CITY COUNCIL
CITY OF NEW YORK

------------------------X

TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON GENERAL WELFARE

------------------------X

September 23, 2009
Start: 10:00am
Recess: 11:52am

HELD AT: Council Chambers
City Hall

B E F O R E:
BILL DE BLASIO
Chairperson

COUNCIL MEMBERS:
Gale A. Brewer
Julissa Ferreras
Helen Diane Foster
Letitia James
Jessica Lappin
Rosie Mendez
Annabel Palma

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

Wanda Hernandez
Citizen of The Bronx
Member of New York City AIDS Housing

Robert Tolbert
Member
Citywide Harm Reduction

Annie Soriano
Executive Director
Friends House

Kristin Goodwin
Director for New York Policy and Organizing
Housing Works

Sean Barry
Director
New York City AIDS Housing Network

Dr. Angela Aidala
Associate Research Scientist
Columbia University Mailman's School of Public Health

Virginia Schubert
Principal
Schubert Botein Policy Associates

Gina Quattrochi
Executive Director
Bailey House

Deborah Welch
Assistant Director
Gay Men's Health Crisis

Soraya Elcock
Vice President for Policy and Government Affairs
Harlem United Community AIDS Center

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

Ed Viera
Person with AIDS
Client with HASA

Evelyn Lopez
Person with AIDS
Client with HASA

Yves Gebhardt
Person with AIDS
Client with HASA

2 COUNCIL MEMBER FOSTER: Thank you
3 for responding, that was nice, let's try again.
4 Good morning.
5 AUDIENCE: Good morning.
6 COUNCIL MEMBER FOSTER: Oh, thank
7 you. I'm Council Member Helen Diane Foster, a
8 member of General Welfare. I'm starting the
9 meeting in Bill's absence, he is on his way,
10 probably caught in the U.N. traffic. I left early
11 enough as to miss it. We've been joined by Migna,
12 analyst to the Committee, I keep wanting to make
13 her counsel, along with Molly and Council Member
14 Rosie Mendez. We are having a hearing on
15 Resolution 2145, which is supporting state
16 legislation to cap rent contribution of HASA
17 clients as 30 percent. Before we get into the
18 testimony, I believe we have a brief statement by
19 Council Member Mendez.
20 COUNCIL MEMBER MENDEZ: Thank you,
21 Madam Chair. And I want to thank everyone for
22 being here today. I am looking forward to hearing
23 the testimony regarding resolution 2145, which is
24 in support of Assembly Bill 2565, Deborah Glick's
25 bill; and Senate Bill 2674, Tom Duane's bill,

2 which would cap rent at 30 percent. And I see
3 someone from Tom Duane's office is here. Thank
4 you, Romeo, for showing up. As, as we know, in
5 this country, back in the 1930s, this government
6 created public housing, and public housing caps
7 rents for its residents at 30 percent. And here
8 we are all these years later, and a new disease
9 since public housing was created, has been in our
10 midst. And what we found is that individuals who
11 have AIDS or HIV are more at risk of becoming - -
12 when they don't have a nice, affordable home that-
13 -health and home are synonymous. But if their
14 home is not affordable, and we know that
15 individuals have more expenses with this disease,
16 then we are not helping them in the long run.
17 This legislation will go a long way at capping the
18 rents at 30 percent, and what we also need to look
19 at is, how this City and government agencies are
20 defining rent, 'cause we know many individuals are
21 paying a lot of their income, of their social
22 security, or their disability or public assistance
23 checks, more in the range of 50 to 70 percent is
24 being paid because of the way rent is being
25 defined. So, thank you all for being here, and I

2 will turn it back to you Madam Chair.
3 COUNCIL MEMBER FOSTER: Thank you.
4 We are going to get right into the testimony. We
5 have our first panel, which is Wanda Hernandez, a
6 HASA client; we have Frank Tolbert; Christine
7 Goodwin of Housing Works; Annie Serrano--did I say
8 that right? Soriano, I should've known that, I'm
9 sorry--Executive Director of Friends House; and
10 Sean Barry. And we've just been joined by Council
11 Member Lappin. [pause]
12 WANDA HERNANDEZ: Good morning,
13 everyone. My name is Wanda Hernandez and I'm from
14 The Bronx. I'm a member of New York City AIDS
15 Housing, a membership organization led by low, low
16 income people living with HIV and AIDS, a housing
17 which provides dedicated to addressing the root of
18 causes of the epidemic. Thank you to the Council
19 Member Mendez and Speaker Quinn for including this
20 vitally needed legislation, and to the Committee
21 for holding today's hearing. I am a single
22 minority educated woman who worked for 30 years.
23 I've held a variety of jobs, including
24 administrative assistant earning $32,000 a year,
25 before becoming disabled. I was diagnosed in 1995

2 and got on HASA in late 2001, when I could no
3 longer work and didn't know how to support myself.
4 As a HASA client, I pay 71 percent of my SSD check
5 each month towards rent. Most clients in my
6 situation are left with $344 per month, or $11 per
7 day. But I have to get by on even less because
8 HASA is recouping me for ConEd bills that I
9 couldn't afford to pay. I don't even see my
10 yearly increase in SSD because HASA just applies
11 that to my rent. Unfortunately, HIV is not my
12 only health condition. I also suffer from chronic
13 pain, asthma, arthritis and work related carpal
14 tunnel. I have no family support. But the amount
15 of money that HASA leaves me with after I pay my
16 rent is not enough to cover all my expenses. It's
17 very difficult to make ends meet. Once I pay one
18 bill, I don't know how I'm going to pay the next.
19 There's not enough money left over to clothes
20 myself, get toiletries, or make copayments when I
21 have medical appointments. Sometimes I even have
22 to cancel primary care appointments because I
23 can't afford to get there. Even simple things I
24 can't afford, I still owe my eight year grandson a
25 gift from last year. All of this has a negative

2 impact on my health. Not knowing where the money
3 is going to come for the next bill or medication
4 or how to replace something that's broken, is very
5 stressful, and that makes survival more difficult.
6 If this bill became law, it would mean I could go
7 to the doctor when I'm needed, not just when I
8 could afford to. It would mean I wouldn't have to
9 choose between the electricity bill or the phone
10 bill. It would mean I could afford to buy
11 toiletries or clothes I need for decent life. I
12 could focus on staying healthy instead of feeling
13 the stress and anxiety that my current living
14 situation creates. It's not my health conditions
15 that make me wonder how I can survive each morning
16 when I wake up, it's the money HASA leaves me with
17 that makes it so difficult to live. Thank you.
18 [applause]
19 ROBERT TOLBERT: Good morning,
20 everyone. My name is Robert Tolbert, I am a
21 member of Citiwide Harm Reduction and also Vocal,
22 NYCAN, in Brooklyn. I was diagnosed HIV positive
23 in 1995. I have been through the shelter system
24 for New York City Housing. And at the current
25 time I'm collecting SSD payments for my condition.

2 Throughout my life I've always worked, most of my
3 adult life I've always worked, until I was
4 incapacitated and had to go on SSD to survive.
5 During my, during my life, I've always been an
6 advocate of clean and affordable housing, I've
7 always said that it's therapeutic for people in
8 our demograph. However, I, I got through some
9 difficulties in, in my life, at a time when I
10 acquired an apartment the South Bronx, in Hunts
11 Point. HASA was making a contribution toward
12 rental assistance; however, it was not adequate.
13 Being that I was collecting SSD, I still had to
14 pay like 70 percent of my check. And this did not
15 allow me to, for my personal needs, to have money
16 to adequate to take care of my personal needs.
17 Therefore, I lag behind in my rent, and eventually
18 was evicted. Now, presently, I'm living in a
19 congregate building, in Congress--in
20 Councilwoman's Foster's district. And I'm still
21 trying to achieve independent status. With the
22 passage of this resolution, it would help me be
23 able to budget myself better, and live a
24 substantial life. And I thank you for your time.
25 [applause]

2 ANNIE SORIANO: Good morning. My
3 name is Annie Soriano, and I'm the Executive
4 Director of Friends House. We are a congregate,
5 permanent, supportive housing program. And I
6 would like the Council to know it is very
7 important that this is codified for everyone.
8 Because you're going to hear the stories that my
9 colleagues said today that represent many, many
10 more, of being left with $11 a day, and you know,
11 just the real nightmare of that. No one, I think
12 here, would dispute the importance of permanent
13 housing. And I think there's a myth that once you
14 get to permanent supportive housing, it's fine.
15 And I'm here to tell you it's not. This 30
16 percent issue has greatly affected us and many
17 other programs that are permanent supportive
18 congregate facilities. We are funded half by HASA
19 for our programs, the other half comes from HPD,
20 in the form of Shelter Plus Care, which is a rent
21 subsidy. Until very recently, for many years,
22 that rent formula that came from HPD, which is how
23 we calculated the leases for our residents, was
24 set around the 30 percent mark, and it included a
25 calculation for Medicaid or veterans benefits, or,

2 you know, etc., whatever the person's situation
3 was. Within the last eighteen months, they have
4 begun to calculate increases in the 60 to 70
5 percent range, hundreds of dollars of increase.
6 We attempted to advocate with HASA and HPD, and
7 with my colleagues at NYCON to get this situation
8 solved, and to advocate for the 30 percent. We
9 involved State Senator Liz Krueger and her staff
10 in this. And we kind of got mired down in a lot
11 of bureaucracy and frankly a lot of finger
12 pointing. And to date, they have never given what
13 the "new formula" that they have randomly given
14 certain residents. I do not know where they're
15 coming up with these numbers and how they're
16 calculating them, but I can tell you, as the
17 Executive Director, I absolutely will not sign a
18 lease that is above 30 percent. And that's it.
19 So, I am handling that in my particular program;
20 that may or may not be the case in other programs,
21 but I am taking the hit in other ways in terms of
22 program funding. So, I think it's really
23 important that people realize that this is
24 affecting this population as well, although you
25 will hear, you know, many stories of people

2 independently living suffering. So it’s important
3 that this is codified for everyone. Thank you.
4 [applause]
5 KRISTIN GOODWIN: Good morning.
6 Oh, I see, the other one was one, so--Okay. Good
7 morning, my name is Kristin Goodwin and I am
8 testifying today on behalf of Housing Works. I’m
9 not going to read my testimony because a lot of
10 the information in it, it is going to be told to
11 you by people who are actually experiencing the
12 discrimination that’s happening with this 30
13 percent rent cap. So, I did want to read,
14 however, a statement from Armen Merjian who is
15 Housing Works’ Senior Staff Attorney, who was not
16 able to be here today. [pause] “As this
17 Committee knows, the 30 percent rent cap is
18 critically important to indigent New Yorkers
19 living with AIDS. When HRA and OTDA announced in
20 October 2006 that they would no longer honor the
21 cap, thousands of New Yorkers wondered how they
22 would able to live, forced to choose between
23 paying rent or paying for the food, clothing and
24 other, life’s other necessities. Housing Works
25 and attorney Matt, Matthew Brinkerhoff, worked at

