



Building on Victory

A 2014 election year agenda for LGBT equality in Washington, D.C.



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1. Action Item Highlights

D.C.'s LGBT community has made great progress. Here are six major areas that need improvement.

Families	Pass Bill 20-32, Surrogacy Parenting Agreement Act of 2013; Bill 20-461, Marriage License Issuance Amendment Act of 2013; and Bill 20-475, Domestic Partnership Termination Recognition Amendment Act of 2013.
Public Health	Ensure that all health insurance policies cover the full range of transgender health care needs, including sex affirmation surgery (also known as sex reassignment surgery).
	Target funds to address LGBT health disparities in mental health and substance abuse treatment.
	Develop HIV prevention strategies including increased condom distribution and post-exposure prophylaxis at all emergency rooms, urgent care centers and health clinics.
	Give LGBT-inclusive cultural competency training to all health and social service providers.
	Reform the medical marijuana law and regulations to delete the outdated list of qualifying conditions and rely instead on a physician's diagnosis of medical needs.
	Pass Bill 20-501, Conversion Therapy for Minors Prohibition Amendment Act of 2013.
Judiciary and Public Safety	Develop a comprehensive multi-agency/service provider strategy to reduce hate crimes.
	Improve data collection and reporting on LGBT-related hate crimes and intimate partner violence.
	Develop alternatives to incarceration for marginalized citizens who resort to sex work for survival.
	Give cultural competency training to all police officers, funded through the Office of GLBT Affairs.
Human Rights	Re-issue Mayor's Order to all District agencies on compliance with all DCHRA-protected categories.
	Increase the scope of job creation programs for transgender residents, including with hires in the Mayor's office to demonstrate a personal commitment at the top.
	End anti-LGBT discrimination in District homeless shelters and transitional housing.
Youth and Seniors	Increase funding for transitional housing for homeless LGBT youth and seniors.
Consumers and Businesses	Continue reform of alcohol licensing to eliminate standing for non-representative groups.
	Pledge to find a suitably located space for The DC Center when the Reeves Center closes.

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2. Families

2.1 Marriage and Domestic Partnership

D.C. passed a marriage equality bill in 2009.¹ The law no longer appears to be under threat.² We do expect the Mayor and D.C. Council to vigorously oppose any attempt to weaken or repeal marriage equality or domestic partners.

2.2 End the Waiting Period

We support Bill 20-461, the Marriage License Issuance Amendment Act of 2013.³ It repeals the section of the law that established a three-day waiting period before the issuance of a marriage license. Whatever the original purpose of the waiting period may have been, it is archaic and now only causes inconvenience. We thank Councilmembers Wells and Grosso for introducing the bill, and Councilmembers Catania, Cheh, and Evans for co-sponsoring it.

2.3 Domestic Partnership Termination

We support Bill 20-475, the Domestic Partnership Termination Recognition Amendment Act of 2013.⁴ It amends the Health Care Benefits Expansion Act of 1992 to allow persons in a domestic partnership in another jurisdiction to obtain a judicial decree to terminate that domestic partnership in the District of Columbia. A judicial decree, as opposed to an administrative action, is needed for the termination to be given full faith and credit by other states. We thank Councilmember Graham for introducing the bill, and Councilmembers Wells, Barry, Evans, Cheh, Orange, Bonds, Alexander, Grosso, McDuffie, and Chairman Mendelson for co-sponsoring it.

2.4 Surrogacy Agreements

We support Bill 20-32 to legalize and regulate surrogacy-parenting agreements.⁵ The District's family law must reflect the reality of our city's diverse families. We thank Councilmember Catania for introducing the original draft, the rest of the Council for cosponsoring it, and Councilmember Tommy Wells and his staff at the Committee on the Judiciary and Public Safety for working with stakeholders to improve and strengthen it. As we have discussed with other advocates and legislative staff, the bill should regulate traditional surrogacy in addition to gestational surrogacy. The main difference between the two is the genetic contribution by the traditional surrogate; but central to our evolved concept of parenthood is that genetics are not essential to it. The parties to both types of arrangements need protection. Contracts must be enforceable. A surrogacy arrangement is not something to be entered into lightly, without careful consideration of, and legal clarity regarding, the implications.

The current law is a relic. Our more recent lawmaking reflects an understanding that love and commitment are what make a family. The District, which was ahead of the national curve in enacting civil marriage equality, must catch up with the new ways by which many families in our city are formed. That is in the best interests of all involved, especially the children.

¹ "A Timeline on Marriage Equality in D.C.," Gay and Lesbian Activists Alliance, March 31, 2010, <http://tinyurl.com/czpho79>

² "Lessons from D.C. Marriage Equality Victory," Gay and Lesbian Activists Alliance, December 27, 2013, <http://tinyurl.com/lo4he22>

³ Marriage License Issuance Amendment Act of 2013, Bill 20-461, <http://tinyurl.com/kpzd9vw>

⁴ Domestic Partnership Termination Recognition Amendment Act of 2013, Bill 20-475, <http://tinyurl.com/mbcch64>

⁵ Surrogacy Parenting Agreement Act of 2013, Bill 20-32, <http://tinyurl.com/aay8ymn>

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3. Public Health

3.1 Transgender Health

Transgender people are disproportionately poor and unemployed, and sex work as a means of survival is a serious HIV transmission vector. The discrimination faced by transgender people limits their access and willingness to seek medical care.⁶ Many people have told DCTC about difficulties accessing health care if they do not have HIV.

