FOIA Number: 2018-0764-F

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 [2]

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	5	2

Case History: Drug Dealing Wars at the Hayden

T. in room 208 of the Hayden is a male African American DAS client and active heroin injector who worked as an enforcer for the drug operation run by Hayden management, until he set up in an autonomous operation. He was threatened and harassed by other enforcers working for the management and gave up his heroin selling because he is in fear of his life. He is severely depressed and frequently will not open his door when CIS staff knock. When we have entered his room it is littered with uncapped syringes. At his request we have made several appointment for detoxification and primary medical care at Beth Israel comprehensive AIDS treatment center, which he never kept. After a year of such attempts T. was successfully placed in Turning Point, a 28 day drug treatment program, by the CIS team.

Case History: Resident Neglect at the Hayden

Outreach staff developed a relationship with a non DAS elderly white male, living in a first floor room in the back, who had been a private resident in the hotel for 17 years. He was a diabetic confined to a wheel chair. He was twice found by CIS staff on the floor of his room lying in his urine and feces, apparently for hours, if not days on end. Once he managed to get into the bathtub and couldn't get out. This was reported to the management desk who replied that they were aware of his situation and that this was his normal state and it would eventually be corrected, This was doubtful since the cleaning staff of the hotel refused to go into his room and would deliver take-out food to him by leaving it at the front door. On prior occasions he had been released by hospital social workers to the care of the hotel management, a task they took lightly. He informed outreach workers that he was paying the hotel management extra money to take care of his needs. He eventually died in hospital.

The Kent Hotel

In contrast to the Hayden the Kent is a smaller tenement building on a mixed Anglo/Hispanic middle and working class block. The frontage of the Kent is a small stoop on which people affiliated with the hotel hang out and socialize. From there the visitor moves into a small cubicle where one can be buzzed in by the management from 9-6 or let in by a resident when the management are not on premises, (which is frequent). There is no reception area, just the closed door of the management office which is not open at night. Halls and stairwells are as

dingy as those at the Hayden but characterized by an overwhelming chemical odor. In contrast to the Hayden, the hallways and stairways at the Kent are crowded and noisy with people moving up and down the stairs and numerous others who occupy stationary positions on the stairs and in the hallways, doing business and/or socializing while smoking crack or holding crack paraphernalia. There is no HRA office on-site in this hotel, the Hayden HRA worker never visits the Kent, and though he is a notorious figure in the Hayden he is unknown to the vast majority of Kent residents who are not aware that there is an HRA office in the Hayden.

Case History: Hospital Release to the Kent

Sam. A white DAS client at the BZB was beaten up by drug dealers at the hotel and was hospitalized. Upon his release, an ambulance delivered him to the door step of the Kent. He was left on the front step wearing only a hospital shift and slippers. The management office had closed early at 5 p.m. that day because it was Friday though it is officially meant to close at 6 p.m. The ambulance went to the Hayden to pick up the keys to the Kent's front door. The ambulance driver took the wheel chair that Sam had been resting in before going to the Hayden, and left Sam, who could barely stand, leaning against the wall, during which time Sam urinated against the wall in full public view. Such unstructured and risky hospital releases are common with many hotel residents. People who cannot walk, are released to rooms on upper stories of the hotel, while others who cannot take care of their hygiene needs or feed themselves are ostensibly released into the custody of hotel managers or HRA staff who then ignore these residents and their special needs, and are never made accountable by hospital social workers responsible for post-release patients.

The Kent has the reputation of a wide open hotel, particularly at night and on weekends, when the managerial office is closed. During our first visit to the Kent the project field manager and myself were warned not to come to the Kent after 6 p.m. when the management office closed, because it was too dangerous and we were also were advised, by other residents, to visit the hotel after 6 p.m.

as the best opportunity for contact with residents and when high-risk behaviors such as drug ingestion and sex-work were most visible.

After seven months of consistent field work in the hotel it is apparent that, despite the greater disorder at the Kent, Hayden residents are only marginally better off than Kent residents. Violence, and deaths under suspicious circumstance can occur at both hotels, the residents of both hotels exhibit serious deficits in their nutritional status, they are equally estranged from primary care medical systems and mutually immersed in dependency-structures created by the loan sharking and drug markets present in both hotels. For example a DAS client living at the Hayden, who was addicted to crack/cocaine, committed suicide by jumping out of a back window in March 1996. In neither hotel is there adequate oversight exercised in relation to the primary medical, nutritional and safety needs of the residents by the hotel staff or the assigned HRA worker.

Case History: Ella and Eddie at the Kent

Ella and Eddie, in their mid thirties lived at the Kent Hotel, Ella is a Hispanic female and DAS client not registered at the Kent, who also used heroin and alcohol. Eddie is a 38 year Hispanic old male DAS client registered at the Kent who also used heroin and alcohol. The CIS staff trained them in the use of bleach kits to clean their needles. CIS staff also made a real estate agency housing referral for the couple and they eventually moved to their own apartment, At present they are attending AA meetings and receiving medical care which they did not seek while at the Kent Ella stated before she moved that the CIS staff "are angels" and credited our intervention in changing their living situation. Eddie stated he felt he would have died without the intervention of CIS staff.

The original mandate and program mission of this demonstration project was to provide harm reduction and alternative housing services to the DAS clients residing in SRO hotels. The Kent/Hayden complex was chosen as an intervention

site because of the proximity of the two hotels and because the small size of the Kent, 33 rooms, and its reputation as a very active drug and sex work scene made it a highly eligible research site. However with our first day of outreach to Kent habitués, our image of the population we were to serve radically shifted. It was apparent in the Kent that along side the official DAS residents and deeply entangled with the latter's life style was a significant number of people who were neither DAS certified, nor registered paying tenants at the Kent.

Residential Patterns at the Kent

Between May 1996 and December 1996 the outreach staff conducted intake interviews and delivered harm reduction materials and services to, and regularly interacted with 77 persons found at the Kent. Of this number 62 contacts were both DAS clients and official residents of the Kent and 14 were not DAS and not official residents of the hotel, (1 elderly man was an official resident of the hotel but not a DAS client). The number 14 does not fully represent the non- DAS persons frequenting or living at the Kent. Precisely because of their illegal and unofficial status at the hotel this grouping tended to shy away from interacting with, or requesting services from, the outreach staff-- or they requested services through the intermediary of the official registrant of the hotel with whom they had a relationship. For example, in the basement of the Kent cots had been set up by management for approximately 18 illegal Mexican immigrants from the town of Puebla, who slept at the hotel at night and were away for most of the daylight hours when we were able to service the hotel's population. Thus we only interacted with a small number of these Mexican migrants.

The outreach staff rapidly found that there were a diversity of residential and congregating patterns at the Kent which are all structured by the covert drug and sex-work economy that is pervasive throughout the hotel. These multiple illegal residential patterns can be found to the same or lesser degree in the other SRO hotels serviced by the project and are therefore worth reviewing here.

DAS couples/ Subletters I *(In all hotels)*: Where two registered residents and DAS clients would partner up in a single room leaving the room of one partner under-used or empty. The tendency was to sublet this room to outsiders who are neither DAS nor registered at the hotel. In one case of this we were informed by the DAS couple that the on-site manager at the Kent demanded a kick-back payment for allowing this type of sublet.

Subletters II *(In the Kent, BZB[7], Carver and California Suites):* Single residents will also sublet or share a room with someone for either money or a certain amount of crack and/or heroin. Thus there is the case of B. an African American male who does collect SSI, but is not HIV+ nor a DAS client who sublets room 41 at the Kent. Another case is that of a former drug trade enforcer who was rumored to be working for the Hayden management drug operation and was residing in room 42 of the Kent until he was arrested. When he was released from jail six months later he and his girlfriend moved into room 35 which they share with the official resident. The room is filled with boxes belonging to the couple and it is

[7] All assessments of room patterns of BZB concern conditions prior to July-August 1996 before its take over by the H.I.R.E. management.

unclear whether the official resident is receiving payment or being coerced into this arrangement.

Subletters are usually involved in the drug trade based at the hotel since it makes a more secure operational base than dealing on the street-- not to mention the almost captive clientele. Subletters will also use the rooms for sex work to which they bring clientele. In this instance the sex worker may not actually live in the room but only use it for trade during certain hours of the day and night. These sex workers focus on clientele from outside the hotel that are picked up on the streets and the underground parking garages adjacent to the Kent.

Dummy Residency *(In Hayden, Kent, California Suites, BZB and Carver)*: are versions of sublets where the DAS client maintains a room in the hotel but actually lives elsewhere and usually shows up at the hotel to pick up entitlement checks and/or sublet fees. Currently in the Kent there is one such room belonging to an African- American male, P., age 36, who is drug free and attending AA meetings. P. has a job and lives with his girl friend in Brooklyn. In June, P. submitted a housing application to DAS for an apartment in Brooklyn to be near his girl friend, but he keeps the room to maintain his benefits. He deliberately avoids the hotel for fear that he will relapse by being sucked into the social/economic life of the Kent.

Squatters *(In Kent, BZB, California Suites)*: These are usually males who take over an empty room or intimidate an official resident to leave their assigned room. The

current resident of room 48 at the Kent simply intimidated/convinced the on-site hotel manager into letting him squat in this room and in return he does odd jobs around the hotel. A Haitian DAS client residing in #31 who spoke no English was intimidated out of his room by a male associated with the hotel drug trade and the Haitian now resides on a cot in the basement with the illegal Mexican immigrants.

Floaters *(In the Kent, California Suites):* These are primarily women who exchange sex for drugs and go where the money is in the hotel, so they will be transitory guests in a number of rooms. Floaters will also use empty rooms, storage rooms and bathrooms to sleep in or from which to conduct sex-work. C. An Hispanic female in her mid-thirties and former public school teacher, on leave of absence because of her crack habit, began visiting the Kent to take care of her boyfriend who is a DAS client and officially resides at the hotel. Eventually her boyfriend moved to an apartment, but C. continued frequenting the Kent and became more and more entangled in the drug and sex-work scene there. This deepening involvement was measured in outreach staff's observations of her gradual decline in appearance and personal hygiene. Once careful about her clothes, the deeper C. sunk into the hotel scene the dirtier and more scraggly her clothes and appearance became. C. lives at the hotel but is not associated with any particular room.

Roomless *(Kent)*: A more desperate form of floater, both male and female who tend to sleep in the fourth floor hallways, and bathrooms and on the stair cases and stair wells on the fourth floor, which are exposed to less traffic.

Day users and/or Hallway Floaters *(Kent, California Suites)*: Usually men or women who end up as squatters or floaters. W. an African American male at the Kent is a day-time floater who usually hangs out on the second floor and buys drugs or runs other errands for people, such as buying food and coffee for the hotel cleaning ladies who tip him with crack-cocaine that they sell on behalf of the management. This day-time population participates in the room-based drug and sex trade. As non residents they are more geographically mobile (less psychologically tied to the hotel) and specialize in bringing resources into the hotel from the outside.

Subterraneans *(Kent)*: Then there are the illegal Mexican immigrants who live in the basement as paying guests of the building superintendent. The superintendent has his own room with twin beds on the first floor and sublets the basement to the Mexican immigrants in the basement. The Mexican are also clients of the female sex workers.

The multiple and illicit room use, the sleeping in hallways and bathrooms, the use of bathrooms for drug ingestion and commercial sex, and the dedicated use of certain rooms for sex-work and drug taking all point to the fact that the multiple forms of residence in the Kent are largely the function of the informal economy of drugs and sex and of managerial complicity in that economy. It should be noted

that the Hayden, operated by the same managerial organizations, does not exhibit such a wide variation in residence patterns and room mis-use.

Floor and Bathroom Enclosures

There are DAS tenants at the Kent and other hotels who resist the penetration of the informal economy and its adjuncts-- drug use, sex work and squatting-- by enclosing entire floors and locking the hallway bathrooms on a floor. These practices indicate that not all the hotel residents share the same tolerance of high risk, substandard, and anarchic living conditions. Further, the extent to which individual tenants attempt to create safe spaces through their capacity to use force-- the existence of floor or bathroom vigilantes-- reveals the lack of any effective managerial oversight of these hotel spaces.

Case History: Creating Safe Space at the Kent

No one deals drugs on the fifth floor west wing (with six rooms one shower and one bathroom): dealers are kept off the floor by "Bat," an African- American male, who not only watches the floor but monitors and prevents illegal occupancy of rooms on that floor. Black intimidates intruders with a bat saying he "doesn't want any bullshit. no drug use. no dealing, no prostitution." He patrols the floor "with an exercise bar and an attitude" as one resident put it, trying to create a drug free safe space. Bat explained to CIS staff how drug users broke into a vacant fifth floor room for use as a crack den, He threw them out by force, "They are a bunch of pigs that leave the bathrooms dirty." He put a lock on the bathroom and gave the other permanent residents on the floor a key. When a new resident comes on the floor, he asks the newcomer about their drug use and socially freezes the new resident if he/she is active. Bat has lived in the Kent for two years and is attending a methadone program.

Case History: Creating Safe Space

A, an Hispanic male invited his daughter over to his room on the third floor at the Kent for Christmas, but he saw his neighbor M. a male sex worker "shoving a dildo up his ass with his door open." A. and a friend beat up M. who is a MICA. M. subsequently went after A. with a knife. and A. had to get a court order of protection. A. cut off L. his best friend, because he relapsed. A., who was recently released from prison, states that he is a Muslim, and claims he would set a room on fire if it became a site for drug activity.

Case History: Creating Safe Space

Non-residents from within and outside the Kent tended to use the first floor bathroom to inject heroin or cocaine and to smoke crack because of its easy accessibility from the entrance of the hotel. They can buy drugs from the pushers stationed on the stair case between the first and second floors and move to the bathroom in the rear of the hotel's first floor to ingest the product.

Eddie, is an Hispanic male, aged 28 lived on the first floor of the Kent (room # 1) and patrolled his section of the floor particularly the bathrooms. He is a DAS client, a methadonian, who lives with Ella, a DAS client who is not registered at the Kent: they recently got an apartment from a CIS team referral to a real estate dealer. They were helped by E2., an Hispanic Male and his girlfriend C. who were both DAS clients, also living on the first floor (room #4). The two couples attempted to control who accessed the first floor bathroom. They started by throwing people out of the bathroom who were found injecting and/or sleeping there and then eventually put a lock on the door for which only the floor residents had a key. After Eddie and Ella relocated to an apartment the lock was removed from the bathroom and the drug use in this space resumed.

Room Regimes at the Kent

Room regimes at the Kent are different from that of the Hayden-- there is less organized control over tenancy as indicated in the above section but there is also a precise and selective use of room closing that in many ways is responsive to the tides of the local drug market. In the Kent DAS clients' rooms are closed

when they are arrested and away for more than a month or when they disappear from the hotel for a month or more. These rooms remains unoccupied for some time and or until they are taken over by squatters. In March, 1997, CIS staff noted that many rooms that had gone vacant in the preceding two months had not received replacement tenants.

Room closing at the Kent and Hayden also occur if a tenant sets up a drug dealing operation that threatens the management run drug market. The Hayden/Kent management tolerate no competitive drug dealing in the Hayden but do so in the Kent, perhaps as a camouflage for their own operations. However when independent dealing grows to large the management closes it down through intimidation, room tossing and eventually room closing. The latter occurs when management feel that their product is not selling fast enough because the independent dealers in the hotel are cutting in on their trade.

Case History: "How they got rid of S3. "

S3 is a white male and IDU in his mid thirties living on the 4th floor of the Kent as a DAS client, though he had non-DAS female room-mates. S3 was holding drugs for independent dealers at the Kent, however enforcers from the management operation broke into his room destroyed his belongings and room furniture and scattered glass shards on the floor and his bed. So S3 moved to a room upstairs belonging to David (now deceased), who was extremely ill, thin, and who rarely opened his door, except to some young boys who appeared to be his lovers. After S3 moved into David's room the enforcers broke into that room. Then after a three weeks S3 was busted by the police-- and the word was put out that the management had alerted the police to S3's drug cache.

The dynamics of room closing at the Kent is also unconventional since residents, functioning as "trustees" for the management will oversee the process. S2, an

African American female, age 33 was not a DAS client and not officially a resident in the hotel. She sells drugs for the hotel management and is a room floater. T1, was a Kent tenant and DAS client who sold drugs for the management. He was arrested and jailed, and the management subsequently closed his room. His belongings was packed and the room closed out by S2. S2 stored his belongings in her current squat. She is helped by E2, another squatter who cleans the Kent's bathrooms and is given an unnumbered room in exchange for this labor. S2 also cleans bathrooms for the management, and directs the sex-work traffic in the hotel. One resident whose room was closed told us he was glad that S2 cleaned out his room because he knew his belongings would be safe under her care. Another told us that S2 was the only dependable person working for the hotel management.

> "If you ask J. (the on-site manager) you get 'I don't know.' If you ask S2 you get either yes or no."

The use of tenant or squatter labor in the daily upkeep in the hotel is, in part, due to the fact that the official sanitation staff devote significant amount of their work day offering and selling drugs on credit to the residents.

Drug Dealing at the Kent and Hayden

At the Kent CIS staff interacted regularly with 11 residents who identified as injectors and 54 residents who identified as crack-cocaine smokers, though there is substantial poly-drug use taking place. At the Hayden Hotel CIS staff consistently interacted with 12 injectors and 7 crack cocaine smokers. As stated above it is common knowledge of the tenants of both hotels that the hotel management

runs a heroin and crack-cocaine selling operation. In the Hayden drug sales are monopolized by the hotel management and tenants will buy drugs at the managerial office or they go to room # 10. They also buy drugs outside of the hotel but the management's enforcers discourage any independent dealing in drugs by outside operators within the Hayden. The case is different in the Kent, independent drug dealing in the hotel is tolerated to a point by the management, most likely as a way of camouflaging the management's own drug dealing operation.

There is a Mexican male who collects dirty sheets and towels from the Kent bringing them to the Hayden for washing. During these trips he transports drugs to the Kent under the guise of delivering clean linen. He delivers the drugs to the Kent cleaning staff. There are two cleaning women in the Kent who ostensibly clean and mop the hallways and bathrooms. They each carry mopping pails with them, one contains soapy water and the other as witnessed by outreach staff, contains glassine envelopes of heroin and vials of crack placed in plastic bags to protect the product when the drugs are immersed in the water of the second pail. The cleaning women do their rounds in the hotel knocking on the doors and displaying their wares. If a tenant does not have any money on-hand the cleaning women leave the drugs with the tenant and charge an extra 50-100% interest on the drugs to be paid later-- usually during check week. A $10 bag of heroin sold on credit is marked up to $15, while a $5 vial of crack-cocaine is marked up to $10. When the DAS, SSI and other entitlements checks arrive by mail the manager, who cashes many of these checks, deducts the drug-debt

fees from the total. Many DAS clients have the manager as their designated co-payee on their checks She also uses residents as drug mules and drug sellers and will go bond for them if they are arrested.

A Dominican restaurant across from the Kent hotel is instrumental in the organization and distribution of crack production and sales in this hotel. Residents have been seen leaving the hotel with bulges under their clothes carrying bags of crack vials and taking them into the restaurant. On the restaurant side of the street there is a male hang-out where drug overseers congregate and supervise the drug trade.

A suspected employee of the Dominican restaurant drug-selling operation is an Jamaican male who regularly visits a little room on the 4th floor of the Kent -- once occupied by a resident. He never speaks to the outreach staff nor is he seen socializing with any of the residents. Outreach staff and residents report crack cooking smells emanating from this room and suspect packaging also goes on there. Outreach staff have noted that the use of cleaning detergents and disinfectants by the cleaning staff are intensified on this floor perhaps to cover the smell of crack cooking on the room's hot plate. The fact that this room has remained dedicated to crack cooking for an extended period of time points to managerial complicity and cooperation with the Dominican restaurant drug operation.

We have been informed that the Hayden manager's son-in law mules in the drugs to the Hayden using the cover of a family owned cab company consisting of 9-10 cars. These cars deliver and pick up packages to and from the Hayden. Two or three rooms in the Hayden are reserved for business operations and for the personal use of local policemen and for the up scale sex-workers. Many residents at the Hayden and Kent maintain there is fiscal connection between drugs dealing and prostitution at the Kent/ Hayden complex and the California Suites on 111th street.