2 breakneck speed to file a class action federal
3 lawsuit that very month, securing an injunction
4 against the new policy. Months later, with that
5 injunction still in place, new OTDA Commissioner
6 David Hansel, announced that the City and State
7 would honor the 30 percent cap. Still, OTDA's
8 lawyers went to court and insisted that poor
9 people living with AIDS have no right to sue to
10 enforce the 30 percent rent cap under federal law.
11 The only protection that they now have is the
12 State piece of legislation." On behalf of Housing
13 Works, I think it's interesting that every time
14 I'm in this room giving testimony it's about AIDS
15 housing. And whenever we're talking about
16 services in the City, we're talking about housing,
17 and that's not a coincidence. Because housing is
18 the single most important thing that we can do for
19 someone that's living with AIDS or HIV, and I
20 think that it's time for the City and State to put
21 that in a place of priority. And even this
22 Committee has held a piece of City legislation for
23 two year, called HASA for All that would again
24 provide protection. So I would ask that, as we
25 move forward, looking at this resolution in

2 particular, that it is unbelievably important for
3 us to support capping rents at 30 percent of
4 income. Thank you. [applause]
5 COUNCIL MEMBER FOSTER: Can we just
6 let Sean fit in somewhere to testify? But don't
7 go anywhere. Thank you. Everybody didn't have to
8 move. [laughs] Sure, if the light is on, the mic
9 is on.
10 SEAN BARRY: Oh, good morning.
11 Thank you for allowing me the opportunity to speak
12 this morning. My name's Sean Barry, I'm the
13 Director of the New York City AIDS Housing
14 Network, NYCAHN. We enthusiastically support
15 Assembly Bill 2565, and applaud Council Member
16 Mendez and Speaker Quinn for introducing this
17 resolution. Also want to thank the General
18 Welfare Committee, of course, for holding this
19 hearing today, but also for your successful
20 efforts to defeat Mayor Bloomberg's proposal to
21 reduce funding for supportive housing case
22 management this past spring. [applause] We, we
23 have so many wonderful anecdotes of being in this
24 room, and seeing the Council Members on this
25 Committee challenge Commissioner Doar, not just on

2 HASA supportive housing, but on a range of
3 programs for low income and working class New
4 Yorkers. We need City Council's leadership again,
5 to send a message to Albany that we're no longer
6 going to allow some of the most vulnerable New
7 Yorkers to lose their homes. This legislation
8 introduced by Senator Duane and Assembly Member
9 Glick is the single most important step we can
10 take at this time, to reduce homelessness and
11 promote longer term housing stability among low
12 income New Yorkers living with HIV and AIDS. It
13 passed the Senate by a near unanimous vote, but
14 we're afraid it's going to die again in the
15 Assembly Ways and Means Committee this year. So,
16 unless Assembly Speaker Silver and Governor
17 Patterson will come out and publicly support this
18 bill, nearly 11,000 low income New Yorkers living
19 with AIDS are going to continue to face the threat
20 of eviction because they're paying 60 percent or
21 more of their income towards rent each month. And
22 put simply, this legislation would create an
23 affordable housing protection that would, for
24 clients of the HIV/AIDS Services Administration,
25 HASA, would ensure they pay no more than 30

2 percent of their income towards their rent. It's
3 supposed to be the standard in place for HASA
4 supportive housing, although it's not always
5 enforced or followed by HASA. And it's also the
6 standard in every other similar program in the
7 City, Section VIII public housing, we talked about
8 that. But here's how it works in HASA's rental
9 assistance program. Clients are required to spend
10 down all of their income towards their rent, down
11 to $344 a month, that just changed recently, no
12 matter how much disability income they receive.
13 There's not cap on their, on the percentage of
14 income they pay towards rent. So that leaves them
15 with about $11 a day to survive on for all other
16 expenses. Some of the key points you're going to
17 hear hopefully echo throughout testimony today.
18 One is the good news is this is actually going to
19 save New York City and New York State money. The
20 status quo is what is now unaffordable. It
21 doesn't make sense to spend more than twice as
22 much on commercial SROs, which is HASA's emergency
23 housing program, it costs more than twice as much
24 as it would cost to adopt this policy and keep
25 people in their own homes, and enhance the rental

2 assistance program. We also need this to reduce
3 rising homelessness among HASA clients. We've
4 seen this disturbing trend of rising homelessness
5 among HASA clients for the past several years,
6 which negates the success we had prior to that in
7 reducing the overall SRO occupancy rate. What
8 we're seeing is this sort of revolving door, in
9 and out of the SROs. People move into the
10 apartment, but they can't afford to pay 60-70
11 percent of their check each month towards rent, so
12 they end up back in the shelter system. You'll
13 hear that housing is critical, fundamental, to
14 fighting HIV and AIDS. It's difficult to think
15 about visiting the doctor, taking your medication,
16 having health relationships, using condoms, using
17 sterile syringes, when you don't have a roof over
18 your head. It's, we need to fix the double
19 standard in New York's housing assistance
20 programs, give HASA clients the same affordable
21 housing protection that tenants in Section VIII,
22 or in public housing, or other programs have. And
23 lastly, it would stop forcing HASA clients into
24 these impossible tradeoffs of, "Can I afford to
25 keep the light turned on or the phone turned on?

2 Or can I afford to visit the doctor this month?
3 Or would that mean I don't have enough to save to
4 save the rent?" Thank you again. [applause]
5 COUNCIL MEMBER FOSTER: Thank you
6 very much. We've been joined by Council Member
7 Julissa--Ferreras, I'm sorry, I wasn't going to
8 call you that--Julissa, Council Member Julissa
9 from Queens, and Council Member Gale Brewer from
10 Manhattan. Before you go, we have a few
11 questions. Sorry. First let me thank, Ms.
12 Hernandez and Mr. Tolbert, for coming forth and
13 talking so honestly about your income. I'm sorry
14 that you have to do that, I know it's something
15 that most of us don't want to share in terms of
16 our necessity to rob Peter to pay Paul, and the
17 decisions you have to make in terms of what you
18 are going to allocate the rest of your money on,
19 for the rest of the month. Where in The Bronx do
20 you live, Ms. Hernandez?
21 WANDA HERNANDEZ: I was from Ms.
22 Palma's area. I just, I actually live somewhere
23 in White Plains around Westchester for about 15
24 years. And I had a lot of trouble trying to
25 relocate, which took me about a whole year to

2 relocate, thanks to HASA's reputation.
3 COUNCIL MEMBER FOSTER: Okay.
4 What, what I'm going to do, I know Council Member
5 Mendez has, has some questions, but I want to make
6 sure to give both of you cards to my office so if
7 in any way we can assist, or just help you
8 navigate, and then put you in contact. I know Mr.
9 Tolbert, you are in fact in the district, but we
10 can also work with the Council Member, Ms.
11 Hernandez, whose district you currently reside in,
12 to see whatever we can do to assist you until we
13 work in getting this passed at the State level, so
14 that in fact you are not just trying to figure out
15 what appointments you need to skip or what
16 medicine you're not going to co-pay for. It
17 really is unfortunate. But thank you for having
18 the courage to share that with us. I know it take
19 a lot. Council Member Mendez.
20 COUNCIL MEMBER MENDEZ: Thank you,
21 Madam Chair. Ms. Hernandez, I had a couple of
22 questions for you. You say you, you now live in
23 congregate housing.
24 WANDA HERNANDEZ: No, actually, I
25 just moved from there, about three years ago from

2 Senator Palma's actually neighborhood. I am now
3 located at 189 by Little Italy.
4 COUNCIL MEMBER MENDEZ: Okay. And
5 you mentioned in your testimony that they're
6 recouping public assist--is it public assistance
7 or HASA's recouping additional moneys for ConEd
8 arrears, is that correct?
9 WANDA HERNANDEZ: That's correct.
10 Every time they held you with a utility bill, they
11 recoup you.
12 COUNCIL MEMBER MENDEZ: And so how
13 long have they been recouping from your check?
14 WANDA HERNANDEZ: This will be my
15 second time they recoup.
16 COUNCIL MEMBER MENDEZ: Second
17 time, means--
18 WANDA HERNANDEZ: Meaning that they
19 wait until the electricity bill reaches a certain
20 amount, and they always tell you way before you
21 get a shutoff notice, and then that's when they
22 decide they want to pay it, and then they start
23 recouping.
24 COUNCIL MEMBER MENDEZ: So, you are
25 constantly being recouped, and constantly in

2 arrears for your ConEdison, because you don't have
3 enough money to pay it at the end of the month, is
4 that correct?
5 WANDA HERNANDEZ: That's correct.
6 COUNCIL MEMBER MENDEZ: And you've
7 been in this cycle now, that they've been
8 recouping on and off for how long now?
9 WANDA HERNANDEZ: Well, I've been
10 on HASA since 2001.
11 COUNCIL MEMBER MENDEZ: So, since
12 2001, it's, it's been the same story.
13 WANDA HERNANDEZ: Yes, ma'am.
14 COUNCIL MEMBER MENDEZ: Thank you.
15 Thank you very much for sharing your story with us
16 and telling us, because I am sure you're not the
17 only individual going through that problem. I
18 have a question for Ms. Soriano. Now, Ms.
19 Soriano, you said that, was it last year, HASA and
20 HPD started to calculate things differently. And
21 they're taking more, well the rent increases went
22 up because of these calculations?
23 ANNIE SORIANO: Yes, that's
24 correct.
25 COUNCIL MEMBER MENDEZ: What is

2 being calculated differently that is now
3 increasing what they're calling rent?
4 ANNIE SORIANO: We have asked that
5 questions, Councilwoman, many times. I do not
6 have the answer. They have refused to give us and
7 State Senator Krueger's staff what is the formula.
8 It has obviously changed. I don't know what in
9 that formula has changed. Lower level employees
10 at HPD have told some of my staff that because of
11 rent--I mean, I'm sorry, because of budget cuts at
12 HPD, that they're recouping it from the rent,
13 because they need more money. And that that's how
14 they're doing it. But I do not to this day have
15 the formula that they are now using.
16 COUNCIL MEMBER MENDEZ: And, and
17 nothing else has changed in term of what HASA and
18 HPD is providing, and nothing in terms have
19 changed in terms of what Friends House is
20 providing to its residents, is that correct?
21 ANNIE SORIANO: That's correct.
22 COUNCIL MEMBER MENDEZ: Now, you
23 also said that this is not for every one of your
24 residents, that there are similarly situated
25 residents and some, this formula is being

2 calculated, but they're paying more?

3 ANNIE SORIANO: Yes. It appears to
4 be fairly random as to which residents have
5 applied this new mystery formula, if you will, and
6 which ones do not have it applied to them. There
7 seems to be no running theme that I or any staff
8 member can find. Their incomes are SSI or SSD;
9 there's nothing that would keep them together as a
10 group, and link them in any way that we can say,
11 "Oh, this is what it is." It appears to be
12 random.

