Feel at Home

Finding solutions to housing older Americans living with HIV/AIDS

August 15, 2016 By Tim Murphy

On a steamy afternoon in late May, Clifton Alford, Alfred Baker and John Lawton were showing off the myriad vegetables—kales, lettuces, broccolis, tomatoes, cucumbers and more—pluming lushly upward in handsome, spacious rows of wooden raised beds. The garden shared space with peach and fig trees and picnic tables in the courtyard of their group home.

The gleaming, 60-unit senior-housing "green" building in New York City's South Bronx neighborhood was built in 2011 with city housing funds and is run by Comunilife, a nonprofit supportive housing agency. Thirty-five of the units are set aside for formerly homeless HIV-positive seniors like Alford, 57; Baker, 64; and Lawton, 65. Alford, who helps tend the garden, inspected the broccoli. "This stuff is ready to eat!" he declared. "People better get down here and pick it."

Each unit at the residence has its own small kitchen, where residents often cook the garden fare, sometimes after taking in-house classes on nutrition and cooking. There is also a spacious kitchen and dining/living area on the first floor, complete with comfy couches and a large-screen TV, for group meals and get-togethers. There's even another garden terrace on an upper floor. Says Alford with a smile, "I can stay upstairs by myself or come join the madness down here." Lawton agrees that the building provides the perfect balance of privacy and community. "It's a place I can rest," he says.

Such peace of mind for the residents is Comunilife's intention. Every resident has a caseworker in ground-floor offices to help navigate everything from government benefits and medical needs to support around mental health and substance-use issues. Almost everyone living at the residence has some history of homelessness, incarceration, substance use, mental illness or a combination thereof. For many of them, the residence is the first permanent, well-run home they've had in a long time. Drug use per se is not grounds for ejection, as it is in many traditional supportive housing models, but rather dealt with in terms of how it impacts individual or group well-being or the ability to pay one's rent.

In fact, the building is an oasis of security in a city that—like many U.S. urban centers, long the strongholds of the HIV/AIDS epidemic—has become ever more gentrified and expensive in the past decade, with rents for one-bedroom apartments in New York City now averaging half of one's income. Alford, Baker and Lawton all pay about a third of their monthly disability or Social Security checks, roughly $250 each.

“It’s very difficult for HIV-positive seniors to get housing because the real estate market is challenging, particularly for seniors who are retired with limited income,” says Rosa Gil, DSW, the founder, president and CEO of Comunilife. “And that includes the Bronx”—the poorest of the city’s five boroughs—“where rents are beginning to go up following the other boroughs.”

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The challenge Gil describes is not limited to New York City. Nationally, half of all people living with HIV are 50 or older, and that proportion is expected to reach 70 percent by 2020, according to SAGE (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders).

This population “faces many of the challenges faced by other older adults, only much more pronounced,” says Aaron Tax, the group’s director of federal and government relations. Foremost among those challenges is the high rate of poverty: According to a study from AIDS service organization ACRIA of 1,000 New York City adults over 50 with HIV, 53 percent said they had just enough money to get by and 23 percent said they didn’t have enough to make ends meet.

The fact that many older people with HIV are LGBT (and hence less likely to have children to take care of them) and the fact that they face challenges associated with having lived for many years with the virus—work disability, loss of friends and lovers, discrimination and stigma, racism, homophobia, transphobia—means you’re looking at a population that may need help not only paying the rent but also getting by overall.

“It’s imperative that policy makers and program planners address the growing housing crisis facing this population,” says Mark Brennan-Ing, PhD, ACRIA’s director for research and evaluation, “in order to ensure that this most basic of human needs—shelter—is not overlooked.”

And although there appear to be no funding channels specifically for seniors living with HIV, that group overlaps with categories—seniors, disabled folks, people with HIV and low-income people—who receive public housing assistance through several channels, such as the federal Housing and Urban Development (HUD) Section 8 program, the federal Housing Opportunities for Persons with AIDS (HOPWA) program or state/city programs such as New York’s HIV/AIDS Services Administration (HASA).

According to Rusty Bender, who heads the National AIDS Housing Coalition, efforts are under way to get the federal government to shift away from counting people with an AIDS diagnosis to counting people living with HIV when distributing HOPWA funds. There are bills in both the House and Senate requesting this change, but they may be on hold until after the presidential election.

Some such funding gets funneled into group residences such as Comunilife’s in the Bronx, but other funding flows into local programs that dole out rental assistance so that seniors with HIV can afford to live in their own apartments.

Such is the mission of the agency Doorways in St. Louis. It helped Betty Edwards, 68, with upfront money she needed recently to move from her sister’s home to her own one-bedroom in nearby

Florissant, where $500 of her $900 monthly Social Security check goes to rent.

“If I get behind, they’ll give me money to catch up,” she says. And that counts for a lot, because in recent years she’s been bouncing back from a bout with cancer (it’s in remission now) and two back surgeries. But the array of places she reaches out to for other essentials—Goodwill for clothes and food pantries for groceries—underscores just how fragile life can be for HIV-positive seniors.

“I can’t afford movies and stuff,” she says. “That’s just life, and you have to deal with it.”

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But more often, especially in major cities, older HIV-positive adults who are also LGBT are applying to get on lists for units in a growing number of buildings that are set up as affordable supportive apartment complexes for LGBT seniors.

The first one, Triangle Square in Los Angeles, opened in 2007. Thirty-five of 104 of its units are set aside for seniors living with HIV, some of whom participate in the Monday night HIV writers’ group. Since then, there’s Center on Halsted in Chicago, the John C. Anderson Apartments in Philadelphia, Spirit on Lake in Minneapolis and the forthcoming 55 Laguna in San Francisco. Two New York City projects—Ingersoll Senior Residences in Brooklyn and Crotona Senior Residences in the Bronx—were announced in June.

