

FOIA MARKER

**This is not a textual record. This is used as an
administrative marker by the William J. Clinton
Presidential Library Staff.**

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19400

FolderID:

Folder Title:

Issues - Housing [1]

Stack:

S

Row:

66

Section:

6

Shelf:

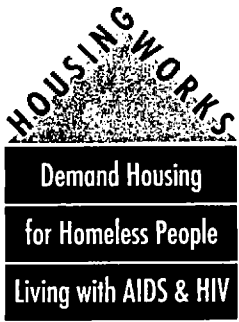
5

Position:

2

Issues

~~House~~ Issues -
Housing
]



September 25, 1997

Dear Community Leader,

On July 11, Mayor Rudolph Giuliani signed historic legislation, Local Law No. 49 of 1997, which guarantees people living with HIV disease and AIDS essential services, benefits, and medically appropriate housing, which must be provided by the Division of AIDS Services and Income Support (DASIS) in a timely manner and properly monitored. The law also eliminates long-standing barriers to services and benefits, for example by eliminating the odious Eligibility Verification Review (EVR) and by requiring DASIS staff to provide receipts for all requests and documents submitted, which should sharply reduce delays caused by "lost" files.

The passage of this law represents one of the most significant victories for people with HIV and their advocates in the history of the HIV epidemic in New York City: it was made possible by the strong support of City Councilmembers and AIDS advocates like you.

Unfortunately, the Giuliani Administration has refused to implement the law that the Mayor himself signed, with much fanfare, at a press event. It is evident that he sought to gain political advantage by seeming to do something for New Yorkers with AIDS, when in practice his Administration is doing everything possible to sabotage the intent of the law and to prevent DASIS from implementing its life-saving provisions.

Housing Works has produced a report on the Administration's refusal to implement the law, and we are enclosing it for your review. We also enclose a copy of our two-page flyer describing DASIS clients' rights under the new law, as well as a copy of the Administration's Bill of Rights—a document the City is required to produce, but which clearly does not satisfy the intent of the law.

We urge you to write to Mayor Giuliani and to Human Resources Commissioner Lilliam Barrios-Paoli, describing your concern with the City's reluctance to obey the law and to serve people with HIV and AIDS properly. Urge them to act immediately to implement all the provisions of Local Law No. 49 of 1997, to train DASIS staff so that they can provide the full range of services and the receipts now required of them, and to adequately inform DASIS clients, their advocates and

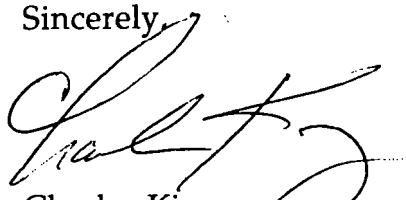
Housing Works, Inc.
594 Broadway
Suite 700
New York, NY 10012

Phone 212 966-0466
Fax 212 966-0869

service providers of the law's new, broader eligibility standards and of the expanded rights and services to which people living with HIV and AIDS are now entitled. Please send a copy of your letter to Housing Works, Attention Jeanne Bergman, or fax it to us at 212-966-0869.

We also encourage you and your staff and clients to attend two public hearings scheduled by the City to elicit public comment on their proposed Bill of Rights and DASIS Policies and Procedures manual. They will be held on Tuesday, October 7, from 2 to 6 PM, at 209 Joralemon Street in Brooklyn, and on Wednesday, October 8, from 2 to 6 PM, at 125 Worth Street, 2nd Floor, in Manhattan.

Sincerely,

A handwritten signature in black ink, appearing to read 'Charles King', with a large, stylized flourish at the end.

Charles King
Co-Executive Director



Housing Works New York City

SPECIAL ALERT

September 22, 1997

Since July 11, 1997, when Mayor Giuliani signed Local Law No. 49 of 1997, the legislation that protects and expands the services offered by New York City's Division of AIDS Services/Income Support (DASIS), Housing Works has been working hard to inform current DASIS clients, people living with HIV who are newly eligible for DASIS under the law's expanded criteria, and their advocates and service providers what the new law means for people living with HIV and AIDS. Our two page flyer, "Know Your Rights Under the New DASIS Law" is attached. Please copy and circulate it.

In response to pressure from Housing Works, the City is grudgingly beginning to meet some of the minimum requirements of the DASIS law. HRA's draft of a "Bill of Rights for Persons with Clinical/Symptomatic HIV Illness or with AIDS pursuant to New York City Administrative Code Section 21-128 (h)" was printed in the City Record two weeks ago. We have also attached that document, which--as its title may suggest--is wholly inappropriate: it provides too little information, it is hostile and intimidating to readers, and it requires an attorney's familiarity with City, state and federal regulations, statutes, and codes.

DASIS has also finally produced a draft of the mandated Policies and Procedures Manual. This lengthy document will require thorough review, because some of the Policies it outlines violate Local Law No. 49 of 1997. For example, the manual states that DASIS clients must submit to Eligibility Verification Review (EVR) procedures, a clear violation of the law, as Housing Works has reminded the City in court. Moreover, Peter Avitabile, Director of Procedures, Training and Community Affairs at DASIS, told Housing Works that the Policies and Procedures Manual would only be released to DASIS contractors, and then only one copy per agency; neither DASIS clients nor their advocates may receive them through ordinary procedures. There will be two hearings for public comment on both the proposed Bill of Rights and the Policies and Procedures Manual (although it is unclear how the public can comment on the latter, since access is so restricted). The hearings will be held on:

- Tuesday, October 7, from 2 to 6 PM, at 209 Joralemon Street, Court Room, Borough Hall, in Brooklyn;
- Wednesday, October 8, from 2 to 6 PM, at 125 Worth Street, Third floor auditorium, in Manhattan.

Be there to let HRA know what you think of its efforts to obscure the rights of people with HIV/AIDS.

Housing Works has also produced a report on the City's failure to comply with the DASIS law. The report outlines how the Giuliani Administration has:

- 1) refused to appropriately publicize expanded eligibility criteria;
- 2) refused to eliminate discriminatory service barriers;
- 3) refused to provide safe and medically appropriate housing;
- 4) refused to provide receipts for benefit and service requests and provision of eligibility related documents;
- 5) refused to carry out mandated 90-day searches before cutting off the benefits of clients who are hospitalized, in the care of friends or family or otherwise not in contact with DASIS systems;
- 6) refused to comply with mandated deadlines for publishing criteria for home and hospital visits to DASIS clients.
- 7) refused to submit a required quarterly report on AIDS services.

For a copy of Housing Works report on the City's refusal to implement the new DASIS law, please call 212-966-0466, ext. 277.

KNOW YOUR RIGHTS UNDER THE NEW DASIS LAW!

This summer the City Council passed a new local law to protect and strengthen the rights of all clients of the City's Division of AIDS Services Income Support. The law became effective when the Mayor signed it July 11th.

The City will hold public hearings on its own proposed DASIS Bill of Rights and Policies and Procedures Manual on Tuesday, Oct. 7, 1997, from 2 to 6 PM at 209 Joralemon Street in Brooklyn, and on Wednesday, Oct. 8, 1997, from 2 to 6 PM, at 125 Worth Street, 2nd Floor, in Lower Manhattan.

In addition to your other rights as a DASIS client, under the new law you have:



The **right** to DASIS services if you have **ever** been diagnosed with clinical/symptomatic HIV illness (as defined by the New York State AIDS Institute) or with AIDS (as defined by the federal Centers for Disease Control). You cannot lose your DASIS eligibility, even if your health improves.



The **right** to benefits for which you are eligible, and the right to assistance from DASIS in establishing your eligibility for them:

- medically appropriate transitional and permanent housing
- Medicaid and other health-related services
- home care and home health services
- personal care services
- homemaker services
- food stamps
- transportation and nutrition allowances of at least \$193/month
- housing subsidies, including enhanced rental assistance
- financial benefits (cash assistance)



The **right** to home or hospital visits by DASIS staff when necessary to enable you to apply for benefits and services.



The **right** to be given a receipt whenever you make a written or oral request for benefits and services and whenever you submit information or documents to DASIS. The receipt must include the date and a description of the request, information or documentation. If you have made a request, the receipt must also say whether your application is complete, and, if not, list any documents or information necessary to complete the application.



The **right** to have your eligibility for public benefits determined at a single location—your DASIS center, or your home or hospital room if you are unable to travel to DASIS. This means that you cannot be sent to Brooklyn for an EVR interview, or subjected to home visits by EVR staff.



The **right** to have benefits or services provided within 20 business days following the completion of your application, unless some other law sets out a different time frame.



The **right** to housing that is appropriate for someone with HIV/AIDS, which means it must:

- be clean (not dirty or roach infested)
- be safe (not overcrowded or substandard)
- be secure (no drug dealing or loan sharking)
- be accessible (with ramps and elevators for people with limited mobility)
- have an individual refrigerator for your food and medicines
- have adequate bathroom facilities, that work, and that can be used privately



The **right** not to have your case closed or your benefits terminated for at least 90 days if you cannot be located to determine your continued eligibility. Under the new law, DASIS must conduct a 90-day good faith search to locate any DASIS client who does not appear for recertification, does not sign a hotel register, or whose whereabouts are otherwise unknown.



The **right** to testify at public hearings on a proposed DASIS Client Bill of Rights and proposed DASIS policies and procedures. The law requires that these hearings be held sometime this fall.



The **right** to be represented on a new advisory board of 11 persons, at least six of whom must be DASIS-eligible, that will advise the City on the provision of benefits and services to New Yorkers with HIV/AIDS.

THESE ARE YOUR RIGHTS. THEY ARE IMPORTANT.

**IF YOU HAVE QUESTIONS, OR IF YOU ARE DENIED THESE RIGHTS,
TALK TO YOUR COMMUNITY-BASED CASE MANAGER OR ADVOCATE.**

HOUSING WORKS CAN BE REACHED AT (212) 966-0466.

The following is a copy of a City-issued notice of two public hearings scheduled by the City on the "Bill of Rights for Persons with Clinical/Symptomatic HIV Illness or with AIDS pursuant to New York City Administrative Code Section 21 -128 (h)" and the DASIS Policies and Procedures Manual. It is unclear how members of the public can be expected to comment on the Policies and Procedures Manual, since the City refuses to release it to anyone but current DASIS contractors. Reading copies of the Policies and Procedures Manual will be available as of September 25 at local DASIS offices and at the Mayor's Office of AIDS Policy Coordination, 52 Chambers Street, Room 316. The City's draft "Bill of Rights," which along with the Hearing notice was published in the City Record, follows the notice.

The hearings will be held on Tuesday, October 7, 1997, from 2:00 PM to 6:00 PM, at 209 Joralemon Street, Court Room, Borough Hall, Brooklyn, New York, and on Wednesday, October 8, 1997, from 2:00 PM to 6:00 PM, at 125 Worth Street, 2nd Floor Auditorium, in Lower Manhattan. Any member of the public may testify at these hearings.

Housing Works urges DASIS clients and their advocates to attend these hearings and let DASIS know what you think of their proposed "Bill of Rights," and their refusal to make the Policies and Procedures Manual conveniently available to the concerned public.

.....
DEPARTMENT OF SOCIAL SERVICES
COMMISSIONER OF SOCIAL SERVICES
NOTICE OF PUBLIC HEARING

NOTICE OF PUBLIC HEARING REGARDING A DRAFT POLICY AND PROCEDURES
MANUAL FOR DIVISION OF AIDS SERVICES AND INCOME SUPPORT STAFF PURSUANT
TO NEW YORK CITY ADMINISTRATIVE CODE SECTION 21-128 (g)

AND

NOTICE OF INTENTION TO PROMULGATE RULES ESTABLISHING A BILL OF RIGHTS
FOR PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS PUR-
SUANT TO NEW YORK CITY ADMINISTRATIVE CODE SECTION 21 - 128 (h).

SECTION 21-128 (g) OF THE NEW YORK CITY ADMINISTRATIVE CODE , ADDED BY
LOCAL LAW NUMBER 49 FOR THE YEAR 1997, REQUIRES THE COMMISSIONER TO
"HOLD NO FEWER THAT ONE NOTICED PUBLIC HEARING AT A SITE ACCESSIBLE TO
THE DISABLED, AT WHICH ADVOCATES , SERVICE PROVIDERS, PERSONS WHO HAVE
TESTED POSITIVE FOR HIV, AND ANY OTHER MEMBER OF THE PUBLIC SHALL BE
GIVEN AN OPPORTUNITY TO COMMENT ON A DRAFT POLICY AND PROCEDURES
MANUAL."

IN COMPLIANCE WITH SECTIONS 1043 (b) AND 389 (b) OF THE NEW YORK CITY CHARTER AND PURSUANT TO TITLE 21, CHAPTER 1, SECTIONS 21- 126, 21-127 AND 21-128 OF THE NEW YORK CITY ADMINISTRATIVE CODE, NOTICE IS HEREBY GIVEN OF MY INTENTION TO ADOPT THE FOLLOWING RULE WHICH PROVIDES FOR THE ESTABLISHMENT OF A BILL OF RIGHTS AND RESPONSIBILITIES FOR PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS AS REQUIRED BY NEW YORK CITY ADMINISTRATIVE CODE SECTION 21 - 128 (h).

I HAVE CHOSEN TO HOLD TWO (2) PUBLIC HEARINGS AT WHICH THE PUBLIC IS INVITED TO COMMENT ON BOTH OF THE AFOREMENTIONED ITEMS.

FOR THE CONVENIENCE OF INTERESTED PARTIES WHO RESIDES IN THE BOROUGHS OF BROOKLYN, QUEENS, AND STATEN ISLAND, NOTICE IS FURTHER GIVEN THAT THE DEPARTMENT WILL HOLD A PUBLIC HEARING ON (1) THE PROPOSED RULE ESTABLISHING A BILL OF RIGHTS AND RESPONSIBILITIES , AND (2) THE DRAFT POLICY AND PROCEDURES MANUAL FOR DIVISION OF AIDS SERVICES AND INCOME SUPPORT STAFF, ON TUESDAY, OCTOBER 7, 1997. FROM 2:00 P.M. TO 6:00 P.M., AT 209 JORALEMON STREET, COURT ROOM, BOROUGH HALL, BROOKLYN, NEW YORK.

FOR THE CONVENIENCE OF INTERESTED PARTIES WHO RESIDE IN THE BOROUGHS OF MANHATTAN AND BRONX, NOTICE IS FURTHER GIVEN THAT THE DEPARTMENT WILL HOLD A PUBIC HEARING ON (1) THE PROPOSED RULE ESTABLISHING A BILL OF RIGHTS AND RESPONSIBILITIES , AND (2) THE DRAFT POLICY AND PROCEDURES MANUAL FOR DIVISION OF AIDS SERVICES AND INCOME SUPPORT STAFF, FROM 2:00 P.M. TO 6:00 P.M. ON WEDNESDAY , OCTOBER 8, 1997, AT 125 WORTH STREET, 2nd FLOOR AUDITORIUM, NEW YORK, NEW YORK.

ANY MEMBER OF THE PUBLIC MAY TESTIFY AT EITHER HEARING.

PERSONS INTERESTED IN PRE-REGISTERING TO SPEAK WITH RESPECT TO EITHER THE PROPOSED RULE ESTABLISHING A BILL OF RIGHTS AND RESPONSIBILITIES OF THE DRAFT POLICY AND PROCEDURES MANUAL FOR DIVISION OF AIDS SERVICES AND INCOME SUPPORT STAFF SHOULD NOTIFY, IN WRITING, PETER-JOSEPH AVITABILE, C.S.W. DIRECTOR OF PROCEDURES , TRAINING AND COMMUNITY AFFAIRS, DIVISION OF AIDS SERVICES AND INCOME SUPPORT, 11 WEST 13th STREET, 5th FLOOR, NEW YORK, NEW YORK 10011, TELEPHONE (212) 620-5039, TELEFAX (212) 620-4784, BY SEPTEMBER 30, 1997, BETWEEN THE HOURS OF 9:00 A.M. AND 5:00 P.M. PLEASE INCLUDE A TELEPHONE NUMBER, WHERE , IF NECESSARY, YOU MAY BE REACHED DURING NORMAL WORKING HOURS . SPEAKERS WILL BE LIMITED TO FIVE (5) MINUTES.

[The requirement to sign up ahead of time has been dropped: people who would like to speak can simply come to the hearings.--HW]

ANY PERSON WHO NEEDS A SIGN LANGUAGE INTERPRETER OR OTHER REASONABLE ACCOMMODATION FOR A DISABILITY SHOULD NOTIFY, IN WRITING, PETER-JOSEPH AVITABILE, C.S.W., DIRECTOR OF PROCEDURES , TRAINING AND COMMUNITY AFFAIRS , DIVISION OF AIDS SERVICES AND INCOME SUPPORT, 11 WEST 13TH STREET , 5TH FLOOR , NEW YORK, NEW YORK 10011, TELEPHONE (212) 620-5039, ON OR BEFORE OCTOBER 6, 1997, BETWEEN THE HOURS OF 9:00 A.M. AND 5:00 P.M.

WRITTEN COMMENTS REGARDING EITHER THE PROPOSED RULE ESTABLISHING A BILL OF RIGHTS AND RESPONSIBILITIES OF THE DRAFT POLICIES AND PROCEDURES MANUAL FOR DIVISION OF AIDS SERVICES AND INCOME SUPPORT STAFF MAY BE SUBMITTED TO PETER-JOSEPH AVTIBILE, C.S.W., DIRECTOR OF PROCEDURES, TRAINING AND COMMUNITY AFFAIRS, DIVISION OF AIDS SERVICES AND INCOME SUPPORT, 11 WEST 13TH STREET, 5TH FLOOR, NEW YORK, NEW YORK 10011, TELEPHONE (212) 620-5039, TELEFAX (212) 620-4784, ON OR BEFORE OCTOBER 6, 1997, BETWEEN THE HOURS OF 9:00 A.M. AND 5:00 P.M. IN ADDITION, WRITTEN COMMENTS MAY BE SUBMITTED ON THE DAY OF THE HEARING TO PETER-JOSEPH AVTIBILE.

REGISTRATION WILL BE ACCEPTED AT THE DOOR UNTIL 10:30 A.M. ON THE DATE OF EITHER HEARING. HOWEVER, PREFERENCE IN ORDER OF TESTIMONY WILL BE GIVEN TO THOSE WHO PRE-REGISTER.

[The requirement to sign up ahead of time has been dropped: people who would like to speak can simply come to the hearings.--HW]

WRITTEN COMMENTS AND A SUMMARY OF ORAL COMMENTS RECEIVED AT THE HEARINGS WILL BE AVAILABLE FOR PUBLIC INSPECTION WITHIN A REASONABLE TIME AFTER THE CONCLUSION OF BOTH HEARINGS, BETWEEN THE HOURS OF 9:00 A.M. AND 5:00 P.M., AT THE OFFICE OF PETER-JOSEPH AVTIBILE, C.S.W., DIRECTOR OF PROCEDURES, TRAINING AND COMMUNITY AFFAIRS, DIVISION OF AIDS SERVICES AND INCOME SUPPORT, 11 WEST 13TH STREET, 5TH FLOOR, NEW YORK, NEW YORK 10011, TELEPHONE (212) 630- 5039, TELEFAX (212) 620-4784.

COPIES OF BOTH THE PROPOSED RULE ESTABLISHING A BILL OF RIGHTS FOR PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS (PRINTED BELOW) AND THE DRAFT POLICY AND PROCEDURES MANUAL FOR DIVISION STAFF ARE AVAILABLE FOR REVIEW AND DISTRIBUTION AS OF SEPTEMBER, 25, 1997, AT THE ADMINISTRATIVE OFFICE OF THE DIVISION OF AIDS SERVICES AND INCOME SUPPORT, AT 11 WEST 13TH STREET, 5TH FLOOR, NEW YORK, NEW YORK, 10011. A READING COPY OF BOTH DOCUMENTS WILL BE AVAILABLE AS OF SEPTEMBER 25, 1997, AT LOCAL SERVICE CENTERS OF THE DIVISION OF AIDS SERVICES AND INCOME SUPPORT, AND AT THE MAYOR'S OFFICE OF AIDS POLICY COORDINATION, 52 CHAMBERS STREET, ROOM 316, NEW YORK, NEW YORK 10007.

STATUTORY AUTHORITY

THIS RULE IS PROMULGATED PURSUANT TO THE NEW YORK CITY CHARTER SECTIONS 389 (B) AND 1043 (A) AND SECTION 21-128 (H) OF THE NEW YORK CITY ADMINISTRATIVE CODE. SECTION 1043 (A) OF THE CHARTER PROVIDES THAT EACH " AGENCY IS EMPOWERED TO ADOPT RULES NECESSARY TO CARRY OUT THE POWERS AND DUTIES DELEGATED TO IT BY BY OR PURSUANT TO FEDERAL, STATE OR LOCAL LAW." SECTION 389 (B) SIMILARLY PROVIDES THAT THE " HEADS OF MAYORAL AGENCIES SHALL HAVE THE POWERS TO ADOPT RULES TO CARRY OUT THE POWERS AND DUTIES DELEGATED TO THE AGENCY HEAD OR THE AGENCY BY OR PURSUANT TO FEDERAL, STATE OR LOCAL LAW." SECTION 21-128 (H) OF CHAPTER 1 OF TITLE 21 OF THE ADMINISTRATIVE CODE AUTHORIZES THE COMMISSIONER OF SOCIAL SERVICES TO " PUBLISH A PROPOSED RULE ESTABLISHING A BILL OF RIGHTS FOR PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS."

STATEMENT OF BASIS AND PURPOSE

LOCAL LAW NO. 49 OF 1997 AMENDED CHAPTER ONE OF TITLE 21 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK BY ADDING THERETO NEW SECTIONS 21-126, 21-127, AND 21-128 IN RELATION TO THE CREATION OF A DIVISION OF AIDS SERVICES AND INCOME SUPPORT SERVICES AND THE PROVISION OF BENEFITS AND SERVICES TO ELIGIBLE PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS.

21-128 (H), AS ADDED BY LOCAL LAW NO. 49, REQUIRES THAT THE COMMISSIONER OF SOCIAL SERVICES PUBLISH A A PROPOSED RULE ESTABLISHING A BILL OF RIGHTS OR PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS. SUCH DRAFT BILL OF RIGHTS SHALL INCLUDE, BUT NOT BE LIMITED TO, AN EXPLANATION OF THE BENEFITS AND SERVICES FOR WHICH PERSONS WITH CLINICAL/SYMPTOMATIC HIV ILLNESS OR WITH AIDS MAY BE ELIGIBLE; TIMETABLES WITHIN WHICH SUCH BENEFITS AND SERVICES SHALL BE PROVIDED TO ELIGIBLE PERSONS; AN EXPLANATION OF AN APPLICANT'S AND RECIPIENT'S RIGHT TO EXAMINE HIS OR HER FILE AND THE PROCEDURE FOR DISPUTING ANY INFORMATION CONTAINED THEREIN; AN EXPLANATIONS OF AN APPLICANT'S RIGHT AND RECIPIENT'S RIGHT TO A HOME OR HOSPITAL VISIT FOR THE PURPOSE OF APPLYING FOR OR MAINTAINING BENEFITS OR SERVICES ; AN EXPLANATION OF THE PROCESS FOR REQUESTING A DIVISION CONFERENCE OR NEW YORK STATE FAIR HEARING; AND A SUMMARY OF THE RIGHTS AND REMEDIES FOR THE REDRESS OF DISCRIMINATION AS PROVIDED FOR IN TITLE EIGHT OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK.

PROPOSED SECTION 5-01 OF CHAPTER 5 OF TITLE 24 OF THE RULES OF THE CITY OF NEW YORK CONTAINS THE PROPOSED RULE ESTABLISHING A BILL OF RIGHTS AND RESPONSIBILITIES FOR PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS.