13 COUNCIL MEMBER MENDEZ: And, and so
14 you, during the past year or so, have seen maybe
15 two residents where everything is the same and
16 both their leases have expired, but it's applied
17 to one, this new formula has been applied to one,
18 but not the other.

19 ANNIE SORIANO: Absolutely. And I
20 have also had conversations with my colleagues in
21 other programs that are supportive housing,
22 similar to Friends House, that this is also the
23 case. There seems to be, you know, just a
24 randomness about these increases that they're
25 recouping money.

2 COUNCIL MEMBER MENDEZ: Now, you
3 also mention in your testimony that you are, as an
4 executive director, have made a decision to cap
5 the rents at, at 30 percent of the resident's
6 income; but that that has other consequences.
7 What are the financial consequences to Friends
8 House?
9 ANNIE SORIANO: We are still in
10 negotiations about that, because when we attempt
11 to do an annual lease for a resident, where this,
12 you know, new formula is applied, and I just say
13 now, we're not going to do that, and we charge the
14 resident 30 percent, those leases from HPD still
15 have that higher number on them. So they're still
16 officially being charged. Now, I'm not going to
17 say they're in arrears, I'm not going to take them
18 into court. I'm not going to evict them, I'm
19 going to protect them. HPD has yet to make a
20 decision. They know that I'm doing that, they
21 don't like that, they're, you know, saying "You
22 can't do that." So, we're, we're kind of in the
23 midst of what is going to happen there. I think
24 politically I'm probably running the risk of
25 having Shelter Plus Care available for my program.

2 And I'm, I'm well aware of that, as is, you know,
3 some of the advocates that are with me, like our
4 State Senator and, and our NYCAHN friends. So, I
5 think there's a certain amount of risk that has
6 not played out yet. But I expect it to play out.
7 That will not go on forever, clearly.
8 COUNCIL MEMBER MENDEZ: Well, thank
9 you, and please, of course, keep me up to date
10 with anything that happens regarding the Shelter
11 Plus Care. Okay? Thank you very much.
12 ANNIE SORIANO: Absolutely. Thank
13 you.
14 COUNCIL MEMBER FOSTER: Thank you.
15 Any other questions? Yeah? Looking good. Thank
16 you very much. Our next panel--the next panelist
17 or speaker will be Dr. Angela Aidala, Columbia
18 University Mailman's School of Public Health.
19 Thank you. [pause]
20 ANGELA AIDALA: Alright. Thank you
21 very much for inviting me. And I, in the
22 Resolution itself, it refers to research that has
23 shown the relationship not only with, between
24 housing assistance and stability in housing,
25 maintaining housing, but other consequences in

2 terms of reducing risk behavior and promoting
3 healthy living. And so, I'm going to do a, my
4 presentation is really about data information from
5 a number of studies that we have conducted here in
6 New York City, as well as nationally, that address
7 these issues. So, we're going to look at some
8 research findings from New York City and national
9 studies that look at that relationship between
10 housing status, risk behaviors, health care,
11 health outcomes, among persons with HIV and AIDS.
12 We'll look at some of the implications of this for
13 the proposed policy change. In other words, if
14 you're, particularly if you're thinking about cost
15 implications, one needs to look beyond what it
16 would cost for the rent, to what other kinds of
17 savings are there in human terms, in health terms,
18 in quality of life terms, but also in terms of
19 public expenditures. The data is two major
20 sources that I'll be talking about, and linking it
21 to other national studies, as well, too. Some of
22 you know about the Community Health Advisory
23 Information Network project, the CHAIN project,
24 which is really an effort by the Planning Council,
25 which we do at Columbia Public Health, and

2 collaboration with, and under the auspices of, the
3 Planning Council and the Division of AIDS Policy
4 Services. We've been doing this work since 1994,
5 actually, and the research details I can tell
6 anybody that's interested, but it's designed to be
7 representative, enroll a representative cross-
8 section of people living with HIV in the City, and
9 follow them over time, so we can look at housing,
10 different service needs, use of service, the
11 response that people have to those services that
12 are available or not available to them, and the
13 impacts or consequences for their health, mental
14 health and quality of life. I'll also be
15 presenting some findings on a large, multi--multi-
16 site study, that addresses New York--New York City
17 providers in New York City, as well as nationally,
18 addressing the same issues. We're going to look
19 at homelessness again. Our provider and consumer
20 advisory group, we will be talking about homeless,
21 homelessness, persons who describe their
22 situation, living situation, as living on the
23 street, in a park, abandoned building, in a public
24 place, in a shelter, in a commercial SRO, with no
25 services, a limited stay of voucher SRO, or in

2 jail with no other address. And I want to point
3 out that it’s important to look at not just
4 literal homelessness, but also persons who are
5 unstably housed. Okay. There is increasing
6 attention in the public health and health field,
7 to have us understand that, for example, we need
8 to understand food insecurity. It’s not just the
9 smaller, subset of people who don’t have enough to
10 eat, who don’t make basic nutritional needs; but
11 the largest set of people who can’t be confident
12 and comfortable in their food being adequate and
13 appropriate, to keep them and their family
14 healthy. It’s the same way with housing, we need
15 to look at not just literal homelessness, street
16 homelessness, people in homeless shelters, their
17 needs are very important; but we also need to look
18 at persons who are unstably housed, and who are in
19 transitional housing, in residential treatment, in
20 halfway house, doubled up with other persons. And
21 then we’re also going to look at people who may be
22 in their own place, and receiving rental
23 assistance, but can’t pay rent, are facing
24 eviction for any reason, are in unsafe situations,
25 that they feel constrained for leaving, for a

2 variety of reasons. Again, this broader category
3 of persons who are unstable and housing insecure
4 as well. In New York City, housing needs are
5 widespread, this is not news. Our research has
6 found that approximately these days the most
7 recent cohort enrollment, that would've been in
8 2002, we enrolled 700 new persons into this study,
9 a cross-section, all five boroughs. About half
10 were homeless or unstably housed during the year
11 they were diagnosed with HIV. Over 60 percent of
12 all persons in the five boroughs of New York City
13 will experience at least one episode and usually
14 extended episode of homeless or unstable housing
15 during the course of their illness, usually within
16 a five year period of time. At New York City at
17 any point in time, 25 to 35 percent of all persons
18 living with HIV or AIDS are homeless or unstably
19 housed, or at risk of housing loss. Again its
20 coming back to the housing insecure, housing
21 unstable. So from a system perspective, as rates
22 of housing needs are met, other develop housing
23 problems. And again, I know I'm limited with
24 time, but we can think about why that might be.
25 As people's illness progresses, they're less able

2 to maintain work. The rents increase higher than
3 the fixed income that supports 60 percent of
4 folks. So just doing, you know, just the rental
5 increases will continue to make more people into
6 that situation of unstable or literally homeless.
7 Over time, persons are living in, their partner or
8 their housemates themselves become ill and unable
9 to maintain their housing. The other thing that
10 our research has shown consistently, and this is
11 from 1994 to the present time, is that housing
12 assistance makes a difference. Accessing agency
13 based housing services, that is going to an agency
14 that provides housing services, housing
15 assistance, improves, significantly improves ones
16 chance of securing stable and adequate housing,
17 and for substantial numbers of persons living with
18 HIV and AIDS, that's the only way, really, that
19 they would be likely, because they're not
20 competitive in the commercial housing market. So,
21 the role of housing agencies to facilitate that
22 is, is crucial. The strongest predictor of
23 obtaining housing and staying in housing, over the
24 course of your illness, living with HIV and AIDS,
25 is receiving rental assistance. Supportive

2 services, however, are also as important as rental
3 assistance in maintaining people in housing. And
4 an important point, I think, for us to consider is
5 that housing assistance, rental assistance, and
6 supportive services helps not only keep people in
7 housing, but has positive impacts in terms of
8 reducing risk, which has, as a public health
9 professional, impact for the epidemiology and for
10 the, for the epidemic in, in our area. And also
11 improves medical care and health outcomes. And
12 that's what I'm going to take time to look at,
13 because I think it's not hard to understand how
14 rental assistance can help people stay housed.
15 But let's look at how rental assistance helps
16 people, is associated with reductions in risky
17 behavior, and improvements in engagement with
18 mental health, benefit from treatments and health
19 outcomes. Okay. So, what are some of these
20 findings? In both the New York City and the
21 national studies, there's other studies as well,
22 too, there's a direct relationship between housing
23 status and risk behavior. Persons who are
24 homeless or unstably housed, are two to six times
25 more likely--this is HIV positive persons, now--

2 two to six times more likely to use hard drugs--
3 heroin, cocaine, methamphetamine--to use needles,
4 to share needles, to have unprotected sex, to
5 exchange sex. And again, the detail's in some of
6 the publications that I have here, but you get the
7 picture. Persons who are homeless or unstably
8 housed, are more like, who are HIV positive, are
9 more likely to engage in these risk behaviors.
10 This association remains controlling for a wide
11 range of client demographic health and service use
12 variable. That's what we do, we statistician
13 types, we try to model everything else. Okay,
14 history of drug use, yes, that's important, but
15 even controlling for a history of drug use,
16 controlling whether or not you're in drug
17 treatment, controlling your income, controlling
18 whether you live in a poverty neighborhood,
19 controlling whether or not you're getting, you see
20 your case manager every--anything you can think of
21 that we know does, is associated with risk and
22 risk reduction. Persons who have been part of
23 prevention for positive programs, that have shown
24 to be effective: needle exchange, harm reduction,
25 counseling, persons with unstable housing, will

2 have less of a positive impact. So, the other
3 thing that I want to, which I think is relevant
4 for this hearing, is that there's an apparent dose
5 relationship. Again, that those who are literally
6 homeless are the greater risk, but those who are
7 unstably housed are at greater risk than those
8 with stable housing. So it's like a, those who
9 are literally homeless are the most risky, but
10 those who are unstable housed, unstably housed
11 themselves are more risky than that have stable,
12 adequate, permanent housing. And again, there's
13 some work on why that might be, why those
14 relationships are there, but, but empirically
15 speaking they're there, and they're, and they're
16 very, very solid, in different areas over time,
17 different jurisdictions and certainly in the five
18 boroughs of New York City. Housing is prevention,
19 housing assistance is prevention. Over time,
20 studies show strong association between change in
21 housing status and risk behavior change. For most
22 indicators, persons who, who's housing status
23 improves, who go from literally homeless to
24 unstable, or unstable to stable and adequate
25 housing, we see a reduction in risk by two times.

