

## Policy Perspective on Housing and HIV/AIDS

Henry Cisneros

Received: 6 April 2007 / Accepted: 15 May 2007 / Published online: 29 June 2007  
© Springer Science+Business Media, LLC 2007

**Abstract** For persons battling HIV/AIDS a stable place to live may decide the length and quality of life itself. It is nearly impossible for a person on the streets to engage in a needed continuous AIDS treatment regimen when the very basic question of where that person will rest his or her head when darkness comes in just a few hours is unresolved. When danger lurks on the streets, when cold numbs the limbs, when tiredness overwhelms the mind, when fear breaks the spirit, a place to call home would make all the difference.

**Keywords** Homelessness · Housing policy · HIV/AIDS policy

For persons living with HIV/AIDS a place to live can be a matter of life and death. We now know that persons with HIV/AIDS can live indefinitely with the right medicines and appropriate therapies if they are in a stable and safe living environment. We also know, however, that a homeless person with HIV/AIDS has an estimated life span measured in months, not years. Research tells us that the death rate for persons with HIV/AIDS who are homeless is five times that of persons with HIV/AIDS who are in stable housing.

During my years as Secretary of the US Department of Housing and Urban Development, I made it a point to walk the streets of various cities late into the night with homeless service providers and on several occasions spent the night in homeless shelters. These visits gave me the chance to listen to homeless people encamped in parks,

sleeping on exhaust grates, and bundled up in the doorways of office buildings. I learned about their fears of assaults, I saw their unbandaged open wounds, and listened to one woman with untreated broken bones. I met and talked with many homeless persons with HIV/AIDS. They described the facts of life on the streets as making it more likely that homeless people will contract HIV/AIDS and making it more difficult for those who have HIV/AIDS to receive the necessary health care. As a practical matter, life on the streets means the dangers of beatings and rapes, which translate into the pressure to be constantly on guard, lack of rest, fitful sleep, and slow healing of wounds. A cardboard mat, a tarp in a park, or a blanket in a doorway are no protection against cold, rain, or snow and certainly not conducive to stabilizing body temperatures, warding off respiratory infections, or recovering from illnesses. Homeless people must cope with communal sleeping arrangements, constant movement from night-to-night, inadequate nutrition, and the choices posed by lack of cash. Pain, discomfort, or mental illness may compel “self-medication” with alcohol and drugs. Homeless women may be forced to offer sex in exchange for basic necessities such as food, money, or a warm place to sleep. The streets are no place for anyone to live, but they are deadly for people who are sick.

A stable place to live can make all the difference. That is why providers of services to homeless people have reached consensus on a service model titled “housing first.” It recognizes that the hellish pressures of daily survival without a stable place to live contribute to increases in the numbers of persons with HIV/AIDS and make it impossible to treat those who have acquired HIV/AIDS. We have learned that housing in and of itself is a first-step intervention for the prevention and treatment of HIV/AIDS. Clearly it is not the only intervention; medical, financial,

---

H. Cisneros (✉)  
City View, San Antonio, TX 78205, USA  
URL: [www.city-view.net](http://www.city-view.net)

and substance abuse services are needed. Housing by itself doesn't guarantee the end of the desperate spiral of personal decline. But a stable place to live does make it possible to begin to untie the knot of challenges of life with HIV/AIDS. It stops the disorienting acceleration of deterioration, the unforgiving cycle of complications, offering instead a place to rest, to be safe, to receive regular therapies, and a place to gather one's thoughts for the challenges ahead. Housing is a place to safeguard possessions, to eat regularly, to gather family members, to pray, to study, to groom, to heal. A place to call home is respite from the mean streets and it is a new chance at life.

A series of straightforward recommendations emerged from the 2005 Housing and HIV/AIDS Housing Coalition. The major recommendations build upon the recognition that housing is a pre-condition for effectively assisting homeless persons who are vulnerable to HIV/AIDS. More units of subsidized, affordable housing for low-income people living with HIV/AIDS are needed. The approaches to providing housing for this population should include supportive housing with services, permanent housing without "housing-ready" screens, optional services models, and housing with therapies, to progressively reduce the harm levels of substance abuse.

The Summit's recommendations are particularly powerful concerning housing strategies for both prevention and treatment. With respect to prevention, stable housing removes homeless people from exposure to the conditions and lifestyles, which are conducive to HIV/AIDS. Studies conducted by the Columbia Center for Allied Public Health and the CDC division of HIV/AIDS Prevention showed that homeless or unstably housed clients of selected service

agencies were two to six times more likely "to have recently used hard drugs, shared needles, or exchanged sex" than persons who were stably housed. Other studies observe that among persons who do use injection drugs or engage in high risk sex, "those without a stable home are significantly more likely than others to become infected." Such analyses lead to the conclusion that the lack of stable housing is an independent causal factor in the transmission of HIV/AIDS infection. This direct relationship between risk behaviors and housing status makes it clear that effective prevention requires moving homeless persons into stable housing.

As a treatment strategy, research evidence shows that improved housing status opens a door to health services, including initial testing for an HIV/AIDS condition. Homeless persons who do not even know they are infected and have no access to regular care are at the greatest risk to themselves and to others to whom they may transmit the infection. Lack of housing has been identified as one of the most highly correlated factors with lack of access to medical care, failure to utilize HIV treatment, non-enrollment in primary HIV care regimens, and non-use of medications. Homeless people are the least likely of persons with HIV/AIDS to avail themselves of antiretroviral treatments, which have been shown to result in a prolonged quality of life.

In contrast, persons who get housing assistance are more than four times as likely to receive medical care than those who do not participate in housing programs. The risk of death for persons receiving antiretroviral therapies is reduced when those who are in stable housing participate in treatments continuously, thus reducing their viral load.