Trans exclusions in healthcare must end. Public plans such as DC Alliance and Medicaid, DC government employee plans, and plans offered by the Health Benefits Exchange should provide the full range of trans health treatments (inclusive of psychotherapy, hormone treatments, and surgeries, and anything else included in the current World Professional Association for Transgender Health Standards of Care).⁷ Employer-based health insurance plans of businesses operating in D.C. should follow WPATH standards.

The District should model the behavior it expects from others by providing transgender-inclusive health insurance to all D.C. Government employees, to include coverage for sex affirmation surgery (also known as sex reassignment surgery). As Dr. Ted Eytan MD of Kaiser Permanente writes:

- "Trans persons who are insured and have so-called "exclusion clauses" for their care are paying for everyone else's care.... Hormones, sex affirmation surgery, and behavioral health, when medically supervised are necessary and effective."
- "Most insurance plans that won't cover surgery or hormones cover the complications of surgery or hormones.... Gender dysphoria is not a mental illness – much of the mental illness that is associated with gender dysphoria is caused by bias in society that the health care system promotes. Medically supervised care is likely to be less costly in the long run."
- "Sex affirmation surgery is not cosmetic."⁸

Given that sex affirmation surgery is recognized as medically necessary by every major medical organization, and denial of coverage represents discrimination, health insurance programs for D.C. government employees should cover this procedure when recommended by a physician.^{9, 10}

3.2 LGBT Health Disparities

The District's health budgets should include targeted funds to address health disparities in the LGBT population, including in mental health and substance abuse treatment.¹¹

⁶ Reports and Research, DC Trans Coalition, <http://tinyurl.com/2wuy7lv>

⁷ "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7," World Professional Association for Transgender Health, 2011, <http://www.wpath.org/documents/IJT%20SOC,%20V7.pdf>

⁸ "Why I'm going to Capital TransPride this weekend," Ted Eytan, MD, *tedeytan.com*, May 17, 2013, <http://tinyurl.com/kcggxaw>

⁹ "Asking about sex affirmation surgery – a review of the numbers," Ted Eytan, MD, *tedeytan.com*, April 9, 2013, <http://tinyurl.com/myxvwge>

¹⁰ "Now Reading: San Francisco City and County Transgender Health Benefit: History 2001-2006," Ted Eytan, MD, *tedeytan.com*, July 1, 2013, <http://tinyurl.com/k3oopkw>

¹¹ "How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity," National Network to Eliminate Disparities in Behavioral Health, September 18, 2013, <http://tinyurl.com/o95q7a3>

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3.3 HIV and AIDS

Reforms at HIV/AIDS, Hepatitis, STD, and TB Administration. The DC Appleseed Center in 2005 reported many problems at what is now HAHSTA. Several of its recommendations were implemented, including reform of the handling of epidemiologic data; a citywide HIV testing campaign; and a citywide condom distribution program. In its Eighth Report Card, DC Appleseed states that improvements are needed in grants management; HIV surveillance; monitoring and evaluations; and sexual health education across charter schools.^{12, 13}

Testing for Sexually Transmitted Diseases. Treating HIV differently from other infectious diseases helped to perpetuate the stigma and contributed to its spread. 25% of people with HIV don't inform their partners because they don't know. HAHSTA is leading an effort to ensure that HIV testing is standard in all D.C. run health facilities, and encouraged in private facilities. HAHSTA should mount an education campaign at all testing and healthcare facilities to train providers and patients to recognize symptoms of acute HIV infection and make referrals for specialized testing. HAHSTA should maintain anonymous testing sites and educate residents on the difference between confidential and anonymous testing.

Post-Exposure Prophylaxis (PEP) for HIV should be provided as appropriate to at-risk clients at all D.C. emergency rooms, urgent care centers and health clinics. Its availability should be publicized and included in student health classes.

Pre-Exposure Prophylaxis (PrEP) should be provided for sero-discordant couples.

HIV Prevention. HAHSTA's HIV prevention measures must include:

- **Programs targeting overlooked populations** such as seniors, the deaf and hard of hearing, immigrants and transgender people.
- **Continuation of the Needle Exchange Program**, authorized by D.C. Municipal Code 48-1103.01,¹⁴ which helps prevent blood-borne disease without increasing drug use.^{15, 16}
- **Continued distribution** of condoms and water-based lubricant, the safest and most effective prevention method for reducing HIV transmission.
- **Oppose criminal penalties for HIV transmission, which** drive unsafe activity underground, encourage anonymous sex, and increase stigma.

Ryan White Funding. DOH should obtain a waiver of the Ryan White 75% - 25% rule to make more funds available for patient support services.

Repeal HIV Testing of Certain Criminal Offenders Act. D.C. criminal code provides for involuntary HIV testing of people convicted of sexual assault and sharing the results with the victim. This is no longer necessary to protect the victim's health, which is best served by testing for viral load and treating with Post-Exposure Prophylaxis to prevent HIV from taking hold, not by policies

¹² "HIV/AIDS in the Nation's Capital," DC Appleseed Center, August 2005, <http://www.dcappleseed.org/project/hiv-aids>

¹³ "HIV/AIDS in the Nation's Capital," Report Card No. 8, July 2012 to Nov. 2013, DC Appleseed Center, <http://tinyurl.com/msknqch>

¹⁴ Policies and Procedures Manual, District of Columbia Needle Exchange Programs, D.C. Department of Health, May 2009, <http://tinyurl.com/aqk5xsx>

¹⁵ "Evidence-Based Findings on the Efficacy of Syringe Exchange Programs: An Analysis of the Scientific Research Completed Since April 1998," David Satcher, MD, U.S. Department of Health and Human Services, March 17, 2000, <http://tinyurl.com/bchotkg>

¹⁶ "HIV/AIDS, Hepatitis, STD and TB Annual Report 2010," D.C. Department of Health, P. 10, <http://tinyurl.com/awc32wg>

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based on AIDS panic. HIV should be handled like other communicable diseases.¹⁷ We support the provision in Bill 20-417, the Sexual Assault Victims' Rights Amendment Act of 2013, allowing for a sexual assault victim advocate to be present with all crime victims when they make a report.¹⁸

3.4 Health Data Collection

Several national health surveys have shown that LGBT residents have health disparities compared to the general population. The District relies primarily on data from the Behavioral Risk Factor Surveillance System¹⁹ and a CDC-based survey of men who have sex with men. In 2010, the Mayor's Office of GLBT Affairs released the first LGB health report.²⁰ This made no reference to transgender health, because of the lack of transgender data. DOH is improving its surveillance activities to be trans inclusive; it should publish an annual LGBT health report beginning in 2014.

