ACT UP
AIDS Coalition to Unleash Power

Common-Sense HIV Policy Survey
2021 New York City Council Primary
Table of Contents

Background and Rationale 4
Who was invited to take the survey? 4
About ACT UP/NY and Disclaimer 4
Question Types 5
Yes/No Policy Questions: 5
Open-Ended Policy Questions: 5
Candidate Information: 5
Overview of What the Results Suggest 5
Candidates overwhelmingly support the specific HIV policies and positions we asked about. 5
Candidates are either less interested in, or less informed about, HIV than other topics. 6
Candidates are open to HASA reforms, but most are not knowledgeable in this area. 6
Accuracy in HIV education and training information in New York City is universally supported. 6
OSHA/PESH updates and basic HIV decriminalization efforts are almost universally supported. 6
Expanded addiction treatment appears more popular than municipal grow for marijuana. 6

Next Steps and Pitfalls to Avoid 7
List of Yes/No Questions 8
Data Tables for Yes/No Responses 9
Optional Explanations of Yes/No Responses to HIV Policy Questions 11
1) Will you support legislation, and work with the Chancellor of the DOE, to require regularly updating the local Health and/or Living Environment curricula to reflect modern HIV medicine — including information about U=U and PrEP — in accordance with CDC recommendations? 11
2) Will you support legislation, and work with the Chancellor of the DOE, to implement meaningful compliance measures that ensure HIV education is being taught consistently across all public schools? 12
3) Will you demand a review of OSHA/PESH's statutes, standards, trainings, and regulations to ensure that they accurately reflect how HIV is transmitted? 13
4) Will you support and/or introduce legislation that would require all OSHA and PESH overviews, documents, FAQs, workplace posters, trainings etc. that cover bloodborne pathogens (BBP), and already contain information about hepatitis treatments, to ... (A) include information about pre- and post-exposure prophylaxis (PrEP and PEP) for HIV? 14
... and (B) Make clear to the average reader that some workplace activities, though they may carry a risk of exposure to one specific BBP, carry no risk of exposure to others? For instance, some hepatitis strains may be transmitted by contact with surfaces, but this is not possible with HIV. 14
5) Will you advocate for mandatory, medically-accurate HIV training for all public employees? 15
6) Will you support repealing or clarifying Article 10 of New York’s Mental Hygiene Law? 16
7) Will you reject any and all new efforts to criminalize people living with HIV based on their HIV status alone? 17

ACT UP is nonpartisan. We endorse policy positions, not candidates or parties. 2
8) Will you support holding a City Council hearing on the HIV/AIDS Service Administration (HASA), which provides housing assistance to people with HIV, to address ongoing issues and map out a plan for improvements?

Optional Explanations of Yes/No Responses to Related Policy Questions

2) Will you continue to fund and support the city's current Recharge Program?

3) If United States v. Safehouse is decided in favor of overdose prevention sites, will you advocate for the opening of these sites in New York City?

4) Do you support New York City creating a city-owned and sponsored municipal grow site for medical marijuana?

5) Will you commit to not closing any public healthcare facilities operated by the City?

List of Open-Ended Questions

Responses to Open-Ended Questions on HIV Policy

9) How would you improve the HASA program?

10) What would you do to support the primary objectives of the End the Epidemic (EtE) plan?

Responses to Open-Ended Questions on Related Issues

1) How would you ensure that there’s affordable housing for all New Yorkers, including those impacted by chronic health conditions such as HIV?

About

Background and Rationale

Who was invited to take the survey?

About ACT UP/NY and Disclaimer
Background and Rationale

This survey was written by a team of HIV advocates and community stakeholders during the New York City 2021 election cycle. **It is not intended to completely address all aspects of the American HIV epidemic.** We chose to prioritize relatively simple, straightforward policy changes that would nonetheless have a huge impact if implemented here in New York City. We did this because we know that even minor policy changes take a lot of negotiating, and that clear, common-sense asks are more likely to quickly move through local government.

Further, we know that efforts to decriminalize HIV, fight stigma, and improve living conditions for people with HIV often stall because of outdated information. Requiring the Department of Education, the Department of Labor, and other City institutions to provide current, accurate information about HIV would ensure that public school students and the adult workforce alike could make better decisions about HIV, both personally and professionally. For the last twenty years, medical accuracy and legal accuracy have been allowed to diverge; the sooner we can correct this problem, the sooner we can end stigma -- and AIDS -- once and for all.

Who was invited to take the survey?

All New York City Council candidates who are registered for the 2021 New York City election cycle were invited to take the survey, regardless of political party or whether they have a primary challenger. We call this a Primary Survey only to indicate that it includes candidates who may not be on the ballot in the November 2021 elections. We estimate our response rate at just under 10%.

About ACT UP/NY and Disclaimer

Founded in 1987, ACT UP is a diverse, nonpartisan, 100% volunteer-run group committed to ending the AIDS crisis. Because we are nonpartisan, we do not endorse candidates or political parties. We may, however, endorse policy positions. The results of this survey are not intended to provide guidance on who to vote for, but rather to gauge potential support for several common-sense HIV policies among political candidates in New York City so that HIV advocates may plan more effectively going forward.

The results of this survey were compiled by volunteer HIV advocates, not statisticians or pollsters. This is not intended to be a professional or scientific survey.

If you would like to get involved in making any of these policies a reality, please go to actupny.com for contact information.
Common-Sense HIV Policy Survey, 2021 New York City Council Primary
Survey organized by ACT UP/NY, Spring 2021.
This document last updated June 18th, 2021.

Question Types

Yes/No Policy Questions:
These questions required all candidates to choose a yes or no response. As much as possible, we worked to make questions clear and specific. Additional information was provided directly underneath several of these questions for the benefit of candidates who do not know much about HIV policy. Every Yes/No question was followed by an optional explanation field. This document contains a list of the yes/no questions themselves, tables of candidates' responses, and written explanations provided by candidates (if any).

Open-Ended Policy Questions:
All open-ended questions were marked optional, and candidates were given unlimited space to respond. Most respondents chose to answer the open-ended policy questions. This document contains a list of the open-ended questions, followed by the responses.

Candidate Information:
Two types of candidate information were requested. The first type was simple, public information, such as District and Party Affiliation. Though these questions were simple, some candidates omitted crucial information, such as surname or district number. We have filled in this information ourselves, as it would be difficult to read the survey results without it.

The second type of candidate question asked about employment history and involvement in the District. Our goals were to determine relevant experience, if any; whether the candidate showed evidence of carpetbagging; and the degree of comfort and openness with which the candidate answered such questions. The answers to the questions about experience and community presence were revealing, but will be published in a separate report, as we've decided to prioritize sharing the HIV policy responses.

