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**Statement of DC Appleseed Center for Law and Justice
on World AIDS Day**

December 1, 2022

For over 25 years, through litigation, teamwork, and advocacy, DC Appleseed has helped make the District of Columbia a better place to live and work. Throughout our history, DC Appleseed tackled some of the District's most challenging issues, generated viable solutions, and then campaigned to have those answers put into action. As a 501(c)(3) organization, DC Appleseed is empowered by the thousands of hours of pro bono time donated by our volunteer attorneys, business leaders, and community experts.

DC Appleseed began its HIV/AIDS Project when DC had the highest rate of HIV infections in the nation. Over the past 20 years, we have collaborated with the DC government and the Washington AIDS Partnership to work toward ending the HIV/AIDS epidemic that has cost thousands of lives.

For the past two decades, DC Appleseed marked World AIDS Day, always held on December 1, by reviewing the District's efforts to eradicate the disease. DC Appleseed based its assessment on the Epidemiology and Surveillance (Epi) Report for HIV, Hepatitis, Sexually Transmitted Infections (STIs), and Tuberculosis (TB) in the District of Columbia released by the District's HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA).

HAHSTA typically publishes its annual Epi Report during the summer for the following year. This year, however, the report with 2021 data will not be released until December 2022. Because current data is not yet available, DC Appleseed is unable to provide its yearly HIV report on the status of transmission rates, statistics, and progress toward ending the city-wide epidemic. This press release will instead highlight some ongoing areas of concern within the District's continued efforts to end HIV/AIDS.

History of DC Appleseed's HIV/AIDS Work

In 2003, Mayor Anthony Williams and a group of local funders collectively called the Washington AIDS Partnership (WAP) invited DC Appleseed to evaluate the District's response to the HIV/AIDS epidemic.

Two years later, we published a report grading the District’s performance in managing the crisis in specific areas from testing, to grant-making and oversight, to housing, and developed epidemiological metrics and benchmarks for each area to track progress toward ending the HIV epidemic. We have released nine subsequent annual report cards that graded the District’s progress toward managing the pandemic.

In 2016, DC Appleseed, WAP, and DC Health formally entered a public-private partnership to design and implement the “90/90/90/50 Plan” to end HIV/AIDS. The 90/90/90/50 Plan set a goal of 90% of DC residents with HIV knowing their status, 90% of people diagnosed with HIV being in treatment, 90% of people in treatment achieving viral suppression, and a 50% decrease in new HIV diagnoses by 2020. The District has had “mixed results” in meeting these goals.¹ For example, in 2020 there were 217 new HIV infections in the District – down from 2019; but this figure may understate the true number given that fewer people sought testing during the COVID-19 pandemic.²

The New Plan: DC Ends HIV

In 2020, HAHSTA announced “DC Ends HIV”, an updated Plan to reduce the number of new diagnoses by the year 2030.³ This updated Plan was prompted by national goals published in 2020 by the Centers for Disease Control and Prevention (CDC), which asked 57 jurisdictions nationwide to increase their benchmarks to 95% of individuals living with HIV being aware of their status, 95% of people diagnosed with HIV receiving treatment, and 95% of people receiving treatment achieving viral suppression.⁴ The updated Plan also intends to reach 13,000 HIV-negative people by increasing the use of pre-exposure prophylaxis (PrEP), and focusing activities on Black men and women, Latino gay men, young Black gay men, transgender people, and drug users.

The federal Ending the HIV Epidemic: A Plan for America (EHE) contains four components: Diagnose, Treat, Prevent, and Respond. In addition to these components, DC adopted a fifth pillar, Engage, in the DC Ends HIV Plan.⁵ By lowering stigma, fostering secure housing and economic opportunity, guaranteeing cultural humility in services, and advancing accurate

¹ Paul Duggan, “D.C. Had Mixed Results in Fight against HIV in 2020, Report Says,” The Washington Post (WP Company, February 8, 2022), <https://www.washingtonpost.com/dc-md-va/2022/02/07/dc-hiv-report/>.

² Annual Epidemiology & Surveillance Report: Data Through December 2020. District of Columbia Department of Health, HIV/AIDS, Hepatitis, STI, & TB Administration 2021. Accessed November 15, 2022 at <https://dchealth.dc.gov/service/hiv-reports-and-publications>

³ “Mayor Bowser Releases ‘DC Ends HIV’ Plan and Launches DCEndsHIV.org,” DC Health, December 4, 2020, <https://dchealth.dc.gov/release/mayor-bowser-releases-dc-ends-hiv-plan-and-launches-dcendshivorg>.

⁴ “DC Ends HIV: Ending the HIV Epidemic in the District of Columbia for All Communities by 2030,” DC Ends HIV (DC Health, December 4, 2020), https://assets.website-files.com/5faac3b49b484021bd3f9502/602ef507ad7091a06fa49299_DCH-101%20DC%20Ends%20HIV%20Report_508.pdf

⁵ Ibid., 5, 38-39.

information, the Engage pillar seeks to remove obstacles to prioritizing HIV health. The goals of the DC Ends HIV Plan are:

- The District will have fewer than 130 new diagnoses of HIV per year by 2030.
- HIV-positive individuals can effortlessly maintain their desired integrated health.
- The District recognizes the effects of stigma and systemic racism on outcomes related to HIV and sexual health, and works to aggressively address these effects.

