

PUBLIC HEALTH

1. Will you act to ensure that the District provides transgender-inclusive health insurance to all D.C. Government employees, to include coverage for sex affirmation surgery (also known as sex reassignment surgery)?

Yes. I support health insurance that offers appropriate care for all our government employees. For our transgender employees, this means health plans that provide coverage for the full range of transgender health treatments, including hormone treatments, behavioral health, and sex affirmation surgery. Medically supervised care is essential and recognized as such by the American Medical Association. The AMA supports the internationally recognized World Professional Association for Transgender Health standards of care, which should be incorporated into District employee health plans. There is no reason to tolerate this discrimination in insurance coverage.

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

Yes, I support ensuring that the District addresses health disparities in the LGBT community, including mental health and substance abuse treatment. Disparities, according to the referenced studies, are a result of lack of health care due to employment discrimination; stigma; and a lack of cultural competence by medical professionals. Health care in the District, and especially under the Affordable Care Act, should now be universal. Stigma is an ongoing problem, but the improved climate in the District due to our Human Rights Act, and numerous laws including the marriage equality law, should help mitigate stigma. Cultural competency is a problem, but according to *Building on Victory*, “The Office of GLBT Affairs reports that in FY12, 99% of D.C. Government managers received the LGBTQ cultural competency training. In FY13, 49% of non-managers, or 10,036 employees, received the training. In addition, training was given at several federal agencies, homeless shelters, and senior living facilities.” So progress is being made.

Transgender people are more likely to face discrimination in employment, lack of healthcare, stigma, and a lack of cultural competency by medical professionals. We will have to make sure that this population is targeted for closing disparities in outreach; expansion of coverage, including sex affirmation surgery; and cultural competency training.

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

Yes, I will support reforming the medical marijuana law and regulations to delete the outdated list of qualifying conditions. Numerous witnesses testified recently before the Council’s Committee on Health on the need for changes, citing problems with applications, the difficulty of



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independently identifying physicians, and the limited list of qualifying conditions. I also agree that legislation cannot keep up with medical research related to conditions that could benefit from marijuana treatment; accordingly, I would support relying instead on a physician's diagnosis of medical needs for patients the physician has treated or evaluated.

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

The HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA) has greatly improved over the past several years. The push to make testing for HIV a standard part of healthcare, much as cholesterol testing, is the right way to go but it falls short in follow up steps. The CDC, looking at national numbers in 2010 and not DC specific, 80% of people with HIV had been diagnosed. Approximately 77% of people with an HIV diagnosis were linked with care, and only 51% stayed in ongoing care. Of these, 89% had been prescribed antiretroviral therapy (ART). Of these, 77% had a suppressed viral load. The result of these diminishing numbers is that 28% of people with HIV in the U.S. have suppressed viral loads, "in large part because only approximately 41% are both aware of their infection and receiving ongoing HIV care." <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a4.htm>

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

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

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



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

HASTA has gained support from the George Washington University with epidemiology, with has greatly improved our ability to track and monitor the progression of the epidemic. HAHSTA and many other agencies should look for partnerships with the many schools and universities in the District for help with any number of activities where academic programs and/or interns can be matched up.

JUDICIARY AND PUBLIC SAFETY

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

Yes, I will support increased oversight of the MPD's gathering and analysis of crime statistics, including transgender-related hate crime data. I am concerned though about the status of the Gay and Lesbian Liaison Unit at the MPD. Without a strong community policing focus, there is an exacerbated risk of under reporting of bias crimes -- crimes that already go unreported 2 to 1, according to the Justice Department. We must support both a recommitment to GLLU and ensure a supportive, well-trained police force as part of the effort to develop a more accurate, robust data collection and analysis.

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

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

For many people who turn to prostitution to survive, incarceration is one of the least egregious situations. But having an arrest record offers no help in improving their lives or providing alternatives to survival sex. *Building on Victory* states that the District can help by "providing drop-in centers, transitional housing, job training and other educational programs, counseling, addiction recovery programs, mental health services, and STD testing and treatment for at-risk populations." Wanda Alston House and CASA Ruby are models of what we can do in providing alternatives to survival sex.



