

June 23rd, 2020

## Healthy D.C. & Me Leadership Coalition

RE: B23-0777 – New Hospital at St. Elizabeths Act of 2020

To:

Council of the District  
of Columbia

Business & Economic  
Development &  
Health Public Hearing  
July 1<sup>st</sup>, 2020  
Virtual Meeting Space

Attn: Committee on  
Health

On behalf of the Healthy D.C. & Me Leadership Coalition we submit the following written testimony in opposition of the Mayor's proposed "ACT".

"Generations of racism & discrimination have put thousands of Black Washingtonians at a major health disadvantage", Mayor Muriel Bowser states as she makes the case for "world-class" care for all, in her June 8<sup>th</sup>, 2020 letter of introduction to the Chairman of the D.C. Council for the New Hospital at St. Elizabeths in Ward 8, D.C. The Mayor's proposed hospital project not only falls short of delivering citizens in Wards 7 & 8 with "world-class" care, it also lacks transparency in its true representation & fair depiction of being for the people; & it is also void of adequate & effective services to address the level I & II mental health, trauma, & emergency related circumstances that are evident in Wards 7 & 8, & dominating our local headlines daily. Job sustainability options for existing UMC employees & anticipated residents of Wards 7 & 8 have been diminished by the Mayor's selection & endorsement of a non-union partner. This proves culturally insensitive to the existing workers involved. The Mayor's hospital project fails to protect our disadvantaged citizens & African American community members plagued with mental anguish as a result of the inappropriate representations, communications, and actions of these partners, which should not be acceptable. The Mayor's "world-class" care options & the "New Hospital at St. Elizabeths appears to offer a "less than" approach for care involving our marginalized citizens residing in Wards 7 & 8, an area of the city where the unequal distribution of resources and wealth have, as the Mayor says, "put thousands of Black Washingtonians at a major health disadvantage". The Mayor's proposed new hospital at St. Elizabeths appears to down-size the need and offer the least amount of care at the sacrifice of our most vulnerable citizens for maximum profits, with more of the same historical governmental prejudices & lack of accountability.

## Healthy D.C. & Me Leadership Coalition (HDCMLC)

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No one wants to be poor. Black lives do matter and yet African Americans are only compensated .59 cents to every \$1.00 earned by our white citizens & compared to our White counterparts we have a resounding .10 cents to every \$1.00 of their accumulated wealth, according to Dr. Eliot Sorel, G.W.'s clinical professor on global health. High quality and cost-effective care are a part of the legal requirements for health equity as well as the social determinants of health which includes one's employment, education, and housing circumstance, according to the O'Neill Institute. African Americans account for over 94% total of the residents in both Wards 7 & 8 with more than 70% of those households registering as having children in the home. D.C. Health Matters further reports that 50% of these District households also earn less than \$15,000 annual income. Dr. Sorel's data further supports the understanding that African Americans are six (6) times more likely to die in the District of Columbia than our White citizens. Enough is enough. The statistics are evident. The Mayor's project does not provide a strong adaptation of principles and practices that will genuinely, deliberately and immediately raise the standards of care for our Black citizens, so that they are equal to that of our Caucasian citizens across the District and especially in Wards 7 & 8.

"Black patients are less likely to face discrimination from Black doctors", according to Harvard's Business Review. We are deeply concerned about the Mayor's accountability to the families whose considerations and levels of continued disruption at having to face another hospital closing and the promise of a new medical support system that may or may not provide culturally appropriate accountabilities. How can this administration continue to expect the residents to accept lesser standards of care? People's lives have been impacted by the loss of proper care for issues that seem only to do with their economic & racial identities. "Racism is a health crisis". Basheer Jones, a Cleveland, Ohio Council member has introduced legislation declaring racism a health crisis! "The trauma of seeing your children, your sons, your daughters, your wives being killed, in living color – that kind of stress also plays a part in the ailments that affect our bodies." According to D.C.'s Chief Medical Examiner, the accelerated rate of the OPIOID epidemic has the District currently on track for an annual record of 430 deaths. There is a predominance of individuals with marginal care options that are using drugs & overdosing daily. The District has consistently been in the lead and or at the top of the list for having citizens who self-medicate on drugs and die. The ineffectual nature of services provided by the Mayor's project will leave the city's countless number of immune deficient citizens depending on comprehensive care options at Level III & below care facilities which will unfortunately continue to expose citizens "East" of the Anacostia River to a decreased standard of care. Suffering and induced hardships must end for our Black families here in the District and across the nation. The attached statistical data regarding the alarming rates at which African American's health projections and deaths differ from that of our Caucasian counterparts,

