

Gay and Lesbian Activist Alliance Candidate Survey

Councilmember David Catania

Marriage and Family

1. Will you oppose any effort to hold an initiative in the District of Columbia that would take away the civil marriage rights now enjoyed by same-sex couples, and publicly campaign for marriage equality in the event that such an initiative is held?

Yes. No District elected official has done more to secure equal marriage rights in the District of Columbia than I have. I began working on this issue shortly after the November 2008 elections when voters elected a Democratic President and expanded the Democratic majorities in the United States Congress. During the same election, however, voters in California approved Proposition 8, which overturned their Supreme Court's ruling recognizing same-sex marriage. It was a devastating development for those of us who believe in equal rights.

I believed that this confluence of events presented a unique opportunity for the District of Columbia to play a leading role in the fight to secure equal marriage rights, much as it had decades before, when Mildred and Richard Loving, the couple who won the landmark Supreme Court Case *Loving v. Virginia* overturning bans on interracial marriage around the country, chose to marry in the District.

I concluded that the best time to move forward on marriage equality would be in 2009, which would be early in the President's term and well in advance of the 2010 mid-term elections. With this in mind, I tasked members of my office with thoroughly preparing ourselves to make a legislative push for marriage equality in 2009. I also began convening meetings with members of the LGBT community to discuss how to best to move forward. Despite this historic opportunity, there was no consensus on whether or not to move forward with marriage equality. There were numerous excuses raised as to why we shouldn't move forward at that time. Some felt that we hadn't done sufficient work in building support within certain minorities communities. Others were concerned that our effort to secure marriage equality would undermine our effort to secure voting representation in the House of Representatives. Obviously, these were valid concerns. They did not, in my judgment, represent insurmountable obstacles. In the end, I decided to go forward utilizing a strategy of inevitability. This strategy proved very useful because it forced members of the community to accelerate their organizational efforts.

By Spring 2009, it was clear that legislation to give the District a voting member in Congress was stalled. In the meantime, I was continuing to consult with individuals who would ultimately play critical roles in the journey towards marriage equality. The issue, however, came to a head when Councilmember Phil Mendelson brought legislation to the full Council that would have converted same-sex marriages that were legally performed in other jurisdictions to Domestic Partnerships in the District of Columbia.

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David Catania

In January 2009, Councilmembers Mendelson and Evans introduced the "Domestic Partnership Judicial Determination of Parentage Act of 2009, Bill 18-0066. As introduced, this legislation made a number of amendments to District law to recognize that a child is a legitimate child of a relationship – marriage or domestic partnership – regardless of the gender of those parents. On March 10, 2009, the Committee on Public Safety and the Judiciary marked up a substitute bill offered by Councilmember Mendelson, which included new language not present in the introduced version, including Section 5(i)(2) that stated:

"Any marriage entered into in another jurisdiction in accordable with the laws of that jurisdiction that provides all of the rights and responsibilities of marriage under the laws of that jurisdiction, and is not recognized as a marriage in the District of Columbia, shall be recognized as a domestic partnership in the District."

When I learned of this language during the March meeting of the Committee of the Whole, I confronted Councilmember Mendelson and told him that I would not be able to support this language. I explained that the legislation as proposed represented a dramatic step backward by affirmatively stripping legally married same-sex couples of their status in the District. Councilmember Mendelson acknowledged my concern yet expressed reluctance regarding whether "now" was the time to move forward with recognizing lawful same-sex marriages performed outside of the District.

In a subsequent meeting with Councilmember Mendelson and Chairman Vincent Gray, I made it clear that I would not support Councilmember Mendelson's language at First Reading. Moreover, I informed him that if he did not amend his legislation, I would move an amendment to recognize lawful same-sex marriages performed outside of the District as legal in the District. To put a fine point on the matter, I made it clear that I would seek a roll call vote on the issue to insure a recorded vote. After our meeting, Councilmember Mendelson agreed to sponsor the amendment himself. The strategy included removing the offending language from the Parentage Act and offering a non-germane amendment to the "Disclosure to the United States District Court Amendment Act of 2009." That bill's title was changed to the "Jury and Marriage Act of 2009." I was pleased to work with Councilmember Mendelson to secure the co-authorship of the amendment by 10 of our colleagues.

In addition to the fact that it was the right thing to do, there were several considerations that helped inform my decision to take a stance against Councilmember Mendelson's legislation. I was eager to gauge how Congress would react to the prospect of recognizing same-sex marriages performed outside the District as a trial balloon for the issue of full marriage equality. I also believed that if we were successful, it would increase our chances for full equality since it would be illogical to allow the recognition of same-sex marriages performed elsewhere but not allow our own residents to be married in their hometown. Fortunately, the bill sailed through the Congressional review period without a serious effort to overturn it, and it became the law of the District that summer. We owe a great debt to Congresswoman Eleanor Holmes Norton for all of her efforts in defending this legislation!

