

File No. 220548

Committee Item No. _____

Board Item No. 41

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: _____

Date: _____

Board of Supervisors Meeting

Date: May 17, 2022

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- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER

- The San Francisco Principles 2020 _____
- _____
- _____
- _____
- _____
- _____
- _____

Prepared by: Brittney Harrell

Date: May 12, 2022

Prepared by: _____

Date: _____

1 [Supporting the San Francisco Principles 2020, Getting to Zero Initiative, and Sustain
2 HIV/AIDS Safety Net Services]

3 **Resolution supporting the San Francisco Principles 2020, reaffirming the City’s**
4 **support for the Getting to Zero Initiative, and urging the Department of Public Health to**
5 **sustain funding for organizations providing lifesaving HIV/AIDS safety net services.**

6
7 WHEREAS, In 2010, the Joint United Nations Programme on HIV and AIDS
8 announced the Getting to Zero initiative, a plan to reach zero new infections, zero AIDS-
9 related deaths, and zero discrimination; and

10 WHEREAS, Following the release of the Getting to Zero initiative a coalition of
11 stakeholders including UCSF, the Department of Public Health, community-based
12 organizations, private healthcare organizations, and community activists developed Getting to
13 Zero – San Francisco, a plan to reduce HIV infections and AIDS deaths in San Francisco by
14 90% from 2013 levels by 2020; and

15 WHEREAS, In September 2020, a group of long-term HIV/AIDS survivors published
16 The San Francisco Principles 2020, a plan to address the unmet needs of long-term HIV
17 survivors in San Francisco; and

18 WHEREAS, The Principles identified the following challenges: that people over 50
19 comprise about 65% of people living with HIV in San Francisco; that long-term survivors
20 experience accelerated aging due to the ravages of HIV on the immune system with
21 comorbidities appearing in long-term survivors 12 years earlier than in their negative
22 counterparts; that long-term survivors are more prone to diminished cognitive and physical
23 abilities, cardiac arrest, osteoporosis, diabetes, CMV infection, and other conditions; that
24 these health concerns are exacerbated by the intersectional problems of poverty, depression,
25

1 the costs of and access to healthcare, racism, sexism, homophobia, transphobia, and
2 unstable housing; and

3 WHEREAS, Statistics from the Department of Public Health’s 2020 HIV Epidemiology
4 Annual Report, released in August 2021, reveal concerning trends in HIV prevention and
5 treatment; and

6 WHEREAS, The Report found that screening for HIV fell by 44% from March 2020 to
7 March 2021 and viral suppression fell from 75% of people living with HIV to 70%; and

8 WHEREAS, The Report found that viral suppression among San Francisco’s unhoused
9 population with HIV fell from just 39% in March 2020 to 20% in March 2021; and

10 WHEREAS, At a hearing of the Board’s Budget and Appropriations Committee on May
11 4, 2022, representatives from the Department of Public Health declined to commit to
12 sustaining baseline funding for legacy organizations providing lifesaving HIV/AIDS safety net
13 services; and

14 WHEREAS, Long-term survivors and service providers have highlighted the
15 destabilizing effects that cutting funding to legacy organizations would have on San
16 Francisco’s HIV/AIDS safety net; and

17 WHEREAS, The Principles call for all medical professionals serving long-term survivors
18 and/or older adults living with HIV to be trained in the proper care of long-term survivors; for
19 mental health services for long-term survivors and/or older adults living with HIV to be
20 provided on demand, at a reasonable cost and free of judgement or stigma; for mental health
21 professionals serving older people living with HIV to be trained to address the unique
22 psychosocial damage suffered by long-term survivors, primarily but not limited to isolation and
23 loneliness, depression, and substance use disorder; for long-term survivors and older adults
24 living with HIV to be included in the planning and implementation of any programs and
25 services offered to them; for resources to be allocated to programs and services grounded in