STATEMENT PURSUANT TO CHARTER SECTION 1042. REGULATORY AGENDA.

THIS PROPOSAL, TO PROMULGATE A RULE ESTABLISHING A BILL OF RIGHTS AND RESPONSIBILITIES FOR PERSONS WITH CLINICAL/ SYMPTOMATIC HIV ILLNESS OR WITH AIDS, IS BEING PUBLISHED FOR COMMENT PURSUANT TO LOCAL LAW NO. 49 OF 1997, AND WAS NOT INCLUDED IN THE CITY RECORD BECAUSE THE LAW SETTING FORTH THIS DEPARTMENTAL REQUIREMENT WAS NOT ENACTED UNTIL JULY 11, 1997.

THE PROPOSED RULES ARE AS FOLLOWS

NOTE: MATTER UNDERLINED IS NEW

SECTION ONE . TITLE 68 OF THE RULES OF THE CITY OF NEW YORK IS AMENDED BY ADDING A NEW CHAPTER 5 TO READ AS FOLLOWS:

CHAPTER 5 BILL OF RIGHTS AND RESPONSIBILITIES FOR
PERSONS WITH CLINICAL/ SYMPTOMATIC HIV ILLNESS
OR WITH AIDS

CHAPTER 5-01 RIGHTS OF PERSONS WITH CLINICAL /SYMPTOMATIC HIV
ILLNESS OR WITH AIDS

ALL PERSONS WITH CLINICAL / SYMPTOMATIC HIV ILLNESS OR WITH AIDS SHALL HAVE THE RIGHT TO APPLY FOR BENEFITS AND SERVICES AS DEFINED IN SECTION 21-128 (B) OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK, AND THE RIGHT TO APPLY FOR INFORMATION, REFERRAL AND ASSESSMENT SERVICES FROM THE DIVISION OF AIDS SERVICES AND INCOME SUPPORT (DASIS). IN ADDITION, SUCH PERSONS SHALL HAVE THE FOLLOWING RIGHTS:

1. WITH CERTAIN EXCEPTIONS PROVIDED PURSUANT TO APPLICABLE FEDERAL, STATE OR LOCAL LAW, REGULATION OR RULE, YOU HAVE THE RIGHT TO CONFIDENTIALITY. YOUR MEDICAL CONDITION CANNOT BE REVEALED TO ANYONE WITHOUT YOUR PERMISSION. INFORMATION YOU GIVE TO DASIS STAFF WILL NOT BE RELEASED TO ANY INDIVIDUAL OR ORGANIZATION WITHOUT YOUR PERMISSION EXCEPT WHERE REQUIRED BY LAW.
2. YOU HAVE THE RIGHT TO RECEIVE INFORMATION ABOUT AND TO APPLY FOR A VARIETY OF BENEFITS AND SERVICES INCLUDING, BUT NOT LIMITED TO, MEDICALLY APPROPRIATE TRANSITIONAL AND PERMANENT HOUSING; MEDICAID AND OTHER HEALTH RELATED SERVICES; HOME CARE SERVICES; FOOD STAMPS; TRANSPORTATION AND NUTRITION ALLOWANCES; HOUSING SUBSIDIES, INCLUDING, BUT NOT LIMITED TO, ENHANCED RENTAL ASSISTANCE; FINANCIAL BENEFITS; AND INTENSIVE CASE MANAGEMENT.
3. IF YOU ARE HOMEBOUND (I.E., WITH PHYSICAL OR MENTAL DISABILITIES, CONFIRMED BY MEDICAL PROVIDERS OR HOMECARE AGENCIES, WHICH PREVENT YOU, PERMANENTLY OR TEMPORARILY, FROM VISITING THE LOCAL DASIS SERVICE CENTER), YOU HAVE THE RIGHT TO A HOME OR HOSPITAL VISIT FROM A CASE MANAGER. THESE VISITS MAY BE TO DETERMINE YOUR ELIGIBILITY FOR BENEFITS AND SERVICES, TO ASSIST YOU IN APPLYING FOR BENEFITS AND SERVICES, OR TO MAINTAIN ELIGIBILITY FOR BENEFITS AND SERVICES.
4. IF ELIGIBLE, YOU SHALL HAVE THE RIGHT TO BENEFITS AND SERVICES AS PROVIDED FOR IN SECTION 21-128(B) OF THE ADMINISTRATION CODE OF THE CITY OF NEW YORK.
5. YOU HAVE THE RIGHT TO REFUSE ANY SERVICE.
6. YOU HAVE THE RIGHT TO BE REFERRED TO A COMMUNITY BASED ORGANIZATION FOR ANY SERVICE NOT PROVIDED BY DASIS.
7. YOU HAVE THE RIGHT TO CONTACT A DASIS STAFF MEMBER WHENEVER YOU NEED SERVICES.
8. YOU HAVE THE RIGHT TO RECEIVE SERVICES FROM DASIS STAFF WITHOUT THE PAYMENT OF GRATUITIES IN ANY FORM.
9. YOU HAVE THE RIGHT TO INITIATE COMPLAINTS AGAINST DASIS STAFF. COMPLAINTS ARE INITIATED UPON ADVISING THE SUPERVISOR I IN THE UNIT IN WHICH YOUR CASE IS LOCATED. HE OR SHE WILL ATTEMPT TO RESOLVE YOUR COMPLAINT AND, IF UNABLE TO DO SO, THE ISSUE WILL BE REFERRED TO A HIGHER STAFF LEVEL FOR RESOLUTION.

10. IF YOU FEEL THAT YOU ARE BEING UNLAWFULLY DISCRIMINATED AGAINST IN ANY WAY, YOU HAVE THE RIGHT TO FILE A COMPLAINT OF DISCRIMINATION WITH THE NEW YORK STATE DIVISION OF HUMAN RIGHTS BIAS HOTLINE AT (212) 662-2427 OR THE NEW YORK CITY COMMISSION ON HUMAN RIGHTS AIDS HOTLINE AT 1-800-523-AIDS.

DASIS CLIENT RIGHTS AND RESPONSIBILITIES

ALL PERSONS WHO ARE DECREED ELIGIBLE PURSUANT TO SECTION 21-128, SUBSECTION (A)(3) OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK, HAVE THE FOLLOWING ADDITIONAL RIGHTS AND RESPONSIBILITIES:

DASIS CLIENT RIGHTS

1. YOU HAVE THE TO HAVE BENEFITS AND SERVICES PROVIDED IN A TIMELY MANNER AFTER YOU APPLICATIONS FOR SPECIFIC BENEFITS AND SERVICES ARE COMPLETE. THE TIME FRAMES FOR THE DELIVERY OF BENEFITS AND SERVICES ARE DETERMINED BY:

- FEDERAL LAW OR REGULATIONS;
- NEW YORK STATE SOCIAL SERVICES LAW OR REGULATIONS;
- OR
- LOCAL LAW AND THE RULES OF THE CITY OF NEW YORK.

IF NONE OF THE ABOVE APPLY, PROVISION OF THE BENEFIT OR SERVICE WILL BE NO LATER THAN TWENTY (20) BUSINESS DAYS FOLLOWING SUBMISSION OF ALL INFORMATION OR DOCUMENTATION REQUIRED TO DETERMINE ELIGIBILITY.

2. IF ACCEPTED FOR PUBLIC ASSISTANCE OR FOOD STAMPS, YOU HAVE THE RIGHT TO REVIEW YOUR BUDGET. IF ACCEPTED OR REJECTED FOR PUBLIC ASSISTANCE, FOOD STAMPS, MEDICAID, HOME CARE, OR HOMEMAKING SERVICE, YOU HAVE A RIGHT TO AN AGENCY CONFERENCE AND TO A NEW YORK STATE FAIR HEARING WITH RESPECT TO ACTIONS TAKEN TO DENY, REDUCE, DISCONTINUE OR RESTRICT YOUR BENEFITS. PLEASE CONSULT THE BACK OF THE NOTICE WHICH ADVISES YOU OF THE DETERMINATION OF THE AGENCY WITH RESPECT TO YOUR REQUEST FOR BENEFITS AND PLEASE FOLLOW THE GUIDELINES ON THE BACK OF THE NOTICE WITH RESPECT TO REQUESTING AN AGENCY CONFERENCE OR NEW YORK STATE FAIR HEARING.

3. IF YOU ARE A DASIS CLIENT WITH ONE OR MORE CHILDREN IN YOUR CARE OR CUSTODY, YOU HAVE THE RIGHT TO RECEIVE INFORMATION AND PROGRAM REFERRALS ON CHILD CARE OPTIONS, CUSTODY PLANNING, AND TRANSITIONAL SUPPORTS, INCLUDING THE AVAILABILITY OF STANDBY GUARDIANSHIP, AND REFERRAL TO LEGAL ASSISTANCE PROGRAMS.

4. YOU HAVE THE RIGHT TO PARTICIPATE WITH DASIS STAFF IN THE DEVELOPMENT OF A SERVICE PLAN.

5. YOU HAVE THE RIGHT TO BE NOTIFIED IN WRITING OF ANY CHANGE IN YOUR CASE STATUS OR IN BENEFITS OR SERVICES PROVIDED TO YOU.

6. YOU HAVE THE RIGHT TO REVIEW YOUR DASIS CASE RECORD AND TO DISPUTE ANY INFORMATION CONTAINED THEREIN.

DASIS CLIENT RESPONSIBILITIES

1. YOU HAVE THE RESPONSIBILITY TO APPLY FOR ALL BENEFITS FOR WHICH YOU MAY QUALIFY, INCLUDING, BUT NOT LIMITED TO, PUBLIC ASSISTANCE, MEDICAID, FOOD STAMPS, SUPPLEMENTAL SECURITY INCOME ("SSI"), AND SOCIAL SECURITY DISABILITY ("SSD"), TO PROVIDE DOCUMENTATION AND INFORMATION NECESSARY TO ESTABLISH ELIGIBILITY FOR SUCH BENEFITS, AND TO PROVIDE DOCUMENTATION AND INFORMATION NECESSARY TO ESTABLISH ELIGIBILITY FOR SUCH BENEFITS, AND TO COMPLY WITH APPLICATION REQUIREMENTS.

2. YOU HAVE THE RESPONSIBILITY TO MAINTAIN YOUR BENEFITS BY PROVIDING INFORMATION FOR RECERTIFICATION, AND BY REPORTING CHANGES IN YOUR INCOME, ADDRESS, HOUSEHOLD COMPOSITION, OR ANY OTHER ASPECT OF YOUR STATUS THAT MAY BE A FACTOR IN DETERMINING YOUR ELIGIBILITY.

3. IF YOU HAVE A PUBLIC ASSISTANCE BUDGET THAT REQUIRES CO-PAYMENT, YOU ARE PERSONALLY RESPONSIBLE FOR PAYING SUCH CO-PAYMENT. FOR PURPOSES OF THIS PARAGRAPH, A CO-PAYMENT MEANS A RESPONSIBILITY FROM INCOME OR BENEFITS OTHER THAN PUBLIC ASSISTANCE FOR A CERTAIN PORTION OF THE COST OF SERVICES (e.g. RENT, UTILITIES, MEDICAID SPEND-DOWN).

4. YOU HAVE THE RESPONSIBILITY TO KEEP APPOINTMENTS WITH DASIS STAFF, INCLUDING, WITHOUT LIMITATION, FACE-TO-FACE RECERTIFICATION INTERVIEWS, OR TO GIVE NOTICE OF CHANGE OR CANCELLATION IN THOSE APPOINTMENTS.

5. YOU HAVE THE RESPONSIBILITY TO ADVISE DASIS STAFF OF ANY PROBLEMS THAT YOU MAY HAVE AND TO COOPERATE WITH DASIS STAFF TO REVIEW THESE PROBLEMS.

Housing Works' Report on the Giuliani Administration's Compliance with Local Law #49

HOUSING WORKS

Demand Housing

for Homeless People

Living with AIDS & HIV

Housing Works, Inc.
594 Broadway - Suite 700
New York, NY 10012

Phone: 212 966-0466
Fax: 212 966-0869

THE GIULIANI ADMINISTRATION IS REFUSING TO COMPLY WITH THE NEW LAW ON AIDS SERVICES IN NEW YORK CITY

Executive Summary

Mayor Giuliani and his Administration have refused to implement and comply with New York's historic new HIV / AIDS services law, Local Law 49 of 1997. This legislation was designed to preserve and improve services provided by DASIS, the Division of AIDS Services/Income Support.

The consistent experience of staff and clients of Housing Works, New York's largest provider of AIDS housing and supportive services, is that the Giuliani Administration has failed to carry out seven key mandates of the new law.

The Giuliani Administration has:

- 1) refused to appropriately publicize expanded eligibility criteria;
- 2) refused to eliminate discriminatory service barriers;
- 3) refused to provide safe and medically appropriate housing;
- 4) refused to provide receipts for benefit and service requests and provision of eligibility-related documents;
- 5) refused to carry out mandated 90-day searches before cutting off the benefits of clients who are hospitalized, in the care of friends or family or otherwise not in contact with DASIS systems;
- 6) failed to comply with mandated deadlines for publishing criteria for home and hospital visits to DASIS clients;
- 7) failed to submit a required quarterly report on AIDS services.

Housing Works urges the Administration to take immediate and effective action to comply with the law.

Background

On July 11, 1997, Mayor Giuliani signed City Council legislation designed to protect and strengthen the services provided by the New York City Human Resources Administration's ("HRA") Division of AIDS Services/ Income Support ("DASIS"). Introduced by HIV-positive Council Member Tom Duane, and championed by Stephen DiBrienza, Chair of the Council's General Welfare Committee, Local Law 49 of 1997 is the product of the Council's strong commitment to providing and protecting quality services and essential benefits for poor New Yorkers living with HIV and AIDS.

The law adds Sections 21-126 through 128 to the City's Administrative Code, mandating certain benefits and services for persons with HIV/ AIDS for the first time since the epidemic began. It requires the provision of special benefits such as transportation and nutrition allowances, and housing that is safe and appropriate for persons with suppressed immune systems. The law also mandates certain improvements in DASIS services, to ensure ready access and prevent interruption of desperately needed benefits. And the law requires HRA to publish DASIS policies and procedures, create a bill of rights for persons with HIV/ AIDS, and report regularly on DASIS services and performance.

The new law's provisions are of vital importance to the extremely vulnerable group of persons with HIV/ AIDS who must rely on public benefits to meet basic survival needs such as housing, food and medical care. The Mayor signed the legislation with much fanfare on July 11th, holding a press conference to tout his Administration's commitment to the fight against HIV/ AIDS. His decision to sign the bill was praised by Housing Works and other members of the HIV/ AIDS community.

However, little or nothing has been done to implement the law in the two months since it was signed. HRA and DASIS have chosen to blatantly violate many of the law's requirements, while they have simply ignored others. This report attempts to highlight the Administration's most serious failures to adhere to the law.

HRA and DASIS Have Failed to Take Any Steps to Implement Changes in Client Services Mandated by the Law

The new law mandates important changes in direct services to persons with HIV/AIDS that were to be implemented immediately on July 11th when the Mayor signed the bill. But these changes cannot be effectively realized until affirmative steps are taken to revise relevant City policies and procedures, train DASIS staff and other affected City employees, give notice to persons with HIV/AIDS of their rights and responsibilities under the revised policies and procedures, and provide information and training on the law's requirements to community-based organizations and other service providers who work with New Yorkers living with HIV/AIDS.

To date, HRA and DASIS have failed to take any of these steps, and most persons with HIV/AIDS, community service providers, and even DASIS staff seem to be unaware or unsure of the law's requirements. On July 24, 1997, Housing Works wrote to DASIS Deputy Commissioner Greg Caldwell for information about how the agency planned to implement the new law's requirements. To date, we have not received a reply. The City's refusal to develop appropriate policies and to distribute information about them to eligible residents and their service providers leaves most New Yorkers living with HIV and AIDS without the information necessary to assert their rights under the law, and allows DASIS the freedom to violate those rights, as outlined below.

1. DASIS Has Refused to Expand its Eligibility Criteria as Required by the Law

Although the new law expands eligibility for DASIS services in two important ways, the Giuliani Administration has failed to inform members of the community of the expanded eligibility and has failed to adjust procedures for collection of documentation required to elicit the necessary medical information.

The new law expands DASIS eligibility to include: (1) "every person with clinical/symptomatic HIV illness, as determined by the AIDS Institute of the New York State Department of Health, or (2) every person with AIDS, as defined by the federal Centers for Disease Control and Prevention" (§21-126). A memo from Deputy Commissioner Caldwell to DASIS senior administrators dated August 4 outlines some of the changes in eligibility criteria; he writes that they "may wish to distribute them to [their] staff." On Friday, September 12,

copies of this memo were sent to a seemingly random assortment of individuals in some community based agencies. But the memo did not include the policy and procedures information that both community-based providers and DASIS staff need to adequately implement the requirements of the new law.

The memo also fails to note that the law also defines "person with clinical/symptomatic HIV illness or with AIDS" as "a person who has at any time been diagnosed" with one of these conditions (21-128(a)(5), emphasis added). The Giuliani Administration has failed to take any steps to implement this change as well--Housing Works staff have found no changes in forms or staff inquiries in this area. The form still used to determine medical eligibility, the M11Q, asks only for a person's "Current Condition." DASIS has not taken any steps to either revise the form or notify medical providers responsible for completing the form that a person's entire medical history is relevant and should be reflected.

This provision is critical because the episodic nature of HIV disease and the benefits of new medical treatments can mean that the health of many people previously diagnosed with AIDS has improved enough that at any given moment some may happily not be so ill. The law ensures that people living with HIV will not be penalized for temporarily improved health, nor be deterred from seeking state-of-the-art medical care from fear of losing the benefits, housing and supportive services that are, ironically, often essential to the success of the new combination therapies.

The expanded eligibility definition also resolves the long-standing and unfair disparity in the services and benefits available to homeless people with HIV disease as compared to those who are housed. In the past, homeless persons with clinical/symptomatic HIV disease were denied DASIS services and benefits unless they were so impaired as to require personal care services--assistance with bathing, toileting and/or eating. HIV-ill homeless persons who could still bathe and toilet themselves were rejected by DASIS and referred to City shelters instead. By contrast, housed persons with clinical/symptomatic HIV illness have long been considered eligible for DASIS services and benefits, including case management and the transportation and nutritional allowances. The clarified and expanded eligibility definition in the new law ensures that everyone living with clinical/symptomatic HIV illness and meeting financial eligibility criteria can receive the benefits and services on which their lives depend.

The Giuliani Administration has effectively failed to implement this crucial change since passage of the law. Housing Works inquiries have demonstrated that DASIS has failed to provide new directives and adequate training for DASIS service line workers who make eligibility determinations, and has failed to communicate the new criteria to HIV-ill persons, the City's Department of Homeless Services, or to the hospitals, community-based service providers, advocates and other groups that routinely refer persons to DASIS. While individual DASIS workers have individually sought to implement the expanded eligibility definitions, the leadership needed to bring the agency in line with the law has been absent.

2. DASIS and HRA Have Continued to Subject Public Assistance Applicants With HIV / AIDS to EVR In Direct Violation of the Law

Two provisions of the new law mandate the elimination of the difficult Eligibility Verification Review ("EVR") process as a requirement for establishing or maintaining eligibility for benefits and services administered by DASIS. Poor New Yorkers living with AIDS and HIV have long found EVR to be a discriminatory barrier to services that has denied access to eligible individuals and families by putting improper hurdles and hoops between them and the help they need to survive.

The new law stipulates that persons with HIV illness and AIDS are to be assisted to "establish any and all elements of eligibility" for benefits and services by "staff of" DASIS "at a single location." The law further prohibits the imposition of "requirements with respect to such access to and eligibility for benefits and services" that are "more restrictive than those requirements mandated by state or federal statute, law, regulation or rule" (§§21-128(a)(1) and (b)). Since EVR is an additional eligibility requirement imposed by the City, and is conducted by persons who are not part of the DASIS staff, it is expressly prohibited by the law.¹

¹ Indeed, a May 1997 memorandum prepared by City Council staff explains that the language quoted here was specifically "re-worded" to "stress the fact the applicants for benefits and services should be able to receive assistance from HRA in a single location, be it the field office, home, hospital, or other convenient location," and "to ensure that all elements of eligibility, including those currently occurring at HRA's Eligibility Review office (EVR), take place at the same location."

The Giuliani Administration has refused to comply with this aspect of the law: Housing Works clients and staff have found that DASIS still insists that public assistance applicants with HIV/AIDS submit to EVR. After the law went into effect DASIS first took the position that persons with HIV/AIDS would still have to travel to the EVR office in Brooklyn. (Only after Housing Works filed a lawsuit to force the City to comply with this part of the law did the City's lawyers acknowledge that DASIS applicants from across the City's five boroughs could no longer be required to travel to a single site in Brooklyn for an EVR interview.) The Giuliani Administration is now requiring that DASIS applicants submit to home visits by EVR staff as a condition of eligibility, a continued violation of the law.

Whether EVR is conducted at a distant site or in the course of an intrusive and inconvenient home visit, it constitutes a duplicative and unnecessary interview requiring disclosure of a person's HIV status and other confidential health-related information to a stranger who is not part of the DASIS staff. In addition to violating the DASIS law, the requirement to remain at home for an EVR visit often conflicts with medical appointments, attendance at an adult day treatment program, or other important obligations. Yet, if the applicant is not home when the EVR visit occurs, his or her application may be denied as a result.

Additionally, EVR agents are directed by the Giuliani Administration to leave notes on doors and/or ask neighbors about an absent applicant's whereabouts. (These agents often cause even greater fear and concern by identifying themselves as the "FEDS," an acronym for "Front End Detection System.") Beyond being obviously prejudicial and intimidating, these practices risk the disclosure of the applicant's confidential HIV-related information, in violation of Article 27-F of the Public Health Law, making applicants the potential targets of abuse, discrimination, and even violence.

Prior to the Giuliani Administration's imposition of EVR, DASIS applications for New Yorkers living with AIDS and HIV were handled discretely at a DASIS office, or at scheduled home or hospital visits with the applicant.

To comply with the new law, HRA and DASIS must immediately eliminate home visits by EVR staff to DASIS applicants, and change their policies and

procedures to provide that all information and documentation necessary to establish and maintain eligibility for benefits and services for persons with clinical/symptomatic HIV illness or AIDS is collected by DASIS staff at the DASIS site, or, where necessary, during home or hospital visits.

3. DASIS Has Failed to Provide The Safe and Medically Appropriate Housing Required by the Law

The new law requires that every DASIS eligible person be provided access to transitional and permanent housing that is "suitable for persons with severely compromised immune systems," that is "accessible," and that has, at a minimum, "individual refrigerated food and medicine storage" and "adequate bathroom facilities" that can be locked and ensure privacy (§21-128(a)(4)).

The Giuliani Administration and DASIS continue to house hundreds of persons with HIV-illness and AIDS in dangerous and substandard commercial single room occupancy hotels that do not meet even these minimal housing standards. Site visits by Housing Works staff in the last several weeks have confirmed our long-standing knowledge that these hotels are filthy and infested, overcrowded and in poor repair. Elevators are broken or non-existent, and few, if any, of these hotels provide individual refrigerators for residents or bathrooms that are adequate in number, clean, or private. Drug dealers and loan sharks, often in the employ of hotel management, prey on residents made vulnerable by illness and addiction.

The Giuliani Administration and DASIS have failed to begin the large-scale housing assistance effort required by the new law. They have not even expanded efforts to assist SRO residents with HIV/AIDS in locating other housing options, and most DASIS clients are still warehoused in these dangerous hotels.

