratively with the Council in the coming year as we discuss the upcoming city budget.

CHAIRPERSON HUDSON: Have either agency had conversations directly with OMB or express the need for maintained funding in order to keep these programs and services running?

DR. CELIA QUINN: So, you know we'll continue as the — sorry, excuse me. We'll continue to be working with our finance and program teams to continue to do

our work to serve New Yorkers, including older adults living with HIV. So, these are ongoing discussions.

CHAIRPERSON HUDSON: Okay, I'm just going to state for the record that nobody can really provide a direct answer about the programs and services that might be cut based on the proposed budget cut, so thank you.

Just in the interest of time, I want to give Council Member Sanchez an opportunity to ask a question and then I'll resume.

COUNCIL MEMBER SANCHEZ: Thank you. Thank you so much Chair's, really appreciate the time. I just have one question and reading over your testimony, listening to you say it, I am very taken back frankly. Testing and prevention efforts are failing in the Bronx. They are failing. They are not good. They are failing Black and Brown New Yorkers. We have to do better. I didn't see any acknowledgement of that in your remarks. All I see is opposition to the efforts that the Council is proposing to make these things better.

And so, I want to understand what share — please share a breakdown of what is the rapid testing equipment. What are the testing rates at quicky

labs? At rapid HIV and STI screening services and the at-home testing services that you described by borough, by race, ethnicity, age, gender identity and sexual orientation? Because we know what the outcomes are and we know that we're not doing enough. We're not doing enough and so; you mentioned Fort Greene and Chelsea. Eash of those is over an hour away from many parts of the Bronx. Maybe an hour and a half away and we have the highest rates of HIV positivity in our borough. We have to do better. So, I just, that's my question is how can you oppose legislation that is being put forth without describing how you are tackling the wild level of disparity that we face in the City of New York?

DR. CELIA QUINN: We certainly share Council's goal of increasing access to STI testing, across the city in particularly in communities that are most directly impacted by both HIV and the rising levels of sexually transmitted infections. I don't have all of the data that you just asked for to present today but we can do some of that as a follow-up.

To clarify what kinds of services are offered at our specific sexual health clinics, the Chelsea and Fort Greene clinics currently have express testing.

Those are tests for people who are coming to our clinic with no symptoms of any sexually transmitted infection for screening. And at those sites, we're able to provide point of care testing, like same moment testing for HIV and then rapid turnaround results for screening for gonorrhea and chlamydia.

We also do testing for syphilis and that's a lab-based test, so the results come back about a week later. Our other clinics and that includes Morrisania in the Bronx, have routine sexual health clinic services. And so, they're able to point of care testing for HIV at those sites, as well as lab-based testing for syphilis, gonorrhea and chlamydia with a slightly longer turnaround time.

You know, I also mentioned the at-home testing programs that we have where we partner with a lot of organizations to make sure that people have access to at-home care and so, again, we work with a lot of community-based organizations and others to try to get information about sexual health testing out to all New Yorkers and we certainly welcome partnership with Council on that.

COUNCIL MEMBER SANCHEZ: Thank you. Look forward to the numbers. I understand what the services are, I just want to see they are being administered.

CHAIRPERSON HUDSON: Thank you. In 2021, 17 percent of recorded new HIV diagnoses in New York City were of New Yorkers age 50+. These numbers are likely higher given the fact that HIV testing is not widely utilized by older adults. How does NYC Aging promote HIV testing and prevention medications like PrEP and PEP to older adults?

ANYA HEASME: So, our overarching mission is to ensure that we meet the needs of every older adult who walks into an OAC, calls Aging Connect, requests case management services or needs any kind of assistance to find those resources. As we've stated within our network, there's at least one center in each borough that specializes in the LGBTQIA+ older adult services and they can access a range of supports at those centers. We do not provide direct medical care like HIV testing or prescribe medications like PrEP or PEP; however, we work closely with our partners at DOHMH and Health + Hospitals to make referrals and point older adults to the quickest way to access the care they need. My

colleagues joining me here today at DOHMH and Health + Hospitals can speak more to their work in promoting HIV testing and PrEP and PEP prescriptions within the older adult community.

CHAIRPERSON HUDSON: Okay, I'll allow them to do that.

DR. CELIA QUINN: So, like I mentioned, the Health Department through a variety of different funding sources is working with both clinical and non-clinical settings in order to make sure that there is access to HIV testing and information about PrEP and HIV services for older New Yorkers and others. One of our major programs related to that is the PlaySure Network 2.0 that I described in the testimony.

CHAIRPERSON HUDSON: Okay, thank you. What does NYC Aging currently do to promote sexual health and wellness programming at older adult clubs?

ANYA HERASME: So, at New York City Aging, we work to support older adults and their range of needs, which includes sexual health and wellness. We encourage centers to periodically schedule educational presentations from health experts for older adults. Additionally, many centers offer free

onsite contraceptives for all genders, which are available as older adults need them. Many of those same centers offer classes or programming which supports sexual health and wellness or sex education in different forms, based on the needs of that particular community.

CHAIRPERSON HUDSON: Thank you and do you know how many NYC Aging funded OACs currently provide sexual health and wellness programming? And if they're LGBTQIA+ and HIV competent?

ANYA HERASME: So, we are committed to serving older New Yorkers in their neighborhoods and in the specific cultural or community needs which best meet their needs. This includes LGBTQIA+ or HIV positive older adults, employees of centers who provide case assistance, often times they're trained social workers who are able to provide support and assistance to a range of older adults who are part of their communities or who have specific healthcare needs.

While they may not all have specialties in HIV and LGBTQIA+ needs, they are tuned to those communities and can tailor services to meet an older adults needs. Additionally, our centers are able to

develop programming which meets the needs of the population they serve. Many centers such as RAIN, St. Gabriel, Swinging Sixties, Bay Ridge, [INAUDIBLE 01:10:19] and others provide sexual health and wellness programming, as well as providing access to contraceptives.

CHAIRPERSON HUDSON: And when you say they are tuned to those needs, what does that look like in terms of proactively engaging with folks who might fall into those categories?

ANYA HERASME: So, because we expect all of our centers to be culturally competent, assuming that they are serving I mean any kind of culture right or group. We expect that they are doing outreach to the communities. That is part of their requirements that they serve and also just being sensitive to the needs of anybody who walks into the door.

CHAIRPERSON HUDSON: How do you measure that?

ANYA HERASME: That's a great question. Uhm, I'm — so, of course yes, our center staff, our professionals and we assess our programs annually as well. We can take complaints if there are concerns also from clients.

CHAIRPERSON HUDSON: Okay, I'll accept that.

ANYA HERASME: Thank you.

CHAIRPERSON HUDSON: Would you commit to working with HIV service providers and aging services providers to create best practices for offering these types of programs and promoting them to older adult centers?

JOCELYN GRODEN: We have strong relationships with organizations like SAGE, which stands for Senior Action in the Gay Environment and GRIOT Circle, which is an organization that provides uhm, that focuses on LGBTQI+ services for people of color. We continually work to improve our services and programming in all of our older adult centers to best serve and support the needs of a range of older adults, including those who identify as LGBTQI+ and/or are living with HIV. Our mission is always to serve the needs of older adults and meet them where they are. When they walk in the door at any older adult center or engage with any of our variety of programs in any way.

We are frequently in conversations with OMB about funding for our programs and services and any new needs which might arise.

CHAIRPERSON HUDSON: Okay, you didn't say that earlier, that you're frequently in conversation with

OMB, so I hope and trust that as part of those conversations, you'll express and impress upon them the need to not cut such vital services and programming that serve our most vulnerable New Yorkers.

And I know this might feel a little redundant, so bear with me but I just want to make sure we're getting every single you know nugget of information from you all. Can you please describe any specific NYC Aging programs and services that support older adults living with HIV?

JOCELYN GRODEN: Sure, New York City Aging provides mental health services for older adults through our Older Adult Center Network and through our Geriatric Mental Health programs. Our Geriatric Mental Health Programs are based out of 88 older adult centers throughout the city. DGMH, the short hand for Geriatric Mental Health provides structured engagement sessions, assessments, and clinical services to clients who have more acute needs for example around social isolation, depression, anxiety and so forth. DGMH includes mental health services that are provided by a licensed mental health clinician. Services can be individual or group based

and are provided virtually and through telephone as well as in-person.

We know that older adult centers who serve LGBTQI+ populations like SAGE, which we mentioned before, also provide group therapy sessions for older adults living with HIV. The DGMH program can provide assistance for older adults who might be struggling with mental health issues related to any health issue, HIV status, or whatever they need.

Lastly, it is important to note that one does not need to be a member of an older adult center in order to access our mental health programming. In other words, New Yorkers age 60 and older are welcome and we invite them if indicated to access or DGMH services throughout the city.

CHAIRPERSON HUDSON: Thank you and you mentioned DOHMH but are there uhm, other agencies and partners that you collaborate with to ensure greater access to preventative measures and treatment?

JOCELYN GRODEN: So, as we talked about before through our cabinet for older New Yorkers, we work very closely with DOHMH as well as Health + Hospitals and a range of city agencies. There are 23 altogether. At New York City Aging, we're committed

to addressing older adults' needs, working to connect them with the services and programs that will best support and address what they need. This can include referrals or handoffs to partner agencies like DOHMH, Health + Hospitals, HRA, based on the particular needs of the client. Additionally, we worked with DOHMH in the past to partner on mental health initiatives. For example those happening in the NYCHA communities.

Other opportunities to access services often overlap with other city agencies and we work together to ensure those programs reach those who need those services. Additionally, we work to ensure that older adults who need to be connected to services from a partner agency, fully understand the services that are available to them through a warm handoff that ensures a seamless connection to the services they need as well as a follow-up to make sure that connection was appropriate and in place.

We strongly urge the concept of a no wrong door approach to aging services and work to connect any older adult to appropriate programs and services whether it's through us or our sister agencies.

CHAIRPERSON HUDSON: Thank you and uh, for the doctors in the house, what initiatives are in place to address the unique healthcare needs of older adults living with HIV, such as comorbidities and age-related health conditions?

DR. CELIA QUINN: Thank you. So, the programs that the Health Department is supporting include the Be Into Health HIV clinics which are funded by Ryan White. Also, the PlaySure Network 2.0 providers which do both testing and linkage to care and then the Ryan White program for older people with HIV, which is a newer program that started this April and funds three Health + Hospital sites to provide outpatient and ambulatory health services that are designed to treat those complex needs that you just mentioned.

So, I'll turn it over to Dr. Kaplan to explain more about that program.

DR. EMMA KAPLAN-LEWIS: Good morning. Thank you for the opportunity to be here today. I'm Dr. Kaplan-Lewis. I'm the HIV Clinical Quality Director at New York City Health + Hospitals within the office of Population Health.

So, at Health + Hospitals, we care for the entire person. We provide holistic patient centered HIV primary care and address many of the comorbidities that accumulate and come with aging. Some of these specific comorbidities include multiple medications, which is termed polypharmacy, cardiovascular disease, malignancy, hearing or vision difficulties, neurocognitive decline. Our providers are very tuned in to these specific aging relating complications as it pertains to the adult population with HIV. As Dr. Quinn mentioned, the Ryan White funding is funding three of our sites in Brooklyn, the Bronx and Queens to really redesign how HIV primary care is delivered. 60 percent of our patients with HIV are considered older, 50 or older and so, this is across our entire system. We're using this as an opportunity to really understand and to implement how can we redesign HIV primary care away from the earlier days of the HIV epidemic, which was more [INAUDIBLE 01:19:13] infection focused and really towards these aging related complications.

And part of this initiative includes really again redesigning our care delivery, working with our partners across the city and caring for the whole

patient. We are providing targeted trainings towards with our clinical teams to really ensure that our clinical teams are tuned into the issues related to aging and we're working with geriatric experts across our entire health system to implement these aging related screenings to identify these concerns and connect patients to resources when they're identified.

CHAIRPERSON HUDSON: Thank you. I'm now going to turn it over to Chair Schulman to ask some questions.

CHAIRPERSON SCHULMAN: Thank you very much Chair. Has DOHMH ever conducted a health needs assessment on older people with HIV and/or a needs assessment as it relates to HIV prevention?

DR. CELIA QUINN: Yes, when I find the right page, I'm going to give the entire history of the needs assessment for this population. So, most recently in 2017, the Health Department launched a New York City, New York State HIV clinic survey. This was at HIV clinics across New York City. So, combining the survey results and information from site visits, the Health Department assessed clinic level factors and practices that affect viral load

suppression outcomes and provide a tailored clinical assistance and resources based on those findings.

It included about 120 clinics and clinic networks to provide the results, distribute resources and discuss priority areas which included HIV and aging. And that information has helped to inform capacity building and training initiatives related to serving older people with HIV, many of which I've already described in the testimony and during the question and answer today.

Following that, to develop the New York City 2020 Ending the HIV Epidemic Plan, the Health Department led a nearly one-year long community planning process to assess the HIV and related needs of New Yorkers. So, from March 2020 to January 2021, the Health Department held nine virtual listening sessions with 308 participants and launched an online survey that garnered 619 persons in September and October 2020. And that went into the 2020 ending the HIV Epidemic Plan.

And then, the Health Department also has a New York City HIV Planning Group that is comprised of people with HIV and people at increased risk of HIV, service providers, government officials and committee

members appointed by the Health Commissioner that regularly informs our HIV Prevention activities, so that we have like ongoing input into the work that we're doing.

CHAIRPERSON SCHULMAN: Thank you. So, over 70 percent of all people living with HIV will be over 50 by the year 2030. So, what plans are being made now to expand these programs and services?