Overview of What the Results Suggest

Candidates overwhelmingly support the specific HIV policies and positions we asked about. 100% of responses were positive for seven out of eight of our yes/no HIV questions, and the eighth question received only one "No" response. Results were consistent for candidates across New York City, and for candidates with various stated priorities. The overwhelmingly positive result is encouraging, as it indicates that it should be relatively easy to find sponsors and support for legislation and/or resolutions related to these positions, regardless of who wins the elections. While it is likely that candidates were, to some extent, telling us what they thought we wanted to hear, their willingness to definitively and publicly say "Yes" in support of our positions suggests that candidates believe they will be broadly popular and uncontroversial with voters.
candidates are either less interested in, or less informed about, HIV than other topics.

More candidates provided optional explanations for Yes/No responses to questions that were not about HIV than to questions that were. About 20% of respondents skipped over at least one open-ended question about HIV altogether, or put placeholder text in the response boxes. Some candidates copied and pasted parts of our survey into the response fields. While it may show some engagement with the information we provided, copying is not the same as writing an explanation. Both placeholder text and copied responses have been removed from the results in the interest of shortening this document.

Candidates are open to HASA reforms, but most are not knowledgeable in this area.

Collectively, candidates wrote more when asked about housing in general than they did for all other questions combined. Most candidates had much more to say to one question about housing in general than they did to two questions about HASA, which provides housing for people with HIV. We will be sharing the responses to the general housing question in a separate document in order to maintain our primary focus on HIV policy questions. Responses to the HASA questions may be found below.

Accuracy in HIV education and training information in New York City is universally supported.

These policy areas can, in large part, be addressed directly by the local government, and are therefore areas where it may be possible to make legal changes relatively quickly. Please note that HIV education and sex education are two separate school subjects covered by different legal policies, and support for one does not necessarily indicate support for the other.

OSHA/PESH updates and basic HIV decriminalization efforts are almost universally supported.

These policy areas are at the intersection of state and local laws, and may therefore require a combination of carefully-tailored local regulations for New York City coupled with resolutions aimed at the New York State government. Consequently, change may be less rapid, but it is still reasonable to expect movement in these areas with research and effort.

Expanded addiction treatment appears more popular than municipal grow for marijuana.

Overdose prevention centers and the Recharge Program are overwhelmingly supported. On the other hand, municipal grow, or government-managed growth and sales of marijuana, appears controversial. Lack of support seems to stem from concerns about small businesses, regulation, and necessity.
## Next Steps and Pitfalls to Avoid

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<tr>
<th>Next Steps (To be done simultaneously)</th>
<th>Potential Pitfalls to Avoid</th>
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<tr>
<td>After the Primary, give all candidates who have not yet responded to this survey an additional opportunity to do so.</td>
<td>Getting candidates to respond to the survey should not be prioritized over any of the other next steps in this list.</td>
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<td>Work with other AIDS advocacy groups and allies to draft pieces of legislation and resolutions that would lead to the specific changes proposed by this survey.</td>
<td>While it may be tempting to bundle our specific asks with other reforms, it is important to keep our legislation as specific and common-sense as possible to ensure broad support and rapid movement through the legislative process.</td>
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<tr>
<td>Use the responses and staff contact information we’ve collected to identify sponsors and supporters for legislation and resolutions.</td>
<td>We must be adaptable and open-minded about our allies. The goal is to pass the legislation, not help our preferred political allies score points.</td>
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<td>Circulate drafts of bills and resolutions as they are ready, including to the current City Council.</td>
<td>We should not wait until the people who are elected this coming November take office many months from now to try to get popular reforms passed. If we find support in the current City Council, we must use it. Likewise, we should not wait until all our bills are drafted to begin looking for support.</td>
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<tr>
<td>Because requiring medically-accurate HIV trainings for all public employees seems to be a popular idea, and City officials are public employees, we should begin arranging an HIV teach-in for the City Council, and possibly for other branches of local government as well.</td>
<td>We will need to be flexible in negotiating this with respect to both timeline and provider. For example, a teach-in may happen with the current Council or the next, and it may either be run by an HIV advocacy organization or by the Dept. of Health and Mental Hygiene.</td>
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<td>Use the discussions these next steps entail to identify further HIV policy changes that are likely to receive broad support.</td>
<td>Any further changes we identify should not be given precedence over our current priorities.</td>
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## List of Yes/No Questions

### Yes/No Questions, HIV Policy and Services

1. Will you support legislation, and work with the Chancellor of the DOE, to require regularly updating the local Health and/or Living Environment curricula to reflect modern HIV medicine — including information about U=U and PrEP — in accordance with CDC recommendations?

2. Will you support legislation, and work with the Chancellor of the DOE, to implement meaningful compliance measures that ensure HIV education is being taught consistently across all public schools?

3. Will you demand a review of OSHA/PESH’s statutes, standards, trainings, and regulations to ensure that they accurately reflect how HIV is transmitted?

4. Will you support and/or introduce legislation that would require all OSHA and PESH overviews, documents, FAQs, workplace posters, trainings, etc. that cover bloodborne pathogens (BBP), and already contain information about hepatitis treatments, to …
   - (A) include information about pre- and post-exposure prophylaxis (PrEP and PEP) for HIV?
   - (B) make clear to the average reader that some workplace activities, though they may carry a risk of exposure to one specific BBP, carry no risk of exposure to others? For instance, some hepatitis strains may be transmitted by contact with surfaces, but this is not possible with HIV.

5. Will you advocate for mandatory, medically-accurate HIV training for all public employees?

6. Will you support repealing or clarifying Article 10 of New York’s Mental Hygiene Law?

7. Will you reject any and all new efforts to criminalize people living with HIV based on their HIV status alone?

8. Will you support holding a City Council hearing on the HIV/AIDS Service Administration (HASA), which provides housing assistance to people with HIV, to address ongoing issues and map out a plan for improvements?

### Yes/No Questions, Issues Related to HIV

2. Will you continue to fund and support the city’s current Recharge Program?

3. If *United States v. Safehouse* is decided in favor of overdose prevention sites, will you advocate for the opening of these sites in New York City?

4. Do you support New York City creating a city-owned and -sponsored municipal grow site for medical marijuana?

5. Will you commit to not closing any public healthcare facilities operated by the City?

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### Data Tables for Yes/No Responses

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## City Council Districts 26-51

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Optional Explanations of Yes/No Responses to HIV Policy Questions

1) Will you support legislation, and work with the Chancellor of the DOE, to require regularly updating the local Health and/or Living Environment curricula to reflect modern HIV medicine — including information about U=U and PrEP — in accordance with CDC recommendations?

Additional information provided to candidates (if any):

According to the CDC, today’s antiretroviral (ARV) medication makes HIV nearly 100% preventable and treatable when taken as prescribed, but most schools in the NYCDOE are teaching inaccurate, outdated information. ARVs are important for everyone: People who do NOT have HIV can take PrEP, to keep from ever getting HIV, and people who DO have HIV can practice U=U, to keep from ever transmitting HIV to others.

(n=26)

Optional Explanation of Response

Aleta LaFargue (District 3): Schools should be educating students accurately which includes eliminating the stigma that may come with positive results and include information and resources around U=U. We must encourage safe sex, which encompasses resources for LGBTQ people.

Keith Harris (District 7): Yes, I would support legislation to regularly updating health curricula to reflect progress being made for modern HIV therapies. Up-to-date HIV education is important to reduce stigma and discrimination towards people affected by and living with HIV as well as develop safe behaviors.

