

Gay and Lesbian Activists Alliance of Washington, DC 2014 Questionnaire for D.C. Council Candidates

Elissa Silverman, Independent Candidate for D.C. Council At-Large

PUBLIC HEALTH

1. Will you act to ensure that the District provides transgender-inclusive health insurance to all D.C. Government employees, to include coverage for sex affirmation surgery (also known as sex reassignment surgery)? [Note: this question has been overtaken by events since it was drafted at the start of 2014. Study the Mayor's executive action here: <http://tinyurl.com/kn2dzty>]

I welcome the Mayor's actions, and I appreciate that it covers all people in the District and not just D.C. Government employees. The application of the Human Rights Act to fully cover sex affirmation surgery is overdue. We have had the legal means to do this under the original Title 34 under personal appearance; the word-for-word reissuance of it as the Human Rights Act in 1977; and certainly the addition of "gender identity and expression" with regulations finalized in 2006.

It is also good to see that the federal government has made a similar expansion of non-discrimination in healthcare coverage for its own contractors this summer.

It is never too late to end discrimination. The Office of Human Rights seems to be taking discrimination against transgender people more seriously, and Project Empowerment's pilot program to combat transphobic discrimination seems to be having some impact. We must also address the pervasive violence against transgender people. As overall violent crimes are reduced, we are not seeing a redeployment of police to target either bias crimes or crimes against transgender people.

2. Will you support budgets that target funds to address health disparities in the LGBT population, including in mental health and substance abuse treatment?

Yes. I support ensuring that the District addresses health disparities in the LGBT community, including mental health and substance abuse treatment.

The data should be provided through an annual report on LGBT Health published by the D.C. Department of Health and the Office of GLBT Affairs. The last report was in 2010 and contained no information about transgender people. That is unacceptable. I will use my authority as a council member to find out why there hasn't been a report, and how we will get an inclusive one annually.

Disparities, according to the referenced studies, are a result of lack of health care due to employment discrimination; stigma; and a lack of cultural competence by medical professionals.

Lack of health insurance in the District has largely been eliminated through our own efforts to provide universal health care, and now the Affordable Care Act. No one should be unable to obtain insurance as it is no longer tied to employment.

Stigma is an ongoing problem, but for LGB people in the District at least, the problem of discrimination has been greatly reduced, in no small part to GLAA. The Human Rights Act, and numerous laws including the marriage equality law, should help mitigate stigma. D.C. now has a higher percentage of gay and lesbian people than any state, and unquestionably the best laws of any jurisdiction. There is more to do, as Building on Victory shows. We have not been as successful with anti-transgender discrimination, and we need to work on that specifically. Arguably, we have some of the best laws in the country opposing transgender discrimination, but we can always do more. The JaParker Deoni Jones Birth Certificate Equality Amendment Act of 2013 shows our commitment to having equal rights and access to government services.

Cultural competency for service providers is essential for the provision of health care. You note in Building on Victory, "The Office of GLBT Affairs reports that in FY12, 99% of D.C. Government managers received the LGBTQ cultural competency training. In FY13, 49% of non-managers, or 10,036 employees, received the training. In addition, training was given at several federal agencies, homeless shelters, and senior living facilities. These fine efforts should continue." Progress is being made, but there is more that we can do.

3. Will you support reforming the medical marijuana law and regulations to delete the outdated list of qualifying conditions and rely instead on a physician's diagnosis of medical needs?

Yes, although the list was expanded last year, the same fundamental problem remains. This is a personal issue for me, because the campaign treasurer of my last campaign, Ken Archer, was one of the most vocal advocates for expanding the qualifying conditions because his son has epilepsy. Until this year, epilepsy was not among the qualifying conditions. A form of liquid marijuana has been found to be quite effective in reducing epileptic seizures, and I helped Ken strategize on the advocacy efforts to expand medical marijuana.

Policy makers will never be as competent as an individual's physician to determine if medical marijuana is right for the patient's needs. Legislatures, the staff of the Department of Health, and the formed medical marijuana advisory committee can only apply a broad brush that applies to everyone. While that is often a useful approach, it is

a poor choice in medical treatment. Numerous witnesses testified recently before the Council's Committee on Health on the need for changes, citing problems with applications, the difficulty of independently identifying physicians, and the limited list of qualifying conditions.

