Los Angeles Times
A Times Mirror Newspaper

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COLUMN ONE

AIDS Adds to Ranks of Homeless

■ Two of the nation's most intractable ills are converging. Long waits for shelters compound the problem.

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There is a man with AIDS who sleeps each night in an abandoned garage in Hawthorne. There is another who bunks at a Skid Row hotel—when he doesn't squander his disability check on crack.

There is still another who lived for months in his car before social workers managed to squeeze him into a halfway house. And three more who were turned away from a Venice mission when workers learned that the three were infected with the virus.

As these sad cases illustrate, two of the nation's most intractable ills—AIDS and homelessness—are converging. Too well to be admitted to hospitals or qualify for disability insurance but too sick to hang onto their jobs and apartments, a growing number of AIDS patients are being thrust into poverty at the same time that the virus continues its deadly march into the ranks of the already poor.

By the thousands, they are ending up on the street, or in filthy, crime-ridden shelters. Only a lucky few make it into decent shelters or the all-too-scarce beds in group homes for people with AIDS.

While accurate figures are hard to come by—AIDS patients drift in and out of health and homelessness—knowledgeable officials estimate that homeless people with AIDS number in the tens of thousands.

"Whatever the numbers, the fact is that we are doing distressingly little for these people, and the situation is worsening," said Dr. David Rogers, vice chairman of the National Commission on AIDS. "It is a national scandal."

■ **NATIONAL AIDS PLAN**
Bipartisan panel recommends Cabinet-level task force to deal with disease. A15

The commission on Tuesday issued its second report to President Bush, recommending that the federal government create a cabinet-level task force to coordinate the national response to the epidemic. It also urged Bush to endorse a $600-million "disaster relief" bill that would, among other things, provide housing assistance to heavily impacted communities.

"In New York City alone, there are 8,000 to 10,000 homeless people living with AIDS," Virginia Shubert, AIDS project director of the National Coalition for the Homeless, told a congressional panel last month. AIDS patients are "the fastest growing segment of the homeless population in New York," added Peter P. Smith, president of the Partnership for the Homeless.

In Los Angeles County, caseworkers at Minority AIDS Project and AIDS Project Los Angeles (APLA) estimate that between 10% and 20% of their clients need housing assistance—a figure they say is climbing as the virus spreads among intravenous drug users and the poor.

"It's appalling," said Pam Anderson, who manages residential services for APLA. "People are dying in the streets."

But the crisis isn't limited to New York, Los Angeles and other hot spots of the epidemic. In Richmond, Va., 12% of the patients at a clinic for the homeless were found to be infected with the virus. In Birmingham, Ala., "Dolly," a 27-year-old former nursing student, has bounced from hospital to shelter to the streets since she was diagnosed with AIDS in March.

Members of the National Commission on AIDS got a harrowing look at the crisis last February in New York when they visited a Bowery flophouse and subway stations and crannies filled with homeless people. They also toured the Ft. Washington armory-turned-homeless shelter. The armory houses 860 men, perhaps half of them infected with HIV.

"It was a living hell," recalled commission member Larry Kessler, executive director of AIDS Action Committee of Massachusetts. "A lot of the men at the shelter were coughing. Others were emaciated or had lesions. Some were demented, ranting and raving; others were stooped and shuffling due to neurological complications."

From a balcony above the armory floor, Kessler gazed down upon row after row of beds. For this weary veteran of the war against AIDS, the sight evoked a different rectangular grid symbolizing the plague.

"For a moment, I thought I was looking at the AIDS quilt," he said, referring to the ever-growing Names Project quilt whose panels memorialize more than 10,000 individuals who have died.

As the visits made clear, the AIDS homeless pose a serious challenge to overtaxed networks of social services that until now have dealt with AIDS and homelessness as separate problems.

In an attempt to integrate the federal response to AIDS and homelessness, a bill currently before Congress would define people with AIDS as "handicapped"—and thus eligible for assistance under existing federal housing programs.

Many of the federal housing assistance programs that currently deny help to people with AIDS were created under the McKinney Act. It is one of the crueler ironies of the epidemic that the act's author, Rep. Stewart B. McKinney (R.-Conn.), died of AIDS in May, 1987.

"Housing has been a problem since the beginning of the epidemic, but we're seeing an escalation of need because there has been an increase in diagnosed cases and because people are living longer," said Anne Lewis, spokeswoman for the National AIDS Network in Washington.

People with AIDS now live an average of 22 months after diagnosis, compared to 10 months in 1983. But the infections, cancers and neurological complications that characterize advanced AIDS can rob even relatively well-off patients of their savings and their ability to remain productive and independent.

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EPIDEMIC: AIDS Taxes Agencies as It Swells Ranks of the Homeless

Consider Allan Turner, a 43-year-old AIDS patient who lost his Hollywood apartment in August because his $600 monthly disability check was too small to cover the $702-a-month rent. Caught up in a legal dispute with his landlady and desperately short of cash, Turner found himself on the street.

Two bouts of pneumocystis carinii pneumonia—one of the opportunistic infections associated with AIDS—had long since rendered Turner incapable of holding a full-time job. Still, he said, he refused to take a room at a hospice "because I felt hospices were places where you went to die."

He slept for a while on a neighbor's couch, until the neighbor was evicted too. For most of the four months it took for Turner to work his way through the APLA waiting lists and into a Lawndale shelter, he lived, he said—and social workers confirm—in the front seat of his 15-year-old Fiat convertible.

"Do you know the feeling you get in an earthquake? Totally helpless? Well, that's how I felt," Turner said. "You're totally dislodged from everything familiar to you. . . . The night before Thanksgiving, I slept in my car. When I woke up, I could see people starting their turkeys in their kitchens, and I started to cry."