Ben Solotaire (District 33): We need to teach up to date science, we have made incredible progress in dealing with HIV and we have to make sure young people understand that. Let me also say that I am not an expert on this topic but I have lived through it, I came to NYC in 1986 and had many friends who were HIV positive and died from the disease and those who lived. It has been amazing to see the progress over the past 30 years and we need to do everything we can to keep it up

Jennifer Gutiérrez (District 34): I plan to fight to ensure that NYC schools use Culturally Responsive Education to teach students how to reflect and respect the diverse histories, cultures, sexual identities, and experiences of all New Yorkers - and that includes making sure that our health education is updated and reflects the realities of our students. I believe that we also need to make sure that queer sex education is offered in schools, which not only helps educate our queer youth, but makes all of our youth allies.

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Michael Hollingsworth (District 35): It is crucial that we equip and empower our young people to make informed, safe, and healthy decisions about their bodies, relationships, and sex lives using the most up-to-date scientific information available.

Anthony Beckford (District 45): I have partnered with an organization in Brooklyn that provides much needed information regarding U=U and PrEP. The information is needed in school curriculum.

Zuri S. Jackson (District 46): It’s critical that our school curriculum is current and accurate.

2) Will you support legislation, and work with the Chancellor of the DOE, to implement meaningful compliance measures that ensure HIV education is being taught consistently across all public schools?

Additional information provided to candidates (if any):

Without meaningful compliance measures, many local schools can hide their noncompliance with the state mandate to provide HIV education. Teachers have anonymously reported feeling pressured to check off a box stating that they’ve taught about HIV, even when they haven’t.

(n=26)

Optional Explanation of Response

Keith Harris (District 7): Accountability for implementation is needed to ensure uptake of meaningful HIV education. I support the implementation of compliance and impact measures.

Jennifer Gutiérrez (District 34): As above, we need to include so much more in our sexual and health education, including harm reduction, in schools, and make sure that kids are receiving it before they are becoming sexual active.

Michael Hollingsworth (District 35): Of course. Just as we must work to ensure that all of our young people are receiving an equal and high-quality education in academic subjects, we must also hold schools accountable for teaching them about safe sex and preventative healthcare.

Shahana Hanif (District 39): Absolutely! Without meaningful compliance measures, many local schools can hide their noncompliance with the state mandate to provide HIV education. Teachers have anonymously reported feeling pressured to check off a box stating that they’ve taught about HIV, even when they haven’t.
Zuri S. Jackson (District 46): I will advocate relentlessly to make sure all of our young people receive this critical information. I will make this mandated.

3) Will you demand a review of OSHA/PESH's statutes, standards, trainings, and regulations to ensure that they accurately reflect how HIV is transmitted?

Additional information provided to candidates (if any):

OSHA and PESH ensure safe and healthful working conditions by setting and enforcing standards and by providing training, outreach, education and assistance. Yet some employers still incorrectly believe people can get HIV from spit, laundry, or casual contact. Additionally, some relevant OSHA documents have not been reviewed in over a decade, and do not contain current information about HIV.

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Optional Explanation of Response

Keith Harris (District 7): I believe a mandatory review process should be instated for all existing materials as well as regular guidance documents should be shared to provide ongoing updates about HIV.

Jennifer Gutiérrez (District 34): We should make sure that when recertification is happening, we are reviewing the information, not just recertifying blindly.

Michael Hollingsworth (District 35): We must equip our workers with accurate knowledge about disease transmission that does not further discrimination against people with HIV.
4) Will you support and/or introduce legislation that would require all OSHA and PESH overviews, documents, FAQs, workplace posters, trainings etc. that cover bloodborne pathogens (BBP), and already contain information about hepatitis treatments, to ... (A) include information about pre- and post-exposure prophylaxis (PrEP and PEP) for HIV?

... and (B) Make clear to the average reader that some workplace activities, though they may carry a risk of exposure to one specific BBP, carry no risk of exposure to others? For instance, some hepatitis strains may be transmitted by contact with surfaces, but this is not possible with HIV.

Optional Explanation of Response

Susan Damplo (District 1): I believe these would have to be resolutions because the NYC Council does not control federal or state entities such as OSHA or PESH

Keith Harris (District 7): As previously stated, I believe a mandatory review process should be instated for all existing materials as well as regular guidance documents should be shared to provide ongoing updates about HIV. With advancements in HIV therapy, it is important to highlight pre and post-prophylaxis as well as myth busters.
5) Will you advocate for mandatory, medically-accurate HIV training for all public employees?

Additional information provided to candidates (if any):

Some local public employees, including teachers and police, incorrectly believe HIV can be transmitted by, for example, spit and toilet seats. Authority figures in our communities who maintain outdated beliefs can harm people living with HIV, as well as people at risk of HIV.

Optional Explanation of Response

Keith Harris (District 7): Yes, medically-accurate HIV training along with cultural competency and unconscious bias training should be required for all public employees.

Michael Hollingsworth (District 35): Nobody in a position to spread knowledge to others and/or receiving a government-funded paycheck should be disseminating incorrect information about something as life-changing as HIV transmission.

Zuri S. Jackson (District 46): Its long overdue that we eradicate the antiquated system and empower people with medically accurate information.
6) Will you support repealing or clarifying Article 10 of New York’s Mental Hygiene Law?

Additional information provided to candidates (if any):

Article 10 pertains to sex offenders deemed to require civil confinement or extended supervision, but is has been used prejudicially against people living with HIV, who may be required to register as sex offenders though they have committed no sexual offense.

No (1): Zuri S. Jackson, District 46          Yes (25): All other respondents     (n=26)

Optional Explanation of Response

Susan Damplo (District 1): Yes. Again, because that is a state law, I believe that support at the City Council level would be by resolution

Maud Maron (District 1): Yes. Someone who has not committed a sexual offense does not belong on the sex offender list. This injustice can and must be rectified.

Rebecca Lamorte (District 5): Yes. I was not aware Article 10 was able to be used against people living with HIV that haven’t committed a sexual offense. We absolutely must change this.

Keith Harris (District 7): Yes. I would support clarify Article 10 to ensure it has its intended outcome and is not continued to be misused.

Francesca Castellanos (District 10): I would support clarifying not repealing.

Jennifer Gutiérrez (District 34): Solely living and existing with HIV does not make you a sex offender, and we should clarify any law that has loop holes to do so otherwise, although I would need to do research on how that would be clarified.
7) Will you reject any and all new efforts to criminalize people living with HIV based on their HIV status alone?

Additional information provided to candidates (if any):

Many jurisdictions impose stricter punishments on people living with HIV than on people who do not have HIV who commit identical offenses. These penalties result in fewer people being willing to learn their HIV status, and a reluctance among people diagnosed with HIV to seek medical treatment. Additionally, Black Americans make up just 13% of the US population, but over 40% of HIV diagnoses every year, so HIV criminalization laws have an outsized impact on Black communities.