Improved data collection should also demonstrate the need for adequate funding for LGBT health issues. To ensure proper funding, DOH should include sexual orientation and gender identity and expression as specific risk factors and work with the Mayor's Office of GLBT Affairs to ensure distribution of intercity funds as grants to LGBT health organizations.

3.5 Cultural Competency for Service Providers

Cultural competency training is essential for health and social service providers, from adoption and foster care workers to mental health workers, home-care providers, substance abuse counselors, and employment agencies. 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.

3.6 Medical Marijuana

The Washington Post reported on D.C.'s medical marijuana program: "The city's pioneering dispensaries say they are losing money; doctors remain fearful to write prescriptions; and patients with HIV or cancer who may legally obtain the drug say they have been stymied by lengthy applications and warnings that the purchases remain illegal under federal law."²¹ *Blade* columnist Mark Lee noted, "The regulations prohibit identifying doctors able to prescribe marijuana."²² Uninformed opposition in Ward 5²³ and Ward 7²⁴ only exacerbated the problem. The D.C. Council's pandering has gratuitously hampered the tightly controlled program.

The current law needs to be improved. The list of qualifying medical conditions defined in Regulations 22-9900²⁵ and in D.C. Code § 7-1671.01.17 has failed to keep up with evolving

¹⁷ Testimony on Criminal Code Amendments Act of 2010, Bob Summersgill, September 27, 2010, <http://tinyurl.com/6nagv3n>

¹⁸ Sexual Assault Victims' Rights Amendment Act of 2013, Bill 20-417, <http://tinyurl.com/qyydhd>

¹⁹ Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, <http://www.cdc.gov/brfss/>

²⁰ "A Report of Lesbian, Gay and Bisexual Health in the District of Columbia," Mayor's Office of GLBT Affairs, June 30, 2010, <http://tinyurl.com/28j222p>

²¹ "D.C. medical marijuana sales off to slow start," Aaron C. Davis, *The Washington Post*, October 21, 2013, <http://tinyurl.com/l3rkkre>

²² "Is D.C.'s medical pot program going up in smoke?" Mark Lee, *Washington Blade*, October 23, 2013, <http://tinyurl.com/ngcd2q8>

²³ "Thomas to Propose Ward 5 Cultivation Center Cap," Martin Austermuhle, *DCist*, November 11, 2011, <http://tinyurl.com/727sok8>

²⁴ "No Medical Marijuana Cultivation in Ward 7! D.C. Council Moves Against Hopeful Cultivator," Martin Austermuhle, *DCist*, March 20, 2012, http://dcist.com/2012/03/no_medical_marijuana_cultivation_in.php

²⁵ Definitions, D.C. Regulations 22-C9900 for the Legalization of Marijuana for Medical Treatment Initiative of 1999, D.C. Law 18-210, effective July 27, 2010, <http://tinyurl.com/lw2f4k6>

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treatments and research. Policymakers cannot keep up with these changes, but doctors remain current on the efficacy and safety of medical marijuana. We recommend eliminating the qualifying medical conditions in both the law and the regulations. A physician's diagnosis of medical needs is a much better basis for determining whether a patient will benefit from medical marijuana.²⁶

3.7 Prohibiting Conversion Therapy for Minors

We endorse Bill 20-501, the Conversion Therapy for Minors Prohibition Amendment Act of 2013.²⁷ We thank Councilmember Mary Cheh for introducing it, and we thank her eleven co-sponsoring colleagues: Councilmembers Grosso, Alexander, Wells, Catania, McDuffie, Bonds, Bowser, Evans, Graham, Orange, and Chairman Mendelson.

Bill 20-501 will protect LGBT youth from District-licensed therapists who make false claims that being gay or transgender is a mental illness. The American Medical Association and American Psychological Association have denounced conversion efforts. Similar laws have been passed in California and New Jersey. The Ninth Circuit Court of Appeals upheld the California law in August 2013,²⁸ and a federal district court upheld the New Jersey law in November 2013.²⁹

Anti-gay animus is often dressed up as science. In fact, the American Psychiatric Association revised its *Diagnostic and Statistical Manual of Mental Disorders* to declassify homosexuality as a disorder in 1973, and transgender identity in 2012.³⁰ Abbe Land of The Trevor Project wrote that these discredited change efforts "do not work to change an individual's sexual orientation or gender identity, neither are they condoned by any major medical organization. In fact, studies show that LGBTQ youth who are subjected to or coerced into these harmful practices are more likely to face a range of negative outcomes including depression, substance abuse and suicidality."³¹

Therapists who market conversion therapy services (including treatments by phone) to parents in the D.C. area include Richard Cohen and Christopher Doyle, both well-known proponents of these practices, who are affiliated with the International Healing Foundation in Bowie, Maryland.³² So this problem is close to home. It is essential that the District protect its children by legislating against these dangerous and abusive practices, and add its voice of protest to those around the world.³³

3.8 Women's Health

Lesbians are at particular risk of not receiving early diagnoses of breast and cervical cancers, based on lack of access to and sensitivity of medical providers to lesbian sexuality issues. The city must ensure that its health centers are staffed with people sensitive to such issues.