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DR. DAVID ROGERS
National Commission on AIDS

Yet Turner is among the fortunate. Another man with AIDS, a military veteran who has spent the last six months sleeping on the floor of an abandoned garage near Inglewood Avenue and 120th Street, remains on the waiting list to enter the five-bed shelter where Turner now lives.

At work in the housing crisis are a number of factors, social workers say, beginning with the official definition of AIDS. Social Security disability insurance, the major federal safety net for people with AIDS, is generally limited to people whose disabling symptoms fit the official definition of full-blown AIDS established by the U.S. Centers for Disease Control.

The problem, social workers say, is that the definition covers only people whose systems have succumbed to certain opportunistic infections that, because of early medical intervention against HIV, have in recent years become less prevalent.

People who are sick but have not yet crossed the threshold of an official AIDS diagnosis "can end up waiting six months or more to access public moneys," said Anderson of APLA.

Yet such people can be extremely debilitated, "going through the fatigue, the ups and downs in their health—all the things that preclude a person from holding down a full-time job," she said.

There are alternatives, Anderson and others say, but they are limited. In Los Angeles, Aid for AIDS, a 7-year-old organization financed by private charitable contributions, offers grants of up to $2,000 to people with AIDS who earn less than $700 a month.

Some people turn to relatives and friends, but those sources of help often have limits.

"It's an extreme burden for a roommate. You play caretaker an awful lot," said Paul Self, executive director of Aid for AIDS. "Often the person with AIDS needs home health care or special treatment, and the stress can be so great that the other person may not want to deal with it."

Nor are families always emotionally equipped to cope with the ravages of AIDS.

"My family doesn't know about AIDS. All they know is that it's a very dangerous and contagious disease," said "Terry," a soft-spoken, 34-year-old transvestite whose Mexican immigrant family refuses to touch him for fear of contracting the virus.

"I've always wanted to be close to my family, but I guess it just isn't to be," he said quietly. "My sister came to see me [in a long-term AIDS residential shelter] last week, and she seemed to feel sorry for me, but I didn't try to hug or kiss her. I didn't want her to push me away."

Joyce Carnes, senior social worker at the AIDS clinic at Los Angeles County-USC Medical Center, said it's not uncommon for AIDS patients to go home to stay with their families only to be asked after a few months to leave.

One man on Carnes' caseload, a 20-year-old from East Los Angeles, was allowed by his mother to come home after being discharged from the hospital, but only as long as he agreed to sleep in the garage and avoid touching anyone or anything around the house.

For those who fall through the cracks, including a growing number of AIDS patients who were on the streets to begin with, the missions and shelters are the last resort. But those, too, are unprepared to house people with AIDS and HIV infection, said Marjorie Sa'adah, coordinator of AIDS education for the Los Angeles Homeless Health Care Project.

Last fall, for example, three men were turned away from the Bible Tabernacle shelter in Venice after they indicated on medical forms that they had been diagnosed with AIDS. Mona Iwanski, a supervisor at the shelter, said the three were driven to Harbor-UCLA Medical Center after two of the men said they needed to see a doctor.

"We have to be very careful when anybody comes in, because we don't have the facilities to really separate anyone who has AIDS," she said.

Missions also present health problems, Sa'adah said. They are rife with bacteria and contagious diseases to which people with AIDS are easy prey. Pneumonia, tuberculosis, scabies and flu are rampant. People sleep dozens—in some cases, hundreds—to a room. Many shelters close during the day, forcing their HIV-infected residents to cope on the street with fevers, exhaustion and chronic diarrhea.

"People at the missions don't cover their mouths when they cough," complained a 34-year-old homeless man who learned he was infected with HIV five years ago when he tried to sell his plasma.

"There's bedbugs all over the place. I carry my own spoon with me, sterilize it with hot water because I believe them plastic

HARRY CHASE / Los Angeles Times

AIDS sufferer Allan Turner lived in his car nearly four months before a bed in a shelter opened up.

spoons attract germs."

The man, a Skid Row crack addict, said he has made more of an effort recently to use his monthly disability check for a hotel room before he buys cocaine. But he still misses most of his appointments at the County-USC AIDS clinic.

"Every time I have an appointment, it's check day," said the man, an ex-convict who spoke slowly around a mouthful of infected gums. Sitting alone in a $268-a-month, fly-infested hotel room, he alternately dealt himself elaborate games of solitaire and fingered the swollen knots on each side of his neck.

"I say I'm going to go down to the clinic, but I wind up getting high," he said. "Last time my check came, I got me a room, then I got me a little strawberry [a prostitute], and then I got me some cocaine."

The time for his doctor's appointment came and went, he said, while he and the prostitute had sexual intercourse—without a condom and without her knowing that he had tested positive for HIV. When the cocaine ran out, he said, he turned for solace to his Gideon Bible.

"I figure," he said, "if I live righteously with disease, I won't face eternal damnation when I die."

Social workers point to people like that man when they say it is no simple matter to care for the homeless who have AIDS. As if the epidemic itself weren't serious enough, AIDS caseworkers increasingly are being asked to help patients cope with such deep-seated problems as drug addiction, mental illness and chronic homelessness.

In some situations, homeless AIDS patients have managed to cadge a bed in a hospice by persuading their doctor to sign a prognosis giving them six months or less to live.

Michael Weinstein, head of the AIDS Hospice Foundation, estimated that a quarter of the people who have come to the Chris Brownlie Hospice since it opened near Elysian Park in 1988 have been referred that way.

Meanwhile, as the epidemic widens, social workers predict the shortage of appropriate housing will only get worse.

"We're going to have to provide shelter to thousands of people with HIV infection over the next five years," said Dave Johnson, AIDS coordinator for the city of Los Angeles. "And we're going to have to get ready for that."