



DC Council Committee on Health and Committee on Business and Economic Development joint hearing on the “New Hospital at St. Elizabeths Act of 2020” and the “New Howard University Hospital and Redevelopment Tax Abatement Act of 2020”

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Good afternoon, Chairperson Gray, Chairperson McDuffie, and members of the DC Council. My name is Ramin Taheri, and I am the director of Education Reform Now-DC, a non-profit organization that fights to ensure that all students, particularly students of color and students from low-income families, have access to a high-quality education. Thank you for your leadership and for allowing me to testify today in support of the new hospital at St. Elizabeths.

As an organization that advocates for equity in education, we know that the systemic inequities that have long deprived students living in Ward 7 and Ward 8 of the high-quality public education to which they are entitled are the same that have kept people living on the east end of DC from accessing essential healthcare services. We seek to urgently reform public education so that DC no longer fails students who have been historically marginalized; I am testifying today because this same urgency must be applied to our system of healthcare, so that the children and families of Ward 7 and Ward 8 have access to the same world-class health services enjoyed by residents in other wards.

We know that children living on the east end of DC have access to fewer high-performing schools, due to a history of inequitable funding and the deprioritization of these communities. The most recent DC State Report Card published by the Office of the State Superintendent of Education, which grades public schools in DC on a scale of one to five stars, revealed that only four out of the 36 schools in Ward 8 received 4 or 5

stars, while every school in Ward 3 got four or five stars.¹ These same disparities are evident in health outcomes, due to a confluence of factors, including a lack of healthcare access; bias, discrimination, and racism in and out of hospital care; and the existence of food deserts. We know, for example, that the residents of Ward 8 are five times more likely to die from diabetes than residents who live in Ward 3.² More recently, we learned that the District’s death rate from COVID-19 mirrors these same disparities, with Black residents, who make up the majority of the population in Ward 7 and Ward 8, more than six times as likely as whites to die from the coronavirus. Although Black residents account for less than half of DC’s overall population, they make up 76% of all deaths from COVID-19.³ Additionally, recent data from the U.S. Centers for Disease Control and Prevention reveals that residents living on the west end of this city have a life expectancy that is a decade more than the life expectancy of residents in Ward 7 and Ward 8.⁴ This is a grave injustice.

The District cannot begin to address these disparities in health outcomes without first providing access to essential healthcare services—access that, as of now, does not exist for residents in Ward 7 and Ward 8. The troubled United Medical Center, of course, the only hospital in DC located east of the Anacostia River, has been beset with problems and is scheduled to close.⁵ Meanwhile, UMC’s obstetrics ward was already shuttered in 2017 after a series of incidents revealed an inadequate and dangerous level of care for expecting mothers and their newborns. Moreover, a patchwork of primary-care clinics now provides many of the services that are more appropriately within the purview of a full-service hospital.⁶

¹ See DC School Report Card, available online at <https://osse.dc.gov/dcschoolreportcard>; Stein, P. and Fenit Nirappil. (November 26, 2019). “Latest star ratings for D.C. schools show citywide improvement even as gaps persist.” *The Washington Post*, available online at: https://www.washingtonpost.com/local/education/latest-star-ratings-for-dc-schools-show-citywide-impovement-even-as-gaps-persist/2019/11/26/acf97162-1052-11ea-bf62-eadd5d11f559_story.html.

² Reily, M.A. (October 10, 2017). “DC’s Ward 7 and 8 residents stage ‘grocery walk’ to draw attention to lack of food access.” *Greater Greater Washington*, available online at: <https://ggwash.org/view/65095/washington-dc-ward-7-and-8-residents-stage-grocery-walk-to-draw-attention-to-lack-of-food-access>.

³ Spearman, A.. (June 4, 2020). “6 times as deadly: COVID-19’s brutal impact on Black people in D.C.” *WJLA*, available online at: <https://wjla.com/news/local/dc-leads-the-nation-in-covid-19-black-death-disparity>.

⁴ See U.S. Small-area Life Expectancy Estimates Project, available online at: <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>.

⁵ Jamison, P. and Fenit Nirappil. (August 14, 2017). “Dangerous mistakes led to shutdown of United Medical Center obstetrics ward.” *The Washington Post*, available online at: https://www.washingtonpost.com/local/dc-politics/dangerous-mistakes-led-to-shutdown-of-united-medical-center-obstetrics-ward/2017/08/14/5639006a-8114-11e7-b359-15a3617c767b_story.html.

⁶ Potter, L. (September 24, 2019). “With limited access to hospital resources in wards 7 and 8, local clinics are bridging the gap in health care.” *Street Sense Media*, available online at:

There is an indisputable need for better and fairer access to healthcare services for the residents of Ward 7 and Ward 8, and B23-0777, as written, will go a long way toward addressing that need. ERN-DC was pleased to see that the new hospital at St. Elizabeths will be equipped to handle many of the trauma cases that arise in east-end neighborhoods. Likewise, the new hospital will return maternal health services to the communities in Ward 7 and Ward 8, along with newborn deliveries and a much-needed neonatal intensive care unit, which will undoubtedly save lives. We commend Mayor Bowser, Chairman Mendelson, and Chairperson Gray for their steadfast commitment to bringing a new hospital to the east end.

At the same time, we would be remiss in not mentioning some concerns, both with the bill and with the District's overall commitment to providing for the health needs of our residents. First, on the latter point, ERN-DC reiterates our request that the Council devote an additional \$2.5 million to expand the school-based mental health program to more schools and restore the cuts to the Department of Behavioral Health's Community Services Division. Health outcomes and educational outcomes are intertwined, and an investment now in mental-health services will pay future dividends in student well-being and academic performance.

Second, with respect to this bill, we note that the proposed number of beds (136) is significantly lower than that which exists now at UMC (300).⁷ The nationwide average of beds in community hospitals is 2.4 per one thousand residents.⁸ At 136 beds—serving a population of nearly 165 thousand across Ward 7 and Ward 8—the new hospital at St. Elizabeths will bring the number of beds per one thousand residents in the east end to approximately half the nationwide average. Likewise, although the new hospital will be “verified” to serve a large proportion of trauma cases, the most serious of those cases will still be referred to hospitals in other wards or outside the District.

In conclusion, the new hospital at St. Elizabeths will expand access to healthcare in Ward 7 and Ward 8. More importantly, the new hospital will save lives. It is long overdue, and ERN-DC urges the Council to see it through to fruition. Thank you again,

<https://www.streetsensemedia.org/article/with-limited-access-to-hospital-resources-in-wards-7-and-8-local-clinics-are-bridging-the-gap-in-health-care/#.XvpLWihKg2w>.

⁷ “D.C. Nurses Union Says New Hospital Deal ‘Resoundingly Fails’ To Meet Ward 8 Health Care Needs.” (May 5, 2020). *Dcist*, available online at:

<https://dcist.com/story/20/05/05/d-c-nurses-union-says-new-hospital-deal-resoundingly-fails-to-meet-ward-8-health-care-needs/>.

⁸ Elflein, J. (November 6, 2019). “Community hospital beds per 1,000 population in the U.S. in 2000, 2010 and 2016.” *Statista*, available online at:

<https://www.statista.com/statistics/184546/community-hospital-beds-per-1000-population-in-the-us/>.

Chairperson Gray, for your leadership on this issue, and for allowing me to testify today.
I welcome any questions the Committees may have.