## Testimony before The Council of the City of New York General Welfare Committee

Pei Desrosiers

On behalf of:

Harlem United

HIV Law Project, Center for Women & HIV Advocacy

**Housing Works** 

National Women and AIDS Collective at the Ms. Foundation

U.S. Positive Women's Network (New York Region)

Women's HIV Collaborative of New York

March 8, 2010

Chairman DeBlasio and Members of the General Welfare Committee:

I am appearing on behalf of Harlem United, HIV Law Project's Center for Women & HIV Advocacy, Housing Works, National Women and AIDS Collective at the Ms. Foundation, Women's HIV Collaborative of New York, and U.S. Positive Women's Network (New York Region). I appreciate the invitation to testify before you today about the issues which we see facing HIV positive women in New York City. Our agencies are working together to ensure that the voices of women infected and affected by HIV are represented in current policy debates. As Mayor Bloomberg is seeking to cut 248 case managers from HIV/AIDS Services Administration, we are here to discuss the importance of maintaining current levels of HASA case managers for women living with HIV.

While women accounted for 25 percent of new HIV diagnoses in New York City in 2008, 1 they represented over 35 percent of people receiving public benefits from the HIV/AIDS Services Administration, or HASA. 2 In other words, women living with HIV/AIDS in New York City are more likely to be poor than men living with HIV/AIDS. And HIV does not impact all women equally. The disease burden is borne disproportionately by women of color, with black and Latina women comprising 92 percent of the HIV diagnoses among adult and adolescent females. 3

HASA case managers play a critical role in stemming New York City's HIV/AIDS epidemic by ensuring that women living with HIV remain healthy, and that they are able to properly care for themselves, their children, and other household dependants. HASA case managers alone are responsible for providing HIV-positive women access to cash and rental assistance, food stamps, Medicaid, rental arrears, home care, and other special needs grants.

## HASA Case Managers Provide Critical Services to Women Living with HIV/AIDS

An impressive 79% of HASA households with children are headed by women. It follows that women living with HIV are attending to their own health needs among the competing demands of child care and school schedules, children's medical care, provision of food for the household, frequent HASA appointments, SSI appointments, court dates, and teacher conferences. HASA case managers ensure receipt and coordination of critical services, and help safeguard the uninterrupted receipt of public benefits so that women are able to maintain their households. HASA case managers are also a critical link in ensuring housing stability: they assist in the search for appropriate apartments, they help to negotiate favorable leases with landlords, and they help to maintain regular rent

<sup>1</sup> New York City Department of Health and Mental Hygiene, "New York City HIV/AIDS Annual Surveillance Statistics 2008". Available at http://www.nyc.gov/html/doh/html/ah/hivtables.shtml 2 City of New York Human Resources Administration "HASA Facts", December 2008. Available at http://www.nyc.gov/html/hra/downloads/pdf/HASA\_factsheet.pdf

<sup>3</sup> NYC HIV/AIDS Surveillance Statistics 2008.

payment so that an accumulation of arrears owed does not threaten stable housing arrangements.

## HASA Case Managers Are Essential to Maintaining Public Health

Cutting HASA case managers will negatively affect the health of women living with HIV by causing disruptions in services, benefits, and housing. With fewer case managers, HASA clients will receive, irregular and unreliable assistance. Interruptions in access to critically needed cash assistance is destabilizing and impacts a woman's ability to travel to medical appointments, purchase food, clothing, diapers, and other household necessities. With fewer case managers, women will also confront interruptions in medical insurance, jeopardizing continuity of care and treatment. Fewer case managers will mean that assistance in securing housing will be encumbered by delays and inconsistency, and system failures resulting in unpaid rent will not be addressed in a timely manner. As a result, women living with HIV, and the families they care for will experience increased homelessness. Homelessness, in turn, causes significant negative health outcomes for people living with HIV: homeless people with HIV are more likely to delay treatment, are less likely to have regular access to care, are less likely to receive optimal drug therapy, and less likely to adhere to their medication. 4 Cutting HASA case mangers is, in essence, a direct threat to the control of HIV in our city.

## Cutting HASA Case Managers is Illegal

The proposed cuts to HASA that would eliminate 248 case manager positions is not only impractical, unconscionable, and poor public health policy, it is illegal. It is a direct violation of Local Law 49, which mandates that the ratio of HASA case managers to clients is 1:34, as well as a violation of federal court order. Failure to comply with this directive is a violation of the law that will endanger the lives of thousands of New Yorkers and their families.

We thank you very much for your attention to our concerns.

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<sup>4</sup> Wolitski, Richard J et al. "HIV, Homelessness, and Public Health: Critical Issues and a Call for Increased Action." <u>AIDS and Behavior</u> 11: Supplement 2 (2007): S167-171.

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