According to the Plan, HAHSTA will monitor and report both HIV results and activity metrics to assess the organization's success in community prevention, treatment, and education initiatives. These are measured, in part, by keeping an eye on the 95/95/95 goals mentioned above.⁶

Under the new Plan, the federal government develops and monitors indicators aimed at putting an end to the HIV epidemic moving forward. DC's progress toward meeting the 95/95/95 goals is tracked through America's HIV Epidemic Analysis Dashboard (AHEAD). Because it is now a part of the federal AHEAD program, HAHSTA declined further assistance from DC Appleseed in developing and monitoring local HIV metrics.

DC Appleseed is pleased that transmission rates in the District have been trending toward moderate levels. Based on the 2019 data, 12,408 DC residents (1.8% of the population) are living with HIV. There were 282 newly diagnosed HIV cases in 2019 indicating a 61% decrease from 2011.⁷ Additionally, DC Appleseed is pleased that a framework is now in place under which the CDC will continue to monitor DC's progress toward addressing the metrics identified as important to eliminating HIV in the community.

Areas of Opportunity

Although HIV/AIDS prevalence and treatment in the District have dramatically improved over the last twenty years, challenges remain. In the summer of 2022, DC Appleseed conducted outreach interviews with key stakeholders on behalf of HAHSTA, and we noticed commonalities. The stakeholders were pleased with HAHSTA's overall attempts to address the Diagnose and Response components of the revised HIV Plan. However, stakeholders argued that further effort is needed to address the systemic challenges that disadvantaged or special communities in the District experience, as is a greater focus on treatment and prevention. Stakeholders also pushed for improved communication and cooperation with HAHSTA.

⁶ Annual Epidemiology & Surveillance Report: Data Through December 2019. District of Columbia Department of Health, HIV/AIDS, Hepatitis, STI, & TB Administration 2020. Accessed November 15, 2022 at <https://dchealth.dc.gov/service/hiv-reports-and-publications>. The 2020 data also showed a reduction in new cases, but HAHSTA advises that the 2020 data "should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization."

⁷ Ibid.

Based on 2019 data, the District was not on track to reach the objectives in the 90/90/90/50 Plan before the COVID pandemic disrupted testing and access to care.⁸ In particular, reductions in new infections were uneven across DC's population. Youth, racial/ethnic minorities, and transgender persons had disproportionately high HIV infection rates that exceeded their presence in the overall DC population. These population groups also may be among the most difficult to reach, suggesting that heightened and better-targeted efforts might be needed to reach the 90/90/90/50 goal.

DC Appleseed recognizes that the Covid-19 pandemic had an immense impact on the availability, accessibility, and utilization of disease screening, prevention, and care services, particularly among marginalized groups, exacerbating the challenge of serving diverse populations that require special attention.

To improve communication and collaboration with stakeholders, DC Appleseed urges HAHSTA to prioritize broader engagement beyond HAHSTA-funded providers and to coordinate with the DC Department of Behavioral Health to increase medical health competency as it relates to substance abuse. We also encourage HAHSTA to improve the quantity and quality of healthcare services to target populations by expanding community outreach to align more directly with the diverse and intersectional identities of individuals at heightened risk of HIV exposure. This includes cultural responsiveness to various subsets of the DC population based on age, ethnicity, race, gender, and sexual identity. HAHSTA should also consider expanding the availability of multilingual health information materials to accommodate diverse populations.

Finally, DC Appleseed remains concerned about the District's failure to provide comprehensive HIV/AIDS education in school as required by the Health Schools Act.⁹ Although current data is not available to gauge the impact of this failure, DC Appleseed will continue monitoring and identifying areas for advocacy to improve the health, wellness, and nutrition of District children and adolescents. We anticipate raising the schools' lack of compliance with the Healthy Schools Act to the DC Office of the State Superintendent of Education (OSSE) and DC Public Schools directly.

Conclusion

While the overall situation regarding HIV/AIDS in the District significantly improved over the last 20 years, there are still persistent issues and work that needs to be done. DC Appleseed will continue to track indicators of the health and well-being of DC residents and explore new opportunities to advance sexual health and health equity. We look forward to the release of

⁸ "DC Appleseed: The State of the HIV/AIDS Epidemic in the District of Columbia," DC Appleseed, December 1, 2021, <https://www.dcappleseed.org/publications>.

⁹ "District of Columbia Public Schools and Office of the State Superintendent of Education: Evaluation of Compliance with The Healthy Schools Act Health Education Requirements," District of Columbia Office of the Inspector General, November 23, 2020, <https://oig.dc.gov/sites/default/files/Reports/OIG%20Final%20Report%20No.%2020-1-04GA%20--%20OSSE%20DCPS%20Healthy%20Schools%20Act.pdf>.

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more recent epidemiological and surveillance data, allowing us to continue monitoring progress toward ending the HIV epidemic in the District.