4. DASIS Staff Have Failed To Provide Receipts Acknowledging Client Requests And Documentation

The new law requires DASIS staff to provide a receipt for every written or oral request for benefits and services, and to provide a receipt each time information or documents are submitted to DASIS. The receipt must include the date and a description of the request, information or documentation. And if

a benefit or service has been requested, the receipt must state whether the application is complete, and, if not, list any additional documents or information that are necessary (§21-128(c)(1)).

The receipt requirement is very important, since it will provide a record for DASIS clients, will help ensure that applications are completed without delay, and will make it possible to monitor the legally mandated time-frames for the delivery of lifesaving benefits and services.

Housing Works staff and clients have repeatedly found in the last several weeks that DASIS staff and supervisors very often refuse to provide the legally-mandated receipts. Although our research has uncovered a draft form for the required receipts, there does not seem to be a clear agency policy to guide the provision of receipts, and DASIS has not provided any information to DASIS clients or HIV/AIDS service providers about the right to receipts, their use, or their significance. Housing Works wrote to Deputy Commissioner Caldwell in August seeking a statement regarding DASIS policy in relation to this provision of the law; to date, he has not responded to our letter.

Psychosocial case managers from community-based AIDS service organizations are having particular difficulty obtaining receipts from DASIS staff. On many occasions in the last month Housing Works case management staff, acting as agents of DASIS clients, have been refused receipts. They have been told by DASIS staff that receipts will only be given personally to clients, and then only if the client requests a receipt. And some field offices have refused to provide receipts to either case managers or clients, regardless of who makes the request.

Case managers at community-based AIDS service organizations work closely with their HIV-positive clients to assist them in securing and maintaining necessary benefits and services from DASIS. Clients are often unable to make requests or provide information themselves, and in these situations case managers act on the client's behalf. The new law is clearly intended to protect the client by requiring the provision of a receipt that confirms that benefits have been requested or information or documentation provided. DASIS staff should be made aware of the necessity of offering receipts to acknowledge applications or the submission of documents by clients or their agents.

5. DASIS Has Refused to Comply With the Law's Requirement That It Conduct a Ninety-Day Search For Clients Prior to Terminating Benefits

The new law provides that the benefits of a person with HIV / AIDS can be terminated only when the recipient is no longer eligible for public assistance, has died, or cannot be located to determine continued eligibility despite a good faith search. The law expressly prohibits the termination of benefits and services to a person with HIV / AIDS who cannot be located to determine continued eligibility until DASIS has conducted "a reasonable good faith search for at least a ninety day period to locate the recipient" (§21-128(f)).

Under the new law, therefore, a DASIS client's public assistance case cannot be closed for at least 90 days following failure to appear for a recertification interview, failure to sign a hotel register, or any other event that would constitute an inability to locate the client "to verify his or her continued eligibility for benefits and services." Id. This is an important new requirement, intended to ensure that essential survival benefits are not inappropriately interrupted.

Despite the law, DASIS continues to close cases and terminate the benefits of clients whose "whereabouts are unknown" after just ten days, without conducting any search for the client. Deputy Commissioner Greg Caldwell has actually stated that DASIS does not intend to comply with the 90-day search requirement where a recipient fails to appear for a recertification interview.

In an August 1st letter to Housing Works, Mr. Caldwell asserts that a failure to appear for recertification does not constitute a basis for determining that the recipient cannot be located to determine continued eligibility. Yet, the recertification "face-to-face" interview is the tool used by HRA and DASIS to determine continued eligibility for public assistance benefits. Failure to appear for a recertification interview is therefore precisely the type of event that would trigger the new law's requirement that the agency conduct a search to determine whether the client can "be located to verify his or her continued eligibility for benefits and services" §21-128(f).

DASIS clients are frequently harmed when their benefits are terminated despite continued need because illness kept them from attending a recertification interview, DASIS sent the recertification notice to the wrong address, or there was some other mistake or problem that prevented the client from appearing for recertification. Housing Works has found that

failure to report for a "face-to-face" recertification interview because of lack of effective notice of the appointment is one of the most common reasons for improper case closings. This is just the sort of harm the law was designed to address, by giving DASIS the opportunity and the obligation to locate the client and determine his or her continuing need before the case is closed.

6. HRA Has Failed to Establish Criteria for DASIS Home and Hospital Visits

The City's Human Resources Administration was required to establish criteria for determining when persons with HIV/AIDS are entitled to home or hospital visits by DASIS staff within thirty days of the effective date of the new law (§21-128(b))

To our knowledge, these criteria, due no later than last August 11th, have not yet been established. In any event, they have not been communicated to DASIS clients, to people with HIV/AIDS, or to HIV/AIDS service providers. (Housing Works wrote to Deputy Commissioner Caldwell on August 15, 1997, requesting a copy of the criteria for publication in the Housing Works Weekly Update. That letter has not been answered to date.)

7. HRA and DASIS Have Failed to Submit the First Quarterly Report on DASIS Services Mandated by the Law

The new law requires that HRA submit a quarterly report to the Mayor and the City Council providing information regarding the delivery of public benefits and services to New Yorkers living with HIV and AIDS (§21-128(j)). The first report was due on September 1, 1997. Housing Works has found that City Council members have not received any report, and have not received any explanation of HRA's failure to comply with the law.

The monitoring report should include such important information as the average time required to process applications by DASIS-eligible persons for public assistance, enhanced rent, home care and other benefits and services, the number of DASIS clients housed in inappropriate commercial SROs and the average length of stay in such SROs, the number of DASIS cases improperly closed and then reopened, the number of fair hearings requested by DASIS clients and decided in their favor, and the average length of time required for compliance with favorable fair hearing decisions.

The monitoring requirements of the bill are particularly important since DASIS has never conducted quality assurance activities, collected data or generated reports in any manner that would enable HRA to judge its own provision of services to New Yorkers with HIV / AIDS, enable persons with HIV / AIDS to hold DASIS and HRA accountable, or enable the City Council to conduct meaningful oversight of the agency. As the Giuliani Administration acknowledged in the DAS restructuring plan it released almost two years ago, "since DAS does not document its outcomes nor measure its service delivery....there is no record of how clients fare from initial contact to the receipt of services." We hope that the failure to meet the law's monitoring requirements does not mean that DASIS still has no idea how it's doing in meeting the survival needs of men, women and children living with HIV / AIDS.

Without monitoring reports, it will continue to be impossible for anyone to determine if the City is meeting its legal mandate to provide eligible persons living with HIV disease with the benefits and services to which they are entitled within 20 working days (§ 21-128(c)(2), or to meet minimum client-to-case manager ratios (§ 21-127(i)).

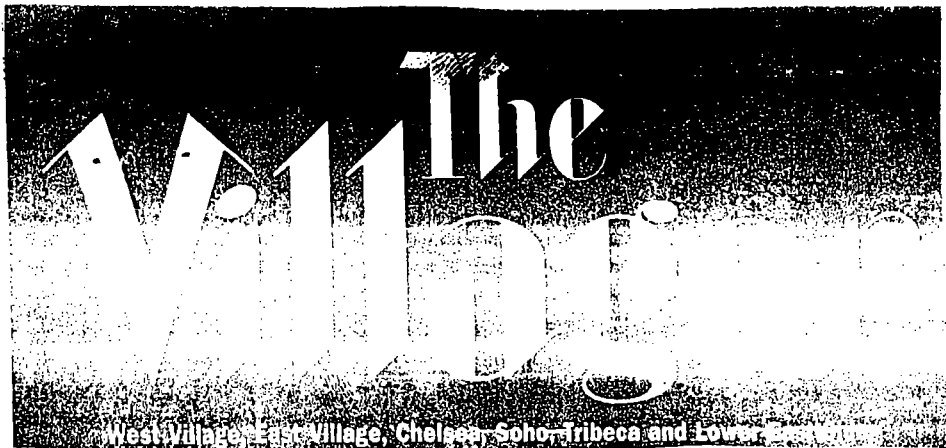
Conclusion

The Giuliani Administration has failed to comply with at least seven important aspects of the landmark AIDS services law Mayor Giuliani signed with great fanfare on July 11, 1997. The Administration should be held to a high standard of strict compliance with City law and effective implementation of City policy in this area, particularly as its public relations have trumpeted the Administration's effectiveness and dedication to the law in many other areas of municipal administration.

Housing Works calls on DASIS, on HRA and on Mayor Giuliani to take immediate steps to comply with the important requirements of this important law--to amend DASIS policies in response to the law, to train affected staff, and to inform New Yorkers living with HIV / AIDS of their rights under the legislation.



Dear Sandy -
Congratulations - Great
job, on Needle Exchange
Keep up the Fight -
Now this pile of papers
is about a very serious
problem in N.C.
We should put a fire under
HUD, to get moving
on this A.S.A.P. -
Let's look,
Jeth.



March 4, 1998

1000g

HOUSING

Talking Point

End the vendetta

BY KEITH CRANDELL

A week ago Monday, a man from Wisconsin named Jason Turner took over as head of the City's Human Resources Administration. Two days later, he fired nine of the agency's 14 senior staff members. Bang! Out went the managers of welfare, of facilities, of crisis intervention, of budgets, and so on. Two weeks to clean out your desks and find new work.

To put in mildly, this Wednesday Morning Massacre seems to suggest that Jason Turner intends to make changes in the H.R.A. and its services to poor people. (In Wisconsin, where he headed the state welfare program, he presided over a 58 percent reduction in the number of families on welfare.)

Whether the changes he seeks in New York will be good or bad for HRA's huge clientele -- and for the city as a whole -- remains to be seen. My own experience in dealing with H.R.A. over the years is that it is a mixed bag. Its ranks include a great many remarkable people who work very hard on behalf of New Yorkers who genuinely need help. There are also, unhappily, drones and obstructionists. If Turner's mission is to rid the H.R.A. of its drones and obstructionists, all of us -- the poor, the middle class, and the well-to-do -- will be better off.

Turner's challenge is daunting -- to overhaul an agency of 19,000 people, which has a mission which often seems at odds with the mean-spirited, blame-the-poor philosophy which pervades the political atmosphere from the President on down.

As long as Turner is interested in making changes, we have a suggestion for him. If he accepts it, he may make his life a little easier in his new task. The suggestion is this:

End the vendetta against Housing Works.

The vendetta, which should never have been initiated in the first place, is intended to undermine a not-for-profit agency which has been notably successful in providing homes and services for our neighbors with AIDS. This eight-year-old agency is located on Broadway just south of Houston St., with local facilities on W. 13th, E. Ninth, and Crosby Sts. About one-third of its funding comes from the city.

Housing Works now has the H.R.A. and the city in court, seeking to, in effect, bring the city's vendetta to a close -- to restore Housing Works' \$4.3-million scattered-site housing program, which serves 181 households and 260 people, to renew city negotiations with Housing Works for operation of a state-of-the-art housing facility on E. Ninth St., and to reinstate Housing Works as a qualified provider of services to people with AIDS.

Housing Works is not just a good provider of services for its clients. It is also a persistent advocate for its clients. And therein seems to lie the real source of the HRA's problem with Housing Works.

Here's one little example which just surfaced at the H.R.A.'s much criticized Waverly Center on W. 14th St. Until recently, clients of the H.R.A.'s Department of AIDS Services were able to go directly to their case workers on the third floor. Now, H.R.A. requires them to cluster in line in the lobby at the AIDS services window -- readily identifiable as people with AIDS. Last week, Housing Works complained publicly that the new procedure is "a clear violation of the confidentiality protections guaranteed by the state."

Continued on page 29

Talking Point

Continued from page 10

A small matter in the overall AIDS picture? Perhaps. But it is a clear instance of the dogged determination of Housing Works to stick up for its constituency even at the risk of stepping on sensitive toes. And it is also a clear instance of why some in the HRA might find Housing Works to be a pain in the neck.

The vendetta makes the H.R.A. appear arrogant and unwilling to accept either criticisms or suggestions. Surely this is not the image Turner would want to project for this human services organization. Housing Works is not about to give up its role as advocate for its clients. Nor should it. But surely the H.R.A. is big enough to take criticism -- to act on useful suggestions

such as the Waverly Center case, and to disagree when disagreement is warranted.

Mr. Turner, in case your new subordinates haven't briefed you, the court case is not going very well for H.R.A. It hit rock bottom last week. H.R.A.'s main claim against Housing Works is based on an H.R.A.-sponsored audit which claims that Housing Works misspent a million dollars in public funds. In State Supreme Court, Housing Works has tried to get an evidentiary hearing to see whether the audit was accurate or not. Amazingly, H.R.A. resisted. A few days ago, Judge Emily Jane Goodman has ruled that the audit can be scrutinized. The court has also ordered the city to continue to pay rents on the scattered-site apartments occupied by

the 181 Housing Works clients. The appellate court upheld that decision. Finally, last week Judge Goodman ordered the city to immediately end its "effective disbarment" of Housing Works to provide services and housing for people with HIV and AIDS. The decision, says Housing Works, "effectively divests the city of its most devastating weapon" against Housing Works.

Not only is the H.R.A. court case in trouble -- and wasting tons of money that might better be spent on human services -- but the agency's vendetta is making nothing but enemies among people who know Housing Works. Councilmembers Tom Duane of Manhattan and Steve DiBrienza of Brooklyn have mustered

support from a small army of public officials and a growing number of civic groups for an *amicus curiae* brief on behalf of Housing Works.

Finally, Mr. Turner, there is no better time to call off this vendetta than now. You don't have to worry about "saving face" because you didn't start it in the first place, and because those who did have probably been banished. Here's a chance to show that you are not tied to the failed policies of your predecessors. End the vendetta.

VOLUNTEERING
in your Community



For Immediate Release

March 12, 1998

Contact: Jeanne Bergman, 212-966-0466, ext. 296
Councilmember Tom Duane: 212-929-5501
Councilmember Stephen DiBrienza: 212-788-6969
Public Advocate Mark Green (Joe dePlasco): 212-669-4195

City Workers Collude in Exploitation of People with AIDS in Squalid, Dangerous SRO Hotels; Mayor's Office Suppressed Report Detailing Crimes and Conditions

At a City Hall press conference this morning, City Councilmembers Tom Duane and Stephen DiBrienza, joined by Public Advocate Mark Green and representatives from Housing Works, revealed that the Mayor's Office has suppressed a report commissioned by the City that shows that workers from the City's Human Resources Administration have been complicit in the exploitation of people with AIDS that the City places in squalid, dangerous SRO hotels.

HRA's Division of AIDS Services/Income Support (DASIS) houses over 1,500 homeless people with AIDS in the filthy, crime-ridden Single Room Occupancy hotels at exorbitant monthly rates. The report dramatically describes how the DASIS residents in these hotels must contend with predatory criminal activity, including open drug dealing, loan sharking, theft, sex work, displacement from rooms, extortion and intimidation. In many cases, the report says, the hotel management is actively dealing drugs (pages 49-52), loaning money to residents at exorbitant interest rates and collecting with a "posse" on check day (page 54), and participating in other illegal activities.

HRA "out-stations" DASIS workers in many of the Single Room Occupancy hotels. These City workers are supposed to provide residents with HIV and AIDS with supportive services, referrals, and assistance in obtaining permanent housing. But the report shows that the HRA workers in the hotels seldom assist clients. They were often absent; when they did come to work, they watched TV, chatted on the phone and were complicit in the criminal activity in the hotels. One HRA worker refused to call 911 or an ambulance for a sick resident (page 103); another gave food from God's Love We Deliver to his favorite residents rather than to those it was meant for (page 37).

The report also hints at ties between NYPD officers and the corrupt hotel management: "Two or three rooms in the Hayden are reserved for [drug related] business operations and for the personal use of local policemen and for the up scale sex workers" (page 52).

--more more more--

The 115-page report detailing the participation of hotel management and the complicity of DASIS workers in criminal activity was produced by the AIDS Outreach and Prevention Center of National Development and Research Institutes, Inc. (N.D.R.I.), a large, not-for-profit New York City research agency. N.D.R.I. has a small but extremely effective outreach program serving SRO residents with AIDS. Advocates are concerned that the City may punish N.D.R.I. for having written an honest report by refusing to renew the agency's contract.

The report was submitted to the Mayor's former AIDS Policy Coordinator, Ronald Johnson, in late Spring, 1997. Allen Feldman, Ph.D., who authored the report, testified about the report's findings at public hearings about the Division of AIDS Services/Income Support last October. The head of DASIS, HRA Deputy Commissioner Gregory Caldwell, chaired the hearing and heard the testimony.

Since receiving the report, the City has done nothing to improve the conditions in the SROs. Instead, it has suppressed the report. Despite knowledge of the nightmarish conditions in the hotels and of the collusion of DASIS workers in illegal and unethical activities, HRA is continuing to house people with AIDS in the hotels at a monthly rate of from \$800 to over \$1,000, and to place the corrupt DASIS workers in the hotels at an annual cost of \$1.36 million. Ironically, these funds are taken from the City's federal HUD funds intended for AIDS housing.

Last week, the report was leaked to Housing Works, a non-profit provider of housing, services and advocacy for homeless people with HIV and AIDS. Housing Works decided to make the report public immediately, in order to help stop the abuse of SRO residents living with AIDS.

New York City Councilmembers Stephen DiBrienza and Tom Duane, who authored last year's DASIS legislation that protects and extends services and benefits for people with HIV and AIDS, told reporters that housing vulnerable people with HIV and AIDS in the filthy, dangerous hotels is a violation of Local Law No. 49 of 1997, which requires DASIS to place clients in safe, secure and medically appropriate housing.

Housing Works is calling on federal and City agencies to investigate the crime-ridden SRO hotels, the City's practice of paying exorbitant rents to place its most vulnerable residents in the squalid conditions, and the collusion of SRO hotel management and HRA workers in criminal activities in the hotels. Copies of the report are being delivered to Commissioner Edward J. Kuriensky of the Department of Investigation, District Attorney Robert M. Morgenthau, John McGlynn, the Regional Inspector General of Investigations, and Michael Horowitz of the US Attorney's Office, Southern District.

--more--more--more--

Housing Works is also sending a copy of the report to Jack Johnson, Deputy Director of Community Planning and Development for HUD, which allows \$1.36 million in federal AIDS housing dollars to be used for salaries for the HRA personnel in the SROs, and is urging HUD to refuse to continue to fund the tainted program.

"It is outrageous and unethical for the City to spend a fortune in tax dollars to house people with HIV and AIDS in these appalling, inhumane conditions, and to spend another fortune on HRA staff who collude with the hotels in preying on these residents," said Charles King, Co-Executive Director of Housing Works. He added, "New York City needs to shut down these SROs now and develop safe, permanent and healthful housing for people with HIV and AIDS. HRA staff should be thrown out of these hotels immediately."

Mr. King said that the federal AIDS housing funds currently used to perpetuate the SRO system should be used to create permanent AIDS housing. Not-for-profit, community-based programs providing real services for the SROs residents--like the excellent harm reduction services that led to this report--should be maintained during the transition.

Copies of the report can be obtained from Jeanne Bergman at 212-966-0466, ext. 296.

end

Report Says Crime Is Rampant At Hotels for People With AIDS

By **LYNDA RICHARDSON**

A report commissioned by the Giuliani administration on conditions in the city's single-room-occupancy hotels for people with AIDS has found that criminal activity is rampant in the hotels, with the full knowledge of some of the city workers stationed in the hotels to assist residents.

The report, commissioned by the Mayor's Office of AIDS Policy Coordination, paints a nightmarish picture of drug-dealing, prostitution and extortion — a combination that has created a "hotel addiction," which can make the residents unwilling to leave or seek treatment.

The 113-page report, which does not identify any employees of the city's Human Resources Administration, is based on visits to five single-room-occupancy hotels over a year. It was conducted by a nonprofit research and service agency in New

York, the National Development and Research Institutes, which regularly sent its field workers into the hotels.

The hotels evaluated in Manhattan were the Hayden Hall Hotel on West 79th Street, the Kent Hotel on West 83d Street, the California Suites near Columbia University, and, in the Bronx, the BZB and Carver Hotels.

The report said that the hotel managers and the H.R.A. staff members, who provide social and housing services in the hotel, significantly contributed to unsafe conditions there. According to the report, it would be "easy and convenient to blame the life styles, behavioral deficits and disabilities" of residents for the conditions in many hotels, "but this would only be a partial truth."

The agency won a \$317,000 city contract in March 1996 to conduct the evaluation. The report was submitted to the city in spring 1997, and since then, the agency's contract has been extended.

Housing Works, a social service agency that finds shelter for poor people with AIDS and which is involved in unrelated legal disputes with the Giuliani administration, obtained a copy of the report and released it to reporters.

The Mayor's press secretary, Colleen A. Roche, said it was inappropriate to comment because the matter has been referred to the city's Department of Investigation. The status of that investigation could not be learned last night. Ms. Roche said that in releasing the report, Housing Works was seeking to promote "their own biased political agenda."

The report was intended to determine what prevented residents from seeking alternative housing and drug treatment. Advocates said the five hotels in the report, housing about 400 residents with AIDS, reflected similar conditions experienced by the nearly 2,000 residents with AIDS in the city's other hotels.

The report found that residents feared that their rooms would not be waiting for them if they left to get long-term drug and medical treatment. In some instances, H.R.A. workers gave food only to their favorite residents.

At the Hayden Hotel, the report said that a couple of rooms were reserved for the use of prostitutes.

At the Carver Hotel, the report said an H.R.A. worker routinely watched television or talked on the telephone while on duty. In one instance, the report said, the worker made no effort to call an ambulance for an ailing resident.

In addition, according to the report, hotel management at the Carver maintained a loan-sharking business, charging a 100 percent interest on the principal. The hotel manager, the report said, had a "personal posse" that served as loan collectors.

DAILY NEWS

http://www.mostnewyork.com

NEW YORK'S HOMETOWN NEWSPAPER

Friday, March 13, 1998

AIDS housing's hellish — report

By FRANK LOMBARDI

Daily News Staff Writer

A report prepared for the city — and kept secret — charges that homeless people with AIDS are being housed in rip-off horror hotels plagued by sex rings, drug dealing, loansharking, shabby conditions, and corrupt managers and city workers.

Five privately owned single-room-occupancy hotels in Manhattan and the Bronx that house hundreds of AIDS sufferers are cited in the report.

The city pays \$800 to \$1,000 a month to shelter each AIDS patient in dozens of such hotels.

The report cited problems ranging from open drug dealing and the exchange of sex for drugs to suicides — and even a murder.

The report, which covers a period from May 1996 to March 1997, was written by a nonprofit agency with city contracts — the Center for AIDS Outreach and Prevention of the National Development and Research Institutes Inc. It was prepared for the Mayor's Office of AIDS Policy Coordination.

Referring to conditions at the California Suites, a 100-room hotel near Columbia University, the report says, "There is a thriving sex industry comprised of female and male sex workers. ... Synthetic heroin has been sold in the hotel since September 1996. ... Room robberies are commonplace in the hotel."

Other horror hotels cited in the report were:

■ The Hayden Hall Hotel on W. 79th St.

The Hayden is in a well-to-do neighborhood behind the American

Sez corruption plagues hotels

Museum of Natural History, and the hotel's facade is upscale. But the two floors used for AIDS tenants are decrepit, with "rooms as small as broom closets," according to the report. And many of the well-dressed tenants on other floors are "upscale sex workers."

■ The Carver Hotel on Prospect Ave. in the Hunts Point section of the Bronx.

"Management maintains a loan-sharking business, charging a 100% interest on the principal amount loaned," the report says. "The hotel manager has a 'personal posse' that serves as loan collectors."

■ The BZB Hotel, also in Hunts Point.

"The food is fatty, overcooked and served cold. ... The majority of residents at the BZB are fully integrated into the drug trade and/or sex work scene of the area," the report says.