1 the information and data gathered in HIV and aging studies; and for the fight for long-term
2 survivors and older adults living with HIV to be aligned with other social and healthcare justice
3 movements; now, therefore, be it

4 RESOLVED, That the Board of Supervisors supports the San Francisco Principles
5 2020 and urges the Department of Public Health to urgently implement the Principles; and, be
6 it

7 FURTHER RESOLVED, That the Board of Supervisors urges the Department of Public
8 Health not to destabilize the City's HIV/AIDS testing and treatment safety net by cutting
9 millions of dollars in funding to legacy organizations providing lifesaving services to thousands
10 of residents; and, be it

11 FURTHER RESOLVED, That the Board of Supervisors urges the Mayor to fully fund
12 the budget requests submitted by the HIV/AIDS Provider Network, including at least \$500,000
13 for a 3% cost of doing business increase for all grant funded contracts, \$3,000,000 million to
14 sustain existing HIV prevention and treatment services currently slated for cuts, \$3,000,000
15 for 300 new housing subsidies, \$1,000,000 for expanded mental health services, \$1,000,000
16 for expanded acute behavioral health services, and \$2,000,000 for overdose prevention
17 services.

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WHO WE ARE

We are artists and musicians, healthcare providers and essential workers, community organizers and entertainers, writers and caregivers. Among our ranks are long-term HIV/AIDS survivors. Although myriad definitions of “long-term HIV/AIDS survivors” exist, for our purposes, we are The AIDS Generation, diagnosed with HIV during the 1981-1996 fifteen-year period before the advent of HAART. We bore the brunt of the AIDS pandemic from the very first, and today people over the age of 50 comprise the largest segment of people living with HIV. We are the ones who suffered the first diagnoses and the unmitigated fear of catching or spreading the disease; we are the ones who buried our friends after watching them slowly disintegrate, some of us losing our entire social circle; we are the ones ignored by our public health officials, laughed at by politicians, condemned by religious leaders, and shunned within our own communities; we are the ones who put our bodies on the line as unpaid guinea pigs for pharmaceutical companies; we are the ones who submitted to the first toxic trials and research programs; we are the ones still living with PTSD from the early, horrendous days of this pandemic.

Now we are in our fifties, sixties, seventies and beyond, living lives we never expected to have, lives that have been riddled with isolation and loneliness, the expense of medications and healthcare visits, declining physical health, untreated substance use and mental health problems. We live with a sense of having been forgotten, shoved to the side by AIDS researchers and service providers, unknown to geriatricians. We survivors are routinely ignored at HIV/AIDS conferences, while funding for research and services is consumed by prevention techniques and programs. While we recognize the importance of prevention, and heartily support the goal of ending the AIDS pandemic, we insist that prevention not drain resources from caring for those of us who have lived with HIV for thirty, thirty-five, forty years. Our surviving still faces an economic system that continues to evict, separate, and destabilize us. The burden of compounding healthcare costs, a fragmented healthcare system, and increasing costs of living continue to export many of us away from adequate healthcare delivery systems.

As the first generation of people to age with HIV, we face the debilitating physical and mental effects of aging at an accelerated rate.

We embrace in our definition of “long-term survivors” our HIV-negative sisters and brothers who faced the same fears, suffered the same losses, and endured the same grief as we HIV-positive survivors. And to this day, they continue to suffer the same PTSD, especially those caregivers and activists who rushed to the front lines of the fight against AIDS.

We acknowledge that we proffer this Statement in the midst of the COVID-19 pandemic. We never imagined that we would experience the second viral pandemic of our lives. For many of us, this debilitating pandemic has triggered more PTSD, intensified our isolation, and interrupted our access to healthcare — enhancing the urgency of our mission.