Optional Explanation of Response

Maud Maron (District 1): criminal justice system needs serious reform. All people should be treated equally under the eyes of the law, regardless of race, gender, medical status, or any other basis. I will reject any and all new legislation that attempts to criminalize HIV status and work to dismantle existing legislation that does so.

Keith Harris (District 7): Weaponizing someone’s HIV status against them will not be tolerated and I would reject any effort that furthers health disparities and discourages people to learn of their status.

Francesca Castellanos (District 10): Strongly agree that punishment should be based solely on the crime and the offenders penal record.

Ben Solotaire (District 33): It is absurd to criminalize a disease

Jennifer Gutiérrez (District 34): In addition to strongly rejecting this, we need to clearly look at the communities that are exponentially affected by these policies, and educate people on the intersectionality of HIV diagnoses.

Michael Hollingsworth (District 35): It is immoral to give people a criminal record based solely on their health status, and in this case it is also racially discriminatory.
8) Will you support holding a City Council hearing on the HIV/AIDS Service Administration (HASA), which provides housing assistance to people with HIV, to address ongoing issues and map out a plan for improvements?

Additional information provided to candidates (if any):

Stable housing is crucial for people with chronic illnesses such as HIV, because people in unstable housing situations have a more difficult time accessing consistent medical care. HASA has been expanded to include all people with HIV, rather than just people with AIDS, without meaningful increases in funding and resources. It’s been reported that HASA caseloads are high and client satisfaction is low.

Optional Explanation of Response

Aleta LaFargue (District 3): Yes I would support a city council hearing. Caseworkers are over worked, we need to eliminate the excess of paperwork that is inhibiting them from giving clients the help they need. I will listen to those actually working in the field on issues important to them like needing their own bathrooms, and having less clients per case worker. Additionally, we need to provide more money and grants to programs like Callen Lorde and the Ali Forney Center.

Ben Solotaire (District 33): I have said it many times but housing is the first step to stability. Any barrier to obtaining housing should be removed and the resources should be provided to people to help them obtain housing.

Jennifer Gutiérrez (District 34): So many of our black and brown, queer, community experience disproportionate levels of poverty, violence, discrimination and lack basic access to community building resources like education, healthcare, and housing - we need to make sure that we increase funding not just to resources but to access -- which means education, outreach and multilanguage support.

Michael Hollingsworth (District 35): As my fellow housing activist State Assembly Member Phara Souffrant Forrest has explained time and again, healthcare and housing are intricately related. Even at a very basic level, it is difficult to take medicine regularly if you don’t have a stable place to keep it. We must ensure that everyone—and especially our most vulnerable neighbors, very much including people with HIV—has safe and stable housing that facilitates safe and dignified lives.
Optional Explanations of Yes/No Responses to Related Policy Questions

2) Will you continue to fund and support the city’s current Recharge Program?

Additional information provided to candidates (if any):

_The Recharge Program, which is under the supervision of the DOHMH, promotes crystal meth harm reduction and statewide efforts to develop more advanced treatments for crystal meth addiction. People who use crystal meth are at increased risk of HIV._

![Pie chart showing 100% support for the Recharge Program](chart.png)

(n=26)

Optional Explanation of Response

**Jennifer Gutiérrez (District 34):** I would have to do more research on the success of The Recharge Program, but I know that the more we work with community organizations and activist that are already doing harm reduction work, we can make sure we are reaching all those that need assistance, and making sure we are training staff at sites, and needle exchanged on crystal meth and not just traditional injectables like Heroin.

**Michael Hollingsworth (District 35):** Harm reduction is a form of preventative medicine, which not only keeps our communities healthier but also saves our government and individuals money in the long term.

**Shahana Hanif (District 39):** Yes, and I support decriminalizing buprenorphine. I also believe that the City should look into finding ways to make this treatment more accessible to New Yorkers who rely on it. The City Council should advocate for regulations that eliminate barriers that prevent folks from getting their buprenorphine prescription such as insurance and prescription refill issues.
3) If United States v. Safehouse is decided in favor of overdose prevention sites, will you advocate for the opening of these sites in New York City?

Additional information provided to candidates (if any):

Overdose prevention sites are places where people who use drugs can bring in previously-purchased opioids and legally use them under medical supervision. Not only do they correlate with a decrease in overdoses, they also provide linkage to recovery, housing, and mental health services. People who use opioids are at increased risk of HIV.

Note: Francesca Castellanos (District 10) left the Yes/No field blank.  

(n=25)

Optional Explanation of Response

Maud Maron (District 1): Yes. I am not familiar with any successful models of overdose prevention sites. I would be willing to hear from constituents who are familiar with this model to learn about it.

Francesca Castellanos (District 10): Depends. I would need a lot more information and studies of where these sites can be located without affecting the community.

Ben Solotaire (District 33): Yes. We need safe injection sites, they are a proven harm reduction method and the best way to save lives and offer services to those who want it.

Jennifer Gutiérrez (District 34): Yes. Same as above, we need to make sure we are partnering with those in our communities that are already doing so much work on harm reduction, and look to successful HIV/AIDS NYC Survey 6 groups for guidance, like the Lower East Side Harm Reduction Center and La Nueva Esperanza in Williamsburg.

Michael Hollingsworth (District 35): Yes. Current science tells us that overdose prevention sites (much like needle exchanges) do not increase usage, but rather decrease overdoses. They are therefore a crucial form of preventative medicine that we should utilize to keep all our neighbors healthy.

Shahana Hanif (District 39): Yes. Overdose Prevention Centers (OPCs) are a key strategy in harm reduction. New York City should implement and fund OPCs so that those who use substances have support available in the event of an overdose. More broadly, my vision for a public health approach to drug use is rooted in transformative justice. It is important that we as a society provide care and support to community members who use substances. As Council Member, I will advocate for policies and initiatives that support rather than criminalize folks who use substances and will work to destigmatize drug use. This approach must also address...
how the system has failed folks who use substances — including unjust laws, a lack of safe and accessible housing, and a failure to provide mental health resources and support. As Council Member, I will work to repeal laws that criminalize drug use and drug trade to prevent folks from being incarcerated and penalized. In addition, supportive housing must also be created to provide folks who use substances with safe, affordable housing and the Council should work to eliminate barriers such as substance use prohibition regulations that prevent folks who use substances from accessing housing. Safely housing folks rather than incarcerating them is a form of public health. It is crucial that the City support substance users through funding community-based drug treatment programs that are culturally informed, language accessible, and non-stigmatizing and investing in harm reduction mechanisms such as safe injection sites. It’s also important for the Council to seriously address issues that can co-occur with substance use, including mental health, and domestic violence. Cultivating a City that is safe and friendly also means ensuring that our community members are educated on substance use to eliminate stigma. Political education works to ensure that our community members can foster an environment of care for all in their neighborhood.

4) Do you support New York City creating a city-owned and sponsored municipal grow site for medical marijuana?

