



**Gay and Lesbian Activists Alliance of Washington, DC
2020 Questionnaire for D.C. Council Candidates**

Submission of Jordan Grossman, Candidate for Ward 2 DC Councilmember

GLAA Ethics Disclaimer:

GLAA believes that elected officials are stewards of the public trust and therefore must hold themselves accountable to the highest ethical standards. GLAA, therefore, will not issue any rating for candidates who, in their capacity as elected officials, were expelled from any elected post, or resigned, for ethics violations that include, but are not limited to, conflicts of interest, self-dealing, and malfeasance.

Please give more than a simple "yes" or "no" response to our questions — though you should begin with a "yes" or "no." The depth and completeness of your answers play a major role in determining your final rating.

Your record is part of your rating. Please list any actions that you have taken that may help illustrate your record on behalf of LGBTQ people. Feel free to attach relevant documents such as letters to the editor, legislative testimony, campaign literature, etc.

Please return your questionnaire responses by Friday, April 17 via email, preferably as an attachment in PDF format (for loading on GLAA's website), to equal@glaa.org. Thank you.

HEALTH

1. Will you support budgets that target funds to address LGBTQ health disparities, including in mental health and substance abuse treatment, and mandate data collection and timely reporting on these populations?

Yes. This is an issue that is near and dear to my heart and relates to my professional experience. My best friend is a family medicine doctor and HIV specialist who focuses on LGBTQ medicine. I know from his personal and professional experiences how critical it is that we proactively and persistently address LGBTQ health disparities, including in mental health and substance abuse treatment, and mandate data collection and timely reporting

on these populations. Additionally, I previously served as Deputy Legislative Director and lead staffer for health, education, and labor issues for Senator Amy Klobuchar. In the wake of the Trump Administration’s efforts to **undermine** LGBT data collection by eliminating “questions on sexual orientation and gender identity from consideration for the American Community Survey and the 2020 Census, and the removal of LGBT questions from an aging survey at the Department of Health and Human Services,” Senator Klobuchar joined Senator Baldwin to **introduce** the LGBT Data Inclusion Act. The bill would require federal surveys to include data collection on sexual orientation and gender identity. Doing so is critical to studying and addressing LGBT health disparities.

Prior to working for Senator Klobuchar, I served in the Obama Administration as Chief of Staff at the Department of Health and Human Services (HHS) to Assistant Secretary Dr. Karen DeSalvo. Dr. DeSalvo is a national leader in forcefully addressing social determinants of health and was the **Co-Chair** of the HHS LGBT Issues Coordinating Committee. At HHS, we **recognized** that the history of discrimination suffered by LGBTQ individuals – including formal legal discrimination in health insurance, employment, housing, marriage, adoption, and retirement benefits; inadequate or nonexistent programs appropriate for LGBTQ youth and seniors; and the shortage of doctors and other health care professionals with expertise and cultural competence in LGBTQ health – has led to stark health disparities. For example, the data we do have **show** that LGBTQ youth are much more likely than their peers to be homeless or attempt suicide, LGBTQ communities have higher rates of smoking, alcohol, and other substance use, and trans individuals suffer higher rates of HIV and suicide but are much less likely to have health insurance than other communities.

Yet data collection and reporting on LGBTQ populations has continued to lag behind in measures of health and wellness – a trend we sought to change that during the Obama Administration. That is why HHS proactively “**added** two new objectives focused on advancing data collection about the needs and concerns of the LGBT community to Healthy People 2020,” the 10-year national objectives for improving the health of Americans. Additionally, in my role as Chief of Staff of the HHS agency dedicated to modernizing the health care system, we were responsible for establishing and implementing national rules and standards for how doctors, hospitals, and other health care providers collected, used, and shared patient records. In 2015, our agency decided to **require** that all certified electronic health records systems include “the ability for users to access and change structured data related to gender identity and sexual orientation.” As an article in the April 2016 issue of LGBT Health stated, this requirement **represented** “a huge step forward for LGBT health,” as it **was** a “a critical step toward making [sexual orientation/gender identity] data collection a standard practice in clinical settings.” Our office made other changes intended to help the LGBT community with respect to sensitive health care information as well. Specifically, we added new standards to segment sensitive information in a patient’s record from other data and indicate to health care providers that sharing this information should be restricted. This standard can be essential for LGBT patients who may not always have the option of seeking care from doctors or other health care providers who recognize and respect their unique needs.