Nearly everything the world knows about HIV/AIDS has been learned on the backs of us long-term survivors. **And we will no longer be ignored.**

CHALLENGES

From the research on the effects of HIV on aging, we know the following —

- Today people over the age of 50 comprise more than 55% of the people living with HIV in the U.S.; in some cities, like San Francisco, that percentage is about 65%, and experts predict that people over fifty will comprise 70% or more of the U.S. HIV community by 2030.
- Long-term survivors experience accelerated aging due to the ravages of HIV on the immune system. Comorbidities can appear in long-term survivors some twelve years earlier than in their negative counterparts. At age 50-54, cognitive and physical abilities diminish much more quickly in long-term survivors. We are more prone to cardiac arrest, frailty (osteoporosis), balance issues, diabetes, CMV infection, and innumerable other conditions.
- These health concerns are exacerbated by the intersectional problems of poverty, depression, the costs of and access to healthcare, unstable housing, mental health concerns including substance use, racism, sexism, homophobia, and transphobia.
- While some ASOs have begun to offer programs and services to long-term survivors, there remains a severe dearth of those services and programs, which reach only a small fraction of the long-term survivors in the country and provide little geriatric healthcare.
- Long-term survivors are routinely relegated to the sidelines at national and international AIDS conferences, both in planning and in presentation.

OUR DEMANDS

In solidarity with the 1983 Nothing About Us Without Us dictum of the Denver Principles, we proffer the following San Francisco Principles for Long-Term HIV/AIDS Survivors —

- There are severe shortages of HIV/AIDS specialists and geriatricians in the US. Given the escalating costs of medical education, the lack of government subsidization for medical education, the lack of respect for and prestige often associated with these specialties by the American healthcare system, and the time and physical demands required by the practice of these specialties, the majority of medical students have gravitated away from these specialties. Therefore, all medical professionals serving long-term survivors and/or older adults living with HIV must be trained in the proper care and to ensure state-of-the-art geriatric healthcare specific

to their needs. Providers, especially non-HIV-expert ones, must be made cognizant of the physical, mental, and psychosocial indignities faced by aging long-term survivors.

- Mental health services for older people living with HIV must be provided on demand, at a reasonable cost and free and without judgment and stigma.
- Mental health professionals serving older people living with HIV **MUST** be trained to address issues of the psychosocial damage suffered by long-term survivors, primarily but not limited to isolation and loneliness, depression, and alcohol and substance use, including psychological services and harm reduction services.
- Long-term HIV/AIDS survivors **MUST** be included in the planning and implementation of any programs and services offered to them. Again, **Nothing About Us Without Us**.
- Long-term HIV/AIDS survivors **MUST** be given a prominent seat at the table in planning all national and international AIDS conferences to ensure that we are not the “forgotten majority.”
- Resources must be allocated to programs and services grounded in the information and data gathered in HIV and aging studies.
- We must align the fight for long-term HIV/AIDS survivors with other social and healthcare justice movements, such as Black Lives Matter, LGBTQ rights movement, the women’s movement, the Native Americans’ movement, and all other movements and organizations working to end racism, sexism, ageism, homophobia, and transphobia around the world.

With these principles in mind, we are ready to lead the fight for health and social justice for long-term HIV/AIDS survivors everywhere. From San Francisco to the world, we invite you to join us in this fight.

DATED: SEPTEMBER 2020, IN SAN FRANCISCO, CALIFORNIA, USA

Affiliations for identification purposes only

Paul A. Aguilar, *Writer, Filmmaker, Community Activist/Advocate, HIV Advocacy Network member & Harvey Milk LGBTQ+ Democratic Club HIV Caucus Chair*

Harry Breaux, *Writer, Community Activist & Advocate*

Vince Crisostomo, *Director of Aging Services, San Francisco AIDS Foundation*

Michael Rouppet, *Homelessness, Affordable Housing, Tenants Rights & Harm Reduction Activist*

Hank Trout, *Senior Editor A&U: America's AIDS Magazine, Writer, Community Activist & Advocate*

Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor inquiries"
- 5. City Attorney Request.
- 6. Call File No. from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.

Sponsor(s):

Subject:

The text is listed:

Signature of Sponsoring Supervisor:

For Clerk's Use Only