

September 19, 2005

Carol Thompson
Director
Office of National AIDS Policy
The White House
Washington, DC 20502

Dear Ms. Thompson:

On behalf of the National Alliance to End Homelessness (NAEH), I am writing regarding the Administration's recently released Ryan White CARE Act Reauthorization Principles. NAEH represents a united effort to address the root causes of homelessness and challenge society's acceptance of homelessness as an inevitable by-product of American life. I am concerned about the potential adverse impact on the ability of Ryan White grantees to provide housing assistance if the proposal to restrict 75% of funds for "Core Medical Services" is enacted. We urge the Administration, as Ryan White CARE Act reauthorization moves forward, to support including housing as a "Core Medical Service."

A close partner of NAEH, the National AIDS Housing Coalition (NAHC), which represents housing programs serving individuals and families coping with HIV/AIDS, surveyed members and found that a significant number of Housing Opportunities for People With AIDS (HOPWA) programs depend on Ryan White funding to continue providing housing. Housing is an essential part of health care for these clients.

People who are homeless have higher rates of illness and chronic disease than the general population. For homeless individuals living with HIV/AIDS, the conditions of homelessness are even more dire. The impact of homelessness including nutritional deficiencies, exposure to the elements and extreme weather and other lifestyle factors weaken a person's immune system and can exacerbate complications for HIV/AIDS patients.

Homelessness not only puts individuals with HIV/AIDS at a high risk of contracting infections, it also makes obtaining and using common HIV/AIDS medications more

difficult. Taking necessary medications requires access to clean water, bathrooms, refrigeration and, often, food. Finally, a study in New York indicated that once in supportive housing formerly homeless individuals were four times more likely to seek medical care than those in case management along.

This evidence illustrates why limiting Ryan White funding for housing assistance will create poor outcomes for HIV/AIDS patients. If housing programs reduce services due to a lack of funding, it will be harder to reach the Administration's goal of ending chronic homelessness in ten years. Now, as we move closer to ending homelessness, is not the time to put limits on essential funding for these programs.

Sincerely,

Nan Roman
President