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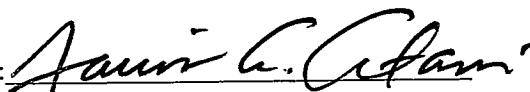
In addition, the strategy to move forward with the non-germane amendment caught the opposition off-guard and unprepared. For reasons that are inexplicable, the opposition waited weeks before it initiated the referendum process before the Board of Elections and Ethics. My office was deeply involved in the effort to defend the new law from a referendum. My staff and I worked extensively with the Council's General Counsel in preparing his briefs and testimony before the Board of Elections. My office was also heavily involved in developing the legal arguments and testimony offered by the District's Attorney General. Ultimately, as a member of the Committee on Government Operations and the Environment, which has oversight of the Board of Elections, I chose not to testify before the Board of Elections in person.

I was pleased by the lack of genuine home-grown opposition to the issue of marriage equality. In the Spring 2009, I arranged the first polling data on the issue, and it showed that an overwhelming majority of District residents supported marriage equality. This helps explain why authentic, home-grown opposition to the issue never developed. The leaders of the anti-marriage group in the District were imported from other states, and I believe this explains why their opposition never took hold. While the opposition floundered, my staff and I continued to work with a number of LGBT leaders and organizations gaining support for our efforts.

By Fall 2009, after witnessing virtually no real Congressional effort to overturn our efforts to recognize out-of-state same-sex marriages; having examined the polling data in detail; and after observing the lack of genuine opposition to the issue among our residents, I believed that the time was right to introduce legislation granting full marriage equality in the District. I had authored the legislation many months before, and on October 6, 2009, I was very proud that eleven of my colleagues joined me as co-authors in the introduction. The "Religious Freedom and Civil Marriage Equality Amendment Act," would grant same-sex couples the ability to enter into civil marriages but would protect the First Amendment rights of religious organizations from being forced to perform or recognize them.

An enormous amount of work went into preparing for the introduction of this legislation. Drafting the legislation is not the hardest part of legislating. It's the preparation! For months prior to the introduction of the legislation, one of my staff was dedicated exclusively to researching every aspect of the subject of marriage equality. Among other things, she researched:

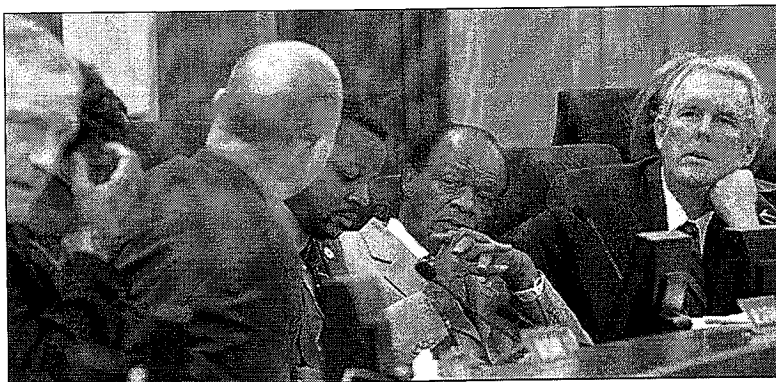
- The specific statutes from every state that had successfully passed a marriage equality law.
- The written and oral testimony offered before each state legislature that had successfully passed a marriage equality statute in order to learn the likely arguments against our marriage equality proposal.
- The Constitutional issues involving religious freedom and civil marriage.
- The impact civil marriage equality would have on the school curriculum and sex education, if any.
- The specific marriage doctrines of each major religious tradition.

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- The legal and sociological differences between civil marriages, civil unions, and domestic partnerships.
- Implications for employment law in the District, specifically involving ERISA.
- The Federal tax consequences for married same-sex couples in the District
- The institutional opponents of marriage equality, including the National Organization for Marriage and their key players.
- All of the scientific research regarding childrearing by same-sex couples.
- The role of the Defense of Marriage Act as a federal statute and its relationship to the District.
- The District government's dependency on certain faith-based providers of human services.

In drafting the legislation, I endeavored to give the Council the greatest possible chance of eventually enacting it. First, I believed that being forceful and direct about protecting religious freedoms would insulate our efforts from the types of misinformation spread by groups opposing marriage equality in California. Second, I knew that some religious institutions and organizations, especially those engaged in District funded services, would seek to water down the legislation. Thus, I originally wrote the bill with clearly defined religious protections, but also with the broadest possible spectrum of rights and anti-discrimination protections for LGBT individuals. This allowed us the freedom to negotiate even greater deference for religious organizations, such as refusing to rent out their sanctuary or reception halls, without substantively reducing the rights we were granting to the LGBT community. The public viewed our attempts to accommodate these organizations as reasonable and appropriate, and it helped build support for our point-of-view among many residents. It's worth noting that Councilmember Mendelson, who moved the legislation superbly through the Committee on Public Safety and the Judiciary, deferred to me on all substantive amendments involving the legislation.

Throughout the Fall 2009, my office invested considerable daily effort, prodding, cajoling, counseling, and advocating for the issue of marriage equality in the District. I personally spoke with representatives from the White House and from Speaker of the House Nancy Pelosi's Office. I also spoke before a group of staff members from supportive offices in the U.S. Senate to discuss strategy. I helped build the witness list for the Council hearing on the legislation, and spent days and hours meeting with members of the community to build momentum and consensus around the legislation. Finally, I refused to back down when others sought to justify their opposition to full equality and when they used dangerous rhetoric such as warning of a "Civil War" over the issue of same-sex marriage.



