

**BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH****Testimony of Whitman-Walker Institute on Bill 24-0207, the HIV/AIDS Data Privacy
Protection Amendment Act of 2021****November 29, 2021**

Pursuant to the Committee's Notice of Hearing of October 14, 2021, Whitman-Walker Institute is pleased to submit this testimony in support of Bill 24-0207.

Interest and Experience of Whitman-Walker

Whitman-Walker Institute conducts research, advocates for just and inclusive policies, and engages in clinical and community education to advance the health and wellness of communities of LGBTQI+ people and people living with HIV (PLWH). The Institute's Research Department currently has more than 2,500 participants in 40+ active studies, and recent research projects include collaborations with several other large LGBTQI-focused FQHCs to identify and address the health needs of marginalized communities. Institute researchers, educators and policy advocates also work closely with the over 200 providers at Whitman-Walker Health, a federally qualified community health center (FQHC) in Washington, DC, to enhance the impact of their health care delivery and to ensure that direct patient care, research, education, and public policy mutually reinforce each other.

Whitman-Walker Health has been a nationally recognized leader in HIV treatment and prevention for almost four decades. In calendar year 2020, we provided health care to 3,825 people living with HIV. We serve about 25% of the District of Columbia's reported HIV-positive population, many of them low-income or members of otherwise underserved communities. To date, in 2021, eighty-four percent of our patients living with HIV are virally suppressed – a higher success rate than the national and DC averages for people living with HIV, and comparable to the success rate for Ryan White-funded programs.

**Comments on Bill 24-0207, the HIV/AIDS Data Privacy Protection
Amendment Act of 2021**

We applaud the Committee for considering this timely and important bill that protects people living with HIV from the threat of using public health information in criminal and civil legal proceedings.

Racial, ethnic and migrant communities that experience the most significant HIV-related health disparities in the U.S. also suffer from legacies of human rights abuses and medical discrimination that continue to shape their abilities and willingness to access health care and

engage with public health officials.¹ Black and Latine people, immigrant communities, transgender people, people who inject drugs, and sex workers are especially likely to be harmed by overpolicing and by misuse of the criminal legal system against people living with HIV, including with the use of public health information. HIV-related stigma and discrimination, including stigma institutionalized in the form of laws criminalizing people living with HIV, create a context in which the consequences of sharing, misusing or misinterpreting public health and medical records has led to felony prosecution and incarceration. There is a very real risk that judges and juries will misunderstand the science of HIV in an HIV exposure prosecution.

Every barrier to accessing HIV testing and treatment should be removed to advance the goal of ending the HIV epidemic. Removing the possibility that data associated with a HIV diagnosis can be used as evidence in criminal and civil court cases helps give confidence in the District's public health tools. While little is known about whether HIV criminalization undermines the ability of public health professionals to implement evidence-based programming; laws that decriminalize HIV and protect public health information demonstrate to stigmatized communities that medical and public health systems are worthy of trust. We urge the Committee to support this bill and we recommend that the Council pass it.

CONCLUSION

Thank you for the opportunity to share our views. If you would like additional information, or if we can assist the Committee on Health or the Council of the Whole in any other way, please contact Benjamin Brooks, (202) 797-3557, bbrooks@whitman-walker.org.

Respectfully submitted,



Benjamin Brooks, JD, MPH, Assistant Director of Policy

¹ Excerpted from AIDS United Public Policy Council Consensus Statement On the Use of Molecular Surveillance to Track HIV Transmission Networks, AU PCC, June 16, 2020, available via <https://www.hivlawandpolicy.org/sites/default/files/AIDS%20United%20Molecular%20Surveillance%20Statement.pdf>