As we rebuild from COVID-19, I look forward to continuing the fight to eliminate LGBTQ health disparities on the DC Council, including through supporting budgets that prioritize collecting and reporting actionable data on the topic. To the extent possible, the Council should explore ways to implement some of these federal efforts and initiatives to study and address LGBT health disparities – especially through the use of modern health care technology and tools – at the local level. For example, I believe we should explore further expanding the Department of Health Care Finance’s (DHCF) Telehealth Innovation Program and how the electronic clinical quality measures maintained by DC’s Health Information Exchange – for which I served on the Technical Evaluation Panel when I worked at DHCF – might help provide insights into LGBTQ health disparities. Additionally, I believe the Council and the Mayor should enhance funding for the Department of Health and the Office of the State Superintendent of Education to fully implement the LGBTQ+ Health Data Collection Amendment Act—as [proposed](#) in the DC LGBTQ Coalition FY21 Budget Request.

JUDICIARY AND PUBLIC SAFETY

2. Will you support Bill 23-435, the Tony Hunter and Bella Evangelista Panic Defense Prohibition Act of 2019?

Yes. I recently completed a term as President of the DC Chapter of the American Constitution Society (ACS), the leading nationwide network of progressive lawyers, law students, judges, scholars and allies. I have also [served](#) on the Executive Board for years. We frequently host events and activities about discriminatory laws or outdated legal practices that continue to cause harm to vulnerable communities, particularly the LGBTQ community. For example, we joined with the LGBT Bar Association of DC in January for an event about the [next decade in transgender rights](#) and in December for an “[LGBT Law Year in Review](#)” event. These discussions frequently turned to how we can address legal tactics like the so-called “gay panic” defense that hurt LGBTQ communities in their day-to-day lives at the state and local level. Too often, the incredible success of the movement for marriage equality across the country obscures the fact that we have much work left to do – especially at the local level – to achieve truly comprehensive LGBT equality. This is particularly relevant here in DC where, as GLAA’s Building on Victory policy brief notes, we [have](#) “seen a dramatic rise in hate crimes since the 2016 election” and a troubling “lack of prosecution for hate crimes by the United States Attorney’s Office.” Passing the Tony Hunter and Bella Evangelista Panic Defense Prohibition Act of 2019 will be a vital step on the long path toward finally achieving full LGBTQ equality.

3. Will you support revision of the DC Riot Statute, Section 22-1322 of the District’s penal code, to correct its overly broad language that allows abuse of prosecutorial discretion against individuals who exercise their First Amendment rights?

Yes. As an attorney who previously worked for a federal judge on the U.S. District Court for the District of Columbia, I find the overly broad language of the DC Riot Statute troubling. In my experience at the court, the U.S. Attorney’s Office – in concert with local and federal law enforcement – will often take advantage of overly broad or vague

authority. This can have harmful consequences for DC residents, particularly those who are members of underrepresented or marginalized groups. It is vital that the DC Council ensure that the laws we have on the books are not having adverse impacts on our residents – especially when our criminal laws can be exploited by the extreme right-wing Trump Administration officials like Attorney General Bill Barr who oversee most criminal prosecutions in DC. On a related note, one of the many reasons I strongly support DC statehood is because the District deserves the right to guide our own criminal justice system in a more progressive direction.

When it comes to the Riot Statute specifically, the Council has the ability to make a meaningful difference and it's time for them to act. A friend and former colleague of mine from working at the U.S. District Court for the District of Columbia represented one of the 192 individuals who the U.S. Attorney's Office attempted to prosecute following Donald Trump's inauguration. His client "**carried** the financial and emotional impact of a felony charge for a year" for merely exercising their First Amendment rights in the District. While the charges were eventually dismissed, I know for a fact that this injustice had an enduring impact. It is long past time to update this statute.

HUMAN RIGHTS

4. Will you support a Gender Equity and Neutrality in the Official Code Amendment Act to update the D.C. Official Code as necessary to ensure that outdated terms are removed or replaced as well as to utilize language inclusive of the gender diversity of our population?

Yes. Too often, members of the DC Council think passing new laws is the entirety of their role. As I've learned from a decade in DC government and all three branches of the federal government, passing a bill is just one aspect of improving the day-to-day lives of residents. The persistence of outdated terms in the DC Official Code is a prime example. We must pass a Gender Equity and Neutrality in the Official Code Amendment Act to utilize gender inclusive language. But to avoid similar issues in the future, we also must consistently and proactively review and revise old statutes to ensure they continue to serve appropriate purposes. Whether it is making benefits easier to access through a program that will affect nearly half of DC residents at DC's Medicaid agency, implementing the American Recovery and Reinvestment Act and the Affordable Care Act (ACA) at the Department of Health and Human Services, or conducting oversight of the Trump Administration's attempts to limit funding for states that chose to use a little-known provision of the ACA to help low-income residents in the U.S. Senate, I have extensive experience fighting to carry out laws as intended – or reforming or revising them when they no longer work.