2 At the same time, persons whose housing status
3 worsens, who lose housing, or who are in housing
4 but can't pay the rent, and so now they're in that
5 situation of being housing insecure, or housing
6 vulnerable, right, at risk of housing loss,
7 alright, we see risk behaviors increase. By about
8 one-and-a-half for drug related behaviors, about
9 four times for sex exchange. And again, we--and
10 this is, the studies in CHAIN over time in New
11 York City and other areas as well, too. We also
12 want to remind us that access to housing increases
13 access to antiretroviral treatments and adherence,
14 which lowers viral loads. So even if people are
15 engaging in, relapse or engage in other kind of
16 unprotected sex, if they're in care, in good care,
17 from an epidemiological point of view, from a
18 prevention point of view, that's a positive impact
19 as well, too. Okay, so let's look at housing and
20 medical care. In both the CHAIN sample, the New
21 York City sample, and an actual sample, unstable
22 housing is associated with delayed entry into
23 care, discontinuous care, dropping in and out of
24 care, and changing providers often. Again, I'm
25 not telling anybody anything that they don't know.

2 What I want to point is that we're talking about
3 close to 2,000 people followed over at least a
4 five year time in New York City. We're talking
5 about 3,000 people across the nation in 35
6 different venues, and we see the same pattern, as
7 we hear from people telling about their own
8 personal stories. So, homeless or unstably housed
9 persons are less likely than others to be
10 receiving medical care that meets minimal clinical
11 practice guidelines, even in New York where care
12 is available. Right? And there's, there are
13 structure providers in all boroughs. They're
14 still less likely to be receiving appointments,
15 the number of appointments, to be getting their
16 viral load checked, to be on medications as
17 clinically indicated. Homelessness or unstable
18 housing is one of the most important barriers
19 limiting the use of antiretroviral therapy, and
20 being adherent to therapy. Health outcomes, not
21 surprising, if people are not in good care,
22 consistently in care, adherent to their meds,
23 right, what do we see? We see high viral load, we
24 see recent opportunistic infections, we see
25 hospitalization for HIV related conditions that

2 are associated, again, with homelessness and
3 unstable housing. Even controlling for the
4 starting point where they were, their CD4 six
5 months ago, a year ago; if we look over time, the
6 housing situation is an independent contributor to
7 these kinds of health outcomes. Unstably housed
8 or homeless persons living with HIV and AIDS have
9 higher rates of HCV and I just saw a different
10 study also of TB. Not just homeless, but he
11 unstably housed, housing insecure, as well.
12 Mortality studies, all cause death rate among
13 homeless persons with HIV is five times.
14 Unfortunately, people are still dying from HIV
15 related illnesses, and housing status is one of
16 the predictors of that. I didn't put a lot of
17 numbers here, but this is just an example, of the
18 extent to which housing then improves access to
19 maintenance, access to medical care. This is the
20 kind of model that we do. We look at a range of
21 things, demographics, health status, insurance
22 status, whether or not people, the year, how long
23 you've been HIV positive, the, your source of
24 income, anything that we can think of that we
25 know; your mental health status, your substance

2 abuse history, as well as whether or not you're
3 currently using. All these things in a model,
4 statistical model, and the thing that pops up
5 being most significant to predict, whether you are
6 receiving medical care, whether you're receiving
7 care that meets basic, minimum, clinical practice
8 standard, is your housing assistance. So, if you
9 are unstably housed, or have housing problems, or
10 housing insecure, the odds of your being in
11 adequate medical care are about .70, meaning that
12 it's about 30 percent more likely, 30 percent less
13 likely. One means 50/50, right, the odds are the
14 same. When you see a number that's above one,
15 that means it's increased the odds, right? The
16 odds are increased. So, what, what increases the
17 odds, controlling for all those things?
18 Controlling for substance and other health
19 problems, and insurance and money and everything
20 else? If you have received housing assistance,
21 okay, you are about two-and-a-half times more
22 likely to be in care; one-and-a-half times being
23 care that meets good clinical practice standards.
24 And then, mental health services, this is another
25 portrayal of that, this big red one here, this

2 little one at the first one is housing need.
3 Anything under one mean that diminishes your
4 chances. It's less likely. The odds that you're
5 going to be in care are, you know, barely above
6 half as likely, if you don't have good and stable
7 housing, as if you do. In care, meaning having a
8 regular source of care and having regular, regular
9 visits, and monitoring CD4 and viral load. Okay?
10 What predicts your having care, good care, this
11 big red one here, having contact with the housing
12 provider, or receiving rental assistance. Other
13 factors as well are case--other big one, is case
14 management associated toward addressing social
15 service needs, guess what the biggest one is?
16 Having people with housing and their financial
17 issues, right? We looked at entry into care, we
18 looked at care, continuity of care over time, it's
19 the same pattern. Not that these other services
20 aren't important, I'm not saying that, they are.
21 But all things considered, housing, assistance,
22 rental assistance and supportive services, are
23 significant. I have one last slide here of data
24 because I think again this contributes to our
25 conversation that people are having. I just

2 looked at the persons who have received HASA
3 rental assistance, and this is in, from 2002 to
4 the present time. Basically 40--of those persons
5 living with HIV and AIDS, and again this is a
6 probability sample or representative sample, 43
7 percent of those households are below the federal
8 poverty line. 43 percent, not surprising the same
9 percentage, report that they have had not enough
10 money for food, utilities or unreimbursed medical
11 care needs, at least one time in the six months
12 prior to the interview. Unreimbursed copayments,
13 nutritional supplements, things that people need.
14 And again food, people don't go completely hungry,
15 but they do, we ask questions about whether they
16 have gone a whole day without getting--whether
17 they get the kind of food that they think they
18 need, to keep themselves healthy. And substantial
19 numbers, we're getting close to half here, of
20 people, now these are people receiving rental
21 assistance, but it's exactly what we see reflected
22 in the personal testimonials, that people are
23 obviously making decisions about paying rent or
24 paying for other basic survival resources. 36
25 percent, over a third report housing problems,

2 meaning that even though they're receiving rental
3 assistance, they're having difficulty in
4 maintaining their housing. I also want to point
5 out that close to over half, 57 percent, score on
6 health functioning measures that would indicate,
7 you know, at a level which is typically seen as
8 disabled enough to limit regular employment. So,
9 the ability to earn more money, to somehow make up
10 the difference, I will first of all, since the
11 income goes to support the rent, anyway. But the
12 likelihood, also, that whether that physical
13 health impairment, the extent to which that is
14 itself interactive with the housing situation,
15 because we just, we just saw, if you're not in
16 stable adequate housing and maintain it, you don't
17 go to your appointments. Right? So, it, it
18 interacts back and forth on itself. And 48 almost
19 percent, almost half, indicate clinically
20 significant mental health needs, who are
21 experiencing symptoms of anxiety, stress, anxiety
22 and depression. And again, some mental health
23 needs are prior to, but certainly exacerbated by
24 the situations that persons are in. So, in
25 summary, HIV positive persons with housing

2 problems are more likely to engage in high risk
3 behaviors that risk transmission, they compromise
4 their own health and risk continued transmission.
5 Over time, analyses so that those who get housing
6 assistance, who improve their housing assistance,
7 reduce their risk behaviors. We also see positive
8 change in medical outcomes and health outcomes, as
9 well, too. Loss of housing or lack of change is
10 associated with less appropriate use of medical
11 care services. And again, let's come back to the
12 cost considerations, 'cause I know policies need
13 to consider costs, but when you're talking about
14 people being hospitalized for OIs, and you're
15 talking about persons, new cases of HIV as the
16 result of risky behaviors, there's costs that need
17 to be considered for that as well, too. Our
18 findings over time, and the national findings as
19 well, too, you know, are consistent with the
20 argument that it's the condition of homelessness
21 and unstable housing, and not simply the
22 characteristics of people who find themselves in
23 these situations, that are associated with changes
24 in risk and changes in service utilization. So,
25 you know, it would, it would certainly recommend

2 that provision of housing is a promising
3 structural intervention. We who look at
4 intervention research, having a reduction in these
5 high risk behaviors and having that maintained
6 over time, is stronger finding than a lot of other
7 risk reduction interventions. And it contributes
8 to the health and wellbeing and longevity of
9 people living with HIV and AIDS. And the cost of
10 rental assistance and supportive services is
11 offset by the social and economic costs of the
12 ongoing transmission, inappropriate medical care,
13 HIV treatment failure. And again, early excess
14 mortality among a significant proportion of people
15 living with HIV. And again our argument housing
16 is prevention, and medical care. Thank you.
17 CHAIRMAN DE BLASIO: Thank you.
18 [applause] Thank you very much, Dr. Aidala, this
19 is extremely helpful information. And I know my
20 colleagues have some questions, and I'm going to
21 turn to them in a moment, but I just want to do a
22 few things here. First of all, I'm sorry, as the
23 Chair of this Committee, that I've had to be late
24 today, and I'm sorry that I'm going to have to
25 leave in a few minutes because of some other

2 pressing matters in civic life. But I think it's
3 very important that we're having this hearing, and
4 I want to thank my colleagues who are here, and I
5 want to thank, I know one of my colleagues will
6 continue the hearing throughout, and I want to
7 thank them for that. Special thanks to Council
8 Member Rosie Mendez for sponsoring this
9 Resolution. [applause] And I thank the Speaker
10 as well for joining in leading in this. Rosie, I
11 think what you're doing here with this Resolution
12 is helping to force public attention on something
13 that's been wrong for a very long time, and needs
14 to be fixed. And I'm thrilled that the, in a rare
15 act, the State Senate has done the right thing
16 already. [laughter] And we need to get the State
17 Assembly to come along here, and that's our
18 purpose in holding this hearing, and then moving
19 this to the floor, is to draw attention and create
20 momentum to move this Resolution forward, and
21 ultimately the legislation in Albany. So
22 Resolution 2145 I think is crucial. Now this
23 Committee, General Welfare Committee, has focused
24 on HASA many times. We focused in the budget, and
25 everyone here will remember, there were severe

2 cuts that were going to be made in case management
3 and in nutrition. I am very proud to say, working
4 with my colleagues we were able to get that money
5 back in the budget, and I think those were cuts
6 that were very ill considered. [applause] And we
7 focused a lot on trying to make sure HASA provides
8 its services in a reasonable and quick time frame
9 for people in need. What I found from many, many
10 folks who came before this Committee was that the
11 services might be theoretically available, and
12 helpful, but that the process, you know, the
13 applications was taking a really long amount of
14 time. And so we passed legislation to require
15 very tight timeframes for getting applications
16 processed, to make sure people got services
17 quickly. So there's a lot of work to be done, to
18 protect HASA and what it's doing right, to
19 continue to improve and intensify its efforts to
20 help people. But we've been, all of us, and
21 though I think all the advocates in this room for
22 the work you've been doing, we've been swimming
23 upstream because we've been burdened by the unfair
24 amount of income that people have had to dispense
25 with to pay for housing that didn't fit what was

