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**Submitted to the DC Council Committee on Health  
Public Roundtable on PR25-0290: "Director of the Department of Health  
Dr. Ayanna Bennett Confirmation Resolution of 2023"  
October 5, 2023**

**Testimony of Vanessa Batters-Thompson,  
Executive Director of DC Appleseed Center for Law and Justice**

Thank you for the opportunity to testify regarding the confirmation of Dr. Ayanna Bennett as Director of the Department of Health ("DOH"). My name is Vanessa Batters-Thompson, and I am the Executive Director at 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.

The HIV epidemic has long been a focus for DC Appleseed. During its history, DC Appleseed has worked closely with the DC government, including DC Health's HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA"), to address the HIV epidemic in the District. Today, we remain concerned about health equity and the disparities we see in education, testing, and effective treatment of HIV. We hope Dr. Bennett's vast and varied experience will inform her work and allow her to successfully lead DC Health toward addressing these disparities in DC.

In 2020, DC Health adopted a 95/95/95 Plan to end HIV in the District. This plan aims for 95% of HIV-positive District residents to know their status, 95% of District residents diagnosed with HIV to be in treatment, and 95% of District

residents living with HIV currently in treatment to achieve viral suppression by 2030. In 2021, only 78% of the District's residents living with HIV were in treatment, and only 86% of residents with HIV who were in treatment reached viral suppression, a crucial factor for living a long and healthy life. The good news is that 93.9% of HIV-positive District residents knew their infection status in 2021. However, the District is not currently on track to reach two out of three of its goals by 2030.

Additionally, HIV affects some District communities more than others. Specifically, HIV disproportionately impacts our Black, Latino, and LGBTQ+ communities. DC also struggles to get young adults with HIV into treatment. Among individuals 20-24 years of age with HIV, only 48.7% achieve viral suppression versus 66.7% of all individuals with HIV in DC. To reach its 95/95/95 goal, DC will need to double down on its outreach and services to communities of color, the LGBTQ+ community, and youth.

DC Appleseed is heartened by Dr. Bennett's extensive health equity background and experience working with marginalized populations and youth. We hope Dr. Bennett's background will inform this vital work and that DC Health will recommit to increased and culturally competent outreach to these populations. A strong first step would be ensuring all DC Public Schools (DCPS), public charter schools, and participating private schools offer STI and HIV education, as required by the Healthy Schools Act of 2018.

In prior conversations with DC Appleseed, community HIV providers reported difficulties maintaining a dialogue and exchanging ideas with DC Health and HAHSTA. Addressing the District's health and health equity issues will require open and continuing communication with providers, especially those who prioritize serving historically marginalized communities. Given Dr. Bennett's extensive clinical background, we have confidence that she understands that DC Health will need to work side-by-side with providers to successfully address current and emerging health issues in the District.

As Dr. Bennett is surely aware from her time in the San Francisco COVID Command Center, effective communication must include timely and robust data sharing. DC Appleseed urges DC

Health to publish citywide HIV data more routinely and promptly to ensure providers and advocates can adequately respond and adjust to health issues in real-time. In recent years, it has taken HAHSTA more than a year to publish relevant HIV data, although providers must report all suspected or confirmed cases within 48 hours via an online portal. We have seen that DC Health can provide real-time data under certain circumstances (e.g., COVID and gunshot data). We ask Dr. Bennett to commit to making it a priority to distribute data more quickly and request that HIV-related data be released monthly.

Finally, nationwide data shows that public health workers are experiencing widespread burnout. Locally, DC Health has struggled with high turnover and many staffing vacancies since the COVID pandemic. The next DC Health Director will need a plan to recruit qualified individuals to fill those vacancies while also focusing on the retention of current staff. Dr. Bennett has executive leadership experience managing large staffs and budgets in various positions and settings, and we are hopeful this experience will translate into a robust recruitment and retention plan for DC Health that will ensure the agency can fulfill its mission in the District.

Thank you for your time. I will happily answer any questions regarding my testimony and the health equity matters the Director of the Department of Health must address. I can be reached at the contact information below.

Respectfully submitted,



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