There is another component of the drug market at the Hayden/Kent complex that concerns the sale of prescription drugs or "meds" that DAS and Medicaid clients cash in on in order to finance their crack, cocaine and heroin habit. This market ranges from the selling of barbiturates and muscle relaxants to the selling of protease inhibitors and AZT.

Case History: "Selling Meds"

DL, is an African- American poly drug user in her mid forties, she has been a DAS client since 1986 and resides in the Hayden Hotel. "Once on Medicaid I would see 7 doctors a day, 7 days a week collecting scripts and selling meds. I start out at 8 o'clock in the morning. You didn't have to leave the pharmacist, half the time to sell your pills he would buy them back after he gave them to you. I sold Zantax, Keflex, Flexiril, Feldene: 30 of each of these several times a day. You can sell a bottle for $5 at the pharmacy and for $10 uptown, or 30 cents a pill, 50 cents or even a dollar a piece, according to what color they were. You know I'm going for yellows or blues-- and then you buy a couple of dime ($10) bags of crack, 9 rocks in a dime bag, 1 rock for every 30 Zantax, one rock for 30 Valiums."

Residents of the Hayden, Kent and California Suites also sell AZT and protease inhibitors. HIV/AIDS affected persons come to New York from other states to buy these drugs cheaply, particularly people who don't have Medicaid. The primary "meds" markets are located at 155th St. and Broadway and at Pope Park in Kingsbridge, in the Bronx. At these sites the clientele mostly come from New Jersey many of whom keep their immune system status hidden from their families and their physicians

124th street and 5th avenues is also a Meds market site used by residents from California Suites. C. a male Hispanic sex worker from California Suites would sell and buy protease inhibitors there depending on his needs and take these pills without medical supervision. S., an African- American female sex worker, living at the BZB, showed CIS staff a large white bottle of protease inhibitors that she recently bought off the street. M. an Hispanic male IDU at the Carver, who appears to have AIDS wasting syndrome, has an ADAP card and sells his medication.

The existence of a black market in AZT and protease inhibitors means that that most of the clientele of these markets are self medicating without proper medical supervision and thus may be contributing to the evolution of resistant strains of HIV. In turn the substance misusers who only follow incomplete and fragmented medication regimens, because they divert their prescribed AIDS medication to the black market, may also risk developing treatment resistant strains of HIV.

LOAN SHARKING

The monthly receipt of benefits or "check day," on the first and third of every month, is the most important event in the loan sharking and residential calendar. During this period the loan sharks in all the hotels we serviced deploy a variety of collection techniques which we first witnessed in the Kent/Hayden complex. A day or two before check day is one of high activity for the drug-dealers/loan sharks at the Kent/Hayden complex; on that that day they escalate their offers of drugs-on-credit to the residents, the payments for which will be collected in the following two or three days. On check day the manager of the Hayden/Kent complex will often pay personal visits on those who owe her money, this service is afforded to clients who have their government checks sent directly to them. However, there are significant number of residents who have their checks sent to the hotel management and who even list the manager as a co-payee, (ostensibly to facilitate the cashing of checks for those with no bank account); the management can cash these checks, directly deducting what is owed to her in principle and interest. The third technique of collecting debt is the escort service where residents are accompanied to either banks or designated check cashing store by the manager, or her representatives, who then collect on the debt when the check is cashed. Quite frequently the check cashing store is in collusion with the management and is the place where the management cashes the checks of absent or immobilized DAS clients, and thus without the presence of the designated payee. Management will cash the checks of absent residents who are missing from the hotel, or who were arrested, or who had their rooms closed, though benefit checks are still being sent to this non longer current address. Forgery is the prime technique for cashing the checks of absent, or immobile

residents. The Hayden/Kent manager pays, with money or drugs, a select group of residents to forge the signatures of checks of absent DAS clients, who were once registered at the Kent or Hayden. In this she is in collusion with a designated check cashing store. This practice is also resorted to by those residents who expect to be immanently incarcerated: they are supplied with a surrogate, by the management, to cash checks for them in their absence. The management will hold a sum of money for these incarcerated hotel residents for a fee.

On check days CIS staff have often witnessed the Hayden/Kent manager in her a mini-van with several hotel residents and enforcers inside. The residents are either debtors who are being escorted to cash checking places, or surrogates/forgers for absent residents who sign these checks for cashing.

A favorite technique of the management is to close out a room mid month and take in a new resident for that same room in the same month. This means that (1) the management gets paid twice for the same month's rental of that room and (2) because of the time lag between room closing, governmental accounting, and check mailing the management can cash the check of the absent resident whose room was closed. Such practices and the potential profit earned from a room closing makes this event the most anxiety ridden one for residents and it is a major disincentive against residents seeking extended drug treatment or medical services that would take them away from the hotel for extended periods of time.

Structural Dependency or Hotel Addiction at the Kent

In part this report was meant to answer the question-- why SRO residents, living in cramped rooms, with limited or nonexistent services addressing their hygiene, nutrition and health needs, do not seek alternative housing? Or to rephrase: why are the SRO hotels incapable of functioning as transitory housing and are used by the majority of DAS clients as permanent residences. This report answers these question by proposing that the conjuncture of manipulative management room regimes, the informal economy of drug dependency and sex work, and the creation of debt dependency through aggressive loan sharking (which advances drugs or money), have combined to create structural dependency in many SRO hotels-- what I term hotel addiction. I can think of no case more illustrative of this syndrome then the shooting of "Heavy" at the Kent in October 1996 and the subsequent reactions of the residents to that incident. At first glance hotel management does not seem to be implicated in this tale, however they not only tolerated Heavy's presence (he was a non-resident) and the behaviors that led to his murder, but indulged in related practices that essentially legitimized Heavy's conduct in the Kent. In the story of Heavy and his killer Jesus all the pathologies that contribute to the creation of a high risk, violent, yet captive and/ or dependency-creating environment in the SRO's are at play. In turn these factors speak eloquently to why the SRO 's are not treated as transitional housing by their tenants.

The CIS team first encountered Heavy in the late summer of 1996 mistakenly identifying him as part of a "new set of dealers dealing with any disorder in the hotel as regards anybody who is using." (CIS staff description). And as another

CIS worker described Heavy. " When he walks the whole building shakes. He looks like a Samoan wearing a T shirt with a cartoon on it." Heavy would hang around the stairs of the Kent, he was not a resident there, nor was he seen selling drugs, through he would often be witnessed by CIS staff entering and leaving a wide variety of rooms at the hotel. Then we heard of the case of a hotel resident coming into the Kent with groceries and how Heavy took the bag of food away from him. The other residents mostly on the first floor, told us how he used to intimidate them demanding money, drugs and food, when they first took up residence in the hotel. One CIS client, no longer a resident in the Kent, M3, told us

"It was a accepted thing you gave him a few dollars when he asked for it."

Heavy was not an enforcer for the Hayden Kent drug operation in the summer and fall of 1996, but he was generally an intimidator and bully, who extorted money, food alcohol and drugs from vulnerable residents with threats of violence. Heavy, in fact, maintained a peaceful coexistence with the management's drug operation enforcer, they had a lot in common-- they were both non- resident outsiders and Heavy once occupied the same position until he went to jail 6 months previously. This is why the CIS team had not encountered Heavy previous to the late summer. Heavy went to jail before the CIS intervention and then returned. As one client informed us

> "He was dealing before he went to jail, but this time out he was bullying. He protected S. (a female drug dealer working for the management)."

Heavy was deliberately tolerated by the hotel management, he could have easily been ejected in the same manner as the management ejects drug selling competitors. Yet even though Heavy was notorious throughout the

neighborhood, and the police had keys to the hotel and the rooms, and knew he was there, they never removed him from the hotel.

Heavy bullied and extorted money from one particular resident, an elderly Hispanic male retiree, who was not a DAS client, and who lived on the first floor. He had resided at the hotel for more than a decade prior to the influx of the DAS clients. CIS staff described him as follows.

> "There is an old man, Jesus, at the Kent, he doesn't do any drugs he's been there for about 15 years. Jesus lives on the first floor, he is a senior citizen, his two legs have been amputated because of diabetes. For that reason he lives on the first floor, it is the same floor where the management office is. He does take condoms from us, he told us at night when the hotel management leaves, there's nothing but prostitution and fights in the hotel and he can never get any sleep. His stress levels were high. He was a resident long before DAS got there. He said the hotel was fine and the up-keep was fine until they put 'these people in the building.' Since then the place had deteriorated. 'I can't go out of my room at night. Anything is liable to happen to you in the hotel.'
>
> His beer drinking has increased and lately when we visit him, his room smells, he no longer bothers cleaning it. We had to step away from the odor. The management leaves at 6 o'clock and occasionally the electricity cuts off, there is no light on the entire first floor. Jesus has to come out in the dark, out of his room, knock on the door that leads to the basement, to try to get somebody who lives there (illegal Mexican immigrants) to come and try to fix the electricity, because they know how

to hot wire the boxes in the basement. But these people may or may not be there. Otherwise he will spent the rest of the night in the dark. There is no structure for any assistance in case of emergency. It is a matter of luck if the Mexican's are there. He spends 15- 20 minutes banging on the door till someone comes up and fixes the electricity.

There is also the fear he has about his next door neighbors they are having constant fights, throwing bottles at each other. They are using drugs, using everyday. Jesus is also using a lot of sex, as a stress release. He says that sex is a release for him-- something he has in common with other residents. Jesus, like many hotel residents do not see alcohol as a drug, when they feel bad, all of them will say I got to get me a drink, and we notice that almost all of them are walking around the hall ways with a beer in their hand.[8]

Jesus reacted to all the people at the hotel with DAS and SSI because he worked all his life. And now they had ruined his living conditions, messing up the bathroom, the noise, the traffic on his floor, the fights at night, the bottle throwing and the cursing. He used to live on the fourth floor, but being afraid to leave his room at night he then moved to the first floor. He left the fourth floor room because he had to take his clothes off in the hallway and then enter the room from the hall, it was that small. And this became risky when the people began acting out in the hallways. I was

[8] An issue that requires more exploration is the relationship between chronic beer drinking and the nutritional needs of the residents. Beer has been used as a food substitute in Ireland and Biafra.

asking Jesus how many beers he was buying he told me he was drinking an average of 48 cans of beer a day."

Another CIS worker recounted

"Jesus wanted to get out of there, he wanted a housing placement but because of his alcohol abuse and because he wasn't DAS we had nowhere to refer him expect a shelter. He went to an agency we referred him to, seeking a housing placement but he went drunk and the agency refused to place him. Jesus had his own dependencies beside alcohol such as using the females there for sex."

Jesus' increased alcohol intake corresponded to an all around rise in drug and alcohol use in the hotel as the summer turned into the autumn and residents hunkered down for the impending cold weather and enforced hibernation within the hotel. The CIS staff saw all this increased alcohol and drug consumption as a sign of rising stress levels in the hotel once the summer drew to a close. A week after they had identified a marked increase in stress and stress related behavior at the Kent, the following events occurred.

One evening, as Jesus hobbled up the stairs, on crutches, carrying a bag of groceries, he was confronted by Heavy, who was hanging out on the front stoop. He asked Jesus for "his" money and stated that Jesus "better have that money." None of the other residents who witnessed this encounter noticed anything unusual, as one resident later told us

"But they took it for granted this robbery thing is part of the lifestyle. Its not worth killing a man over it because it happens all the time."

For Jesus had gone to his room as if to get the money, but retrieved a pistol and returned to the stoop to confront Heavy.

"Heavy laughed when he saw Jesus with the gun."

And Jesus shot him two times in the back of the head once in the neck and once in the chest. His intent was to kill Heavy and he succeeded. When the CIS team arrived the next morning

"The reporters were running around the block and the hotel sticking microphones into residents faces, stressing people out. One of the reporters verbally attacked E. (Female. Hispanic, IDU) saying. I've heard you know everything that went on." And she got very defensive and angry. He invaded her space. G. was crying she was one of the actual witnesses. E2

(another female IDU) wanted to go to detox right away.

Another CIS team member adds

"They were stressed out because their lives were centralized around a certain place and certain routines and these routines can't go on because something is going on at that center, so everybody was running around and running away, they didn't want to be seen or be asked. Once we (the CIS team) left, a lot of them left with us. And they were not just leaving out of the hotel, they were leaving the neighborhood, getting on trains going to Brooklyn, to their families in other boroughs, E. went to her family in the Bronx, because reporters were coming from everywhere."

A CIS worker described the post shooting scene

"The police in the precinct were applauding the death of Heavy and they threatened to arrest certain residents if they didn't tell what they knew about Heavy. They were all paranoid, taking more bleach kits from us and everybody we passed were visibly drinking, and some one walked up to me and asked me where they could cop (buy drugs), right in front of the police, I was shocked! They were going back to the neighborhoods where they lived because they could cop there and they knew they couldn't get high at the hotel. 'Lets go cross town, lets go uptown, lets go Brooklyn.' They were all asking us for carfare."

Even the HRA worker, stationed at the Hayden, but also responsible for the Kent DAS clients, made a rare appearance at the Kent. The CIS team described the encounter

"The only time they (Kent residents) saw R. (the HRA staff person) was the day of the shooting. We approached him saying that we had been looking for him in reference to a client at the Hayden one J. V. R. said he would be right back and never returned."

Another CIS worker recounted

"After the shooting of Heavy his family threatened the residents that any body who was in the hotel when they arrived were going to get shot. This threat is taken seriously, people were avoiding being at the hotel as much as possible, we ran into them wandering the streets. They were afraid. Most of the people we interacted with regularly where gone two days after the shooting.

The day after the shooting a drug dealer signaled hotel residents not to say anything about Jesus and Heavy to the reporters. He's the one who hangs around the third floor. He is there the first ten days of the month. M., (an African- American male resident) shut completely down on us after the shooting, he went completely paranoid in the aftermath of the shooting, He was quoted in the paper about Heavy and Heavy's relatives threatened to get even with him."

One resident M2 declared to the CIS staff

"If anything happens to me here, my brother and my family know where I am.'

A grand jury subsequently indicted Jesus for first degree murder. Many of the Kent residents had gone to the grand jury, and were now scared to return to the hotel. The reaction of the residents to the killing was surprisingly mixed, a minority of residents saw the killing as justified but many more denounced Jesus and praised Heavy much to the perplexity of the CIS team

"Basically I spoke to E. (a female IDU and squatter at the Kent) she was for Heavy– 'The old man was wrong he had no right to shoot him, everyone knew what Heavy was doing.' Heavy probably gave her some money for drugs and a couple of dollars when she needed it. He was an independent preying on them, taking them off. But because of his size he could take from anybody he wanted and give to the people he liked. And E. was someone he liked. He bought her a couple of beers from time to time or gave her drugs, so she couldn't see him do anything wrong because he helped her out. E. was enabled by Heavy who got her drugs

> so she couldn't see him doing anything wrong. She called him her 'big brother' and said 'the old man was wrong.'

From another interview taken by a CIS worker after the shooting:

> "G. (a DAS client and sex worker) was sitting with Heavy on the stoop when he got shot. Her attitude is that he was a nice guy; but that is only because he protected her in her crime. She takes tricks off all the time. She uses cons, she 's a small lady, that is why she liked having Heavy around. She'd bring tricks to the hotel, give them crack and sex and steal their wallets."

We can draw a dense profile of the hotel as a dependency creating and addictive environment from the story of Heavy's killing alone. Understanding the positive attitudes about Heavy held by many hotel residents requires a comprehension of the economic psychology of the hotel scene. First and foremost is the judgment embodied in the presence and practices of both institutionalized and informal predators who choose to live off the hotel residents-- selecting and cultivating them as a captive prey, exploiting both their chemical and other dependencies and their monthly receipt of benefit checks. Heavy once participated in this predatory scene as a sanctioned drug dealer of the Hayden/Kent management, but returned to continue his predation after the disruption of his enforcer career due to being incarcerated. He had to return: in the hotel residents he had a captive pool of victims that could supply him with ready resources-- government money, drugs and food. In short, the behavior of Heavy and his drug dealing colleagues signified the extent to which the hotel

residents were a convenient turnstile, a pass-through point, a sieve between government money and the informal economy of drugs, sex work, and stolen goods. In order to insure this flow of resources Heavy and others like him cultivated a drug and credit dependency environment subtended by fear and intimidation. Heavy, like the drug dealers and the loan sharks, collected his own government entitlements in an ad hoc fashion from the residents, using them as human ATM machines. However, in contrast to the drug dealers-loan sharks, Heavy collected his money first and then dispensed charity afterwards, but with the same results: nurturing dependency on his control of surplus resources and toleration for his predation.

Due to the institutional predation of the Hayden/Kent management, Heavy's extortion activities were normalized, customary and easily integrated into the course of everyday life by most of the resident in the hotel; in their view Heavy's activities were not even worth mentioning, and certainly not worth killing someone for. Jesus was the abnormal one, in the eyes of many residents he over reacted: he didn't know what it meant to live in the hotel, he hadn't adjusted his behavior.

But the support for Heavy was not simply based on the normalization of violence, intimidation and predation in the hotel ecology. Heavy, despite his parasitic relation to the residents, was also an economic resource himself, a "big brother" as one sex worker at the hotel put it. Just as much as Heavy cultivated a regular network of victims like Jesus, he also cultivated a regular network of clients or

dependents, female sex workers to whom he provided protection, or residents, male or female, to whom he would periodically dole out money drugs and food towards the middle and end of each month when such resources were scarce. In turn he would collect on check day at the start of the next month through subtle and not so subtle intimidation. Heavy was what anthropologists call a Big Man Redistributor, he used his command of force to obtain economic resources from the residents, extracting these goods, currency and services as a form of tribute. And at the same time Heavy selectively and strategically re-distributed these resources in times of need thus creating a reliance on his largesse. His activities gave him status in the eyes of many residents. In this Heavy was following the precedent set by the loan sharking/drug dealing of the Hayden/Kent management. They too supplied needs and met immediate demand while insuring their own profit margin. Thus many residents have positive feelings for the Hayden/Kent manager, in the same way they liked Heavy, because she too has built a patron/client network through her loans and other little favors from which she ultimately makes her profit. What more marked sign of structural dependency can there be when the victim-held hostage maintains a positive identification with their victimizer– and when those who attempt to halt the victimizer/victim cycle are deemed aberrant?

An auxiliary sign of this structural dependency was the residents' flight away from the Kent, and the dispersal of many of those who fled to their former support networks in outer boroughs. During the course of outreach work in the hotels, most residents complain of lack of carfare for making appointments for

alternative housing, documentation procurement, medical and drug treatment-- they present themselves to the CIS staff as an immobilized population. But after the shooting the Kent residents rapidly acquired a mobility that astounded the CIS staff. They did so because the drug selling, drug sharing and drug consumption networks that bound them to the hotel ecology were severely disrupted under the intense scrutiny of the police and the media. In the aftermath of the killing the hotel was no longer a viable place in which to buy, hustle or consume drugs. Similarly the resident sex workers who usually patrolled the adjacent underground car garages on the street could no longer ply their trade and no longer had a secure covert place to take their clients back to.

The scattering of the residents after the killing was like a movie reel winding in reverse. The accessible drugs, which once magnetized the relation of DAS and non DAS substance abusers to the hotel, were now withdrawn and the hotel was demagnetized. This repelled the users back to old neighborhoods and contacts. The shooting, the communal paranoia about the threatened revenge of Heavy's family (which never occurred), and the police and media exposure effected an instant detoxification from the hotel. The Kent was revealed for what it had been all along-- a fragile and transitory edifice, founded solely on the sands of governmental neglect, popular indifference and ignorance and managerial collusion, all of which supported its seductive addictive routines, debt cycles. check days, hustles, everyday betrayals and violence.

