

AIDSVote.org Questionnaire – New York City Elections, 2009

*Candidate Name: Alex T. Zablocki

*Running for (Position/District): Public Advocate, NYC

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Please circle your response to the following questions:

1. Will you address the rising rates of homelessness among New Yorkers living with HIV/AIDS by supporting state legislation that would provide the same affordable housing protection in the City's HIV/AIDS rental assistance system that exists in other similar programs (e.g. Section 8 or disability supportive housing)? The City's HIV/AIDS Services Administration (HASA), a division of HRA, is the only low-income housing program of its kind in the state that does not cap the tenant rent share at 30% of disability income. The extreme rent share burden forces difficult trade-offs between basic necessities that have led to a high rate of arrears and evictions among HASA clients.

YES

NO

Undecided

2. Do you support expanding medical eligibility for HASA housing assistance to low-income people with asymptomatic HIV by pledging to cosponsor "HASA for All" legislation? The leading cause of death for women and the second leading cause of death for men in NYC's adult shelter system is AIDS, even though the City guarantees medically appropriate housing for low-income people living with HIV/AIDS. The problem is that you have to wait until you are in the advanced stages of the illness before you qualify, which is too late for many throughout the City. A growing body of research, including two recent randomized control trials, proves that housing is crucial to effective HIV prevention and healthcare. Furthermore, clinical guidelines are shifting to emphasize earlier initiation of HIV treatment, well before someone progresses to an AIDS diagnosis.

YES

NO

Undecided

3. Do you support safe, decent and medically appropriate housing for people living with HIV/AIDS by increasing the HASA rental assistance level to 110% of the Fair Market Rent (FMR) for the region? This increase would create parity between HASA's rental assistance program and other similar rental assistance programs such as Section 8.

YES

NO

Undecided

- 4. Will you work to preserve our City's remarkable supportive housing system for low-income people living with HIV/AIDS, including over 4,000 units funded through HASA, by maintaining current case management ratios and appropriate funding levels?** A recently published randomized control trial published in the Journal of the American Medical Association (JAMA) showed that similar programs in Chicago found a 29% reduction in hospitalizations and a 24% reduction in emergency department visits among the homeless people living with HIV/AIDS who received supportive housing.

YES

NO

Undecided

- 5. Will you prioritize expanding housing assistance for undocumented immigrants living with HIV/AIDS?** Homeless undocumented immigrants with HIV/AIDS are ineligible for HASA and although limited housing assistance is available through other public sources, hundreds remain on waiting lists indefinitely and potentially thousands more don't even bother to apply.

YES

NO

Undecided

- 6. Will you work with low-income people living with HIV/AIDS and housing providers to restore funding for housing placement and stabilization programs?** Mayor Bloomberg eliminated a community-based program that moved an average of 600 homeless people living with HIV/AIDS into permanent housing each year.

YES

NO

Undecided

- 7. Will you work to increase funding for legal services for people living with AIDS and HIV, so that more people can remain stably housed?** Housing and immigration issues comprise the majority of cases HIV/AIDS legal providers deal with, however, federal funding for HIV/AIDS legal assistance can no longer be used for those two types of issues. Moreover, City discretionary funding for legal support, the last remaining source for housing and immigration cases, was eliminated in 2008.

YES

NO

Undecided

- 8. Do you support the re-establishment of the Mayoral Office of AIDS Policy?** Since responsibility for coordination of AIDS services and policy was shifted from the Mayor's Office into the Department of Health and Mental Hygiene, there has been a significant a lack of communication and cooperation between the City's agencies around AIDS policy, services, prevention and care.

YES

NO

Undecided

- 9. Will you secure funding to protect and expand access to clean syringes to protect people from contracting HIV and Hepatitis C through intravenous drug use?** Since the introduction of syringe access programs in New York City, transmission of HIV through intravenous drug use has decreased over 70%. Recently, funding for community-based syringe access and overdose prevention programs in the city has been cut, making it more difficult for programs to serve those who are at risk.

YES

NO

Undecided

Please provide written responses to the following questions:

- 10. What will you do to make sure that HIV-positive inmates at Rikers Island are getting the care and services they need and increase prevention services?**

The spread of diseases like HIV/AIDS among our prison population should be immediately addressed. It is effecting the most vulnerable population, especially young minorities. I would advocate for more resources at Rikers Island to help serve these individuals and prevent the spread and increase of this disease.

- 11. New York's efforts to reduce the number of low-income people living with HIV/AIDS in the emergency commercial Single Room Occupancy (SRO) system has lost ground in the past couple years. While a comprehensive solution will require addressing the long-standing barriers to permanent housing, there will continue be a need for emergency housing programs. What is your position in ending the city's reliance on unhealthy and unsafe commercial SROs and reinvesting those dollars into HASA-contracted transitional housing programs run by community-based organizations?**

HASA-contracted transitional housing is the right approach. As a progressive city, we must do more to help people with HIV/AIDS and ensure funding is available to community-based organizations to assist these populations, since government is currently failing in that regard.

- 12. What will you do to improve the deplorable conditions in commercial Single Room Occupancy units (SROs) to ensure they are medically appropriate for people living with HIV and AIDS?**

SROs offer a cheap alternative to traditional housing, but this should not be the only housing option for anyone, let alone people living with HIV and AIDS. As Public Advocate, I would like to see a subsidy or voucher program for decent housing for not only people living HIV/AIDS but for many people that are affected by disease. Investing in proper housing that would be medically appropriate, will not only help those living

with HIV/AIDS but will also better society and help stop the spread of this debilitating disease.

13. How would you expand housing stock for people with AIDS and HIV?

As Public Advocate, I would not have direct say or power in expanding housing stock for people with AIDS and HIV. With that said, as a citywide advocate and independent body, I would seek more funding on all levels of government for non-profit organizations that work to create housing for people with this debilitating disease (and other diseases). I also think more could be done through the City Planning Commission to require and/or work with developers that set aside a certain amount of housing for people that have medical conditions related to AIDS/HIV and the like. As Public Advocate I get to appoint a commissioner to the City Planning Commission which could help to this end.

14. How will you include consumers and individuals who are HIV-positive in the planning and implementation of City services and prevention for those living with AIDS and HIV?

We need a citywide task force on AIDS/HIV prevention and services for those living with the disease. As Public Advocate, I would like to work with Community Boards (Health Committee's) to organize these task forces related to this subject, especially in the outer boroughs, where AIDS and HIV is not talked about openly and many people go untested.

15. State law currently maintains written, informed consent and provides for pre- and post-test counseling for those who get tested. Given current laws, what will you do to increase the need for HIV testing in New York City, especially as it pertains to communities of color?

Testing for HIV needs to be more readily available in all communities, not just minority communities, but also communities in the outer boroughs. I would like to see HHC take a leading role in this, since HHC is a government supported health care corporation. As Public Advocate, through a partnership with Community Boards and organizations across the five boroughs, I would seek ways to expand testing for HIV and awareness of how important it is to get tested for this disease and prevent the spread of it.

Thank you for taking the time to respond to this questionnaire. Please return to Kristin Goodwin, Director of New York Policy and Organizing, at k.goodwin@housingworks.org.

For updates and reports on all candidate responses, log on to www.AIDSVote.org!