DR. CELIA QUINN: Yeah, so as we implement these services that we've been talking about, Be Into Health, the Ryan White program that Dr. Kaplan-Lewis described our PlaySure Network 2.0, we're constantly doing program evaluation to find what's working and that helps inform our ability to scale those up and identify the places where they're needed the most. So, that's part of the way that the Health Department approaches our work in an ongoing manner.

CHAIRPERSON SCHULMAN: How many sexual health clinics are currently operating citywide?

DR. CELIA QUINN: So, right now, only two of our eight sexual health clinics are not offering sexual health clinic services at this time, so the other six are offering sexual health services. The type of

services that are offered at each clinic varies and that can be found on our website.

CHAIRPERSON SCHULMAN: So, I know in your testimony when you talked about Introduction 895, you talked about all the different services you have at the various clinics. I don't need to go over them again, but we're hearing that with the budget cuts that are coming that some of those clinics are going to be closed. Can you respond to that?

DR. CELIA QUINN: So, we don't have plans to close the clinics right now and those decisions would be made in the future based on what resources are available but we recognize the importance of our sexual health clinics both to our ending the epidemic goals and just to meeting the needs of New Yorkers.

CHAIRPERSON SCHULMAN: How many DOHMH run sexual health clinics offer access to PrEP and PEP?

DR. CELIA QUINN: Uhm, so all accept one offers access to PrEP and PEP of the ones that are open.

CHAIRPERSON SCHULMAN: How many are open?

DR. CELIA QUINN: Six.

CHAIRPERSON SCHULMAN: Okay, what steps has the Department taken to increase access to PrEP and PEP medications for older people in New York City? And

are there any — the second part to that, are there any initiatives to reduce barriers to PrEP, PEP access for this community?

DR. CELIA QUINN: Yes, so of the programs that I've described so far, probably the PlaySure Network 2.0 is the one that has the most efforts in that particular area. So, all 18 of those funded agencies are required to provide emergency PEP to eligible clients.

As I mentioned in the testimony, three of the PlaySure Network 2.0 funded organizations are doing programs specifically directed at this population ages 50 and older. Separately, we also support Mount Sinai to administer a PEP hotline, so that's available to anyone and then in terms of PrEP in addition to the availability at our sexual health clinics, we also support Ryan White providers and other providers to make access to PrEP available or connect people to care if they're not able to do that in their particular setting.

CHAIRPERSON SCHULMAN: The Mount Sinai, how many do they serve?

DR. CELIA QUINN: I don't have that information in front of me.

CHAIRPERSON SCHULMAN: Can you get that for us? Okay, great get it to the Committee. Uhm, do the Department sexual health clinics collect any data on the number of older adults that use such clinics to access HIV prevention and treatment services?

DR. CELIA QUINN: Yes. So, as of November 13th of this year, there were 2,174 unique patients age 50 and older who received either HIV testing or HIV medication or both at the New York City Sexual Health Clinics between October 1, 2022 to September 30, 2023.

CHAIRPERSON SCHULMAN: How about the PEP Excellence Clinics?

DR. CELIA QUINN: So, the PEP Excellence Clinics are funded under PlaySure Network 2.0 and I don't have the utilization numbers for you but we can follow-up.

CHAIRPERSON SCHULMAN: Okay, what is the current landscape of insurance coverage for PrEP?

DR. CELIA QUINN: So, the I think I mentioned in the testimony, there have been recent changes, so let me find it. Okay, so currently the federal government is moving towards requiring Medicare to fully cover HIV PrEP, including long-acting

injectable PrEP, so this is something we're really looking forward to hearing more about for Medicare.

CHAIRPERSON SCHULMAN: Okay, the New York State Department of Health recently created an HIV aging project director position within the Bureau of Community Support Services. Are there any plans to create a position like that at the New York City Department of Health and Mental Hygiene?

DR. CELIA QUINN: Uhm — sorry Chair, can you repeat the question?

CHAIRPERSON SCHULMAN: The New York State Department of Health recently created an HIV aging project director position within the Bureau of Community Support Services. Are there any plans to create a position like that at the New York City Department of Health and Mental Hygiene?

DR. CELIA QUINN: Yeah, so that's the one I thought you were asking. So, last year, as we started implementing the New York City 2020 Ending the HIV Epidemic Plan, we started launching internal work groups inside the Health Department to focus on key populations and interventions that are included in that plan to start our long-term planning on implementation.

So, we have an HIV and aging workgroup internal to the Health Department that has spent the last few months identifying those key activities in the 2020 End the Epidemic Plan that are focused on older people with HIV, accessing whether we're appropriately implementing those activities through our existing programming and services and identifying gaps. So, this work group internal to the Health Department is developing program proposal to address those gaps and so that's how we're working on it internally at the moment.

CHAIRPERSON SCHULMAN: Okay, so I'm going to end this line of questioning but I just want to reiterate what Chair Hudson said about making sure that older adults as we move forward and there's issues in terms of the budget, that uhm, these are vulnerable populations. That I want to make sure that there's real collaboration between Department of Aging and DOHMH so that there's no overlaps so that we get the programs that are essential for these individuals. That they're able to access them.

DR. CELIA QUINN: Thank you.

CHAIRPERSON SCHULMAN: Thank you.

CHAIRPERSON HUDSON: Thank you so much Chair Schulman and now, I'm going to turn it over to Chair Narcisse for some questions.

CHAIRPERSON NARCISSE: Thank you Chairs. What mental health services are available for older adults living with HIV and how is the city addressing the stigma and mental health challenges associating with HIV and aging?

DR. CELIA QUINN: So, mental health services are an important part of the portfolio of programs that the Health Department supports in particular through the Ryan White program and I've mentioned a few of the specific Ryan White funded programs that are dedicated specifically for older adults but all of those other Ryan White funded programs are also available to older adults and that includes a variety of different mental health services.

I'm glad that you mentioned stigma because that's an important barrier for people seeking or receiving HIV care and including you know understanding their HIV status. So, the Health Departments certainly been dedicated for many years to reducing stigma and discrimination against people with HIV. And that is a key component of our Ending the Epidemic Strategy.

And then specific to older adults in addition to the stigma issue that's been raised and we've talked a little about this earlier, there's also just ageist attitudes and perceptions that this might not be a problem for older adults, when we know that in fact is a problem for older adults. And so, that's why we've been doing some of the other programming I mentioned like, partnering with NYC Aging to make our NYC Condom Availability program available at senior centers and that's sort of activity.

I want to ask my Department for the Aging colleagues if they would like to address some of your question also.

JOCELYN GRODEN: So, I don't want to repeat myself but as I mentioned earlier, our geriatric mental health programs are available in 88 older adult centers throughout the city to provide mental health services and to support people no matter where they're coming from and to address stigma as we continue to fight discrimination and actively address agism through our work.

CHAIRPERSON NARCISSE: Which other organization do you partner with to do those programs?

DR. CELIA QUINN: So, I don't have the full list of the programs that are funded on Ryan White. We can send that as a follow-up.

CHAIRPERSON NARCISSE: Uhm, how is the city monitoring and evaluating the effectiveness of its programs initiatives targeting at older adults living with HIV? And what improvements are being considered based on this data?

DR. CELIA QUINN: Yeah, so program evaluation is a key component of how we implement any program at the Health Department and in addition to formal program evaluation methods like I mentioned, we also work with our HIV Planning group. On the Ryan White program, we work very closely with the HIV Planning Council. And so, these are ways that we're constantly iterating on the work that we do and trying to improve it, make it more relevant for people in New York and those that need those programs.

CHAIRPERSON NARCISSE: How does H+H ensure that its HIV services are accessible and tailored to the needs of the older adults?

DR. EMMA KAPLAN-LEWIS: So, our HIV clinic for all primary care medical home certified, that means

that they're designed to provide comprehensive primary care beyond just HIV care and treatment. Our care model is a holistic approach that addresses HIV care in the context of comprehensive primary care. We really focus on preventing what we can catching comorbidities early and really treating the whole person. There's an emphasis on prevention and really a strong focus on social drivers of poor health to try and alleviate those as much as we can to ensure our patients can access excellent healthcare.

We screen for needs at each visit to identify barriers to achieving optimal health and we connect individuals to resources, both internal as well as external. We have a robust network of supports available across Health + Hospitals that improves access to specialty care that's needed by many older adults.

CHAIRPERSON NARCISSE: Thank you. Are there any unique challenges of consideration when providing HIV services to older adults and how does H+H address them?

DR. KAPLAN-LEWIS: So, one unique consideration is the polypharmacy. So, that's being prescribed multiple medications. 81 percent of our adults are

on five or more medications and that's in addition to their HIV regimen. We have supports including social work support, adherence support, care coordination, case by case conferencing. An example, from my own clinic, I have patients come in and this can look anywhere from somebody coming in monthly and I fill their pill box for them because of their complicated regimen or working with their home health aide and their family supports to come up with a plan that can help remind them about their medication and keep the medication straight.

So, those are just some examples but we have multiple supports in place to be able to tailor to the individuals needs.

CHAIRPERSON NARCISSE: And I have to say thank you for hearing the compliance — like, I don't want to use the word compliance because like I said, after I got stuck with the needle, I had to take the medication for two weeks and I have learned something that I would never forget and that make me more — having more empathy when I'm saying compliance. I don't want to say compliance but for what I'm saying, the suppressing part of the HIV. So, I will say that we're doing a good job but when it comes to Black and

Brown communities, we're still not seeing that effectiveness of uhm, I don't want to use again compliance but the people responding to the medication better.

So, you have the collaboration of the aides in the house, I mean HHA, and having the whole team together. I think that's the best way and uhm, do the follow-up more often. You don't have the lax on people not returning to the clinics and by the way, I will assume that in every H+H building, you have the team working with HIV patients?

DR. EMMA KAPLAN-LEWIS: So, we have 16 HIV clinics across our system in all boroughs but at any point of entry into Health + Hospitals, there is the possibility of connection to services whether it's in one of those clinics or at any entry point. And as you mentioned, we agree with the holistic team-based approach and involving the patient and their family and chosen family or biological family in the care plan to really tailor the needs to the individual and that can look different for different people including more frequent visits.

CHAIRPERSON NARCISSE: First, do we have them in all five boroughs?

DR. EMMA KAPLAN-LEWIS: Four boroughs, I'm sorry, aside from Staten Island.

CHAIRPERSON NARCISSE: Except Staten Island. So, do you have — what's the number look like in Staten Island?

DR. EMMA KAPLAN-LEWIS: I don't have that answer for you now but we can follow up.

CHAIRPERSON NARCISSE: So, where do Staten Islanders I mean go?

DR. EMMA KAPLAN-LEWIS: There's a support clinic, I'm sorry, Vanderbilt.

CHAIRPERSON NARCISSE: Vanderbilt.

DR. EMMA KAPLAN-LEWIS: Support clinic.

CHAIRPERSON NARCISSE: Alright, we are in a housing crisis. I should not be asking that question but being a nurse in the homecare nurse setting, used to serve the HIV and AIDS clients. I know how difficult it is for them to have housing issues. Is that — it is a comprehensive approach talking about the social worker? Making sure that just because without a home, you cannot be compliant to your medication. You cannot even you know process things, so are they getting support services through that program you were talking about too?

DR. EMMA KAPLAN-LEWIS: Absolutely, so we screen for social determinants of health at every visit, at every point of care and involve the social worker and community health workers as well to connect patients to resources, apply for hospital related housing or other support. And as you mention, if somebody is fighting for their basic needs for food, for housing, they're not going to be able to focus on their other medical issues. And so, our providers are very well tuned into that and really incorporate social determinants as medical issues.

CHAIRPERSON NARCISSE: Thank you. Are there any specific outreach or awareness campaigns targeted towards older adults to promote HIV testing, prevention and treatment still?

DR. CELIA QUINN: Sure, so I'll start by just saying we have had general broad media campaigns that are aimed at all New Yorkers and we try to be inclusive of all gender identify, sexual orientation, race ethnicity and age groups whenever we do a media campaign about a health topic. Just over the summer, we had a successful campaign using fun fruit images; hopefully people remember that one. That was reminding people to get the sexual healthcare

services that they need and we continue to look at different campaigns. But in addition to our media campaigns, we also have a wide network of community partners and that we also rely on them to get the word out to our communities and it's something we certainly would enjoy to partner with Council Members on.

CHAIRPERSON NARCISSE: How do you measure the success that the programs is working?

DR. CELIA QUINN: The success of which?

CHAIRPERSON NARCISSE: Because you said you're doing the outreach, the campaign, so how you measure that? The success of that?

DR. CELIA QUINN: Oh, yeah, so uhm, you know different metrics related to the number of people using the campaign to connect to our website to get more information for example like that. But in general, we're also keeping an eye on who's utilizing our services and making sure that we're targeting those appropriately.

CHAIRPERSON NARCISSE: So, how many folks that actually, you have in the data?

DR. CELIA QUINN: Oh, I don't have that in front of me. I'm sorry.

CHAIRPERSON NARCISSE: Can you share the data when you get it?

DR. CELIA QUINN: We could bring that as a follow-up yeah.

CHAIRPERSON NARCISSE: Uhm, does H+H offer specialized support groups or counseling services for older adults living with HIV? If so, I think you kind geared to that already, provide more details about this program, so I think you already did most of them. You have anything that you want to add to it?

ANYA HERASME: I can add that we have behavioral health counseling and services embedded in many of our HIV clinics and available at all of our facilities.

CHAIRPERSON NARCISSE: What partnership collaboration — I think I asked you that too. Which partnership that you have? Some of the organizations, you don't have the data. You're going to send it to us for the partnership that you're creating through?

DR. CELIA QUINN: Right, yeah so —

CHAIRPERSON NARCISSE: The partnership that you have.

