May 5, 2009

Honorable Patty Murray
Honorable Christopher Bond
Chair
Ranking Member Senate Appropriations Subcommittee on Senate Appropriations
Subcommittee on Transportation, Housing and Urban Transportation, Housing and Urban Development and Related Agencies
Washington, DC 20510

Honorable John Olver
Honorable Tom Latham
Chair
Ranking Member House Appropriations Subcommittee on House Appropriations
Subcommittee on Transportation, Housing and Urban Development and Related Agencies
Washington, DC 20515

Dear Chairman Murray, Ranking Member Bond, Chairman Olver and Ranking Member Latham:

We write to you as national, local and community-based service providers and HIV/AIDS organizations committed to ensuring that the Housing Opportunities for Persons with AIDS (HOPWA) program is able to meet the housing needs of low-income individuals living with HIV/AIDS.

We, the undersigned organizations, have significant concerns that the current level of HOPWA funding is inadequate to meet the needs of people living with HIV/AIDS in this country. We request that Congress appropriate $360 million for FY2010 in order to meet the growing and currently unmet demand for housing assistance among low income people with HIV/AIDS. Funding HOPWA at this level will reduce waiting lists for HOPWA housing, assist communities in developing new housing for low-income people living with HIV/AIDS and their families, provide rental assistance for eligible individuals, establish strategic housing plans, and make supportive services available to keep people in housing. Because of the relationship between stable housing and both prevention and treatment of HIV/AIDS, we urge Congress to fund HOPWA at $360 million as a necessary public health intervention.

Funding HOPWA at this level is necessary to combat a growing epidemic that is predominantly affecting already vulnerable and marginalized populations. There are currently 1.2 million people living with HIV/AIDS nationwide. In 2006 alone, 56,000 people became infected with HIV in the United States, 40% more than originally estimated by the Centers for Disease Control and Prevention (CDC). There is also evidence that HIV/AIDS is having a disproportionate impact on minority communities and poor people. Though African-Americans make up only 12% of the total population, in 2007, African-Americans accounted for over half of all people diagnosed with HIV/AIDS. In 2004, HIV/AIDS was the leading cause of death for African-American women aged 25–34 years, and it’s the second greatest cause among African-American men in that age group. In addition, studies indicate that there is a significant relationship between poverty and rates of HIV/AIDS infection. It is clear from these numbers that the HIV/AIDS epidemic is far from over in this country; in fact it is growing. Yet despite the fact that the HIV/AIDS epidemic remains at a crisis level, government spending does not yet reflect this crisis.

As infection rates increase, so too do the unmet housing needs of low-income people living with HIV/AIDS in all parts of the country. The current economic crisis has increased the housing
needs of this population as rates of homelessness increase all over the country. Of the 1.2 million people living with HIV/AIDS nationwide, 72% will need some form of housing assistance. In Washington, DC there are currently 340 people with HIV/AIDS on a wait list for federally-funded housing. In Alabama, more than 200 people living with HIV/AIDS are in shelters or on living on the streets because housing is simply not available. In Hartford, Connecticut, 87% of people living with HIV/AIDS seeking housing are turned away because of a lack of resources. Finally, in rural Oregon, two in five people living with HIV/AIDS identify housing as their greatest unmet service need.

The gap between housing services available and the need for those services has significant public health consequences, as stable housing is a crucial form of both prevention and treatment for people living with HIV/AIDS. There is a significant connection between stable housing and reduction of HIV risk behaviors – including injection drug use and needle sharing, risky sexual practices, and exchanging sex for money, drugs, or a place to stay – making housing assistance an important public health intervention needed to stem the tide of HIV infections. There is also a significant connection between stable housing and access to care, including access to HIV primary care, maintaining continuous care, and receiving appropriate care. Finally, homeless people living with HIV/AIDS are more likely to have higher HIV viral load levels, poorer mental and poorer physical health than housed people living with HIV/AIDS. These data indicate that for people living with and at risk of HIV/AIDS, housing assistance is in actuality a needed form of health care.

We urge Congress to consider the public health implications of housing assistance for people living with HIV/AIDS and to fund the HOPWA program at $360 million.

Sincerely,
