



June 18, 2010

Mary Wakefield, PhD, RN  
Administrator  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Dr. Wakefield:

On behalf of the HIV Health & Human Services Planning Council of New York, I write to urge you in the strongest possible terms to allow broad local discretion regarding duration of stay in Ryan White-funded housing for People Living with HIV/AIDS (PLWHA) and, in particular, not to impose a 24-month cumulative lifetime limit on Ryan White-funded housing.

New York City remains the epicenter of the HIV/AIDS epidemic with 105,633 cases as of December 31, 2008. Many of the PLWHAs are medically and socially fragile with histories of substance abuse and/or mental illness, and many do not have the educational background or vocational training to enable them to find full-time employment that would allow them to pay rent in a tight housing market. If they are forced out of time-limited Ryan White-supported housing, they may become marginally housed or homeless and forced into shelters. Without the security of a place to stay, they may cease to adhere to their medication regimens and return to some of the risky behaviors that contributed to acquiring and/or transmitting the virus.

Furthermore, finding permanent housing in New York City is a challenge even for individuals with resources. Clients of Ryan White-supported housing generally have limited earning power, and finding a permanent affordable place to stay may require many months. Although housing programs supported by Ryan White money generally are successful in placing individuals over the long term, there is also a hard core of people living with

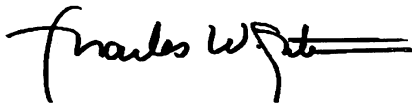
HIV/AIDS who are extremely difficult to house. These individuals, in particular, are in danger of being destabilized.

The connection between housing and health care outcomes, especially for the chronically homeless and mentally ill, has been well documented. A policy that directly impacts on these populations will result in evictions, interrupted care, and new infections. Interrupted treatment increases hospitalizations, emergency room visits, health care costs, and drug-resistant viruses. Bottom line: time-limited housing is bad for people with AIDS.

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

Thank you very much for your attention to this matter. We very much appreciate all that you have done and continue to do for people living with this virus.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Charles Shorter", with a horizontal line drawn through the end of the signature.

Charles Shorter, MSW  
Community Co-Chair