2 true of other types of subsidy. And I think it's
3 been a long time injustice, and we hope we are
4 close to now resolving it by moving this
5 Resolution and ultimately the legislation in
6 Albany. Now, very, just some quick points, I
7 would've made in the beginning, I just want to
8 make a very few points. You know, just to make
9 sure that we are all remembering our City, and I
10 hate to say it, has the highest AIDS case rate in
11 the country. And it is a tragedy that is also a
12 tremendous disparity in what we see with this
13 challenge, because 80 percent of new AIDS
14 diagnoses are among people of African descent and
15 among Latinos. So, New York City, even though we
16 have a history of providing a lot of service to
17 people in need, we certainly cannot be complacent
18 about HIV and AIDS. And this legislation would
19 substantially help thousands of New Yorkers, if we
20 can get it passed quickly in Albany. I want to
21 thank Senator Duane and Assembly Member Glick who
22 have led the charge in Albany. And we have to be
23 there with them, because we simply need this 30
24 percent cap. It would have a profound impact on
25 so many people. And the notion that right now

2 under the current rules, that some HASA clients,
3 who have other types of government support, are
4 paying in some cases well over half their income
5 for rent, which is a horrible case of double
6 jeopardy. Where we're theoretically helping, and
7 then turning around and forcing folks to have
8 almost no resources left for their other, their
9 many, many other needs, it's absolutely ridiculous
10 and it's time to change it. And that's what we're
11 trying to do today. You know, you'll hear some
12 folks in the administration claim that this is
13 going to be costly to make this change. Well, I
14 think Dr. Aidala's research points out it would be
15 even more costly to not make the change. It also
16 would be less humane [applause] to not make the
17 change. And the idea that we could pass this
18 legislation and provide financial relief to over
19 10,000 HASA clients who are currently quite
20 burdened, it's the right thing to do and we have
21 to get this done here, and then in Albany as
22 quickly as possible. And just finally as I
23 mentioned earlier, you know, in the rare moments
24 where the New York State Senate gets something
25 done that helps people, we really need to hold

2 that up and move that forward, just to thank them
3 for getting their act together and helping people
4 in need. So, we have important work to do. Again
5 I say thank you to my colleagues, and thank you to
6 everyone here. Forgive me, it's a very particular
7 thing I'm involved in the next few days, leading
8 up to Tuesday, so forgive me that I'm only able to
9 make a brief appearance here today. But I really
10 appreciate the work everyone's doing, and I think
11 we're on the verge of victory if we keep pressing,
12 and we're going to make a profound change here.
13 And now I'd like to turn to my colleagues who have
14 questions, and welcome Council Member Annabel
15 Palma. Turn to my colleagues who have questions,
16 and then if Council Member Brewer, Council Member
17 Foster, whoever wants--well, no. No, her bag is
18 still there. Okay. [laughs] Whichever Council
19 Member wants to take over the chair, I would be
20 thrilled. But let's now turn to questions. Who
21 has a question here? Do we have a questions here.
22 A question from Gale Brewer, thank you very much.
23 COUNCIL MEMBER BREWER: The
24 question I have is other cities. Do you have any
25 research as to other cities, whether they are

2 providing a 30 percent cap? Or other localities.

3 ANGELA AIDALA: There's no other

4 locality that, in the cities that I've worked

5 with, that have, that don't follow the 30 percent

6 cap. Also, just to comment, I was reminded that

7 even within, within New York City, persons with

8 HIV and AIDS who are receiving other kinds of

9 rental assistance, like regular Section VIII,

10 persons on HASA assistance are more likely to

11 change addresses more often. Again, consistent

12 with the fact that they often change and have to,

13 you know, they're unstable in their situation,

14 which has costs as well, too. But, no, no other

15 jurisdiction that I know, don't follow the

16 standard cap.

17 COUNCIL MEMBER BREWER: Okay.

18 ANGELA AIDALA: There are, there

19 are jurisdictions that have shallow rent

20 assistance types of programs, but that's different

21 than permanent rental assistance.

22 COUNCIL MEMBER BREWER: Thank you.

23 [pause]

24 ANGELA AIDALA: Any other

25 questions? [pause]

2 COUNCIL MEMBER FOSTER: Sorry about
3 that, got caught up blowing my nose. Thank you
4 very much. We have no more questions for you,
5 doctor. Oh, no, I'm sorry.
6 COUNCIL MEMBER PALMA: Can--I just,
7 doctor, I was reviewing this. And this one--
8 ANGELA AIDALA: Yes.
9 COUNCIL MEMBER PALMA: Yeah, I
10 can't tell, you have the color graphs there.
11 ANGELA AIDALA: Oh, okay, I'll--
12 COUNCIL MEMBER PALMA: So if you
13 can provide the Committee with one that actually
14 has the colors, so I could--
15 ANGELA AIDALA: Yes, yes, we'll do
16 that.
17 COUNCIL MEMBER PALMA: --figure--
18 thank you, that will be very helpful.
19 ANGELA AIDALA: That's okay, that--
20 And also there's been an article published in AIDS
21 and Behavior, I'll give you the published article,
22 also.
23 COUNCIL MEMBER PALMA: Thank you
24 very much.
25 COUNCIL MEMBER FOSTER: Thank you,

2 thank you very much, doctor. Our next panelist is
3 Dr.--I'm sorry, I'm making you a doctor, Virginia
4 Schubert. Virginia? Oh, yes. And Gina--Gina,
5 can you help me? Quattrochi from Bailey House.
6 [pause, background noise]
7 VIRGINIA SCHUBERT: Can I start?
8 Okay. Councilwoman, or Council Member Foster, and
9 the Committee, thank you for giving me this
10 opportunity to--
11 COUNCIL MEMBER FOSTER: Can you
12 pull the mic closer to you?
13 VIRGINIA SCHUBERT: Sure.
14 COUNCIL MEMBER FOSTER: Great,
15 thank you.
16 VIRGINIA SCHUBERT: Thank you for
17 the opportunity to testify regarding Council
18 Resolution 2145. My written testimony is being
19 handed out, and there are two documents: the
20 testimony that I'm presenting and then a backup
21 document which is a cost analysis that I prepared
22 over a year ago for consideration in connection
23 with the Senate and the Assembly bills. My name
24 is Virginia Schubert, and I'm a Principle of
25 Schubert Botein Policy Associates, a public policy

2 consulting group. As I mentioned, since 2008,
3 I've been examining the potential cost impact of
4 the proposal to cap rent contributions by HASA
5 clients at 30 percent of household income. The
6 two analyses that I've provided to you, one
7 attached to my testimony, and the other a separate
8 document, are based on data maintained by HASA
9 during the period March 2007 through February
10 2008, which we received, or I received, in
11 response to a Freedom of Information Law request.
12 Other facts were gathered from the HASA fact sheet
13 for the month of March 2008. And I would just
14 note that even though the current number of HASA
15 clients with an uncapped rent obligation may have
16 risen slightly in the meantime, that change does
17 not in any way impact the cost analysis. And let
18 me just say briefly that obviously from the
19 testimony that we've heard before, saving money is
20 not the reason to enact this legislation. But
21 everyone is keenly aware of the fiscal situation
22 at the City and the State level. And so, it is
23 important and appropriate that cost considerations
24 be taken into account. And that's why we did the
25 analyses. Just taking a step back, I want to say

2 that overall, if you study the PowerPoint cost
3 analysis that I've provided, what we concluded is
4 that it is clear that the, the overall impact of
5 the legislation would be cost neutral at worst,
6 and we think we'd generate actual cost savings for
7 the City and State by shifting moneys that are
8 currently being used for inappropriate emergency
9 housing and emergency interventions, over to more
10 appropriate long term housing assistance. Just
11 quickly, from the data that we were able to
12 collect from HASA, we know that at least 11,000 of
13 the people living with HIV/AIDS who receive a
14 shelter allowance through HASA, have disability
15 income, SSI, SSDI or veterans benefits, and
16 therefore contribute a portion of their income
17 towards rent. So these are the 11,000 people who
18 have disability income and receive a shelter
19 allowance through HASA. We were able, from the
20 data, to calculate the percentage of clients that
21 receive the various levels of rental assistance,
22 and the percentage of clients who have different,
23 have various types of income, and I won't bore you
24 with my spreadsheets unless you really want to see
25 them, as I think staff have. But what this

2 enabled us to do was to calculate the current
3 costs for rental assistance and the incremental
4 costs that would be associated with the, with the
5 cap. As others have explained, currently people
6 living with HIV/AIDS with income are allowed to
7 keep only $344 of their disability income,
8 approximately $11 per day, to meet all of their
9 non-writ needs, and they must pay the balance of
10 their monthly benefit towards rent. I would just
11 note that that figure was $330 for many years, it
12 recently went up $344, which means that people
13 have 47 additional per day, to live on. Sorry,
14 being a little ironic. So, what this means is
15 that a person living with HIV/AIDS on SSI, pays at
16 least 55 percent of his or her income towards
17 rent, and that a person living with AIDS receiving
18 a one, receiving $1,000 in monthly SSDI or
19 veterans benefits must pay at least 66 percent of
20 their monthly income towards rent. And the ironic
21 thing, I'll just note that since I did the
22 baseline analysis, the SSI benefit has gone up
23 slightly, cost of living increase, and as Wanda
24 mentioned earlier, the irony of these cost of
25 living increases is that they flow directly

2 through to HASA and the client is not allowed to
3 keep any of this increase to meet increase cost of
4 living needs. Though as their benefits go up,
5 their, their rent burden simply goes up. And as
6 the clients testified, or the people living with
7 HIV/AIDS who testified point out, many people who
8 receive social security disability income because
9 they have a work history, pay 70 percent or more
10 of their income to rent. We were also able to
11 figure out, based on the FOIL information, that
12 during the period that we looked at, March 2007 to
13 2008, HASA approved over 2,500 rent arrears
14 requests at a total cost of almost $5 million, or
15 about $18-1,900 per rent arrears request. And
16 looking at these figures indicates that about a
17 quarter, 23 percent, of all HASA clients who have
18 a rent obligation, fall seriously into arrears
19 each year, and require emergency assistance to
20 prevent a housing loss. We have not been able to
21 get any data from HASA on the number, the
22 additional percentage or number of clients who
23 actually aren't able to save the apartment through
24 a rent arrears payment, and so lose their housing
25 and become, and fall back into the homeless

2 emergency system. Nor have we been able to find,
3 or been able to get any length of stay data from
4 HASA, on clients who have this extremely high rent
5 burden. But we do know from looking at the FOIL
6 data that we received, that clients who are in
7 NYCHA housing or Scatter Site I supportive housing
8 programs, who have a 30 percent rent cap, are able
9 to have a length of stay that's about one-and-a-
10 half times as long as clients in the Scatter Site
11 II program, which did not have a similar rent cap.
12 And I think Holly - - is going to present on some
13 research that they did that showed that people
14 with their rent capped at 30 percent are about
15 twice as likely to be able to make timely rent
16 payments. So given all these facts, we have, we
17 make a couple of assumptions here. One is that
18 the lower rent burden would reduce housing loss,
19 as a result of rent, inability to pay rent or
20 other needs, or meet other needs. And for the
21 little analysis that I've attached to my
22 testimony, for purposes of analysis we assume
23 conservatively that the lower rent cap would
24 prevent housing loss among at least ten percent of
25 the 11,000 clients who are currently rent