If elected, I would fight for proactive Council oversight from my first day on the job. For example, the Council should, as a matter of course, proactively plan for accountability hearings and check-in mechanisms for every significant deadline or requirement included in legislation that becomes law. That way, we would not be waiting for a tragedy or a news story involving an outdated or poorly executed law to make changes. I also believe we should include triggers and claw back provisions to ensure action on open or unaddressed recommendations from the Inspector General and the Office of the DC Auditor so these

reform proposals don't languish for years without Council action. Finally, I believe the Council should enact a mechanism to review the use, or lack of use, of all the enforcement, oversight, and accountability tools it has provided to the executive branch over the years. Such systematic and proactive assessments could serve as early warning signs for outdated or poorly performing laws, particularly those that have a disproportionate impact on the LGBTQ population and other vulnerable communities.

5. Will you support Bill 23-0318, Community Safety and Health Amendment Act of 2019, to decriminalize consensual sex work for people 18 or older and create a task force to monitor the implementation and effects of the act?

Yes. I believe all workers, including sex workers, deserve a safe work environment and to be treated with dignity. I also believe in listening closely to affected communities, including GLAA and its fellow members of the Sex Worker Advocates Coalition (SWAC). I was glad to have the opportunity to [question](#) members of the Office of the Attorney General at November's GLAA meeting about the Attorney General's lack of support for the Community Safety and Health Amendment Act of 2019. I also [attended](#) an LGBTQ town hall on sex work in my neighborhood and the DC Council hearing about the bill. At both events, I heard many sex workers – particularly members of the LGBTQ community and trans women of color – speak out in support of decriminalization and explain the harms they experience in their daily lives as a result of the status quo. Taking action to improve safety for sex workers in DC is particularly important at a time of increasing hate crimes and problematic encounters with law enforcement.

In addition to passing the Community Safety and Health Amendment Act, I believe the Council should also explore codifying protections and procedures for interactions between law enforcement officers and sex workers – similar to how the Council codified procedures and training standards in the Neighborhood Engagement Achieves Results (NEAR) Act for interactions with other vulnerable populations, such as residents experiencing mental health challenges. Additionally, we should explore ways to address housing and other discrimination faced by sex workers in their day-to-day lives – especially considering that 79 percent of sex workers have [reported](#) that housing was their most immediate need, according to Councilmember David Grosso. The District should also pursue providing additional resources for “drop-in centers, transitional housing, job training and placement, counseling, addiction recovery programs, mental health services, and STD testing and treatment,” as GLAA suggests in the Building on Victory policy brief.

6. Will you support increased funding for LGBTQ budget priorities, including fully funding the Office of Human Rights and establishing a new competitive community development grant program in the Office of LGBTQ Affairs?

Yes. At a time when hate crimes are on the rise and trans women of color are being murdered, employment discrimination remains commonplace, and LGBTQ health disparities persist amid the COVID-19 public health emergency, it is more important than ever to support increased funding for LGBTQ budget priorities. I was very disappointed that the Council ignored budget requests from the LGBTQ community last year and that

the Chairman appeared to **blame** advocates themselves for this lack of action. If elected, I would not wait to **hear** from key groups like GLAA, HIPS, SMYAL, Mary's House for Older Adults, Casa Ruby, Collective Action for Safe Spaces, the DC Center for the LGBT Community, the Gertrude Stein Democratic Club, the LGBT Bar Association of DC, and others, but rather would proactively seek out their views and input.

7. Will you support a study of employment of transgender individuals in the government of the District of Columbia as a first step to creating a truly inclusive workplace and the implementation of transgender employment initiatives?