DR. CELIA QUINN: Right, so we will be able to share the organizations that are participating as our Be Into Health campaign, the Ryan White clinics that Dr. Kaplan described and the PlaySure Network.

CHAIRPERSON NARCISSE: Okay. Are there any specific initiatives or programs within H+H that focus on rising awareness and reducing stigma around HIV in older adults? You kind of touch it but if you want to highlight it into a little deeper. Dive in it deeper for me if you can.

DR. EMMA KAPLAN-LEWIS: Sure, so in the past, we've held a groundbreaking stigma summit that was a dialogue and is an ongoing dialogue between staff and patients to really try and bridge the understanding about how systems can be improved and to help our staff understand what the communities concerns are. Art and performance have been a part of this ongoing dialogue to give a platform for a variety of forms of expression. We have part of — one of our team staffers who participates in weekly consumer group calls to integrate consumer voices into our regular work. We see opportunities and we get a weekly update about what those concerns are and we really try and seek opportunities like this that really take

the burden off of the consumers to have to constantly be educating us about how we can evolve and improve.

CHAIRPERSON NARCISSE: Okay, how does H+H ensure that older adults living with HIV receive comprehensive healthcare beyond just HIV treatment? You started to — you can dive in it deeper.

DR. EMMA KAPLAN-LEWIS: So, our HIV clinics are all primary care medical home certified. Our model again is a holistic approach that addresses HIV primary care consistent with New York State guidance. All of our patients with HIV are managed by an HIV specialist who also does their primary care, so it's not siloed HIV care with other medical care. It's all within one setting.

CHAIRPERSON NARCISSE: Okay, what steps does H+H take to promote regular HIV testing among older adults and encourage early detection of the virus?

DR. EMMA KAPLAN-LEWIS: So, we have policy to screen everybody annually more than just once in a lifetime for our 13 years and older and this does not have an age gap. So, this goes through the age spectrum and in addition, we all of our patients with HIV screen regularly for STIs. We acknowledge that sexual healthcare is a key component for overall

healthcare and we've identified ways to flag patients within our medical record who could be eligible for PrEP, for prevention services and this also does not have an age gap.

CHAIRPERSON NARCISSE: That's good. I like that. Are there any age-related considerations that when it comes to HIV treatment and medication management for older adults? And how does H+H address them?

DR. EMMA KAPLAN-LEWIS: I think I mentioned that a bit with the polypharmacy.

CHAIRPERSON NARCISSE: You mentioned it, yeah.

DR. EMMA KAPLAN-LEWIS: But part of the Ryan White funding that Dr. Quinn mentioned is increasing funding for pharmacists throughout our system that can help review medication lists, look for drug interactions and just medications that should be avoided in older patients in general. So, that in addition to the supports that I previously mentioned.

CHAIRPERSON NARCISSE: And that goes for the newly diagnosed to I'm assuming?

DR. EMMA KAPLAN-LEWIS: Absolutely. We have numerous resources and supports for all patients newly diagnosed. That can include applying for health insurance access. We have a way at Health +

Hospitals, we're lucky to be able to provide access to healthcare and medication for all individuals regardless of immigration status and ability to pay. So, everybody is able to access HIV medication.

CHAIRPERSON NARCISSE: I think we start going there too with that one. How does H+H address the intersection of HIV and other health conditions that may be more prevalent among older adults?

DR. EMMA KAPLAN-LEWIS: So, we care for the whole person. Some of the specific aging related issues that we pay a lot of attention to; this is not an exhaustive list but include frailty, social isolation, multimorbidity including multiple comorbid conditions, cardiovascular disease, cancer prevention as well as treatment, neurocognitive decline and polypharmacy. We're working with our geriatric experts across our system to really kind of infuse the model of geriatric care into HIV primary care because we need to not just meet capacity but really expand as this population is growing.

CHAIRPERSON NARCISSE: Thank you. I have a lot more good questions but I have to pass it on to my Chair because we have other colleagues here we have to make sure that they can ask questions. Thank you.

CHAIRPERSON HUDSON: Thank you. We'll come back to you Chair Narcisse. Council Member Brooks-Powers.

COUNCIL MEMBER BROOKS-POWERS: Thank you Chairs and thank you for the presentation, the testimony today. I just had a few really quick questions. Uhm, in terms of facilities and staff, how many facilities offer HIV services to older adults and I'm particularly interested in the location by borough, wanting to know where they are and if you could provide a breakdown of how many medical staffers are currently working in these facilities?

DR. CELIA QUINN: Council Member, can you clarify if you're asking about the entire City of New York or for Health + Hospitals?

COUNCIL MEMBER BROOKS-POWERS: I'm asking for Health + Hospitals but if you have the full city data, it will be good to know too.

DR. EMMA KAPLAN-LEWIS: So, we have 16 HIV clinics I think here. It's not listed by borough, give me one moment. Yeah, so Bronx, Morrisania, Jacobi, North Central, and Lincoln. In Brooklyn, East New York, Cumberland, Kings, Woodhull and South Brooklyn, previously known as Coney Island, Manhattan, Gouverneur, Sydenham, Bellevue,

Metropolitan and Harlem and Queens, Elmhurst and Queens.

COUNCIL MEMBER BROOKS-POWERS: So, in Queens you have none for Southeast Queens? Hopefully when the uhm, I guess the Gotham Center opens in Far Rockaway that could be something that is included there to have some type of coverage. And in terms of the medical staffers?

DR. EMMA KAPLAN-LEWIS: In terms of the medical staffers, we have HIB specialists across our system. I don't have the exact numbers per clinic but our clinic size if very traumatic. It could be anywhere from 50 patients to 2,000 patients and so our staffing models and needs reflect that variety across clinics.

COUNCIL MEMBER BROOKS-POWERS: And are you experiencing staff shortages? If so, how many vacancies?

DR. EMMA KAPLAN-LEWIS: We're not experiencing any specific staffing shortages. We always evolve and restructure our teams based on our evolving patient needs.

COUNCIL MEMBER BROOKS-POWERS: Uhm and then lastly, I just wanted to also ask, I know a lot of

older adults rely on local print media to get their information about resources that are available. Can you discuss the strategy you all use for outreach in hyperlocal media outlets to ensure this information gets into communities like the one I represent covering Southeast Queens and the Rockaways?

DR. CELIA QUINN: So, uhm, in terms of information accessibility, like I mentioned, we certainly rely on our partners and funded entities to do outreach among their specific communities but in general, our information that is available online and all of our website pages, are designed to be accessible for people at range of different ability levels and we are also making sure that all of our information is successful to people who do not speak English. So, all the Health Department public facing materials are translated into several other languages. For direct services, we also have language access services available for translation and specifically to Spanish, our sexual health marketing campaigns are also available in Spanish.

COUNCIL MEMBER BROOKS-POWERS: So, to answer the question more directly, you do not do local print media advertising.

DR. CELIA QUINN: So, that varies on the specific media campaign which I don't have the details about in front of me.

COUNCIL MEMBER BROOKS-POWERS: Do you know if you've had any media campaigns covering local outlets in Southeast Queens?

DR. CELIA QUINN: We would have to get back to you about that.

COUNCIL MEMBER BROOKS-POWERS: If you will please. Thank you. Thank you Chair's.

CHAIRPERSON HUDSON: Thank you Council Member. Council Member Brewer.

COUNCIL MEMBER BREWER: Uh, thank you very much. I'm interested in a bigger policy. I remember when the previous governor Debra Fraser-Howze, C. Virginia Fields, and others had a big press conference, We're Ending the Epidemic. That was a big press conference and since then, I think you mentioned about uh, the Commissioner mentioned, talked about in his testimony, talked about the nine sessions etc.. Is there like a piece of paper that says, these are the 12 ways in which we are going to end the epidemic by x? And how are you working with the state on it? There's some question here that the state has

appointed a community support person to talk about AIDS and HIV. I don't know if that helps. I'm not always a big believer in a person but what are the actual steps and by what date? And what are we all doing to get there?

DR. CELIA QUINN: Yes, thank you for that question. So, it was 2014 when New York State announced the plan for —

COUNCIL MEMBER BREWER: I remember all the characters.

DR. CELIA QUINN: End the AIDS Epidemic and actually we had made a lot of progress as a state by 2019 in reducing the number of new HIV infections to be below the number of deaths that year among people diagnosed with HIV. So, that was like a key milestone in our ending the epidemic.

COUNCIL MEMBER BREWER: That was in '19 is what you're saying?

DR. CELIA QUINN: That was in 2019. Then in 2020, there was the COVID-19 pandemic and that really impacted availability and uptake of HIV testing, prevention services, just access to care in general was really impacted.

COUNCIL MEMBER BREWER: But now we're in '23. That's over.

DR. CELIA QUINN: That year, yes. So, then in the New York State Department of Health after 2020 with local Health Departments like New York City, revised the Ending the Epidemic timeline and pledged to reach those and the epidemic goals by December 2025. And so, those revised and the epidemic goals informed the city goals, that is included in the New York City 2020 Ending the HIV Epidemic Plan, which was released in March of 2021. And then following that, there was a new York State, New York City integrated HIV Prevention and Care plan that came out in 2022 to cover the years 2022 through 2026. So, we co-authored that with the New York State Department of Health and Nassau County Department of Health.

So, what's in the End the HIV Epidemic plan? It was the second part of your question. So, this plan includes seven priority populations, one of which is the focus of today, which is people ages 50 years and older. There are some specific key activities focused on older people with HIV, that includes improving access to comprehensive and integrated healthcare that is person centered and responsive to

complex medical comorbidities that Dr. Kaplan has been describing really well. To increase engagement with behavioral healthcare of people ages 50 and older. To support strategies and programming to address social isolation, nutrition, exercise and other health maintenance needs for this population. To ensure services address the needs of those with social isolation or limited mobility by using telemedicine and home visits or transportation services addressing technology challenges that are sometimes encountered by people ages 50 and older through increased education on different modes of technology. Supporting housing models and other interventions that promote intergenerational contact.

COUNCIL MEMBER BREWER: That's a nice idea but it doesn't happen. Go ahead.

DR. CELIA QUINN: So, these are like a broad set of things are included in the HIV Epidemic plan. I'm just talking about the ones that relate to people age 50 and older today but I certainly would direct people towards both the 2020 ending the HIV Epidemic Plan and the integrated HIV prevention and care plan for more specific details.

COUNCIL MEMBER BREWER: Okay.

DR. CELIA QUINN: And certainly there are things in those plan that like require beyond the Health Department as the Commissioner described a whole —

COUNCIL MEMBER BREWER: Well, I know my time is up but you think you're going to make the 2025 December and does your data show you that it's possible?

DR. CELIA QUINN: So, we believe it's possible and the epidemic, we will have new data for our 2022 HIV [INAUDIBLE 01:53:00]. It will be released around World AIDS data here coming up on December 1st. So, that will be another checkpoint for us.

COUNCIL MEMBER BREWER: Okay, and then, what would take — would the state be updating the date if they're not going to make the 25? How does that work? I hope it makes it. I'm interested in ending this epidemic like everybody else.

I mean, you think you're going to make it? Is that what you're trying to tell me?

DR. CELIA QUINN: Yeah I can't speak specifically to New York States plans after next year but —

COUNCIL MEMBER BREWER: But you coordinate with them?

DR. CELIA QUINN: We definitely coordinate with them, yes.

COUNCIL MEMBER BREWER: Alright and one more last thing. I'm just a huge SAGE fan. Let me make that clear. Thank you.

DR. CELIA QUINN: Yeah, me too.

CHAIRPERSON HUDSON: Thank you Council Member Brewer. I will now turn it over to Council Member Rivera.

COUNCIL MEMBER RIVERA: Thank you very much and I want to thank the Chairs for their opening because I know Chair Hudson, you mentioned just socialization and mental health and Chair Schulman and Narcisse as well. Just really covering the needs of tens of thousands of New Yorkers at this point. And I was pleased, you know you're always pleased to see the data. I feel like so many of us know individuals who have lost their lives to this disease but many of us do know people that are in our communities and some of them are thriving. Some of them are doing really well. I know constituents who have lived for decades living with HIV and then, I, I also know others who I feel are really experiencing mental health distress. It is I feel like geriatric mental health, which is

what we call it. I know that's broad and that includes people living with HIV, are really some of the first programs to get cut in the budget and it's very — we're very, very worried and I just want to thank the Chairs again for having this, this hearing.

So, we had some good news, right? 83 percent living virally suppressed. I think that's good. That's good data. People are living their healthy lives and you capture demographics clearly, Black and Latino's, disproportionately affected. Do you have the neighborhoods where individuals living with HIV live? Did I miss that?

DR. CELIA QUINN: We certainly have information on that and in the annual HIV surveillance report that the Health Department issues usually around December 1st of each year, there's breakdowns by borough. So, I don't have it right in front of me to talk about today, but I would certainly direct peoples attention towards our HIV Surveillance Report and many years of those are posted on our website but the newest one, which will reflect 2022 data will be released at the end of this month.

COUNCIL MEMBER RIVERA: Okay, thank you. So, you track their needs right? You track individuals, their priorities, what they ask you for?

DR. CELIA QUINN: So, we're not able to track that kind of qualitative data through surveillance. We're mostly looking at lab reported data and case investigations but how we find out about needs of people in the community is through some of the mechanisms that I've already described earlier. Like our HIV planning group. Like the HIV Planning Council of New York for example. So, those kinds of touchpoints as well as you know working with the providers that we're funding to do this work in the community and understanding like what their experience is in delivering the services.