²⁶ Bob Summersgill, Comments for the Record, Health Roundtable on Medical Marijuana, D.C. Council Committee on Health, October 21, 2013, <http://tinyurl.com/lae9cke>

²⁷ Conversion Therapy for Minors Prohibition Amendment Act of 2013," Bill 20-501

²⁸ "Federal court upholds California ban on 'ex-gay' therapy," Justin Snow, *Metro Weekly*, August 29, 2013, <http://tinyurl.com/nt3zmur>

²⁹ "Federal Court Upholds New Jersey's Ban on 'Ex-Gay' Therapy," Sunnive Brydum, *Advocate.com*, November 9, 2013, <http://tinyurl.com/nghlf7y>

³⁰ "APA Revises Manual: Being Transgender Is No Longer A Mental Disorder," Zack Ford, *Think Progress*, December 3, 2012, <http://tinyurl.com/bo9d4am>

³¹ "U.S. Ninth Circuit Court Rules to Protect LGBT Youth," Abbe Land, The Trevor Project, August 29, 2013, <http://tinyurl.com/pjuvyj7>

³² International Healing Foundation, Staff listing, <http://www.comingoutloved.com/ihf-staff>

³³ "S. African Teen Dies After Alleged Torture at 'Gay Conversion' Camp," Jason St. Amand, *Edge Boston*, April 30, 2013, <http://tinyurl.com/ohoy8bv>

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4. Judiciary and Public Safety

4.1 Gay and Lesbian Liaison Unit and Police Response to Hate Crimes

The Metropolitan Police Department's Gay and Lesbian Liaison Unit (GLLU), established in 2000, was the first such unit in the country to combine community relations with full policing powers. The support for GLLU across the LGBT community showed how far we had come since the police entrapment and bar raids in the 1950s and 60s, and after the Halloween riot by police in 1991.

Alas, this once world-renowned unit has largely been reduced to window dressing, as a police source told us. We continue to support a GLLU presence in all patrol districts, which does not eliminate the need for a robust core unit with seven officers and a full-time sergeant.

We cannot accept incidents in which police respond with indifference to an anti-LGBT assault. This cannot be resolved by a few hours' training for GLLU affiliate officers. The problem is not restricted to MPD. Other D.C.-based police forces, prosecutors, investigators, and defenders should be trained on handling bias-related crimes; we know that jurisdictional issues make this a challenge. The District should develop a comprehensive multi-agency/service provider strategy to reduce hate crimes. MPD must ensure that its gathering and analysis of crime statistics is comprehensive and objective and includes data on LGBT-related hate crimes and intimate partner violence.

We commend Gays and Lesbians Opposing Violence (GLOV),³⁴ DC Trans Coalition (DCTC),³⁵ and Rainbow Response Coalition³⁶ for working to translate enlightened MPD policies into reality. Making D.C. safer for transgender persons requires an end to viewing trans citizens primarily as suspects.

4.2 Intimate Partner Violence

Intimate partner violence occurs in an estimated 25% - 33% of LGBT relationships, the same as in heterosexual relationships. Statistically, this means there are an estimated 10,000 LGBT survivors in the District. Based on reported information, over 75% of all GLLU cases involve intimate partner violence. However, data related to such incidents is not consistently collected. Without this data, we do not know the true prevalence of these crimes.

LGBT survivors of intimate partner violence face many barriers to accessing services. We must educate first responders and service providers to the unique dynamics of LGBT domestic violence and aggressively advocate for resources to support survivors. Rainbow Response Coalition in collaboration with other local LGBT groups developed and delivers trainings to MPD and Court Services and Offender Supervision Agency (CSOSA). The trainings need to be expanded so that the entire MPD force is culturally competent to handle cases of LGBT partner violence.

4.3 Sex Work: Alternatives to Incarceration

Sex work is not a profession filled with people who freely chose it from a host of options. Too many turn to it by necessity. These include gay teenagers who have been thrown out of the house by their parents, and transgender people whom discrimination has left with few options. They face greater risk of substance abuse, mental and physical abuse, and sexually transmitted diseases.

³⁴ Gays and Lesbians Opposing Violence, <http://www.glovdc.org/>

³⁵ DC Trans Coalition, <http://www.dctranscoalition.org/>

³⁶ Rainbow Response Coalition, <http://www.rainbowresponse.org/>

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The District has seen numerous attacks on sex workers in recent years, many of which have gone unsolved.

Harassing, arresting and prosecuting people for survival sex solve none of their problems, but only pile more on.³⁷ The city must pursue safer, healthier, and more sustainable alternatives 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. We appreciate Mayor Gray's initiative on transgender employment, but further efforts are needed; see Section 5.3.