■ The Kent Hotel on W. 83rd St.

The city worker who is supposed to monitor the hotel "never visits the Kent," the report says. Tenants included 18 illegal Mexican immigrants who slept at the hotel at night. "Independent drug dealing in the hotel is tolerated," the report says.

Efforts to obtain comments from the hotels were unsuccessful.

No one was available for comment at the Carver and California Suites Hotels last night. No one answered the phone at the Hayden Hall Hotel.

A staffer at the Kent declined to com-

ment. The BZB had no listed telephone number.

The report was leaked to members of Housing Works, a homeless advocacy group that serves people with AIDS and HIV. The group, joined by two City Councilmen — Tom Duane (D-Manhattan) and Stephen DiBrienza (D-Brooklyn) — made the report public yesterday.

They called for investigations by law-enforcement agencies into the conditions cited in the report. They also accused the Giuliani administration of having suppressed the study for nearly a year.

Mayor Giuliani, while on a trip to Washington, blasted the release of the report and said the leak will "jeopardize an investigation" by the city's Department of Investigation.

Giuliani said the AIDS activists were spreading "a very, very false picture ... for the purpose of getting attention for themselves."

But DiBrienza, who heads the Council's General Welfare Committee, said the conditions in the report violate a city law requiring "safe, secure and medically appropriate housing" for AIDS sufferers. He vowed that his committee would hold hearings.

In a slam at the mayor, DiBrienza said, "They take credit for the good news in this city, and they deep-six and bury the bad news whenever it occurs."

Duane, who is gay and HIV positive, added, "It's a disgrace that the city has allowed people with AIDS for the past year — knowing about the report — to continue to live in these deplorable conditions."



TODD MAISEL

OPENING THE DOOR: Ginny Shubert of Housing Works, a homeless advocacy group, appears at news conference to criticize the city for neglecting hotel residences for people with AIDS, as described in report kept secret for a year.

Enfermos de Sida en condiciones infrahumanas

Hacinados en albergues, son víctimas de actividades ilícitas

JUAN SOTO BOUZAS

Un informe secreto indica que personas infectadas con el virus del SIDA que viven en habitaciones para un solo ocupante en hoteles pagados por la ciudad de Nueva York, residen en condiciones espantosas, peligrosas, y rodeadas de actividades ilícitas, como por ejemplo prostitución.

El informe autorizado por la Oficina de Coordinación de SIDA (*AIDS Policy Coordination*) del gobierno de Rudolph Giuliani, refleja además que empleados del municipio neoyorquino están enterados de estas actividades criminales, pero no hacen nada para impedirlos.

En el informe de 115 páginas y que ha sido filtrado a los medios de comunicación por parte de *Housing Works*, una organización que presta servicios sociales dedicada a buscar viviendas a personas afectadas con SIDA, se describe hoteles plagados de prostitución, venta y uso de narcóticos, intimidación y extorsión.

"Estas personas con SIDA viven en condiciones deplorables...", manifestó ayer Keith Zylar, director de *Housing Works*. "En ocasiones, la gente es obligada a dormir en sótanos, no tiene acceso ni a cocina ni a baño, y viven en condiciones peligrosas".

Zylar explicó que la ciudad paga entre 800 y 1.000 dólares mensuales por cada una de las aproximadamente 2.000 personas con SIDA que viven en estos hoteles, conocidos como *single-room-occupancy (SRO) hotels*.

Los hoteles examinados en el informe fueron el *Hayden*, *Kent* y *California Suites* en Manhattan, y los hoteles *Carver* y *BZB* en El Bronx.

Housing Works, sin embargo, indicó que los 400 residentes con SIDA en estos cinco hoteles, más o

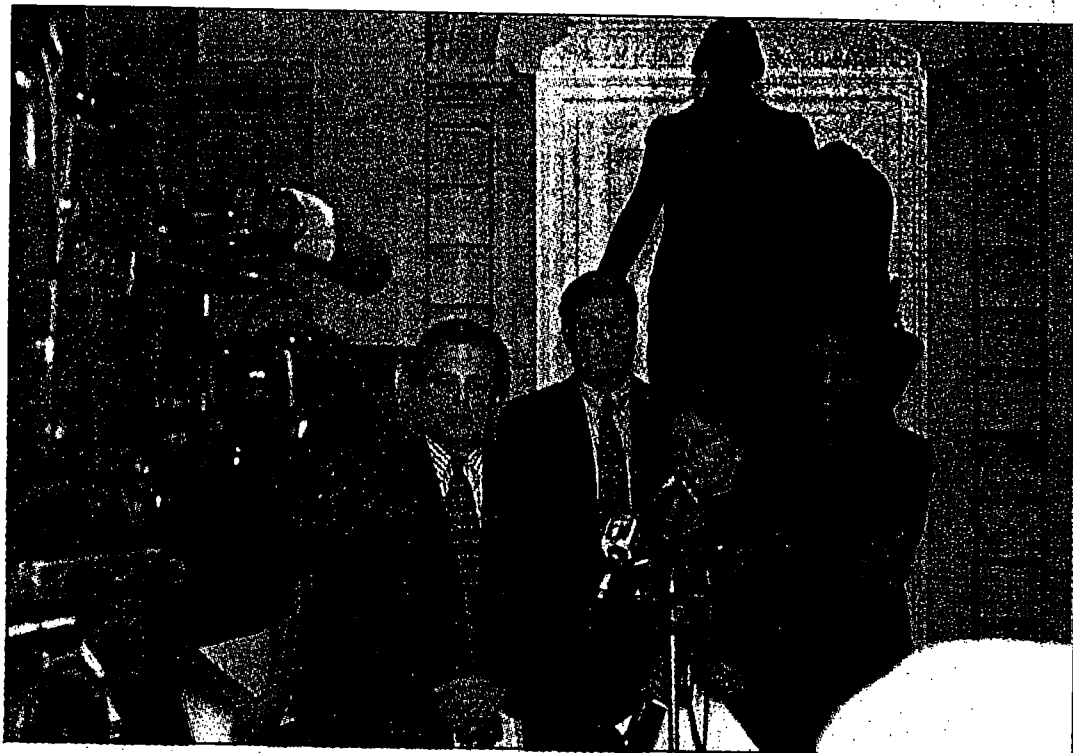


Foto: JOSE ROSARIO/EDLP

PRESENTAN INFORME - Virginia Shubert (der.), miembro de la junta de *Housing Works* habla con los periodistas frente a la alcaldía. La acompañan el director de dicha institución, Keith Zylar (der.), y los concejales Stephen DiBrienza (izq.) y Tom Duane (centro).

menos reflejan las mismas condiciones de vivienda en los otros hoteles de este tipo a lo largo de la urbe neoyorquina.

El informe fue entregado al gobierno de Giuliani en la primavera de 1997, pero "no han dicho o hecho nada hasta el momento", apuntó el concejal Stephen DiBrienza, quien junto al concejal Tom Duane, recalcaron que bajo la ley, personas infectadas con el virus del SIDA, deben de ser alojadas en lugares seguros y limpios.

"Es una vergüenza que la ciudad permita que estas personas con SIDA continúen viviendo en condiciones tan lamentables", reiteró el concejal Duane.

Sobre el informe, una portavoz del alcalde dijo que la situación está siendo examinada por el Departamento de Investigación de la ciudad.

Además, el informe señala que empleados de la Agencia de Recursos Humanos (HRA) asignados a los hoteles para ofrecer servicios a los residentes, no han hecho nada y han contribuido, presuntamente, a las peligrosas condiciones de vida en los hoteles.

Al cierre de esta edición, una portavoz del HRA, no contestó a llamadas para comentar sobre el caso.

El informe fue realizado por una organización de investigación sin

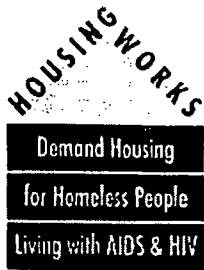
finés de lucro en Nueva York, conocida como Institutos Nacionales de Desarrollo e Investigación, la cual envía a empleados a los hoteles.

El informe asegura además que:
■ Unas habitaciones en el hotel *Hayden* eran usadas para prostitución.

■ En el *Kent*, emigrantes mexicanos ilegales pagan por vivir en el sótano del hotel.

■ Frente y dentro de los hoteles *California*, *BZB* y *Carver* presuntamente individuos vendían drogas a residentes de los hoteles.

■ En el *Kent*, por ejemplo, mujeres intercambian sexo por drogas en varias habitaciones del hotel.



Housing Works

New York AIDS Issues Update

March 13, 1998

Vol. IV, No. 11

City Workers Collude in Exploitation of People with AIDS **Warehoused by DASIS in Squalid, Dangerous SRO Hotels;** **Mayor's Office Suppressed Report Detailing Crimes and Conditions**

At a City Hall press conference on Thursday morning, City Councilmembers Tom Duane and Stephen DiBrienza joined representatives from Housing Works to reveal that the Mayor's Office has suppressed a report commissioned by the City that shows that workers from the City's Human Resources Administration have been complicit in the exploitation of people with AIDS that the City places in squalid, dangerous SRO hotels.

HRA's Division of AIDS Services/Income Support (DASIS) houses over 1,500 homeless people with AIDS in the filthy, crime-ridden Single Room Occupancy hotels at exorbitant monthly rates. The report dramatically describes how the DASIS residents in these hotels must contend with predatory criminal activity, including open drug dealing, loan sharking, theft, sex work, displacement from rooms, extortion and intimidation. In many cases, the report says, the hotel management is actively dealing drugs (pages 49-52), loaning money to residents at exorbitant interest rates and collecting with a "posse" on check day (page 54), and participating in other illegal activities.

HRA "out-stations" DASIS workers in many of the Single Room Occupancy hotels. These City workers are supposed to provide residents with HIV and AIDS with supportive services, referrals, and assistance in obtaining permanent housing. But the report shows that the HRA workers in the hotels seldom assist clients. They were often absent; when they did come to work, they watched TV, chatted on the phone and were complicit in the criminal activity in the hotels. One HRA worker refused to call 911 or an ambulance for a sick resident (page 103); another gave food from God's Love We Deliver to his favorite residents rather than to those for whom it was meant (page 37).

The report also hints at ties between NYPD officers and the corrupt hotel management: "Two or three rooms in the Hayden are reserved for [drug related] business operations and for the personal use of local policemen and for the up scale sex workers" (page 52).

The 115-page report detailing the participation of hotel management and the complicity of DASIS workers in criminal activity was produced by the AIDS Outreach and Prevention Center of National Development and Research Institutes, Inc. (N.D.R.I.), a large, not-for-profit New York City research agency. N.D.R.I. has a small but extremely effective outreach program serving SRO residents with AIDS. Advocates are concerned that the City may punish N.D.R.I. for having written an honest report by refusing to renew the agency's contract.

The report was submitted to the Mayor's former AIDS Policy Coordinator, Ronald Johnson, in late Spring, 1997. Allen Feldman, Ph.D., who authored the report, testified about the report's findings at public hearings about the Division of AIDS Services/Income Support last October. The head of DASIS, HRA Deputy Commissioner Gregory Caldwell, chaired the hearing and heard the testimony.

Since receiving the report, the City has done nothing to improve the conditions in the SROs. Instead, it has suppressed the report. Despite knowledge of the nightmarish conditions in the hotels and of the collusion of DASIS workers in illegal and unethical activities, HRA is continuing to house people with AIDS in the hotels at a monthly rate of from \$800 to over \$1,000, and to place the corrupt DASIS workers in the hotels at an annual cost of \$1.36 million. Ironically, these funds are taken from the City's federal HUD funds intended for AIDS housing.

The report was leaked to Housing Works, a non-profit provider of housing, services and advocacy for homeless people with HIV and AIDS, last week. Housing Works decided to make the report public immediately, in order to help stop the abuse of SRO residents living with AIDS.

New York City Councilmembers Stephen DiBrienza and Tom Duane, who authored last year's DASIS legislation that protects and extends services and benefits for people with HIV and AIDS, told reporters that housing vulnerable people with HIV and AIDS in the filthy, dangerous hotels is a violation of Local Law No. 49 of 1997, which requires DASIS to place clients in safe, secure and medically appropriate housing. Public Advocate Mark Green released a statement that read in part: "I am concerned that the City has known about this report and these conditions for nearly a year and apparently continues to house people with AIDS in these SROs and to spend housing funds for these workers."

Housing Works is calling on federal and City agencies to investigate the crime-ridden SRO hotels, the City's practice of paying exorbitant rents to place its most vulnerable residents in the squalid conditions, and the collusion of SRO hotel management and HRA workers in criminal activities in the hotels. Copies of the report were delivered to Commissioner Edward J. Kuriansky of the Department of Investigation, District Attorney Robert M. Morgenthau, Regional Inspector General of Investigations John McGlynn, and Michael Horowitz of the US Attorney's Office. Councilmember Stephen DiBrienza, who chairs the Council's General Welfare Committee, plans to hold hearings soon on the SROs and DASIS' use of them for AIDS housing in violation of Local Law No. 49 of 1997.

Housing Works also sent a copy of the report to Jack Johnson, Deputy Director of Community Planning and Development for HUD, which allows \$1.36 million in federal AIDS housing dollars to be used for salaries for the HRA personnel in the SROs, and is urging HUD to refuse to continue to fund the tainted program.

"It is outrageous and unethical for the City to spend a fortune in tax dollars to house people with HIV and AIDS in these appalling, inhumane conditions, and to spend another fortune on HRA staff who collude with the hotels in preying on these residents," said Charles King, Co-Executive Director of Housing Works. He added, "New York City needs to shut down these SROs now and develop safe, permanent and healthful housing for people with HIV and AIDS. HRA staff should be thrown out of these hotels immediately."

Mr. King said that the federal AIDS housing funds currently used to perpetuate the SRO system should be used to create permanent AIDS housing. Not-for-profit, community-based programs providing real services for the SROs residents--like NDRI's excellent harm reduction services that led to this report--should be maintained during the transition.

The New York Times quoted Colleen Roche, the Mayor's press secretary, as having said that Housing Works made the report available to promote "their own biased political agenda." The Mayor himself told the Daily News that the leak will "jeopardize an investigation" by the NYC Department of Investigation. But sources in the City, on condition of anonymity, said that there was no thought of investigating the SROs or HRA's involvement in them until Housing Works filed a Freedom of Information Act request just over two weeks ago.

Another Housing Works Court Victory: City Ordered to Treat Agency Fairly in Scattered Site RFP Process

In another important victory for Housing Works in the lawsuit challenging the City's illegal termination of its scattered site housing contract, New York Supreme Court Justice Emily Jane Goodman signed a temporary restraining order this week that requires the City to treat Housing Works as an existing scattered site provider in the ongoing scattered site RFP process. In requesting the TRO, Housing Works demonstrated that the City had biased the RFP process against Housing Works as part of a campaign of retaliation against Housing Works for its vocal criticisms of the Giuliani Administration's HIV/AIDS and homelessness policies.

Under City procurement rules, HRA is required to issue a request for proposals this year for the operation of all scattered site housing for the next three years. When the RFP was first issued in October, 1997, Housing Works was listed as an existing provider. Ongoing providers receive special consideration in the RFP process since it is important to ensure continuity for housed clients. In November, however, shortly after Housing Works held two public demonstrations protesting delays in the execution of its City contracts, HRA issued an "amended" RFP that eliminated Housing Works as an existing provider. The amended RFP went even further, limiting the number of units Housing Works could bid for in such a way that it would be impossible for Housing Works, even if successful, to continue to house the 250+ men, women and children in its program.

In the order signed this week, the Court ordered the City to abandon the amended RFP, and to "process the scattered site RFP under precisely the same terms and conditions as the initial, pre-amendment, scattered site RFP."

Housing Works' request for a preliminary injunction in the case will be heard by the Court this week. We'll keep you posted.

HRA Chief Turner Underwhelms Albany

Incoming New York City Human Resources Administration Commissioner Jason Turner provided little information on his plans for the sprawling agency in testimony before the Assembly and Senate Social Services Committees in Albany on Tuesday. Turner read extensive excerpts from Mayor Rudolph Giuliani's "State of the City" speech before both committees rather than preparing his own text, and his answers to most questions from legislators were evasive or noncommittal.

In response to questions from Assembly Members Dick Gottfried and Deborah Glick on HRA's plans for implementation of provisions regarding people with AIDS and HIV under the state's new welfare reform law, Turner said he was not familiar with the provisions and would have to study the issue and report back. Turner was similarly unprepared for questions on accommodations for individuals with disabilities in workfare and on the problem of English language skills as a barrier to entry-level employment. In a Reaganesque attempt to improvise an answer to the latter question from Assembly Member Roberto Ramirez, Wisconsin resident Turner ended up awkwardly pointing to the example of "restaurant workers who don't speak any English" he had "seen and met with" as being proof of the lack of language barriers to large-scale labor market entry by New Yorkers for whom English is not a first language.

Turner also suggested that vocational rehabilitation programs and specialized job training programs are the right answer for individuals with disabilities -- that's probably true, but current HRA policy is pulling folks out of those programs and pushing them into dead-end workfare slots. Turner spent much of his time defending his "strong belief" that the health and well-being of young children must be threatened or even destroyed in order to make their parents obey the rules of his welfare programs, and again pushed for a "full family" sanction (really a child sanction) amendment to the new state welfare law that would eliminate aid to children when parents don't comply with workfare requirements.

Assembly Social Services Committee Chair Rhoda Jacobs pointed out that Mayor Giuliani himself said only two months ago that he was against the child sanctions Turner imposed in Wisconsin, but Senate Social Services Chair Joseph Holland endorsed the proposal in a press release and photo-op with Turner after the Senate committee meeting. Assembly insiders say their house will block the harsh proposal to sanction kids, citing specific strong stands against the proposal by powerful Ways and Means Committee Chair Herman "Denny" Farrell and straightforwardly moral qualms raised by Speaker Sheldon Silver and many others in the Assembly leadership.

Public DOH Speak-Outs on HIV Name Reporting and Notification Scheduled for March 23 and 24 from 6 to 8 PM

In response to insistent requests for more public participation into the NYS AIDS Advisory Council workgroup on HIV surveillance, the AIDS Institute of the NYS Department of Health has scheduled two days of public meetings connected by television conference hook-ups. It's a decent opportunity to bring folks from your community together to discuss the real prospect of an end to HIV confidentiality in New York and the possible start of a new dark period of government-created HIV criminals.

Many State and Federal officials and publicity-driven legislators want to move forward with new laws that would require government officials to keep a list of all people who are HIV-positive, require government notice to sex and drug partners of all listed individuals, and mandate felony jail terms for those who don't cooperate or don't notify their partners of their HIV status themselves. This legislation has already passed out of the State Senate Health Committee and is being seriously considered by Assembly Speaker Sheldon Silver and his political aides.

On Monday, March 23, from 6 PM to 8 PM, four sites in the boroughs of New York City will be connected and open for public comment: for more information including the location of the hook-up sites, contact Andrea Small of the AIDS Institute Staff at 518-473-2903, call 518-473-2903 for NYC site information, or check the Update next week.

On Tuesday, March 24 from 6 PM to 8 PM sites on Long Island, upstate and in New York City will be connected as follows: Albany NYSDOH offices in Corning Tower Empire State Plaza Room 2292 (Contact Richard Cotroneo 518-474-3045); Rochester NYSDOH office 42 S. Washington

(Contact John Altieri 716-423-8116 or 800-962-5063); Syracuse NYSDOH office 217 S. Salina St. (Contact Howard Lavigne 315-426-7628 or 800-562-9423); New York City NYSDOH office 5 Penn Plaza -- 8th Avenue and 34th Street -- Room 302 (Contact 212-613-2492); Buffalo NYSDOH office 584 Delaware Avenue (Contact Bob Furlani 716-847-4543 or 800-962-5064); Hempstead, L.I. NYSDOH office 250 Fulton Avenue (Contact 516-565-4628 or 800-462-6785).

Housing Works clients and staff meet with legislators in Albany every week to fight these proposals. To join us, call Maria Mendez at the Housing Works Albany Advocacy Center at 518-449-4207.

AIDS Institute staff will be preparing a draft of a Work Group summary document which will summarize points on which the Work Group has reached consensus and issues on which there is still disagreement for the Work Group to discuss during their March 26th all-day meeting. The Work Group will reportedly be charged with developing a consensus or summary of its work and finding some way of ratifying or rejecting this document during the March 26th meeting.

AIDS advocates held another meeting of an ad hoc group at the Latino Commission on AIDS today. The group is planning a broader advocacy effort directed at the NYS Legislature and the Governor, who are considering several dangerous pieces of legislation on HIV name reporting, mandatory partner notification and criminalization of HIV exposure and disease. A teach-in and advocacy strategy meeting is planned for Friday, March 27, 2-4 PM, at a location to be announced. For more information, please contact Dennis deLeon at 212-675-3288, Jeanne Bergman at 212-966-0466-296, or Eric Sawyer at 212-864-5672.

ACT UP NY is urging people to take direct action against individual case reporting, mandatory partner notification and criminalization of HIV. ACT UP is calling for a "Demonstration against Demonization" on Thursday, March 26, at 8:30 AM, at the Final NYS HIV Surveillance Workgroup meeting, 5 Penn Plaza, Eighth Avenue below 34th Street. For more information, please call 212-966-4873. ACT UP general meetings are held every Monday at 7:30 PM at the Gay & Lesbian Community Services Center, 208 West 13th Street, NYC (between Seventh and Eighth Avenues).

The HIV/AIDS Human Rights Project is also urging AIDS organizations and individuals to send letters in opposition to HIV individual HIV case reporting, mandatory partner notification and criminalization of

HIV, e-mails and faxes to Governor Pataki, Commissioner of Health Barbara DeBuono, AIDS Institute Director Dr. Gus Birkhead, and members of the NYS Legislature. A copy of a sample letter on these topics follows:

Dear _____,

Recent reductions in the incidence of AIDS cases, largely related to treatments that slow the progression of HIV disease and reduce AIDS defining illnesses, have called into question the utility of an AIDS-only surveillance system. There is a need to develop better HIV surveillance systems to more accurately track the scope and trends of the epidemic.

However, current discussions that focus solely on reporting of individual identified HIV cases are misguided. This includes reporting the names of people who test positive for HIV as well as reporting individual cases through so-called "unique identifier" codes ("UIs").

Identified HIV case reporting will not yield good data. Scientific studies show that a majority of people most at risk of HIV will not seek testing if their names enter government lists. Other studies suggest that UIs will also deter testing. With such a skewed picture of the epidemic, how do health officials expect to monitor sero-prevalence? How will collecting names give useful information about at-risk behaviors, prevention efforts and treatment access?

An effective HIV surveillance system must include several types of surveillance activities. Such activities include sentinel studies, case counting, incidence and prevalence studies and behavioral surveillance. Cohort studies collect information about the epidemic without coercion.

Developing an effective HIV surveillance system is fraught with challenges. It must be developed in keeping with the public health goals that have proven to be most effective in fighting the spread of HIV. These goals include preserving the confidentiality of persons with HIV and AIDS, minimizing stigma and discrimination, and ultimately removing barriers to testing and care.

While members of affected communities continue to support the collection of accurate data about the epidemic, identified HIV case reporting of HIV tests or laboratory procedures are not the only, or even most effective way to gather data. Several databases already exist with detailed records of tens of thousands of people with HIV: Statewide Planning and Research Cooperative System, ADAP/ADAP+, Welfare Management System, NYS

and NYC TB Case Reports, AIDS Intervention Management System, Medicaid utilization data, NYC Division of AIDS Services and the NYS Cancer Registry--all of these in addition to anonymous testing sites contain information about cases of HIV the infected. How many additional registries must be created on people living with HIV?