BZB Hotel

The BZB, is a 70 room hotel in the Hunt's Point section of the Bronx. Since May 1996 to the present the CIS staff interacted with 124 contacts at the BZB, 118 were DAS clients 6 were not. In the BZB we consistently interacted with 34 residents who identified themselves as injectors and 38 residents who identified themselves as crack-cocaine smokers. Many of these substance misusers are poly-drug users. Hunt's Point is one of the larger drug markets in the city and its factory district boasts an extensive street level sex work trade. The majority of residents at the BZB are fully integrated into the drug trade and /or sex work scene of the area. Prior to July-August 1996, many rooms in the hotel were used as shooting galleries or crack smoking dens. Female and male residents conducted sex work from their rooms in the hotel, bringing clients solicited on the street back to their rooms. Because of the intensity of the drug trade in the vicinity of the BZB, (which is in sharp contrast to the neighborhood surrounding the Hayden/Kent complex) there was little evidence of involvement by the former management of the hotel in the drug trade. Many of the illicit residential room arrangements found at the Kent were also present at the BZB. Including the pairing of a DAS resident and a non DAS sex partner, room subletting and squatting in empty rooms. Sleeping on stairs and stairwells, bathrooms or on upper floor hallways were not evident in the hotel.

In August 1996 H.I.R.E. (Health Improvement Resources Enterprises Inc.), a specialized social service management operation took over the day to day running of the BZB under a contract with DAS. This organization brought in a "professional" intervention team with the mission to move BZB residents from the

hotel to appropriate alternative housing or residential drug treatment facilities within a 90 day period. This team included social workers, who were meant to be specialists in housing placement, and drug counselors meant to place residents in drug treatment facilities. They were supplemented by an on-site nurse and an occasional doctor. The management introduced major structural changes into the hotel that attempted to regulate residents' behaviors. Residents had to leave their keys at the desk every time they left the hotel. The management banned any outside visitors to the hotel including the immediate family of residents. Management banned all drug use in the hotel and backed up this ban with regular surprise room searches in which management forcibly entered residents' rooms in their absence and without their permission. The management banned refrigerators and hot plates from the rooms and forbade all storage and eating of food in the rooms. H.I.R.E. introduced a food service that provided residents with three meals a day. In turn the residents were subjected to a cut in their food stamp allotment because of the meal service, all of which the residents resented for the food stamp cut and the poor quality of the meals.

The attempt by management to actively ban drug use in the BZB, to restrict residents to meals provided by the management, to halt all eating and storage of food in the room dramatically increased stress levels among residents in this hotel. This was expressed in several ways: loss or weight, visible depression, increased conflict with hotel management, relapse into substance abuse by residents who had been abstaining, increase in drug consumption as evidenced by higher demands for bleach kits, the expansion of drug taking networks as residents moved from drug ingestion inside the hotel to outside the BZB, and the

relaxation of drug taking harm reduction precautions as drug consumption moved rapidly from structured settings (hotel) to unstructured settings (street). The Hunts Point area offers a multiplicity of illicit injecting sites beyond the hotel. Adjacent to the BZB is a rooming house with some DAS residents, and a number of BZB residents would repair there to inject or to smoke drugs. The official ban on drug ingestion supported by the room searches merely drove substance misuse further underground and pushed heroin/cocaine users towards higher risk injection practices. Initially after the entry of HIRE, many residents were afraid to request bleach kits from the CIS staff on hotel premises. The CIS staff increased distribution of harm reduction materials to hotel residents off premises in response to these fears.

The SRO project outreach team had been servicing the BZB three months prior to H.I.R.E.'s take-over of the hotel and continued servicing the residents during and after the take-over process: thus they were in a special position to monitor the effect of the new rules and regulations on the residents. The maintenance and increase of the levels of harm reduction materials distribution, and workshop and referral provision to residents at the BZB by CIS staff, months after the HIRE take-over, is indicative that the new administration left many needs of residents unmet which were addressed by the CIS outreach effort. (See discussion of outreach consistency and confidentiality below.) Further, the continued request for harm reduction services by BZB residents indicates that professionalization and medicalization of SRO hotel administrations, even when enhanced by social service and drug counseling staff, does not do away with the need for a harm reduction intervention.

The association of SRO social service and medical staff with various forms of compliance and administrative penalties will always structurally limit the development of client confidentiality particularly as it pertains to substance misuse. Whereas a harm reduction approach not associated with compliance or enforcement mechanisms can build open-ended client confidentiality and reduce risk factors for SRO residents.

BZB residents, facing surprise room searches for drugs, took their drug ingesting activities outside the hotel into environments where risk reduction would be harder to maintain and where access to risk reduction materials and education is more uncertain. By moving outside the hotel in search of secure spaces in which to inject, the BZB IDU enlarged his/her drug injecting network, therefore increasing risk factors for self and others. However the CIS staff were well positioned to provide the BZB injectors with bleach-kits and with personal support for the maintenance of safe injecting practices off the hotel site once they discovered where these new injecting sites were located.

In the BZB people shied away from investigating alternative housing referrals because the H.I.R.E. social workers instituted a policy of providing alternative housing referrals only to those residents who they identified as "drug free." One resident was denied public housing by a social worker because she claimed he "smoked marijuana." Since the hotel is located in Hunts Point, a notorious drug infested area, keeping substance abusing residents in this neighborhood did not contribute to their abstention from drugs or their chance for recovery. This policy has instituted a high threshold obstacle to the resident's accessing housing

outside the hotel. It was inevitable that such policies at first inhibited residents willingness to approach our outreach staff for such referrals under the mistaken assumption that we followed the same policy. Due to the drug ban and other new regulations instituted by the new management, between August and September 1996 many residents, instead of looking to long term alternative housing solutions, talked about hospitalization or checking into hospital emergency rooms. Between August 1996 and January 1997, based on field interviews with BZB residents, the majority of residents transferred from the hotel during or at the terminus of the 90 stay period, were moved to other SRO hotels and not to alternative housing.

Case History: Larry D., BZB.

Larry D. is a 42 year African- American living, and former IDU user, who was currently using crack when the CIS team met him. Larry's T-cells count were down to 3. When he was released from jail in April 1996, he was very thin, depressed and physically weak. Larry's room was on the fifth floor and it was difficult for Larry to walk up and down the stairs. The CIS team spoke with the management and Larry was moved down to the second floor. There were many times Larry was unable to access food, and the CIS team would buy him a sandwich and juice. Larry was very ill. He needed to be placed in a congregate care facility.

The Visiting Nurse Service was contacted. There was nothing they could do for Larry because he did not have medical insurance. Two members of the CIS team escorted Larry down to the Waverly DAS office, where Larry received his Medicaid card and the appointment was made for visiting Nurse Service to come to the BZB hotel to do a pre-screening. VNS did the pre-screening and removed Larry from the BZB. Hotel, and placed him at Bronx Lebanon Hospital. Larry was then placed at Casa Promesa until he passed away on December 12, 1996.

No AIDS related nutritional standards are observed by management in the food menus they serve. The food is fatty, over-cooked and served cold since it is cooked elsewhere and delivered to the SRO. The person who serves and prepares the food does not wear sanitary food preparation gloves. Powdered eggs are served every morning and cold cuts are served for every lunch.

Dinner, consisting always of boiled chicken and boiled vegetables, is served at 6:30pm. The meals are served in a back room of the hotel that lacks any ventilation. It is approximately 12 feet by 9 feet and 30 to 40 people are crammed into this space during meal times in a room that could only comfortably fit 10 people. The management spends approximately $5 per diem per resident for their 3 meals. The food is prepared by food service outside of the hotel and frequently delivered luke warm to cold to the hotel. At lunch-time residents are served meat sandwiches that have been previously frozen and that are hastily and incompletely defrosted before lunch. Due to the ban on food inside rooms, residents who cannot easily, for health reasons, move in or out of the hotel do not have any access to food between 6:30 p.m. and the following morning. This situation can pose a particular problem since many residents have nocturnal living and eating patterns, and their health conditions require more frequent and numerous eating regimens. Under the new rules they are unable to store food in their rooms to alleviate having to go out. Since the management now appropriates the residents' food stamps as part of the payment for the meals being served, residents have reduced financial resources for obtaining additional or alternative nutrition. Residents are very aware of these deficits and are not eating the food offered by the management or they are eating it inconsistently, thus the residents are loosing weight and the physical consequence is discernible in the appearance and behavior of many of our clients at this hotel. The ban on taking food back to rooms and on eating in rooms also places major obstacles for those residents who are not fully ambulatory and who were originally in the habit of having neighbors pick up food trays for them before management forbade all eating in hotel rooms. The CIS staff found no

systematic assessment of the mobility of room residents by the H.I.R.E. staff to determine who could not leave their rooms at meal times.

In October 1996 a resident at the BZB died from a cocaine overdose and his body was left in his room for two days before the death was discovered despite complaints from neighbors concerning odors emanating from the room. The management requires residents to turn in keys whenever they leave the hotel and has residents signing for meals three times a day. Hotel staff also perform periodic room searches whether residents are in their rooms or not. Despite these procedures, none of the hotel staff noticed that this deceased resident had not taken meals, nor left his room, nor turned in his key in almost three days. This event indicates that the new management has not improved the overall safety of hotel residents despite their attempt to prohibit drug use at the hotel. They have simply rendered drug use more covert, and more risky, but not less prevalent.

Case History: Violation of Client Confidentiality

The HIRE social worker Blanca at the BZB asked a CIS worker and the project ethnographer into her office, ostensibly to provide her with referral resources on drug treatment programs. She was in the process of handling a housing placement for a African American women with knife scars on her face. The client was asking for scattered site housing and the social worker was insisting that the women needed a treatment facility, that she could not live on her own. The client insisted that she wanted to be reunited with her children and thus wanted scattered site housing. Suddenly the social worker stood up and began screaming at the client calling her mentally ill and incapable of taking care of herself. "She's not right for housing because she doesn't take her medications regularly" she told us. We immediately withdrew from the room considering both the social worker's behavior and our presence to be professionally inappropriate. Blanca had deliberately used our presence in the room to reinforce her authority over the resident which is a back handed tribute to the level of credibility CIS staff have built with BZB residents. However such violations of client confidentiality can rapidly erode that credibility. From that time onward we maintained as much distance from HIRE staff as possible in order to continue working in the hotel with the residents' trust.

Our outreach staff have witnessed the social workers and case managers of the new administration belittling, and screaming at residents; this further raises stress patterns which can reduce residents receptivity to any alternative outside advice or education. Residents complained of having referrals forced upon them as one resident said of the local social worker discussed above: "This woman thinks she's Hitler ordering me around without asking first." One resident was thrown out of the hotel because he solicited a referral from the Center's street outreach team that works in the Hunts Point area. When we followed up on this case the H.I.R.E. social workers insisted that they be informed by us of any referrals we make with BZB residents which would be a violation of our confidentiality agreement with those in receipt of CIS or AOP referrals.

Case Histories: Room Closing and Drug Treatment.

J., a white male IDU living in Room 209 at the BZB asked for a referral to Turning Point from AOP street outreach workers.[9] He informed Dr. Pena, the on-site primary care physician at the BZB that he was going to Turning Point but didn't inform La Porte the on-site manager. HIRE claimed that hotel management wasn't officially informed, so while he was away at Turning Point at the end of two weeks absence they closed his room and moved his belongings into the basement. They essentially evicted him in the middle of the month with only 14 days absence.

A. W. From BZB was enrolled at Turning Point upstate. His case worker from Turning Point told A.W. that his insurance would not pay the amount required for the full treatment time. A.W. had to return to the BZB He was gone for about two weeks to three weeks. Turning Point attempted to procure an extension on his coverage for him but he wouldn't take it because he feared loosing his BZB room since the extension would take him beyond the time he was permitted to be absent from the hotel. However H.I.R.E. still closed his room after three weeks absence and dumped his belongings on the side walk in front of the hotel.

[9] The Center of AIDS Outreach and Prevention (AOP) operates street outreach teams in the Hunts Point area under a different grant In addition to the SRO CIS team which works mainly in the hotel and their environs.,

The professionalism of the H.I.R.E. staff is called into question by the fact that their drug counselors requested extensive information on drug treatment placement from CIS staff because they lacked their own resource directories. In addition the H.I.R.E staff made repeated attempts to get CIS workers to violate the confidentiality of CIS clients and disclose personal information to them about clients on their case load. Another form of inappropriate behavior on the part of H.I.R.E. employees, occurred when Mr. La Porte the manager of the site approached one of our CIS workers about having him refer BZB residents for counseling to social worker colleagues of Mr. La Porte, who offered to supply the CIS worker with a list of designated counselors all of whom maintain offices outside of the hotel.

California Suites

California Suites is a 100 room SRO in the Columbia University area. Like the Hayden the up-keep of its frontage disguises the multiple illicit activities based in the hotel practiced by management and residents-- not to speak of the serious environmental health hazards in the hallways and rooms. Between May 1996 and January 1997 we interacted consistently with 112 individuals of which 103 were DAS clients and 9 were not DAS clients but were residing in the hotel. California Suites is a center for heroin and crack trade-- 61 CIS contacts identify themselves as injectors and 39 as crack-cocaine smokers.

Case History: G G. California Suites

"G. G. is a 37 year old, African American male IDU, residing at the California Suites. G.G. needed clean needles when the CIS team first met him. The CIS. team gave him bleach kits and the address of a needle exchange program. G.G. was not sure that he wanted to stop using drugs. He had tried before and failed. We established a rapport, and he said he would think about detox. G.G. continued to take bleach kits, condoms, food pantry referrals and hygiene kits from the CIS team.

G.G.'s mother became ill. He visited her, and when he returned to the hotel he wanted to go into detox. He was ready to go into Bronx Lebanon Hospital detox, but was refused because he had chosen an HMO that Bronx Lebanon Hospital did not accept. G.G. did not give up. CIS team found one detox at Metropolitan Hospital' that accepted him. Presently G.G. is seeking primary medical care. He needs updated paperwork to seek supportive housing. He is trying very hard to keep from using. G.G. has stated that it is hard to stay clean in the hotel because there is plenty of drugs."-- CIS worker

There is a thriving sex work industry comprised of female and male sex workers. The female sex workers pick up customers among the shops on Broadway and the male sex workers use a parking lot in nearby Riverside park to meet customers in their cars. Synthetic heroin has been sold in the hotel since September 1996 and has resulted in a number of overdoses and one heart attack among residents (one OD was witnessed by Dan Tietz, HOPWA Coordinator, during a site visit to the hotel in October). The hotel is also an active market for the sale of both new sterile and used dirty syringes. The high degree of drug activity combined with the need to keep this activity low key in terms of the perceptions of the surrounding middle class neighborhood, means that residents prey on each other. Room robberies are common place in the hotel and it is usual to come across rooms with busted doors and locks that have been abandoned by their residents.

Case History: Room Robbery

M.G. is a 36 Hispanic male, as a CIS staff person described him. "I first met M.G. on January 23, 1997 at the California Suites. M. G. was crying and telling me that he had just came from the hospital and his room had been broken into. M. G.s was very broken and deeply hurt, he stated that he found crack vials on the floor, candy wrappings, cigarette butts and burn marks on his rug. "I give up" he shouted, "fuck it, I don't give a fuck anymore."

"We told M. G. that we were his tools and that he could utilize us to his advantage. Then M.G. calmed down stopped crying and told us he needed a wheel chair to get around, we made a phone call and his counselor said he sent M. G. his wheel chair on Tuesday. On Monday we told M.G. the good news and he seemed very motivated and high spirited."

The frequency of robberies combined with the frequent visits of the warrant squad render residents initially reluctant to open their doors to strangers such as the CIS team. In the California Suites we encountered a new form of theft--kitchen robberies. Food left cooking on a stove unattended will be taken, a practice that limits use of the kitchen and contributes to the degeneration of nutrition standards among the residents. Many of the hotel's hallway kitchens have cat and other animal droppings scattered about which rendered them unsanitary and unsafe for use.

The women residing in the hotel are on constant guard against sexual assault and intimidation. Most of the women will only use the showers or bathrooms when accompanied by a female friend who will wait inside the bath room and keep watch. Women residents have been propositioned and sexually assaulted inside the bathroom by other residents and hotel staff. They have a particular fear of using the bathroom and shower facilities at night. Jars of urine kept in the rooms of female residents are common and CIS staff view this as evidence of female residents' fear about using hallway toilets.

Perhaps the most noticeable environmental health hazard observed in the hotel are the filthy hallways which is the condition that most depresses and demoralizes residents. Cats openly run around the hotel urinating and defecating on hallway carpets. The hallway carpets retain all the odors and are infested with insects that can be seen flying from out of and around the shag. "There are times when we talk to residents and we have to hold our breath" said one CIS worker. CIS staff, conditioned to marginal hygienic conditions in other hotels, single out the

California Suites– complaining that they leave the hotel with odors on their clothes and outreach bags particularly if those bags have rested on the floor. CIS staff have observed garbage thrown in the hallways and the animal odors have progressively worsened during the course of the project. Cleaning staff have been observed dipping their mops in the communal hallway toilets in order to mop the floor. Thus it is not surprising that on certain wings the bathrooms and the have had locks put on them by the residents in an attempt to keep these spaces sanitary. Between December 1996 and January 1997 living conditions and odors in California Suites degenerated at an accelerated rate to the extent that CIS staff are not able to enter one of the wings of the 2nd floor because of the hallway odors. Recently, rodents have been seen by CIS staff in the kitchens of this hotel.

Case History: C.T.

"When we first worked the California Suites C.T., an African-American male in his thirties, he wouldn't open the door and didn't mingle with other residents. He did not use drugs but in the time that we were there he began injecting heroin. During this period we arranged a housing placement with Gabriel House, but there were delays in his transfer. One day CIS staff encountered him going to buy heroin because he was depressed with the delays in his housing placement, but meeting the CIS team made him decide not to cop. " Man if I wouldn't have seen you guys I would've gone and copped." He talked about the smells, the basic hygiene conditions and stated "in order to live here you have to medicate yourself." CIS staff person

Residents capacity for self regard and self esteem is severely damaged by the conditions of many hotel rooms and hallways. CIS staff have seen rooms that are not cleaned at all, in which the linen is rarely changed and even rooms without beds. Residents do not have a basic living environment upon which to base the cultivation of life skills. Showers have been removed from individual rooms which

further lowers residents' sense of control over their environment and their lives which impacts on many other areas of their behavior requiring self esteem.

Case History

"R.C. is a 32 years old, black, female. crack smoker living at the California Suites. She was initially reluctant to talk with the CIS. team at first. Her attitude was that she did not need any help. she would take the harm reduction supplies, and quickly disappear back into her room. She started asking questions and established a rapport with us shortly thereafter. R.C. was on probation and was not reporting regularly to her appointments. She needed someone to intervene with her probation officer. Her probation officer wanted R.C. to get medical care. He was happy that R.C. was talking to the CIS team.

CIS staff made an appointment at St. Luke's clinic for R.C. She never kept the appointments. She had many excuses, but staff kept visiting her and showing her that they cared. When R.C. knew the CIS team was in the hotel, she would come looking for the team. R.C. confided to one staff member that she was pregnant and that she did not want to lose this baby to the system like her other children. We talked, and staff told her to walk in at Mt. Sinai's prenatal clinic as soon as possible and there she could get immediate help. She followed-up, and now she is getting the necessary care she needs. Her probation office, the caseworker at Mt. Sinai and CIS staff stay in touch. I still see R.C. whenever the CIS team visits the California Suites. 'Some days are better than others' she tells me. She has many problems with her health, but she wants her baby. The caseworker at Mt. Sinai says she will be able to enter detox after her medical work."-- CIS worker

As in the Kent and Hayden, the California Suites management are complicitous in varying degrees, with the illegal drug and sex work economies and with the degenerating health conditions of the residents. For instance there is an active prostitute stroll on the first floor behind the reception office. Sex workers, most of whom are based on the third and fourth floors, meet their clients there who come in off the street after making an appointment by phone. They need to escort their clients though the hallway lest the john is stolen by other sex workers congregating there. Outside visitors to the hotel have to check in with the reception desk before visiting residents. The sex worker's clients never do so, these non-residents simply walk in straight to the hallway alcove behind the

reception desk office and are never stopped or questioned by the managers--leading to the conclusion that the management profits from the sex trade there. Similarly on the first floor, only yards away from the management office there is an active shooting gallery with a resident hit doctor who specializes in injecting clients who can't find accessible veins.

