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**Testimony of Kristin D. Ewing, Policy Counsel
DC Appleseed Center for Law and Justice**

**Budget Oversight Hearing:
Department of Health
April 10, 2024**

Thank you for the opportunity to provide testimony regarding budget oversight of the Department of Health (“DC Health”). My name is Kristin Ewing, and I am Policy Counsel at the DC Appleseed Center for Law and Justice (“DC Appleseed”). DC Appleseed is a non-profit, non-partisan organization that aims to make the District a better place to live and work through litigation, teamwork, and advocacy. Throughout our history, we have taken on some of the District’s most challenging problems, developed proposed solutions to those problems, and then worked to implement our proposed solutions.

Much of my work at DC Appleseed focuses on health equity and working toward a more equitable, just, and thriving city for all District residents. While there are several budget issues related to health equity within the DC Health budget we could address today, my testimony will focus on the critical need for funding to ensure timely reporting of HIV data and the importance of maintaining funding for school-based health centers.

HIV and HAHSTA Data Sharing

The HIV epidemic has long been a focus for DC Appleseed. During its history, DC Appleseed has worked closely with the DC government to address the HIV epidemic in the District.

DC Appleseed continues to ask DC Health and the HIV/AIDS, Hepatitis, STD, and TB Administration (“HAHSTA”) to prioritize publishing citywide HIV data more routinely and promptly to ensure providers and advocates can adequately respond and adjust to specific health issues and population trends in real-time. More specifically, DC Appleseed urges the creation of a public dashboard for HIV data that is updated monthly. This request is particularly vital given that, in recent years, it has taken HAHSTA between thirteen and twenty-four months to publish relevant HIV data. HAHSTA’s latest Annual Epidemiology & Surveillance Report, which provides data on HIV, Sexually Transmitted Infections, Hepatitis, and Tuberculosis for the District of Columbia, was released on February 22, 2024, but only includes data through December 2022. At the same time, providers must report all suspected or confirmed HIV cases within 48 hours via an online portal.

Given the existing delays in publishing HIV data, we are concerned that the proposed Fiscal Year 2025 budget for DC Health includes the following budget cuts:

- **\$175,000 and 2 FTEs are proposed to be cut from HAHSTA’s HIV/AIDS Data and Research Activity**, which provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV or at risk of infection are met. This activity collaborates with healthcare providers and laboratories to collect and maintain comprehensive HIV/AIDS data confidentially and securely; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and healthcare services.
- **Over half (\$4.42M) of the Research Evaluation and Measurement Division’s funding is proposed to be cut.** This division plans and coordinates epidemiologic studies and outbreak investigations, defines residents’ health status, and assists with tracking health events. It also includes planning, developing, and coordinating appropriate methodologies to collect and process data and monitoring and evaluating health and social issues.

Cuts to these divisions will impede the timely collection and distribution of HIV data to the public. We must fund DC Health and HAHSTA at levels allowing for quick data distribution through an easily accessible medium such as a public dashboard and more timely Annual Epidemiology & Surveillance Reports that contain further context and background. **The District and local health care providers simply cannot adequately respond to HIV when data is outdated**, and we know there are specific populations within the District where HIV is still a continuing or growing concern.

The District's ability to rapidly respond to HIV population trends is a health equity issue. HIV disproportionately impacts our Black, Latine, and LGBTQ+ communities, as well as Wards 7 and 8, where almost 40% of newly diagnosed cases occurred in 2022. DC also struggles to address prevention in youth.

School-Based Health Centers

According to the recently released Annual Epidemiology & Surveillance Report, youth 24 and under account for almost 20% of all newly diagnosed HIV cases in 2022. Given the data on youth and HIV, we are also **concerned to see that School-Based Health Centers within the Community Health Services Division face a \$1.5 Million budget cut**. The budget states this is a decrease to reflect savings, so we are hopeful that there will not be a service impact, given how important these centers are to our students. However, if this reduction will impact services, we urge the Committee to provide adequate funding for these health centers.

These centers can serve as the front line for ensuring youth receive care, from sexual and reproductive health surrounding STIs and pregnancy to primary and preventive care for chronic conditions to substance use disorder education and treatment. Providing care on location in the school increases equity and access. Students who may otherwise be unable to afford care or easily access care due to care deserts, school and work schedules, or other obligations and barriers can now easily receive care on-site. We urge you to invest in these centers that provide critical care to our students so they can thrive in school and beyond.

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Please do not hesitate to reach out with any questions regarding my testimony.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'KDE' with a stylized flourish at the end.

Kristin D. Ewing
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