4.4 MPD Diversity Training and Discipline

MPD must continue its community diversity and sensitivity training for new recruits and lateral transfers, expand it to all officers, and quicken the pace (fewer than one-tenth of officers have been trained by GLOV). Community trainers have been provided by GLOV, Supporting and Mentoring Youth Advocates and Leaders (SMYAL),³⁸ Rainbow Response Coalition, Break the Cycle, and DCTC.³⁹ Except for SMYAL and Break the Cycle, the trainers are volunteers. The city cannot rely solely upon limited volunteer resources. Contracts or grants should be used to obtain qualified trainers. Curricula should be developed through active collaboration between the community and police. The Office of GLBT Affairs should administer the training funds. After the training, accountability requires MPD's compliance with its own orders. Only adverse consequences for officers who fail to enforce rules on hate crimes and interactions with LGBT people will send a credible message that bias on the force will not be tolerated. And MPD must avoid having to rehire dismissed officers due to its failure to meet procedural deadlines.⁴⁰

4.5 Treatment of Transgender People by Police, Court, and Corrections

Police Chief Cathy Lanier in October 2007 issued a General Order, "Handling Interactions with Transgender Individuals,"⁴¹ to insure professional and respectful interaction between MPD personnel and transgender people. Subsequent incidents⁴² have shown that the message has not entirely sunk in.⁴³ MPD should revise and sharpen the General Order and monitor compliance.

Transgender inmates housed by the Department of Corrections faced harsh discrimination in the past, including denial of appropriate housing and healthcare, sexual assault, abusive strip searches, and protective custody that amounted to punishing the victim.^{44, 45} DOC issued a revised policy on classifying and housing transgender inmates in 2009.⁴⁶ The Office of GLBT Affairs reports that efforts by DOC's Transgender Advisory Committee in 2013 led to a revised Gender Classification and Housing Policy and updated Procedures for Transgender Shaving Services.

³⁷ "Move Along: Policing Sex Work in Washington D.C.," Alliance for a Safe and Diverse DC, May 1, 2008, <http://tinyurl.com/85k5w9y>

³⁸ Supporting and Mentoring Youth Advocates and Leaders (SMYAL), <http://www.smyal.org/>

³⁹ Police training materials, DC Trans Coalition, <http://tinyurl.com/chq56gu>

⁴⁰ "17 Officers Fired for Misconduct Reinstated," *The Washington Post*, May 20, 2008, <http://tinyurl.com/23m98gc>

⁴¹ MPD General Order 501.02, "Handling Interactions with Transgender Individuals," October 15, 2007, <http://tinyurl.com/arkngwb>

⁴² "D.C. police struggle over disclosure of transgender murder," Lou Chibbaro Jr., *Washington Blade*, July 21, 2011, <http://tinyurl.com/3vd67o5>

⁴³ "Sentencing of MPD Officer Furr Devalues Trans Lives," DC Trans Coalition, January 10, 2013, <http://wp.me/pxSsl-qL>

⁴⁴ "Jails," DC Trans Coalition, <http://tinyurl.com/73x5xan>

⁴⁵ "Lesbian, Gay, Bisexual, Transgender and Intersex Offenders," National Institute of Corrections, <http://nicic.gov/lgbti>

⁴⁶ Program Statement on Gender Classification and Housing, D.C. Department of Corrections, February 20, 2009, <http://tinyurl.com/bqlm4ee>

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4.6 Electing the D.C. Attorney General

In 2010, GLAA joined with most of the District's officials, including Congresswoman Eleanor Holmes Norton and then-Attorney General Peter Nickles, in supporting a referendum amending our Home Rule Charter so that voters could elect the Attorney General directly, starting in 2014, instead of letting the Mayor appoint the AG. The bill passed the Council on a 12-1 vote, and the confirming referendum carried by a large majority. DC would thus join 43 states in making the AG an elected rather than an appointed position. In 2013, however, the DC Council voted to postpone the first election of the AG to 2018. We wrote the Councilmembers last summer in opposition to this proposal after it passed first reading, but the Council enacted it anyway in the fall.

We doubt the legality of the Council's action in amending a section of the Home Rule Charter, and we fear the Council may now be predisposed to dispense with an elected AG permanently. The record of many years shows that most appointed AGs put the political interests of the Mayor above their duty to represent the interests of all DC residents. In particular, DC's appointed AGs (and before that, the Corporation Counsel) had a long history of trampling on the rights and interests of the District's LGBT community. Elected AGs may not always prove to be more responsible to the public than appointed ones, but voters in most states have been willing to take their chances, and so should we.

4.7 Office of the U.S. Attorney

The Office of the U.S. Attorney prosecutes crimes in the District but is not accountable to District officials. This is an ongoing slap at D.C. taxpayers and Home Rule principles. The U.S. Attorney has failed to provide reports to MPD or other District officials on cases, including anti-LGBT hate crimes that it declines to prosecute. The same concern applies to information on other aspects of prosecution, including reducing charges prior to indictment, reducing charges at indictment, reducing charges at a plea bargain, and doing so without consulting victims. Greater transparency could be provided while preserving confidentiality. MPD and the Mayor must press the U.S. Department of Justice to end this denial of information affecting District citizens' public safety.

4.8 Office of Police Complaints

The independent Office of Police Complaints (OPC), which GLAA helped create, employs the best practices of citizen oversight of law enforcement, with the goal of improving public confidence in the police. OPC Executive Director Philip K. Eure and his staff have shown expertise, integrity, and a commitment to fairness for all – not just those who file complaints, but those against whom they are filed, and the wider community from which both are drawn.⁴⁷ We also commend the work of Police Complaints Board Chair Kurt Vorndran. We would like to see OPC strengthened so that it can do more investigations of systemic issues.

4.9 Fire and Emergency Medical Services Department

We commend Chief Kenneth B. Ellerbe for continuing reforms at the Fire/EMS, for agreeing to let DCTC review trans-related diversity training materials (the status of which is unclear), and for apologizing for emergency medical workers' treatment of Tyra Hunter after a car accident that led

⁴⁷ Fiscal Year 2012 Annual Report, Office of Police Complaints, February 25, 2013, <http://policecomplaints.dc.gov/node/434272>

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to her death in 1995.⁴⁸ Ellerbe's commitment to respectful service gives hope for improved cooperation between the Department and the community.