Physicians should be able to prescribe marijuana for their patients who need it. We do want to see it used by the people who need it. It is also important to protect the program from being conflated with the efforts to legalize or decriminalize marijuana for recreational use. If recreational use is blocked by the federal government, we want to insure that the medical program remains in place and serving those who have a medicinal use.

4. Describe steps you will take to improve performance at the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA), including in HIV prevention, HIV/AIDS surveillance, and mental health services.

Oversight, oversight, oversight: I think as at-large councilmember I largely play three roles. I perform oversight. I legislate where there are policy gaps. I act as a voice for my constituents. My skill set is in information gathering and analysis. I will look at reports like the DC Appleseed scorecard. I have great admiration for DC Appleseed and have worked with the organization on workforce and other issues, and am grateful for the report that your policy agenda references.

That will be my starting point on steps that the Council can take through its oversight, and through the budget process to ensure that such things as prevention education and surveillance are appropriately and adequately funded. I will ask where we are succeeding, where we are failing, and why. I will ask who does it better in other cities and states. And then I will ask why we aren't doing it that way.

HAHSTA has been moving in the right direction with the promotion of HIV testing and treatment of all of our residents, making it a routine test. As HIV testing becomes routine, the stigma associated with it decreases. With testing, we can find out who needs treatment. With treatment, the risk of transmission is dramatically reduced. Epidemiological data is now being gathered and analyzed. The rate of mother-to-infant transmission has dropped to zero.

The CDC, looking at national numbers in 2010 and not DC specific, 80 percent of people with HIV had been diagnosed. Approximately 77 percent of people with an HIV diagnosis were linked with care, and only 51 percent stayed in ongoing care. Of these, 89 percent had been prescribed antiretroviral therapy (ART). Of these, 77 percent had a suppressed viral load. The result of these diminishing numbers is that 28 percent of people with HIV in the U.S. have suppressed viral loads, "in large part because only

approximately 41 percent are both aware of their infection and receiving ongoing HIV care." <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a4.htm>

In each of these steps, we must do better. In addition to making HIV testing routine, and reducing stigma, HAHSTA needs to link people who test positive with care, ensure that care continues, and assist with medication adherence. Not everyone will need the same level of intervention. Some people have private doctors that they see regularly, can manage their treatment without assistance, and keep their viral loads undetectable. These people will not benefit from additional aid from HAHSTA. Far too many others will need different levels of help. HAHSTA will need to work with doctors, clinics, urgent care centers, hospitals and other healthcare professionals to make sure that no one goes without healthcare, or fails to adhere to their regimen. Fortunately, advances in HIV treatment have made standard care one pill, once a day. This eliminates complicated schedules and many adherence problems.

Access to healthcare is nearly universal now, thanks to legislation in D.C. and the Affordable Care Act. HASTA will need to help anyone who does not yet have regular healthcare and preventative care.

We need to turn our attention to specific, overlooked communities to ensure that they are receiving education, testing, and treatment. The elderly in particular are seeing an increase in HIV transmissions. We need to continue our vigilance against Congressional interference with our needle exchange programs, and ensure that we are maintaining condom distribution, including in schools.

Many people will only be comfortable with healthcare in their community. HAHSTA needs to do better work with specific communities (e.g. transgender, Vietnamese, sex workers, Eritrean, seniors, gay, lesbian, etc.) Community based HIV prevention has been shown to be one of the most effective. Some of these community-based efforts may not be something HAHSTA itself organizes, but rather they need to work with constituent service offices and community organizations such as the DC Center and Casa Ruby. The DC Office on Aging has announced the formation of a Therapy Group for LGBT Senior Citizens. This is a good opportunity for HAHSTA to work with the Office on Aging to reach a group that they might not otherwise find.

HAHSTA also needs to ensure that the range of issues that prevents access to care is met through coordination with other agencies or creating internal expertise. Drug addiction, homelessness, mental health issues, etc. may be beyond HAHSTA's scope or expertise, but all need to be dealt with to effectively treat HIV as a community problem.