Identified HIV case reporting will not bring people into the treatment process any earlier. The advent of combination therapies suggests that people with HIV may wish to consider treatment before they become symptomatic. But the deterrent effects of an identified HIV case reporting system means more people will not seek treatment. For example, poor people, IV drug users and people of color have historical reasons to fear their names on government lists. Immigrants who lack social security numbers and/or are worried about their residency status will be shut out from the healthcare system entirely.

Identified HIV case reporting will not increase efforts to end the AIDS crisis. A considerable amount of data has already been gathered regarding at-risk populations. Yet the government record on implementing proven prevention and education methods is a dismal failure. There are no guarantees that counting HIV cases will concomitantly occur with an increase in funding or the political will to enact these life-saving programs.

Identified HIV case reporting will lead to other, more insidious AIDS policies. Many proponents of names reporting also want to implement mandatory partner notification. Several bills in Albany would criminalize HIV transmission, actions that would also deter people at risk of HIV from seeking testing or treatment. The Coburn Bill in the US Congress would create a national HIV registry unparalleled among other diseases. Collecting names of people with HIV will only make it easier to implement these policies.

Center for Disease Control and Prevention is behind this latest push for names reporting. Should identified HIV case reporting be implemented in New York, many people will avoid testing, some will see their behavior criminalized, and still others will face deportation. People with HIV/AIDS will be forced to choose between their privacy and not knowing their sero-status. It is time for government bureaucracies to stop creating diversions and divisions and implement proven strategies to stop the AIDS crisis.

In consideration of all of the above, we urge the New York State Department of Health and the New York State government to resist the pressure from

the Center For Disease Control to create a national registry of names of people living with HIV and to resist the call to mandate partner notification and the criminalization of HIV.

We urge the New York State government to instead consider: expanding anonymous HIV test sites; increasing the availability of safer sex information and condom availability (especially in public schools); increasing funding for needle exchange programs and/or de-criminalization of needles; and, expanding prevention programs for prisoners.

New York State must also increase access to state of the art treatments through increasing funding for programs like ADAP and Medicaid to ensure that people with HIV/AIDS are not turned away from potentially life-saving treatments.

Sincerely,

(Your name and address)

Presidential AIDS Advisory Council Will Consider Asking for Shalala's Resignation: No More Business-As-Usual Without Needle Exchange

(From Chris Lanier/NCSLN) In November 1997, the Presidential Advisory Council on HIV/AIDS wrote a strongly worded letter to President Clinton requesting that he instruct Secretary Shalala to make a determination on needle exchange before January 27th. Since that time, a) the Secretary has not acted; b) the President has released a budget which includes a virtual decrease in AIDS prevention funding. Will the Administration do anything to stop HIV/AIDS? What will the Presidential Council do, now that it is obvious that the Administration does not take them seriously? The next Council meeting is on March 15-18th, at the Madison Hotel, M and North Capitol Streets, Washington, DC.

The Council will consider a resolution asking for Secretary Shalala's resignation on the grounds that she has not fulfilled her responsibility to make a public health determination on needle exchange. They may also hold a press conference on Tuesday (17) or Wednesday (18) to criticize the administration for continuing to allow injectors, their sexual partners, and their children to become infected. The Advisory Council meetings are open to the public and we encourage needle exchange advocates to attend, and show community support for the 'dump Shalala' resolution.

It makes no sense for the Council to continue its important work, while the Secretary of HHS

refuses to make a determination on such a central element of any strategy to stop AIDS transmission in the United States. The Council must refuse to conduct business as usual unless the administration takes a stand on needle exchange.

Call the Council member nearest you, and tell him/her to support the 'dump Shalala' resolution, and to encourage the council to make a public statement demanding federal funding for needle exchange.

Congresspersons take a stand Members of Congress who support needle exchange are becoming increasingly active. Congressional Black Caucus and Congressional Hispanic Caucus Chairpersons Waters (D-CA) and Becera (D-CA) wrote a joint letter to Shalala in February urging her to fund needle exchange. Minority leader Gephardt has also written to the Secretary. The grassroots campaign to urge friendly members to call the Secretary and the White House continues.

Call your Congressperson and ask them to contact the Secretary and urge a determination on needle exchange: Shalala's number is 202-690-7000; White House Domestic Policy Advisor Bruce Reed's number is 202-456-2216. Copies of the Water/Becera and Gephardt letters are available from the National Coalition to Save Lives Now at 212-213-6376, ext. 17; fax 212-213-6582, or e-mail ncsln@dti.net.

Draft of Resolution to be Introduced to the Presidential Advisory Council on HIV/AIDS at the Next Quarterly Meeting (March 15-18):

Given the growing concern regarding HIV/AIDS Prevention in the United States, and the dearth of leadership on the part of the Secretary of Health & Human Services; we consider the Secretary's leadership to be woefully inadequate in the context of Needle Exchange, Surveillance, Prevention funding, and content restrictions. Regarding the lifting of the federal ban on needle exchange, the Secretary has had over two years to review the science and make adequate recommendations, over one year to follow up on commitments made concerning her 1997 report on needle exchange, and several months to respond publicly to the challenge by Congress to present a viable program in this context. We therefore urge the President to immediately call for the resignation of Secretary of Health and Human Services Donna Shalala and to respond to the Council on this vital matter of national health and HIV/AIDS prevention.

Lobby Albany for Health Care and Welfare on March 17

The Welfare Reform Network and the Metro NY Health Care for All Campaign will go to Albany to lobby on Tuesday, March 17. Join them to tell your legislators what to do strengthen public assistance and health care. Call Liz Accles on welfare at 212-344-0195, or Mark Hannay on health care at 212-741-8535.

NYC AIDS Housing Network 3/18

The New York City chapter of the recently formed New York State AIDS Housing Network will hold its first general membership meeting on Wednesday, March 18, at 10 A.M. at Holland House, 351 West 42nd Street at Ninth Avenue. The AIDS Housing Network was formed from the obsolete NYS Aids Housing Advisory Committee, under the umbrella of the Supportive Housing Network of New York (SHNNY, formerly the SRO Providers Group). Consumers and providers of congregate and scattered site HIV/AIDS housing, support services and referrals are invited. For more information and to RSVP please call Tom Thompson at 212-870-3303.

Organizing Support Center March 20

The long-planned and newly launched New York City Organizing Support Center will hold an important general meeting on Friday, March 20, from 4 to 6 P.M., at the Community Service Society, 105 East 22nd Street (off Park Avenue South), Conference Room 4A, in Manhattan. The meeting will be devoted primarily to discussing issues of structure, membership, decision-making and accountability for the OSC. For more information, please call Helene Clark at 212-642-2566.

Racial Justice Day March 31

The sixth annual Racial Justice Day will be held on Tuesday, March 31. Gather to rally in City Hall Park at 4:30 PM; march to Tompkins Square Park at 6:30. (April 7 is the rain date). Organizing meetings are every Wednesday at 7 PM at CSS, 105 East 22nd Street at Park Avenue South, 9th floor.

Support uncompromising advocacy.
Subscribe to Housing Works' Update.
212-966-0466, ext. 226.

THEY WANT YOUR NAME ON A LIST

New York State says it wants to know how many people have HIV and where the AIDS epidemic is going. It wants to do this by **C.COLLECTING YOUR LAB AND HIV TEST RESULTS.** Your name will be put on a government list.

But we've known for years where the AIDS epidemic is going:

IT'S STILL HERE AND RAGING OUT OF CONTROL.

Why doesn't the State know this? Probably for the same reason there's still no condom education in schools, still no needle exchange, still no universal healthcare, and still no cure: **MURDEROUS, CRIMINAL NEGLIGENCE.**

More data, no action. Money lining the wallets of AIDS professionals.

People with HIV demonized and criminalized.

IS THIS ANY WAY TO FIGHT AN EPIDEMIC?

For eleven years, people have taken to the streets demanding an end to the AIDS crisis. **IT'S TIME TO DO IT AGAIN.**

No names. No numbers. No lists.

No excuses. Fight AIDS!

TRACKING ISN'T TREATMENT.

MAKING LISTS ISN'T PREVENTION.

COLLECTING NAMES ISN'T A CURE.

DEMONSTRATE AGAINST DEMONIZATION.

TELL NY TO GET ITS PRIORITIES RIGHT.

Thursday,

March 26

8:30 AM

NYS HIV Advisory Council

FIVE PENN PLAZA

W 34TH ST @ EIGHTH AVE

FOR MORE INFO CALL 212.966.4873

WE DIE. THEY COUNT BODIES. ACT UP.

ACT UP/NY • 32 Bleecker Street, Suite G5, NYC 10014 • General Meetings: Every Monday @ 7:30 pm at the Lesbian & Gay Community Services Center 208 W. 13th Street, NYC (bet. 7th & 8th Aves.) actupny@panix.com • <http://www.actupny.org> •

ACT UP is a diverse, non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis.

THEY WANT YOUR NAME ON A LIST

New York State says it wants to know how many people have HIV and where the AIDS epidemic is going. It wants to do this by **C.COLLECTING YOUR LAB AND HIV TEST RESULTS.** Your name will be put on a government list.

**But we've known for years where the AIDS epidemic is going:
IT'S STILL HERE AND RAGING OUT OF CONTROL.**

Why doesn't the State know this? Probably for the same reason there's still no condom education in schools, still no needle exchange, still no universal healthcare, and still no cure: MURDEROUS, CRIMINAL NEGLIGENCE.

**More data, no action. Money lining the wallets of AIDS professionals.
People with HIV demonized and criminalized.
IS THIS ANY WAY TO FIGHT AN EPIDEMIC?**

**For eleven years, people have taken to the streets demanding an end to the AIDS crisis. IT'S TIME TO DO IT AGAIN.
No names. No numbers. No lists.
No excuses. Fight AIDS!**

**TRACKING ISN'T TREATMENT.
MAKING LISTS ISN'T PREVENTION.
COLLECTING NAMES ISN'T A CURE.**

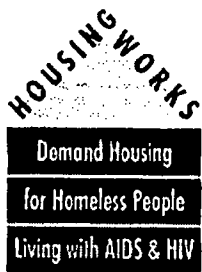
***DEMONSTRATE AGAINST DEMONIZATION.
TELL NY TO GET ITS PRIORITIES RIGHT.***

**Thursday,
March 26
8:30 AM**

**NYS HIV Advisory Council
FIVE PENN PLAZA
W 34TH ST @ EIGHTH AVE
FOR MORE INFO CALL 212.966.4873**

WE DIE. THEY COUNT BODIES. ACT UP.

ACT UP/NY • 32 Bleecker Street, Suite G5, NYC 10014 • General Meetings: Every Monday @ 7:30 pm at the Lesbian & Gay Community Services Center 208 W. 13th Street, NYC (bet. 7th & 8th Aves.) actupny@panix.com • <http://www.actupny.org> • ACT UP is a diverse, non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis.



Housing Works

New York AIDS Issues Update

March 6, 1998

Vol. IV, No. 10

JASON TURNER'S PLANS FOR HRA: **Massive Welfare HMOs Will Control Benefits, Services;** **Workfare for All; Threaten and Damage Kids to Influence Parents**

New York City Human Resources Administration Commissioner Jason Turner and his jet-set consulting team are planning to install a handful of huge private contractors to run the City's sprawling welfare system, according to those familiar with the plans. Turner will choose a half-dozen or so "welfare HMOs" that will receive huge monthly payments to provide all benefits and services to public assistance beneficiaries. These private contractors could stand to make substantial profits from benefits not paid to beneficiaries who either find jobs or are kicked off of aid. All adult beneficiaries will be required to participate in either workfare or subsidized jobs (and a small amount of training or education) for 35 to 40 hours every week, and will be cut off of aid for any missed appointments or for failure to hit the 35-hour mark. And infants and children will lose all aid if their parents fail to comply with new rules imposed by the City and private contractors.

Turner's plans appear to be a giganticized version of his much-hyped Wisconsin Works program, which succeeded in substantial reduction of welfare rolls everywhere except in Milwaukee, the state's only large urban area. (Wisconsin also has an unemployment rate about a third of that in New York City, and much smaller structural unemployment.) The new commissioner, who still lives in Wisconsin, has brought in a troika of advisors to impose his new plans on HRA: Mark Hoover, former "W2" operations chief and a veteran of Wisconsin state government; Lawrence Mead, a conservative welfare ideologue, NYU professor, and long-time advocate of mandatory full-time workfare; and Andrew Bush, founder of the

Welfare Policy Center of the right-wing Hudson Institute, which staffed and supported Turner in Madison as he conceived and implemented "W2." Turner is said to be "camped out" in New York with mayoral staff at City Hall, working daily with Giuliani and his aides in a fashion very different from his departed predecessors.

The new "welfare HMOs" will have large, wide and deep funding sources available to them, including all individual and family grant money, child care and welfare-to-work funding, a range of federal job assistance and training dollars, and a chunk of administrative fees. While it is possible that these funds could be used (through grant diversion and wage subsidies) to place public assistance beneficiaries in wage-paying jobs, it appears that most of this money will still go to fund status-quo workfare placements. The new regime will include a remarkable reliance on what is being called "simulated work," where beneficiaries will punch time clocks at workfare sites for a regular 35 to 40 hour week. (Turner plans to include all allowable expenses in the calculation of workfare wage-equivalents to increase the hours required.) While much will be made of efforts to get welfare applicants jobs instead of benefits (a very good idea), it appears that Turner and his crew have not yet identified any large source of new private-sectors jobs that would keep impoverished New Yorkers off of aid. As such, "simulated work" appears to be a new wrapper for the same old dead-end workfare slots, which have not been proven effective as stepping stones to employment for large numbers of public assistance beneficiaries in our city.

HIV Names Reporting Myths Debunked

by Anna Forbes, MSS

In response to a recent New York Times front page article about HIV names reporting, Anna Forbes of the Bryn Mawr School of Social Work and Social Research submitted a Letter to the Editor: it is reprinted in its entirety below.

To the Editor:

The federal shift toward requiring HIV reporting by name (as described in your August 21 article, "In Fight Against AIDS, Privacy Becomes Secondary Concern") is based on three faulty and dangerous assumptions:

- 1) that name-based reporting does not discourage HIV testing to any significant extent,
- 2) that the name of the individual testing HIV positive must be reported so that state employees can provide follow up for prevention and treatment, and
- 3) that unique identifier-based reporting systems are uniformly inefficient and inadequate.

The first assumption is contradicted by data from a recently completed eight-state, CDC-funded survey of public knowledge, attitudes and factors influencing HIV testing. Nearly 20% of the high risk people surveyed listed fear of name reporting as a reason for avoiding HIV testing. At a time when 50% of HIV positive Americans don't know they are infected, anything that discourages testing to this extent is a serious, not a secondary, public health concern.

The survey also disproved the second assumption. According to lead researcher, Dennis Osmond, MD, people with HIV got into care just as rapidly after being tested at anonymous test sites (where names aren't used) as they did after testing positive at confidential sites (where names are required). Survey data further showed that HIV positive anonymous test site patrons supplied the same number of partner names on average as confidential test site patrons did. These contact names are what's used in partner notification efforts—not the name of the person testing positive. Thus, name-based reporting is not essential to prevention follow up.

The third assumption, that coded HIV case reporting is unworkable, is disproved by Maryland's unique identifier reporting system and by similar systems used in France and Australia. Maryland's system, implemented three years ago with existing funding, accurately monitors statewide trends in HIV infection. Although still immature, it has achieved 96.6% completeness in reporting by state-funded HIV counseling and testing sites. Completeness rates from other testing sites (hospitals and private physicians) are lower but steadily improving. Most importantly, the coded system gathers comprehensive data without engendering the testing and care avoidance associated with name-based reporting.

It may well be time for national HIV case reporting but that doesn't mean it is time to require the collecting of people's names. Safer options exist and are no more complicated than the automatic bank teller machine codes we use every day.

If names aren't essential to tracking HIV trends, getting people into care or preventing HIV spread, why collect them? Perhaps this is the question to pose to Rep. Tom Coburn and CDC.

School District Bans HIV-Positive Nine-Year-Old Girl

The mother of an unidentified nine-year-old girl who is HIV-positive is planning to seek legal counsel after the child was denied enrollment in the Portage, MI, Public School system. An attorney for the Portage Public Schools said officials followed a district and state policy of creating a panel to study the medical records of any student with a communicable disease to determine the potential risks to other students. It is uncertain if HIV is classified a communicable disease. The girl's mother refused to turn over medical records to the school system, citing an invasion of privacy. The girl has since enrolled in a local private school.

No Date Yet for AIDS Advisory Council Meeting

The date of the next New York State AIDS Advisory Council meeting has not yet been

As in Wisconsin, private contractors will carry the burden of punishing, sanctioning and driving into destitution and homelessness those who do not or cannot comply with the rules. Turner has received national attention for his "strong belief" that the health and well-being of young children must be threatened or even destroyed in order to make their parents obey the rules of his welfare programs, and his push for a "full family" sanction amendment to the new state welfare law is consistent with his philosophy. It is not consistent with the stated philosophy of Mayor Rudolph Giuliani, who spoke at press conferences as recently as this year about his unwillingness to threaten and punish children as part of welfare reform. In a 180-degree flip-flop, Giuliani's top welfare aide Tony Coles this week stoked up the publicity machine to get state legislators to pass a "crush-the-kids" child sanction amendment included in a program bill submitted by Governor George Pataki. Coles specifically cited 18,000 households (including tens of thousands of kids) he wants to push off of aid and into the streets but can't under current law. (Coles did not cite the 72,000 appeals of sanctions filed each year by NYC welfare beneficiaries.) A large majority of states have rejected child sanctions in their welfare reform laws -- only 15 states threaten and damage kids in the aggressive way Turner, Coles, Giuliani and Pataki want to do it here in New York.

It remains unclear how welfare beneficiaries living with AIDS, HIV and other chronic illnesses and disabilities will fit into the new system. Local Law 49 requires a strong Division of AIDS Services and provision of benefits and services to eligible adults and kids without multiple service sites. And state law on individuals with HIV and other disabling conditions requires careful assessment for work limitations and disabilities and provides exemptions from workfare for those who can't participate. Just as medical HMOs don't want to sign up the chronically ill and disabled and don't serve them very well when they do, it's likely that the new welfare HMOs will seek to avoid high-cost utilizers of services and will seek to create barriers against access to expensive services for those who need them the most. And without significant training and connection to private employers who will hire people with disabilities, opportunities for employment and self-support will be lost. These important questions should be raised when Turner visits Albany next week on Tuesday, March 10, to speak to the Assembly and Senate Social Services committees and legislative and executive staff, and when he testifies before the City Council at budget hearings on March 16 or later in the month before the Social Services committee.

Correction: Blaustein Still at HRA

In last week's story about the termination of nine senior HRA administrators three days after Jason Turner took over as Commissioner, the Update erroneously named Burt Blaustein as among those fired. As of this writing, Mr. Blaustein is still Deputy Commissioner of Income Support. The Update regrets the error.

SRO Hotels Refusing DASIS Clients: DASIS Tells Homeless PWAs to "Make Their Own Arrangements"

Since January 1, a loosely-organized group of SRO hotel owners has been refusing to accept referrals from DASIS, the Division of AIDS Services/Income Support. The group of landlords, which includes some commercial SRO owners and a few non-profit providers, is boycotting DASIS clients in an effort to force HRA to pay accrued back rents. The arrears are owed for residents who were referred to the SROs by DASIS on an emergency basis without confirmation of their case status; when cases were either denied or subsequently closed, the landlords were not informed by DASIS until their requests for payment were rejected. By that time, some 60 days after moving in, the resident will have established tenancy rights and a substantial debt has been accrued.

DASIS has responded to the crisis in SRO housing by simply sending homeless people with HIV and AIDS away without referrals for emergency housing. According to DASIS' Doreen Malliet, the agency has adopted stricter "homelessness prevention and diversion" policies -- that is, it is sending people back to wherever they had been staying, however impossible or unsuitable that may be -- and making "increased use of the EAUs," (the Emergency Assistance Units, the housing placement offices notorious for the homeless families sleeping on their floors for days and weeks). But mostly, Malliet said, homeless DASIS clients "are making their own arrangements."

While the squalid, dangerous and inhumane conditions that obtain in many of the hotels render them inappropriate for even short-term, emergency AIDS housing, the City has consistently failed to force their improvement or to develop other options for homeless DASIS clients.

The SRO owners are not only seeking a settlement of the rent arrears, but are also fighting the City's occasional efforts to cut the rates paid by DASIS to the hotels. Shortly after then-Deputy

ROUTING SLIP*Day Treatment***5/19/97**

LAST NAME	FIRST NAME	DEPARTMENT	POSITION	SITE	TELE	EXT.	BEEPER
ANDERSON	Reneé	Day Treatment	Case Manager	13th Street	212-645-8111	137	917-457-4717
BATES	Dawn	Day Treatment	Senior Counselor	13th Street	212-645-8111	135	917-457-1769
BOYKIN	Cathy	Day Treatment	Intake Outreach Coordinator	13th Street	212-645-8111	130	917-457-1533
CAMPOS	Rolando	Day Treatment	Food Service Assistant	13th Street	212-645-8111	126	
COAMEY	Andrew	Day Treatment	Deputy Director	13th Street	212-645-8111	112	917-317-8359
DAGGETT	Richard	Day Treatment	Food Service Manager	13th Street	212-645-8111	126	201-281-8920
DIAZ	Peter	Day Treatment	Food Service Assistant	13th Street	212-645-8111	126	
GEBOE	Ben	Day Treatment	Clinical Social Worker	13th Street	212-645-8111	135	
GLIDDEN	Kay	Day Treatment	Staff Nurse	13th Street	212-645-8111	124	917-457-2589
GONZALEZ	Awilda	Day Treatment	Case Manager	13th Street	212-645-8111	134	917-787-3445
HERNANDEZ	Yessmin	Day Treatment	Nutritionist	13th Street	212-645-8111	136	917-926-1268
JABALY	Kedar	Day Treatment	Medical Doctor	13th Street	212-645-8111	122	
KRAMPITZ	Shirley	Day Treatment	Nurse	13th Street	212-645-8111	124	917-252-8101
LaBOY	Clara	Day Treatment	Physician's Assistant	13th Street	212-645-8111	119	917-457-9294
SCHARF	Amy	Day Treatment/9th St.	Nutritionist	9th St./13th St.	6458111/6777999	136	917-314-4726
SERRELL	Stephenson	Day Treatment	Acupuncrist	13th Street	212-645-8111	132	
STEELE	Roger	Day Treatment	Administrative Assistant	13th Street	212-645-8111	113	
SWEENEY	Joseph	Day Treatment	Community Liaison	13th Street	212-645-8111		
WINSTON	Arlene	Day Treatment	Art Therapist	13th Street	212-645-8111	133	

Mayor Fran Reiter called for increased supportive services in the SROs and for lower monthly rates, the DASIS rate was cut by 10%. But the SRO owners resented and resisted the cut, and because of reportedly close ties between the slumlords and members of the Giuliani Administration, no further rate reductions were imposed. The SRO owners are represented by attorney Mel Miller; resolution of the rent arrears problem is, according to one insider, expected within the next month.

Mindy Nass of the Citizens Advice Bureau brought the DASIS SRO emergency housing crisis to the attention of the HIV Planning Council's Housing Work Group. She noticed a decrease in SRO use by CAB clients and immediately suspected that landlord machinations, not a reduction in need, underlay the changes.

Revenue Estimates Differ In Albany: Surplus Nears \$2 Billion

Legislative leaders in Albany this week released projected revenue estimates that differed from each other and from that proposed by Governor Pataki, signaling a need to fight about income for a while before the fight over spending can begin. The fight might be shorter than in past years, however, as Assembly Democrats are only \$1.3 billion away from the Governor's estimates of how much there is to spend -- last year's difference was \$4 billion.