2 burdened, or about 1,000 clients each, each year.
3 They did another way, it assumes that at least ten
4 percent of rent burdened clients suffer a housing
5 loss during the course of one year, and as a
6 result fall into the emergency housing system.
7 According to HASA, the average length of stay in
8 the emergency SRO system is 159 days. And so what
9 this simple analysis does is estimate the cost to
10 the City and the State, comparing 159 day stay in
11 an emergency SRO with ongoing rental assistance at
12 the higher City/State contribution if the 30
13 percent rent cap went into place. We use HASA's
14 estimate of the cost of a, daily cost of a, an SRO
15 housing, that's $55 a day. And if you compare
16 that to the average cost to the City and State in
17 rental assistance under the proposed legislation,
18 you can see that there's a stark difference. The
19 SRO costs about $55 a day; the average cost of the
20 rental assistance would be about $24 a day. And
21 as you can see from the, the chart, this
22 translates into about a $4 million saving over
23 just that 159 period for those 1,000 clients, or
24 annualized it would be a savings of about $12
25 million in City and State money. The reason we

2 did this shorter analysis was because when we
3 presented the longer cost analysis, there was a
4 concern by some that we were talking about
5 immediate investment, or immediate increased
6 expenses, and long term savings that would be
7 realized in the future. This analysis shows that
8 the, the savings and the additional costs would
9 occur simultaneously, so we're talking about an
10 immediate savings to offset the additional housing
11 investment. Just two other things, Sean Barry had
12 mentioned the increase in the use of the SROs over
13 recent years, and so the chart that I've attached
14 shows that in fact there was a 27 percent increase
15 in the number of clients in the emergency SRO
16 system between April of '07 and March of '09.
17 While we know that the number of clients in the
18 SRO system varies considerably from month to
19 month, it's disheartening to note the continued
20 substantial reliance on this costly and
21 inappropriate system. Secondly, as Dr. Aidala
22 pointed out, there are many costs associated with
23 this inefficiency in, I would have to say, the
24 otherwise excellent housing programs offered by
25 the New York City and State for people with

2 HIV/AIDS. As Angela testified, there's a
3 substantial body of evidence that shows a strong
4 association between housing instability, health
5 outcomes and HIV risk behavior. So, on this
6 chart, we looked at, I wanted to quantify you,
7 quantify for you just one type of savings, which
8 would be in averted HIV infections. The
9 literature is, shows that the rate of new
10 infections among people living with HIV/AIDS
11 varies from about two percent to ten percent
12 annually. We would have to assume that in a group
13 of unstably housed persons, that this, they would
14 be towards the higher end of this rate of new
15 infections. But for my little analysis, I assumed
16 just a five percent transmission rate among these
17 1,000 clients who would be falling into the
18 emergency system. Each new, and again the
19 literature shows that each new infection costs at
20 least $300,000 in lifetime medical costs. That's
21 in addition to the enormous human cost associated
22 with each new infection. So, what my little
23 analysis shows here is that among these 1,000
24 unstably housed persons, you could expect 54 new
25 transmissions over the course of a year, at this

five percent annual transmission rate, and the costs associated with those new transmissions in healthcare costs alone would be approximately $16 million. So, this is just a simple attempt to quantify this savings to help you understand that if we look systemically at the costs and the savings associated with lowering rent burden, and therefore increasing stability amongst very vulnerable group, that this is not only the right thing to do from a human point of view, but it's a good deal for government. [applause]

GINA QUATTROCHI: Okay. I have a little sort of show and tell, so I'm going to move over here, is that okay? Since you were going to have so much testimony about [pause] Is that it? Okay. So, since you were going to have so much testimony about the facts and figures of the 30 percent rent cap, I decided, thanks, that--'cause I was always very, really curious about what does $11 a day look like? I mean, I know last night I met a friend and, you know, we had one drink and dinner, and I exceeded the $11 a day by about twice. This morning on the way to work I had two eggs, scrambled eggs on wheat bread, and I grabbed

2 a car service 'cause I was late for this, and I,
3 you know, exceeded the daily allotment. And so on
4 my way, when I got to the office, I thought,
5 "Well, you know, what do the people at, our Bailey
6 House clients, you know, how do they really do
7 this?" You know, how do they do this? What does
8 that look like? Because I have a 15 year old son,
9 and I live in Washington Heights, and I got to
10 Associated, and last week I went, and I picked up
11 a couple of things, and it was about $98. And so
12 if I got $11 a day, that's $77 a week, that
13 would've been, you know, $20 something more than I
14 would've had. And if I'm spending the week by
15 myself, when my son is with his other parent, and
16 I pick up a couple of things for myself, even if I
17 don't do that trip to Duane Reade, I'm still
18 spending about $58. So, we went to the Pathmark
19 on 125th Street and I have the register receipt if
20 you want to see it. So, and she was the best
21 shopper I've ever seen, 'cause in about ten
22 minutes she came up with, so this, a dozen eggs,
23 and a package of beef link sausages. Actually,
24 there were two packages. And with the swipe of a
25 Pathmark card, and actually there's some cheese,

2 there's some cheese doodles, too, it came to ten--
3 And I said, "Oh, no, no, that's too much," and she
4 said, "No, it's, it's about $10." And it was
5 actually $10.35. And I said, "I'm going to put
6 this woman on 'Price is Right.'" This is pretty
7 amazing. And we thought, I thought that, "Wow,
8 that's really good." Except that when you look at
9 this, this is what she has for the whole day. And
10 actually, this is probably what she has for a
11 couple of days. And I thought, "Well, this is,
12 you know, that's okay." And then we got screwed
13 though, because we forgot about Depends, because
14 she wears Depends. Well, Depends is $13.99. She
15 also uses this when she gets her period, 'cause I
16 said to her, "Well, do we need to get menstrual
17 pads," and she said, "Well, no, I don't, can't
18 afford those. So when, when I have my period, I
19 just wear the Depends." So these are $13.99. So
20 now we're talking about, this is $10, and now we
21 add another $13.99, so now we're up to $23
22 something. So she doesn't have that. That's
23 almost, you know, now we're getting into her
24 week's allotment, if she even has that. Because
25 when we talk about $11 a day, we talk about it as

2 if every day someone gets an envelope with $11 in
3 it. And that's not how it works. The way it
4 works [applause]--Oh, and the other way, the other
5 thing we forgot, 'cause I don't have to deal with
6 this, and neither do any of you, and I don't mean
7 to be disrespectful, I just think that sometimes
8 we really do forget what people go through. We
9 forgot the metro card, because our clients don't
10 get half fare metro cards. Now, I was shocked.
11 I've been the head of Bailey House for 20 years,
12 almost. And I assumed that all of our clients got
13 half fare metro cards 'cause they're disabled.
14 Well, you know what? They don't. Because when
15 people apply, they don't always get them. Because
16 a lot of people with AIDS these days don't even
17 get SSI anymore, or SSD. So our clients are
18 paying full fare for metro cards. And agencies
19 like Bailey House, when they buy metro cards for
20 clients or program participants, are also paying
21 full fare. And that's something the City Council
22 should really take up with the MTA. Huh? The
23 State. Yeah, no, I know it's the State, but
24 something that we may want to look in. So,
25 actually, we had to deduct the cost of the metro

2 card. So that even took down the $11 a day to
3 $6.50. So, when we think about the $11 a day, we
4 think about the $330 a month, it's not really $11
5 a day for food, it's $11 a day, minus the cost of
6 transportation. So if you have to go to the
7 doctor during the day, that's $4.50 round trip.
8 Then if you have to go, if you're going to GMHC,
9 or Housing Works, or Bailey House for a day
10 treatment program, or for a group, you deduct that
11 round trip. If you have to buy Depends, or you
12 need stuff for your hair, or you need to get a
13 toothbrush or toothpaste or something like that,
14 or you know, some kind of supply, you know,
15 medical supplies, Tide or something for your
16 laundry, you deduct that. So really, at the end
17 of the day, you don't have $11 a day for food, you
18 might have $6. And we talk about health outcomes,
19 both here in the City, you know, all of us are
20 required now to measure the health outcomes of our
21 clients, whenever we get a new grant or a new
22 contract from the City or the State or the federal
23 government. We've had a vigorous, vigorous debate
24 on the national level as we all know, about health
25 outcomes. And yet here we have a public policy

2 which dooms people to poor health outcomes. In a
3 very, you know, in a City where we’re going green,
4 where we encourage people to eat healthy, there’s
5 no way people can eat healthy on $11 a day, and
6 certainly not on $6, no matter how good they are
7 at shopping. So, I think this is something that,
8 you know, is just, it’s something that we have to
9 do. You know, if we say, if we really are
10 committed to health outcomes, for any of us, for
11 any of our, you know, neighbors, for anybody in
12 this City, we have to urge, we have to work as
13 hard as we can to get this cap put back, and to
14 make sure people living with HIV and AIDS, ‘cause
15 this is about poverty, this is no longer just
16 about people living with AIDS, this is about
17 poverty, and how we respect or don’t respect poor
18 people in this City. Thank you. [applause]
19 [pause]
20 COUNCIL MEMBER BREWER: Are there
21 any questions for one of the panelists? I have a
22 question, then.
23 COUNCIL MEMBER PALMA: Actually--
24 COUNCIL MEMBER BREWER: Two issues,
25 one is, Gina, I know that some of their colleagues

2 have been fighting with HPD on the 30 percent cap.
3 Is that something that Bailey House has to do? Or
4 are you, how do you handle that? In other words,
5 the woman from Friends indicated that she's in a
6 debate with HPD on this issue. Use the, use the
7 mic, use--

8 GINA QUATTROCHI: It's not been,
9 it's not been an issue for us.

10 COUNCIL MEMBER BREWER: Great,
11 okay, thank you.

12 GINA QUATTROCHI: 'Cause we were
13 funded in '85.

14 COUNCIL MEMBER BREWER: Great.

15 GINA QUATTROCHI: Under a different
16 funding stream.

17 COUNCIL MEMBER BREWER: Okay. And
18 then I have a question regarding the material
19 that, that Ms. Schubert put together, which
20 includes--the fact is that when you give
21 statistics from HRA, HRA has completely different
22 fiscal analysis, right, as to how much they think
23 it costs per, for the State and City. And I think
24 it's 'cause they do not include the tremendous
25 cost of eviction, and so on. So I'm just

2 wondering, have you looked at their figures to
3 compare them with yours? Or are yours perhaps
4 more realistic?
5 VIRGINIA SCHUBERT: I have looked
6 at their figures, and I would also say that the,
7 these figures are based on actual data that they
8 provided in response to a Freedom of Information
9 Law request. One of the problems with their data
10 is there are no assumptions stated, and no
11 background information provided, to help all of us
12 understand them better. There also are a couple
13 of sort of glaring problems, and I think the most
14 important is that their numbers don't take into
15 account any savings associated with prevented
16 evictions, keeping people out of the emergency
17 housing system. So they don't take into account
18 any of the offsetting savings that would result
19 from the, the change in policy.
20 COUNCIL MEMBER BREWER: Okay.
21 Thank you very much. Alright, thank you both very
22 much. Thank you, Gina, for all your work in
23 preparing a demonstrations that's visual.
24 [applause]
25 GINA QUATTROCHI: Thank you.