COUNCIL MEMBER RIVERA: I only ask and I'm going to wrap up, because you know I have constituents who even live in supportive housing in my district who are asking for basic things like food. This is an incredibly expensive city. Many people are living on a fixed income, very, very low income and they can't even afford the food. And my neighborhood is actually; we're geographically one of the lucky ones. They can go over to Chelsea and get those quicky

services. They can go over to community-based organizations like SAGE but why I ask about the neighborhoods is because what Council Member Sanchez said is so important. Not everybody can get to Chelsea and Fort Greene and when we're looking at where Black and Latinos live disproportionately in New York City, that's much farther away. Those are in outer boroughs. Those are in transit deserts. So, we just ask that you know you try to work with us and we'll be there for you. The socialization is so important. The isolation, the mental health, the outreach is specifically to neighborhoods that are typically underserved. We hope you'll step that up but we hope to be partners. Thank you.

DR. CELIA QUINN: Thank you.

CHAIRPERSON HUDSON: Thank you Council Member. Okay, I have six questions that I hope will take no more than 12 minutes and then I'm going to turn it over to Chair Schulman. Oh, she doesn't have anymore questions, okay. After my questions we'll take a quick bio break and then we'll get into the public testimony okay.

What efforts are being made to address social and economic challenges faced by older adults living with HIV including housing instability and poverty?

DR. CELIA QUINN: Yeah, so I think we heard a lot of really excellent information from Dr. Kaplan-Lewis about some of the like direct clinical services that are provided to HIV patients in the H+H system as well as how those are connected to the needs that they have to support their social determinants of health. I will just mention also that there is a comprehensive universe of Ryan White services that are available to anyone who's eligible that meets the income requirements for Ryan White eligibility and that really includes all of the things that support someone's ability to maintain their treatment on HIV. So, food and nutrition, emergency financial assistance, housing, early intervention services, harm reduction services. There's a lot that's supported by that program that addresses the question that you're asking.

CHAIRPERSON HUDSON: Thank you. Are there specific policies or programs in place to address the stigma and discrimination faced by older adults living with HIV?

DR. CELIA QUINN: Uhm, so I talked about this a bit earlier but certainly stigma and in particular issues related to age are certainly a concern for us in terms of making sure that people are able to access and willing to access HIV testing as well as care and treatment. So, we work with all of our partners and providers in New York City to try to address some of those issues.

CHAIRPERSON HUDSON: What measures are taken to ensure that healthcare providers and support services are culturally sensitive and responsive to the needs of older adults from diverse backgrounds?

DR. CELIA QUINN: Yeah, so that's something that work closely with funded providers that the Health Department has expectations around but we also work with other providers in New York City to make sure that they understand like what are the requirements around testing for example, New York State removed a limit for annual HIV testing required in primary care settings in 2016, so we're constantly educating providers about those kinds of topics.

CHAIRPERSON HUDSON: And you've addressed this question specific to other statements that you've made and programs but just overall, how does the city

evaluate the effectiveness and impact of its programs and policies targeting older adults living with HIV?

DR. CELIA QUINN: Yeah, so in addition to monitoring the individual programs and get input from our stakeholders on all of our programs as we move along, we're also certainly utilizing our surveillance data that I've also talked a little bit about to understand where we are in the epidemic and where more effort needs to be put.

CHAIRPERSON HUDSON: Anything from NYC Aging on that one?

JOCEYLYN GRODEN: So, like our colleagues were very committed to evaluating the effectiveness of our variety of programs through KPI's and opportunity to come together, review data and use it to drive continuous quality improvement across our program portfolio. We have the individualized MET trucks that are developed, that are specific to the outcomes related to each of our various programs and we rely on our partnership with the Health Department, as well as Health + Hospitals to address the healthcare and medical needs of older adults living with HIV.

CHAIRPERSON HUDSON: Thank you. How does the city assist older adults in accessing adequate

insurance coverage for HIV prevention, treatment and supportive care? Does NYC Aging still provide assistance through the Health Insurance Information Counseling Assistance program?

JOCELYN GRODEN: Yes. New York City Aging Older Adult Centers provide case assistance to older adults who are navigating many processes regarding the benefits that they need. This can include insurance coverage, which relates to specific health care needs and what benefits they're entitled to.

We work the HIICAP, which stands for Health Insurance Information Counseling and Assistance Program is designed to specific — to support older adults in navigating specific Medicare coverage questions related to their healthcare needs, particularly around moments such as right now where we have open enrollments and get a very large volume of calls every day to help support older adults in navigating these often-complex systems.

CHAIRPERSON HUDSON: Thank you and then regarding Intro. Number 623, which is antidiscrimination training on sexual orientation, gender identity and expression for senior service providers. What antidiscrimination training or guidance does NYC

Aging currently provide to service providers? Are all contracted providers required to administer antidiscrimination trainings for staff and do these trainings include information regarding discrimination based on sexual orientation, gender identity and expression and what about HIV status? And I'm happy to repeat any of that if needed.

JOCELYN GRODEN: We agree that this is a very important issue. As with any new training for human service workers, we want to ensure that the development and implementation is carefully considered. We're still reviewing the particulars of the bill and its impact on our programs and providers. We welcome continued conversation with the Council regarding the intent.

CHAIRPERSON HUDSON: Okay, thank you. Any other questions from my colleagues at the moment? Okay, great, we're going to take three, maybe four-minute bio break depending on how long the lines are and then we'll come back to public testimony, which we're eager to hear. Thank you. [BREAK 02:03:43-[02:15:07]

Okay, thank you so much for your patience. I know our line of questioning took quite a while this

morning, so I appreciate everybody's patience and staying here. We're going to get started with the first panel of those testifying and our Council will call those names. And I apologize, I want to just acknowledge Council Member Velázquez who has joined us. Thank you.

COMMITTEE COUNSEL: Thank you Chair. Good afternoon everyone. Thank you for your patience. So, just a reminder that you will have 72 hours after the close of this hearing to submit written testimony. We do encourage you to submit written testimony. It is all read and considered by the Committee Staff and we greatly appreciate the work that you put into it.

We will be doing some hybrid panels today, so that will be a mix of in-person and virtual folks. And so, just folks who are testifying virtually, please just be on notice that your name might be called. And so, our first panel is going to be MJ Okma, Darcy Conners, Samuel Sheldon in person, only person and then Terri Wilder, William Noles(SP?) and David Martin on Zoom.

We're going to start with the in-person individuals and then we'll move to the folks I called on Zoom. And MJ, you can begin when you are ready.

MJ OKMA: Good afternoon. My name is MJ Okma with SAGE, stepping in for Darcy Conners, who is the Executive Director of SAGE Serves. The direct service division of SAGE.

Our programs include data dated services for older New Yorkers living with HIV, behavioral health services, outreach programs, special programming through our network of LGBTQ+ affirming older adult centers.

I feel like it's important to state given the testimony we heard earlier this morning, that HIV is not just an LGBTQ+ issue and there are many older New Yorkers who need HIV services who need to access those differently then through our older adult center system. Additionally, there are clear silos regarding this issue that need to be broken down between departments to ensure that our city can best service this population.

What I wanted to speak to you this afternoon was the impact of HIV related stigma and ageism on older adults living with and vulnerable with HIV. Ageism

is discrimination based on age and has severe consequences like increased mortality rates, compromised health, accelerated aging, mental health and cognitive declined and diminished quality of life. HIV related stigma characterized as a negative attitudes towards individuals with HIV is a significant barrier to effective HIV care and quality of life. Older people living with HIV experience the intersectional of stigma resulting from both HIV stigma and ageism, which results in compounding discrimination, creating the need for dedicated funding and policies to reach this community.

There are several ways the city can help combat this intersection of ageism in HIV related stigma, including training healthcare providers and HIV screening, early diagnosis and treatment for older people, allocating funding and implementing HIV prevention, education, social services and outreach initiatives specifically for older adults, developing tailored HIV treatment and prevention guidelines for older adults, creating and rolling out an intersectional HIV stigma and ageism campaign and training social service providers on the unique needs and experiences of older adults living with HIV.

SAGE supports, also supports Intro. 623 to train aging services providers preventing discrimination on the basis of sexuality, gender identity and gender expression but strongly recommend adding HIV status to that bill. Let us work together to create a free — stigma free city.

Thank you so much for this opportunity to testify and holding this really important hearing.

CHAIRPERSON HUDSON: Thank you MJ.

SAM SHELDON: Hello, my name is Sam Sheldon and I am the Manager of the SAGE Positive program. SAGE Positive provides direct support to LGBTQ older adults over the age of 50 who are living with or potentially impacted by HIV. SAGE has offered services to the HIV population since the beginning of the epidemic. Programs like what is now become the longest running support group in the United States for older adults living with HIV.

In 2016, the SAGE Positive program was formed to consolidate SAGE's HIV, STI and sexual wellness programming under one roof. The program offers case management, wellness workshops, support groups and referrals to other mental health services. Time and time again, these assessment surveys with our

participants that primary interest is in social events to connect them with others in the community. When working closely with our participants, I often hear them talking about loss. The loss in the 1980's and 90's of their peer group during the AIDS epidemic. The loss of connectedness of loved ones due to aging. It's my belief that the sustained and compounded emotional losses are a large part of the statistically higher rates of loneliness, isolation and a sense of stigma that we see in older adults living with HIV, specifically in the long-time survivor community.

The HIV support group that I facilitate is a method to foster resilience and social connectivity and to address issues not only around HIV but around aging. What's it like to encounter multi-morbidities that are common in long term survivors? What it means to navigate a post pandemic New York City with fewer loved ones and a changed environment. How history of past losses contribute to an even augmented sense of current grief. One of the other pillars of SAGE Positive is HIV and STI prevention through the larger lens of sexual wellness. Looking at what sex and intimacy are like as we age and how

we as providers can support risk reduction practices in populations who still have many questions or even ambivalence around PrEP or around U=U, Undetectable equals Untransmittable.

These conversations are especially important because our participants report that they are rarely happening among their peers and almost never occur in the doctors office. I'm excited to announce that thanks to recent funding from ViVE Healthcare, we are creating the SAGE Center for sexual wellness and aging which will be through workshops, trainings and support groups both through the entire LGBTQ+ older adult community and most specifically for those of our participants who are aging with HIV.

Programs like these are effective and impactful but it has been mentioned today, these programs are not accessible to all New Yorkers who would benefit from them. The city should foster the creation of more programs such as SAGE Positive and our new center for sexual wellness and aging. New York City must also allocate resources to develop HIV prevention campaigns catered to the unique needs of older people who are so often left out of educational outreach campaigns. And to educate community

organizations like older adult centers and like medical providers on how to initiate these important conversations. Thank you so much for this opportunity.

CHAIRPERSON HUDSON: Thank you Sam.

COMMITTEE COUNSEL: Thank you. We're going to be moving now to folks on Zoom. Terri Wilder, please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

COMMITTEE COUNSEL: Terri, are you on?

TERRI WILDER: Yes, hi, yes I just wasn't unmuted, apologies. Good afternoon. My name is Terri Wilder and I'm the HIV and Aging Policy Advocate at SAGE. I'm a Social Worker by training and I've worked in HIV since 1989.

I served on the Governor's Taskforce to End AIDS and currently serve on the New York State Department of Health AIDS Institute Subcommittee Charge with making sure we're implementing the Governor's plan.

When I first started working in HIV, many of my clients died. Death surrounded me. It was really challenging to be hopeful because we didn't have effective treatments. That really all changed in

1996 because of science and you know I need to be honest and tell you that I never thought that I would be in front of you today in 2023 talking about aging with HIV and the needs of older people with HIV because we just didn't think people would live that long. I'm incredibly grateful to people with HIV or aging and living longer. However, we have an imminent crisis that we are facing in New York City.

The community of people who are aging with HIV is growing rapidly and in ten years, our healthcare system will be completely overwhelmed. I want to highlight a few issues that are particularly concerning to me. As people grow older with HIV, their care become more complex. They are more likely to experience cardiovascular disease, malignancies, osteoporosis, cognitive impairment, frailty and disability. And because of this, they're more likely to need long-term care. This not only includes care that would be provided at a long-term care facility, like a nursing home, but through homecare services.

We really must consider the unique needs of the community as they age and ask ourselves, are these facilities ready to take care of older people with HIV?

SERGEANT AT ARMS: Time expired.

TERRI WILDER: Are the homecare agencies prepared? If 80 percent of all people living with HIV in New York State, live in New York City, and 25 percent of them are over the age of 60, do we have the system services and resources in place to care for them with the complex needs that come with growing older with HIV?

I really want to state how imperative it is for us to create previsions of care that make it easier for people with HIV to age in their homes. I don't know one person who wants to end up in a nursing home. And while that will be the case for many, I want us to really think about how we can make it possible for people aging with HIV to live in their homes for as long as possible. Really ensuring that individuals aging with HIV can access those home health services because honestly, this is vital for their wellbeing and independence. Homecare services play a crucial role in allowing individuals to age in the comfort of their homes, maintaining their independence and preserving their quality of life. Home health is key to allowing people to age at home.

And finally, we've repeatedly heard about the profound impact of isolation, loneliness of people aging with HIV. Adequate funding for recreational activities, social programs, supportive counseling and mental health services to keep this community connected and supported is essential for their mental and emotional wellbeing. And I'd love to hear more details on how the New York City Department of Health and Mental Hygiene specific HIV program, is working to address these issues via the resources and funding.

We cannot afford to wait any longer to address these issues. And while I was only able to touch on a few things, I want to stress that together, we can develop a comprehensive plan to allocate resources, enhance care, provide the necessary support, and ensure that those aging with HIV can live healthy, fulfilling lives with access to long term care services they need and deserve. Thank you for your attention to these critical issues.

CHAIRPERSON HUDSON: Thank you Terri. And I'd like to acknowledge that we've been joined by Council Member Dinowitz.

COMMITTEE COUNSEL: Thank you Chair. We'll be moving on to William Noles. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

COMMITTEE COUNSEL: William Noles?