Yes. As GLAA's Building on Victory policy brief notes, the "DC Office of Human Rights conducted a six-month study in 2015 that revealed anti-transgender job bias in 48 percent of District employers." Sadly, this discrimination likely permeates the DC Government itself as well. In order to get an accurate account of the depth and breadth of the problem, we should conduct a study of transgender individuals in DC Government as a first step to creating a truly inclusive workplace and developing effective transgender employment initiatives. More broadly, during my tenure working for Senator Amy Klobuchar, our office took action to address employment discrimination affecting trans individuals. For example, Senator Klobuchar was one of the original sponsors of the **Equality Act**, which would amend the Civil Rights Act of 1964 to include sex, sexual orientation, and gender identity. The bill specifically "**provides** government employees with protections against discrimination based on sexual orientation or gender identity" and more broadly "**prohibits** employers with 15 or more employees from discriminating based on sexual orientation or gender identity."

YOUTH

8. Will you support improved services and treatment for homeless LGBTQ youth, including extended transitional housing?

Yes. Our current COVID-19 public health crisis makes clearer than ever how vital it is for the entire community that every single resident has a safe place to live. We must do more for residents like Alice Carter – a transgender woman who recently **died** while experiencing homelessness in Dupont Circle – including treating them as our neighbors, not as a nuisance. Specifically, I support a "housing first" approach for LGBTQ youth and others experiencing homelessness. This approach must include extended transitional housing, wraparound services, and strengthening and expanding day services centers and outreach teams for LGBTQ youth experiencing homelessness. Moreover, as the Way Home Campaign has **pointed out**, it "costs less money for the District to end chronic homelessness than it does to manage it." Along these lines, I support the Fair Budget Coalition's recommendations to increase funding for Project Reconnect and the Emergency Rental Assistance Program. These programs help residents near or newly experiencing homelessness with family reunification – in instances where family reunification would not be unsafe due to discrimination or abuse stemming from a resident's sexual orientation or gender identity – or financial assistance for rent or security deposit costs to transition back into housing.

Similarly, because the best solution to homelessness is preserving and producing more affordable housing, the Council should use its oversight powers more aggressively to prevent residents from experiencing homelessness in the first place. The District has some of the strongest housing protections in the country on the books, but they are not a reality for many tenants in their day-to-day lives. For example, despite the fact that DC law prohibits discrimination against tenants who rely on housing vouchers, enforcement has been so sporadic that some landlords literally advertise in writing that they do just that. The recent tragic deaths of two DC residents, including a child, in a fire also make the urgency of stronger oversight and accountability regarding tenant protections heartbreakingly clear. According to a [Washington Post](#) investigation “of the city’s handling of the code violations at the property . . . virtually every relevant regulatory mechanism of the city government appears to have failed” these two victims, who lived in “life-threatening housing conditions.” To address these kinds of issues, the Council should increase its investment in programs like the Housing Production Trust Fund and the Local Rent Supplement Program and dramatically boost its oversight of local housing laws. Specifically, the Council should invest in additional housing inspectors and demand stronger oversight (and conduct stronger oversight itself) to ensure that landlords are maintaining safe and livable units and do not exploit or unjustly evict tenants. These efforts could be implemented fairly quickly at relatively low cost, would help identify areas where misspent tax dollars could be recovered and/or redirected, and – most importantly – would put the day-to-day experiences and welfare of DC residents most vulnerable to housing insecurity – like LGBTQ youth – front and center.

We also must make it easier for DC residents to access the DC services for which they qualify, from enrolling in housing assistance and Medicaid to receiving job training and other supports. I recently worked for a DC agency that is doing exactly that. Specifically, I served as a Program Manager for the DC Access System, part of DC’s Medicaid agency, which is making it easier for residents to enroll in programs like housing, homelessness services, food stamps, and other assistance. Right now, residents must wait in line for hours on end at one of only a few physical Service Centers to enroll in several of these programs. When the DC Access System is fully implemented, residents will be able to apply and enroll online – or work with organizations they trust to do so. This is exactly the kind of “meet people where they are” approach that the DC Government should engage in more frequency, particularly with at-risk communities like LGBTQ youth experiencing homelessness.

SENIORS

9. Will you support improved services and treatment for LGBTQ seniors, including affirming senior housing and tenant based rental assistance and the Care for LGBTQ Seniors and Seniors with HIV Amendment Act of 2019?

Yes. As the Building on Victory policy brief states, “District leaders should fund the Housing Production Trust Fund, Permanent Supportive Housing, and Local Rent

Supplement Program at adequate levels” and “managers and staff of District housing agencies and healthcare facilities should be required to undergo training on the needs of LGBTQ individuals as well as those of persons living with HIV.” I also was proud to [show](#) my support for the Care for LGBTQ Seniors and Seniors with HIV Amendment Act of 2019 when Councilmember Cheh gave a presentation on the bill at the January meeting of the Gertrude Stein Democratic Club. The enforceable protections included in this legislation are vital for ensuring safe and dignified living conditions for LGBTQ seniors.