Signature: *Javier A. Catan*

On December 15, 2009, the Council gave final approval to the legislation and three days later the Mayor signed it into law. As a thank you to the many people and organizations that assisted with this journey, I joined the Human Rights Campaign to sponsor a reception on the evening of the bill's passage. I thought it was appropriate and necessary to commemorate this historic occasion with the members of the LGBT community and our straight allies.



In the end, marriage equality became a reality in the District because of decades of hard work by numerous organizations and individuals. No organization did more to accomplish this victory than GLAA!

2. If the District's civil marriage equality is taken away either directly by an act of Congress or by a ballot measure, will you support immediate re-passage of civil marriage equality.

Yes. Fortunately, even if the issue were to appear on the ballot in the District, I am very confident that the electorate would vote to preserve marriage equality. Since early 2009, I have commissioned a number of public opinion polls on this question and am pleased with the growing acceptance of this issue by the residents of our city.

3. Do you agree that private contractors doing business with the District should be required to provide equal benefits, including health insurance to same-sex partners?

Yes. During the course of my negotiations with the Archdiocese of Washington and Catholic Charities, I repeatedly refused to consider granting organizations that do business with the District Government the right to discriminate against some married couples. I stood firm against their substantial public efforts to garner support for an amendment that would allow them to discriminate in this manner.

Throughout my career, I have taken other steps to remove disparities in the treatment of same-sex and opposite sex couples. In October 2000, as a Member of the WMATA Board of Directors, I authored the proposal requiring WMATA to recognize the domestic partners of their employees given that WMATA benefits from a generous District subsidy. That proposal was approved in 2001.

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Jarvis A. Catan

Recently, I authored a Council resolution in support of the Uniting American Families Act (UAFAs) presently pending in the U.S. Congress. Current U.S. immigration law discriminates against same-sex U.S. citizens and permanent residents by not allowing them to sponsor their foreign-born partners for immigration benefits. This is a right long enjoyed by opposite-sex couples. The UAFAs would change this practice by permitting permanent partners of United States citizens and lawful permanent residents to obtain lawful permanent resident status in the same manner as spouses of citizens and lawful permanent residents.

Going forward, I would fully support legislation that requires all businesses that transact business with the District Government to provide equal benefits to same-sex couples.

4. Will you oppose legislation containing either a “conscience clause” that would allow anyone to claim a Human Rights Act exemption at will, as was proposed by Councilmember Yvette Alexander during consideration of the marriage equality bill last year; or a “business necessity” exemption that would allow taxpayer-funded charities run by religious groups to discriminate against married same-sex couples, as was proposed by the Archdiocese of Washington?

Yes. Equality means equality! I made it clear during the Council’s deliberation of the marriage equality legislation that I oppose these types of exceptions. I also affirmatively removed “conscience clause” exemptions in the provision of healthcare, such as birth control or family planning services, in the Health Occupations and Revisions Act of 2010. This legislation, which I authored, was the first update of the body of law governing our health occupations in the District in over a quarter century.

Public Health

5. Do you support sufficient funding to ensure that the drive to make HIV testing routine among District residents includes counseling and treatment referrals for those testing positive?

Yes. My record on the issue of working to increase HIV testing is unparalleled. The number of publicly supported HIV tests performed in the District has quadrupled since I became the Chairman of the Committee on Health. In 2008, the District was one of the top jurisdictions in the country when it comes to publicly supported HIV tests, nearly equaling New York City and the state of Florida. Under my leadership, the District has worked to standardize HIV testing in routine health care settings, as well to focus on specific populations. Some examples of how the city continues to increase its testing efforts are below:

- *Routine Testing by Medical Providers*

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As recently as 2005, the District did not have a strategic plan to incorporate routine HIV testing into the provision of medical services. In mid-2006, the city became the first to implement a routine HIV testing policy to encourage and normalize HIV testing practices in the provider setting. Since then, the city has made considerable headway – almost all of the city’s hospitals and universities are involved in the HIV/AIDS effort. Specifically, 7 of 8 hospitals have adopted HIV testing as part of their emergency room procedure (as at-risk populations often receive their primary source of health care in the ED). HAHSTA continues to work with District hospitals to reach full implementation or standard procedure of HIV testing into routine medical practice.

The District is also one of the first cities in the country to have pharmaceutical representatives promote standardized HIV testing when visiting doctors. In December 2008, the Council approved legislation to require health insurers in the District to cover voluntary HIV testing in emergency rooms. The law became effective in 2009.

- *Screening Expecting Mothers*

In 2005, there were 10 children born with HIV in the District, accounting for 9% of all mother-to-child transmissions of HIV in the nation. Beginning as early as 2006 and 2007, new data reports showed a major reduction in new infections from a mother to her child. This is due to assertive efforts by the Department of Health to screen women in all labor and delivery sites, which has reduced the number of babies born with HIV to 0 in 2009.

- *Prison Testing*

Unity Health Care (Unity) contracts with the D.C. Department of Corrections (DOC) to provide comprehensive health services, including discharge planning, at the District’s detention facilities under a community correctional care model. In 2006, DOC began a program -- at my request -- that institutionalized automatic HIV testing upon intake.