Case History: Selling dirty syringes

C.O. is a 35 year old (gay Hispanic) in room 405 who uses heroin and crack, and S, an African-American, age 47 who uses alcohol and heroin. They both separately told CIS that due to the cut backs in SSI money for people in methadone and alcohol treatment, people are intentionally buying dirty needles to inject themselves in order to get DAS eligibility. C.O. works a gay stroll with clients who come from other parts of the city, and are willing to pay $10 to $15 dollars for a dirty needle from someone with HIV, such as the IDUs who work the stroll. Most of this dirty needle selling activity is occurring at California Suites, which is serviced by a needle exchange.

K., who is not DAS, or officially registered at the California Suites used to smoke and deal crack sporadically. He lived with a woman who was DAS and registered at the hotel. She went to jail and he stayed in her room till it was closed. He then moved into the room of a white resident who was shooting heroin. And shortly afterward he started shooting too. He told us he was deliberately sharing needles with his HIV positive roommate, because he said this was the best way to insure that he would get a room in California Suites. He wanted a DAS type room. He's been sharing needles with his roommate for 6 months now.

Residents have reported that management charges them supplementary additional rent of about $60 per week on top of what the hotel receives from DAS. Management is known to run a loan-sharking operation in the hotel. Residents pawn possessions like radios and television sets at the manager's office in exchange for loans. Residents also report that those who redeem their possessions subsequently have their rooms broken into and the formerly pawned article is stolen. Residents feel that management may thus be complicit in some,

though not all, of the room break-ins that occur at this hotel. As in the Hayden and Kent hotels, the California Suites management will, for a fee, keep a room open for those residents who are incarcerated. Management will cash DAS and SSI checks at special check cashing spots taking up to 1/3 of the check as part of their repayment for moneys lent to residents.

Recently, the manager at the California Suites attempted to prevent CIS staff from delivering toilet paper to residents and expressed his willingness to distribute the toilet paper himself. He was refused. CIS staff suspects that he wanted to use the SRO toilet paper for the hotel 's bathrooms thereby relieving himself of the burden of supplying these facilities. Toilet paper is in great demand by residents because management infrequently distributes these supplies and the bathrooms are usually the first place in the hotel to be vandalized.

The management at the California Suites advertised a buffet Christmas dinner for residents to be served at 3 PM the day before Christmas. Residents reported they repeatedly checked the lobby, coming down from their rooms for the dinner, but it was never served.

Carver Hotel

The Carver Hotel on Prospect Avenue in the Bronx is a 70 room SRO adjacent to the Hunt's Point area and thus its residents, like BZB residents, are economically linked to the drug and sex trade of that area. CIS staff have regularly interacted with 84 residents at this hotel: 78 DAS clients and 6 non DAS clients residing at the

hotel; we interacted consistently with 38 residents who identified themselves as injectors and 36 residents who identified as crack smokers. While the other hotels described here have been worked since May 1996 the CIS staff finally managed to negotiate access to the Carver in October 1996. There is an highly active heroin injection scene at the Carver hotel, 33 residents identify themselves as heroin injectors and 28 identify as crack-cocaine smokers.

Case History

D. U. is a white male in his mid forties currently enrolled in a methadone program but still an active substance misuser. He uses pills, crack and cocaine and prior to that had been injecting heroin for 20 years. He was repeatedly hospitalized for PCP but was unaware that he could be preventing this to some extent by observing a regimen using Bactrin every other day. The CIS team apprised D.U. about the importance and techniques of using Bactrin. D.U. claims he still use drugs to deal with the boredom and the stress of living at the Carver. He identifies with his methadone program which affords him a social life that he does not pursue at the Carver where he remains aloof from the other residents. D.U. now waits for the CIS team to arrive on scheduled days, either in his room or in the hotel hallway.

A significant number of the Carver's female residents, like their counterparts in the BZB, are sex workers that stroll the Hunt's Point factory district, bringing their johns back to their rooms in the Carver. However rooms 124 and 131 are reserved by hotel management for a higher priced sex trade conducted by non-resident sex-workers and other rooms are rented on an hourly basis to outside couples. These rooms are usually let only on the weekends. CIS staff have been warned by management not to knock on these doors. These rooms are differently furnished than the rooms of DAS clients. Once when we knocked on the rooms an attractive woman answered " I don't want to talk to anybody I work here." The management does not seem to be involved in the drug trade

and CIS staff have identified two drug buying spots frequented by hotel residents within a block of the hotel indicating the easy access there is to heroin and crack.

Carver Case History

F. Is and African-American in her mid thirties. She is a DAS client living at the Carver hotel in room 633 and who operates as a sex worker in the Hunts Point factory stroll. She makes $250-$300 per night all of which is used for the purchase of crack-cocaine. The CIS team first met her at the BZB which transferred her out to the Carver, a even more high risk drug taking environment than that of the BZB. She accepts condoms and food pantry referrals from the CIS staff and has confided that management allows her to bring back tricks to her room at the hotel. Her neighbors complain about fights and doors slamming shut at night.

Management maintains a loan-sharking business, charging a 100 percent interest on the principle amount loaned. The hotel manager has "a personal posse" that serves as loan collectors. In order to get a loan the resident has to hand over photo ID cards, used for check cashing, Medicaid cards and food stamps as security for a loan. On check day the loan posse accompanies the resident to a check cashing place to secure repayment. The loan posse is not the only resident labor the management uses-- residents can be seen performing maintenance tasks, such as cleaning and painting of hallways. One such painter was the wife of a DAS client; she lives with her husband at the hotel but is not a DAS client herself. The residents who are drafted into these work crews are, more likely than not, people in debt to the management working off their loans. The use of staff in these "trustee" position resulted in food theft of God's Love we Deliver Meals. In response the CIS team arranged for God's Love We Deliver to deliver food directly to the doors of residents registered with the service. Further the CIS team pursued an aggressive campaign of registering Carver residents with God's Love, a process that was greatly facilitated by the mobile phone that

permitted the food service to conduct on-the-spot intake interviews as CIS staff recruited residents.

Case History

Celia was an African American ex IDU in her mid forties. CIS staff encountered her in the hallways of the Carver where she was begging residents for food and for carfare in order to get to her methadone program. She was a tall emaciated women with white froth on the corners of her mouth she told us that she hadn't eaten in several days and had no money for food and carfare and thus had not picked up her methadone dosage for several weeks-- meaning that she probably had relapsed back into heroin usage. Using the cellular phone and scanty information provided by Celia the CIS team contacted her methadone program, managed to locate a her case worker and arranged for an ambulette pick-up to take Celia to the program. Many SRO residents registered in methadone programs are unaware that there are services such as this one that can compensate for any mobility problems they have. Celia died two months later after this encounter.

Though the Carver does not exhibit the dire environmental conditions of the California Suites, many of its room doors are damaged and look broken into. A DAS client who was originally on the 5th floor was repeatedly robbed so management moved him to successive floors. The robbers followed this resident from room to room resulting in management finally moving him to the first floor where they could supposedly keep an eye on his room to prevent further robberies.

An HRA worker maintains an on- site office in the hotel but rarely comes into contact with the residents because the office is frequently closed during day time hours. Residents confirm that her office is frequently closed and when she is present the office door is always kept shut. CIS staff learned that many residents are unaware that there is an HRA office in the lobby of the hotel.

We have left harm reduction materials with the HRA worker to distribute to residents when we are not there and residents report to us that the office is never opened long enough for them to access these materials during times and days when the CIS staff are not present.

God's Love We Deliver provided hot meal service for a small number of residents at the hotel when the CIS team began working there. In the past two months CIS staff have registered many additional residents for this food service. This response indicates that the HRA staff person does not conduct ongoing nutritional needs assessment of the hotel residents.

Case History Carver Hotel Room 215

CIS worker testimony: "When I first met Mr. M., age 38, an Hispanic Male at the Carver Hotel he was on a methadone program and living in a small unsanitary room where Mr. M. was at risk of becoming very ill because of the foul conditions. Mr. M. had broken his leg in the hotel. Mr. M.'s broken leg became a handicap as far as traveling to his methadone program, and for getting meals on time. The team managed to help Mr. M. by getting him a ambulance to pick him up and taking him to the program and we also got Mr. M. God's Love We Deliver. Mr. M. has two opportunistic infections."

A DAS client and hotel resident (Mr. M.) slipped on the hotel floor damaged his leg and was unable to leave his room (216) for two weeks last month. When CIS staff encountered him he hadn't eaten for three days, CIS staff immediately connected him to the food service, noting his comment that he was never visited by the HRA worker even though his injury was common knowledge to hotel management.

The HRA worker at the Carver maintains a system of favoritism selectively distributing food to residents. Cases of food are visibly displayed in her office, When CIS staff once sent residents down to get this food they returned with empty bags, telling staff that the food had already been distributed and that they were told to come back another day. However when CIS staff went downstairs to the HRA office, that same day to verify these reports, there was another line of residents waiting to receive the same food observed earlier by CIS staff. Many clients who are checked into the hotel on Fridays and weekends spend the weekend without any food for lack of financial resources. and information about nearby food pantries and soup kitchens.

G: Intervention Chronicle

Dynamics of Harm Reduction in the Hotels

Within the first two week of conducting outreach to the hotel the CIS staff quickly learned the critical outreach attributes that became the ground of any future efficacy. Consistency, confidentiality and continuity of care are all necessary components to facilitate and establish the credibility and trust of the outreach staff for the hotel residents.

During June 1996 CIS staff began to receive reports from hotel residents expressing surprise that we maintained a consistent visiting schedule with hotels. Many contacts related the view that we were the first program that visited the hotels and then made return visits. Most programs visited once and never came back. At some hotels we found residents waiting for us on the front stoop, in anticipation of our scheduled visits.

Consistency> Consistency was also important to program efficacy because of the arbitrary and unsystematic application of DAS regulations by DAS workers and because of manipulative room regimes by hotel managements or on-site HRA staff. The CIS team offered an alternative model of service delivery to DAS clients in relation to what they had become accustomed to and estranged from. SRO hotel residents have poor and intermittent relationships with social service bureaucracies. Most SRO residents live in a world where they cannot count on predictable support relationships from neighbors (who will betray them for drug-related needs), from their families from whom many are estranged or

geographically removed (since most DAS clients are placed in hotels at some distance from their home neighborhoods), and from indifferent to hostile and unreliable public service providers.

CIS staff became a predictable event in SRO residents lives by maintaining regular room visiting schedules and hallway walks. This level of accessibility and reliability is in marked contrast to some service providers and the social relationships outlined earlier. Another important aspect of the CIS field practice was that staff never unduly raised expectations among their clientele. CIS workers never made promises they could not keep and followed through on those services they did offer or refer to.

Case History PJ

PJ was client we worked with from the BZB annex. He went to jail and was subsequently released to the BZB proper. He was then transferred to the Kent because he continually accumulated debt they he never paid off. He had damaged his leg and while at the Kent a resident was urging him to contact the CIS team as we came onto his floor doing outreach The staff witnessed PJ stiffening and reacting to this suggestion. To the Kent resident who made the suggestion he declaimed proudly "I knew these people before I ever got to the Kent, you don't have to tell me about them!"

One important result of consistent room visiting combined with a non-judgmental approach to hotel residents is the momentary suspension, if not removal, of social stigma associated with being an SRO resident. SRO residents are quite conscious of the social bias and low status that applies to people living with AIDS, substance abusers, and the visibly ill. Residents are also extremely sensitive to the impoverished and frequently sub-standard environments in which they live and their own often unkempt personal

appearance. The consistent room visits by CIS staff, as well as their holding of open-ended needs assessment conversations, impressed hotel residents. In addition outreach staff were not visibly put off by the un-hygienic conditions of hotels, the rooms, or the residents. Staff did not exhibit any bias or fear towards hotel residents because of their sero status or other medical conditions. This willingness on the part of CIS workers to repeatedly engage hotel residents on the latter's terms and in the residents' living conditions won great credibility in settings where few people trust others or show them any respect or civility.

In August the on-site manager at the Kent hotel remarked to the CIS staff that many residents appeared to abstain from drug ingestion and took greater care of their personal appearance and cleanliness on those days that CIS staff visited the hotel. Consistently maintained scheduled visits imported a temporal structure into the hotel, introducing a bit of predictability and order two to three times a week, that was welcomed and affected the presentation of self by the residents.

The CIS team was in constant pursuit of conversation and personal contact with substance mis-users in the hotels. But sustained contact is not easy to achieve. The distribution of free harm reduction materials is merely the means for establishing connections that may lead to attitude change and altered risk perception by hotel residents. And every outreach worker knows that it is the manner with which these materials are given that mediates their acceptance and use.

The selling, buying, injecting and enjoyment of drugs mixes three activities: business, illness and temporary mental/physical cure. This potent combination is characterized by a highly compressed and urgent time structure. The faster one can sell, buy, make money, and ingest, the more business can be done and the swifter the symptoms of illness can be held in abeyance. The clandestine and illegal nature of these activities imposes a further temporal urgency on these acts. The temporal compression of transactions in the drug market is expressed by the state of being *"on-a-mission"* which is a frame of mind, an attitude towards the world, a visible body posture, in addition to being a specific drug-related task. Purchasing, selling and ingesting drugs are goal-directed, monolithic and purpose filled activities. "The mission" allows little room for anything that does not directly contribute to its successful completion. Thus, in order to have the type of conversations through which they can convey health messages, propagandize harm reduction and/or make a referral, the CIS team had to find ways to either infiltrate, or work around, the closed structure of "the mission."

The case histories in this report, the intimate biographical and ethnographic details bear witness to the most important achievement of the CIS team: the carving out of an alternative and provisional safe space from the closed geography and time compression of drug-related practices and the demoralizing ambiance of the hotels. Within the busy to-and-fro of drug markets, loan sharking, sex work, hotel-based shooting galleries, and users on-a-mission moving with method and motive from place to place, the CIS team have been able to fabricate micro-niches for a type of interpersonal contact that is rare in the social and economic settings of substance misuse.

The CIS staff conducted health education, life-skills workshops and case management in "unstructured" indoor and occasionally outdoor settings. They used their personal knowledge of certain life styles and clandestine behavior, their own social credit built up over time, and sheer persistence, to make and maintain contact with individuals who deploy invisibility and evasion in the conduct of their affairs. The biographical information and ethnographic detail about clandestine activities in the hotels in this report is not only a portrait of harm reduction contact with a particular resident, but of those alternative zones and moments of interpersonal contact which the CIS team literally forges from thin air within the generally anarchic hotel environments. Unlike most social workers, the CIS team have no office, no schedule of enforceable appointments with persons officially designated as clients, and wear no badges of authority. In a process of exchange, the CIS team convinces potential clients to donate some of their time to the team so that in the future they could make claims on the time of the CIS workers. The ethnographic detail in this report documents this reciprocity. In environments characterized by generic insecurity, debt-based obligations, and intimidation this type of reciprocity is rare.

Confidentiality> Quite early in the field intervention hotel residents impressed upon staff the importance of confidentiality to winning their trust. Residents at the Hayden complained vociferously about the tendency of the on-site HRA worker to disclose personal information about residents who were in his disfavor to his network of favored residents to whom he afforded special treatment. In the BZB after its management had been taken over by Health

Improvement Resource Enterprises Inc., instances occurred where the social service staff publicly violated residents confidentiality in front of the CIS staff.

The impact of our consistent visits and maintenance of strict confidentiality was apparent by July-- after two months into our intervention. 40 referrals were written for residents to services during June, a month that had 16 working field days. The high number of referrals for this duration of time and during the start-up phase of the project was indicative of the qualitative interactions between the CIS workers and the hotel residents. At the same time CIS staff were able to complete on the-spot data collection with newly designed forms. These, modified HOPWA intake forms, are designed to record personal history and financial information from new contacts made in the hotel, and could be completed, under fieldwork condition, only with the trust of the hotel resident and the resident's faith that the information collected would remain strictly confidential. CIS staff would not have dared asked some of the HOPWA information questions of newly met hotel contacts at the beginning of fieldwork because of the personal nature of many of the questions. By July CIS workers were able to go back to residents met during the first two months of the intervention to complete the data collection process for "new" outreach contacts. Staff were able to do this because the reputation of the CIS staff had spread through the hotels and enabled the gathering of this information.

Continuity of Care> Continuity of Care which in part was based on consistent site visits, also entailed the capacity of the CIS staff to link together different

components of their fieldwork intervention to enlarge the scope of harm reduction interventions. For example in the first weeks of room visiting in the hotels it became apparent that one cause of the un-hygienic conditions in rooms and bathrooms was the time lag between changes of linen, and the provision of amenities like toilet paper, towels and soap to the rooms by management. SRO residents told us that toilet paper was given out once a week at a specified time and was not available at any other time. Some hotels never gave out toilet paper. The CIS staff quickly added toilet paper rolls and hygiene kits to the harm reduction materials disseminated to the residents. Originally it had been intended that qualitative contact with SRO residents would be made primarily through the offer of condoms, bleach kits, AIDS literature and referrals services. These materials were crucial engagement vehicles, yet they were surpassed by toilet paper and hygiene kit distribution as media for initiating conversations with residents. And certainly, unlike the bleach kits and condoms, toilet paper and hygiene kits addressed the needs of residents who were not heroin or cocaine injectors and who did not engage in sex.

Nutrition is also a major continuity of care issue. The nutrition needs of hotel residents was apparent to anyone who visits the hotels and CIS staff realized that food provision was a necessary service and contact incentive. However since the initial program design did not envision food provision or a company vehicle, the SRO project did not have the resources to provide consistent bulk deliveries of food for residents. (Though many individual CIS worker brought residents food on their own.) Intervention workers took steps with an already

established referral linkage, a food pantry on 86th street, to agree to supply emergency food to hotel residents holding our referral slips on days and during hours outside their regular distribution schedule. This pantry serviced our clients from the Hayden, Kent and California Suites hotels.

In order to be able to negotiate referrals to food services (as well as drug treatment and primary medical care services) CIS workers needed to spend extensive time in the field on pay phones which are frequently not available or easily accessed-- a process that reduces CIS contact time with residents. In the early months of the project staff regularly had to borrow the use of the hotels' front desk's office phone. Locating and using the phones in this manner removes CIS workers from interactions with residents for significant periods of time and is not efficient. The acquisition of a cellular phone for use in the field increased our capacity to make rapid referrals without taking CIS staff off the hotel floor and away from conversations with residents. Given the inability of most hotel residents to tolerate long delays in service delivery this cellular phone was a crucial technological support. Having the cellular phones particularly facilitated intake interviews with God's Love We Deliver. Their intake process requires such interviews before deciding on the eligibility of hotel residents to receive food deliveries from them. In October we can document a sharp increase in the use of the cellular phone for arranging referrals, client advocacy and service provision. (CIS staff arranged for door to door meal delivery for Carver hotel residents because workers observed hotel staff stealing food from God's Love food trays that was meant for

residents. This occurred when the food trays were left by God's Love in the meeting room adjacent to the manager's office.)

H: From Harm Reduction to Case Management and Client Advocacy

Three factors encountered in the SRO hotels compelled important alterations in the content and scope of program field interventions:

- At least 50% of DAS residents the CIS team met did not have M11Q forms or up to date M11Q forms which affected their capacity to access alternative housing, primary care and more specialized health related services. Further DAS clients found it almost impossible to obtain copies of their M11Q forms from DAS workers who refused their request. When staff investigated these claims with DAS workers they verified the refusal but justified their action by saying that SRO residents sell M11Qs. The same is true for residents making requests for M11Qs from methadone clinics in which many residents were enrolled.

Case Histories: M11Q denials

1. Michael _____, is a resident of the SRO hotel at California Suites, on West 111 St. in Manhattan, his DAS office is located on 14th street and 5th Avenue. Michael's M11Q forms were smudged and he needed a new copy for alternative housing application referral provided by our staff to Gabriel house, which will not process such applications without an up-to-date M11Q. Michael went to pick up a copy at this DAS office. A Ms. Hill refused to provide him with a Xerox copy of his MIIQ upon his request. Michael then produced a referral form and business card given to him by our outreach staff. Ms. Hill then called our Bronx office to verify that the referral was bona fide and to find out about our organization. Only after speaking to our outreach workers did she agree to give Michael a copy of his M11Q form.