4.10 Decriminalizing and Legalizing Marijuana

It makes no sense for the relatively benign marijuana to be proscribed while alcohol, a proven killer, is legal. Tommy Wells' bill to decriminalize possession of small amounts, Bill 20-409,⁴⁹ is a good beginning. We support David Grosso's legalization and regulation bill, Bill 20-466.⁵⁰ We understand the District's caution regarding Congress; but in light of developments elsewhere, and considering the damage done to lives by incarceration for victimless crimes, we are glad that the District has joined the nationwide discussion of this issue.

⁴⁸ "Gray, Ellerbe attend Transgender Day of Remembrance event," Michael K. Lavers, *Washington Blade*, November 23, 2012, <http://tinyurl.com/b697mso>

⁴⁹ Simple Possession of Small Quantities Of Marijuana Decriminalization Amendment Act of 2013, Bill 20-409, <http://tinyurl.com/m7y75dt>

⁵⁰ Marijuana Legalization and Regulation Act of 2013, Bill 20-466, <http://tinyurl.com/owvl5w3>

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5. Human Rights

5.1 Office of Human Rights

The D.C. Human Rights Act of 1977 (DCHRA) is one of the strongest human rights laws in the country, and we must remain vigilant to ensure its enforcement. The next director of the Office of Human Rights should have a professional background in human rights law to ensure he or she has the expertise to evaluate staff work and the confidence to stand up to other officials. The previous OHR director was known for changing some complaints to "Director's Inquiries," bypassing reporting requirements. The District should require that Director's Inquiries be reportable to the D.C. Council, and prohibit the use of such devices to avoid accountability. The Mayor's Order to all District agencies on compliance with all protected categories under DCHRA should be updated and re-issued, given recurring examples of incomplete lists in non-discrimination statements.

5.2 Combating Transgender Discrimination

Anti-transgender discrimination is a continuing problem. DC Trans Coalition reported, "The results of the roundtables held during phase one of our Needs Assessment project show the stark reality of trans people's lives in the District of Columbia: violence and abuse are widespread, fear is a regular part of trans community members' lives, and discrimination and harassment are far from uncommon."⁵¹ There is ongoing risk of hate crimes. Clearly, DCHRA protections are not enough.

Municipal regulations require gender-neutral signage on single-occupancy restrooms. DCTC and the DC Center launched an effort to identify discriminatory establishments. We commend the Department of Consumer and Regulatory Affairs' Construction Codes Coordinating Board for its rulemaking imposing a \$500 fine against businesses that violate the signage rule.⁵²

All employers in the District should be taught how to treat trans employees fairly and respectfully.

5.3 Increasing Transgender Employment

Transgender people in the District are unemployed at a rate ten times the national average. Most live far below the poverty level. Fewer than ten D.C. government employees are openly transgender. More transgender women have been murdered in the last decade than were employed by the D.C. government. It is easier to place violent criminals than trans persons.

We applaud Mayor Gray for instructing the Department of Employment Services (DOES) in August 2011 to launch a Project Empowerment pilot program which provided job training to transgender people to help them escape the streets.^{53, 54} There have since been additional classes. Unfortunately, the scale of this training is too small compared to the level of persistent transgender unemployment and underemployment. Further initiatives by DOES and other agencies are needed; the District should look at the Transgender Economic Empowerment Initiative, a collaboration between the Transgender Law Center, the San Francisco LGBT Center and Jewish Vocational

⁵¹ "DC Trans Needs Assessment, Summary Findings – Phase One," DC Trans Coalition, July 2011, <http://tinyurl.com/ccaic4b>

⁵² "Gender neutral: D.C. threatens fines for mislabeled bathroom signs," Michael Neibauer, *Washington Business Journal*, January 24, 2013, <http://fb.me/2fT9aLg4N>

⁵³ "Transgender residents to graduate from jobs program," Lou Chibbaro Jr., *Washington Blade*, October 6, 2011, <http://tinyurl.com/3mkeve>

⁵⁴ "17 graduate from trans job program," *Washington Blade*, October 13, 2011, <http://tinyurl.com/3v8ckmv>

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Service.⁵⁵ Transgender residents should be hired in the Executive Office of the Mayor to demonstrate a personal commitment at the top.

5.4 Shelter Safety

Community members have complained of discrimination in homeless shelters from shelter staff, and victimization from other shelter clients. The D.C. government, Community Partnership for the Prevention of Homelessness, and shelter providers must ensure enforcement of LGBT nondiscrimination policies in District homeless shelters and transitional housing, provide LGBT sensitivity training to guards as well as staff, and ensure that all shelter clients are protected.

5.5 Repeal the Armstrong Amendment

One of the most egregious violations of Home Rule was the Armstrong Amendment to single out sexual orientation for permissible discrimination by religiously affiliated schools. Congress directly enacted the changes to § 2-1402.41 of the District of Columbia Code in response to a successful lawsuit against Georgetown University in 1987. Every member of the D.C. Council supported the lawsuit to block the Armstrong Amendment from being imposed on the District, but ultimately lost.⁵⁶ The Armstrong Amendment is named for former Senator Bill Armstrong (R-CO). Senator Mark Udall (D-CO) now holds his seat. No religiously affiliated educational institution in the District has invoked the Human Rights Act exemptions. The D.C. Council should repeal these archaic, congressionally imposed provisions.

