



Testimony of

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Regarding

B22-223 'Public Restroom Installation and Promotion Act of 2017'

On

January 10, 2018

Good morning Councilmember Cheh and members of the Committee on Transportation and the Environment. My name is Dr. Catherine Crosland, Director of Homeless Medical Outreach Development at Unity Health Care (Unity). Thank you for holding this hearing on B22-223 ‘Public Restroom Installation and Promotion Act of 2017.’ I am here today in support of this critical legislation which, if enacted, will improve the quality of life for all District residents, including the patients I work with. I applaud Councilmember Nadeau for her hard work on this bill and recognizing its importance.

I testify today both as a resident of ward 3 and as a medical doctor caring for DC residents experiencing homelessness. As such, I witness people needing access to safe and clean restrooms every day. Using the restroom must not be thought of as a privilege. It goes beyond being a civil right. It is a basic human function. Universal access to safe and clean restrooms allows our city to manage the results of that function.

It is not news to say DC has residents living outside on our sidewalks and in our parks. We also have residents who stay in overnight shelters but when asked to leave in the morning often have no stable indoor place to stay until evening. I have testified before the council previously to describe the extent and nature of homelessness in the District. You have heard that our City is woefully short on affordable housing, medical respite care, and medical resources and shelter for the homeless. Until we solve these shortages and every person in our community has access to a home, it is imperative that we provide safe, clean and public places to use the bathroom.

The lack of public bathrooms impacts us all. It forces unsanitary conditions and public health concerns. Not long ago, California declared a state of emergency during a Hepatitis A outbreak involving 500 individuals, most homeless, and claimed 19 lives.

Installing portable toilets and hand washing stations went a long way to end this outbreak.

Lack of access to a toilet also affects my patients' ability to maintain their health. Just like other doctors, I have patients on diuretic medications to treat high blood pressure and congestive heart failure. And just like in other patients, this medication acts by increasing the amount and frequency of urination. Unlike other doctors, I have patients that choose not to take their medication because they know later they will have no access to a bathroom. I dare say, most of us would do the same thing if in their situation. Unfortunately, skipping medication puts them at risk for far more serious and expensive problems, such as uncontrolled high blood pressure, stroke, heart disease and kidney failure. These medical complications also lead to increased ER visits and hospitalizations.

Similarly, a common side effect of certain medications that treat HIV/AIDS is diarrhea. Lacking a reliable place to use the restroom, several of my patients with HIV either take these lifesaving medications inconsistently or not at all. This inconsistency and lack of adherence to medications not only leads to poor outcomes for the affected patient but leads to public health risks of increased likelihood of transmission due to unsuppressed viral loads and possible resistant strains of HIV.

Our current lack of public restrooms has also furthered the criminalization of homelessness. A homeless person cannot simply choose to stop urinating or defecating until they are housed. Once that person - with no guaranteed access to a bathroom - relieves themselves in public, they have broken the law. It must come as no surprise that I have scores of patients arrested for public urination or defecation. And while I don't know how much it costs the City to police, incarcerate and clean up after people who

have no bathroom access, I strongly recommend the Council compare that cost to the cost of installing public restrooms available throughout the city 24 hours a day. It may be that you could add cost savings to the public health reasons for providing bathrooms that I am laying out for you today.

I want to close by noting the humanity and basic dignity of providing bathroom access to everyone who visits and lives in the District. I have seen countless patients who have soiled themselves with urine and feces due to lack of a place to relieve themselves. By delaying in the passage of this bill, we as a community will continue to dehumanize an entire population of our neighbors. To that end, I would urge you to pass this important piece of legislation.

Thank you for your time. I am available to answer your questions.