The DOC is now considered a national model for routine voluntary HIV testing and discharge planning and has won recognition from the Centers for Disease Control and Prevention and national correctional facility organizations. Under DOC’s program, all inmates are offered voluntary, rapid HIV testing upon intake and the next day, if an inmate initially refuses the test. Tests may also be requested at any time during sick call. Any inmate who tests positive receives an immediate referral to a staff doctor for additional care, as well as the opportunity for counseling. Since Unity took over the testing program, 87% of inmates have been tested. The remaining 13% includes those who have been recently tested and those who have already tested positive.

In addition to testing, Unity is a national leader in discharge planning for inmates. Within 24 hours of intake, all inmates meet with a discharge planner to assist with their transition back to the community. Inmates who are HIV-positive have specially designated case managers who address each inmate’s health insurance, medication, food stamps, employment, housing, and counseling needs prior to discharge. Unity and the DOC ensure that all HIV-positive inmates receive their medications for one month upon discharge by

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using AIDS Drug Assistance Program funding. Unity also works to connect and set up an appointment for each discharged inmate with a Unity community clinic.

- *Couples Testing*

Most recently, the District has become the first jurisdiction to launch an innovative effort to support a Couples HIV Counseling and Testing program as a tailored response to help empower couples to prevent acquiring and transmitting HIV.

6. Are you committed to continuing and expanding the District's condom distribution program to include water-based lubricant and tracking of their distribution to specified locations?

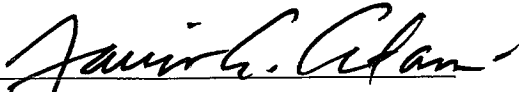
Yes. Under my leadership, the District's Department of Health has dramatically increased its distribution of condoms. The District launched its first citywide condom distribution program in 2007. It is one of two cities (second to New York City) to have a systematic public sector condom distribution program. In only two years, this program has far exceeded its targeted goals by providing 3.4 million free condoms from October 2008 to September 2009.

The program distributes free male and female condoms, lubrications, dental dams, and educational materials to over 200 community partners. This includes condom distribution in non-traditional settings (such as barber and beauty shops, laundromats, and bars and night clubs) to ensure that all populations at risk for the disease are reached. Individuals can also order free condoms directly off the website for home delivery. A new feature to the condom program is Web-based training and certification available to staff such as health/physical education teachers, counselors, social workers, and after-schools staff.

In addition, I have made it a point to place condoms and water-based lubricant in a prominent location in my Council office in order to increase their availability and to reduce the stigma associated with these items.

7. Will you support legislation giving the directors of the Office of LGBT Affairs and the Office of African Affairs the authority to issue competitive grants as other minority constituent offices have, that will be open to organizations serving the populations within the offices' purview?

Yes. There's no question that the Office of Contracting and Procurement has made substantial progress over the past couple of years in improving the efficiency of its procedures and operations. Nonetheless, it can routinely take OCP six months or more to move a specific procurement through its system. Such delays can seriously impact the functioning of government and the delivery of needed services to the community. Giving small offices like those mentioned in this question greater contracting authority – with established guidelines – can enhance government's ability to serve the citizenry.

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

When I became the Chair of the Committee on Health in 2005, HAHSTA was dysfunctional on every level. That same year, the D.C. Appleseed Center reported a lack of leadership at all levels of District government as a major reason for the District's failure to adequately address the HIV/AIDS epidemic. Within weeks of assuming the chairmanship, I convened the first Council hearing solely dedicated to the issue of HIV/AIDS in memory. Six additional hearings followed in 2005 alone.

These hearings revealed an agency that was unable to pay its providers, contract for services, properly monitor grants and that lacked the infrastructure to track and prevent the spread of HIV/AIDS. In particular, HAHSTA's past failure to properly monitor grants led to a proliferation of waste, fraud, and abuse including the awarding of questionable contracts to unscrupulous vendors. This would eventually lead to an eye-opening investigative series conducted by the *Washington Post* in 2009, which described in detail the state of the District's HIV/AIDS response that I was charged with correcting. In short, the city agency responsible for responding to the HIV/AIDS epidemic had been complicit in the proliferation of the disease within the city.

The hearings I chaired in 2005, however, set the stage for what has been a remarkable turnaround in the government's response to this disease. Through a series of evidenced-based programs and initiatives, I believe that the District government is finally beginning to make headway in its efforts to fight this disease. As evidence, the results from the most recent epidemiological report show that:

- From 2004 to 2008, there was a 33.2% decrease in the number of newly reported AIDS cases in the District.
- From 2004 to 2008, there was a decrease in the number of people testing late (defined as the proportion of persons newly diagnosed with AIDS that were first diagnosed with HIV within 12 months), from 66.4% to 57%. In addition, the percentage of people who progressed from HIV-positive status to an AIDS diagnosis within 12 months decreased from 47% in 2004 to 29.5% in 2007.
- From 2004 to 2008, there was a 36.1% increase in the percentage of people entering medical treatment within 3 months of an HIV-positive test result, from 40% to 67.2%.
- From 2004 to 2008, there was a 33.2% decrease in the number of newly reported AIDS cases in the District.

Five years after its scathing critique of the District's response to the HIV/AIDS epidemic, the D.C. Appleseed Center recognizes the extensive efforts our government has undertaken since I became involved with the issue, writing that "District leaders have significantly elevated the profile of the disease inside and outside of the government as well as

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strengthened the government response to the epidemic.”¹ Additionally, the Appleseed Report stated that “DC Council Committee on Health Chairman David Catania has provided aggressive oversight of the agency and helped to force reforms at HAA.” The following are a few of steps that the District has taken to prevent the spread of HIV/AIDS since 2005 that are not covered in other questions.