Additional information provided to candidates (if any):

A city-managed grow site would help curb the high price of medical marijuana, and ensure that profits from its sale are used to provide services to the communities most affected by the war on drugs.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<td>77.3%</td>
<td>22.7%</td>
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No (5): S. Damplo (1), M. Maron (1), K. Harris (7), S. Simpson (9), B. Solotaire (33)

Yes (21): All other respondents \( (n=26) \)

**Optional Explanation of Response**

**Susan Damplo (District 1):** No. Recent state legislation will mitigate this challenge by allowing adult-use cannabis industry.

**Maud Maron (District 1):** No. I am not convinced that government run enterprises are the best way to bring about price reductions. Removing regulatory burdens and allowing small growers to compete will lower prices and create jobs.

**Aleta LaFargue (District 3):** Yes. <3
Keith Harris (District 7): No. I don’t think a city-owned grow site should be the path to curb high prices. More thought has to be given to identify alternative paths to have reasonably priced medical marijuana for those who can’t afford higher costs.

Ben Solotaire (District 33): No. I think we can achieve those goals with other methods. Taxes on sales, registration fees

Michael Hollingsworth (District 35): Yes. It is crucial both that we regulate the marijuana industry so that people know what they are consuming and how potent it is (much as we would with dosage information on other drugs or nutrition facts on commercial food products), and that we work toward reparations for communities that negatively affected by the ill-thought-out war on drugs. Further, all people deserve affordable (and, ideally, free) medicine.

5) Will you commit to not closing any public healthcare facilities operated by the City?

No (2): Susan Damplo (District 1), Sheba Simpson (District 9)   Yes (24): All other respondents  (n=26)

Optional Explanation of Response

Susan Damplo (District 1): No. I would need further information about the particular facility. For example, during the pandemic there has been migration of residents. Our tax dollars should be invested in those facilities that will maximize services, not merely remain open for the sake of remaining open.

Maud Maron (District 1): Yes. This pandemic has highlighted how systematically inequitable hospital closures have put low-income and underprivileged people at risk during medical crises. I fully commit to not closing any public healthcare facilities operated by the City.

Jeffrey Omura (District 6): Yes. Some H+H hospitals are in areas prone to inundation, and as climate change will continue to threaten New York City, those facilities that are vulnerable may have to close in a plan for managed retreat from the shoreline, but I will ensure that substitute facilities are planned and sited safely, while still being accessible to the communities they serve.

Francesca Castellanos (District 10): Yes. I will commit to not closing any public healthcare facility.

Al Hassan Kanu (District 27): Yes. my health plan seeks to open more facilities and create community based health planning.

Ben Solotaire (District 33): Yes. we need to expand our public health facilities
Jennifer Gutiérrez (District 34): However, many of our healthcare facilities are in desperate need of rehabilitation and would work to fund capital improvements to upgrade these spaces like the center in Williamsburg.

Michael Hollingsworth (District 35): Yes. Private hospitals rip off New Yorkers. While their executives collect multimillion-dollar salaries, private hospitals turn away patients with Medicaid or without insurance. Their greed has caused horrific consequences. As COVID-19 devastated our communities, public hospitals were left with inadequate funding, forced to scramble to care for vulnerable New Yorkers. We can’t allow a situation like this to happen again. My goal is to reduce the power of the private hospital system and use its resources to build a world-class public health system where hospitals are adequately staffed and patients aren’t turned away, over-charged, or made to wait for hours at an emergency room.

- As many cities across the country have done, I will work to revoke the undeserved nonprofit status of private hospitals unless they radically expand the amount of free and low-cost healthcare that they provide.

-- Require hospitals to provide free and low-cost healthcare to as many New Yorkers as possible, regardless of insurance status, and far above their current charity care obligations.

-- Mandate that hospitals absolve medical debt. No one should be punished with debt for seeking healthcare.

--立法 require that the City negotiate a payment in lieu of taxes paid by private hospitals to help solve the funding disparities plaguing New York City’s public hospitals.

- Use the city’s zoning and permitting powers (amending its Charter if necessary) to restrict hospital closures and construction that would degrade care for New Yorkers.

-- Ensure that no closures, consolidations, or constructions take place unless hospitals show that neighborhood healthcare will not be affected. Dozens of hospitals have closed and consolidated in the last few decades, eliminating thousands of hospital beds and leaving entire neighborhoods without a local hospital.

-- End the practice of shunting Medicaid and uninsured patients to safety-net hospitals, and ensure that all patients are treated equally and provided competent care.

Shahana Hanif (District 39): Yes. Hospital and healthcare closures in the City disproportionately impact Black, brown, and working class neighborhoods. According to an article from the Association for Neighborhood and Housing Development, at least 18 hospitals have closed all of their inpatient services, with two-thirds of the closures in the outer boroughs. Because of these closures, there were a limited number of hospitals in these neighborhoods, which were the same neighborhoods where COVID-19 hit the hardest: often Black, brown, working class, and immigrant neighborhoods. We cannot continue to close and consolidate hospitals, especially during a global pandemic when access to healthcare is needed more than ever. Instead, we need to fund our public hospitals and healthcare centers and to advocate for a moratorium on hospital closures. We need to ensure that we have enough hospital resources to best serve communities.
### List of Open-Ended Questions

#### Open-Ended Questions, HIV Policy and Services

<table>
<thead>
<tr>
<th>Question</th>
<th>Candidate</th>
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<tbody>
<tr>
<td>9) How would you improve the HASA program?</td>
<td>Susan Damplo (District 1): Tax dollars should be invested in additional housing in Queens, particularly permanent congregate housing. I would reduce funding transitional congregate facilities in favor of more sustained ones. I also support tax dollars spent on further job, training, and education-related services.</td>
</tr>
<tr>
<td></td>
<td>Sean Hayes (District 1): Hit up big tech companies to finance affordable housing that would also include HASA. Scaring Amazon out of the City was not the answer. Amazon could have been encouraged to build more affordable housing in NYC in order to obtain expedited building approvals.</td>
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<td></td>
<td>Gigi Li (District 1): We need more measures to guarantee quality service through HASA. I would ensure that all HASA vendors are reviewed at least every two years to ensure quality and add more resources to ensure the completion of all unfinished audits. I also support moving HASA's contract monitoring to the HRA's Office of Program Accountability to provide better quality control and developing a new HASA client bill of rights with a clear method for making complaints.</td>
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<td>Maud Maron (District 1): If the scope of HASA has been meaningfully expanded, then their funding must also be meaningfully increased. The current shelter programs/affordable housing programs spend billions of dollars without producing meaningful results. As a city council member, I would carefully examine how the City is spending money on affordable housing and look to direct money towards HASA in order for them to be capable of adequately addressing the pressing housing needs of people with HIV/AIDS.</td>
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<td>Erik Bottcher (District 3): HASA needs to do a better job holding the providers of congregant housing more accountable. Many are good, but many are not fulfilling their contracts and operating optimally, and HASA hasn’t adequately been holding them accountable. HASA needs to do a better job holding the providers of congregant housing more accountable. Many are good, but many are not fulfilling their contracts and operating optimally, and HASA hasn’t adequately been holding them accountable. HASA also needs to increase the rental allowances to be more in line with market rent. The payment amounts are currently insufficient to find housing in most parts of New York City.</td>
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#### Open-Ended Questions, Issues Related to HIV

<table>
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<tr>
<th>Question</th>
<th>Candidate</th>
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<tr>
<td>1) How would you ensure that there’s affordable housing for all New Yorkers, including those impacted by chronic health conditions such as HIV?</td>
<td>NB: The candidates wrote as much in response to this question as they did about all other topics combined. Consequently, we will be sharing the responses in a separate document in order to maintain this document's focus on HIV.</td>
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### Responses to Open-Ended Questions on HIV Policy

**9) How would you improve the HASA program?**

**Susan Damplo (District 1):** Tax dollars should be invested in additional housing in Queens, particularly permanent congregate housing. I would reduce funding transitional congregate facilities in favor of more sustained ones. I also support tax dollars spent on further job, training, and education-related services.