2 COUNCIL MEMBER BREWER: Thank you.
3 Our next panel is Deborah Welch, Assistant
4 Director of GMHC, and Soraya Elcock, Harlem
5 United. I also want to mention that Federation of
6 Protestant Welfare Agencies submitted testimony
7 for the record. Whomever would like to go ahead,
8 go ahead.
9 DEBORAH WELCH: I'll start. Yeah.
10 Good morning, and thank you for this opportunity
11 to testify before your committee today. Gay Men's
12 Health Crisis, GMHC, the nation's oldest provider
13 of services for people with HIV/AIDS, strongly
14 urges the New York City Council to pass this
15 important resolution. Stable housing plays a
16 crucial role in the on--in the ongoing health and
17 wellbeing of people living with HIV/AIDS. Housing
18 benefits such as those provided by New York City
19 HIV/AIDS Services Administration, HASA, helps
20 clients reduce high risk behavior and adhere to
21 HIV treatment. While we recognize the important
22 role that HASA plays in maintaining the health and
23 wellbeings of people living with HIV/AIDS, it
24 remains the only rental assistance program of its
25 kind in New York State that does not have an

2 affordable housing protection cap in tenant rent
3 share at 30 percent of income. This means that
4 clients receiving benefits from HASA, who also
5 have other forms of income, including SSI, SSDI
6 and veterans benefits or work, are forced to pay
7 all but $334 of their monthly incomes toward their
8 rent. This leaves these clients with an unlivable
9 budget of $11 a day. As you can imagine in New
10 York City, $11 a day does not go very far. As
11 James Listener [phonetic], a GMHC client advocate
12 who received HASA benefits puts it, "To say I have
13 difficulty making ends meet would be an
14 understatement. Even when my SSD increases for
15 inflation, HASA just takes more for rent so that
16 my monthly income remains the same. After rent
17 each month, I worry about how to pay for bare
18 necessity. It used to be that an extravagancy I
19 save up for was vacation; now it's things like
20 dishwashing sponges, light bulbs, deodorant, pens,
21 house cleaning supplies, underwear, socks, winter
22 shoes or the ultimate luxury, a cup of coffee with
23 a friend. About four years ago, I started wearing
24 clothes from friends who have died. And two years
25 ago, I was forced to start collecting bottles and

2 cans to save money. I live in the constant fear
3 that I would, could fall behind in the rent and
4 lose the apartment that has been my home for more
5 than 30 years." Jim's case is not an isolated
6 one. About 11,000 low income New Yorkers living
7 with HIV/AIDS, receiving benefits from HASA, who
8 also have other forms of income, must currently
9 pay in excess of 30 percent of their income
10 towards rent. Current allocation of benefit,
11 benefits make it difficult for them to remain
12 stable house. In fact, HASA records shows that
13 while the total number of clients remain constant
14 from April 2007 through March 2009, there was a 27
15 percent increase in the number of clients who were
16 unstably housed. A recent study by Schubert
17 Botein Policy Associates include--indicates that
18 the legislation supported by this Resolution can
19 save New York $12 million annually by reducing
20 costly arrears and eviction that drives up the
21 amount of HASA clients who are unstably housed in
22 commercial single resident occupancy units. And
23 it is time to act. GMHC calls on the State to
24 standardize HASA benefit calculation to be
25 consistent with Federal Department of Housing and

2 Urban Development, HUD, policy, specifying that
3 clients paying 30 percent of their income towards
4 rent. The legislation supported by this
5 Resolution would accomplish this goal, save money
6 and allow people living with HIV/AIDS to stay in
7 their home and better afford to live in our
8 expensive city. More stable housing will make it
9 easy to, for people maintain HIV treatment
10 adherence and stay healthy. Thank you again for
11 this opportunity to testify.
12 COUNCIL MEMBER BREWER: Thank you
13 very much. [applause]
14 SORAYA ELCOCK: It’s on. Good
15 morning. [laughs] My name is Soraya Elcock and I
16 am the Vice President for Policy and Government
17 Affairs at Harlem United Community AIDS Center.
18 Like many speakers before me and my colleagues, I
19 would like to thank Council Member Mendez for
20 sponsoring this important Resolution, and for this
21 Committee in putting forth this hearing on the
22 Resolution that would indeed have the Assembly
23 pass the 30 percent rent cap bill. Harlem United
24 provides a full range of medical, housing,
25 prevention and supportive services, predominately

2 to African American and Latinos living with
3 HIV/AIDS, whose diagnoses are often complicated by
4 addiction, mental illness and homelessness. Each
5 year, we touch the lives of more than 6,000 people
6 through an array of services and locations,
7 including two adult day healthcare centers, and a
8 full continuum of housing options from emergency
9 transitional to permanent housing, utilizing both
10 congregate and scatter site models. Housing is
11 healthcare. Housing is prevention. Housing saves
12 lives. These statements are not rhetorical, we
13 all know they are factual. The research and the
14 data demonstrated so wonderfully by Dr. Aidala
15 shares this truth. And if we are serious about
16 improving the lives of POWAs in our state, then we
17 must adopt policies and laws that support fair and
18 affordable supportive housing to some of our most
19 vulnerable New Yorkers living with HIV/AIDS. The
20 30 percent cap bill that is pending in the State
21 Assembly is a critical piece of legislation that
22 needs to be passed now. I applaud and thank again
23 the General Welfare Committee for introducing the
24 Resolution that I’m hoping sends a strong wakeup
25 call to your colleagues in Albany, to pass this

2 bill, that will indeed cap the rent of people in
3 supportive housing at 30 percent of their income.
4 While a lot of speakers have discussed these
5 issues, I really want to focus on three key
6 reasons why this is so important to Harlem United,
7 and over 600 individuals that we house daily.
8 First, it is simply the right thing to do. The
9 bills introduced by Senator Tom Duane and Assembly
10 Woman Glick, would establish the same affordable
11 housing protections for low income POWAs that
12 individuals in other rental assistant programs
13 benefit from. Currently, the over 11,000 HASA
14 clients who receive supplemental income do not
15 have a cap on the percentage they pay towards
16 their rent. As you have heard, for some this
17 amounts to upwards of 70 percent of their income
18 going towards their rent, leaving as little as $11
19 a day, Gina demonstrated what you can or cannot
20 buy with that, for individuals to live on. Now,
21 let me be clear. This is not an issue of people
22 with AIDS not wanting to contribute towards their
23 rent. A study of rent collections that we perform
24 at Harlem United showed that only 40 percent of
25 HASA clients whose rent was not capped were able

2 to contribute to their rent, versus 85 percent of
3 clients whose rents are capped at 30 percent of
4 their income. This is a matter of making critical
5 choices and giving people the ability to do what
6 they need and want to do. This is really an issue
7 of different and clearly unfair standards for poor
8 New Yorkers living with HIV/AIDS. This policy
9 makes it impossible for individuals in supportive
10 housing to have resources for basic living
11 expenses. When individuals have to make a choice
12 between paying the phone bill, doing the laundry,
13 god forbid going to a movie, or buying food, the
14 system has failed them. Second, not signing this
15 bill into law serves as a barrier to maintain
16 people with AIDS in supportive housing. Or
17 course, everyone needs a roof over his or her head
18 in order to survive. But the value of permanent
19 housing for people with AIDS is vitally important.
20 Today, with the advancement of HIV/AIDS
21 treatments, supportive housing is the foundation
22 for living well and long. When most community
23 based organizations first became housing
24 providers, our challenge was to provide a safe and
25 secure place to fend off death. While we are now

2 able to prolong the lives of our residents due to
3 better and effectives treatments, the principal
4 still remains the same: everyone deserves a roof
5 over his or her head. Forcing people with AIDS to
6 spend between 50 and 70 percent of their income on
7 rent serves as a barrier to keeping them in their
8 homes. Without a reasonable rent share policy,
9 clients risk falling behind on rent and becoming
10 homeless, returning to expensive, unsafe and
11 desperate SROs. This has a direct impact on their
12 lives, health and management of disease. Third,
13 and finally, stable housing is crucial to
14 supporting the success of HIV/AIDS treatment and
15 prevention. The Duane/Glick bills are directly
16 linked to the ability to provide optimal health
17 outcomes for people with AIDS and reduce HIV
18 incidence and prevalence. A growing body of
19 research, as both Ginny and Dr. Aidala spoke
20 about, really shows that persons who have stable
21 and affordable supportive housing reduce their
22 risk of drug use, unprotected sexual behaviors,
23 and are more likely to adhere to treatments and
24 care. Our experience, providing over 540 units of
25 housing at Harlem United, clearly demonstrates and

2 has shown us the relationship between HIV/AIDS
3 housing and healthy outcomes for people with AIDS.
4 Again, thank you for allowing me to provide
5 testimony today, and for your leadership in
6 adopting this resolution, passing the 30 percent
7 cap bill must be a priority of the State
8 Legislature. Thank you. [applause]
9 COUNCIL MEMBER BREWER: Thank,
10 thank you both. I think what is particularly
11 enlightening and special about this hearing is
12 everybody's on the same page and the Assembly has
13 to get with us.
14 SORAYA ELCOCK: Exactly.
15 COUNCIL MEMBER BREWER: In other
16 words, there is no dispute about the research,
17 there's not dispute about the individual concerns-
18 -
19 SORAYA ELCOCK: Individual
20 concerns.
21 COUNCIL MEMBER BREWER: --there's
22 no dispute from the amazing providers who do this
23 work every day. And the research is clear. So I
24 appreciate it, because you summarized it so well,
25 both of you. Thank you very much.