⁵⁵ Employment, Transgender Law Center, <http://transgenderlawcenter.org/issues/employment>

⁵⁶ "Federal Intrusions and the Gay Community," Richard J. Rosendall, *Guild Practitioner*, October 1997, <http://tinyurl.com/77vb6qo>

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6. Youth and Seniors

6.1 Transitional and Affordable Housing

We thank Councilmembers Cheh and Bowser for introducing Bill 20-51, the LGBTQ Homeless Youth Reform Amendment Act of 2013,⁵⁷ and to Councilmembers Alexander, Bonds, Barry, Grosso, Wells, Catania, Evans, McDuffie, and Chairman Mendelson for co-sponsoring it. We also thank the Committee on Human Services under Councilmember Graham for voting it out of committee, and to the entire Council for its unanimous support in the Committee of the Whole on December 17. The bill sets a minimum number of beds for LGBTQ homeless youth, requires culturally competent care at shelters, and gives grant-making authority to the Office of GLBT Affairs.⁵⁸ It was clear from the outset that the Wanda Alston House was insufficient to meet the need, so we appreciate our legislators staying on the case. There is a similar need among LGBT seniors; we were pleased in September 2013 to learn from the Office of GLBT Affairs of the LGBT-inclusive Age-Friendly DC Initiative, part of an effort by the World Health Organization.⁵⁹

The District must increase the supply of affordable housing. Low-income LGBT people particularly those with HIV/AIDS, should not have to suffer homelessness, as many are, because the D.C. government will not put muscle behind affordable housing efforts. The D.C. Council and Mayor must fund the Housing Production Trust Fund, Permanent Supportive Housing, and Local Rent Supplement Program at adequate levels to meet the needs of this population. District leaders should commit to improving services and treatment for all the city's homeless youth and adults, including vulnerable LGBT populations, and to expanding transitional housing, rent subsidies, and emergency shelter space.

6.2 Youth Risk Behavior Survey

The Office of the State Superintendent of Education (OSSE) reported in 2010 that self-identified gay, lesbian, and bisexual students in D.C. public middle and high schools were three times likelier to attempt suicide. This is from the Youth Risk Behavior Survey (YRBS) conducted by OSSE working with the Centers for Disease Control and Prevention.⁶⁰ The survey found dramatically higher rates of cocaine and methamphetamine use among LGB youth. But the city's low response rate in 2009 made the data unusable by CDC, showing a need for greater commitment from OSSE.⁶¹ YRBS must include transgender students, who are at higher risk than their LGB peers.⁶² D.C. should adopt the optional gender expression question from CDC. The District partnered with First Home Care in May 2009 "to assist students transitioning from restrictive education environments to District public schools."⁶³ More such efforts are needed. In Section 4.3 we discuss the need for alternatives to incarceration for youth who resort to sex work for survival.

⁵⁷ LGBTQ Homeless Youth Reform Amendment Act of 2013, Bill 20-51, Committee Print, December 11, 2013, <http://tinyurl.com/mshopbl>

⁵⁸ "D.C. Council advances LGBTQ homeless youth bill," Lou Chibbaro Jr., *Washington Blade*, December 23, 2013, <http://tinyurl.com/lq7kcsc>

⁵⁹ "The Age-Friendly DC Initiative," DC Office on Aging, <http://dcoa.dc.gov/page/age-friendly-dc-initiative>

⁶⁰ "Youth Risk Behavior Survey," D.C. Office of the State Superintendent of Education, 2009, referenced by The DC Center, <http://tinyurl.com/3hzl6jb>

⁶¹ "CDC Says DC Youth Risk Behavior Survey Data Unusable," Adam Tenner, *Metro Teen AIDS*, March 2010, <http://tinyurl.com/3o4yasp>

⁶² "Center Facts: LGBT Youth in the District of Columbia," http://www.thedccenter.org/facts_youth.html

⁶³ "Mayor Fenty Announces Accomplishments, New Initiatives in Special Education," DCPS, October 1, 2009, <http://tinyurl.com/25w7h9w>

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6.3 Anti-Bullying Law and DCPS Efforts

The D.C. Council in 2012 passed the Youth Bullying Prevention Act,⁶⁴ and D.C. Public Schools (DCPS) has pursued its own anti-bullying initiatives. Regarding implementation of the new law, the Office of GLBT Affairs reports: "DCPS has submitted a bullying policy for the entire system. Like the other bullying policies submitted by youth-serving entities in the city, the DCPS policy will be examined by the Youth Bullying Prevention Task Force." Follow-through and enforcement are essential to give at-risk youth more than a toothless policy. The DCPS pilot program to designate and train LGBT liaisons in 25 schools should be evaluated promptly to speed its expansion system-wide. Beyond the schools, everyone from local entrepreneurs to the police can help create opportunities and support networks to help at-risk youth stay on a safe and constructive path.⁶⁵

6.4 Health Education

GLAA strongly supports DCPS Health Standards that include sexual orientation and gender identity as part of "the knowledge and skills that students need to maintain and improve their health and wellness, prevent disease, and reduce health-jeopardizing behaviors." The scientific consensus is what should be taught. It is essential to monitor and enforce compliance to ensure that teachers and principals do not disregard DCPS policy in favor of their own biases.

6.5 Condom Availability

The District's condom availability program for public school students was established in 1992 to reduce the spread of HIV, other STDs and unwanted pregnancies. In recent years we were told that availability was sporadic. The Office of GLBT Affairs provides this update: "A key part of the HIV/STD Prevention grant programming includes making condoms available and accessible in all priority schools. Each school will have at least two staff Wrap MCs (Master of Condoms) who will receive extra duty pay, beginning in school year 2014-2015, to attend trainings and become sexual health liaisons for their building. All condoms and promotional materials are provided by the D.C. Department of Health (DOH). The program has also recently expanded to include student Wrap MCs. These young people are currently involved in peer health education groups ... and have been trained through the same process as their adult counterparts. ... Condoms also continue to be available through the school nurse in all high schools, and in all school-based health centers."

