

FHEO Table Talks Series: HIV, Housing, and Healthcare: Ending the Epidemic in the LGBTQ+ Community

Host: **James M. Roberts**, Director of Education and Outreach Division, U.S. Department of Housing and Urban Development

Speaker: **Imani Rupert-Gordon**, Executive Director for the National Center for Lesbian Rights (NCLR)

**James M. Roberts:** Hello and welcome to a special episode of FHEO Table Talk series, commemorating World AIDS Day. I'm your host, James M. Roberts. Each year on the first of December, people around the world come together to show support for and solidarity with people living with HIV and to remember those we have lost to the HIV/AIDS epidemic. According to the CDC in 2020, there were 1.19 million Americans living with HIV disproportionately impacting racial and gender minorities in our country. Having access to stable housing is closely linked to successful HIV outcomes. It is key to reducing health disparities among racial, ethnic, sexual, and gender minority groups, who are most vulnerable to contracting HIV. Approximately half of all persons living with HIV in the US will experience homelessness or housing instability at some point following their diagnosis. Today's guest is a leader in her field. She works to improve access to healthcare and housing for underserved communities which includes persons living with HIV/AIDS and LGBTQ+ individuals. Please welcome Imani Rupert Gordon, Executive Director for the National Center for Lesbian Rights, a national legal organization committed to advancing the civil and human rights of lesbian, gay, bisexual, and transgender people and their families through litigation, legislation, policy, and public education. Thank you, Imani, for taking time out of your very busy schedule to participate in this special episode of FHEO Table Talk. To get to know a little bit more about our guest, we'd like to ask an ice breaker question. So Imani, what's something you believed earlier in your career but think about differently now?

**Imani Rupert-Gordon:** Thank you so much for having me. It's a pleasure to be here. I would say something that I know now that I didn't know before. I think that it's okay to not know things and to ask questions. I think that was something that I certainly had to learn. I felt like in order to do anything that you had to feel like you had to know everything. But as I've gotten older, I feel like it's much more important for me to understand what it is that I don't know and to ask the right questions to get the right people in the room. And I think that's something that's more important. It doesn't mean that I'm not smart because there are areas that I'm not a subject matter expert in but I have to be able to know to understand the parts that I don't understand, ask those rights questions, then get in the same room with folks that do have the answers that I don't have. I would say that's what I learned.

**James M. Roberts:** That is an excellent response and I wholeheartedly agree. We're not always going to know but we can always learn and find out the information and learn more and be more educated about topics that we don't know about. This segment of the Table Talk is always a pleasure because we learn so much about our guest. Okay, now onto the focus of today's program. HIV, Housing, and Healthcare: Ending the epidemic in the LGBTQ+ community. We will dive into the impact of housing and the health of those living with HIV/AIDS or LGBTQ+ individuals. Imani, can you tell us, how does housing instability and housing insecurity impact LGBTQ+ individuals?

**Imani Rupert-Gordon:** Sure, so housing instability, like any issue, is going to be something that affects everyone. But when you're talking about communities that are already experiencing discrimination

you're going to see negative impacts that are disproportionately impacting these communities. So lack of affordable housing is a universal problem but that problem is exacerbated in the LGBTQ community. And this is because there are additional barriers and challenges that uniquely face LGBTQ people and that's even before affordable housing is actually an issue. And so all of this contributes to increased levels of housing instability. So we know that LGBTQ young people are much more likely to be kicked out of their homes and into the child welfare system because of their sexual orientation and because of their gender identity. And because parents and caregivers are often the strongest safety system for young folks. When they lose this, the negative outcomes they experience often follows LGBTQ people throughout the rest of their lives. And so know that once young people end up in the juvenile justice system or the child welfare system they're much more likely to experience homelessness and economic hardship once they're an adult. And so, if you add to that, that LGBTQ people are 120% more likely to experience homelessness than their straight, cisgender peers then you realize that once you experience homelessness, you're much more likely to experience it again. So, from the start, LGBTQ young people are much more likely to be unstably housed, multiple times in their life. And then from there, LGBTQ people are more likely to experience economic instability as well. So LGBTQ people have a collective poverty rate of 21.6% which is higher than the rate of cisgender, straight people at 15.7%. and then we know that even within the LGBTQ community that transgender people have an especially high rate of poverty at 29.4%. And so given that LGBTQ people are likely to experience more instances of homelessness, experience them earlier, and experience higher levels of income inequality, the lack of affordable housing is especially detrimental to this community. And it's just sort of the last in this long string of barriers that contribute to LGBTQ homelessness and housing instability.