2. Fraser _____ who is resident at the Kent hotel on West 83rd street. went his DAS office and requested his M11Q in order to follow through on an alternative housing referral we

provided him. Fraser told us that his DAS case worker refused to give him the papers rhetorically asking "Why do you need it? Fraser went back to this DAS caseworker with a written note from our outreach staff stating why the copy of the M11Q was being requested. The case worker called our Manhattan office and asked if we were a recognized DAS vendor. When informed that we were not a DAS vender she refused to give Fraser the form.

3. Steve _____ is a resident of the BZB hotel on West Farms Road in Hunts Point. He possessed an M11Q form that was three years old, and needed a more recent form in order to acquire an alternative housing placement. He was refused papers several times by the 14th street and 5th avenue DAS office. Our SRO outreach staff made contact with his DAS worker Sheldon Ford who agreed to give him the M11Q upon our request. He told our staff that he had previously refused to give Steve the "because there was no alternative housing available" so he did not consider a housing referral as a valid reason for giving a DAS client a M11Q form. Two days after obtaining this form Steve, upon his own initiative, located housing in Brooklyn, because of a previous contact he had made with a placement service.

4. Rosa _____ is a resident of California Suites. She is seeking alternative housing placement and a new primary care physician outside of her methadone clinic, Beth Israel on 110 th street and Broadway. She has severe asthma and a heart condition, and feels, she is not getting comprehensive and specialize care at the methadone clinic. She wanted to receive primary care at St. Luke's hospital on 113 th street and Amsterdam near her hotel. Beth Israel refused to provide her with a copy of the form, stating that people were selling M11Q forms.

5 Miguel _____ is a resident in California Suites. He is enrolled at Beth Israel on 125th. street and Park avenue. He wanted a new primary care physician, he is also in the process of loosing his sight, and needed specialist care that he was not receiving from his methadone clinic. Beth Israel has refused to give him a copy of his M11Q form. Miguel does not want use the medical services of Beth Israel on 18th street and First Avenue because they know he is a methadone client and he feels they discriminate against him because of this.

6. Mike _____ is a resident of California Suites. He requested as M11Q from his methadone clinic, Ithaca on 110th street and Madison Avenue because he had requested an alternative housing referral and placement from our staff. The methadone clinic told Mike he had to wait and get re-tested again to ascertain his current T cell count. And that he would have to wait for a month before he could be tested and his housing placement would have to wait till then.

In those cases where an up to date M11 Q was available it was obvious to CIS workers that the examining physician's prescriptions and recommendations for the resident were not being followed mainly because most residents did not have a consistent relationship with a

primary care physician. Not unexpectedly most SRO residents without M11Qs or an updated M11Q did not have ongoing relationships with a primary care physician. Another factor in the absence of primary medical care was that the majority of these SRO residents are located at great distances from their home neighborhoods and from the medical sites where their M11Q forms were originally issued. This is a major obstacle for DAS residents to negotiate in order for them to maintain continuity of their medical care, and in up-dating and/or locating their M11Q forms. Because of drug expenditures, many of these residents lack the necessary carfare, or, because of their health status, lack the physical strength, to travel distances. Due to this disparity between the locale of medical assessment and current hotel location many recommendations for DAS clients listed on M11Q forms issued by the examining physician are not implemented or followed appropriately at the current residential site.

- HIV + residents recently released from prison are not being provided with copies of M11Q forms by prison Doctors. HIV+ individuals are released from incarceration with a medical assessment form which DAS accepts instead of the M11Q. But the NYC Housing Authority does not accept the prison documentation for Section 8 housing-- only the M11Q. Thus parolees and ex-inmates have to obtain MIIQ forms after their release. This delay in getting proper documentation prolongs their stay in the assigned SRO and inhibits referrals to more permanent housing. Since many ex-inmates arrive from prison drug-free, living in

drug active settings for protracted periods creates a risk for relapse into drug use. Therefore, access and availability to M11Qs would facilitate getting these ex-inmates out of SROs and into alternative housing more quickly. Further, reentry into the chronic drug use, that is part of the SRO, culture, diminishes the capacity of the released inmate to find alternative housing, thus creating a viscous circle.

- One other factor severely inhibits residents from seeking and maintaining primary medical care or from entering residential drug detoxification and long term treatment programs. Those residents who are patients in a hospital for two weeks or longer or for those residents who've left the hotels for 28 day treatment programs have found their rooms arbitrarily closed by either hotel managers or on site HRA staff. DAS residents have been told by various hotel managers that if they are absent from the hotels for 30 consecutive days their rooms will be closed. In actual fact, many residents away on 28 day drug detoxification programs have reported their rooms closed after only 15 days. This managerial practice has caused some referred residents to leave drug or medical treatment early in order to secure their rooms and to consequently relapse. As a result many more SRO residents avoid long term hospitalization and/or drug treatment for fear of loosing their rooms. In some cases DAS residents at the BZB, who had been through 28 day drug treatment programs had their room closed by the H.I.R.E. organization and were transferred to the Carver Hotel. Once in

the Carver they quickly relapsed, due to exposure to the active heroin injection and crack-cocaine smoking scene taking place.

- DAS residents from the Hayden and Carver hotels respectively have expressed their mistrust and suspicion of resident HRA workers. They do not want to request application forms or documentation from these workers and have come to the SRO staff for alternative solutions. We refer such requests to central DAS (Waverly) offices. One resident at the Carver felt he would be charged for documents he requested from the on-site HRA worker.

As a result of this and related gaps in service delivery by official service providers, CIS staff increasingly engaged in case management relationships, dynamics and situations which the initial program proposal did not envision accommodating. The conditions at the hotels compelled the CIS staff to develop a hybrid intervention that mixed harm reduction with case management in unstructured environments. CIS staff spent long hours on the phone attempting to acquire copies of M11Q forms or setting up medical appointments for residents to obtain updated M11Qs from physicians. CIS staff revised their use of the SRO specific confidentiality release forms signed by contacts. This form was originally designed to enable staff to track referrals to services. Now, it is also used by CIS staff to facilitate release of documents by providers that had denied SRO resident's previous requests for access to their documents. By the end of October CIS staff accumulated substantial quantities of client-related paper-work resulting from tracking the prolonged housing placement process and the effort to reconstruct appropriate certification and entitlement documentation

for SRO residents. During November, two weeks were needed to step back from field work in order to organize a secured record keeping process and more comprehensive client tracking system-- all of which had not been envisioned as necessary to the original program design and proposal. This explains the temporary drop in distribution levels in November, which was characterized by below average hours in the field, when time was taken to organize a case management record keeping system. Distribution levels and field hours were immediately restored in December. Taking this time to organize an expanded client tracking system formalized the growing case management component and systematized advocacy on behalf of residents to services. Extensive contact records, tracking vehicles and copies of residents documents were stored in secured locked files in the Bronx storefront office.

From May 1996 to September 1996 other forms of client advocacy were also added to the original harm reduction scope of the intervention. This frequently involved deploying CIS staff as service brokers between DAS residents and service providers. This task went well beyond the simple issuing of a referral slip to the SRO resident requesting services. Because of physical, mental and financial situations many SRO residents need escorts/ advocates when they seek to attend referral appointments. The provision of such escort/services is an incentive for the SRO resident to show up for such appointments in the first place. The current contract does not support sufficient staff for us to maintain fieldwork and to simultaneously perform this much needed on-the-spot escort/advocacy service except in limited crisis situations. An important component of brokering relationships between residents and service provider was the development of a

formalized referral linkage with Beth Israel's Comprehensive HIV/AIDS Clinic on 14th street. Two of the CIS staff escorted a female resident M., from the Hayden hotel, to the clinic for medical services and introduced her to peer educators working at the clinic. After this visit the Hayden resident gave extremely positive feedback to her fellow DAS residents, after which several other Hayden residents were referred to Beth Israel from the Hayden. Given these successes CIS staff on a limited basis expanded the escort service to the Kent and California Suites hotels. Thus we currently escort residents to services in order to facilitate the referral for our most needy contacts and to foster the reputation of the service provider among the hotel residents. When necessary DAS residents were supplied with mass transit tokens to enable them to keep medical and drug treatment appointments.

CIS staff also provided life skills workshops to hotel residents on time management-appointment keeping and document management in order to build their capacity to access service providers outside the hotel. Because of residents' drug related life styles, medical as well as mental conditions, many SRO residents do not exhibit the memory capacities that would allow them to maintain and follow through on a protracted series of medical and/or other types of appointments particularly the protracted and bureaucratically complex process of housing placement. Many hotel residents are in dire need of basic life skills training that would allow them to manage their medical appointments, their nutritional needs and their prescribed medication. The absence of such basic life skills should be seen as a critical continuity of care and health promotion issue.

Since we had limited capacity to escort SRO residents to medical care facilities we also attempted to bring medical services into the hotels. In the Carver hotel we identified at least 3 residents on each floor who needed visiting nurse and home-care services to the on-site DAS worker. VNS requires a letter from a doctor or from the on-site HRA worker in order to authorize nurse visits. The CIS team informed the Carver's HRA worker about which residents needed such letters to VNS. Two weeks passed and the Carver's HRA worker had not taken any action on this matter. CIS staff reported that they pleaded with her to speak to residents who had been identified as needing visiting nurse service– but to no avail. Frustrated staff described her to me in a staff meeting by saying "she only watches TV or talks on the phone." In one instance SRO staff asked her to call 911 for an ambulance for a resident and she responded by saying " I know he's ill." She made no effort to call an ambulance. Eventually CIS workers independently arranged for VNS services for non-ambulatory hotel residents, all of whom are in need of some level of medical oversight.

Further Expansions of the Scope of Harm Reduction Interventions

As summer came to an end stress factors increased in the hotels. This was evidenced in increases of self medicating behaviors, increases in relapse behaviors, increases in sexual harassment and domestic violence incidents and in increases in interpersonal violence. These stress behaviors originate in frustration over not finding alternative housing and over the various forms of everyday victimization including robbery, extortion, loan sharking and sexual harassment.

Many residents can only tolerate conditions in the hotel during the summer months when they can be out of their rooms and on the streets for the greater part of the day. The advent of cold weather and winter is not looked forward to by residents because it means confinement to hotel spaces. This was evident to us in the increase in referral requests for alternative housing at this time.

With the advent of colder weather hotel and because of the impact of the cold on their overall health residents are more home-bound; they are usually depressed and/or stressed by being restricted to their rooms and by their degenerating health. Thus CIS staff encountered more residents in each hotel and in turn these residents requested more harm reduction materials as their substance misuse activity and sexual activity increased.

As CIS workers moved deeper into resident social networks during the fall/winter months, the staff noticed more cases of domestic violence and physical abuse between male and female partners residing in the hotels. Ethnographic assessment of the situation has identified that female victims of physical abuse are severely blocked by fear and terror from making any qualitative changes in their living and health situations. The abusing partners are overtly hostile to any intervention that would remove their female partners beyond their influence and violence. Therefore the battered resident is more unlikely than other categories of hotel residents to request services from SRO staff-- particularly alternative housing or residential treatment services outside the hotel which would place them beyond the reach and control of the abusing partner. Attempts to leave the hotel may meet with additional violence. Many male abusers frequently

isolate their female partners in their rooms and attempt to prevent any sustained contact between their female partners and CIS staff. As a result many battered women will often not open room doors to CIS staff. Staff make covert hallway contact with victims of abusing partners whenever possible.

To this pattern of physical abuse must be added other male/female patterns (1) the economic dependency of males on women engaged in sex work and/or receiving DAS checks; (2) the residential dependency of male partners, who are not DAS residents and not officially registered at a hotel, on their female partner who is a DAS resident and officially registered at the hotel. These factors may be contributing to patterns of physical abuse in specific cases. Because of the increasing frequency of such domestic and sexual violence incidents, CIS staff have recently undergone specialized trainings on how to handle contacts who are victims of physical and emotional abuse. They have developed specialized referral resources for the victims of domestic and sexual violence we engage in these hotels

I: Units of Service: Statistical Charts and Narrative

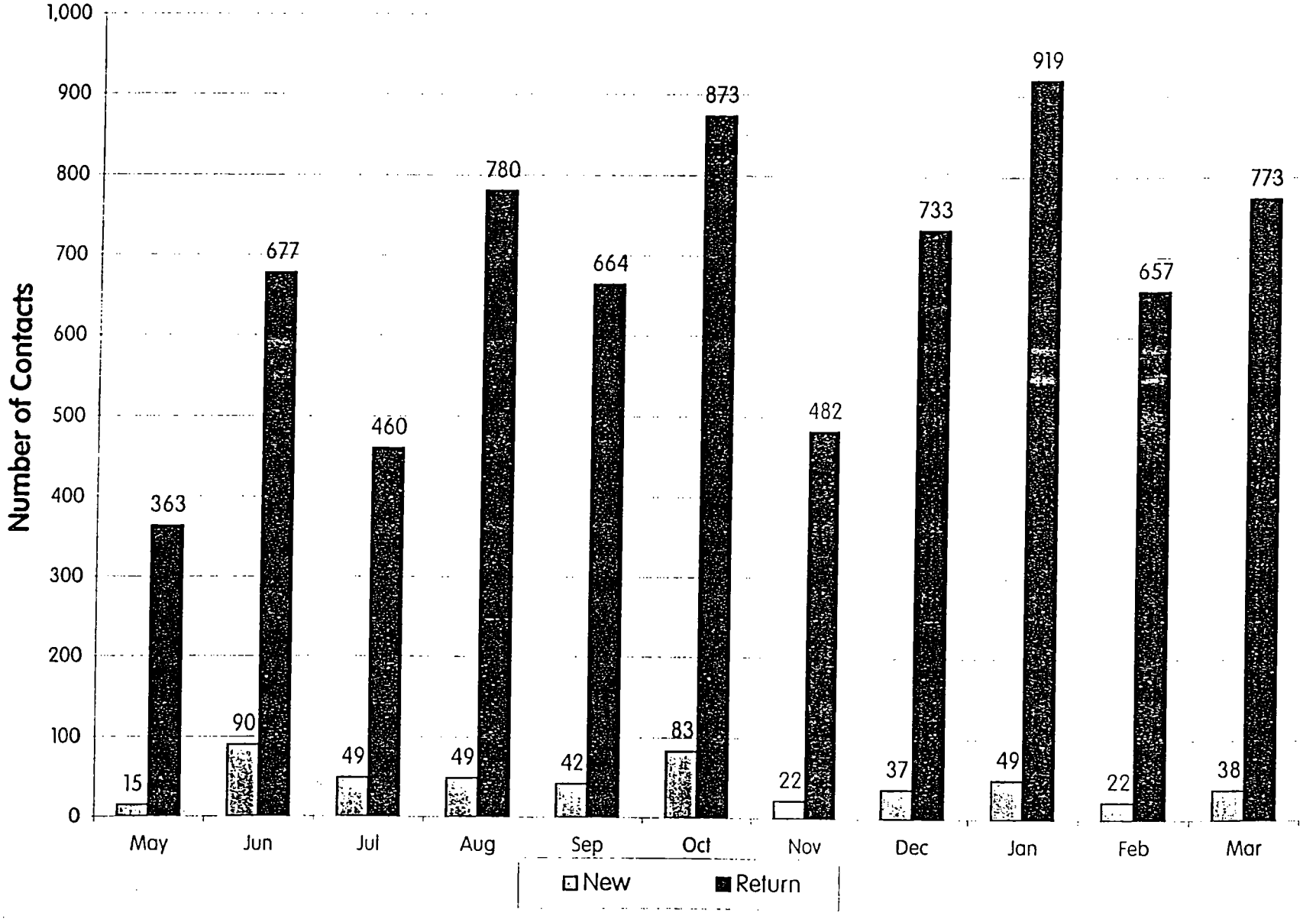
New and Return Outreach Contacts

The October upsurge in material distribution and request for services in all hotel this month is reflected in the doubling of new SRO contacts. The upsurge can also be attributed to the addition of the Carver Hotel as a field intervention site. In general the higher return contact numbers reflect the winter confinement of residents to the hotels, The November dip is accounted for by lower than normal field hours as emphasis was placed on the development and/or reorganization of client tracking and field research instruments and records.

NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

Outreach Contacts 5/96-3/97



Total Number of Contacts = 7,877

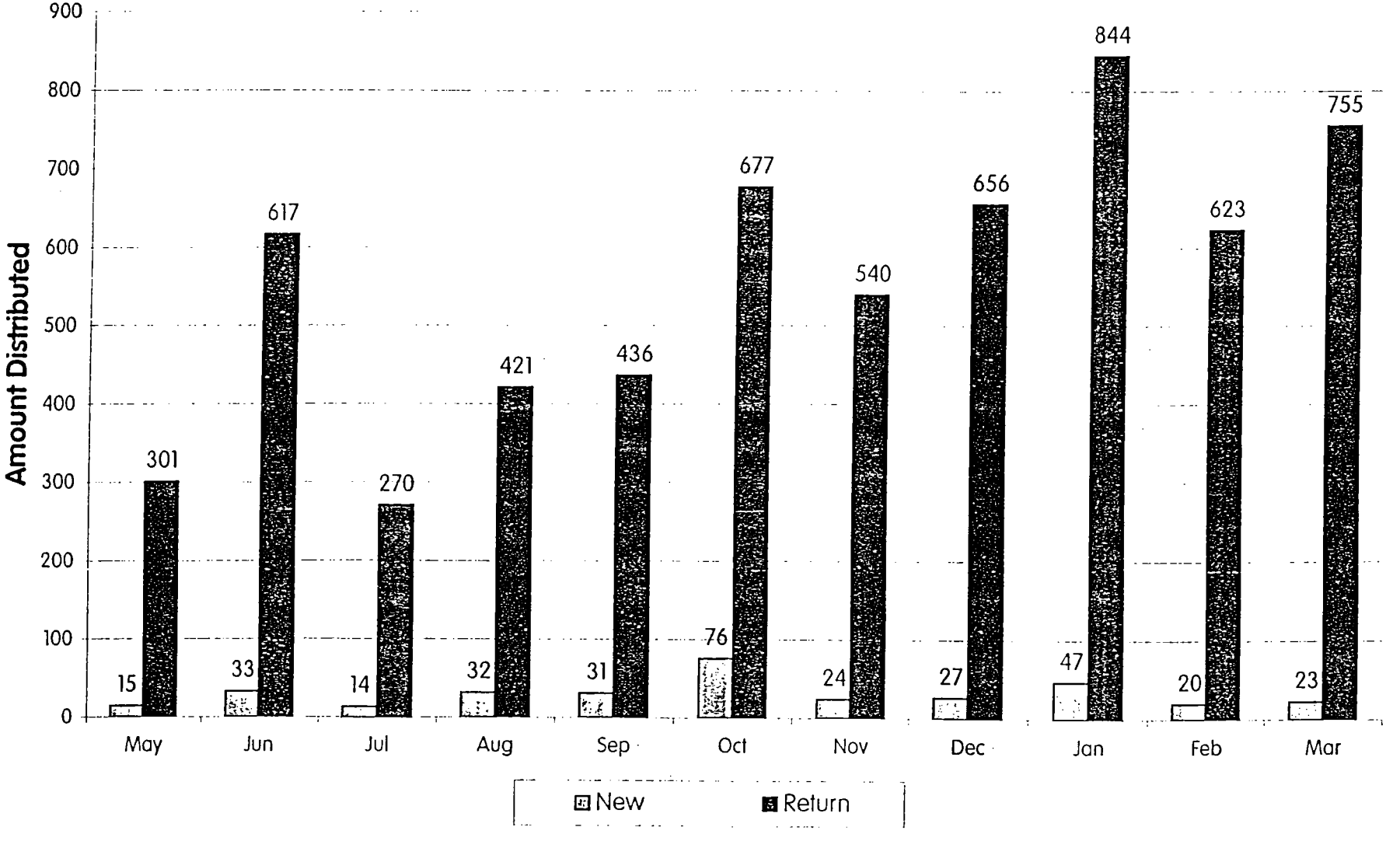
Bleach Kit Distribution

- The July drop in bleach kit distribution in part reflects the introduction of the drug ban and room searches by the H.I.R.E. organization in the BZB. The new anti-drug regime forced resident IDU's out of the hotel into dispersed injecting sites in the extremely active Hunt's Point drug selling and drug ingestion scene where many fell out of contact with CIS staff. Based on field observation and interviews overall injecting episodes decreased in the BZB hotel but overall injecting rates of BZB injectors actually increased in street settings. This is reflected in the increased bleach kit distribution of August when contact had been reestablished by the CIS staff through street outreach and the discovery of a shooting gallery adjacent to the BZB used by BZB injectors.
- Marked increase in Bleach Kit distribution in October can be attributed to two factors (1) the addition of the Carver Hotel as an intervention site. This hotel possesses an active IDU scene; (2) the influx of residents from their street habitats back into the hotels with the end of summer and the advent of colder weather. Stress factors in all hotels were uniformly raised in October in anticipation of winter confinement to the hotel milieu, and there was a corresponding increase in stress reducing self-medicating and sexual activity.

NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

BLEACH KIT DISTRIBUTION 5/96-3/97



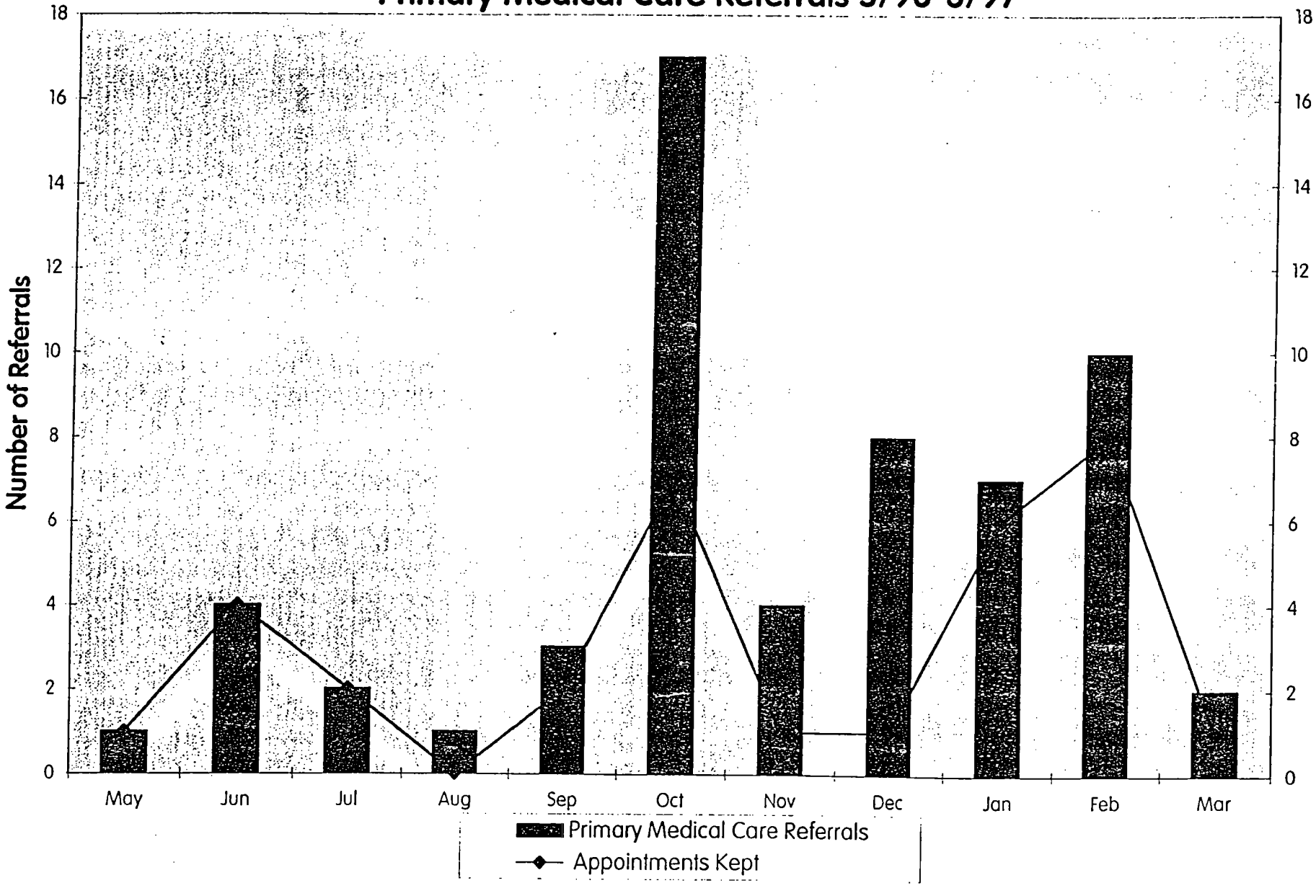
Primary Medical Care Referrals and Appointments Kept

- Discrepancies between requests for medical services and "appointments kept" are accountable for by a number of factors that are ethnographically illuminating about hotel conditions and the mentality of many SRO residents. Based on field interviews the disparity between requests for services and appointments kept can be attributed to (1) the lack of a M11Q form or of an updated M11Q form or Medicaid card or number; (2) inability to procure a copy of an existing M11 Q form from DAS or a service provider such as methadone clinics; (3) lack of transportation money; (4) Lack of physical and mental stamina to endure expected prolonged waits in clinics-- on many occasions residents will arrive early in the morning, wait all day and not receive treatment and then told to make another appointment; (4) fear of stigmatization by medical service providers due to residents' HIV condition, drug history, or general appearance; (5) fear of prolonged hospitalization (two weeks or more) resulting in loss of SRO room and DAS benefits; (6) Poor time management due to substance misuse, medically related memory deficits, anomie-depression, and the nocturnal orientation of the hotel culture. Many of these issues could be mediated by the introduction of a client escort/advocacy service where harm reduction staff would broker relations and timely services between SRO residents and medical service providers.
- Upsurge in request for medical care services in October generally parallels the overall increase in requests for material and services as cold weather and anxieties about the impending winter drove SRO residents from the streets back to the hotels with the anticipation of cold weather confinement in the

NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

Primary Medical Care Referrals 5/96-3/97



Total Primary Medical Care Referrals = 59

SRO. The addition of the Carver hotel as an intervention site added to this increase. Overall the medical appointments kept were among the highest in October but in ratio to request for medical services there was greater disparity than in other months. In part this may be due to projective anxieties of residents concerning the impending winter and the need the latter expressed of wanting to get out of a hotel which was rarely acted upon. The holiday season between November and December continued the downward trend which may reflect that increasing self medication and apathy of SRO residents during the holiday season and as winter progresses.

Alcohol and Drug Treatment Referrals

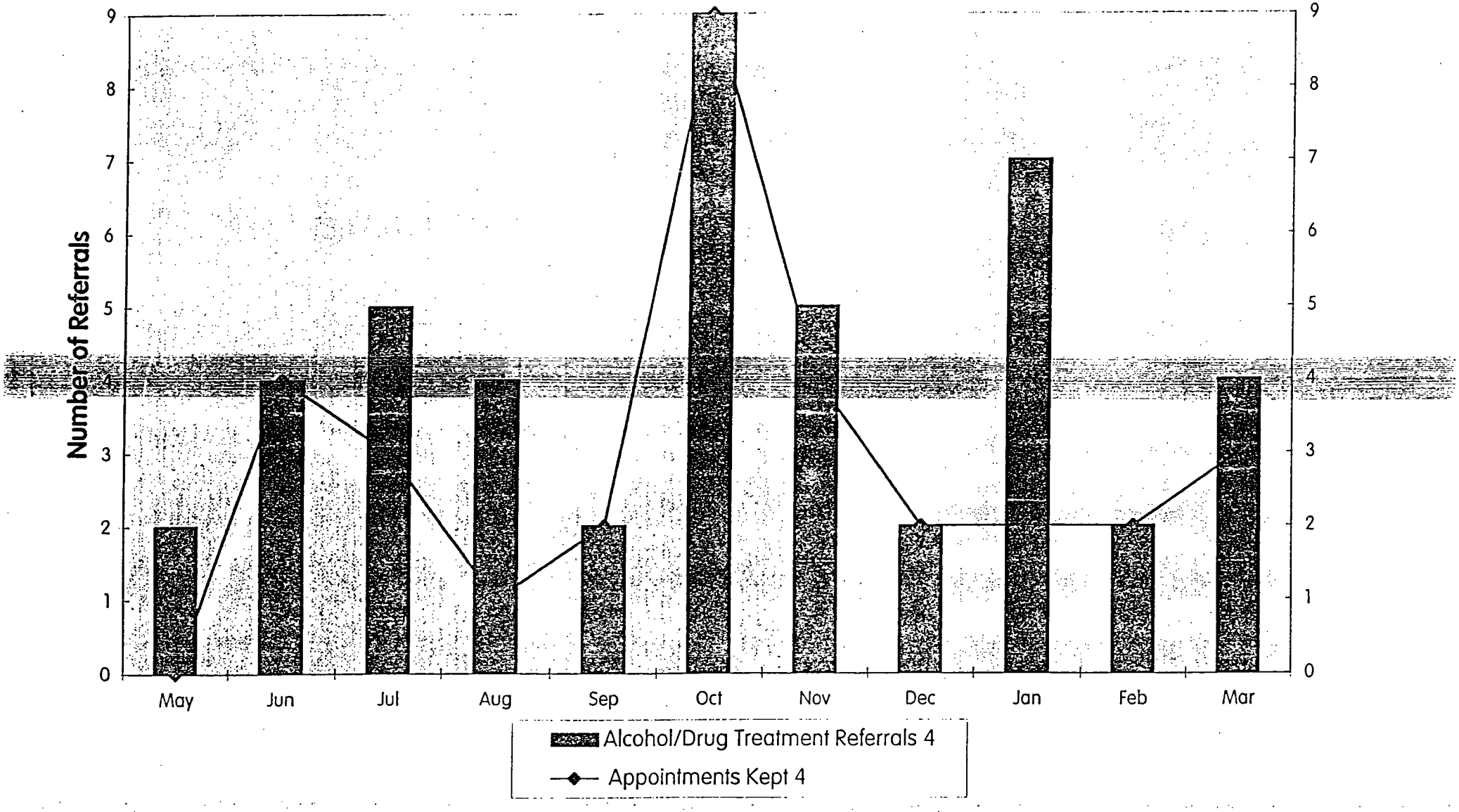
- The major obstacles to getting residents into any form of residential treatment revolve around room closing issues. Most residents fear that any prolonged stay away from the hotel – two weeks or more-- will precipitate the closing of their rooms. And CIS staff can confirm that many of their residents entering into 28 day drug treatment programs had their rooms closed after 15 days absence from the hotel. It should be noted that the ratio between requests for drug treatment services and actual appointments kept in the months of June. September, October and December are well above average for most outreach programs.

NDRI, Inc.

Center for AIDS Outreach and Prevention

SRO Demonstration Project

Alcohol/Drug Treatment Referrals 5/96-3/97



Total Alcohol/Drug Treatment Referrals = 46

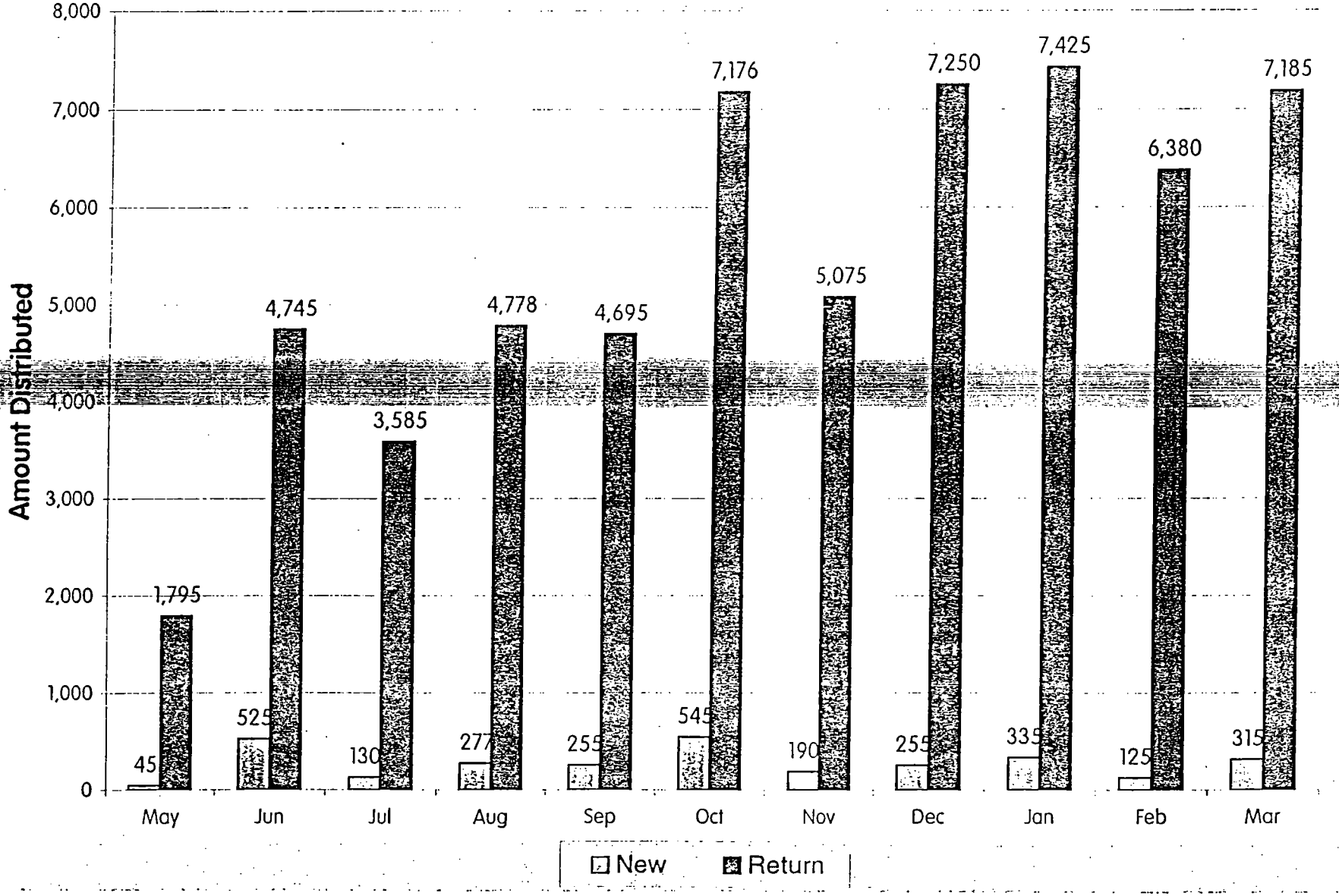
Condom and Dental Dam Distribution

- Both graphs show the October cold weather upsurge found in other distribution statistics. However the dental dam figures are significant. While contacts exposed to sustained harm reduction outreach will automatically request condoms from outreach staff, they will not for the most part, automatically request dental dams or accept dental dams when they are offered unless a good deal of sex education and HIV education work has been performed with the population concerning oral forms of HIV and STD transmission. Thus the very high distribution numbers for dental dams reflect the efficacy of the harm reduction/sex education workshops conducted by CIS staff in the hotels. The decrease in September distribution reflect supply ordering problems that caused a shortage of dental dams.

NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

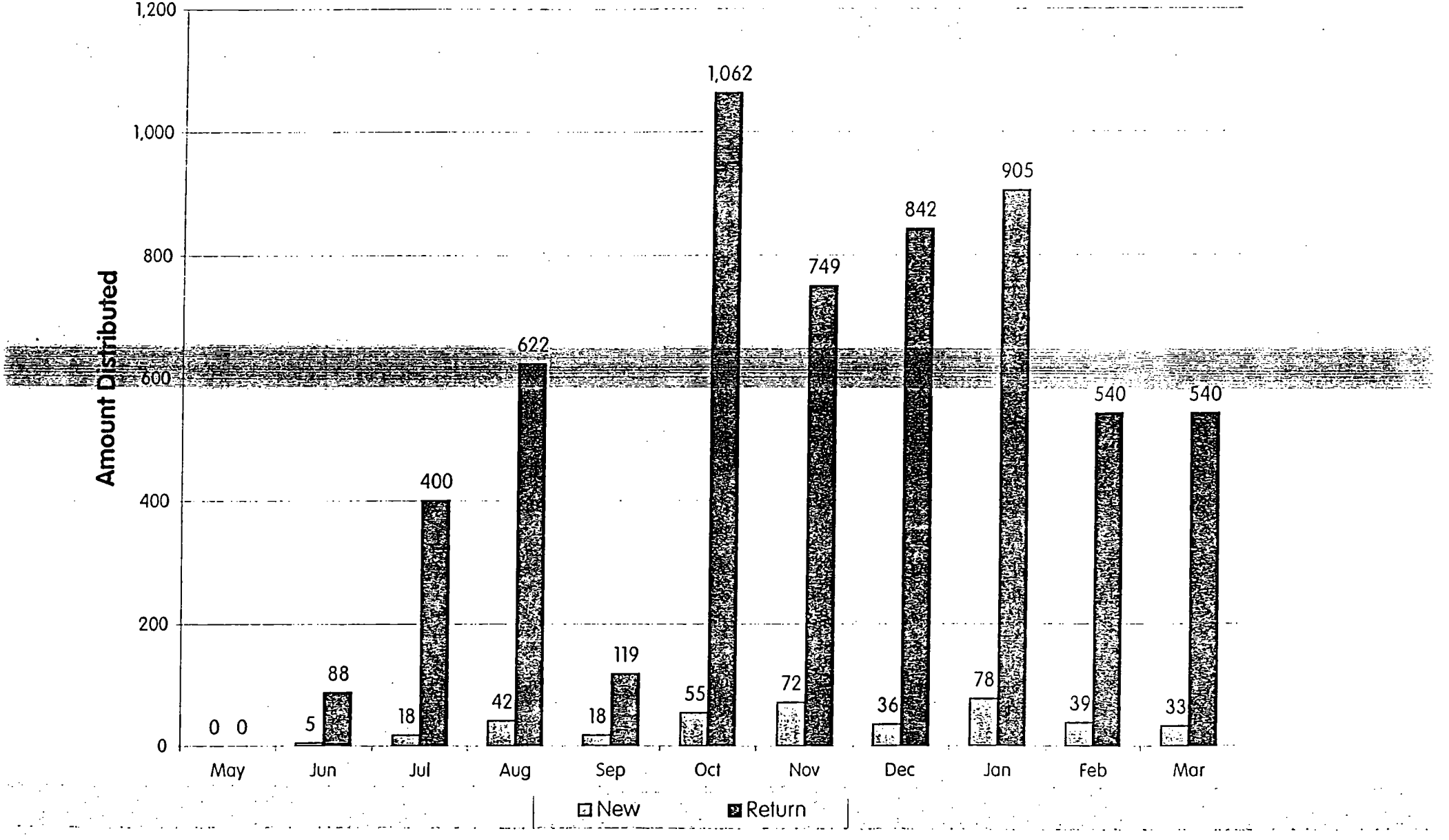
CONDOM DISTRIBUTION 5/96-3/97



NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

DENTAL DAM DISTRIBUTION 5/96-3/97



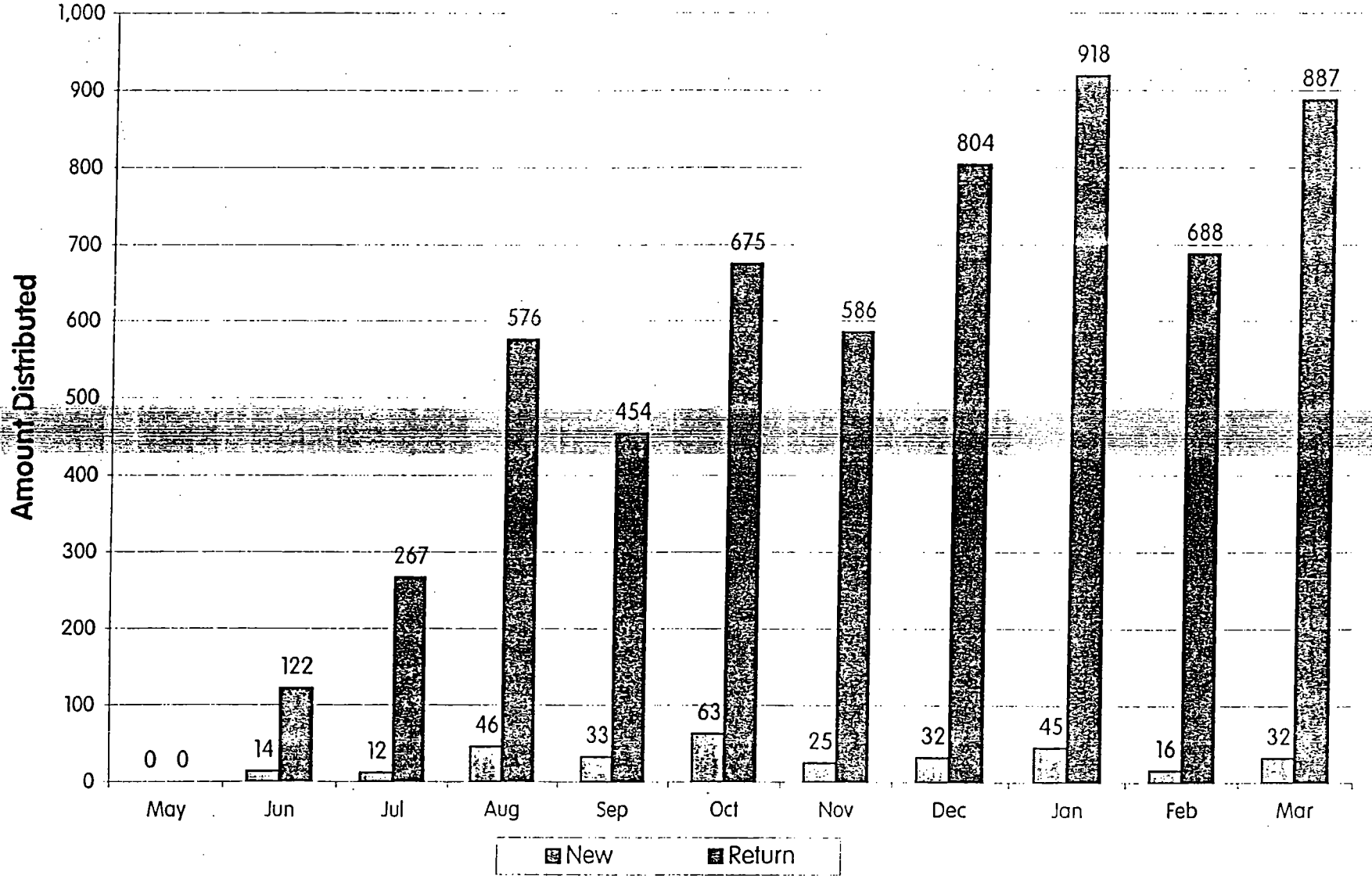
Hygiene Kit and Toilet Paper Distribution