WILLIAM NOLES: Yeah, uhm.

COMMITTEE COUNSEL: You can begin when ready.

WILLIAM NOLES: Okay, I'm trying to find out where the uh, oh here it is. I was not prepared to uh speak today. I just thought I was here to listen. Uhm, but I do have a few things to say. I'm a long-time recovering addict. I have like 29 years of recovery and uhm, I found out that the longer I stay clean and sober, the mental illness and the need for social workers are greatly needed and they're very difficult to find. Uhm, so the isolation and everything that everyone is talking about is very, very real. It's happened to me and I'm very concerned about — I recently became a SAGE member of Harlem. I have also gone to 305 but I started a fashion art class at SAGE Harlem and its giving me some comfort because the people in the class really enjoy the class. It's something new as an art class

dealing with fashion and art. And uhm, I'm really concerned about these services being cut because of the migrants and the money, budget cuts. I'm not sure what else I would do. Most of the — I'm living in an 8020. I was lucky enough to get an apartment. I've been here about seven years. So, far as the housing is concerned and I really like my apartment. I love where I'm at but I have a big problem that's causing problems with my mental illness and I've had to go all the way to the Borough Presidents office to try to get some kind of help about it. Lifetime Gym has an outside pool that's directly above my apartment and —

SERGEANT AT ARMS: Time expired.

WILLIAM NOLES: Pardon me?

SERGEANT AT ARMS: Time expired.

WILLIAM NOLES: Oh, time expired?

CHAIRPERSON HUDSON: You can finish your thought Mr. Noles.

WILLIAM NOLES: Oh okay, so I'm just trying to get moved to another apartment and that's been an issue for me trying to get moved to another location in the building but all the things that are being said are correct and especially healthcare also.

CHAIRPERSON HUDSON: Thank you so much for your testimony. We can follow up with SAGE to be connected with you and see if we can assist with your housing situation.

WILLIAM NOLES: Thank you.

COMMITTEE COUNSEL: Thank you so much. Just a note from the Committees that uhm we are giving everyone two minutes for their testimony. We have a lot of folks signed up and we want to hear from as many people as possible. We are going to be moving onto David Martin on Zoom. Please wait for the Sergeant at Arms to call time before you begin your testimony. David.

SERGEANT AT ARMS: Time starts.

DAVID MARTIN: Good afternoon Council Members. My name is David Martin and I work as the SAGE Positive Program Coordinator at Sage. I am a volunteer appointee of the HIV Health and Human Services Planning Council for the New York EMA and serve on its executive committee.

I am also an older New Yorkers living with HIV for 36 years. The issue I want to raise this morning is that significant disparities exist for older New

Yorkers living with HIV when seeking timely and comprehensive healthcare and wraparound services.

What is evident through my individual experiences, hearing stories from the community and from working for the SAGE Positive program, is that older New Yorkers with HIV are often unable to get their needs met and face barriers doing so. HIV stigma, ageism, classism, homophobia, transphobia and racism have all resulted in limited investment and prevention, medical and social services. Direct support is needed to navigate a complex healthcare system to even access services. Many older people with HIV encounter a high volume of healthcare needs. High and unaffordable co-pays for collecting insurance plan, as well as personal factors that make accessing needed services more difficult. Such as comorbidity, cognitive difficulty, language barrier and immigration status.

However, the New York City Council can help tackle these issues by creating a City Council initiative on HIV and aging, which includes funding for healthcare navigation in next years budget. It must also be stated that challenges do not stop once an individual successfully makes it an appointment.

Concurrent clinical practices fail to serve, best serve older New Yorkers living with HIV.

SERGEANT AT ARMS: Time expired.

DAVID MARTIN: Older people with HIV require more time with our providers and different approaches to addressing the evolving and already complex intersection of comorbid conditions. Yet only a customary 20-minute appointment is allowed. Oral health is paramount to nutrition however, for older adults with HIV, tooth loss limits — this due to improper food mastication. Implant treatments with greater effectiveness are needed. Sadly, insurances only cover ill fitting, painful and less effective devices currently offered.

In closing, we need providers to conduct routine age-related assessments earlier and have the most updated training and resources about the persistent impact that HIV and trauma have on the aging process. Providers should be required to make certain steps insurance covers different doctors or services before they make referrals to help prevent long or delay of long-awaited appointments. Social services and healthcare have not been focused on the ongoing need

of older people living with HIV and it is time to change course.

Thank you so much for the opportunity to testify. We look forward to working with you to address these and other concerning issues.

CHAIRPERSON HUDSON: Thank you David.

COMMITTEE COUNSEL: Thank you very much to this panel. We're going to be moving on to our next hybrid panel. In person we would like Tanya Walker, Michael Erp, and Robin Martin, Valerie Reyes-Jimenez, Arthur Fitting, and Nicholas Montedoro. On Zoom, we'll be hearing from Lillibeth Gonzalez and Jason Cianciotto.

And we can just — we'll start from our left, your right. So, we'll start with you and then we'll just go down the table please and you can begin when ready.

ARTHUR FITTING: Thank you Chairs Hudson, Schulman and Rivera and members of the Committee on Aging, Health and Hospitals for the opportunity to provide testimony on older adults living with HIV on behalf of VNS Health, formerly known as the Visiting Nurse Service of New York.

My name is Arthur Fitting. I am a nurse. My pronouns are he, him, his and currently, I've been working VNS Health for 30 years and currently I'm the LGBTQ+ Program Manager.

For nearly 130 years, our organization has provided high-quality, cost-effective care to underserved in marginalized communities throughout New York who are otherwise shut out of the healthcare system. VNS has been a trailblazer in home and community-based care for decades, specializing in serving the LGBT community and those living with HIV.

We lower the institutional barriers to care by meeting our patients where they are most comfortable in their own homes and communities. Just some of our programs include the Gender Affirmation program, our LGBTQ+ Adult program, our LGBTQ Community Outreach initiative, our HIV Special Needs Medicaid Health Plan called Select Health.

VNS Health is the largest healthcare organization in New York with SAGE Care Platinum LGBTQ+ Cultural Competency Credentials. Meaning more than 80 percent of our staff are trained in working with LGBTQ communities.

As a Healthcare partner serving in diverse neighborhoods and boroughs in New York City, we play a vital role in caring for individuals transitioning from hospitals, healthcare facilities and medical offices back to the comfort of their homes. VNS Health directly impacts the lives of over 50,000 New Yorkers each day. Delivering care in the familiar surroundings of one's home gives us a unique opportunity in healthcare education and enables us to assess and address an individuals health needs at their door step.

Throughout its history, VNS Health has demonstrated a commitment to supporting the care to all New Yorkers without discrimination or financial constraints. We have a history of providing home healthcare and adapting our service delivery to meet the needs of thousands of patients particularly during the AIDS crisis. Our goal has always been to enable individuals to remain in the comfort of their homes where they wish to be.

Being able to provide health education to people in their homes where people feel most comfortable to listen and learn, allows us to support their health and wellness in a very unique way. Having built

coalitions and so many community-based organizations allow us to share health education with community members in the environment they feel safest in. Having a large footprint in so many communities permits us to address community centered health equity and health educational issues.

VNS Health is actively engaged in ongoing LGBTQI research project in collaboration with community-based organizations. To this initiative we gather valuable insights from focus groups, enabling us to tailor health services and program to meet the unique needs of individuals looking to age safely and comfortably in their home.

VNS Health supports your legislation today.

CHAIRPERSON HUDSON: Thank you so much Arthur.

COMMITTEE COUNSEL: Okay, uhm, we can proceed.

TANYA WALKER: Hello, I'm Tanya Walker and I am 60 years old. I am a combat engineer army veteran and I was diagnosed with HIV 26 years ago here in New York City. When I received my diagnosis, uh I didn't know what I was going to do. I had many friends who died from HIV. I didn't think I was going to live to the age of 60. I thought I would be dead at 22 when I left the military.

When I first was diagnosed it changed my life. I was diagnosed with HIV. It's a journey that has been both personal and shared and shaped all the experiences in my life. It's a journey that I believe began long before my diagnosis. I believe I was HIV positive before I was actually diagnosed. When I did go, I went out of curiosity. You know, I didn't think that you know — I didn't think I would be positive but I did end up being positive.

The catalyst for my decision to get tested was curiosity, born out of the devasting loss of many close friends right here in the heart of New York. Their deaths were a stark reminder of the urgency surrounding HIV, a virus that doesn't discriminate based on friendship or familiarity. It can touch anyone and it touched my inner circle deeply.

Today, I bring forth not only my story but a passionate plea for change as we confront the complexities of HIV. It becomes evident that the battle extends beyond medical interventions and it's a battle against discrimination against the barriers that hinder our ability to provide care, support and understanding. One crucial aspect of this battle is

the dire need to invest in low-income housing for individuals living with HIV.

CHAIRPERSON HUDSON: You can finish your —

TANYA WALKER: Okay, I can finish. Uh, stable housing. Currently I live in an apartment in Harlem and it's very hard to get repairs from my landlord. I mean, the kitchen floor is messed up. There's mold and mildew in the bathroom and I think it's very important that we have access to safe, low-income housing. When I was younger, I didn't know I was going to live this long, so I didn't uh, you know I didn't you know uh, I don't have retirement money. I don't have some of the things people have you know currently.

Moreover, our efforts must extend to culturally competent service providers, discrimination, whether subtle or overt, can be formidable obstacle for those seeking care or culturally competent care from service providers. Understand the nuances of diverse communities creating an environment where individuals feel respected and are understood.

This not only fosters trust but also eliminates additional burden of discrimination that many individuals living with HIV already carry. To truly

combat discrimination, we must prioritize the training and education of service providers ensuring that they're well versed in the cultural nuances of populations they serve. And investment is not just financial, it's an investment in compassion, empathy and the human connection that is essential in healthcare.

In conclusion, as we navigate the complex landscape of HIV, let us remember that the fight goes beyond medical treatments. It's a fight for dignity, equality and a future where no one has to face discrimination because of their health status. And again, invest in low-income housing and provide stability and empower service providers and also, uh more funding for organizations who provide care for seniors living with HIV AIDS. Thank you.

CHAIRPERSON HUDSON: Thank you so much Tanya and we can also be in touch regarding your housing situation.

TANYA WALKER: Oh, thank you.

VALERIE REYES-JIMENEZ: Hi everyone. My name is Valerie Reyes-Jimenez. I am the New York City Community Organizer for Housing Works. I am a 42-year long-term survivor of HIV. My testimony that

I'm about to give today, I submitted official for Housing Works but most of the remarks that I'm going to be making are going to be personal at this point.

So, I came to Housing works homeless and at the lowest point of my life in August of 1991 and I now work full-time as part of the Housing Works Advocacy Department.

Housing Works was founded in 1990 with a mission to end the dual crises of homelessness and AIDS, and currently provides a full range of integrated medical, behavioral health, housing, support services for over 15,000 low-income New Yorkers annually. And our focus is on the most marginalized and underserved people, those facing the challenges of HIV, mental health issues, substance use disorder, and other chronic conditions, and incarceration.

Housing Works is deeply grateful to the Council for its consistent support for implementing New York's plan for Ending the Epidemic and for today's focus on the unique challenges facing older adults living with and vulnerable to HIV. We also support all of the initiatives and resolutions before you today and urge for your continued support of the

Council's Ending the Epidemic, including and opposing all proposed cuts that are coming up.

I am a Native New Yorker, as are my children and grandchild and I never expected to be pushing 60. I never expected to see my son turn 2 years old much less 35. My daughter, age 40, is a New York City High School Math Teacher with the DOE who once worked at our syringe exchange program. And I have a fierce beautiful 21-year-old granddaughter that is beyond my wildest dreams.

I have a quick message to the Mayor, that uhm, if we placed our homeless New Yorkers whether Native, transplants or newly arrived in apartments instead of shelters and hotels, we would probably save $3 billion in this budget. So, uhm — and additionally any cuts to the DOE, you know stop messing with our children that are the future of our city and there's got to be something better. There's got to be a better way.

There are four simple steps to stopping the HIV virus, there's four testing, treatment, prevention and housing. Homelessness was and still is a major social driver for becoming HIV positive and not being able to receive appropriate medical treatment. Then

there's the stigma that's associated with HIV. Everyone has an HIV status. You're either positive or negative. If you're positive, welcome. You can now get early treatment and thrive. If you're negative, congratulations. There are things you can do to remain that way, including taking PrEP and testing annually to maintain your status. Testing must become routine until HIV testing is not — until that happens, HIV stigma will continue to be perpetuated. Doctors at certain populations, you know we're going to test you for x, y, and z and then whisper "we're going to test you for HIV, is that okay?

And that is not cool. It has to become regular. It has to happen all the time. Most all the people that I know like Tanya don't have the finances needed to retire or grow old. I certainly never plan for a future and why should I have. I shouldn't even be alive today but I am. I can't retire. I have to work until I die or until my body says that's it, no more. I take one pill a day for HIV, which ironically is one of the least of my problems. The other fist full of medications that I take daily are for severe chronic pain, depression, anxiety, nerve

damage, muscle spasm, migraines, high cholesterol and then on top of getting older, things are starting to slowly and painfully breakdown.

So, the lipodystrophy on my body has developed and is one of the worst symptoms that I grapple with. It's like permanently having a 20-pound bag of rice strapped to my front of my body and as a result, my body dysphoria and self esteem has taken a giant huge hit.

You know, so I come before you today to emphasize the importance of safe, stable, and appropriate housing for older people with HIV. Housing Works is an organization that for 33 years has fought for the safe and stable housing of people living with the virus and for people at risk of HIV transmission, including those with substance use, mental health complexities and we know that housing is healthcare.