Then again, not all LGBT seniors with HIV can live in a dedicated facility. Enter SAGECare, SAGE’s new program to train regular nursing homes to give LGBT-sensitive care. So far, the program has trained more than 11,000 caregivers and credentialed 76 facilities nationwide.

According to Hilary Meyer, its founder, “Things LGBT folks have lived through, including the AIDS crisis, affect who they are now and how they interact with providers. We try to help providers understand that so that they can be affirmatively welcoming and LGBT folks can be open and authentic.”

But it should be pointed out that other HIV-positive seniors, especially younger ones, are just fine living in an affordable housing complex that may be near HIV services but otherwise is just a normal apartment building.

Take, for instance, Nicholas Snow, 54, a resident of the Vista Sunrise Apartments in Palm Springs, California, a city with a large senior LGBT and HIV-positive community. He’s not only independent, but, between his part-time restaurant job and his own one-man media channel, PromoHomoTV, he’s also busy all the time. But because his income is low, he qualifies for his $300 monthly one-bedroom with a balcony overlooking the pool. Desert AIDS Project, where he receives care and services, is right across the street.

“I have no idea what I’d do without this setup, frankly,” he says. “I’m relieved that I’m not in danger of losing my home. I view my apartment as an affordable, self-contained office and home

that anchors my life to stability and health care but allows me to live my life and do my work."

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In rapidly gentrifrying cities, particularly New York and San Francisco, where the average one-bedroom now rents for around $3,000, HIV-positive seniors sometimes can find themselves fighting alongside other non-rich renters to hold on to just-barely affordable units amid soaring real estate markets.

Take "E.," for example, a 79-year-old HIV-positive African-American gay male artist who has lived for 13 years in a loft in a building where he pays less than $1,000 for rent. By law, the building is rent-stabilized, meaning the rent can go up only tiny amounts each year. But California's Ellis Act law says that landlords can kick out all their rent-stabilized tenants if they plan to convert the building for commercial use, which is highly lucrative amid the city's current tech boom.

That's exactly what his landlord is trying to do, in what would be the city's biggest Ellis Act mass eviction to date. E. is among the tenants fighting back in court against the much-publicized attempt (that's why he asked not to use his name for this story).

"I don't know where else I'd go at this point," says E., who is receiving help from the city's Q Foundation/AIDS Housing Alliance in submitting applications to upcoming affordable housing complexes. The agency also pays most of his current rent, freeing the rest of his Social Security check for food and other basics.

"I like where I live now. It's a big, spacious place with good light," which is essential for his art. "I've got good neighbors and have been able to create an atmosphere here that keeps me alive. It's not easy packing up and making changes at my age."

According to Brian Basinger, founder and director of AIDS Housing Alliance, San Francisco has the highest rate of homeless people with HIV in the nation, fueled in part by the Ellis Act, which has disproportionately evicted older gay men with HIV living in the traditionally gay Castro area, forcing them into cheaper housing outside the city core, far from their support networks.

Since the mid-1990s, says Basinger, "landlords would find a building with a bunch of disabled gay men with AIDS who'd been there since the 1970s, buy it, kick them all out and then convert the building to a condo."

Since 2004, he says, his group and other tenant advocates have been able to pass one city law a year to fight against this trend, but they're still swimming against the tide. According to his research, 76 percent of all people with HIV in the city are at risk of homelessness because of a high rent burden, "and the estimates are highest for seniors."

In a city where people with HIV make up 2 percent of the population, more than 600 such seniors are homeless, with another 5,400 at risk of such, many of them living in and out of shabby SRO (single-room-occupancy) hotel buildings where rent starts at $300 a week. Their average Social

Security check, says Basinger, is $1,100 a month.

Some relief may emerge in the form of residences like the Ambassador Hotel, a haven in the 1990s for people with HIV that Basinger's group has refurbished into a modern-day supportive housing site with units for more than 100 people with HIV.

But Basinger still foresees an uphill climb to keep the city's HIV-positive seniors stably housed. Unlike New York State, he notes, California has no law mandating that homeless people be housed.

No wonder, then, that back in the Bronx, Alford, Baker and Lawton are so happy where they are. Baker is in a special program to learn how to be a counselor to other people with mental health or substance issues.

He and Alford also head up the tenant committee, which just lobbied successfully to get fun things like movie tickets added to the otherwise mundane prizes (toothpaste, etc.) on Bingo Night. And Lawton stays busy visiting his wife, Shirley, who lives in New Jersey. Their life may sound modest, but, given their pasts, it means a lot to them to have an affordable, supportive place to grow old in.

As Lawton puts it: "I've got my own kitchen, bathroom and air conditioning. What else do you need?"

Aging and Worried About Affordable Housing?

The government website locator.aids.gov can search HIV/AIDS resources, including housing, by your location.

National AIDS Housing Coalition

nationalaidshousing.org

202-347-0333

The group advocates for safe and affordable housing for people with HIV and provides local referrals.

SAGE

sageusa.org/lgbthousing

212-741-2247

The national group advocates for LGBT seniors and has a National Elder LGBT Housing Initiative to both build and support LGBT residences nationwide.

AIDS Housing Alliance

ahasf.org

415-552-3242

This group offers housing advocacy and services for people with HIV in the San Francisco area.

Comunilife

comunilife.org

212-219-1618

This organization provides housing and services for New Yorkers with HIV and/or mental illness.

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