- Hygiene kits had been built into the original intervention design, but toilet paper was added to the distribution materials after two weeks of field work in the hotels. The popularity of both items confirms the poor service delivery of hotel managements in reference to soap and toilet paper, and the financial distress of many of the residents. Further the popularity of the hygiene kits demonstrated that resident do have a degrees of self-regard and care for the presentation of self that is frequently undermined by the environmental conditions of the hotels.
- It should be noted that toilet paper distribution figures are affected by the limited capacity of staff to carry large amounts of toilet paper on foot and by mass transit without benefit of a vehicle. A vehicle was added to the outreach in mid January and that month shows a rise in toilet paper distribution possibly due to the increase in toilet paper available for distribution.

NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

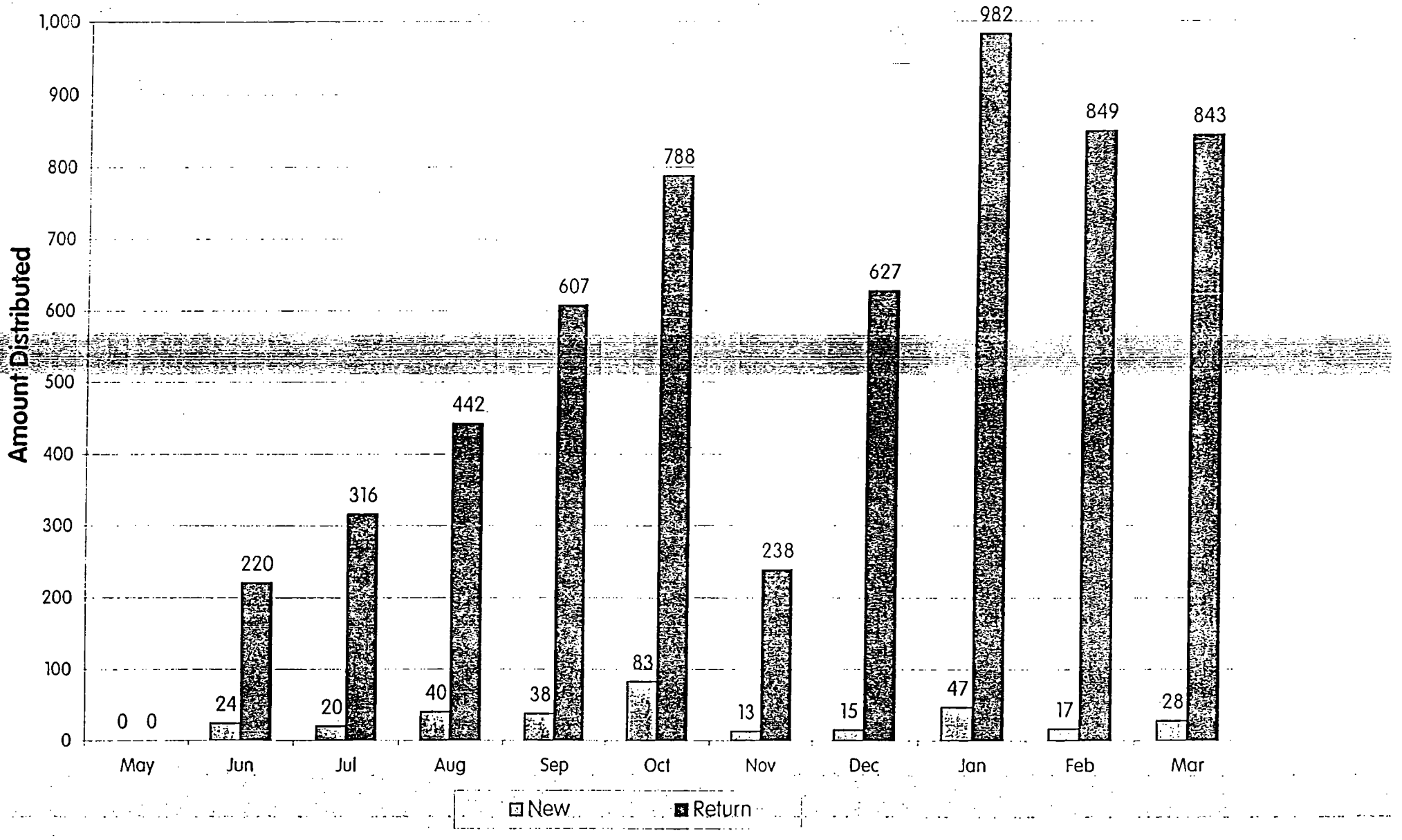
TOILET PAPER DISTRIBUTION 5/96-3/97



NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

HYGIENE KIT DISTRIBUTION 5/96-3/97



Housing Referrals and Placements

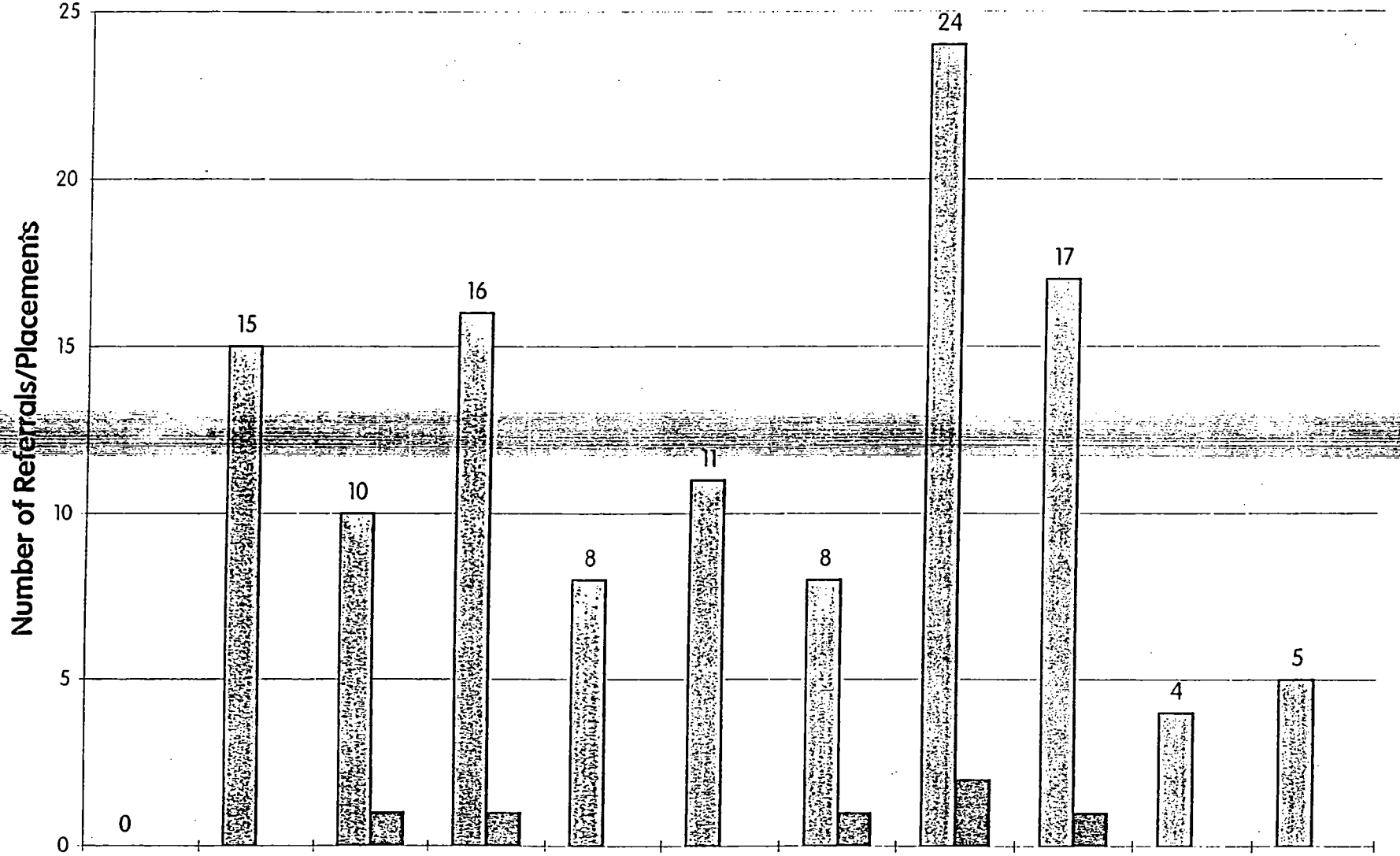
This chart documents the disparity between the desire for alternative housing by SRO residents versus the reality of achieving a completed housing placement.

- This report proposes that, among other factors, (1) room regimes (2) debt dependency and (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 dependencies.
- 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.
- SRO residents faced major bureaucratic impediments in having action taken on their housing applications by DAS or by agencies providing alternative housing.
- Due to the inordinate delays in obtaining housing forms and housing placement, and due to the structural dependency which inhibits DAS clients from seeking alternative housing, it is proposed that alternative housing opportunities cannot begin to be viable for DAS clients until the hotels are transformed into safe spaces. Some hotels, once transformed into safe space, can function as alternative supportive housing opportunities for DAS clients.

NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

Housing Referrals and Placements 5/96-3/97

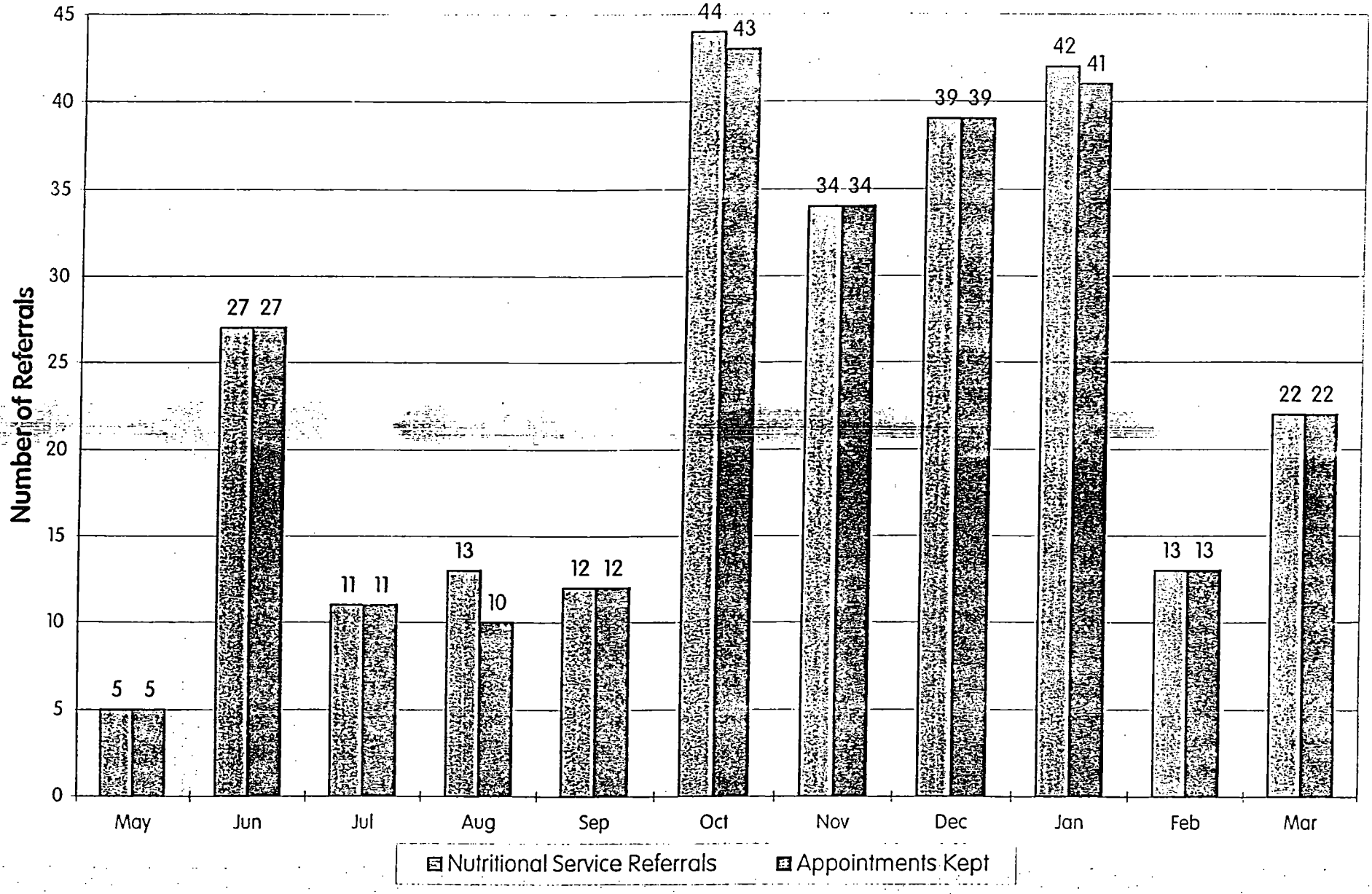


Total Number of Housing Referrals = 118

NDRI, Inc.

Center for AIDS Outreach and Prevention
SRO Demonstration Project

Nutritional Service Referrals 5/96-3/97



Total Nutritional Service Referrals = 262

HOUSING WORKS
Demand Housing for Homeless People Living with AIDS & HIV

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 in criminal activities in the hotels. Copies of the report are being delivered to Commissioner Edward J. Kuriansky of the Department of Investigation, District Attorney Robert M. Morganthau, 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

DAILY NEWS
http://www.mostnewyork.com NEW YORK'S HOMETOWN NEWSPAPER Friday, March 13, 199

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 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 loansharking 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 comment. The BZB had no listed telephone number.

Sez corruption plagues hotels

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 the these deplorable conditions."

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.

el diario
LA PRENSA

el diario/LA PRENSA, VIERNES 13 DE MARZO DE 1998/2

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 impedirlas.

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

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).

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 fines 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.

Facsimile Cover Sheet

To: Sandra Thurman
Company: Office of National AIDS Policy
Phone:
Fax: 202-632-1096

From: Sara Nelson
Company: AIDS Housing of Washington
Phone: 206-448-5242
Fax: 206-441-9485

Date: February 19, 1998
Pages including this cover page: 5

Sandy –

Lynn Cothren asked me to fax you these letters that were sent to Coca-Cola and Nations Bank, requesting support of the Third National HIV/AIDS Housing Conference. The other company that we have not yet approached but hope to once we make the right connection is Home Depot. Any information you can give us the best approach would be most appreciated.

Thanks so much for your help with this.

A I D S
HOUSING OF
WASHINGTON

2025 First Avenue
Suite 420
Seattle, WA 98121

(206) 448-5242 tel
(800) 833-6388 TTY
(206) 441-9485 fax

info@aidshousing.org
www.aidshousing.org

October 31, 1997

Enoch Prow
Nations Bank
PO Box 4899
Atlanta, GA 30308

Dear Mr. Prow:

We are writing to introduce you to AIDS Housing of Washington (AHW) and the Third National HIV/AIDS Housing Conference, which will be held in Atlanta in September 1998. I know that Sandy Thurman was in touch with you recently on our behalf and we are writing now to provide you with some information about our organization. AHW is a Seattle-based non-profit whose mission is to increase the quality and quantity of AIDS housing resources in the United States. A key component of our work is our technical assistance program, which aims to maximize the capacity of the nation's housing continuum to meet the needs of people living with HIV/AIDS. Part of our role as the National AIDS Housing Technical Assistance provider has been to organize the First and Second National HIV/AIDS Housing Conferences, held in 1993 and 1996 respectively. These first two conferences were met with great enthusiasm, and we are committed to organizing an equally compelling and informative event this time around.

This will be an important and timely gathering for those of us involved in AIDS housing in the United States. All across the country, AIDS housing providers are grappling with an increasing demand for housing as people are living longer due to new combination therapies, while federal funding for housing is decreasing. The opportunities that a conference dedicated to the issues surrounding housing for people living with HIV/AIDS offers in terms of networking, skills-building and information sharing are invaluable. We anticipate that between 800 and 1,000 people will attend the conference from all across the United States.

The conference will be held from September 16 - 20, 1998 at the Hyatt Regency Atlanta. It will offer a multi-disciplinary approach to critical issues in AIDS housing development, operations and policy for HIV/AIDS service and housing providers alike. There will be approximately 60 general sessions and several in-depth courses offered. We hope to include many experts in the Atlanta area as session leaders and speakers on a variety of topics. We have already received confirmation that Sandy Thurman, Director of the Office of National AIDS Policy at the White House, will be the keynote speaker at the conference, and we are currently in negotiations with Sweet Honey in the Rock, a group that will undoubtedly attract a sell-out crowd.

Total costs for the conference are estimated at $435,000, including funding for 70 travel scholarships and 50 housing scholarships targeting people living with

HIV/AIDS. We have already received commitments from the U.S. Department of Housing and Urban Development ($100,000), as well as from the Actors' Fund of America, LIFEbeat, and the New York Community Trust. We are seeking $135,000 in corporate and foundation support for the conference.

We are now beginning to reach out to the Atlanta corporate community for sponsorship of the conference, and hope very much that the Nations Bank will agree to lend its support to this important event. Enclosed you will find some additional information about the conference, including a one-page summary, a project budget, the Second National HIV/AIDS Housing Conference Report, brochure and list of funders, and our 1996 Annual Report. Donald Chamberlain, Conference Organizer, will be in Atlanta from November 17 - 19 and would love the chance to meet with you to talk about the conference and the possibility of support from Nations Bank. Lynn Cothren, our Atlanta-based liaison on this project, would like to meet with you as well and will call you in the next few days to see if a convenient meeting time can be arranged.