I'm going to skip a whole bunch of this and I'm just going to go straight over here to the end and say that I would like to invite everyone that's here today to a World AIDS Day event that is happening at the AIDS memorial on December 1st. We'll be there from 10 a.m. to 6 p.m.. We'll be reading the names of people that have passed away from HIV. We have

binders upon binders of names and everyone, there's plenty of time, plenty of microphones, we're going to come down and do that. So, my written testimony includes more information and proposals on meeting needs of older people with HIV. So, please consider my voice and those of your constituents or any discussions in future budget negotiations and thank you for your time.

CHAIRPERSON HUDSON: Thank you so much Valerie for your testimony and I'll just add, you said housing, permanent housing will probably save money. It's known and it's actually proven to save money. Permanent housing is cheaper than temporary shelter.

VALERIE REYES-JIMENEZ: Let me know what I need to do to help you push that because I am all down. Yes, let's do it.

CHAIRPERSON HUDSON: Thank you.

MICHAEL ERP: My name is Michael Erp.

CHAIRPERSON HUDSON: As long as the light is on, you're good.

MICHAEL ERP: Yup. My name is Michael Erp. I'm 67 and I've had HIV for 30 years and I'm going to compress my two pages into sort of a restatement of what Terry from SAGE said virtually, which is that

home healthcare is probably what my two pages are all about. A companion who SAGE currently has a volunteer buddy program. That's somebody who usually goes for an hour a week but it's not somebody who can carry or pull the grandpa wagon from GMHC which I do, that has a seven-pound bag of potatoes, five-pound cabbage head, tofu, ten cans of vegetables and milk. And if there were a companion who could help me or the person behind me, who actually only had one arm recently, to get those groceries home, right? It's kind of after all these years figuring out where the elevators are right?

Also, I want to speak on behalf of two of my friends who live on the fifth floor and the sixth floor of walk-up apartments. HIV positive LGBTQ elders, they don't go out so much. I'm not sure those grandpa wagons get up there. Thankfully one of them has the means. So, I thank — I really want to thank the Gay Men's Health Crisis. It's been invaluable to me and still is. I want to thank the 13 Street Gay Center and also SAGE, the 80 Windsor Center where I and my husband go for dinner and meditation and thank you New York City for providing

what's kept me, I think alive and also the ADAP New York State.

CHAIRPERSON HUDSON: Thank you Michael for your testimony.

COMMITTEE COUNSEL: Thank you. My name is Nicholas Montedoro and I am the Government Relations Associate at Emblem Health. On behalf of Emblem Health, I would like to thank Chair Schulman, Chair Hudson and Chair Narcisse and the members of the committees on Health, Aging and Hospitals for holding this hearing and providing the opportunity to express our support of the citywide population health agenda aimed at improving life expectancy.

The Emblem Health family of companies provides insurance plans, primary and specialty care and wellness solutions. We operate 14 neighborhood care centers where we provide free support, connections to resources and programming to all community members. Many of our centers are collocated with our partner medical practice Advantage Care Physicians which provides primary and specialty care at over 30 offices in the New York area.

Our experience in all of these areas makes us uniquely positioned to advise and coordinate with the

city in the efforts to extend the lifespan of New Yorkers and to improve population health. We were encouraged by the announcement of the Healthy NYC plan to advance these efforts and Emblem Health CEO Karen Ignagni has committed to aligning to this work. We would like to work closely with you and to help shape the city's population health agenda and offer Emblem Health as a resource.

We know that health outcomes are affected by more than just individual actions and we will continue to work to ensure that all communities have access to the services they need. Our commitment to reducing inequities was recently recognized when we were awarded health equity accreditation from the National Committee on Quality Assurance. The first health plan operating in New York to receive this designation across all lines of business.

We place health equity at the forefront of everything we do and we strongly support Introduction 1248. At the development of a healthy NYC population agenda as well as the legislation considered today, related to expanding access and availability of mpox education and vaccines as TI testing and HIV and AIDS prevention. We hope to continue to be a constructive

partner and resource to the City Council and look forward to continuing to work together. Thank you.

CHAIRPERSON HUDSON: Thank you so much Nicholas. We're just going to hear from Chair Schulman for a moment.

CHAIRPERSON SCHULMAN: Yeah, I have a meeting that I need to go to but I just want to say the Committee Counsel is going to be here and as I said in my opening remarks, we haven't had a hearing about this, about HIV in older adults since 2006. So, I'm so glad at all the people that have come out today both online and in-person and want to thank Chair Hudson and Chair Narcisse for their collaboration and we look forward to making sure that we have the services we need. So, as an older adult, I'm telling you that I'm looking forward to having services and I worked for Gay Men's Health Crisis at one point. So, I'm very proud of that too. Thank you very much.

CHAIRPERSON HUDSON: Thank you Chair Schulman.

COMMITTEE COUNSEL: Okay and now we're going to be hearing on Zoom Lillibeth Gonzalez. Please wait for the Sergeant at Arms to call time before you begin your testimony. As a reminder, you'll have two minutes.

SERGEANT AT ARMS: Time starts.

LILLIBETH GONZALEZ: Hello. Thank you Chair Schulman and Chair Hudson and Committee Members for the opportunity to testify. My name is Lillibeth Gonzalez, I am a 68-year-old woman who has been living with an AIDS diagnosis for 31 years. I also work at Gay Men's Health Crisis, the HIV and Aging program.

I have already lived past my expiration date because we were all given a few months to live. I have faced many challenges, physical and mental challenges but more support is needed because we, in the HIV population, just want to be able to live long and healthy lives. So, more support is needed to ensure we do so.

New York City must do a better job at meeting the needs of older people living with HIV and AIDS by expanding access to vital services like affordable healthcare, food security, accessible housing and long-term care facilities, mental health and substance use counseling. Two of the most pressing needs are housing and food security. Because without them, it's impossible to take care for ourselves, access to healthcare services. We won't be able to —

we can't maintain treatment. Support groups and connection to other communities, are also very important such as technology, laptops, iPads, smart phones, are also necessary to combat —

SERGEANT AT ARMS: Expired.

LILLIBETH GONZALEZ: Social isolation and depression, as well as to participate in virtual programs and telemedicine. Seeing this need, I created and facilitated a support group at GMHC, Gay Men's Health Crisis and it's called Thriving at 50 and Beyond, which is for people over the age 50 living with HIV. We need more funding for programs like this across the city in safe spaces that we can call home.

Another major issue that I have experienced is that society does not often think about older people with HIV. So, this hearing is a good step, but we must consistently be part of the conversation to inform elected officials and community leaders about developing more solutions. These solutions include increasing HIV testing for older adults, requiring training on the topic of HIV and aging for medical and social service providers, and advocating with us to ensure we can access the medical treatments we

need to thrive. Thank you again for the opportunity to testify and I look forward to more discussions. Thank you very much.

CHAIRPERSON HUDSON: Thank you Lillibeth.

COMMITTEE COUNSEL: Thank you so much. We'll now be hearing from Jason Cianciotto. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

JASON CIANCIOTTO: Thank you Chair Schulman, Hudson, Narcisse and Committee Members. I'm Jason Cianciotto, the Vice President of Communication and Policy at GMHC founded in 1982 as Gay Men's Health Crisis. You already heard from my colleague Lillibeth about her personal experience and her wonderful work on our HIV and Aging program. So, I'm going to focus briefly on two other items on the agenda. First I want to focus on Intro. 0620 in our collective work to prevent future mpox outbreaks. GMHC was fortunate to be able to receive funding at both the city and state level and our last batch of funding ended at the end of September. Some brief outcomes: you know we served over 7,600 individuals reached by direct street outreach, through over 900

in person canvasing hours and also facilitated over 1,400 vaccine referrals and this outreach incurred in four of the five boroughs. On social media, we reached over 225,000 impressions, 8,200 engagements and 6,800 link clicks to various services including city services at STI clinics to get a vaccine.

Some of the questions that we have been asked are really important to what this Intro. is talking about, which is, what happens now? When do people who already got a vaccine series need to get vaccinated again? How long does it last? And we really need city and state funding for GMHC to continue this work.

I also want to support Intro. 1248 because I think it's a critical part of the shared vision that GMHC and the Council has on not just helping to heal wounds that already exist but to prevent those wounds from happening in the first place. We're not going to end HIV and AIDS until the disparities that lead to these harms happening often when our community members are young are taken care of and GMHC looks forward to working with you in this and so many other matters. Thank you so much.

CHAIRPERSON HUDSON: Thank you Jason.

COMMITTEE COUNSEL: Thank you so much. Thank you so much to this panel. We'll be moving to our next panel now. I'm going to be calling and I apologize for any mispronunciations of names. Faris Ilyas, Amanda Lug, Kamillah Sofia-Gomez, Christian Gonzalez-Rivera, Ruth Finkelstein.

Okay, and you can proceed when ready.

FARIS ILYAS: Good afternoon. Thank you for organizing today's hearing. My name is Faris Ilyas and I work for the New Pride Agenda as Policy Council. Our mission is to focus education and advocacy on the most marginalized members of the LGBTQ community, including Black and Brown transgender, gender nonconforming, and nonbinary people.

A major part of the education and advocacy we do is about the prevalence and prevention of HIV in our communities and the kinds of unique support they need. I'm here today to talk to you about what the city can do to support them too.

Research reveals that the number of older adults in the U.S. living with HIV is the largest ever in history and that number is going to continue to grow. This is due in large part to advancements in the

treatment of HIV but it's important to note that many are still contracting HIV at a later age. According to the New York City Department of Health and Mental Hygiene, about 17 percent of new diagnosis are after the age of 50 but that number may grow because many still don't know their status. The Center for Disease Control reports that among older adults, African American and Latinx people were 12 and five times more likely to contract HIV respectively.

Because of stigma and assumptions about older adults, many healthcare workers simply don't know how to talk to them about preventing HIV and it's rare that they're ever offered an HIV test. Contracting HIV at a later age is an especially difficult experience, both emotionally and medically. Older adults living with HIV feel all of the stigma that the younger counterparts do but they experience it together with ageism and social isolation, resulting in depression, anxiety and lower rates of adherence to antiretroviral therapies.

Currently many nonprofits and health centers in the city are underequipped to address the needs of older people living with HIV in their care. To that end, I would like to ask the City Council to step in

to help this vulnerable and invisibilized community. One action the Council can take is creating an initiative on HIV and aging and including it in the upcoming budget. Another is lowering the age at which people living with HIV can access older American Acts programs to 45.

And finally, the City should remove the current upper age limit on the CDCs HIV testing guidelines, which currently only recommends HIV testing between the ages of 13 and 64. Thank you for the opportunity to speak about this issue.

CHAIRPERSON HUDSON: Thank you Faris.

CHRISTIAN GONZALEZ-RIVERA: Hi, my name is Christian Gonzalez-Rivera and I am the Director of Strategic Policy Initiatives at the Brookdale Center for Healthy Aging. As you know, we're CUNY's aging research and policy center.

So, I am here on behalf of Dr. Mark Brennan Ing, my colleague at Brookdale who is our research director and a national expert on older people living with HIV and also the psychosocial issues facing LGBT people as they age. So, these are his words.

So, we support Introductions 825 and 895, which would increase access to and public knowledge about

PrEP and expand STI rapid testing. We also support Resolution 395 and the State Legislation that it references. Many healthcare providers mistakenly assume that sexual activity diminishes in later life leading to a lack of discussions about sexual health with older patients to avoid potential discomfort.

Contrary to disbelief, research including my own, Marks own, indicates that a significant number of older men and women remain sexually active with health issues or a lack of available partners being the main limitations. When I've spoken to older New Yorkers about sexual health in later life, many are shocked to learn that they may be vulnerable to HIV and other sexually transmitted infections if they are sexually active.

The lack of sexual health education as a barrier for older New Yorkers in getting tested for HIV is a critical aspect in addressing the HIV AIDS epidemic. In 2018, as Faris said, 17 percent of new HIV diagnoses were in individuals age 50 and older emphasizing the need for targeted prevention measures. PrEP emergence is a crucial intervention, particularly for older adults. PrEP is not only as effective as condoms in preventing HIV transmission,

but also importantly, it engages older adults in conversations with their medical providers. And for older men with erectile disfunction, PrEP also offers protection from HIV without having to rely on condoms and so, and also for older women, stigma around condom use in certain populations also poses challenges. So, PrEP also present an opportunity for them to have a proactive approach to safeguarding their sexual health.

Expanding PrEP could also encourage more STI testing among older individuals and serves as a precedent — sorry. The City Council's also previous support for sexual health awareness among older adults also serves as a precedent for incorporating PrEP education to existing programs. In particular, programs that were originally funded by the Council and pioneered here in New York City became a national model through the National Older Adults with HIV initiative or NOA.

So, thank you again for advocacy and for the opportunity to testify and of course as always, we remain available to you as you help improve New York as a place to live for older New Yorkers. Thank you.

CHAIRPERSON HUDSON: Thank you Christian. Thank you.

COMMITTEE COUNSEL: Thank you very much to this panel. We'll be moving to our next panel. Dinick Martinez, Professor Kleinplatz, Reginald Brown, Mike Howard, and Annette Tomlin.

CHAIRPERSON HUDSON: If the light is on, you're good to go.

ANNETTE TOMLIN: It's red.

CHAIRPERSON HUDSON: Okay.

ANNETTE TOMLIN: Okay. Good afternoon. My name is Annette Tomlin and I am over 60 and I am aging gracefully and I am thankful. And while I am grateful for the opportunity to speak and be heard, it troubles my heart and saddens it to know that people who are living and aging with HIV are still facing the lack of adequate funding to have programs to address the issues that they are so much concerning. To have a better and ensure a quality of life.