6.6 Training and Funding for Senior Services

Implementation of culturally competent policies and training in senior services can foster an environment that provides confidence and security for the District's LGBT seniors. The D.C. Office on Aging should use the Washington, D.C. LGBT Aging Coalition of Elders as a resource. Funding specifically targeting LGBT senior services could provide a sustained basis for fostering partnerships and coordinating efforts for more efficiency with District of Columbia aging service providers. Ample evidence now shows the distinctive needs within the older LGBT population. Transgender older adults and ethnic and racial minority LGBT seniors often live below the poverty level and have heightened and cumulative risks of health disparities. Such funding could also provide opportunities for more accurately assessing the needs of our seniors.

⁶⁴ Youth Bullying Prevention Act of 2012, D.C. Law 19-167, <http://dcclims1.dccouncil.us/images/00001/20120620123014.pdf>

⁶⁵ "Gay 'gang' members speak at LGBT youth forum," Lou Chibbaro Jr., *Washington Blade*, October 26, 2011, <http://tinyurl.com/3t5myle>

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7. Consumers and Businesses

7.1 Reforming Liquor Licensing Procedures

In December 2012, the D.C. Council enacted reforms governing Alcoholic Beverage Control (ABC) licensing matters.⁶⁶ These regulatory repairs included limiting the power of small and unrepresentative groups to intervene as protestants with automatic regulatory agency standing. This critical reform was in response to longstanding and increasing incidence of unpopular and lengthy battles in recent years against gay-welcoming Washington businesses (including Fab Lounge,⁶⁷ Hank's Oyster Bar,⁶⁸ Cada Vez,⁶⁹ and Be Bar⁷⁰) and abuse of regulatory processes, particularly in alcohol licensing.⁷¹ The problem is not homophobia but hostility to the city's nightlife.

The Council approved legislation to dismiss licensing protests filed with the Alcoholic Beverage Regulation Administration (ABRA) by ad hoc groups of five or more individuals in instances when the Advisory Neighborhood Commission (ANC) successfully negotiates a Settlement Agreement with the applicant or licensee. If the Council insists on retaining such third-party protests, it should expand the restriction to include citizens associations. But fairness would be better served by eliminating the intervention ability of both types of groups, and instead requiring interested stakeholders to participate in an equitable community process, as best provided by means of the "great weight" accorded the ANC.

No license restriction should be permitted absent specific failure to comply with the regulations or in response to demonstrable and measurable harm. The common practice by ANCs – and license protest groups under existing protocols we hope will be reformed – of using licensing protests to impose special operating restrictions on licensees dilutes equitable regulatory application, arbitrarily diminishes license value, and inappropriately establishes barriers to fair business competition. While a 2013 rulemaking narrowed the scope of what can be in a Settlement Agreement and prevented some abuse,⁷² the use of Settlement Agreements to supersede District law on an *a priori* basis should be prohibited.

7.2 Defending Adult Entertainment

The hospitality industry generates a good deal of the District's revenue, and adult entertainment is part of the mix. Those who disapprove of nude dancing establishments are free to avoid them, but should not be permitted to boss their neighbors on matters that are none of their business.⁷³

7.3 Rectifying Displacements from Soccer Stadium Deal

The land-swap deal for the planned soccer stadium at Buzzard Point will likely displace a gay-related establishment and an organization: Ziegfeld's/Secrets at 1824 Half Street SW, and The DC

⁶⁶ Omnibus Alcoholic Beverage Regulation Amendment Act of 2012, D.C. Law 19-310, <http://tinyurl.com/lq6odu6>

⁶⁷ "New gay bar set to open in Dupont," *Washington Blade*, February 3, 2006

⁶⁸ "Lesbian faces opposition to new restaurant," *Washington Blade*, April 15, 2005

⁶⁹ "Off-duty officials take photos of gay Latino club," *Washington Blade*, July 29, 2005

⁷⁰ "Catania, Graham troubled over Be Bar opposition," *Washington Blade*, April 26, 2006

⁷¹ "Dupont denizens doth protest too much," Mark Lee, *Washington Blade*, November 17, 2011, <http://tinyurl.com/85yf8ut>

⁷² "Dos and Dents of Settlement Agreements," Alcoholic Beverage Regulation Administration, February 13, 2013, <http://tinyurl.com/q8lcc32>

⁷³ "Liquor board suspends Ziegfeld's/Secrets license," *Washington Blade*, June 8, 2010, <http://tinyurl.com/32uyhfo>

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Center for the LGBT Community in the Reeves Center at 14th and U Streets NW, respectively.⁷⁴ Ziegfeld's/Secrets features adult entertainment and faces virtual impossibility in relocating without action by the Council and Mayor. We recall ruefully the club relocation bill of 2007,⁷⁵ whose passage occasioned a round of mutual congratulations on the Council dais after it had been amended into virtual uselessness. We hope that a suitable cosmopolitanism will overcome NIMBYism in that body, and that a solution may be found to serve the gay market and prevent the extinction of this legitimate class of entertainment.

Much less controversial is The DC Center, which has already received a pledge from Mayor Gray that an appropriate and suitably located new space will be found. We ask all mayoral candidates to pledge their commitment to keeping the Mayor's promise if elected.

⁷⁴ "Soccer stadium would displace D.C. Center, gay nightclub," Lou Chibbaro Jr., *Washington Blade*, July 25, 2013, <http://tinyurl.com/mgrwlfy>

⁷⁵ One-Time Relocation of Licensees Displaced by the Ballpark and Skyland Development Project Act of 2007, D.C. Law 17-24, <http://tinyurl.com/k4lho3r>