While some have suggested that New York may have an on-time budget this year for the first time in 13 years, Pataki said this week that he did not expect an on-time budget and expected instead another protracted battle over revenues and spending. Pataki has projected a state surplus of about \$1.8 billion, while this week Senate Majority Leader Joseph Bruno said it would be more than \$2 billion and Assembly Speaker Sheldon Silver said it would be slightly less than \$2 billion. Silver sees more tax revenue and welfare savings accruing to the State than Bruno and Pataki, but predicts less growth in the State economy than do the two Republican leaders. (New York's economy and job creation has grown at less than half of national average in the last year, far behind high-growth states like California.)

The leaders are supposed to agree on revenue estimates by March 10 according to state statute, and it's still possible that they could reach such agreement and move toward an on-time budget. But legislative insiders are still talking about summer months when they predict an end to this year's session and budget negotiations.

HIV Surveillance Update: Defeat CDC's Demand for Names

In less than three weeks, the NYS AIDS Advisory Council's HIV Surveillance Work Group will hold its final all day meeting and submit a report on HIV case reporting and partner notification to the Advisory Council and to the State Commissioner of Health, Dr. Barbara DeBuono. Despite concerted efforts by people with HIV and their advocates to expand opportunities for community input and for open discussion among the Work Group's participants, the exhausting series of meetings has been characterized by numbing panel presentations, occasionally fractured by hostility.

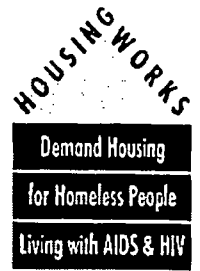
A group of Work Group members and activists who are committed to preventing the implementation of HIV name reporting and mandatory partner notification in New York have been meeting to develop strategies to prevent the looming public health disaster. The next meeting will be on Friday, March 13, at the Latino Commission on AIDS, 80 Fifth Avenue (below 14th Street). For information call Jeanne Bergman at 212-966-0466, ext. 296.

ACT UP/NY is urging people to take direct action against name reporting, unique identifiers and other case surveillance technologies. They are calling for a "**Demonstration against Demonization**" on **Thursday, March 26, at 8:30 A.M., at the NYS HIV Surveillance Work Group meeting, 5 Penn Plaza, Eighth Avenue below West 34th Street.** For more information, please call 212-966-4873. ACT UP general meetings are held every Monday at 7:30 P.M. at the Lesbian & Gay Community Services Center 208 W. 13th Street, NYC (between Seventh and Eighth Avenues).

Notify This! Angry Partners Sue Doctor and Hospital

In Illinois this week, the AIDS Legal Council of Chicago filed suit against a physician and La Grange Medical Hospital on behalf of two plaintiffs who claim that the physician informed relatives of a married woman she was treating that the woman had contracted HIV. The plaintiffs, known as John and Jane Doe, allege that this disclosure violated the AIDS Confidentiality Act. They also contend that the doctor and a nurse at the hospital told the plaintiffs' family members that the woman's husband was aware of his HIV status when he married her and he "gave Jane Doe AIDS."

Housing Works' ADVOCACY ACTIVITIES AUGUST 25-31, 1997



MONDAY, AUGUST 25

4:30-5:30 PM: (weekly) **Client Speakers' Bureau.** Focus: The East 9th Street residence and the September 17 national Day of Reckoning to lift the ban on federal funding for needle exchange. 6th floor, 594 Broadway.

TUESDAY, AUGUST 26

9 AM to 9:30 (daily) **Daily strategy and planning meeting for East 9th Street.** Team members must attend the meetings every day. Administrative conference room, 7th floor, 594 Broadway.

WEDNESDAY, AUGUST 27

9 AM to 9:30 (daily) **Daily strategy and planning meeting for East 9th Street.** Team members must attend the meetings every day. Administrative conference room, 7th floor, 594 Broadway.

THURSDAY, AUGUST 28

9 AM to 9:30 (daily) **Daily strategy and planning meeting for East 9th Street.** Team members must attend the meetings every day. Administrative conference room, 7th floor, 594 Broadway.

10:30-11:30 AM: (weekly) **Client Speakers' Bureau.** 13th Street Day Treatment Center. Focus: The September 8 East 9th Street Action, and the September 17 national Day of Reckoning to lift the ban on federal funding for needle exchange. For 13th Street clients only.

FRIDAY, AUGUST 29

9 AM to 9:30 (daily) **Daily strategy and planning meeting for East 9th Street.** Team members must attend the meetings every day. Administrative conference room, 7th floor, 594 Broadway.

3:30-4:30 PM: (weekly) **Housing Works Justice Squad.** Broadway Office, seventh floor, Law Library. Participation requires a commitment to civil disobedience.

SATURDAY, AUGUST 30

11:30 AM-12:30 PM: (weekly) **Advocacy Discussion Group.** Facilitated by Charles King. At the 13th Street Day Treatment Center. For 13th Street clients only.

COMING UP

Thursdays, September 11, September 18, September 25

Advocacy Training Program: 3 week course on "The Politics of HIV/AIDS in New York City." at 3:30 PM at 594 Broadway, 6th floor Classroom C. You must attend all three meetings to participate.

Wednesday, September 17 National Needle Exchange Protest in Washington, DC.

Back to the Future: Heterosexual HIV Attributed to Bad Bisexuals Again

A study, released in February, by two NYC Health Department physicians claims that HIV transmission from "bisexual" males to their female sex partners may be an "under recognized" route of heterosexually acquired infection. The research was conducted by Drs. Thomas Lehner and Mary Ann Chiasson at a New York-based sexually transmitted disease clinic between 1988 and 1993. The publication of the findings at the height of the partner-notification/name reporting panic is striking.

The physicians found that of the 3,069 men in the study, only 415 men -- 13% -- were classified as "homosexual," which was defined by the researchers as having sex with men exclusively. 35% were classified by the researchers as "bisexual" and 52% were classified as "heterosexual."

Lehner and Chiasson found that "Although HIV-1 seroprevalence was highest among 'homosexual' men (70%). . . . it was also high among 'bisexual' men (35%)." The "bisexual" men also reported infrequent condom use and a large number of both male and female partners.

The researchers concluded that "HIV transmission from bisexual men to their female sexual partners plays a greater role in heterosexual transmission in African-American and Hispanic communities than was previously recognized." The article was published in the February 1st issue of the American Journal of Epidemiology.

It is certainly true that rigid, ethnocentric concepts of "gay" identity and assumptions about exclusively homosexual or heterosexual behavior have prevented many mainstream, white HIV researchers, educators and service providers from understanding the complex sexual behaviors that real human beings engage in, and the different sexualities that are possible in other communities and cultures.

But far from being "under recognized," as the article asserts, the representation of men (and especially men of color) who identify publicly as "straight" but who also have sex with men and so put women at risk of HIV has long been a focus of anxiety and hatred. This is one of the most common images used by Nettie Mayersohn and other mandatory name reporting and partner notification zealots to inflame AIDSphobic and homophobic feelings and so promote paternalistic protections for "innocent" women. It's a powerful

vehicle for fear and hatred: the underground homosexual desire of such men is implicitly likened to the virus itself: both are invisible, both are superficially latent but internally active, and both are perceived to be a lurking danger to the lives of the wives and female partners of these men. Co-author Mary Ann Chiasson sits on the HIV Surveillance Work Group, where she has been an enthusiastic supporter of name reporting and contact tracing.

Attacks on Fair Housing Law Could Open Door to Discrimination and Resegregation of Disabled People

The Bazelon Center reports that Fair Housing advocates are warning that a new bill in Congress would scale back basic civil rights protections and put at risk a fair housing enforcement system that is working. If HR 3206 were to pass, localities would be able to zone completely against group homes for the disabled and youth, and force sponsors of such housing to spend years tied up in local and state appeals before being able to seek enforcement of their fair housing rights in the federal courts. Equally disturbing, the bill would give license to those who use verbal abuse and intimidation against people based on their race, religion, or other protected characteristic, to do so without fear of reprisals.

The House bill, titled "The Fair Housing Amendments Act of 1998," was marked up by the Constitution subcommittee of the Judiciary Committee, but a full committee mark-up was postponed after protests from a broad coalition of advocates for the disabled, youth, civil rights and fair housing.

Action Needed: Send a flood of letters and calls to the House Judiciary Committee, urging them to oppose HR 3206. Also urge your Representatives off-committee to oppose HR 3206, and any other similar efforts to amend the Fair Housing Act.

Targets: Republicans: Chair: Henry J. Hyde [IL]; Sensenbrenner [WI]; McCollum [FL]; Gekas [PA]; Coble [NC]; Smith [TX]; Schiff [NM]; Gallegly [CA]; Canady [FL]; Inglis [SC]; Goodlatte [VA]; Buyer [IN]; Bryant [TN]; Chabot [OH]; Barr [GA]; Jenkins [TN]; Hutchinson [AR]; Pease [IN]; Cannon [UT]. **Democrats:** Ranking Member: John Conyers, Jr. [MI]; Frank [MA]; Schumer [NY]; Berman [CA]; Boucher [VA]; Nadler [NY]; Scott [VA]; Watt [NC]; Lofgren [CA]; Lee [TX]; Waters [CA]; Meehan [MA]; Delahunt [MA]; Wexler [FL]; Rothman [NJ].

Lobby for Supportive Housing 3/10

Rally in Albany on Tuesday, March 10, to urge Governor Pataki to negotiate a second New York/New York agreement to create 10,000 units of housing for mentally ill New Yorkers who are homeless or at risk of homelessness. Over 100 organizations statewide including housing providers, mental health organizations, homeless advocacy groups and mental health consumers—have endorsed the campaign. To reserve bus seats and for more information, please call the Campaign for a Second New York/New York Agreement at 212-849-2705.

NYC AIDS Housing Network 3/18

The New York City chapter of the recently formed New York State AIDS Housing Network will hold its first general membership meeting on Wednesday, March 18, at 10 A.M. at Holland House, 351 West 42nd Street at Ninth Avenue. The AIDS Housing Network was formed from the obsolete NYS Aids Housing Advisory Committee, under the umbrella of the Supportive Housing Network of New York (SHNNY, formerly the SRO Providers Group). Consumers and providers of congregate and scattered site HIV/AIDS housing, support services and referrals are invited. For more information and to RSVP please call Tom Thompson at 212-870-3303.

Organizing Support Center March 20

The long-planned and newly launched New York City Organizing Support Center will hold an important general meeting on Friday, March 20, from 4 to 6 P.M., at the Community Service Society, 105 East 22nd Street (off Park Avenue South), Conference Room 4A, in Manhattan. The meeting will be devoted primarily to discussing issues of structure, membership, decision-making and accountability for the OSC. For more information, please call Helene Clark at 212-642-2566.



Job Announcements

Community Food Resource Center, Inc.: Community Organizer, FT - work with community organizations, schools, and residents to promote and expand Child Nutrition Programs (school breakfast, school lunch, summer meals) in East Harlem and Bushwick. Plan meetings/events germane to child nutrition; develop project materials. Qualifications: College graduate; writing, public speaking, & computer skills; team player; community organizing exp. pref'd. Bilingual (Eng/Span). Salary: Mid to upper 20s. Fax cv & résumé to CFRC, Janine C. Duke, 212-344-1422.

The NYC Gay/Lesbian Anti-Violence Project (AVP) is seeking a volunteer coordinator/community organizer to oversee the volunteer program and organizing efforts in neighborhoods in all five borough. Excellent people skills, presentation and writing talent required. Prior grassroots organizing and/or volunteer coordination experience required. Salary commensurate with experience. Mail resume to AVP, 647 Hudson Street, NYC 10014.

Men of Color Health Awareness Project (MOCHA): Program Coordinator. Innovative HIV Prevention Program for gay men of color seeks experienced leader with initiative and good communications, organizational, coalition building and supervisory skills. Minimum required: BA/BS degree or 4 years relevant experience. Excellent career opportunity. Salary \$28-32K. Review of candidates begins 3/16. Resume to: MOCHA/RCIL, 758 South Ave., Rochester, New York, 14620. Minorities and persons with disabilities encouraged to apply. EOE.

Support Groups Coordinator/Peer Counselor needed at PWAC NY. A peer educator/counselor background is highly desirable. Women, people of color, Spanish-speakers who are living with HIV/AIDS are encouraged to apply. \$20,000's salary and benefits. Call Jerome at 212-647-1415 to get posting faxes/mailed. Applications due March 13th.

**Support uncompromising advocacy.
Subscribe to Housing Works' Update.
Call 212-966-0466, ext. 226.**

For further information contact please Miriam Rollin at the National Network for Youth at 202-783-7949 (NN4Y1@aol.com) or Katie Corrigan at the Georgetown Law Center Federal Legislation Clinic at 202-662-9595. A roster of Judiciary Committee members, a model letter, and hotlink for e-mailing members of Congress can be found at <http://www.bazelon.org/fhalert.html>.

HIV Planning Council Meetings

The Planning Council will meet on Thursday, March 19, from 3 to 5 P.M., at 52 Chambers Street, Room 201 (but call 212-788-2752 to confirm times, dates and locations in advance).

The PWA/PWHIV Advisory Group of the HIV Planning Council will hold a Family & Children Issues meeting on Thursday, March 12th, at 12 noon, at the AIDS Service Center of Lower Manhattan, 3rd Floor, 80 Fifth Avenue at 14th Street. The PWA/PWHIV Immigrant Issues Committee will meet on Thursday, March 12, at 6 P.M., at the Hispanic Aids Forum, Room 305, 74-09 37th Ave. Jackson Heights, Queens. The PWA/PWHIV Outreach/Advocacy Committee will meet Thursday, March 12, at 6 P.M. at GMHC, 119 West 24th Street.

The PWA/HIV Advisory Group will hold its monthly meeting on Saturday, March 12, at 12 noon, at GMHC, 119 West 24th Street, Room 410. The topic will be the results of the CBO consumer satisfaction survey; lunch will be provided. PWA/PWHIV meetings are only open to people living with HIV/AIDS. Women, young adults, and transgender people are encouraged to participate. Token reimbursement is available. For more information please call 212-788-7548.

Women and HIV Web Resources

In recognition of International Women's Day, 8 March 1998, GENDER-AIDS (gender-aids@lists.inet.co.the) offers the following useful links to web resources focusing specifically on the issue of women and HIV/AIDS.

The International Community of Women Living with HIV and AIDS: (<http://www.webkit.co.uk/icw/index.html>)

UNAIDS Best Practice Collection Points of View: Women and AIDS: The Female Condom and AIDS: (<http://www.unaids.org/highband/bpc/pointv/index.html>)

AIDSCAP Women's Studies Project: (<http://www.fhi.org/wsp/women.html>)

HIVPositivCom Women and Children Section: (<http://www.HIVpositive.com/f-Women/WoChildMenu.html>)

Women and AIDS Section of The Body web site: (<http://www.thebody.com/whatis/women.html>)

The Women Alive index from The Body web site: (<http://www.thebody.com/wa/wapage.html>)

The National Conference on Women and HIV Pasadena, California, May 4-7, 1997 (<http://www.ama-assn.org/special/hiv/newslines/conferen/women/womeet.htm>)

What Are Women's HIV Prevention Needs? (From the UCSF Center for AIDS Prevention and the Harvard AIDS Institute): (<http://chanane.ucsf.edu/capswb/womentext.html>)

Check them out!

Support and Honor NYC Abortion Services Providers March 9 and 10

Action alert! Join NOW-NYC and other pro-choice groups and individuals on Monday, March 9, and Tuesday, March 10, in Times Square for a "Demonstration Of Support To Honor And Recognize Abortion Services Providers In New York City."

March 10 is the fifth anniversary of the murder of Dr. David Gunn in Pensacola, Florida. In memory of him and in honor of other abortion providers, volunteers and supporters will gather together in Times Square On Monday, March 9, from 8:00 A.M. to 8:00 P.M., and on Tuesday, March 10, from 8:00 A.M. to 11:00 A.M..

NOW-NYC will collect names on a thank you card to be presented to our New York City abortion providers at a press conference at 12 Noon on March 10.

Volunteers are needed all day Monday and Tuesday morning to ask for signatures and to ensure that the card is signed by as many New Yorkers as possible. NOW-NYC invites choice supporters to attend and/or co-sponsor the press conference! Bring friends, publicize, and/or send a representative from your organization.

For more information and to volunteer or to co-sponsor this event, contact NOW-NYC at 212-260-4422.

York/New York agreement to negotiate a second New York/New York agreement to create 10,000 units. Anderson did have some positive news regarding exemptions from mandatory managed care for non-positive and homeless Medicaid drug purchasers: while the state's plan clearly exempts those who are HIV positive and those who are homeless from the mandatory program, advocates have worried about the accessibility of those exemptions. Anderson said that information regarding the New York/New York Agreement is at 212-849-2706.

support services and referrals are invited. For more information and to please call on a managed care rate for SSI beneficiaries that would provide HMOs with extra funding to serve

told Task Force members, they are relying on local social service districts to look out for the needs of disabled Medicaid consumers and on HMOs themselves to augment services when required. This failure of oversight and planning appears to be a clear violation of the Americans with Disabilities Act, somewhat akin to saying “well, if

anyone in a wheelchair shows up and wants to get into the building, the we'll mark down what it would take to put in a ramp." Federal law requires Medicaid to be nondiscriminatory and available to all individuals with disabilities, and the State has a clear legal responsibility to enforce this requirement. No such enforcement appears forthcoming at this point.

Community Planning Resource Council Update Inc.:

The NYC Gay/Lesbian Anti-Violence Project (NYGLAV) is seeking AIDS Hotline and coordinator/community organizer to work for the volunteer program and organizing efforts, and the group have been open to a long time, and the neighborhood in all five boroughs. Excellent people skills, presentation and writing talent also required. Prior grassroots organizing and/or volunteer coordination experience are required. Salary commensurate with experience. Mail resume to: Community Leadership, NYC 10014.

on Thursday, October 16, from 3 to 5 PM, at 52
Support Groups Coordinator/Peer Counselor
 is needed; please call 212-788-2752 for in-
 formation to consider the time and place. Highly
 desirable that number of applicants be able to speak Spanish
 speaking youth are living with HIV/AIDS and
 for the group's procedures. \$20,000's salary and
 benefits. Call Jerome at 212-647-1415 to get
 meeting times/emails. Applications due Monday

The House of Representatives this week approved legislation which radically changes how the Food and Drug Administration reviews new drugs. It gives patients with life-threatening diseases greater access to experimental medicines and creates a fast track for drugs in development for serious illnesses; it also allows "independent" reviewers to study new medical devices, speeding their control. The bill is the companion of legislation that passed that Senate last month after several months of intense debate. Unlike the

Lobby for Supportive Housing 3/10

Rally in Albany on Tuesday, March 10, to urge Governor Pataki to negotiate a second New York/New York agreement to create 10,000 units of housing for mentally ill New Yorkers who are homeless or at risk of homelessness. Over 100 organizations statewide including housing providers, mental health organizations, homeless advocacy groups and mental health consumers—have endorsed the campaign. To reserve bus seats and for more information, please call the Campaign for a Second New York/New York Agreement at 212-849-2705.

NYC AIDS Housing Network 3/18

The New York City chapter of the recently formed New York State AIDS Housing Network will hold its first general membership meeting on Wednesday, March 18, at 10 A.M. at Holland House, 351 West 42nd Street at Ninth Avenue. The AIDS Housing Network was formed from the obsolete NYS Aids Housing Advisory Committee, under the umbrella of the Supportive Housing Network of New York (SHNNY, formerly the SRO Providers Group). Consumers and providers of congregate and scattered site HIV/AIDS housing, support services and referrals are invited. For more information and to RSVP please call Tom Thompson at 212-870-3303.

Organizing Support Center March 20

The long-planned and newly launched New York City Organizing Support Center will hold an important general meeting on Friday, March 20, from 4 to 6 P.M., at the Community Service Society, 105 East 22nd Street (off Park Avenue South), Conference Room 4A, in Manhattan. The meeting will be devoted primarily to discussing issues of structure, membership, decision-making and accountability for the OSC. For more information, please call Helene Clark at 212-642-2566.

Job Announcements

Community Food Resource Center, Inc.: Community Organizer, FT - work with community organizations, schools, and residents to promote and expand Child Nutrition Programs (school breakfast, school lunch, summer meals) in East Harlem and Bushwick. Plan meetings/events germane to child nutrition; develop project materials. Qualifications: College graduate; writing, public speaking, & computer skills; team player; community organizing exp. pref'd. Bilingual (Eng/Span). Salary: Mid to upper 20s. Fax cv & résumé to CFRC, Janine C. Duke, 212-344-1422.

The NYC Gay/Lesbian Anti-Violence Project (AVP) is seeking a volunteer coordinator/community organizer to oversee the volunteer program and organizing efforts in neighborhoods in all five borough. Excellent people skills, presentation and writing talent required. Prior grassroots organizing and/or volunteer coordination experience required. Salary commensurate with experience. Mail resume to AVP, 647 Hudson Street, NYC 10014.

Men of Color Health Awareness Project (MOCHA): Program Coordinator. Innovative HIV Prevention Program for gay men of color seeks experienced leader with initiative and good communications, organizational, coalition building and supervisory skills. Minimum required: BA/BS degree or 4 years relevant experience. Excellent career opportunity. Salary \$28-32K. Review of candidates begins 3/16. Resume to: MOCHA/RCIL, 758 South Ave., Rochester, New York, 14620. Minorities and persons with disabilities encouraged to apply. EOE.

Support Groups Coordinator/Peer Counselor needed at PWAC NY. A peer educator/counselor background is highly desirable. Women, people of color, Spanish-speakers who are living with HIV/AIDS are encouraged to apply. \$20,000's salary and benefits. Call Jerome at 212-647-1415 to get posting faxes/mailed. Applications due March 13th.