**Sean Hayes (District 1):** Hit up big tech companies to finance affordable housing that would also include HASA. Scaring Amazon out of the City was not the answer. Amazon could have been encouraged to build more affordable housing in NYC in order to obtain expedited building approvals.

**Gigi Li (District 1):** We need more measures to guarantee quality service through HASA. I would ensure that all HASA vendors are reviewed at least every two years to ensure quality and add more resources to ensure the completion of all unfinished audits. I also support moving HASA’s contract monitoring to the HRA’s Office of Program Accountability to provide better quality control and developing a new HASA client bill of rights with a clear method for making complaints.

**Maud Maron (District 1):** If the scope of HASA has been meaningfully expanded, then their funding must also be meaningfully increased. The current shelter programs/affordable housing programs spend billions of dollars without producing meaningful results. As a city council member, I would carefully examine how the City is spending money on affordable housing and look to direct money towards HASA in order for them to be capable of adequately addressing the pressing housing needs of people with HIV/AIDS.

**Erik Bottcher (District 3):** HASA needs to do a better job holding the providers of congregant housing more accountable. Many are good, but many are not fulfilling their contracts and operating optimally, and HASA hasn’t adequately been holding them accountable.

HASA needs to do a better job holding the providers of congregant housing more accountable. Many are good, but many are not fulfilling their contracts and operating optimally, and HASA hasn’t adequately been holding them accountable.

HASA also needs to increase the rental allowances to be more in line with market rent. The payment amounts are currently insufficient to find housing in most parts of New York City.
There is inconsistency among case workers. Anecdotally, some are good, and others are less responsive and less helpful to clients. HASA needs to address this.

HASA should send representatives to Planning Council meetings and other community meetings. They must work more closely with community stakeholders and agencies like OASAS to better serve clients suffering from serious mental illness and substance use.

There need to be more HASA clients on the HASA Advisory Board.

Aleta LaFargue (District 3): In addition to alleviating the grievances mentioned above [in question 8], I would prioritize hiring more housing specialists to aid HASA recipients.

Rebecca Lamorte (District 5): I would increase funding for this vital program so HASA can serve more New Yorkers in need of the wide array of services they provide to help people live healthier, more independent lives. I would also streamline the application process to expedite services being given to New Yorkers.

Jeffrey Omura (District 6): We must robustly fund HASA. At a time when the State and the City face huge deficits, we must ensure Persons Living with HIV/AIDS have stable housing and food security in order to adhere to their antiretroviral regimens; the bill to pay for their hospitalization will be far higher than to provide them with stable housing.

Inspection of HASA housing must be completed annually, on time, across all units, and the inspection process should be streamlined to be as efficient as possible. HASA’s inspection database must be accurately and reliably maintained. All vendors must be thoroughly audited to determine that the expenses they’re billing are justified. All contracts must be enforced, so that vendors comply and can guarantee that residents have access to onsite staff with adequate first aid training, onsite substance abuse counselors, and security. Vendors must regularly survey all those whom they serve for customer satisfaction, clients should know where they may file a complaint, and HASA’s database should reflect how complaints are resolved.

And while it is not my bailiwick, if S1073/A2478 is still in committee, I will go to Albany and urge lawmakers to bring it to the floor, so that PLWHA statewide have access to the HASA program. My district is on the island of Manhattan, but its borders are porous: it is in the best interests of my constituents that PLWHA across the State live in stable, affordable housing that helps enable their successful treatment. My platform calls for a massive expansion of affordable housing citywide, but I will measure the success of our housing plan beyond metrics like numbers of units to determine how housing helps people lead better lives. If PLWHA have access to stable, affordable housing statewide, it can help us eradicate the disease statewide, including here at home in New York City.

Dan Cohen (District 7): We need more affordable housing for people with HIV, and I am committed to building 1,000 units in District 7, of which a portion will be reserved for HASA cases.

Keith Harris (District 7): In order to determine what improvement need to be made to the HASA program, there would need to be anonymous feedback mechanisms put in place. Learning about the experiences of people leveraging the program services would be the first step. Trends identified from aggregated insights would inform recommendations for improvements that need to be introduced.

Sheba Simpson-Anderson (District 9): I would hire more trained case managers to reduce the caseloads of current employees. I would ensure that clients have access to wraparound services to address their unique needs. I would also have by-monthly over site netting’s to monitor how many clients are being properly serviced and strategize how to address concerns of both the staff and clients.

Francesca Castellanos (District 10): Increase funding to hire more staff to assist clients navigate the resources currently available.

ACT UP is nonpartisan. We endorse policy positions, not candidates or parties.
**Common-Sense HIV Policy Survey, 2021 New York City Council Primary**

Survey organized by ACT UP/NY, Spring 2021.
This document last updated June 18th, 2021.

**Michael Beltzer (District 18):** I think there needs to be more significant funding increases for HASA to ensure that HIV patients can get the housing they need and current residents receive high quality housing. Funding increases can also be used to improve client interface with management to ensure that people’s concerns are addressed in a timely manner.

**Denise Keehan-Smith (District 26):** I would improve the HASA program by expanding its benefits to those New Yorkers who are HIV positive, but do not have an AIDS diagnosis.

**Badrun Khan (District 26):** I would make the application process easier. I would make sure everyone in the program has access to employment services, transportation assistance and Medicaid.

**Emily Sharpe (District 26):** I work with HASA a bit because my clients are all HIV+/AIDS. They need to modernize their computer systems and work better with Albany on streamline fair hearings and reduce delays and overlap in information. Often, an issue is cleared up but the client, nevertheless, will have to attend a fair hearing at Livingston Street because it has not been recorded in time. This is inconvenient for the client and costs time and money if they have to miss work. Also, many of the workers are extremely rude and not empathetic, sympathetic, or helpful to my clients and I would like to see many of them replaced. I don’t know if it is a funding issue or just the culture of this particular workplace, but many times workers antagonize clients and this behavior must stop.

**Al Hassan Kanu (District 27):** I would work with stakeholders and public health experts including in academia & advocacy organizations to set a baseline of needed services and identify funding sources.

**Aleda Gagarin (District 29):** Through appropriate funding, oversight, and by ensuring that impacted folks have a strong seat in directing how the program can best help New Yorkers.