**James M. Roberts:** Thank you for outlining the impact of housing instability to the LGBTQ+ community. This leads me to my next question, what are some of the common misconceptions people have about LGBTQ+ individuals and persons living with HIV/AIDS?

**Imani Rupert-Gordon:** Sure, so there are a lot of misconceptions, especially around income levels and access to resources. So a common misconception, and we see this all throughout the media and even within our movement talking about LGBTQ people, is that LGBTQ people are rich with high-paying jobs. And this is simply not the reality for most people. As I mentioned before, LGBTQ people are much more likely to live in poverty and have lower incomes. And this is especially true for trans folks. For this reason then, LGBTQ people are often relying on support from the government, including HUD services. Another misconception is that it's assumed that LGBTQ people live in cities and urban areas with access to LGBTQ people inclusive services. And that isn't true either. There are many folks in the LGBTQ community that live in rural parts of the country and access to safe and inclusive services is a real issue. There's also a misconception that LGBTQ people are irresponsible and that's why we have negative health outcomes in the community. It is true that there are often negative health outcomes in the LGBTQ community, but that's not the reason. LGBTQ people are less likely to seek healthcare because, often times it's because of the discrimination they face by providers, but also, and this is really important, because it gets missed a lot, that even though LGBTQ people experience discrimination in healthcare settings, LGBTQ folks are much more likely to forgo treatment that they need because they don't actually have healthcare or they can't afford the care that they need. So we also see bills being passed across this country making it impossible for young trans people to receive the lifesaving services they need. And so the healthcare system is failing LGBTQ people in a variety of ways. I also just wanted to mention two last things. Another is that HIV is a gay disease, and we know that this is not true.

HIV/AIDS can affect absolutely anyone and does. But this frame is detrimental because it reinforces a stigma and shame and it makes folks less likely to get tested and also believe that HIV/AIDS is possible for them. And adds a whole other host of negative outcomes. Then lastly, I just wanted to say that another common misconception in the LGBTQ community is that it's made up of white gay men. And we know that this isn't true. This assumption though, it leads to erasure of communities of color in the LGBTQ community, but also of women, transgender and nonbinary folks that also face gender discrimination. And that happens even within the LGBTQ community. This frame ignores that people experience discrimination for their multiple underrepresented identities, and that's really important because it adds to the negative outcomes that folks have. I know that many folks believe that LGBTQ people are folks that experience discrimination that they're also less likely to discriminate. But that's not true. That's not how oppression works. And it doesn't happen in our community. We know that racism and sexism and every other sort of oppression happens within the LGBTQ community as well.

**James M. Roberts:** Thank you, Imani. I want to thank you again for that powerful response. There's a second part to this. How can we combat this misconceptions and communicate more effectively?

**Imani Rupert-Gordon:** Sure. So education is going to be important. And leadership during this time is always going to be critical. One of the things that we saw at the beginning of the HIV/AIDS epidemic was the incredibly slow response to the pandemic. It sort of now infamously took Reagan years to even mention HIV or AIDS, let alone support funding for clinical trials. And it was also really well-documented that he and that administration would make jokes about the communities that were being impacted by HIV and AIDS, all while our communities were dying. And the administration's lack of leadership during these early days are very much responsible for the increased stigma associated with HIV and AIDS and that stigma still exists with us today. And so when we think about the challenges of actually getting to zero, we know that this actually, the inception here, was actually how we talked about HIV and AIDS towards the beginning of the epidemic was actually really important. So leadership is really important in setting the tone. And the other thing I wanted to mention was who this affects and who it affects the most and also why. And so we know that HIV and AIDS disproportionately affects the most underrepresented in our communities and this is simply a matter of access and who has access. We see increased diagnoses of HIV within the LGBTQ community and this is because of higher levels of HIV within the community, which is still true and it's still true to that neighborhoods are largely segregated by race so we see transmission rates that reflect that. So when there's more of a virus in a community, the people in that community will have the virus simply because of proximity with other folks. And so this is true of Black communities and communities of color, but also in folks that have no access or limited access to healthcare, either because they face discrimination or they feel they can't afford it or don't feel like they have access to healthcare. This is important because we know that Black men who have sex with men have a one in two chance of being diagnosed with HIV in their lifetime. And Black women are 16 times more likely to be diagnosed with HIV than white women and five times more likely to be diagnosed than Latino women. And then 84% of women who have sex with women believe they have zero risk for HIV but studies show that women who have sex with women make up 20 to 40% of new HIV diagnoses. And so thinking about all of these things we know that people who experience the highest levels of marginalization impacted whenever things are difficult. And so having that education, knowing that that's out there is really important. And so we also see that there are increased rates of diagnoses in trans folks, for all these same reasons. Trans folks are 49 times more likely to be living with HIV, which obviously is an enormous number. So we have to remember that people who experience the