- *Office of the Inspector General Audit*

In 2006, I requested that the District Office of the Inspector General (OIG) conduct a thorough review of HAHSTA, including the Aids Drug Assistance Program (ADAP), which supplies pharmaceuticals to people suffering from HIV/AIDS. As expected, the OIG report identified significant deficiencies with grant monitoring, including an inadequate number of site visits, incomplete sub-grantee case files, and improper oversight of sub-grantee management/administration. The OIG report also described improper management and planning of ADAP funding, including almost \$7 million in unspent ADAP funds as of the time of the audit. In the aftermath of the OIG report, I chaired multiple hearings demanding that systematic reforms and corrective actions be taken to address the OIG’s findings.

- *Epidemiology Update*

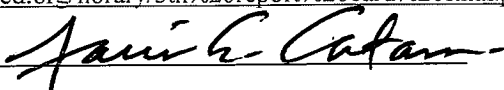
Just five years ago the District was without systematic or accurate data on the number of people affected by HIV/AIDS. To help address this critical information gap, I helped forge a partnership between HAHSTA and the School of Public Health and Health Services (SPHHS) at The George Washington University to help bolster the District’s epidemiological and surveillance capacity. As a result of this partnership, in November 2007 HAHSTA released its first annual epidemiology report, an unprecedented review of the HIV/AIDS epidemic in the District and the first comprehensive analysis of the prevalence of the virus. The purpose of this report was to use the data as a roadmap for guiding new programmatic initiatives.

In 2010, HAHSTA released its third epidemiology report (covering calendar year 2009), continuing its emphasis on studying the HIV/AIDS epidemic in the District and tailoring its programs to meet the needs of District residents. Results from these epidemiology reports reveal considerable improvements in routine testing and early diagnosis of HIV testing. In addition, the second report broadens the scope of study, reflecting HAHSTA’s focus on not just HIV/AIDS but also the incidence of hepatitis, STDs, and TB across the District.

- *School-Based and Summer Programs*

The city has some of most aggressive health standards for school-aged children modeled after the Centers for Disease Control and Prevention’s *Healthy People Initiative* objectives. It is a pioneer in school health programs including its STD prevention program that encompasses education and counseling. In particular, annual voluntary STD testing is provided at all of the city’s (20) public high schools reaching nearly 10,000 young people.

¹ DC Appleseed Center & Hogan & Hartson LLP. (2009). *HIV/AIDS in the Nation's Capital*. Retrieved July 09, 2010 from DC Appleseed Center: <http://www.dcappleseed.org/library/5th%20report%20card%20final.pdf>.

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Philadelphia and New York are the only other cities that make STD testing available to young people in a school-based setting and the District is the first city to notify that STD test results are available by text messaging.

Additionally, the District has the only STD prevention and training program in a Mayoral Summer Youth Employment Program in the nation. In 2009, the Committee on Health authored the *Youth Sexual Health Framework for Change*, which provides a blueprint for critical health program enhancements in sexual education to reduce or prevent disease. This framework is now being implemented by District school and public health officials and community providers across the city, especially in areas where youth are at the greatest risk of disease.

- *Effi Barry ("East of the River") Initiative*

Since the Effi Barry Capacity Building Initiative (the "Initiative") began 2008, it has awarded \$3.3 million to 65 community-based providers to help bolster HIV/AIDS programming in communities with the greatest need. The Initiative, co-authored by Chairman Gray and myself, focuses on developing organizational capacity in communities east of the Anacostia River by providing grants, training, and technical assistance to small community organizations that provide HIV/AIDS-related services. This is part of an agency-wide goal to strengthen HIV/AIDS service delivery to the District's most vulnerable populations. The Initiative works with faith-based, youth-related, community-based, and HIV serving organizations.


- *Harm Reduction and Needle Exchange*

Injection drug use is one of the ways that HIV is transmitted and has a significant impact on the epidemic in the District of Columbia. According to the Department of Health, approximately 1 out of 5 people living with HIV/AIDS in Washington, DC were infected through injection drug use. The harm reduction and needle exchange program in the District of Columbia is the only known initiative of its kind to successfully implement needle exchange and harm reduction into HIV/AIDS prevention strategies and service models.

In 2007, after the U.S. Congress lifted the ban on needle exchange in the District of Columbia, the city allocated \$650,000 to this effort. In 2008, the HIV/AIDS supported four organizations, which provide harm reduction services for injection drug users, exchanging 190,000 needles. For 2009, the goal was 250,000. The city exceeded this goal and removed over 350,000 needles from DC streets, enrolled more than 1,450 new clients, provided HIV testing to nearly 3,000 people, and linked 325 people to drug treatment.

- *Utilization of HIV Care and Treatment*

Until recently, the District's Ryan White HIV/AIDS Drug Assistance Program was grossly underutilized despite the high prevalence of disease in the city. Between 2007 and 2009, under intense pressure from my office, the program's enrollment doubled from 1,200 to 2,500 participants. This is due to successful District-wide advertising and outreach campaigns (*It's Free to Treat Your HIV*) and increased HAHSTA funding focused on

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linkage to care and re-engagement in care to over 40 service providers in the area. The success of the District's efforts in 2007 and 2008 means that the city expects an almost three-fold increase in the program's utilization in the next program year. This means more District residents living with HIV/AIDS have access to HIV/AIDS care and treatment services.