**Ben Solotaire (District 33):** I would need to consult with people who use the program and hear their feedback more fully to understand what the issues are and how to fix them. Any changes to service programs need to come from the users themselves since they know best.

**Jennifer Gutiérrez (District 34):** See above. Additionally, housing as a human right is a key platform of my campaign and the changes I hope to champion would be for all New Yorkers. While I would have to do more research, and understand the role the city council could play here versus the state, it’s my understanding that the credits for HASA is $1250, which I know is barely a livable rent in our city. We also need to make sure that people can apply for housing credits before they become unhoused, and not just when they have reached a point that they have to go to a scatter site to qualify. Additionally, we obviously need more education and access for these programs. When looking at where we can reroute funding from the NYPD, we should be focusing on education, access and funding rather than paying to criminalize individuals.

**Michael Hollingsworth (District 35):** I’m still educating myself on the specifics of the program but, based on my initial review, I would agree with the policy recommendations that VOCAL-NY and CDP made in their “More Than A Home” report:

- HASA should eliminate the use of commercial single-room occupancies (SROs) for emergency shelter for homeless PLWHA based on the reduced occupancy that will occur after the affordable housing protection is enacted. Moreover, the remaining emergency shelter units that are needed for homeless PLWHA should be provided through contract-based nonprofit transitional housing providers with on-site staff who can help clients obtain permanent housing.

- HASA should promote voluntary job training programs once the affordable housing protection is enacted, which will create a bridge-to-work for PLWHA in the rental assistance program by enabling them to keep a portion of any earned income while also contributing more towards their rent.
Shahana Hanif (District 39): The City Commission on Human Rights should increase penalties collected against landlords who discriminate against tenants with vouchers, and prohibit landlords who repeatedly discriminate from benefiting from tax abatement programs. The penalties collected from landlords discriminating against low-income tenants can be used to support the Commission’s work to fight income discrimination — including funding Know Your Rights training for voucher-holders in relevant languages.

Wilfredo Florentino (District 42): As a former recipient of HASA, it must be expanded, fully funded and oversight must be increased.

Anthony Beckford (District 45): Provide funding for safe and stable housing, resources and services. Making sure that there is adequate access to medical care.

Zuri S. Jackson (District 46): I would develop a comprehensive, concrete five-year HIV/AIDS Housing Plan incorporating unified planning and priority-setting to improve and expand the existing system for meeting the housing needs of persons with HIV and AIDS.

10) What would you do to support the primary objectives of the End the Epidemic (EtE) plan?

Additional information provided to candidates (if any):

EtE works to end the HIV epidemic through expanding access to prevention, maintaining suppressed viral loads, testing/tracing. Click to see the DOH’s strategy document: https://www1.nyc.gov/assets/doh/downloads/pdf/ah/ete-strategy.pdf

Susan Damplo (District 1): I support fully funding the plan. We need to invest more tax dollars in Strategy 5. This pandemic has created an opportunity to approach public health crises in a new way. Isolate the virus to the greatest extent possible; love our neighbors to the greatest extent possible.

Sean Hayes (District 1): Make a central hub for all funding of grants so that services won't be replicated.

Gigi Li (District 1): First of all we need universal health care implemented at the state level to ensure that everyone has access to care regardless of their ability to pay or immigration status. I also believe that we need to prioritize creating customized outreach and engagement approaches. As a social worker I know the importance of meeting people where they’re at- each of the 5 strategies within EtE need to include resources to make sure that providers are able to provide culturally competent care and that everyone has language access in care.

Maud Maron (District 1): I believe that EtE lays out an excellent and comprehensive plan for how to end the HIV epidemic. As a city councilor, I would work to help facilitate the plan in any way possible, whether through securing funding, putting pressure on city agencies to cooperate, or using my platform to raise awareness about available city resources to diagnose or treat HIV.

Erik Bottcher (District 3): I’m proud to have been involved in the EtE effort as the Chief of Staff to Speaker Johnson when he was Health Committee Chair, and as a member of the City Council I will work closely with the New York State Ending the HIV/AIDS Epidemic (EtE) Task Force, and members of the NYS AIDS Advisory Council (AAC) and its AAC EtE Subcommittee to ensure full implementation of the EtE plan. We must ensure that essential resources stay in place that are essential to the plan’s success. Perhaps most importantly, the community-based programs that identify undiagnosed individuals and link them with care must be fully funded. I will defend funding for citywide HIV/AIDS testing, ensure that our hospitals are equipped to rapidly treat patients, promote the availability and affordability of PrEP and PrEP, and support syringe services programs to reduce future infections. Additionally, I will be a fierce advocate for continued HIV/AIDS education in all New York City schools and communities.
Common-Sense HIV Policy Survey, 2021 New York City Council Primary
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This document last updated June 18th, 2021.

Aleta LaFargue (District 3): We need to make education around PrEP mainstream not only for LGBTQ people but heterosexual people as well. Undetectable equals untransmittable!

Rebecca Lamorte (District 5): To support the primary objective of the EtE plan, I would work to increase budget funding for the program, HIV education in schools and with public service announcements, and by expanding access to free, city-based healthcare services for prevention, maintaining suppressed viral loads, and testing/tracing.

Jeffrey Omura (District 6): 40% of the revenue from taxing legalized marijuana has been pledged to communities hit hardest by the War on Drugs. I will work to ensure that those revenues, along with money saved from closing Rikers Island, reduced incarceration in the planned new City jails, and comprehensive bail reform, go to fund clinical health programs in those communities, promoting routine HIV and STI testing in those settings.

Working with dating app developers, I will encourage the promotion and distribution of free HIV self-test kits.

I will fund outreach to LGBTQIA+ organizations to partner with the City for free HIV and STI testing at Pride and other community events, as well as to private promoters to expand free testing at clubs and parties.

Working with the Department of Education, I will try to find the best way to expand the NYC Condom Availability Program in NYC public high schools.

I will encourage the NYC Department of Health and Mental Hygiene to partner with the Department of Cultural and Library Affairs Public Artist in Residence (PAIR) program to embed artists within antiretroviral adherence support programs like The Undetectables and immediate antiretroviral treatment (iArt) programs to find new, even more effective ways to reach clients and clinical providers, encouraging client adherence and ongoing provider training.

I will fund incentives to providers of iArt, and enhanced technical support to expand iArt citywide.

I will guarantee funding for continued, citywide testing surveillance to identify HIV clusters not only to target those in need of services and their partners, but also to better understand HIV transmission within the community, so as to develop better intervention strategies for greater prevention.

I will fund the expansion of rapid gonorrhea and chlamydia testing beyond Chelsea Express to all eight of NYC’s Sexual Health Clinics, and see that their staffing levels guarantee that no New Yorker has to wait longer than an hour to see a provider at any of our clinics.

I will advocate for and fund community-driven, intersectional strategies in outreach to individuals and communities to combat the prejudices that lead to disparities in health care and health outcomes. Our outreach must be sex-positive, nonjudgmental, empowering, resilience-building, and our services within financial and geographic reach of all New Yorkers. I will always promote the truth that Undetectable=Untransmittable, and work strenuously help bring HIV to pre-pandemic levels.