**Support uncompromising advocacy.
Subscribe to Housing Works' Update.
Call 212-966-0466, ext. 226.**

Format	Title	Producer	Topic
VIDEO	For further information contact please Miriam Bolin at the National Network for Youth at 202-783-7949 (NN4Y1@aol.com) or Katie Corrigan at the Georgetown Law Center Federal Legislation Clinic at 202-662-9595. A roster of Judiciary Committee members, a model letter, and hotlink for e-mailing members of Congress can be found at http://www.buzzleline.org/male.htm	HIVPositivCom Women and Children Section: (http://www.HIVpositive.com/f-Women/WoChildMenu.html)	
VIDEO 22:00	I'm Having a Baby. Important Information for Pregnant Women about HIV and AIDS	NYS Department of Health	Women and AIDS Section of The Body web site: (http://www.thebody.com/whatis/women.html)
VIDEO 30:00 1994	Los drogadictos deben informarse sobre el SIDA	Media Works	The Women Alive index from The Body web site: (http://www.thebody.com/wa/wapage.html)
VIDEO	HIV Planning Council Meetings The Planning Council with Neighborhood Thursday, March 19, from 3 to 5 P.M., at 52 Chambers Street, Room 201 (but call 212-788-2752 to confirm times, dates and locations in advance)	Exodus Transsexual Education Series	The National Conference on Women and HIV Pasadena, California, May 4-7, 1997 (http://www.ama-assn.org/special/hiv/newsline/conferen/women/womeet.htm)
VIDEO 15:00	Jugándose a Vida. La Unión por la Salud	NYS Department of Health	What Are Women's HIV Prevention Needs? (From the UCSF Center for AIDS Prevention and the Harvard AIDS Institute): (http://chanane.ucsf.edu/capswb/womentext.html)
FANZINE	The PWA/WHIV Advisory Group of the HIV Planning Council will hold a Family & Children Issues Meeting on Thursday March 12th, at 12 noon, at the AIDS Service Center of Lower Manhattan, 3rd Floor, 80 Fifth Avenue at 14th Street.	Santa Cruz Needle Exchange	young drug users speak out
FANZINE	The PWA/WHIV Immigrant Issues Committee will meet on Thursday, March 12, at 6 P.M., at the Hispanic Aids Forum, Room 305, 74-09 37th Ave. Jackson Heights, Queens. The PWA/WHIV Outreach Advocacy Committee will meet Thursday, March 12, at 6 P.M. at GMHC, 119 West 24th Street.	Santa Cruz Needle Exchange	young drug users speak out
FANZINE	Junkphood: True Stories from Girl Junkies	Santa Cruz Needle Exchange	young drug users speak out
VIDEO	The PWA/HIV Advisory Group will hold its monthly meeting on Saturday, March 12, at 12 noon, at GMHC, 119 West 24th Street, Room 410. The topic will be the results of the CBO consumer satisfaction survey; lunch will be provided. PWA/WHIV meetings are only open to people living with HIV/AIDS. Women, young adults, and transgender people are encouraged to participate. Token reimbursement is available. For more information please call 212-788-7548.	NYS Developmental Disabilities Planning Council	March 10 is the fifth anniversary of the murder of Dr. David Gunn in Pensacola, Florida. In memory of him and in honor of other abortion providers, volunteers and supporters will gather together in Times Square On Monday, March 9, from 8:00 A.M. to 8:00 P.M., and on Tuesday, March 10, from 8:00 A.M. to 11:00 A.M..
VIDEO	Women and HIV Web Resources In recognition of International Women's Day, 8 March 1998, GENDER AIDS (gender-aids@lists.net.co) offers the following useful links to web resources focusing specifically on the issue of women and HIV/AIDS.	NYS Developmental Disabilities Planning Council	NOW-NYC will collect names on a thank you card to be presented to our New York City abortion providers at a press conference at 12 Noon on March 10.
SLIDES	Methods of Contraception	Focus on Health/HealthEDCO	Volunteers are needed all day Monday and Tuesday morning to ask for signatures and to ensure that the card is signed by as many New Yorkers as possible. NOW-NYC invites choice supporters to attend and/or co-sponsor the press conference! Bring friends, publicize, and/or send a representative from your organization.
VIDEO 30:00 1998	The International Community of Women Living with HIV and AIDS: (http://www.webkit.co.uk/icw/index.html)	Exodus Transsexual Education Series	For more information and to volunteer or to co-sponsor this event, contact NOW-NYC at 212-260-4422.
VIDEO 25:30	UNAIDS Best Practice Collection Points of View: Women and AIDS: The Female Condom and AIDS: A Safer Sex Videotape for Black Gay Men (http://www.unaids.org/highband/bpc/pointv/index.html)	Gay Men of African Descent (GMAD)	
VIDEO 28:00 1989	People Women's Studies Project: (http://www.fhi.org/wsp/women.html)	DIY604422.TUP	

National Development and Research Institutes Inc.

**Report to H.O.P.W.A.
Post Graduate Center for Mental Health**

**Ethnographic Evaluation
of SRO Harm Reduction Outreach
of the Center for AIDS Outreach and
Prevention**

**Allen Feldman Ph.D.
Center for AIDS Outreach and Prevention**

**Ethnographic Evaluation
of SRO Harm Reduction Outreach
of the Center for AIDS Outreach and Prevention,
National Development and Research Institutes**

Table of Contents

EXECUTIVE SUMMARY

A: Project Efficacy	1
B: Wider Policy Issues and Recommendations	11
C: Intervention Philosophy and Strategy	21
D: Units of Service and Description of Service Provision	22
E. Criteria for Target Intervention Sites	28

ETHNOGRAPHY

F: Hotel Ethnographic Profiles: Residential Patterns and Illegal Economies	29
---	-----------

HARM REDUCTION

G: Intervention Chronicle: Dynamics of Harm Reduction in the Hotels	88
H: From Harm Reduction to Case Management and Client Advocacy	96
I: Units of Service: Statistical Charts and Narratives	106

National Development and Research Institutes Inc.

Center for AIDS Outreach and Prevention

Ethnographic Evaluation of SRO Harm Reduction Outreach

Allen Feldman Ph.D.¹
Project Ethnographer
National Development and Research Institutes Inc.

EXECUTIVE SUMMARY

A. Demonstration of Project Efficacy

Program Mission

In March 1996 the Center for AIDS Outreach and Prevention, National Development and Research Institutes, Inc. was awarded an HOPWA contract through the Post-Graduate Center for Mental Health to conduct a one year demonstration ethnographic evaluation/harm reduction intervention project with the mission to document (1) the factors preventing SRO residents from seeking alternative housing or drug treatment resources (2) why SROs are not used as transitional housing by DAS clients and (3) the efficacy of our harm reduction intervention in four SRO hotels populated in the main by DAS residents. (The Center ended up servicing five hotels.) The Center's experience with harm reduction outreach to SRO's hotels dates back to 1993; between 1993 and the present the Center has delivered harm reduction services to five SRO hotels

¹ With the assistance of Center Director, Bruce Stepherson MPH, the CIS team: Luis Del Rosario, Eileen Gil de la Madrid, Ariel Clavell, Montserrat Cabrera, and Administrative Assistant Carol Tarzian.

under an OASAS contract prior to receiving the HOPWA demonstration grant. Thus the Center's street outreach teams and the Center's CIS² team specializing in SROs are currently servicing 10 SRO hotels in New York City.

The Center's strategy for SRO residents is grounded in harm reduction theory and practice. We define harm reduction as providing the program client with the materials, knowledge, tools, skills and motivation necessary to protect himself or herself against HIV infection, transmission and reinfection and against other harmful health conditions that result from substance misuse, high risk sexual practices and clandestine life styles. The most effective way of getting people to minimize the harmful effects of their high risk activity is to provide user-friendly services which attract substance misusers, sex workers and other "at-risk" populations and empower them to change their behavior towards realizable intermediate objectives. This means services that are accessible, confidential, informal, and client driven.

From May 1996 to the present the Center for AIDS Outreach and Prevention has mounted an SRO outreach program after conducting reconnaissance of eligible hotels, staff recruitment and training in the preceding two months. The outreach deploys five field workers (Community Intervention Specialist staff or CIS staff) and an ethnographer (medical anthropologist) to conduct and evaluate a low threshold intervention for active substance misusers, persons in recovery, persons-living-with-HIV/AIDS, persons with relapse issues and persons with no history of substance misuse. This intervention took place in the BZB and Carver

² Community Intervention Specialist (coined to distinguish this team from street outreach

hotels in the Bronx, the California Suites, Hayden and Kent Hotels in Manhattan. The CIS team combined scheduled room visiting and hallway walks within the hotels, and also conducted street outreach in key locations frequented by hotel residents in the immediate vicinity of their SROs.

Interventions).

FINDINGS

A: The Need for Harm Reduction Intervention and Harm Reduction Efficacy

(1) The SRO hotels worked by the demonstration project harbor an extremely active substance abusing population many of whom are not in-treatment; many of those who are in treatment are in violation of drug treatment abstinence and are thus in need of harm reduction interventions, materials and education as indicated by:

- The numbers of syringe cleaning (bleach) kits distributed;
- the number of drug treatment referrals provided between May 1996 and March 1997;
- ethnographic descriptions of drug and syringe markets operating inside hotels and descriptions of the existence of drug taking networks between hotel residents and surrounding communities;
- The self disclosure of substance abusing behavior by hotel residents, (see drug of preference statistics in hotel profile narratives).

(2) The SRO hotel population is highly sexually active and has developed commercial and non-commercial sexual networks with surrounding communities. Considering the HIV status of hotel residents, this situation requires intensive and ongoing harm reduction interventions as supported by:

- the number of condoms and dental dams distributed;
- ethnographic descriptions of extensive sex-work being conducted out of the hotels;

- the ethnographic description of the use of sex as a stress reduction method by hotel residents;
- the reservation of rooms dedicated to sex work by some hotel managers

(3) Harm reduction and resident advocacy interventions are required in SRO hotels because the informal economy (drug dealing, sex work and loan-sharking) in these hotels combines with the substance mis-use histories of many residents to create structural dependency which subverts the hotels' official function as transitional housing.

- Room regimes (manipulative and arbitrary room closing policies) inhibit SRO residents from seeking long-term drug and medical treatment and alternative housing;
- Debt dependency (loan sharking), and drug and commercial sex markets are interlocking forces that severely inhibit DAS clientele from seeking alternative housing.
- Structural dependency or hotel-addiction occurs when the administrative manipulation of room tenancy, the pervasive debtor economy (through loan sharking), drug markets and chemical dependency interlock into a system of behavioral/financial controls over the SRO tenant. Ethnographic research shows that these interlocking behavioral and financial controls serve to increase the health risk factors of SRO residents and also inhibit the resident from seeking long term drug and medical treatment assistance or alternative housing placement.

(4) Significant numbers of SRO residents do not maintain primary medical care relationships and thus require harm reduction intervention to broker their relationship with primary care service providers as indicated by:

- the number of referrals to primary medical care services;
- the number of contacts without M11 Q forms or with out of date M11 Q forms: out of 422 new contacts made between May 1996 and March 1997, 162 clients did not have M11Qs; 49 clients had out-of date M11Qs; 85 clients physically held up to date M11Qs; while 126 new contacts did not provide information about their M11Qs, due to the brevity of their contact with the CIS team, because of transfer out of the hotel, arrest, illness and death: at a minimum 211 contacts, 50% of all new contacts (and probably many more), did not have the documentation needed to consistently access primary medical care or alternative housing services.³

(5) Harm Reduction interventions, education and material met with a positive response from SRO residents; this positive reception was sustainable over time and leads to referrals to services as indicated by:

- The ratio of first resident contacts to room capacity of the impacted hotels;
- Repeated resident contact as measured in units of service delivered

³ See pp. 95-96 for cases documenting the obstacles DAS clients find in obtaining copies of their M11Q forms from DAS and other service providers.

- The dramatic and rapid development of trust and confidence as evidenced by the provision of personal intake information by residents to project staff, the provision of documentation by residents to enable access of referral services, and provision of ethnographically relevant and highly sensitive data about illegal activities to the CIS staff and project ethnographer.
- The statistics of referrals requested, particularly during those months where a rise in the distribution numbers of harm reduction materials coincided with numerical increases in referrals requested.

(6) The harm reduction model of the demonstration project was capable of addressing diverse needs of SRO residents and in meeting unexpected needs uncovered in the course of field contact and ethnographic inquiry as supported by:

- The diversity of delivered workshop topics;
- the diversity of referrals requested;
- the distribution numbers of unscheduled harm reduction materials such as toilet paper and hygiene kits;
- the development of case management and resident advocacy practice;
- Delivery of workshops to SRO residents in required housing application and entitlement documentation and procurement of documents procedures.

(7) Significant numbers of residents exhibit serious nutritional deficits requiring harm reduction intervention and education as indicated by:

- number of food pantry and meal delivery referrals;
- number of nutrition workshops delivered;
- the close numerical ratio between nutrition referrals requested and nutritional services appointments kept by SRO residents.

(8) The introduction of social service and/or medicalized management of SRO hotels does not negate the need of independent harm reduction services as indicated by:

- the harm reduction materials distribution numbers for the BZB hotel between July 1996 and January 1997 while under Health Improvement Resources Enterprises Inc. administration;
- the drug treatment, housing, food pantry and medical referrals issued at the BZB hotel between July 1996 and January 1997.
- The requests by H.I.R.E. drug counselors at the BZB for technical assistance from CIS staff concerning their drug treatment resources.

(9) Harm Reduction Interventions can be a vehicle for guiding hotel residents to alternative housing as indicated by:

- requests for alternative housing by hotel residents
- housing placement effected by demonstration project (the discrepancy between these two figures can be accounted for by the bureaucratic obstacles and documentation problems that produce

long delays in action taken on housing placement by DAS and alternative housing providers).

(10) Ethnographic Evaluation combined with an ethnographically designed harm reduction intervention to residents of SRO hotels has

- proven to be a productive method for obtaining detailed assessments of actual living conditions, management practices and social service delivery in the hotels, and for diagnosing resistance to seeking alternative housing, drug treatment and medical treatment on the part of SRO residents.

(11) Has maintained and elevated program efficacy under changing field conditions as demonstrated by

- in-situ development of case management/ client advocacy components;
- the expansion of materials and services distributed to contacts;
- the continued delivery of needed services even when a social service management team takes over the administration of an SRO hotel.

(12) The following modifications on the existing program design are recommended.

- Expansion of the harm reduction intervention by building on the network of Bronx and Manhattan hotels currently being serviced, to include SRO hotels not currently serviced in Manhattan and the Bronx.

- Continuation of 5 day per week schedule (up from 4 days per week) that was introduced in January 1997. The shift from 80% to 100% time for CIS staff facilitated the expansion of intervention to a fifth hotel and the enhancement of client advocacy, record keeping, research documentation and case management components.
- Expansion of the SRO resident advocacy and escort component to facilitate more effective referrals to service providers.
- Expansion of food provision component.

Maintenance/ and or expansion of existing technological support introduced in response to encountered service delivery obstacles in the hotels. Such technological supports as company vehicle(s) for the transport of staff and supplies, and cellular phone(s) for facilitating rapid referral placement and client advocacy have vastly improved existing harm reduction services and will be required for the expansion of advocacy/escort service, the expansion of food provision services and the expansion of the network of SRO hotels to be serviced.

B. Wider Policy Issues and Recommendations: Creating Safe Space

(1) The structural dependency identified in the hotels is created and promoted by a variety of factors. Though it is true that residents bring into the hotel numerous behavioral deficits from drug and alcohol mis-use to cognitive and physical disabilities, a host of other forces, practices and persons are in place at the hotels ready and willing to exploit, amplify and enlarge these deficits and disabilities including:

- The creation and promotion of informal exploitative economies (loan-sharking, drug dealing and sex-work) by colluding hotel management and or employees and/or on-site HRA workers;
- The penetration of street based informal economies into the hotels which usually occurs with the permission of hotel managements and/or employees.
- The long bureaucratic delays in obtaining alternative housing which lead previously drug-free residents to either take up substance misuse or to relapse;
- Arbitrary and manipulative use of room closing policies and procedures;
- Sexual and gender exploitation through sex work economies and/ or domestic violence;
- Generic high stress levels due to high risk and/or unsanitary conditions in the hotels which cause residents' to negotiate living-in-hotels with self-medicating behavior.

- The lack of on-site, accessible in-house or outreach support systems providing culturally sensitized health, housing, nutritional, life-skills education and services

Based on this list the AOP- SRO Project can offer the following policy recommendations:

(2) From Safe Space to Transitional Housing: To reestablish the SRO hotels as transitional housing requires limiting the forces that produce structural dependency.

- This curtailment of corruption and informal economies would require the SRO's transformation into Safe Space. Safe Space is a harm reduction concept referring to an environment where people affected by HIV/AIDS are enabled to reduce their exposure to harmful activities and practices and empowered to develop customized strategies of health promotion on an individual and group basis. Harm reduction recognizes a spectrum of potential safe spaces ranging from shooting (drug-injecting) galleries (supplied with harm reduction materials) to drug treatment modalities. This report documents efforts by drug-free residents in the Kent Hotel and other hotels to create safe spaces for themselves through the enclosure of floor wings, entire floors, hallway kitchens and/or bathrooms. These attempts indicate the innate risk reduction desire of many hotel residents for a stabile environment in which their exposure to substance misuse, violence, thievery, intimidation, sex-work and unsanitary and substandard environmental conditions is significantly lowered.

- Hotel managements can introduce gradations of safe space characterized by different levels of harm reduction intervention. Just as harm reduction applied to individuals recognizes a range of risk reduction strategies, from syringe cleaning and syringe exchange to methadone maintenance and drug abstinence, hotels can be redesigned to contain a gradation of safe spaces characterized by different levels of risk reduction strategies: (1) selected floors could contain active substance misusers serviced by harm reduction peer educators, like the CIS team, centering on reducing health risks linked to drug ingestion and related high risk activities, and on the offer of treatment referrals; (2) other floors would be drug free spaces, perhaps divided between residents receiving methadone treatment and totally drug-free residents; (3) it would be crucial to avoid any stigmatization of particular floors or the creation of hierarchies between drug-active and drug-free floors or sectors. The different harm reduction sectors of a safe space reflect different life choices-- each with their own specific risk factors. The avoidance of stigma can be assured through the provision of an equitable range of services and service delivery to all sectors of the hotel safe space and through staff training. (4) In-coming and current residents would have choices as to which type of safe space they would live in, and hotel residents would be able to transfer in a structured, and safe manner from high risk to low risk space and back again, if necessary, without incurring any penalties.⁴

⁴ In Harm reduction philosophy relapse back into drug use does not preclude the subject from receiving harm reduction services, materials and support appropriate to his/her new risk new

- A related issue is the living conditions of non-ambulatory and semi-ambulatory residents, a significant number of whom reside on the middle and upper floors of hotels which can severely inhibit their ability to access resources outside the hotel due to their limited physical mobility. This group needs to be relocated on the first floors of hotels where their mobility issues would be easier managed. Visiting Nurse and home-care services are now often adverse to visiting this class of resident because of the over-all high risk settings of the hotels. By placing residents with mobility problems and related severe health issues on the first floor, or the most easily accessible floors of the hotel, and in a structured safe space this group would be more readily accessed by visiting home-care and nutrition services.
- The stabilization of sectors of hotel space would also facilitate resident run floors and buddy systems between residents (modeled on AIDS care-giver buddy networks).
- The creation of stabilized safe space of varying degrees and intensities in the hotels would incrementally move residents away from day to day short term survival strategies and gradually shift them into recovery readiness and/or housing readiness postures where they would be empowered to choose drug treatment and/or to plan for alternative housing.
- Safe space policies and practices will require supplementation from independent harm reduction peer educator teams. Harm reduction

factors. Relapse is not penalized, an action that could estrange the relapsed person from any future harm reduction intervention.

teams must maintain strict confidentiality for their contacts in order to win the trust of residents. Since such autonomous harm reduction teams are not meant to be involved in residential compliance, enforcement policies and related penalties like room closings, they can build a higher degree of confidentiality and trust with residents than hotel management— who will always be associated with enforcement in the minds of residents. Autonomous harm reduction/peer educator teams have a greater flexibility to access and interact with residents, and to lead to services (1) those residents that fall through the cracks of the official array of services offered by the professionally managed hotel or (2) those residents who are resistant to interventions initiated by hotel management.

(3) Hotel Management and Safe Space: It is both easy and convenient to blame the life styles, behavioral deficits and disabilities of DAS clients for the high risk conditions prevailing in many SROs. But this would only be a partial truth. As stated above hotel management and/or individual employees and/or on-site HRA staff operating separately, or in concert, significantly contribute to the unsafe conditions at the hotels and hotel dependency. The conversion of the hotels into Safe Space would require the ethical reform of hotel administrations.

- Creating Safe Space is not in the economic interest of colluding and corrupt managers, hotel staff and colluding on-site HRA staff. All administrative promotion of, or collusion with illegal loan-sharking, sex-work and drug dealing economies needs to be severely curtailed, if not completely eradicated. Ethical reform can only take place through more strenuous and concerted external and internal oversight of

management operations by independent agencies, and/or through the replacement of colluding management administrations and/or colluding staff.

- One obvious solution to corrupt managers and staff is their replacement by social service and medicalized professional hotel management teams subject to external oversight, monitoring and accountability. Such teams are currently being contracted by DAS to manage SROs. And though they can bring the benefits of on-site coordinated services, these teams can also replace one style of mismanagement with another. H.I.R.E.'s (Health Improvement Resource Enterprise Inc.) running of the BZB hotel in the Bronx is one such example that the CIS staff were able to document over time. Their police-like anti-drug policies and room searches did as much to escalate high risk drug ingestion as any management-run drug dealing operation.
- Safe Space is not a space of incarceration or a setting for invasive surveillance; to be effective and to lead to behavioral changes it needs to be experienced as a safe space by the residents, and not only by the management. This involves respect for, and sensitivity to, residents' privacy, civil liberties, and personal autonomy and sense-of-personal-territory. By creating a prison style environment (as H.I.R.E. attempted in the BZB hotel) managers simply import the dependency creating characteristics of penal incarceration into the SRO setting which does not further the use of these sites as transitional housing. Such prison-

style policies (discussed in the report) only served to estrange BZB residents from the new management and drove substance misuse and sex work further underground without making any in-roads towards their eradication. Hotel managers need to install reasonable security measures, hall patrols, the screening of outside visitors and viable mandated visiting hours. However these precautions can be instituted without violating residents' sense of privacy, their control over their personal space, and their reasonable access to outside support networks of friends and family. Security policies can be introduced in such a manner as not to raise the stress levels of residents, this would allow them to appreciate immediate benefits of hotel stabilization like the cessation of room break-ins, hallway violence, and improved of sanitary conditions.

- The introduction of new social service management teams cannot serve as a cast-iron guarantee against future managerial or staff collusion with drug-dealing, loan sharking, sex work economies and other forms of exploitation. Ethical reform of hotel administrations is a matter of creating on-going accountability and not a one-time event. Since existing policies and practices have proven woefully inadequate, new and innovative modes of monitoring are necessary. Since most ethical lapses by hotel managements involve the informal drug, sex-work and loan-shark economies, independent hotel monitors must be in place to access these informal economies in order to assess conditions at a hotel. This can only be done with the trust of hotel residents and with

relationships of full confidentiality. The Center's CIS harm reduction team were able to monitor in detail the harmful activities of both the private management of hotels like the Kent, and the city contracted social service management of the BZB. Such autonomous and ethnographically trained intervention teams not only provide needed health- and housing- related services but can be a crucial data collecting mechanism that can enable consistent oversight of hotel management, of the environmental conditions and of informal economies at the SRO hotel.

(4) Substance Misuse and the Safe Space:. Officially SRO hotels are bound by law to prohibit illegal substance use and drug sales, however the reality is that these practices will always occur in the hotels, given the particular histories of DAS clients, even when a significant number of DAS clients are in treatment.

- Aggressive managerial anti-drug policies of search and seizure can escalate residents' stress levels leading to more frequent drug ingestion, high risk drug ingestion and the expansion of residents' drug ingesting networks as they seek secure drug-taking spaces beyond a hotel management's scrutiny. Such policies also inhibit residents from accepting offers of harm reduction materials such as syringe-cleaning kits and sterile syringes (from needle exchanges) and from exploring drug treatment referral options, since these behaviors would visibly identify the resident as a substance mis-user. Thus, from a harm reduction and HIV prevention perspective, such policies dramatically escalate risk factors among the hotel population and the wider social

networks with whom they interact. Hotel administrators have the choice to drive substance misuse further underground or to render it less risky and perhaps to stabilize it through harm reduction interventions as described below and in the body of this report.

- This report shows that (1) consistent access to harm reduction support materials and relationships; (2) the building of relations of confidentiality by trained peer educators and (3) the increased availability, through harm reduction outreach, of low threshold drug detox and treatment services, can all serve to stabilize the substance misuse of many residents, decrease risky ingestion practices, and may lead users to referrals for drug treatment. Enlightened hotel management may officially condemn substance misuse while promoting the availability of low threshold harm reduction services by sponsoring independent outreach by appropriate outside agencies.
- At the same time, taking our cue from the drug-free minority at the Kent hotel, the new-style management can promote a spectrum of safe spaces within a hotel by creating drug-free wings and floors and offering residents an opportunity to transfer to these “safer” zones within the hotel.
- Perhaps the major impediment for hotel residents seeking drug detoxification and rehabilitation was the managerial and/or HRA practice of abrupt closing of rooms due to absences from the hotel by residents in drug treatment. Most residents select 28 day or shorter treatment programs to avoid having their rooms closed, yet many did have their rooms closed after 15 days. Fear of inappropriate and illegal

room closings caused many residents to interrupt drug treatment, to choose short-term and less effective treatment modalities, or to avoid seeking treatment altogether. In order to encourage residents to enter viable drug treatment programs they must feel that their personal belongings, post-treatment housing and their financial entitlements during and after treatment are secure.