highest levels of discrimination are going to feel the effects most starkly. And when we don't have federal protections and when our agencies can't adequately support our communities, these vulnerabilities will increase. And so being able to have federal protections, these things all work together, so that folks can live their lives authentically and also get their needs met as they need them.

**James M. Roberts:** I agree. And those federal protections are most important as well as having access to health clinics to get tested, as well as access to reproductive services, as another important thing. And also getting into the schools and getting back into the community and communicating to our stakeholders and LGBTQ+ communities that these services are available and where they are located at, where they can receive services free of discrimination is a very important key. So effective and targeted communications are essential to ensuring that these misconceptions are eliminated. Now I would like to shift our discussion to the impact to vulnerable and low-income communities, LGBTQ+ individuals or persons living with HIV/AIDS during the COVID-19 pandemic. Data shows that people living with HIV experience more severe outcomes and have higher comorbidities from COVID-19 than people not living with HIV. In mid-2021, most people living with HIV did not have access to the COVID-19 vaccine. COVID-19 lockdowns and other restrictions disrupted HIV testing and led to steep drops in diagnoses and referrals to HIV treatment but how has this impacted access to housing, Imani?

**Imani Rupert-Gordon:** Sure. So, to start with, when something's bad, during a pandemic it's actually going to get worse. And so we need to consider really all the strategies that people employ when there is a lack of housing. And so starting there, we have to think about the resources that folks are already using that are going to be taxed. So people that were already experiencing housing instability maybe had access to friends, had access to a shower from time to time, or they might utilize a drop-in center, they might find that these options are going to be less available, especially during the pandemic. And so that would be less of a resource that would be available to someone. But the larger issue and this is important is that it really highlighted how unprepared we've been to support our community during a pandemic. That we don't have an infrastructure in place because we already have these negative outcomes. We already have folks that are experiencing a difficult time. And so even now when we know much more about testing and treatment and it's more accessible, we're just now being able to get things out to folks, providing free masks and tests. And these are barriers for folks. And so that we know that people often interrupt cycles of homelessness by going to shelters or like I said utilizing drop-in centers. These are already limited but increasingly limited because of COVID. And that was at a time where we really did and do need more of them. Except accessible housing is an issue. Our support systems were over capacity even before this pandemic started. And so we've put people in an untenable position where they had to choose between work and health, which ethically doesn't feel great. And we know that this was especially hard on folks living with HIV and AIDS because living in unstable housing when you're immunocompromised really can subject you to conditions that are actually life-threatening. And so, like I said before, LGBTQ folks are more likely to have lower incomes so they were also the first to be unemployed or underemployed anyway. When we would talk about essential workers, we know that we didn't treat folks as though they were essential. And many people were losing their housing or having long-term consequences related to the pandemic and these things again, all work together. And so things like the rent moratorium, that was a wonderful solution and it provided a lot of support to many folks in this country. But it did require that people were able to advocate for themselves and that's not a skillset that everyone had or felt comfortable using based on their income level, their citizenship status, or a variety of other factors. So people weren't able to fully utilize that solution and

they tended to be the folks that were already the most vulnerable. And when we think about it too, when we think about our solutions, we have to think about them in the long-term. We know that this money is money that has to be paid back. And most people don't have two months of rent available of them to just pay back, let alone six months or a year or more. And so that's going to present another challenge for folks. And then lastly I just wanted to say earlier I mentioned about how, I talked about the mismanagement of the early part of the HIV/AIDS epidemic, that created a stigma that exists today. I mentioned this because in some ways we did see the same mismanagement that was mirrored in our last administration's slow response to the pandemic. First, by denying the existence of COVID. Misinformation about the importance of masks, racist nicknames for the coronavirus, these things created fear and a stigma that's incredibly dangerous. And so now when there's a push to get vaccines and to help control the spread, we do see this pushback. And we're really feeling the consequences of these decisions, even though most people in this country have been vaccinated for other viruses. And this has to do with how we treated this virus at its inception.