Sincerely,

Donald Chamberlain
Associate Director

Betsy Lieberman
Executive Director

Enclosures

A I D S
HOUSING OF
WASHINGTON

2025 First Avenue
Suite 420
Seattle, WA 98121

(206) 448-5242 tel
(800) 833-6388 TTY
(206) 441-9485 fax

info@aidshousing.org
www.aidshousing.org

October 31, 1997

Ingrid Saunders-Jones
Vice President
Coca-Cola Co.
Drawer 1734
Atlanta, GA 30301

Dear Ms. Saunders-Jones:

We are writing to introduce you to AIDS Housing of Washington (AHW) and the Third National HIV/AIDS Housing Conference, which will be held in Atlanta in September 1998. AHW is a Seattle-based non-profit whose mission is to increase the quality and quantity of AIDS housing resources in the United States. A key component of our work is our technical assistance program, which aims to maximize the capacity of the nation's housing continuum to meet the needs of people living with HIV/AIDS. Part of our role as the National AIDS Housing Technical Assistance provider has been to organize the First and Second National HIV/AIDS Housing Conferences, held in 1993 and 1996 respectively. These first two conferences were met with great enthusiasm, and we are committed to organizing an equally compelling and informative event this time around.

This will be an important and timely gathering for those of us involved in AIDS housing in the United States. All across the country, AIDS housing providers are grappling with an increasing demand for housing as people are living longer due to new combination therapies, while federal funding for housing is decreasing. The opportunities that a conference dedicated to the issues surrounding housing for people living with HIV/AIDS offers in terms of networking, skills-building and information sharing are invaluable. We anticipate that between 800 and 1,000 people will attend the conference from all across the United States.

The conference will be held from September 16 - 20, 1998 at the Hyatt Regency Atlanta. It will offer a multi-disciplinary approach to critical issues in AIDS housing development, operations and policy for HIV/AIDS service and housing providers alike. There will be approximately 60 general sessions and several in-depth courses offered. We hope to include many experts in the Atlanta area as session leaders and speakers on a variety of topics. We have already received confirmation that Sandy Thurman, Director of the Office of National AIDS Policy at the White House, will be the keynote speaker at the conference, and we are currently in negotiations with Sweet Honey in the Rock, a group that will undoubtedly attract a sell-out crowd.

Total costs for the conference are estimated at $435,000, including funding for 70 travel scholarships and 50 housing scholarships targeting people living with

HIV/AIDS. We have already received commitments from the U.S. Department of Housing and Urban Development ($100,000), as well as from the Actors' Fund of America, LIFEbeat, and the New York Community Trust. We are seeking $135,000 in corporate and foundation support for the conference.

We are now beginning to reach out to the Atlanta corporate community for sponsorship of the conference, and hope very much that Coca-Cola will agree to lend its support to this important event. Enclosed you will find some information about the conference, including a one-page summary, a project budget, the Second National HIV/AIDS Housing Conference Report, brochure and list of funders, and our 1996 Annual Report. Donald Chamberlain, Conference Organizer, will be in Atlanta from November 17 - 19 and would love the chance to meet with you and/or Helen to talk about the conference and the possibility of support from Coca-Cola. Lynn Cothren, our Atlanta-based liaison on this project, would like to meet with you as well and will call you in the next few days to see if a convenient meeting time can be arranged.

Sincerely,

Donald Chamberlain
Associate Director

Betsy Lieberman
Executive Director

cc: Helen Price

Enclosures

Sandra L. Thurman
Director, Office of National AIDS Policy,
The White House
and
Dr. Scott Hitt
Chair, Presidential Advisory Council
on HIV/AIDS
cordially invite you to a reception on
Friday, September 19, 1997
hosted by
Desmond Child and Curtis Shaw
in honor of the
U.S. Conference on AIDS

Four Palms
6401 Pinetree Drive Circle
Miami Beach, Florida
8 to 10 p.m.
Casual Attire

National AIDS Housing Coalition, Inc.
C/O AIDS Task Force of Alabama
P.O. Box 55703
Birmingham, AL 35255
205-781-6448 Business
205-788-4643 Facsimilie
Randyoed@aol.com

NAHC OPPOSES HOPWA CARVE OUTS

Position Paper

The National AIDS Housing Coalition (NAHC) vigorously opposes the proposed language change in House Bill HR – 2158 which, if passed in its present form, would earmark funds from Housing Opportunities for Persons with AIDS (HOPWA) for meals delivered to homebound people living with HIV/AIDS. We urge you to strike such language from the house version of the bill. The slight increase in funding for housing is already inadequate when weighed against the dramatic growth in need. Additionally, this carve out circumvents the community planning process rendering meaningless the five year consolidated plans that communities across the country were mandated to prepare. The proposed language in the House version of this bill violates the HUD directive that local communities are best qualified to determine the types of housing and related supportive services to be funded under this Act.

The offending lines of the House Version of the bill read as follows:

> ***Provided, That of the amount made available under this heading for nonformula allocation, the Secretary may designate, on a noncompetitive basis, one or more nonprofit organizations that provide meals delivered to homebound persons with acquired immunodeficiency syndrome or a related disease to receive grants, not exceeding $250,000 for any grant, and the Secretary shall assess the efficacy of providing such assistance to such persons.***

HOPWA has provided housing and related supportive services for thousands of persons living with HIV/AIDS. For many communities across the country, HOPWA is the only AIDS housing resource. While supportive services such as home delivered meals are always critical, we oppose predesignation of any HOPWA dollars for any purpose. The existing HOPWA regulations already allow a competitive application process which permits localities to seek funds for unmet service needs. Furthermore, these local jurisdictions may utilize formula funds for these needs if they are consistent with the community's Consolidated Plan. Given that the Act already offers a method for local communities to designate funds, predesignation subverts the original intention of the legislation.

Finally, the non-competitive nature of this proposed carve out is inconsistent not only with the regulations, but also with a spirit of fair play. Competition naturally rewards quality and ensures the funding of efficient and desperately needed programs.

The National AIDS Housing Coalition Board of Directors thanks you for your continued support of Housing Opportunities for Persons with AIDS. We are grateful for the $8 million increase to the $204 million level; however the need for increased support is growing disproportionately to the funding. As the epidemic continues to burgeon in impoverished communities, the need for increased funds grows more acute. If this carve out (or others) is allowed, these communities will suffer both the loss of their right to plan their housing programs and a loss of available funding.

The National AIDS Housing Coalition Board of Directors represents over 2,000 AIDS housing providers whose populations depend on the HOPWA program. This geographically diverse body will oppose any attempt to exempt HOPWA funds from the Community Planning Process associated with the formula grants or the competitive process currently in place.

1998 HOPWA LANGUAGE CONTACT LIST

Name	Staff	Senate / House	Phone – all area code 202	Fax	Room Number
Ted Stevens (R-AK) *Chairman Senate Appropriations Committee*	Lyell Rushton (housing)	Senate	224-3004	224-2354	522 Hart
Robert C. Byrd (D-WV) *Ranking Minority Member, Senate Appropriations Committee*	Glenn Elliott / Terri Smith	Senate	224-3954	Private	311 Hart
Robert Livingston (R-LA) *Committee Chair, House Appropriations Committee*	Paul Cambon / Stan Skocki	House	225-3015	225-0739	2406 Rayburn
David Obey (D-WI) *Committee and Labor/HHS Subcommittee Ranking Minority Member, House Appropriations Committee*	Will Painter – HUD	House	225-3365	225-3240 (Private)	2462 Rayburn
Christopher Bond (R-MO) *Chairman, Conference Committee*	John Kamarck	Senate	224-5721	224-8149	274 Russell
Conrad Burns (R-MT)	Paul Vanremortel	Senate	224-2644	224-8594	187 Dirksen
Tod Stevens (R-AK)	Brian Utter	Senate	224-3004	224-2354	522 Hart
Richard Shelby (R-AL)	Lendell Porterfield	Senate	224-5744	224-3416	110 Hart
Ben Nighthorse Campbell (R-CO)	Larry Vigil	Senate	224-5852	224-1933	380 Russell
Larry E. Craig (R-ID)	Janice Nielson	Senate	224-2752	228-1067	313 Hart
Barbara Mikulski (D-MD) *Ranking Minority Member*	Andy Givens	Senate	224-4654 or 224-7231	224-8858 or 228-0587	709 Hart
Patrick Leahy (D-VT)	Amy Rainone	Senate	224-4242	224-7914	433 Russell
Frank R. Lautenberg (D-NJ)	Dan Katz	Senate	224-4744	224-9707	506 Hart
Tom Harkin (D-IA)	Richard Bender	Senate	224-3254	224-9369	731 Hart
Barbara Boxer (D-CA)	Kimberly Miller	Senate	224-3553	228-0226	112 Hart
Jerry Lewis (R-CA) *Chairman*	Jeff Shockey	House	225-5861	225-6498	2112 Rayburn
Tom DeLay (R-TX)	Jim Morrell	House	225-5951	225-5241	203 Cannon
James T. Walsh (R-NY)	Ron Anderson	House	225-3701	225-4042	1330 Longworth
David L. Hobson (R-OH)	Kelly Moler	House	225-4324	225-1984	1514 Longworth
Joe Knollenberg (R-MI)	Deron Zeipplin	House	225-5802	226-2356	1221 Longworth
Rodney Frelinghuysen (R-NJ)	Ed Krenik	House	225-5034	224-3186	514 Cannon
Mark W. Neumann (R-WI)	Brad Hunt	House	225-3031	225-3393	1725 Longworth
Roger Wicker (R-MS)	Chris Pedigo	House	225-4306	225-3549	206 Cannon
Louis Stokes (D-OH) *Ranking Member*	Fredette West	House	225-7032	225-1339	2365 Rayburn
Alan B. Mollohan (D-WV)	Leslie Robertson	House	225-4172	225-7564	2427 Rayburn
Marcy Kaptur (D-OH)	Deron Robertson	House	225-4146	225-7711	2104 Rayburn
Carrie Meek (D-FL)	Cheryle Parker – housing	House	225-4506	226-0777	401 Cannon
DavieE. Price (D-NC)	Mark Harkins	House	225-1784	225-2014	2162 Rayburn

Make all checks payable to:
National AIDS Housing Coalition

Send this completed application to:

Ms. Cheryl Carter, Treasurer
National AIDS Housing Coalition
c/o Metropolitan Residential Services
989 North High Street
Columbus, OH 43201

If you have any questions concerning NAHC membership, please contact: Cheryl Carter at 614-294-1211

THANK YOU FOR YOUR SUPPORT!

Membership Application

Membership Application for the National AIDS Housing Coalition

Name: _____

Title/Org: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

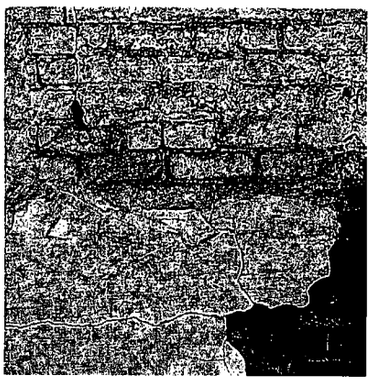
TYPE (select one)	LEVEL	MEMBERSHIP FEE	AMOUNT (enter amount)
Agency	Operating Budget *(do not include capital or pass-through) fits in the following range, select one:*		
	Over $1 million	❒ $500	
	$750,000 - $1 million	❒ $300	
	$500,000 - $750,000	❒ $200	
	Under $500,000	❒ $100	$ _____
Individual	❒ Associate	Up to $50	
	❒ Member	Up to $100	
	❒ Contributor	Up to $250	
	❒ Donor	Over $250	$ _____
Corporate	❒ Assoicate	Up to $250	
	❒ Member	Up to $500	
	❒ Builder	Up to $1,000	
	❒ Developer	Over $1,000	$ _____
Additional Gift			$ _____
		TOTAL AMOUNT DUE	$ _____
		TOTAL AMOUNT ENCLOSED	$ _____

National AIDS Housing Coalition, Inc.
c/o AIDS Task Force of Alabama
P.O. Box 55703
Birmingham, AL 35255

NAHC works to advance the creation, development, management, and growth of housing programs for persons living with HIV/AIDS in our communities

NON-PROFIT ORG.
U.S. POSTAGE
PAID
BIRMINGHAM, AL
PERMIT NO. 2411

What critical issue is most often overlooked effecting people living with HIV/AIDS?



Housing. It *is* an AIDS issue.

We can make a difference

The National AIDS Housing Coalition (NAHC) believes that people living with HIV/AIDS have a right to decent, safe, and affordable housing and to responsive and appropriate support services. NAHC exists to ensure that the voices of advocates and those infected and affected are heard.

We can join forces

The National AIDS Housing Coalition works to advance the creation, development, management, and growth of housing programs for persons living with HIV/AIDS in our communities. Coalition members work collectively and collaboratively to meet the housing needs of individuals and their families.

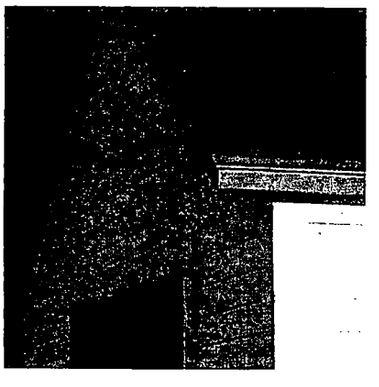
We can work together

NAHC was created in 1993, at the first National AIDS Housing Conference. People from around the country collaborated to write the statements of purpose and mission, establish goals, and create committees. Over the next several years, a steering committee incorporated NAHC as a 501(c)(3) organization. During that time NAHC initiated meetings with the U.S. Department of Housing and Urban Development (HUD) to assist them establishing and developing policies and programs sensitive to the HIV-infected population. One result of those meetings was the establishment of HUD's Office of HIV/AIDS Housing.

We can empower individuals and communities

NAHC has emerged as the national leader for AIDS housing issues. NAHC has four major purposes:

1. To provide public policy development for HIV/AIDS housing issues.
2. To link with other organizations sensitive to HIV/AIDS housing issues and advocate for agendas favorable to HIV/AIDS housing, and to help guide programs that affect the homeless, low income, and HIV/AIDS populations.
3. To serve as a repository for AIDS housing research, information, and resources and when possible, to initiate the creation of those resources.
4. To initiate, coordinate, and support the development of a national strategy for affordable AIDS housing



We need your participation

The National AIDS Housing Coalition now has the opportunity to further its mission by establishing a presence in Washington, D.C. It is time for you to join us in this vital effort that will make such a significant difference in the lives of people living with HIV/AIDS.

As a founding member you will help shape the future of AIDS housing in America. By orchestrating the voices of housing providers, consumers, and advocates in a national forum, NAHC will ensure that AIDS Housing issues are a top priority.

Brochure Design:
Steven Ledbetter Design+Associates
Honolulu • 808.926.1400

National AIDS Housing Coalition, Inc.
c/o AIDS Task Force of Alabama
P.O. Box 55703
Birmingham, AL 35255
205-781-6448 Office
205-788-1643 Facsimile
AIDSNET@conentric.net

Fontainebleau Hilton
RESORT AND TOWERS

9-18-98

Sandy,

As I mentioned earlier today, we are organizing the Third National HIV/AIDS Housing Conference for Sept. 1998 in Atlanta.

Attached is a copy of a [illegible] for a liaison between the conference and the philanthropic, volunteer, church and service communities of Atlanta. Could you please pass this along to anyone you may think appropriate? Or if you

For a unique dining experience in the Dining Galleries or Steak House.
Reservations: Ext. 3558

Could forward to me the names + numbers of folks who might help us find the right person, I'd really appreciate it!!

We know that we won't be successful in garnering corporate or foundation $ in Atlanta if we don't have an on board team with a track record and the right connections.

Thanks for your help!

Donald Chamberlain
Associate Director
AIDS Housing of Washington
2025 First Ave, Suite 420
Seattle, WA 98121
Phone 206-448-5242
Fax 206-441-9485
email donald@aidshousing.org

A I D S
HOUSING OF
WASHINGTON

2025 First Avenue
Suite 420
Seattle, WA 98121

(206) 448-5242 tel
(800) 833-6388 TTY
(206) 441-9485 fax

info@aidshousing.org
www.aidshousing.org

Job Description

Atlanta Community Liaison

AIDS Housing of Washington (AHW) is a 501(c)(3) nonprofit corporation in Washington State. AHW both develops housing for persons living with HIV/AIDS locally and provides technical assistance nationally. Funding comes from a combination of public and private grants, gifts and client fees. The mission of AHW is to increase the quantity and quality of HIV/AIDS housing in the United States. AHW has organized two national conferences, held in 1993 and 1996 respectively, that brought together AIDS housing providers, residents and affiliated professionals to discuss issues in AIDS housing development. Attendance at the last conference was over 800. This position will be responsible for acting as our liaison in Atlanta as we begin planning for the Third National HIV/AIDS Housing Conference, to be held in Atlanta in September 1998. The position will report jointly to the Executive and Associate Directors and the Director of Development.

Responsibilities:

1) Research and identify potential corporate and foundation funders for conference.
2) Assist with grantwriting and development of informational materials for presentations to potential funders.
3) Accompany AHW executive director on calls to corporations and foundations.
4) Assist with recruitment and coordination of volunteers for conference.
5) Serve as liaison between AHW and Atlanta contacts in handling logistics for conference.
6) Advisor to conference planners on logistics, public relations, community outreach & involvement.

Qualifications must include:

1) Minimum two years fundraising/development experience.
2) Established relationships with Atlanta-based corporations and foundations. (preferred)
3) Good follow-through.
4) Well organized, able to work independently.
5) Experience working with community-based nonprofit organizations.
6) Excellent planning and communication skills.
7) Ability to work with volunteers.
8) Commitment to, and interest in, working with people living with HIV/AIDS.

1-year contract assignment; approximately 10 - 15 hrs. per week
Salary: $15,000.

Closing date: October 10, 1997

Send cover letter and resume to:

AIDS Housing of Washington
2025 First Avenue, Suite 420
Seattle, WA 98121-2100

AIDS Housing of Washington is an Equal Opportunity Employer. Women and minorities are encouraged to apply.

National AIDS Housing Coalition, Inc.
C/O AIDS Task Force of Alabama
P.O. Box 55703
Birmingham, AL 35255
205-781-6448 Business
205-788-4643 Facsimilie
Randyoed@aol.com

NATIONAL AIDS HOUSING COALITION
Board of Directors

Meeting with Sandy Thurman, September 18, 1997

Please join us at the October 20, 1997 with Secretary Cuomo.

Please work for the appointment of National AIDS Housing Coalition Board of Director's member to the President's Advisory Council on AIDS.

Please secure a commitment from the President (and Mrs. Clinton) to visit an AIDS Housing Project to bring attention to the plight of this underserved population. We can identify model programs in many cities around the nation for this purpose.

As you did so well this morning, please continue to emphasize that Housing is an AIDS Issue in all your public presentations, written correspondence, and reports. Adequate housing with supportive services dramatically reduces the intensity, duration, and the cost of opportunistic illnesses associated with HIV.

Advocate a comprehensive view of AIDS housing in your platform. Assist NAHC in spreading the good news that a comprehensive AIDS Housing program will include full support of all HUD programs (not just HOPWA), as well as the programs in the U.S. Department of Housing and Human Services and the U.S. Department of Veterans Affairs.

Communicate directly with congress regarding the specific proposed language changes in the current HOPWA bill. (See attached sheet).

Include NAHC as an active participant in the preparation of the President's annual report on AIDS. AIDS housing is the cornerstone of all AIDS services and should be an integral element of his priorities and report.

Include NAHC in discussion with other care and treatment issues groups. For example, needle exchange, healthcare, substance use, mental illness. Assist NAHC in educating other AIDS providers to the reality that housing offers the setting for all interventions.

Help us focus attention on AIDS housing in our communities by sharing your schedule with NAHC, so that when traveling you may be invited to visit model AIDS Housing programs.

How can we help you achieve your goals?