(5) Gender and Safe Space: The issue of safety can be applied to gender relations, particularly to the sex work economy, and sexual and domestic violence in many of the hotels.

- Just as there can be drug-free zones in an hotel there can be gender-segregated floors and even entire hotels that are dedicated to one gender. To a certain degree gender segregation or gender safe spaces could lower the sexual exploitation and physical intimidation of female residents by male residents. Though such exploitative relationship can be replicated among women and men in same-sex situations as prison studies have shown.
- At the same time, couples are not always units of violence and exploitation they can be bonded units that empower the two parties to make positive changes in their lives. Right now live-in couple have an unofficial and illegal status in DAS hotels. The ways in which the constructive and empowering side of these relationships can be reinforced and developed should be explored by service providers.

C: Intervention Philosophy and Strategy

The SRO outreach and intervention program is user-friendly, encouraging self-directed risk reduction management and life-skills building by residents in diverse areas, such as HIV and AIDS, STD prevention, recovery readiness for drug treatment, relapse prevention, time and nutrition management. The SRO intervention is also a bilingual peer-directed harm reduction intervention: the outreach staff reflect the ethnic, cultural and substance abuse backgrounds of the target population (two members of the staff are former residents of SRO hotels). These peer educators deploy their own critical life experiences to promote and enhance risk reduction skills, activities, and willingness among SRO residents to enter drug and or alcohol treatment and relapse prevention programs. They also recruited volunteer in-situ peer educators from the population of each hotel who served as re-distributors of harm reduction materials, techniques and information.

CIS (Community Intervention Specialists) staff bring harm reduction and health education outreach to SRO residents in their everyday, and frequently, clandestine settings. The program practices a non-invasive intervention which gradually builds trust and cooperation with individual residents and the surrounding residential community. This strategy requires acute sensitivity to socio-cultural and personal boundaries and guarantees of full confidentiality and trust-building. CIS staff function as cultural brokers of health promotion messages, practices and strategies. They translate and tailor public health messages to fit indigenous ideas of risk perception and modes of harm infliction at work in the

hotel's drug taking and commercial sex networks, which interact with wider communities adjacent to the hotels and not only confined to the SROs.

D: Units of Service and Description of Service Provision

Through consistent and scheduled hallway walks and room visits in the SROs the Community Intervention Specialists (a.k.a. CIS staff):

- delivered risk reduction educational messages, materials, strategies, and skills building relating to HIV/AIDS, substance misuse, STDs, hepatitis B & C and TB;
- provided regular consistent verbal education-prevention interventions on HIV/AIDS and drug and or alcohol use/misuse using harm reduction philosophy in concert with the provision of risk reduction materials on every occasion in which they visited the hotels.
- provided referrals to a variety of public benefits and social service agencies, drug and alcohol treatment programs, medical, housing and HIV/AIDS related service providers;
- identified and supported resident volunteer peer educators in the SRO hotels and their peer socio-economic networks in order to disseminate harm reduction education messages and materials among substance misusers, sex workers, persons living with HIV/AIDS and other SRO residents.

Harm Reduction Materials> The outreach staff regularly distributed risk reduction materials which assisted DAS residents in lowering their risk for HIV reinfection and transmission to others. These materials originally included:

- kits which facilitate the cleaning of injection equipment;
- condoms (multiple variety) and other latex barrier protections;
- literature on topics which affect residents' everyday life including drug use/misuse; TB, HIV/AIDS, Hepatitis B&C, and treatments and services from other provider agencies.

Referrals> CIS staff developed a customized referral linkage network that enabled them to offer the following referrals services to SRO residents

- alternative housing, including supported residences, scattered site and independent housing;
- drug and alcohol detoxification and drug and alcohol treatment services;
- comprehensive AIDS treatment services;
- primary medical care services;
- food pantries, meal delivery services and soup kitchens;
- relapse prevention services;
- syringe exchange services.

The CIS staff also tracked all referrals requested by SRO residents to ascertain whether the

- the resident kept the appointment;

- the resident did not keep the appointment;
- CIS workers could not confirm whether the appointment was kept because the provider would not release the information to our program;
- CIS workers could not confirm whether the appointment was kept or not because we were unable to do so.

Workshops> The CIS staff conducted workshops with small groups of SRO residents in the following areas:

- safe syringe cleaning and injecting techniques;
- use of preventative latex barrier materials including Dental Dams;
- Life Skills, including time management, hygiene, stress reduction and nutritional planning;
- relapse prevention techniques;
- alternative housing opportunities and procedures for applying and securing alternative housing;
- consistent utilization of primary medical care services;
- updates on AIDS prevention and treatment issues.
- procurement of documentation related to entitlements.

All of the above units of services and staff/resident interactions were subjected to ongoing documentation by the CIS staff using customized contact data sheets that adapted HOPWA intake protocols to SRO field situations and through ethnographic participant-observation.

Supplements to Contracted Service Provision

In addition to the above units of service that had been built into the original design of the harm reduction intervention, other non-mandated services were provided on a consistent basis. The poor hygienic and nutritional conditions found at the hotels by the CIS staff necessitated the development of supplemental intervention techniques and materials that expanded the harm reduction scope of the intervention.

- toilet paper rolls (toilet paper is distributed in limited amounts once a week in some hotels by management and not at all in others);
- hygiene kits (consisting of soap, plastic comb toothpaste, toothbrush);
- intermittent food distribution (this was limited by lack of a vehicle);
- winter clothing distribution (this was limited by lack of a vehicle).

The CIS staff carried these materials on foot and by public transportation using the Center's store front offices in Hunts Point in the Bronx and Central Harlem in Manhattan as their base of operations, until a budget modification authorized the renting of a van in January 1997.

- **Case Management** SRO residents exhibited multiple housing, health care and substance abuse needs and usually lacked knowledge, skills, appropriate documentation, physical and mental stamina to negotiate the appropriate bureaucracies and service providers whose assistance they needed. A case management approach was necessary to address the following conditions and situations:

(1) The CIS staff encountered numerous hotel residents who either lacked documentation, or lacked up-to-date documentation such as MIIQ forms and Medicaid cards, a deficit that hindered their capacity to access entitlements from primary medical care to alternative housing. The staff thus engaged in (1) educating hotel residents to their documentation needs, (2) in teaching procedures for acquiring such documentation, and (3) obtained such documentation on behalf of residents. This type of intervention, focusing on the management of appointments and documentation, requires sustained long term contact with residents and substantial office and telephone support work outside the hotel fieldsite by the CIS staff. A cellular phone was added to the outreach enabling CIS staff to do on-the-spot referrals to service providers and to facilitate on-the-spot intake interviews to ascertain resident eligibility and resident advocacy.

(2) DAS residents seeking alternative permanent housing face over-long delays in securing placement. CIS staff had to advocate for the resident with DAS, and real estate services. Such advocacy relationships needed to be sustained over a period of 2- 6 months due to delays in the housing placement system.

(3) Related to residents' lack of MIIQ forms or updated MIIQ forms was the under utilization of primary medical care and specialized AIDS treatment services by SRO hotel residents. The CIS staff monitored residents' medical and nutritional deficits, and in many instances had to perform crisis intervention to secure residents emergency medical

services. In selected cases CIS staff escorted endangered residents to appropriate medical care and drug treatment facilities.

- **Client advocacy**> CIS staff had to advocate with service providers for residents on the following issues and obstacles:
 - (1) numerous SRO residents were unable to obtain copies of the M11Q forms from DAS workers, and/or methadone clinics in which they were enrolled. In order to obtain this documentation CIS staff had to advocate for SRO residents with these organizations.
 - (2) SRO residents faced major bureaucratic impediments in having action taken on their housing applications by DAS or by agencies providing alternative housing, a situation which required advocacy intervention by the CIS staff;
 - (3) the CIS staff developed a limited escort service for SRO residents taking them to their initial medical appointments and drug treatment appointments and brokered relationships between SRO residents and the referral agency;
 - (4) CIS staff successfully advocated for a Manhattan food pantry to change its access hours and method of food distribution to SRO residents with referral slips from the CIS staff.
 - (5) CIS staff brokered and accelerated intake procedures for SRO residents with God's Love We Deliver food services and convinced that organization to deliver food directly to the doors of residents in the Carver hotel to prevent the food theft that took place previously when they delivered resident's meals to the hotel manager's office.

(6) CIS staff arranged for ambulette pickups or medication delivery for non ambulatory SRO residents who are in methadone treatment but because of health reasons could not travel to pick up their dosage.

(7) CIS staff arranged Visiting Nurse services for non-ambulatory hotel residents.

(8) CIS staff facilitated hotel residents in negotiating DAS and SSI bureaucracies when their checks were delivered to the wrong address or not issued at all.

E: Criteria for Target Intervention Sites

Based on April reconnaissance the Program Ethnographer determined salient ideal characteristics for hotels selected for the project:

- Stable core residential populations with a significant level of active and former substance abusers;
- The presence of drug taking and sexual networks between hotel residents and surrounding outside community;
- Residents that are accessible to staff within N.D.R.I.'s mandated working hours;
- Ability to access the SRO with permission of hotel management;
- Proximity to hotel of outside congregation sites frequented by hotel residents, i.e. parks, drug selling markets, sex worker strolls, methadone programs, fast food vendors, Laundromats, and related social service sites such as soup kitchens and food pantries.

F: Hotel Ethnographic Profiles: Residential Patterns and Illegal Economies

Kent /Hayden Complex

This report will treat the Kent Hotel, a 60 room building on west 83rd street and the Hayden Hotel a 108 room building on west 79th street as two interrelated but divergent operations. These two hotels exhibit the full range of high risk SRO behaviors and practices on the part of residents and managers; these patterns are also found in varying degrees in the other hotels serviced by this project. Officially, the two hotels are owned and operated by the same management organization, but these two hotels are differently administrated as regards to **room regimes, debt dependency** and the **drug trade**, all of which are directly or indirectly under the oversight of the hotels' managerial apparatus. This report proposes that management styles, practice and policies have an enormous organizing influence over both the high risk behaviors of residents, and the general disorder that can be identified in many SRO hotels.

The terms used above should be defined for they describe not only the managerial and economic structures of the Kent/Hayden complex but can also be applied to the other hotels under consideration in this report, the Carver, the BZB and the California Suites.

- By **room regimes** I mean the strategic way that either hotel managers and/or HRA staff use their capacity to close rooms or keep them open as techniques for administrating a hotel, for concentrating personalized power within an

hotel, for manipulating the behavior of residents, and for earning illegal room fees either from the resident or from misdirected DAS payments.

- **Debt dependency** or loan-sharking in the SRO system is a more complex form of loan-sharking than found in street contexts: it is a vehicle by which hotel management organizations, or individual managers (acting autonomously) or HRA workers earn illegal surplus income in a hotel, and it is also a mechanism for constructing financial/psychological dependency that enlarges the personal power of hotel managers or HRA workers over those residents who are their financial clientele.
- The same can be said for the management run **drug trade**. In the Carver, BZB and California Suites hotels the drug markets are not management run, but operated by a diverse cadre of petty dealers based both inside and outside the hotels. However, in the Hayden/Kent complex, **drug production and drug marketing** are run by the management and internally based within the hotels—though external operators are permitted to operate in the Kent from time to time by the Hayden/Kent management. Further there is a structural and formal financial linkage between the drug and loan sharking economies within the Hayden/Kent complex.

This report will propose that (1) room regimes (2) debt dependency; (3) drug economies are crucial and interlocking practices that subvert the hotels' ostensible function as transitory housing and severely inhibit DAS clientele from seeking alternative housing through the creation of structural dependency.

Structural dependency or hotel-addiction occurs when the managerial manipulation of room tenancy, a credit/debt economy and chemical dependency (particularly when credit is advanced in the form of drugs and not only as currency) are combined as behavioral/financial controls over the SRO tenant.

Therefore because the three systems are officially locked together by managerial oversight in the Kent/Hayden complex It would be useful to examine how these systems work there and then to analyze their variations within the other hotels. In the Carver and California Suites, hotel management is involved in varying degrees with the informal economy and these hotels also exhibit a convergence of substance mis-use, debt economies and illicit room regimes which exert a decided influence on the high risk behaviors, and residential patterns of DAS and non DAS residents in these hotels.

The Hayden Hotel

The Hayden and Kent hotels are positioned by their joint management in a front space / back space relationship. By front space I mean the formal and public presentation of an acceptable image by hotel management; by back space I mean the actual and covert behavioral practices occurring in the hotels which do not contribute to an acceptable public image. The Hayden is located behind the Museum of Natural History on a block characterized by luxury housing and up-scale hotels. The frontage of the Hayden is maintained with a cleanliness that is on a par with its neighbors on the block. And to a lesser extent this impression of antiquated luxury continues within the hallway reception area where the hotel

management maintains its office— though the rooms for DAS residents are as in poor condition as those found in the other hotels surveyed. The upscale image of the Hayden is further reinforced by the type of clientele who can be seen entering or leaving the hotel. DAS clients now account for only 23 out of 108 rooms in the hotel. When we began outreach to the Hayden in May 1996 there were 33 DAS clients residing in the hotel. The majority of rooms are currently rented to foreign students and to upscale sex-workers who rent rooms long-term or by the hour at the Hayden. Further the management tends to cluster DAS clientele on the second and third floors reserving the other rooms for the foreign students and well dressed sex workers. This policy furthers the stigmatization of DAS residents by emphasizing and enforcing their difference in respect to the hotel's other clientele. This type of ghettoization is markedly different than the gradations in safe space advocated above. For in the Hayden the clustering of DAS clients on two floors is accompanied and colored by other stigmatizing factors including the overall lack of services, and the poor condition of the rooms and room furnishings. Residential segregation here implies a gross value distinction between people-with-AIDS and those who appear to be AIDS-free. Further, though the manager has no objection to DAS clients receiving harm reduction services by the CIS team, she has warned the team not to approach the more well dressed non-DAS sexworkers who use the hotel.

The visual appearance of the Hayden changes once one enters into its small elevators and walks through the badly lit, large empty hallways. Here communal and ill-kept toilets are visible and residents can be seen living in rooms as small as broom closets. The rooms and hallways are paneled by old dirty wood and the

floors are worn linoleum. Here the atmosphere of abandonment and decrepitude is in sharp contrast to the upkeep of the hotel's frontage and reception area.

Many of the Hayden DAS clients have been residing in the hotel for a number of years and in turn have an extensive prior history as DAS clients in other hotels. Such is the case of Dee a hit doctor who runs a mini-shooting gallery from her Hayden room. Because of her injecting skills which situated her in a position of trust with the heroin injectors residing at the hotel we recruited her as peer educator to give out bleach kits to residents.

Case History: Hotel career of peer educator at the Hayden

Dee⁵ is an African American woman and heroin injector in her mid forties. She was diagnosed as HIV positive in 1985 in one of the first CDC studies. In 1987 she left her apartment in Brooklyn after an incident of domestic violence and entered the SRO system. Since then she has been living in SROs, with the exception of a six month period where she attempted to maintain an apartment which failed due to the cost of her heroin habit. Dee has been a resident at the Hayden since 1993, prior to that she lived at the Marion for a year, and for shorter periods at the Bristol and the Skyway, in Queens. She also lived in Manhattan at the Cambrian, the Riverside, Cavalier ("Where the rooms are so small that when you get into bed the doorknob to the front door gets in bed with you."), at the Allerton, at the Allerton Annex, and at the Barbour. Dee explains this history due to these hotels moving her to another SRO hotel prior to the 28 day limit after which she would receive "residency status." At no time during this period was she encouraged to seek alternative housing outside the hotel system, and indeed the instability of being moved from a hotel every 28 days would interfere with a consistent search for alternative housing. She has also been active in HIV advocacy organizations including the GMHC, Momentum Project, Housing Works, and the Minority Task Force on AIDS. Dee is very cynical about what government agencies can do for her, and offers as evidence a list of 13 recoupments filed against her by DAS, many of which she had overturned in Fair Hearing decisions that have not been acted upon by DAS. Dee also displays an SSI letter she received identifying her as recently deceased and cutting off her SSI benefits. Dee confirms the active sex work scene at the Hayden by complaining about the frequency of "cockblocking," a practice where other hotel residents (men and women) attempt to steal johns away from the sex worker as she or he brings them up to the room.

⁵ All residents names are altered to protect confidentiality with the exception of residents whose identity are in the public domain, or who are deceased.

On the floors where DAS clients are concentrated we find four basic type of room arrangements. (1) the mandated arrangement of a single DAS client allocated to a room; (2) A couples room in which two DAS clients registered at the Hayden have formed a sexual/emotional bond and more or less share one of their allocated rooms leaving the other relatively unused; (3) Rooms where the couple are both DAS clients but in which one partner is officially registered at another SRO as was the case with R.M., (female African- American, IDU) in 210, whose male partner was registered at the Marion but lived with her at the Hayden until his death in December); (4) rooms that appear uninhabited but are in fact being held by the management for a DAS clients who has been incarcerated. For example there was G in room 313.

Case History: Tenancy Manipulation at the Hayden

G. (room # 313) is a highly skilled booster i.e. he shoplifts and steals and usually sells his contraband to the Hayden hotel management. G. runs a small heroin injecting gallery for his "get high" network, a tight group of male injectors in 313, and functions as a hit doctor, injecting those clients whose veins have collapsed or scarred over and have difficulties injecting themselves. G. charges for his injecting services and also for making his room available to these injectors many of whom are not residents of the hotel. G. also sells pills and was arrested for this and sent to Rikers Island prison for more than 60 days in late May. However, his room was not closed but kept open for him by the management in direct contravention of DAS regulations about extended absences. G. returned to 313 in August, at that time he informed CIS staff that he paid the hotel manager \$500 to keep his room open while he was incarcerated. The hotel management also signed and cashed his SSI and DAS checks for him while he was in prison (the logistics of how this was done will be discussed below in the section on loan sharking). G. was arrested again in September and returned to the hotel in November. During this period the on-site HRA worker attempted to close his room but apparently was prevented from doing so by the hotel manager for G. resumed his residence in 313. He indicated to the outreach staff that he gave the hotel manager "Another little gift."

The cases of G. and the case of R.M. discussed below confirm the extent to which the threat of room closing (1) discourages DAS clients at the hotel from

seeking long term medical care requiring extended leaves from the hotel; (2) inhibits DAS clients from seeking 28 day or longer drug treatment care; (3) encourages under the table payments to those who have the power to close rooms; (4) facilitates illegal disbursement of DAS and SSI checks; and (5) is used as a technique of coercion over DAS clients.

Case History: Room Closing at the Hayden

R.M. in room 210 is a 55 year old African- American female DAS client who is loosing her eye sight. She would not leave her room for days on end and was clearly very ill from malnutrition and related complications. In the words of the CIS worker who initially came into contact with her "she is actually laying there dying" R.M. also received a high dosage of methadone, 90 mm, maintained a pill habit, and used cocaine. CIS staff placed her in Beth Israel for detoxification and primary medical care. Beth Israel kept her there for several weeks when they found she had an abscess in one of her breasts which required an operation. The doctors wanted her to stay longer after her operation because she was running fevers. At the end of three weeks, she was extremely fidgety and told the doctors "I want to leave because R.(the on-site HRA worker) is going to close my room." The Beth Israel Social worker assigned to her case spoke to the CIS worker who had set up the placement in order to verify that HRA would close down her room for being hospitalized longer than three weeks. When told it was a good possibility in the words of the outreach worker "She(Beth Israel social worker) went ballistic, it is illegal, if he (HRA worker) doesn't comply I'll go higher." At this time the CIS team heard from the hotel manager herself that the HRA worker was saying he was going to close R.M.'s room. He told the hotel manager that he was tired of CIS outreach taking his clients out of their rooms without letting him know first, and if it happens again he would close the client's room.⁶ (In other words he was objecting to CIS staff providing confidential treatment referrals to hotel residents) The hotel manager told the HRA staff person that R.M. had been hospitalized on an emergency basis and that she was aware of this situation. The HRA worker persisted in threatening to close the room-- word of which had reached R.M. in Beth Israel through friends from the hotel. The HRA worker may have been unaware of R.M.'s hospitalization but more importantly he previously did nothing about her rapidly degenerating health situation which precipitated the CIS referral to Beth Israel. R.M.'s anxiety about her room being closed has its objective origins in the fact that many DAS residents who go for 28 day drug detoxification have had their rooms closed by either the management or by the HRA worker after 15 days. The same HRA worker had arbitrarily canceled deliveries by Gods Love we Deliver to certain clients in July and August.

⁶ For reasons of confidentiality SRO project staff do not disclose to HRA staff what referrals they give to hotel residents unless receiving permission from the client.

The Hayden has an on-site HRA worker who maintains an office within the hotel on the third floor. This worker is supposed to be servicing both the residents of the Hayden and Kent. However the HRA staff person never visits the Kent hotel and none of the residents there know his name or face or are aware that they can access social service, housing and nutritional resources from his office in the Hayden. He has openly stated to outreach staff that he never goes to the Kent and is afraid of the residents housed there.

The HRA staff person is frequently absent from the Hayden hotel, for several days in a row, though these absences are covered by the hotel management who take messages for him and will not reveal his whereabouts. Residents report that he has frequent altercations with other Hayden residents and then disappears from the hotel for hours or days for fear of being physically confronted by these DAS residents.

DAS clients at the Hayden have reported to SRO staff that the HRA staff person has frequently violated their confidentiality by leaking information about them to other DAS residents at the hotel with whom he maintains a special relationship (see discussion of food distribution below).

Case History: HRA Staff Interrupts Drug Treatment of Hayden Resident

J.V. was a 32 year old Hispanic male resident at the Hayden Hotel for nine months in 1996. When the CIS team first met he wanted to go to a detox for alcohol and crack use. CIS staff placed him in an up-state residential detox and rehab facility, Turning Point for 28 days. J.V. informed the on-site HRA worker at the Hayden about his placement for detox for 28 days. Two CIS staff escorted him to the train to Turning Point. One week later this CIS staff received a call from Turning Point stating that J.V. requested to leave detox early because the Hayden HRA worker was closing out his room.

by 10/11/96, due to his whereabouts being unknown. The manager of the Hayden verified his room closing. J.V. returned to the Hayden without completing his detox and relapsed one week later. CIS staff found a day treatment program called "Enter" where he could attend support groups. He is still attending this program at the present time and has avoided subsequent relapses.

The HRA staff person does distribute food from his office but hotel residents claim he does so on a preferential basis to residents who are "his favorites." SRO Project staff have witnessed this selective distribution of food to favored residents. The HRA Staff person does not conduct ongoing assessments of the health conditions and nutritional needs of the hotel residents who are DAS clients. He was of no assistance to the CIS staff in seeking appropriate placement for a violence-prone female MICA resident at the Kent who urgently needed psychiatric intervention combined with drug treatment. He was well aware of this client's situation. This DAS client was eventually incarcerated. He has been complicit in, or did nothing to prevent room closings of residents who were away from the hotel on 28 day drug detox treatment programs, a practice that inhibits residents from seeking such treatment options and/ or which forces them to drop out of treatment in order to secure the tenure of their room.

Many of the same high risk conditions and illicit activities present in the more infamous Kent can also be found at the Hayden, the only difference being that management at the Hayden attempt to keep such illicit activities more covert because the surrounding neighborhood requires higher levels of discretion.