In New York, 75 percent of people that are living with HIV are at least 40 years old and 50 percent are the age of 50 and over. I'm quite sure that these numbers have increased. This here data was actually

in December of 2021. We are facing an upcoming 2024 and while I am thankful for all the opportunities that in advancements rather that have been occurring since the beginning of the AIDS epidemic and because of the medication and we have longevity, a longer Gevity. It's like how do you not have a plan for people to actually be able to have a substance and better quality of life?

The prevention and programs that are needed, it's not rocket science. There have you know cutbacks and with this that Mayor Adams is going to have more cutbacks, we have to push for more monies to actually be funded. Collaborations need to occur. With all the persons that have spoke here today, a collaboration of organizations that are able to provide better services for persons. I am a vocal leader. I fight and I advocate. So, I thank you all for this opportunity to speak and I look forward for us to all be able to make a difference and a change because the next generation, we don't want to have to face what they had to face for my prior error. Thank you.

CHAIRPERSON HUDSON: Thank you Annette.

DINICK MARTINEZ: Hi, can you hear me? Hi, my name is Dinick Martinez. I am proud atheist. I hope the City Council stay committed on separation of assurance and state and cities in our U.S. constitution which New York City, including the state and even the federal government have violated that right. I want to say that some previous people, members have spoken. I have to say that HIV is not over and is here to stay, just like COVID, COVID-19. Anyone can get HIV/AIDS virus, Christians, Jewish, Muslims, atheists, agnostics, including LGBTQ, straight. Anybody can get HIV.

HIV does not discriminate. [INAUDIBLE 03:11:39] independents, republicans, democrats, you can get HIV too. HIV does not discriminate. All backgrounds, religions, citizens, non-citizens, race, Black, White, Chinese, anybody can get HIV. One thing that I'm also — silly, it's not listed here but is you know uhm, our Council Member Crystal Hudson, her district. I'm a member also of the Rainbow Heights Club and I hope that you work hard for them not to cut the funding because this provides. Clients are so happy with this program and there is a lot of LGBTQ elders. I believe, I don't have the statistics

but based on when I see people there, 30 percent or more are elders and even elders, immigrants without papers who have been here for 20 or more years, also they need help too. They need to be housed. Thank you.

CHAIRPERSON HUDSON: Thank you so much Dinick and I'm a big fan and supporter of Rainbow Heights Club, so thank you.

DINICK MARTINEZ: So, I hope they don't cut the funding because that would be devastating.

CHAIRPERSON HUDSON: Absolutely, I hope not either.

DINICK MARTINEZ: And actually, I want them to raise from the $4 to $5 what they give everyday people go there so I want them to raise it. I would like to talk to you later.

CHAIRPERSON HUDSON: Okay, thank you.

DINICK MARTINEZ: Thank you. Can I get your business card or something?

CHAIRPERSON HUDSON: I'll make sure we get your contact information.

DINICK MARTINEZ: Thank you.

CHAIRPERSON HUDSON: Thank you.

COMMITTEE COUNSEL: Thank you very much to this panel. We're going to be taking a quick break to go to a Zoom panel, so we're going to be hearing from Finn Brigham, Katy Bordonaro, Kae Greenberg, Amir Sadeghi, Antonio Urbina, Jason Price, and Chris Norwood. I'm going to start with Fin Brigham. You'll each have two minutes for your testimony. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

FINN BRIGHAM: Thank you. Good afternoon and thank you for holding this hearing. We share your passion for discussing how New York City can increase access to services for New Yorkers aging with HIV. My name is Finn Brigham from the Callen-Lorde Community Health Center. Callen-Lorde provides healthcare services including gender affirming care focused on New York City's LGBT communities. We are the largest PrEP provider and one of the largest non-hospital based TGNB healthcare providers in the state.

I want to begin my comments by acknowledging as so many folks have that adults living with HIV are living longer lives. According to a Gilead Study in

2021, adults living with HIV are living well into their 70's and 80's. While this is good news, we are announcing a growing population enter their elder years without proper support and access to resources. We are seeing a growing number of older adults that are still dealing with decades-long trauma that has not been fully addressed. Many of these patients lost dozens of friends and lovers to HIV. Many of them have very few friends left and have not truly processed the trauma this epidemic has caused them.

At Callen-Lorde, over 30 percent of the patients we serve are over the age of 50 and roughly one-third of our patients are HIV positive. Many of them have expressed deep fear about having to choose between leaving their LGBT competent healthcare with us and transitioning to receive aging competent healthcare elsewhere. They have asked us for longer appointments, a more robust referral system that includes LGBT competent specialists like cardiologist and geriatricians. They talked about needing assistance to navigate Medicare and the fear that nobody would look out for them as they age because they are less likely to have children.

We've listened to our aging patients and we are responding by taking serious steps to ensure that our patients have the options to stay with Callen-Lorde as they age. We recently received $180,000 grant from the Fan Fox and Leslie R. Samuels Foundation to support this work. We started a program called Prime Time for patients over 50 with HIV. We became a designated age friendly health center through the Institute for Healthcare Improvement and just this week, we hired our first clinical director of elder care.

I want to share some recommendations that we believe can help address some of these concerns.

SERGEANT AT ARMS: Time expired.

FINN BRIGHAM: We need to increase HIV testing rates among older adults. We need to improve care coordination services that address the physical, mental health for older adults living with HIV and we need our policy leaders to invest more of our financial resources to support organizations like us focusing on this care.

I would like the record to reflect that Callen-Lorde supports all the bills and Resolutions on the agenda in front of the Committee today. Thank you.

CHAIRPERSON HUDSON: Thank you Finn.

COMMITTEE COUNSEL: Thank you. Now, we'll be moving to Katy Bordonaro. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

KATY BORDONARO: My name is Katy Bordonaro, Corresponding Secretary of the Mitchell Lama Residents Coalition and we support all of the legislation you're discussing today. I would like to talk about Reso. 0791, which Gale Brewer is sponsoring.

Founded in 1972, the Mitchell Lama Residents Coalition works with current co-op and rental complexes in the program and also former Mitchell Lama complexes and residents who are all eligible for the program in Reso. 0791. The Resolution calls for the New York State legislature to pass and the government to sign Senate Bill 2960 and Assembly Bill 5741 to provide for the annual adjustment of the maximum income threshold for the senior citizen rent increase exemption, disability rent increase exemption, senior citizen homeowners exemption and

disabled homeowners exemption by any increase in the consumer price index.

MLRC has supported the passage of this legislation for many years and we're grateful for Gale Brewers sponsorship this year. Many of the residents of Mitchell Lama develops are senior citizens. Some are disabled and these groups need the protection from rent increases that these exemptions provide and this would also apply to rent stabilized apartments and to many of the people who are talking today about the need for housing. The importance of this annual cap increase has been shown in the last two years when inflation has driven up so many prices. The groups covered by these exemptions are generally on fixed incomes and they're already stretched thin in facing the prices of basic necessities.

This income cap was last raised in 2014 to $50,000. If we have the consumer price index adjustment, the cap would now be —

SERGEANT AT ARMS: Time expired.

KATY BORDONARO: $69,000. So, we really need this legislation and we hope that the Council will

support Reso. 0791 as a step towards getting it. Thank you.

CHAIRPERSON HUDSON: Thank you Katy.

COMMITTEE COUNSEL: Thank you. We'll now be moving to Kae Greenberg. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

KAE GREENBERG: If you take anything away from this testimony, please remember this. Desperate impacts, pandemics, comorbidity, underserved marginalized. These phrases all allude to intersection structural barriers in all of our government and private systems that block aging Black and Brown LGBTQ+ New Yorkers living with HIV from accessing lifesaving information and services that already exist.

My name is Kae Greenberg. My pronouns are he, him and I am Staff Attorney at the Center for HIV Law and Policy, an abolitionist legal and policy organization that fights to end the criminalization of and the stigma discrimination and violence directed towards people living with HIV.

So, what does it truly mean to say that aging Black and Brown New Yorkers living with HIV are blocked from services? As of 2021, over 50 percent of people over the age of 50 in New York living with HIV are Black men. One in five Black men will be incarcerated in their lifetime.

LGBTQ+ folks at our high risk of incarceration due in part to commission of survival crimes and 42 percent of Black transwomen are living with HIV. The diagram of these statistics means that likely a large section of people aging with HIV in New York have criminal records. These New Yorkers have to navigate the collateral consequences of these records such as the limits if not bans on access to housing and public benefits.

We also know that New Yorkers facing a housing crisis, many other people mentioned that today. That the demand for reasonably priced housing if not low-income housing far out strips availability. That fair market rents for Section 8 voucher holders relegate them to the under resourced corners of the ceiling. That our elderly population is being reject by out of neighborhoods. That Black and Brown people are legally discriminated against by landlords and

that previously incarcerated people are at a high risk of housing instability. And that having stable housing is a necessity.

SERGEANT AT ARMS: Time expired.

KAE GREENBERG: To help out folks. It's hard to age in place without a home. When discussing the needs of aging people living with HIV, there is a commonly focus on medical interventions and improving access to culturally competent, fully transparent and consensual testing in medical care that increases trust in medical providers particularly for Black and Brown New Yorkers is essential. But better health outcomes for aging New Yorkers with HIV can only truly be achieved through addressing the barriers such as the collateral consequences of criminal records that make Black and Brown New Yorkers in the first place. Thank you for your time.

CHAIRPERSON HUDSON: Thank you so much.

COMMITTEE COUNSEL: Thank you. We'll be moving on to Amir Sadeghi. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

AMIR SADEGHI: Hi, thank you. My name is Amir Sadeghi, I use he, him pronouns. I'm the Policy and

Advocacy Manager at CHLP. My colleague Kae actually just touched on a very important topic, which is cultural competency or cultural humility. We know that older people are receiving late or concurrent HIV/AIDS diagnoses in unacceptable numbers here in New York, which is a reflection of those structural barriers to care that have been discussed today. But I think it's also a very clear result to providers making assumptions about what kind of sexual activity older people are engaging in or making the outright assumption that older people are not sexually active at all.

So, testing is important to address this issue but protecting informed consent and direct notice prior to HIV testing, which is enshrined in the public health law, is paramount to ensuring medical ethics, bodily autonomy, informed consent and patients' rights. Informed consent is what enables trust to exist between our health system and marginalized patients. However, it is clear we need some solution to build on affirming healthcare while protecting patients' rights. CHLP is working with a coalition of LGBTQ and HIV justice organizations to make New York the first state in the country to

universalize continuing medical education on sexual orientation and gender identity, HIV and STI testing and sexual health literacy. Assembly Bill 282 introduced by Linda Rosenthal, soon to be introduced by Senator Jessica Ramos, would advance health equity for all New Yorkers. It will especially advance the health equity of LGBTQ New Yorkers but this continuing education will directly impact older New Yorkers. It will help providers feel more comfortable talking to older people about sex and health and fulfill their legal obligation to directly offer an HIV test to —

SERGEANT AT ARMS: Time expired.

AMIR SADEGHI: To all adults. So, my ask is, please — I would ask that this Committee and the New York City Council pass a Resolution in support of Assembly Bill 282 to universalize continuing medical education on sexual orientation and gender identity and HIV and STI testing and build and champion LGBTQ affirming healthcare and patients' rights. Thank you.

CHAIRPERSON HUDSON: Thank you Amir.

COMMITTEE COUNSEL: Thank you. We're now going to move to Antonio Urbina. Please wait for the

Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

ANTONIO URBINA: Good afternoon everyone. Thank you so much for the opportunity to speak. My name is Dr. Antonio Urbina. I am a Professor of Medicine at the Icon School of Medicine at Mount Sinai and have over 30 years of experience treating patients with HIV and I currently serve as the Medical Director for the HIV and Primary Care Center of Excellence of the Clinical Education Initiative of the New York State Department of Health AIDS Institute. And earlier in my career, I treated patients with severe opportunistic infections at the height of the HIV epidemic at Saint Vincents. I was at the forefront of applying cutting edge antiretroviral therapies from clinical trials and from 2007 to 2009, I served on the Presidential Advisory Council on HIV/AIDS advising the Whitehouse. And more recently, from 2014 to 2015 I served on Governor Cuomo's Taskforce to End the AIDS Epidemic in New York.

And with this background, I'm here to speak about the important issues of HIV and Aging and as someone who has really dedicated his career to HIV care and

treatment, I understand the unique challenges facing older adults living with HIV. We've made great progress in HIV treatment and care but more needs to be done to support this vulnerable population. As people with HIV live longer, they are experiencing higher rates of comorbidity, social isolation, and mental health issues and importantly financial insecurity.

The city must take action to address these needs through expanded services and programs tailored to older adults with HIV and I strongly urge the Council to make this a priority by creating and funding a new City Council initiative on HIV and Aging in the fiscal year 2025 budget.

This initiative would provide vital resources to two types of organizations that serve people with HIV, medical organizations and community-based organizations. The funding could support services offered by both types of organizations including case management, mental health services, self-management programs, skills training.

SERGEANT AT ARMS: Time expired.

ANTONIO URBINA: Peer support groups and importantly exercise and physical therapy programs.

Investing in the social and medical needs of those aging with HIV is both a moral imperative and a wise long-term strategy. And I really want to thank the Council for allowing me to speak today.

CHAIRPERSON HUDSON: Thank you Dr. Urbina.

COMMITTEE COUNSEL: Thank you very much. At this time, we'll be moving to Jason Price. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

COMMITTEE COUNSEL: Jason Price? Okay, we will be moving on then to Chris Norwood. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: Time starts.