JUDICIARY AND PUBLIC SAFETY

5. Will you press for increased oversight of the Metropolitan Police Department's gathering and analysis of crime statistics to ensure greater comprehensiveness and objectivity, including transgender-related hate crime data?

Yes. I will support increased oversight of the MPD's gathering and analysis of crime statistics, including transgender-related hate crime data.

I will make oversight over crime reporting and police response a priority. Through oversight I will seek to ensure that all crimes—including those that are traditionally underreported or documented, such as hate crimes—are properly captured, documented, and investigated. An area that I have devoted significant attention to is the reporting of crimes committed on the basis of bias or prejudice toward the victim.

Hate crimes are horrific in their own right, but when government fails to properly identify the crime as a hate crime we compound this injustice. When we fail to understand the nature and significance of the crime, we hinder the development of strategies and tactics that can put an end to the crime. While a component of this certainly involves ensuring adequate officer training, I believe that it is equally as important that the Department continue efforts to meet and work with affected communities to understand their concerns and develop strategies to resolve them. Involving representatives of affected communities in the process, such as MPD has done by inviting the National Center for Transgender Equity to take part in a Task Force on hate crime reporting in the District, is critical to bringing about meaningful solutions to the problem. As a councilmember, I will continue to push for such community involvement, and continue to make oversight of reporting and response to such crimes a priority.

Former Judiciary Committee Chairman Kathy Patterson, who is my campaign chairman, will advise me in my oversight particularly of the police department given historical failures objectivity when it comes to domestic violence, hate crimes, and other concerns of the GLBT community. I hope that GLAA, as well as the ACLU, will similarly advise me in these and other areas.

6. What will you do to provide alternatives to incarceration for marginalized and at-risk populations like homeless youth and transgender people who resort to sex work for survival?

For the many people who turn to prostitution to survive, incarceration offers no help in improving their lives or providing alternatives to survival sex.

Having an arrest record offers no help in improving their lives or providing alternatives to survival sex. Building on Victory states that the District can help by “providing drop-in centers, transitional housing, job training and other educational programs, counseling,

addiction recovery programs, mental health services, and STD testing and treatment for at-risk populations.”

As Councilmember, I will support funding for additional housing for homeless LGBT youth, education and employment training, and other social services necessary to allow people who might otherwise turn to sex for survival to see other options. We also must consider how to implement systemic changes to eliminate discrimination including school policies, such as implementation of the anti-bullying law; and more aggressive enforcement of the Human Rights Act.

Mayor Gray’s initiative, Project Empowerment, is a good program to help the transgender community get job training and employment in the District government. Similar efforts are needed to move more people away from seeing prostitution as their only, or best, means of survival.

7. Will you support funding to hire qualified trainers to provide LGBT-inclusive cultural competency training to all police officers, including in the handling of intimate partner violence?

Yes, and it is important that such training not just focus on new recruits to the police department but also be a part of ongoing training that includes officials as well as officers. I know Chief Lanier from my time as a crime reporter with the Washington Post. I would use my own good relationship with Chief Lanier in an effort to convince her of the necessity of experienced trainers—and I would use my own budget acumen to seek to reallocate funds from within the department’s own budget for this priority purpose. In addition and as a complement to cultural competency training, I will use my office, and Council oversight, to press to fully revitalize the Police Officers Standards and Training Board, including community representation to ensure that recruit training and in-service training meets community needs.

I appreciate Councilmember Wells’s promulgation of the Domestic Violence Hotline Establishment Act of 2013, passed as part of the Fiscal Year 2014 Budget Support Act of 2013. The creation of the domestic violence hotline is expected early next month.

HUMAN RIGHTS

8. Will you insist that anyone appointed as Director of the Office of Human Rights be required to have professional training and experience in civil rights law enforcement?