- *Education and Outreach*

Never before has the District of Columbia engaged in large-scale social marketing campaigns in order to increase public awareness of HIV/AIDS. It is the first city to launch a social marketing program focused on routine testing and HIV education in medical settings (*Ask for the Test* and *We Offer the Test*). This social marketing effort is a new two-pronged approach – both consumer-driven and provider-driven – and it is doing so well that New York City has expressed interest in using this same HIV prevention strategy. This approach includes a New Media website (www.DCTakesOnHIV.com) and a text messaging program to help residents gain access to HIV testing and free condoms.

- *Text Messaging for Sexual Health*

The city's *DCTakesOnHIV* campaign follows the success of a youth-focused social marketing campaign called *REALtalk*, which started as a Committee on Health initiative. *REALtalk* allows District youth to text sexual health questions to professionals who can provide youth-oriented responses. In addition, teens can inquire about the location of HIV testing services and learn about HIV/AIDS and other sexually transmitted infections.


Since the launch of the *REALtalk* program, the District:

- Developed three campaigns targeting African American youth between 13-25;
- Displayed advertisements on buses and websites;
- Increased testing by 150 percent during the campaign period; and
- Increased capacity among non-HIV youth programs to mainstream HIV/STD health activities.

- *Grants and Financial Mismanagement*

Dating back to the early 1990s, HAHSTA had been riddled with allegations of mismanagement of federal grants and marred by inept financial practices. This all took place amidst increasing HIV/AIDS rates in the city where there was no scientific measurement or strategic accounting of spending to combat the disease.

Today – 11 directors later – HAHSTA is remarkably different. Most notable is this Administration's advanced and standard financial management and reporting tools which track the performance of community providers that receive local and federal grant dollars. HAHSTA was also cleared of unfavorable findings by the DC Office of the Inspector General reports in 2005, 2006, and 2008. These findings highlighted gross negligence in grants management, internal fiscal controls, licensure requirements, and ineligible reimbursements to providers.

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In stark contrast from previous reports, HAHSTA's improvements such as risk-based monitoring tools and corrective-action protocols are presently being used as a model for other Administrations within the DC Department of Health. Further, HAHSTA's technical assistance goals are being used by the federal government to help support a national structure for other jurisdictions seeking critical enhancements to their grants management efforts.

- *Strategic Planning*

In addition to its targeted initiatives, HAHSTA has developed a series of strategic and technical plans to help guide its approach to combating HIV/AIDS in the District. The Strategic Plans specifically guide planning, expenditures, and results expectations, primarily for the use of Ryan White and CDC Prevention funding. In addition, they encourage locally-supported activities to synergize with and build on the established strategic plan priorities.

The Focused Technical plans include:

- Youth Prevention Plan (2007-2010): This youth plan has been utilized by youth coalitions and implementers to coordinate priority activities for implementation.
- Substance Abuse & HIV Prevention (ongoing)
- MSM Technical plan (2010): This plan incorporates lessons learned from the behavioral study about men who have sex with men.

The Focused Technical plans – created by HAHSTA with the support of technical working groups – provide more in-depth data reviews and expert technical assessments to help focus specific mixes of activities, and are useful both for HAHSTA planning but also directly helpful to community implementers. A major premise for all of the strategic and technical plan components is using data to drive the priorities and decisions. This has resulted in several consistent themes for service scale-up and quality improvement throughout the plans, and forms a consistent basis of our new RFAs and reporting requirements. Many of these priorities make up the HAHSTA indicators in the Mayor's Performance Plan process.

- *New National and Global Partnerships*

In order to better effectuate its strategic and technical plans, the District, through HAHSTA and the Department of Health, has established new partnerships with outside groups. Some of these include:

- Partnering with the Global Business Coalition Against HIV/AIDS, Malaria and TB to develop a new social marketing program, based on commercial marketing principles, to reach young people.
- Establishing a new project with the National Institutes of Health to extensively study the HIV/AIDS epidemic and support specialty care delivery. This \$26 million

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investment will increase clinical services, data collection, prevention projects, and recruitment of top notch researchers and clinicians.

- Collaborating with the MAC AIDS Fund to use a \$500,000 award to expand education and distribution of new generation FC2 female condom through various public-private partnerships (including Washington AIDS Partnership, CVS Stores, Female Health Company and community organizations). As a result of this work, for the first time, female condoms are sold in District of Columbia CVS stores.

Public Safety and the Judiciary

9. Will you support funding for mandatory lesbian, gay, bisexual, and transgender (LGBT) sensitivity and diversity training for all members of the Metropolitan Police Department and the Fire and Emergency Medical Services Department?

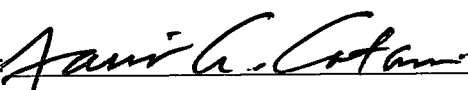
Yes. My position on this issue is unchanged since I last completed a GLAA survey, where I wrote: "Currently, sensitivity training is only given to new Fire/EMS employees. Moreover, LGBT issues constitute only a segment of the training. This is clearly inadequate. I support requiring mandatory LGBT sensitivity training for all Fire/EMS employees. All residents deserve to be treated with dignity and respect by our first responders, especially when they are in difficult and stressful situations."