CHRIS NORWOOD: Good afternoon. Thank you for these hearings. I'm Chris Norwood, Executive Director of Health People in the South Bronx. I want to focus on comorbid conditions, particularly diabetes. In a ten-year study, people with HIV, they had a 3.6 percent death rate. When they had diabetes, it was 12 percent and when they had diabetes with chronic kidney disease, which is very

much caused by diabetes, the death rate went up to 36 percent.

I'm a bit distressed not to have heard more focus on these kinds of conditions during this hearing. I think another part that's really important to look at is a lot of what you're calling mental health conditions is actually once again, high sugar rates are a major driver of Alzheimer's disease. And of course, the rate of diabetes in people who have HIV is quite high and it goes up higher after their age 50. We have come to the Council many, many times and begged them, just begged them to start diabetes self-care programs, peer delivered in communities and we have pointed out many times that during the 25 years that diabetes has been the most widespread epidemic in New York City. The Council has not funded any community programs whatsoever.

We can see the results everywhere in every disease. It's particularly disastrous in HIV. I want to just give you an idea of what's being lost by not giving people group selfcare programs that they like, that overcome their isolation. Uh, when people with diabetes —

SERGEANT AT ARMS: Time expired.

CHRIS NORWOOD: Have their blood sugar even in moderate control compared with poor control. Their Alzheimer's risk goes down by 30 percent. If it's in good control, it goes down by 60 percent. In the HIV population, while we don't have thankfully the terrible AIDS dementia we had at the beginning of the epidemic, about 30 percent of people with HIV develop neurocognitive disorders over time. It is therefore even more important for those with diabetes to learn how to properly control their blood sugar because that will lessen the impact of these neurocognitive disorders. I really want to you know with the Chairs speaking with their concerns for mental health, isolation, and socialization. This is what peer groups do but in this case, these peer groups not only improve physical health, they protect mental health. They protect brains and this population desperately needs to have that protection. Thank you.

CHAIRPERSON HUDSON: Thank you so much.

COMMITTEE COUNSEL: Thank you very much to this Zoom panel. We're going to be going back to an in-person panel now to get Jan Carl Park, Sam Joe Kleinplatz, Michele Veronica Lopez, Asia Betencort

and Cameron Craig please And Mr. Kleinplatz, we can start with you.

SAM JOE KLEINPLATZ: Okay, you can hear me right? First, let me thank all of you because this has been an absolute tragedy. My roommate has been missing for months and months and months. There is extensive litigation against Bellevue Hospital. I have been made a non-human being with no rights. I have been taking care of Rafael Rosa for over 40 years. The attorney of record is Paul Kerson. Thank God the judge found Rafael. He was dumped in a nursing home, Highbridge Woodycrest which is not, not, not indicated for his condition.

He has mild dementia. He can easily be treated at home. The nursing staff advised not put him in a nursing home and that's exactly what they did.

We would not even have an apartment if it wasn't for Council Robert Goldberg. You can also check that. I'd like the Council to get a copy of the video tape where Rafael was torn away from me. I lived with him for 40 straight years. He is one of the most beautiful human beings that provides no problems to anybody at the hospital.

The nursing staff begged, begged, begged that he not be put in a nursing home and that's exactly what happened. As a result of my telling the truth, the guardian has retaliated and I've sent a number of the elected's the response. She retaliated against me for demanding answers from the Highbridge Woodycrest Nursing Home. The borough presidents office namely, Vanessa Gibson got involved get to the bottom of it. I repeat, this is not a proper placement for him. He needs to be home. His nursing home does not treat his condition. Let me reiterate that the Alzheimer's Association has found the case of Rafael Rosa to be one of the most awful, horrendous cases they have ever reviewed during the entire time that there an agency. They decided to resend him to Bellevue for medical care. Let me please finish. That needs to stop. That's exactly the traumatizing agent — the traumatizing facility.

I should remind you that over 1500 medical clinics in the Bronx, that could have easily treated him. As a result of my bringing this up, the guardian who has never visited him except for once. Who has never checked in on the fact that all his earthy possessions are gone. That he was in somebody

else's pants, torn slippers. It is entirely inhumane.

I therefore am calling on all of you to notify the governor that the guardianship system, which is being abused, needs to stop. And we need to stop putting people who are HIV positive or otherwise in nursing homes. They can go back to their home healthcare which Narcisse said. I'm saddened by one thing that some of the people that really can make a difference although I rest confidence in Councilperson Hudson that she will not let this continue. That this will end. The governor has to stop this guardianship nonsense and the guardianship abuse. I am going to also as part of the record give to the Committee Council the names of each one of the attorneys that thank God have interceded. We would not even know if he was alive. When one member of the Mayor's Office and one member of the State Assembly told me that he didn't want any visitors, we were able to get somebody in briefly. Two witnesses, Pablo Valentine(SP?) and Osea Rosco(SP?) and Rafael said, "no, I love my grandchildren. I want to see my grandchildren. I love my children and I love all of you." We have not been able to see him. This has to

stop. This is probably one of the worst cases. Again, I reiterate, this cannot continue. HHC has to be held accountable and New York State Department of health has to be held accountable. Including the onsite visits. They responded to me by saying they are going to do an off-sight visit. It's useless. You need to go in there and do onsite reviews of all of these hospitals and the guardianships and get to the bottom of why people are being put behind guardians who have families. Rafael has a daughter. Rafael has a son. Rafael has thousands of cousins who came and guess what? They were thrown out of the hospital. They weren't allowed to see him.

CHAIRPERSON HUDSON: Thank you.

SAM JOE KLEINPLATZ: Finally, finally last but not least, I went to ask the Nursing Home Director Leon, whether I can hug him for one last time. And do you know what he said? "No, you cannot. Leave. You need to leave now."

So, I'm calling on you, especially Councilperson Hudson to make sure that I can see him at least at Thanksgiving and definitely at Christmas. Thank you both and thank you all actually, including Counsel.

CHAIRPERSON HUDSON: Thank you so much for that. I'm sorry that you're going through that experience. We'll be sure to follow up.

SAM JOE KLEINPLATZ: Thank you. I know you will.

JAN CARL PARK: Hi, I'm Jan Park. A former New York City government employee working at the New York City Health Department. I am the former Chair of the HIV Health and Human Services Planning Council. I also worked for ten years in the Mayor's Office across the hall in the office of AIDS policy.

And I'm here today to talk about retired New York City government employees who are HIV positive and the challenges that they face. I retired from Government services on [INAUDIBLE 03:37:03] December 1st, 2019. I Believe one of the biggest challenges to elders living with HIV who live on a fixed income or the cost of health insurance and prescription drug coverage.

For those who qualify for Medicaid, the cost for a doctors visit and related lab work are covered but Medicaid Advantage plans is necessary to cover other expenses, such as prescription drug coverage.

Today, there are over 350,000 active members and retirees of the New York City Retirement system. A

dozen health insurance plans for retirees are made available through them, to them through the Office of Labor Relations Health Benefits programs.

All with catastrophic coverage limitations. What does that mean? For me, it means by the 5th of the year, I enter catastrophic coverage which requires me to pay five percent of the retail cost of prescription drugs in the highest year categories. All HIV medications are in the highest year category. This means that I pay in May, when my prescription plan catastrophic coverage kicks in, I pay $1,140 per month or $9,130 for eight months for my HIV medications.

For those facing retirement, choosing healthcare coverage insurance and prescription drug coverage plan that's affordable can be onerous. I believe as much good could come from the City Council review assessment and adjustment to catastrophic coverage limitations that are part of the packages offered city retirees through health insurance and prescription drug coverage plans. Thank you.

CHAIRPERSON HUDSON: Thank you so much for your testimony.

COMMITTEE COUNSEL: Thank you very much to this panel. At this time, if there's anyone in the room who wishes to testify and you have not had your name called, please fill out an appearance card. You can get one from the Sergeant at Arms.

Okay, not seeing any. We'll be moving on then to Zoom panelists. So, we're now going to hear from Jules Levin. You'll have two minutes. Please wait for the Sergeant at Arms to call time before you begin your testimony.

SERGEANT AT ARMS: You may begin.

JULES LEVIN: Hi, can you hear me?

SERGEANT AT ARMS: Yes.

JULES LEVIN: Thank you. So, with everything that's been said today, I will try and narrow down my comments. So, I am the person that first discovered the aging problem 17 years ago in HIV and worked with the NI Age and the Office of Age Research and five years ago, approached New York City or six years ago about this and I'm the one that worked with the city to design to be in their aging clinics they're talking about and very briefly, let me tell you they're not working. Most people with HIV who are older and elderly are not getting their care needs

met in clinics. So, I'm a person — I'm 74 years old. I'm the Executive Director and Founder of the National AIDS Treatment Advocacy Project. I have led the way to 17 years on research and education and discussion and policy around Aging and HIV. At about six years ago, I approached the city and then the state and uhm, as was said earlier today, the city and the state and nationally, our HIV clinics are totally unprepared to deal with the aging problem today.

As said today, rates of comorbidities like heart disease and cancers are much higher for people with HIV, including frailty and cognitive repairment. I've lived with HIV for 40 years. I get my care at Major Ryan White Clinic here in New York City and in no uncertain terms do they — they do not provide the care needs I need. It's 15-minute visits in and out. The portals don't work. Communication with doctors are inadequate. Most doctors don't in fact, most clinics and Ryan White clinics do not provide geriatric screenings for older people, which is bone marrow density testing, frailty testing and cognitive impairment testing. So I think a lot of what you heard today —

SERGEANT AT ARMS: Your time has expired.

JULES LEVIN: A lot of what you heard today was the smoke screen, not really the truth about care for elderly in the city today.

COMMITTEE COUNSEL: Thank you very much. At this time, we'll be moving on to Mohamed Amin. You'll have two minutes for your testimony. Please wait for the Sergeant at Arms to call time before you begin.

SERGEANT AT ARMS: You may begin.

MOHAMMED AMINE: Thank you so much. Good afternoon Chairperson Hudson, Narcisse, and Schulman. My name is Mohamed Q. Amin. I am the Executive Director of Caribbean Equality Project. A Caribbean LGBTQ immigrants rights organization that represents Afro and Indo-Caribbean immigrants in New York City. I will submit a written testimony but I wanted to share a bit of the following today.

Caribbean Equality Project fully supports and calls on the Council to pass this session, all the bills discussed in today's hearing. New York City is home to the largest Caribbean foreign-born population, many of whom live in Caribbean-centric neighborhoods like Richmond Hill, South Ozone Park and Far Rockaway in Queens, Flatbush and Crown

Heights in Brooklyn, Castle Hill, Wakefield, and Soundview in The Bronx. The Caribbean LGBTQ+ immigrant's Caribbean Equality Project serve faces unique challenges, and health inequity should not be one of them.

Many of the barriers Queer Caribbean immigrants encounter range every day from HIV stigma, to lack of access to culturally responsive healthcare and mental health resources. Many of the organizations clients are asylum seekers, low income and undocumented queer and trans Afro and Indo-Caribbean people of color. Many of the barriers queer Caribbeans encounter are rooted in ancestral trauma recovering from post [03:43:57] LGBTQ related phobias within faith-based institutions and diaspora Caribbean communities, HIV discrimination and lack of access of culturally competent mental health care resources. Health services have been a central component of Caribbean quality projects advocacy or the past eight years, stemming from the need for increased access to free STI and HIV testing. We notice in our service to community members, particularly asylum seekers who left the Caribbean to live in New York City.

This correlates with the DOHMH's data. According to a 2018 New York City Department of Health and Mental Hygiene HIV Epidemiology research, the highest incidences of new diagnoses for HIV –

SERGEANT AT ARMS: Your time has expired. Thank you.

MOHAMED AMIN: Are among foreign-born New Yorkers and these folks who are primarily from Caribbean countries, including the Dominican Republic, Jamaica, Haiti, and Guyana.

Currently, Richmond Hill is home to the largest Guyanese population in New York City and our community has no access to HIV and testing. So, today, I am calling — we are here to call on the City Council to pass Intro. 895, Intro. 620, Intro. 825, Resolution 294, and Resolution 395, so we can live safely and protect each while living healthy lives with dignity. Thank you.

CHAIRPERSON HUDSON: Thank you so much Mohamed.

COMMMITTEE COUNSEL: Thank you very much. At this time, we're going to hear from Jonathan Martinez.

SERGEANT AT ARMS: You may begin.

COMMITTEE COUNSEL: Okay, Jonathan is not available. Moving onto S. Hase.

SERGEANT AT ARMS: You may begin.

COMMITTEE COUNSEL: Moving onto Olga Kato(SP?).

SERGEANT AT ARMS: You may begin.

COMMITTEE COUNSEL: Moving on to Lisette Velez(SP?).

SERGEANT AT ARMS: You may begin.

COMMITTEE COUNSEL: Moving on to Mary Oliver.

SERGEANT AT ARMS: You may begin.

COMMITTEE COUNSEL: And finally, moving onto Sevena Odicari(SP?).

SERGEANT AT ARMS: You may begin.

COMMITTEE COUNSEL: At this time, if there is anyone on Zoom who has not had their name called but who would like to testify, please indicate so using the Zoom raise hand function.

Seeing no hands. Turning it back to the Chair for closing remarks.

CHAIRPERSON HUDSON: Thank you so much to everyone who has testified today both in person and via Zoom. I think all of the testimonies we have heard are testament to the strong need that there is for services and resources across every sector, not

just specifically for healthcare but also housing and social services for older adults living with HIV. I also want to reiterate the fact that representation really does matter. Two out of the three host Chairs today identify as LGBTQIA+ and two out of three of us also are Black and I think the fact that we haven't had a hearing on this topic in almost 20 years shows that we haven't had representation in the past that would prioritize the topic such as this one.

So, I thank everyone again and especially the staff for making today's hearing possible. And this hearing is adjourned. [GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date NOVEMBER 30, 2023