Dan Cohen (District 7): Better testing, public education campaigns, improved health care, viral research and a comprehensive marketing campaign to raise public awareness.

Keith Harris (District 7): I would need to see the strategy implementation plan with identified resources needed and key milestones to track progress. This information should be socialized with the city council to identify any resource gaps that we can support with clear and measurable progress markers with milestones.

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Sheba Simpson-Anderson (District 9): I would create an oversight committee that would monitor how the objectives are being implemented and ensure that any loopholes are quickly resolved and revised directives are implemented and monitored consistently.

Francesca Castellanos (District 10): The plan is very thoroughly written and would be very effective if implemented as such.

Michael Beltzer (District 18): I would support increased funding for prevention, treatment, and testing/tracing, of HIV patients. We need to ensure that all people in the city can get the healthcare they need when they need it; that is why I am supportive of the New York Health Act and would organize my community to pressure our elected representatives in Albany to pass that legislation. As a member of the city council, I would increase funding for programs to subsidize and lower the cost of HIV testing/treatment to ensure that the medicine can be more accessible. I am also supportive of having sex education in our classrooms so that young people can know how to act responsibly in order to stop the spread of HIV.

Denise Keehan-Smith (District 26): As City Councilwoman, I will hold hearings to bring in experts from the New York City Department of Health and Mental Hygiene to present data on what areas of my district and the city need the most assistance in expanding HIV and STI testing, expanding prevention interventions, implementing strategies to improve medication intake and access to quality health care services, and other EtE priorities. I believe we should take a data-driven approach to target neighborhoods where individuals are most likely to be vulnerable to HIV transmission and double down on our efforts to intervene in those communities.

Badrun Khan (District 26): I would support free HIV self-tests, work with community partners to make HIV and STI testing available at community events. I will also support increased access to effective prevention interventions. In all strategies it will be essential to utilize an intersectional, anti-stigma and community-driven approach to mitigate sexism, homophobia.

Emily Sharpe (District 26): Continue to procure funding for all of those things. I would outreach and educate older adults as we know that many of them contracted HIV years ago, but have not had symptoms until now. In this way, we can diagnose and treat before symptoms worsen. I would also continue to educate the youth.

Al Hassan Kanu (District 27): the program/strategy document appears to cover all bases so ensuring adequate resources, agency and administration support, and connection to advocacy, health and community organizations are all key.

Aleda Gagarin (District 29): Make sure that we’re appropriately investing in them to set them up for success, ensure that we’re fully funding and expanding NYC Care, putting a moratorium on public hospital closures, make sex education mandatory in New York schools, including anti-discrimination, consent, sex positive and queer positive educational curriculum in our schools, make sure that we’re doing consistent and accessible public education with multiple languages, fully fund our clinics.

Ben Solotaire (District 33): I would work to ensure adequate funding for the programs, amplify it's message through my Council office and work with advocates to monitor the program and its effectiveness.

Jennifer Gutiérrez (District 34): I would have to do more research on how the strategies have been working in the past, and understand the landscape more clearly before making a suggestion here, but the past year has shown us that as a city we have the capacity to have well staffed city wide health programs - and I believe that those programs can expand to make sure that we are keeping all of our residents healthy from all viruses at no cost. It is my understanding that End the Epidemic was a state program with goals that were not big enough -- and as we can see, did not end anything. We need to continue funding, expand PreP and advocate for people in all parts of their life cycle, not just at the time of diagnosis.

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Michael Hollingsworth (District 35): I would support each of the strategies listed in the DOH document in my capacity as council member by continuing to push for universal healthcare coverage and reallocating funding sources that are currently devoted to policing and incarceration via my defund-to-refund platform. I would also look to collaborate with and center leadership from ACT UP, VOCAL-NY and other groups who have been at the forefront of supporting people living with and working to end the HIV epidemic.

Alexa Avilés (District 38): Stand with the organizers

Shahana Hanif (District 39): I will ensure DOH is funded to adequately and work closely with the agency and community based organizations to carry out the EtE plan in NYC. I look forward to being a proactive partner and advocate to support the implementation of this vital plan. I'll also push for language access so that information reaches all New Yorkers.

Wilfredo Florentino (District 42): As Council Member I would prioritize access to prevention, maintaining suppressed viral loads, testing/tracing.

Anthony Beckford (District 45): Fund and provide support to community based organizations to help with testing / tracing, access to medication, providing educational information and doing my part to expand on curriculum in our schools

Zuri S. Jackson (District 46): To achieve maximum impact through the Ending the HIV Epidemic (EHE) initiative, its critical that resources are individualized/ focused on communities most affected by HIV. As such, funding and resources are not a one size fit all.

Responses to Open-Ended Questions on Related Issues

1) How would you ensure that there’s affordable housing for all New Yorkers, including those impacted by chronic health conditions such as HIV?

The candidates wrote as much in response to this question as they did about all other topics combined. Consequently, we will be sharing the responses in a separate document in order to maintain this document’s focus on HIV.
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About
We are including this information at the end of the document as well as the beginning, as we anticipate many people skipping over the introductory information to look at the data.

Background and Rationale
This survey was written by a team of HIV advocates and community stakeholders during the New York City 2021 election cycle. It is not intended to completely address all aspects of the American HIV epidemic. We chose to prioritize relatively simple, straightforward policy changes that would nonetheless have a huge impact if implemented here in New York City. We did this because we know that even minor policy changes take a lot of negotiating, and that clear, common-sense asks are more likely to quickly move through local government.

Further, we know that efforts to decriminalize HIV, fight stigma, and improve living conditions for people with HIV often stall because of outdated information. Requiring the Department of Education, the Department of Labor, and other City institutions to provide current, accurate information about HIV would ensure that public school students and the adult workforce alike could make better decisions about HIV, both personally and professionally. For the last twenty years, medical accuracy and legal accuracy have been allowed to diverge; the sooner we can correct this problem, the sooner we can end stigma -- and AIDS -- once and for all.

Who was invited to take the survey?
All New York City Council candidates who are registered for the 2021 New York City election cycle were invited to take the survey, regardless of political party or whether they have a primary challenger. We call this a Primary Survey only to indicate that it includes candidates who may not be on the ballot in the November 2021 elections. We estimate our response rate at just under 10%.

About ACT UP/NY and Disclaimer
Founded in 1987, ACT UP is a diverse, nonpartisan, 100% volunteer-run group committed to ending the AIDS crisis. Because we are nonpartisan, we do not endorse candidates or political parties. We may, however, endorse policy positions. The results of this survey are not intended to provide guidance on who to vote for, but rather to gauge potential support for several common-sense HIV policies among political candidates in New York City so that we may plan more effectively going forward.

The results of this survey were compiled by volunteer HIV advocates, not statisticians or pollsters. This is not intended to be a professional or scientific survey.

If you would like to get involved in making any of these policies a reality, please go to actupny.com for contact information.