10. Will you support a budget for the Office of Police Complaints large enough to avoid developing a backlog of cases?

Yes. My position on this issue is unchanged since I last completed a GLAA survey, where I wrote: "I support funding for the Office of Police Complaints in a manner sufficient enough for it to accomplish its mission. I have enthusiastically supported the previous budget increases for the Office. I believe that if our human rights' laws are to have real meaning, there must be timely processing and follow-up of complaints."

11. Would you support efforts to rein in police officials who respond to legitimate crime concerns with unsustainable, media-centric quick fixes that infringe constitutionally protected civil liberties? And will you do so without waiting for courts to overturn them, as the U.S. Court of Appeals did to the Neighborhood Safety Zone initiative in 2009?

Yes. I have a long record of supporting the protection of civil liberties. Of course, I would never support specific legislation or an executive branch policy that, in my judgment, violated constitutionally protected civil liberties. The constitutionality of a particular proposal, however, is not always clear. Where a constitutional question has been raised regarding a particular proposal, I would prefer that our local authorities seek

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guidance from the United States Department of Justice or, in the alternative, some form of expedited review by the federal courts.

12. Will you support maintaining the award-winning Gay and Lesbian Liaison Unit with both a citywide scope and a dedicated and well-trained central core with a full-time sergeant?

Yes. I have always supported the GLLU within the police department. I believe that the unit has helped to build trust between the police and the LGBT community, as well as diminish the legacy of homophobia within the police department.

13. 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. For years, I have pressed the MPD to accurately collect and report crime statistics. In addition, I have complained about the practice of downgrading charges to lesser offenses. There is an obvious incentive on the part of MPD to report fewer serious crimes and downgrading charges helps accomplish this objective. I have been underwhelmed by MPD's sense of urgency in eliminating this practice, as well as the Council's response to it.

14. Do you support making the D.C. Attorney General an elected position?

Yes. I believe that I was the first elected official in the District to publicly call for an elected Attorney General. I first introduced legislation to make the Attorney General an elected position in March 1998. I reintroduced similar resolutions in 1999 and 2002. In 2002, I introduced legislation that placed an advisory referendum on the ballot asking voters if they supported the creation of an elected District Attorney, which would have combined the powers of our Attorney General with additional powers held by the US Attorney to prosecute District criminal statutes. In addition, I co-chaired the campaign in support of the referendum with former Councilmember Bill Lightfoot. That year, 82 percent of District residents voted in support of this proposal.

I have long believed that District residents would benefit from a discussion about what our prosecutorial priorities should be. Currently, our residents do not get to participate directly in this process.

Human Rights

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15. Will you support a budget for the Office of Human Rights large enough to allow it to keep the backlog at below 70 aged cases; keep below 210 days the average time it takes to issue a probable cause finding; and expand education, prevention, and language access efforts?

Yes. The Office on Human Rights is indispensable in our quest to treat every District citizen fairly. I have supported budget increases for this office in the past, and I will continue to do so in the future. On September 27, 2010, the Office of Human Rights announced that it had completely eliminated the backlog of cases filed with the Office for the first time in 15 years.

16. Will you block ceremonial resolutions and otherwise decline to honor individuals or organizations that promote any sort of bigotry?

Yes. Recently, a ceremonial resolution honoring an individual who had made homophobic comments was pulled after I raised an objection at a Council breakfast.

17. Are you committed to including a transgender representative on the D.C. Commission on Human Rights?

Yes. I believe having a transgendered representative on the D.C. Commission on Human Rights will bring a much need perspective. During my tenure on the Council, I have worked to end discrimination against transgendered individuals. From my earliest days on the Council, I fought the discriminatory policy of prohibiting transgendered individuals from visiting their friends and family at Lorton Correctional Facility. I have fought to change the policy within the Department of Motor Vehicles to permit transgendered individuals to self-identify on their licenses. In my capacity as the Chair of the Committee on Health, I have secured hundreds of thousands of dollars in resources for Transgendered Health Empowerment in FY2006, FY2007, FY2008, FY2009 and FY2010, including the first-ever direct appropriations for the transgendered community in the history of the District. These resources have permitted the opening of a transgendered community resource center. At the moment, I am drafting legislation that will make it easier for transgendered individuals to change their birth certificates to reflect their gender identity.

18. Do you agree that the Director of the Office of Human Rights should be required to have professional training and experience in civil rights law enforcement?

Yes. It really is self-evident that the Director of the Office of Human Rights should have a substantial background in civil rights law enforcement.

Public Education and Youth

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19. Will you oppose both federal and local voucher programs that fund students in religious schools that are beyond the protections of the D.C. Human Rights Act?

Yes. In the past, I have supported voucher programs for all schools, including religious schools. However, my view on this subject changed in the wake of my recent experience involving marriage equality. I want to begin by reaffirming my deeply held belief in the notion of religious freedom and the right of each religion to control -- unimpeded by the state -- its own doctrine of beliefs. During the marriage equality discussion, however, I saw public funds used in a way that furthered a particular religious point of view and which discriminated against a portion of the public. This experience illustrated for me the danger of using public funds to support a particular religious tradition. As such, I can no longer support using public funds to support religious institutions that discriminate against a segment of the public.