Yes. Enforcement is a key responsibility of this important agency. The staff and director must make judgments on the law's applicability, breadth, and limitations, all the while being sensitive to the personal and emotional nature of discrimination. This is quite different from other agencies where the director is focused on management, finances, and service delivery; although the OHR director must also handle these issues as well. Current law requires nominees for appointment to the Commission on Human Rights to have a demonstrated background and interest in human rights law; the Director must have the education and/or experience to issue appropriate decisions. The Committee on Judiciary and Public Safety is currently developing legislation to address this need. If it hasn't already become law, I will support the bill.

9. Given the limited results from trans-inclusive Project Empowerment training, will you push to establish a project at the Department of Employment Services to increase government hiring from under-represented populations, including the chronically underemployed trans population?

Yes. I support the development of employment initiatives aimed at all underemployed populations in the District, including the transgender population, returning citizens, and others who face systemic discrimination. In order to help mitigate the effects of discrimination, the Department of Human Resources should give preferential treatment to groups that suffer from employment disparities. The District government should not be contributing to illegal discrimination. We need to find ways to mitigate the problem. The Transgender Economic Empowerment Initiative is model for how the District can do better.

YOUTH AND SENIORS

10. Will you support improved services and treatment for LGBT homeless youth and seniors, including transitional housing?

Yes. Discrimination in shelters is unacceptable. The District government has an obligation to ensure our non-discrimination laws are followed in shelters and transitional housing. The Office of Human Rights has the authority to investigate discrimination. They rarely use that authority, but more aggressive oversight may help. D.C. must provide shelter providers, staff, and guards LGBT sensitivity training. The Office of Human Rights must ensure compliance with testers.

CONSUMERS AND BUSINESSES

11. Will you support strengthening Alcoholic Beverage Control (ABC) reforms by eliminating license protests filed by citizens associations and ad hoc groups,

requiring stakeholders to participate in the community process provided by the Advisory Neighborhood Commission?

This is an idea that needs to be carefully considered. It would fundamentally change the authority of ANCs. The outcome may also not be what is intended. ANCs are not currently the final arbiter of citizen and civic associations, and other citizens' protests of liquor licenses. ANCs have various levels of expertise and experience with liquor licenses. Their expertise is local knowledge of the neighborhood. The ABC Board should provide uniformity, consistency, and professionalism that is not necessarily found among all 40 ANCs and 298 commissioners. ANCs can advise the ABC Board on local issues. Other groups may have additional information or opinions that the ANC does not agree with, or does not find helpful.

Opinions expressed by ANCs are widely divergent. An ANC is not required to make any determination on liquor licenses. While some ANCs welcome restaurants and bars, others actively oppose them, often at odds with the neighborhood groups. I welcome a review of the entire liquor license process. This may be part of a comprehensive update, but we need to ensure that everyone's rights are respected. We also need to be sure that bars and restaurants have a streamlined process to get all of the certificates that they need to open and operate. The Government should facilitate business, not hinder it.

If there is a problem with the ABC Board, more aggressive oversight may be the best solution. If there is an ongoing problem with the issuance of liquor licenses, we can take a look at the process and see if your proposal or another might correct it.

12. Will you defend the right of adults in the District to choose adult-oriented entertainment for themselves, and the right of appropriately licensed and zoned businesses to provide it?

Yes. Consenting adults can decide what is appropriate for them. Adult entertainment is part of the wide range of entertainment that is and should be available in the District. Zoning, regulating, and taxing are what we do with every business in the District. We need to be sure that we don't create a situation where we don't allow businesses to operate. A number of adult-oriented businesses were displaced by the baseball stadium. Those businesses had very limited options to move to other locations due to extremely restrictive regulations. That should not be allowed to occur.

Your record is part of your rating. Please list any actions that you have taken that may help illustrate your record on behalf of gay, lesbian, bisexual, and transgender people.

Your answers should be typed on separate paper rather than on this form. You must sign your name on each answer sheet to indicate your personal commitment to your answers.

**Please return your signed questionnaire responses by Thursday, September 11 to GLAA,
P.O. Box 75265, Washington, D.C. 20013.**

In addition to sending your signed hard copy, please email a copy (in any major word processor or text format) for loading on GLAA's website to equal@glaa.org.

Thank you.