**James M. Roberts:** Thank you, Imani, for that wonderful response. What do you think HUD can do to strengthen access to housing programs and services, especially for the LGBTQ+ community and persons impacted by HIV/AIDS?

**Imani Rupert-Gordon:** Thanks so much. So testing is going to be really important here. I would love to see HUD find creative solutions to see how LGBTQ people and people living with HIV/AIDS are experiencing discrimination. I know that previously HUD did a survey that was really great for testing the discrimination that same-sex couples face and it would also be great to expand this, how can we test for folks that aren't in couples. We know that trans people experience discrimination. Bisexual people experience discrimination. Single LGBTQ people experience discrimination. So finding ways to test how all the folks in our community our experiencing discrimination would be really, really wonderful. And I also wanted to say that something that was really meaningful was when the Equal Access Rule was passed. Because it meant that folks like a lesbian partner could be on a Section 8 voucher. And so, finding ways to support families knowing that are families are made up in a variety of different ways are going to be really important. And then, and this one is a bit pie in the sky, but I don't think it should be. I love the idea and the success rate of housing first models. And this is really a strategy that ends homelessness by getting people housed. Housing is a human right and I don't think people should have to sacrifice that or to participate in secondary programs to have that basic need met. And I don't think it's effective to ask people to do that. So if we start by getting people housed, it makes it possible and sustainable to treat things like mental illness, to help with drug and alcohol abuse, and I think it's unfair, but more than that unrealistic, to ask folks to treat either of those things, when they don't know where they're sleeping at night. So in the event of a pandemic like we're going through now, when shelters and drop-in centers would be the most staffed, these supports would actually be in a position to interrupt cycles of homelessness and this is exactly what we would want from the secondary support system. So I think a Housing First model could help. First, I think it could end homelessness but I also think it could be a critical first step to any other vulnerabilities as well. And I think HUD could be a leader and a really important part of that.

**James M. Roberts:** I wholeheartedly agree that HUD should take a leadership role in that and really help to try to bring that into fruition. We know that with safe, decent, and affordable housing, people living with HIV/AIDS are better able to access medical care and supportive services, get on HIV treatment, and see their healthcare provider regularly. Your response ties in with my last question for you, Imani. It

relates to outreach and engagement with the LGBTQ+ community and persons impacted by HIV/AIDS. Imani, what advice would you give HUD to improve our engagement with the LGBTQ+ community and persons impacted by HIV/AIDS?

**Imani Rupert-Gordon:** Wonderful. So something I think is amazing is that HUD interprets the Fair Housing Act to include sexual orientation and gender identity. But many people don't know that. Folks in the LGBTQ community and people with HIV/AIDS have a long history of being discriminated against. And so we're used to this type of discrimination and sadly, accustomed to having little or no support, and so these communities don't always know what is legal and if they experience discrimination, they can actually go to HUD for help. And so we know that people still experience discrimination even with protections in place. People need to know that if you hear that, if you live somewhere that they tell you that you can't use the gym or you can't use the pool because your HIV status, or that you have to hide who you are, hide your relationship because of your sexual orientation or gender identity, that HUD can help you, because that's illegal. I think making sure people know the amazing things that HUD is offering is really helpful because I think a big thing is that people just don't know.

**James M. Roberts:** We appreciate hearing from you, our stakeholders, to continue providing safe, decent, and affordable housing to all communities, including the LGBTQ+ community and persons living or impacted by HIV/AIDS. This has been a very informative discussion that will bring about change. Before we conclude today's program, are there any final thoughts that you would like to share with our audience, Imani?

**Imani Rupert-Gordon:** I would just say, lastly, to make sure we are always thinking intersectionally. And I know that's a big buzzword but when we say that it means that we're thinking about the systems that are impacting folks but how people fall through the cracks because of their multiple, underrepresented identities. And so to remember that every single issue is an LGBTQ issue. Everything affects LGBTQ people. It's not just one thing. So when we're looking for solutions, to think about people that have the highest levels of oppression and then making sure that is the place where we're starting from. Because everyone benefits when the folks that experience the highest level of discrimination benefit. But it doesn't work the other way. When we just provide support for people that experience lower levels of discrimination, then the people that are underrepresented are always the folks that are left out. So, everything is an LGBTQ issue. And to really critically think intersectionally.

**James M. Roberts:** Thank you, Imani. Well, I hope that you have enjoyed today's FHEO Table Talk as much as I have. Our guest speaker has provided us with much needed and valued information that can help us all in making access to housing and healthcare more equitable. Remember, housing is a human right and fair housing is the law. Take care, everyone.