20. Will you support improved services and treatment for gay and transgender homeless youth, including transitional housing?

Yes. I have been a vocal supporter of these services throughout my tenure on the Council. The Wanda Alston House is one of only a handful of transitional housing facilities for LGBT youth in the country. As I mentioned in response to Question 17, in my capacity as Chair of the Committee on Health, I have help secure hundreds of thousands of dollars for Transgendered Health Empowerment, which operates the Wanda Alston House.

21. Will you oppose the use of either federal or District taxpayer funds to promote "abstinence only until marriage" sex education that undermines safer-sex programs by excluding more comprehensive information?

Yes. I do not support "abstinence only" sex education. While I believe that abstinence is an extremely important part of any sex education curriculum for our students and youth, I believe that the lack of appropriate sexual health knowledge can dramatically increase the risk of pregnancy and contracting sexually transmitted infections (STI's), including HIV/AIDS, for District adolescents. In conjunction with my broader efforts to improve healthcare for children and youth, my office completed an important assessment of youth sexual health knowledge and behaviors in 2009. This included an examination of how they perceive issues relating to their own sexual health, as well as their assessment of current education and prevention programs in the District.

The goal of the Youth Sexual Health Project (YSHP) was to develop a framework that can ultimately be used to guide HIV/AIDS and sexual health policies and programs in the District. As part of the project, my office held 10 youth focus groups consisting of over 230 school-aged youth, conducted another focus group with school nurses, and surveyed yet another 123 District students to ensure broad representation of all viewpoints. In addition,

Signature: Jamir L. Cetera

my staff conducted key informational interviews with experts in public health education and curriculum development as well as traditional and new media marketing. The YSHP is widely recognized as one of the most ambitious and comprehensive surveys of its kind initiated by the District government.

The YSHP yielded a number of important insights into the sexual health awareness and behavior of youth in the District including:

- District youth lack knowledge of the biology of human development and sexual health information about relationships and self-esteem building.☐
- District youth are aware of discrimination against LGBT youth and are interested in having more dialogue about sexuality and in learning how to better communicate with – and support -- LGBT youth.
- District youth perceive school nurses as both inaccessible and untrustworthy with respect to sexual health education.☐
- District youth have limited awareness of the District's condom distribution program and have strong opinions about condom brands.
- District youth desire educators that can speak about their experiences and teach in an interactive format.☐
- District youth rely heavily on electronic and digital communication tools such as text messaging and social networking websites.☐ District youth feel peer educators make appropriate sexual health educators in school based and aftercare settings.

Consumers and Businesses

22. Do you support the right of adults in the District to choose adult-oriented entertainment for themselves, and the right of appropriately licensed and zoned business to provide it?

Yes. I have defended adult-oriented entertainment during my tenure on the Council. Among other things, when the new baseball stadium dislocated a number of these establishments, I worked with them to identify legal counsel and assisted in their efforts to obtain just compensation.

23. Will you support legislation to curb abuses by NIMBYs who are now allowed to file an endless series of baseless complaints to harass or extort bars and restaurants?

Yes. I support a vibrant community, and believe that bars, restaurants, and other entertainment venues enhance our city. I understand, however, that there is often a natural tension between community residents and some entertainment businesses in their neighborhood. I support a regulatory regime that balances these competing interests. I do

Signature: Jamir A. Carter

not support using the regulatory process to harass District businesses. That is not the purpose of regulation.

24. What are your thoughts regarding GLAA's proposal, explained in Agenda: 2010, to mitigate the problems associated with prostitution by legalize and regulating it? What will you do to provide alternatives to survival sex for at-risk populations like homeless youth and transgenders?

I am not opposed to having an open and honest discussion on the proposal. To be honest, however, it would not be among my top priorities in the near future. We know that prostitution is often more prevalent in our transgendered community because finding mainstream employment is difficult for members of this community. I would rather focus our efforts on increasing career opportunities for these individuals. This includes increasing employment opportunities within the District government, encouraging private sector employers to hire transgendered individuals, and expanding educational opportunities for members of the community. It also requires decreasing instances of discrimination and abuse targeted towards transgendered individuals, as well as targeted outreach to LGBT youth to stay in school.

I was very impressed with the work of the Youth Sexual Health Project as it related to LGBT youth. I was struck by the interest on the part of the heterosexual youth to learn more about the LGBT community. In particular, the heterosexual youth wanted to be informed how to communicate with the LGBT youth in a respectful manner. My office continues to play a central role in this discussion involving DCPS and the Office of the State Superintendent of Education. It is my hope that making schools more accepting places for LGBT youth will decrease the drop out rate and increase educational success.

Finally, I believe that positive role models are critical for our transgendered community and for LGBT youth. With respect to our transgendered community, I was devastated when Dr. Dana Beyer recently lost her bid to represent Maryland's District 18 in the House of Delegates. She is a smart and passionate individual with enormous integrity and courage. She would have made an enormous contribution for all of the residents of her District. She would have also been a powerful symbol for the transgendered community throughout the nation! Our transgendered community needs role models like Dana! I was proud to support her and pleased to raise funds for her campaign.

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Jamila Cetani