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*Respectfully Submitted, Rhonda L. Hamilton, President*

as. provided by G.W.'s Dr. Sorel, will hopefully help to clarify our concerns regarding the reactive nature of care being offered by the Mayor to our citizens in Wards 7 & 8.

COVID-19 “new norms” coupled with the barriers to mental health and a lack of sufficient trauma resources will exacerbate the District’s urgent care and other proposed alternative health settings. Matters of a delicate and serious health nature should not be left to community based “clinics”. District patrons residing in Wards 7 & 8 deserve access to comprehensive, quality, emergency or otherwise care without the inconvenience of having to drive or be driven 30 minutes for treatment or services. The District’s revolving door of incarcerated individuals, non-violent substance users, mentally ill patrons, domestic violence, sexual assault & homeless citizen’s needs can no longer be overlooked, it is simply unacceptable. The Mayor’s projected hospital plan calls for 120 beds to be split between women’s health, maternal services, level II NICU, general surgical, operating, & intensive care patients, with the possibility of adding 60 more beds later, maybe? The Mayor’s readiness to move forward with the St. Elizabeths hospital project, without yielding to the “will of the people” and her request to bypass the certificate of need process lacks the transparency and trustworthiness that Mayor Bowser should care to provide for a project of this magnitude and given the existent health inequities present in Wards 7 & 8.

The Healthy D.C. & Me Leadership Coalition are a core of 9 community leading organizations, advisors & partners with a vested interest in preserving & restoring the standard of healthcare services & resources that should be available in Wards 7 & 8 of the District. The Mayor’s proposed New Hospital at St. Elizabeths is a resemblance of yesterday’s failures & will force the District’s taxpayers to accept more of the same inadequate governing on matters involving their well-being. African Americans are the largest population in the District to succumb to COVID-19 conditions at approximately 50.3%. D.C. citizens are depressed & managing high levels of anxiety daily. Professional empathies & trauma informed sensitivities are vastly needed. We thank the Council for their considerations of time in reviewing & receiving our opposing testimony. We the people are seeking adequate and accountable appropriations of resources on behalf of our deserving citizens residing in Wards 7 & 8 and living without comprehensive community healthcare & mental wellness solutions daily. Our most vulnerable citizens need to be rescued from cycles of low standards and low expectations. The Mayor’s project is insulting & needs more work.

**“Government is not reason and it is not eloquence. It is force! Like fire it is a dangerous servant and a fearful master. Never for a moment should it be left to irresponsible action.” George Washington**

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*Rhonda L. Hamilton, Pres. 6/29/2020 6p.m.*



**U.S. Statistical Information Re: AFRICAN AMERICAN VS. CAUCASIAN CITIZENS HEALTH DISPARITIES AT A GLANCE.**

Data provided by Dr. Eliot Sorel, G.W. Clinical professor on global health. June 2020

		<u>Maternal Mortality</u> (Per 1,000 births.)	<u>Diabetes</u> (more likely to be diagnosed.)	<u>Limb Cut-off</u> (more likely to be diagnosed.)	<u>Kidney Disease</u> (more likely to suffer from.)	<u>Hypertension</u> (higher chance of being diagnosed)	<u>Stroke</u> (more likely to die.)	<u>Asthma</u> (more likely to die.)	<u>Cancer</u> (more likely to be diagnosed.)
20 Yr old (+) African American Men	African Americans		<b>60%</b>	<b>2.5 times</b>	<b>5.6 times</b>				
	A.A. Ages 35-54 Yr old						<b>4 times</b>	<b>3 times</b>	
						<b>42%</b>			<b>40%</b>
	All Mothers In the United States	<b>14%</b>							
	African American Women	<b>43.5%</b>				<b>45%</b>			<b>20%</b>

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