

**Committee on Health
Budget Hearing on Department of Health
April 10, 2013
Testimony of Nassim Moshiree**

My name is Nassim Moshiree and I am a staff attorney at the Washington Legal Clinic for the Homeless. We at the Legal Clinic envision a just and inclusive community for all residents of the District of Columbia, where housing is a human right and where every individual and family has equal access to the resources they need to thrive.

In the five years that I've been working here, I've witnessed first-hand the negative impact that lack of adequate housing can have on persons with serious health conditions. I'd like to share some stories with you about my experiences and impress upon you the need to prioritize investments in affordable housing programs as a key part of tackling the health crises faced by so many in DC. With small investments we can end homelessness for people with HIV/AIDS, for seniors who experience grave health consequences while homeless, and for chronically homeless individuals with disabilities.

Last spring, while doing outreach at a local day program, I met a man who was living on the street with full blown AIDS. He told me that he had tried staying in shelters but contracted pneumonia and almost died as a result. He tried to get into a housing program, but eventually gave up when he was told all programs were full. Because he's on the street and doesn't always have access to bathroom facilities, he stopped taking his HIV medication, which upsets his stomach. He has a doctor and access to healthcare, but it's very difficult to stay on his medications and attend appointments regularly because he's homeless. He told me that he feels it's too late for him, but that he knows so many others in the same predicament and can something be done for them?

It's not too late for him or for other homeless residents with HIV/AIDS. Housing is the key. A Chicago study looking at viral loads of HIV infected persons found that homeless people with HIV who receive housing placements were twice as likely to have undetected viral loads twelve months later, and mortality rates among homeless people with AIDS who received supportive housing decreased by 80%!^{i ii}

With an annual investment of only \$3.75 million, DC can fund enough tenant-based vouchers to end homelessness for every DC resident who has HIV/AIDS in *one year*.ⁱⁱⁱ Those who have HIV/AIDS and need permanent supportive housing should be served by the DHS Housing First program. The rest could be served by a set-aside appropriation to the Local Rent Supplement Program.

Similarly, our seniors who are homeless are at far increased risk of becoming victims of crime on the street or in shelters and often have health conditions that worsen in these environments, unnecessarily shortening their lives. I think you will agree that NO elderly DC resident should be homeless, but sadly, many elderly DC residents are currently living in cramped, communal shelters and facing a myriad of health issues. One elderly client has been staying in a women's shelter for several years and her health has sharply declined in the time that she's been homeless. Having to stand in line every day to get a shelter bed in any weather has been wearing on her hips and she can now only walk with the use of a walker. Her immune system is weak and she makes several visits to the hospital each month. She used to take the bus to go visit her grandkids since they can't visit her at the shelter, but now it's even difficult for her to walk across the parking lot to the bus stop. She regularly calls to ask about housing and has put her name on several waiting lists, but she's starting to give up hope. When she calls me I don't know what to tell her.

But there is hope for her and for all seniors currently experiencing homelessness if we invest in housing. With a total annual investment of \$10 million, DC can end homelessness for every single elderly resident who's currently homeless.^{iv}

And finally, there are many DC residents who are chronically homeless and living with serious disabilities whose health cannot be adequately addressed until they are housed. Krista is a single woman who I met this past winter. She's been homeless ever since she aged out of the DC foster care system and has been diagnosed with PTSD and Bi-polar Disorder in addition to suffering from an aggressive form of sickle-cell disease. She can't stay in a women's shelter because her immune system is incredibly weak and she gets sick quickly. She has been an inpatient at a local area hospital over 6 times in the past 3 months, and one of those times, paramedics found her unconscious and almost frozen to death two blocks from the emergency room entrance. She has been connected to social workers and has several doctors, but she keeps being discharged to the street, and right now, we don't know where she is. The Permanent Supportive Housing (PSH) program would be a perfect fit for her, but there's no money in that program for new tenants.

With an investment of \$5 million into the PSH program, we can end homelessness for an additional 200 chronically homeless individuals and help Krista and hundreds more like her to finally have the housing stability necessary to get their health on track.

The common theme here is that good health cannot be separated from good housing. All of the housing proposals I've laid out above are recommendations made by the Fair Budget Coalition. I've attached a summary of these recommendations along with some fact sheets to this testimony, and I look forward to working with you to create better health outcomes for DC residents. Thank you.

ⁱ Woltiski, R., Kidder, D. and Fendton, F. (2007). The effects of housing status on health-related outcomes in people living with HIV: A systematic review of the literature. *AIDS & Behavior*, 11(6)/Supp 2: S167-171

ⁱⁱ *Id.*

ⁱⁱⁱ The 2012 Point in Time count found 3.5% or 131 of DC's homeless individual adults were living with HIV/AIDS and 1.4% or 24 of homeless adults in families were living with HIV/AIDS. Due to under-reporting, these numbers probably underestimate the need. There are over 1000 households on the Housing Opportunities for People With AIDS (HOPWA) waiting list in DC. From looking at these numbers and accounting for federal resources, we believe that if DC funded enough vouchers for 250 households, it could end homelessness for this population.

^{iv} According to the 2012 HUD Point in Time Count, 573 single adults and 3 families experiencing homelessness were elderly or had an elderly member of the family. According to the DC Department of Human Services (DHS), about 224 homeless seniors need intensive supportive services and affordable housing (i.e. permanent supportive housing), while the remaining 352 seniors just need affordable housing.