2 SORAYA ELCOCK: Thank you. Thank
3 you so much. [applause]
4 COUNCIL MEMBER BREWER: Our final
5 panel is Ed Viera, Jr., Evelyn Lopez, and Yves
6 Gebhardt. Will the--yeah. All three individuals,
7 any, are the other two people here? Or maybe they
8 had to leave. Okay, here you are, great. [pause]
9 Yeah, you can start whenever you want, sir, thank
10 you very much.
11 ED VIERA: Okay. My name is Ed
12 Viera. I don't want to bore you with my
13 credentials so I'm going to go straight to the
14 point. I've been positive since 1983, living with
15 AIDS since 2000. And since 2000, I've been a
16 recipient of HASA. Now, the--when I was approved
17 for HASA, I began receiving the $330, split $165
18 every two weeks. So, shortly thereafter, HASA is
19 insisting that I apply for SSI, and even though I
20 could work somewhat, I just didn't think I had to.
21 However, they misinformed me and made it seem like
22 I had to get SSI in order to, I had to apply for
23 SSI in order to continue receiving their services.
24 But this is what they do. You apply for HASA;
25 let's say three years later you get that check,

2 you're supposed to get a check. In my case I
3 thought I was going to get $19,000. So, stupid
4 me, I was counting my chickens before they
5 hatched, and I was planning on buying clothes that
6 weren't so threadbare with some of that money.
7 What HASA did was take the whole award, the
8 $19,000, and they had the nerve of sending me a
9 letter telling me that I still owed them money.
10 To add insult to injury, they, they never closed
11 their case, they just never do, even, you know,
12 should you happen to win the lottery, if you're
13 that lucky, your case is still going to be open.
14 So, anyway, the way that I saw it is they were
15 playing this twisted little game to keep me at
16 $330 whether I got SSI or SSI, SSD, it just didn't
17 matter how much I was getting. Let me be, let me
18 be clear. When the SSI check that I was getting
19 was $724, my share of the rent was $394, leaving
20 me with $330. When the check, the SSI check, went
21 up to $761, my share of the rent was $431, leaving
22 me with $330. So, it doesn't matter how high it
23 goes, you're still going to stay where you're at.
24 So, now, the metro cards went up. Okay, so the,
25 the cash award now from HASA is $172, times two,

2 that's $344. So it's just an extra $7 every two
3 weeks. Like that means a lot to people like me.
4 So, make a long story short, I, I continue to hear
5 the buzzwords "affordable housing, affordable
6 housing, affordable housing." Not for me. Not
7 for me, that's why it's extremely important that
8 the rent is capped. At least people like me,
9 living with AIDS, I just accepted a job yesterday.
10 The average I spend in a job is about a year, 14
11 months, before I start getting sick, PCP and all
12 the opportunistic infections that come in. So,
13 anyway, I'm still taking that chance, but just to
14 cling onto hope and let's say I know that 30 perc-
15 -the rent has been capped at 30 percent, at least
16 that gives me an incentive, you know, to keep on
17 trying a little harder, to regain some of my self
18 esteem and self respect. And to really, really
19 entertain the notion that there are other nice,
20 clean, safe places that I can live in, other than
21 supportive housing in the form of crack houses,
22 one of which his Davidson Avenue Hotel in The
23 Bronx. By the way, that's my personal experience,
24 I'm sorry for being gritty, but I just had to
25 share that with you. Thanks. [applause]

2 COUNCIL MEMBER BREWER: Thank you
3 very much.
4 EVELYN LOPEZ: Good morning, my
5 name is Evelyn Lopez. Me no English. Okay
6 [Spanish] [applause]
7 COUNCIL MEMBER PALMA: I'm, I'm
8 just going to quickly translate what she said.
9 She, her name is Evelyn Lopez, she's been here,
10 she came from Puerto Rico looking for a better
11 life. She was diagnosed in [Spanish] 2000-2001
12 with HIV, and upon arriving here she tried to get
13 HASA benefits. She's now living in an apartment
14 which many of you know the conditions are not
15 adequate for anyone to be living in. She doesn't
16 have heat or hot water. Got letters from her
17 doctor stating that she should be transferred out
18 of this apartment because of her health. HASA
19 claims that her state is not priority because
20 she's not in a shelter or in a, in a hotel, and so
21 she should remain, remain living in an apartment
22 that doesn't have heat or hot water, or are an
23 inadequate, inadequate conditions. She says it
24 has affected her health. She, instead of getting
25 better, she gets worse. She's very depressed and

2 it affects her mental and psychological wellbeing,
3 and she cannot believe that a program that was
4 designed to help people is actually preventing
5 people from getting healthy and living a longer
6 life.
7 COUNCIL MEMBER BREWER: Thank you,
8 Council Member Palma, thank you Ms. Lopez. Go
9 ahead, sir.
10 YVES GEBHARDT: Yves. [pause]
11 Yes, hello, good morning. I move slowly. Age and
12 neuropathy. My name is Yves Gebhardt. I am 57
13 years old, I was diagnosed with HIV and AIDS in
14 2002. We do live with medical conditions. Mine
15 are, just to give you an idea of what we go
16 through: EVT, blood clots, neuropathy, high
17 blood--high cholesterol, - - , which is partial
18 blindness of the right eye, vertigo, heart
19 condition. I survived cancer, stage four. I
20 survived heart surgery, open lung surgery. This
21 is what many of us go through, the tribulations of
22 living with HIV. On a daily basis, I take
23 medications, like everybody else. I added up the
24 other day, I took a piece of paper and I took
25 notes of how many milligrams I'm taking. 100

2 milligrams of this, I can give you the figures, I
3 happen to remember them. 300 milligrams of AZT
4 twice a day, 150 milligrams of Epivir twice a day,
5 300 milligrams of Reyataz--and I'm not, this is
6 not a commercial--and 100 milligrams of Norvir.
7 So you add this whole thing, and this is only HIV
8 medication. I figured out what adding all those
9 milligrams up in 365 days. Ladies and gentlemen,
10 do you, do you know what a pound of sugar looks
11 like? And I am talking about highly active
12 antiretrovirals. I'm not talking about aspirin or
13 acetaminophen. Those things require proper
14 nutrition. I know this is not about nutrition,
15 but I get there. Stuff that, we on a budget, I'm
16 looking, I live in East Harlem. I'm looking for
17 the lowest price, for ten cents I walk five
18 blocks, if an item is ten cents less. I make sure
19 that I get the best price for the, for the best
20 value. Unfortunately, the, the foods recommended
21 by everybody is, the best prices are on the
22 street. I get food stamps, and incidentally I am
23 very grateful for the entitlements and the
24 benefits I receive. And I'm sure all of us in New
25 York City, PWAs all feel the same. But you cannot

2 pay with food stamps, with EBT card on a vending
3 card, because the grapes cost 50 cents less than
4 in the supermarket. Every penny counts in my
5 book. I'll be happy to disclose to any of you
6 ladies my budget. AIDS is an acronym. My
7 interpretation is "As I Die Slowly." But the
8 thing is, I'm not dead yet. I am trying to better
9 my life, to supplement my income, thanks to return
10 to work programs offered by Social Security and
11 the federal government. But why would I even
12 consider going back to work, if I am forced to
13 give up everything of my earned income, plus my
14 benefits, remaining from Social Security. This is
15 an interference with federal programs. And why
16 would I be, we, why would we be the only segment
17 of the population in the United States required to
18 allocate more than 30 percent of our total income
19 towards rent? Why, in this great City of ours,
20 how could this be possible? We are stigmatized
21 enough. We are dealing with medical issues, we're
22 dealing with a whole bunch of things. And do we
23 need additional stress? Ladies and gentlemen, you
24 all know stress does to everybody, to us PWA
25 stress has an irresponsible way of doing things.

2 It increases our load of, of--it basically allows-
3 -I'm having a Sustiva moment, I'm sorry.
4 [laughter] It basically allows the replication,
5 the fast replication of the virus in the blood,
6 and this is exactly what we don't need and what we
7 don't want, because it's counterproductive. And I
8 am not stressed easily, but sometimes when it
9 comes to finances, I am, and that's not a good
10 thing. One more thing I would like to say, is--I
11 took some notes, before while I was sitting in the
12 back there. I would like to be able to afford
13 life insurance. I mean, my family lives 3,000
14 miles away--it's a good thing. But when I die, I
15 need to be buried. And you might not know,
16 ladies, but life insurance premiums for us PWAs
17 are extremely high. A unit of, of insurance is
18 about $1,100 and costs about $8 or $9. So, if you
19 want to be insured for $15,000, ladies, I'll let
20 you do the math, because I'm not too good at it.
21 So life insurance is also something that we might
22 want to consider, into our daily expenses, and
23 that's $60-$70-$80 a month just for life
24 insurance. That's a whole week of $11 left over,
25 right? All the things that we need like everybody

2 else. I mean, aren't we allowed to see family,
3 friends? Aren't we allowed to buy a gift to a
4 granddaughter, a sister? Because we are HIV
5 positive, aren't we allowed to do those things?
6 Is everything being taken away from us, because we
7 are HIV positive, or because we live with AIDS?
8 Aren't we granted the right to live with a little
9 dignity, whatever life we have left over. Why
10 not? I would love to be able to become a
11 productive member of society again, and pay taxes,
12 yes, I would love to pay taxes. I must be crazy
13 but why would I--why would I return to work if I'm
14 only allowed to keep $344 out of my income?
15 Including what at the remaining benefits from
16 Social Security, and the earned income. Let's say
17 I'll be able, because--let's say I'll be able to,
18 I'll never be able to do full time, I'll be able
19 to work two days a week, three days a week, and
20 earn, let's say, $100 a week, which is $400 a
21 month. Social Security benefits will be
22 readjusted. QMB, which pays for the, QMB is a
23 qualified Medicaid beneficiary, which pays for the
24 Medicare, $70, $99 I think, or $79 monthly
25 premium. That will be changed. There will, there

2 are so many things changing because of the, the
3 $400 I'll be able to earn. And losing all those,
4 all those entitlements on top of it, I'm only
5 entitled to keep $344. What do I do with $344? I
6 need a metro, I need transportation. I need
7 communication, and I do not believe that a cell
8 phone is a luxury anymore because the federal
9 government has been good enough to give them out
10 to people in need, who do qualify for Medicaid and
11 food stamps. A cell phone is not a luxury. In my
12 case, I have vertigo. If I collapse, the only way
13 is a cell phone. Ladies and gentlemen, I thank
14 you for the time and we really need your help.
15 There's 100,000 plus of us, and all of us have
16 housing situations, but this is totally
17 unacceptable that we have to deal with this
18 situation in this great country of ours.
19 [applause]
20 COUNCIL MEMBER BREWER: Thank you
21 very much. I think the three of you, I know the
22 three of you have made the case very eloquently,
23 and I know you have, you should know you have
24 complete support on the City Council. I'm sure
25 this Resolution will pass, and then our efforts

2 will be directed towards the State Assembly.
3 Thank you very much for your very personal
4 stories, and if you have specific situations where
5 we can be helpful for individual districts, we
6 will be glad to, like with Ms. Lopez's apartment
7 situation. Thank you so much. [applause]

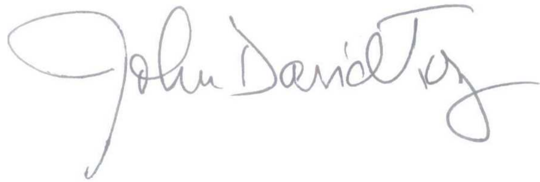
8 YVES GEBHARDT: Thanks.

9 [pause, background noise]

10 COUNCIL MEMBER BREWER: This
11 hearing is now concluded. Thank you very much.
12 [gavel, background noise]
13

C E R T I F I C A T E

I, JOHN DAVID TONG certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.



Signature_________________________________

Date October 1, 2009