I also have professional experience supporting these priorities. When I worked for Senator Amy Klobuchar as Deputy Legislative Director and lead staffer for health, education, and labor issues, our office took multiple actions to improve services and treatment for LGBTQ seniors. For example, we actively [supported](#) an increase of \$45 million for the Housing Opportunities for Persons with AIDS program (HOPWA), “the only federal program dedicated to meet the housing needs of people living with HIV and AIDS.” Additionally, I served as the lead staff person for the Americans Giving Care to Elders (AGE) Act, which would [create](#) a tax credit for the costs of caring for an aging relative. This would help offset expenses ranging from purchasing assistive technologies and devices to fees for a care center to making necessary modifications to a home. We ensured that the bill’s definitions were as inclusive as possible to [cover](#) any person who “has the same principal place of abode as the taxpayer.” In other words, the bill would cover those who may live together but are not formally married, which could be particularly helpful for some LGBQ seniors.

Moreover, as the Building on Victory policy brief notes, “social isolation is a major concern among LGBTQ seniors,” especially since many live alone. I worked with Senator Klobuchar to [introduce](#) the Care Corps Demonstration Act to provide help to seniors struggling with social isolation and other issues. Specifically, the bill creates a program to provide volunteer caregivers to help seniors live independently. In exchange for their service, the caregivers receive health insurance, benefits, and funding for education costs or loans.

Finally, as noted above, Senator Klobuchar was one of the original sponsors of the [Equality Act](#), which would amend the Civil Rights Act of 1964 to include sex, sexual orientation, and gender identity. The bill specifically amends the Fair Housing Act to add sexual orientation and gender identity as classes protected against housing discrimination. The bill also “prohibits programs or activities receiving federal financial assistance from denying benefits to, or discriminating against, persons based on sex, sexual orientation, or gender identity.” This is essential for LGBTQ seniors in DC and across the country, as the vast majority of senior facilities in the United States receive funding from Medicare or Medicaid – Medicaid alone [covers](#) six in ten nursing home residents. In other words, this bill would likely provide critical civil rights protections for LGBTQ seniors in almost all DC assisted living facilities and nursing homes.

HOME RULE

10. Will you oppose Trump administration efforts to nullify the legal identities of transgender individuals, such as by assigning a person's gender based on their "original" birth certificate?

Yes. As noted in the answer above, I believe our local and federal government should condition financial assistance on recipients providing equal and respectful treatment to transgender individuals – and I have experience incorporating these fundamental values into official government policy.

When I served in the Department of Health and Human Services (HHS) in the Obama Administration, we sought to advance equality for transgender individuals in a wide variety of initiatives, policies, and regulations. For example, on May 18, 2016, HHS published a final rule to implement Section 1557 of the Affordable Care Act. As the summary of the rule [noted](#) at the time, "Section 1557 is the first Federal civil rights law to prohibit discrimination on the basis of sex in all health programs and activities receiving Federal financial assistance." In interpreting this statutory provision, the Obama Administration [concluded](#) that it should prohibit "the denial of health care or health coverage based on an individual's . . . gender identity" and that it should require health care programs and activities receiving federal funding "to treat individuals consistent with their gender identity." Notably, the final rule did not [include](#) a religious exemption – ensuring that these protections would be broadly applied and would not be undercut by loopholes.

Additionally, as noted above, in my role as Chief of Staff of an HHS agency dedicated to modernizing the health care system, we established and implemented rules and national standards for how doctors, hospitals, and other care providers collected, used, and shared patient records. One decision our agency made was to [require](#) all certified electronic health records systems to provide the ability to enter and use "structured data related to gender identity and sexual orientation." As an article in the April 2016 issue of LGBT Health stated, this requirement [represented](#) "a huge step forward for LGBT health," as it [was](#) a "a critical step toward making [sexual orientation/gender identity] data collection a standard practice in clinical settings." Moreover, the rules that our office published included new standards for sensitive health care information as well. Specifically, we added new standards designed to segment sensitive information in a patient's record from other data and indicate to health care providers that sharing this information should be restricted. This standard can be essential for transgender patients who may not always have the option of seeking care from doctors or other health care providers who recognize and respect their unique needs.

In sum, these federal protections and standards are absolutely essential to truly address the needs of and health disparities that affect the transgender community. The Trump Administration's efforts to repeal or undercut them are shameful and I will actively oppose them.