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

Yes. I will support funding to hire qualified trainers in these areas. The MPD often relies on outside groups to supplement training; this practice draws on those outside the Department who have expertise and perspective on the issues. However, much of the LGBT-inclusive training is conducted not by paid staff at related nonprofits, but on volunteers who give up time from work or school to train officers. This method is not sustainable and should be supported with funding.

HUMAN RIGHTS

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

Yes. I support requiring the Director of the Office of Human Rights to have a demonstrated background in human rights or civil rights law and its enforcement. Current law requires nominees for appointment to the Commission on Human Rights to have a demonstrated background and interest in human rights law; it is appropriate that we make such requirements the agency director as well. The Committee on Judiciary and Public Safety is currently developing legislation to address this need. If it hasn't already become law, I will support the bill.

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

Yes. I support the development of employment initiatives aimed at all underemployed populations in the District, including the transgender population, returning citizens, and others who face systemic discrimination. The Department of Employment Services should give preferential treatment to groups that suffer from employment disparities. The District government should not be contributing to illegal discrimination. The Transgender Economic Empowerment Initiative is a model for how the District can do better.

YOUTH AND SENIORS

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

Yes. The District government must enforce the non-discrimination laws, including in shelters and transitional housing. The Office of Human Rights has the authority to investigate discrimination and should use it to ensure discriminatory practices end in shelters and



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transitional housing. D.C. must provide shelter providers, staff, and guards LGBT sensitivity training. Discrimination in shelters is unacceptable.

Further, I will introduce legislation to amend the Homeless Services Reform Act (HSRA) and District policy to ensure minors are treated as independent individuals and entitled to the right to shelter on cold nights. Currently, minors are not guaranteed the right to shelter and are turned away with no resources. LGBT youth and minors are more at risk of homelessness and our laws need to be updated to provide greater protections when those individuals present at a time of need.

CONSUMERS AND BUSINESSES

11. Will you support strengthening Alcoholic Beverage Control (ABC) reforms by eliminating license protests filed by citizens associations and ad hoc groups, requiring stakeholders to participate in the community process provided by the Advisory Neighborhood Commission?

This is an idea that needs to be carefully considered. It would fundamentally change the authority of ANCs. The outcome may also not be what is intended. Opinions expressed by ANCs are widely divergent. While some ANCs welcome restaurants and bars, others actively oppose them, often at odds with the neighborhood groups. I welcome a review of the entire liquor license process. This may be part of a comprehensive update, but we need to ensure that everyone's rights are respected. We also need to be sure that bars and restaurants have a streamlined process to get all of the certificates that they need to open and operate. The Government should facilitate business, not hinder it.

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

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



Charles Allen

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

- Marriage Equality in the District of Columbia:
 - As president of the Ward 6 Democrats, I was one of only a handful of Ward Democratic presidents to both lead their organization through a successful endorsement vote for the District's 2009 Marriage Equality effort, and testify in-person before the Council of the District of Columbia to support the legislation.
 - As Chief of Staff for Councilmember Tommy Wells, I was his staff lead for the District's Marriage Equality legislation.
- Following the successful Marriage Equality campaign in the District, I partnered with my friend, Delegate Heather Mizeur, to create DC-based events and fundraising efforts to stand in solidarity with the 2012 Maryland Marriage Equality ballot initiative.
- As Council staff, I helped lead the successful effort to pass B19-11, the Youth Bullying Prevention Act of 2012. When the Council passed this bill, the most recent data from 2009 revealed that 25% of gay, lesbian, or bisexual identified middle school students reported bullying at school because someone thought they were gay. Bullying of the youth LGBT community impacts school attendance as well, with 9% of gay, lesbian, or bisexual high school students reported missing 4 or more days of school in the previous 30 days (as compared to 1% of heterosexual students).
- As Council staff, I helped lead the successful effort to pass B20-118, the Marriage Officiant Amendment Act of 2013. This bill acknowledged the rights of non-religious or secular couples to have a marriage celebrated by an officiant of their choosing, just as religious couples do. Previously, officiants could only be judges, court clerks, or religious celebrants.
- As Council staff, I helped lead the successful effort to pass B20-142, the JaParker Deoni Jones Birth Certificate Equality Amendment Act of 2013. When the Council passed this legislation, it was immediately one of the most progressive laws to protect transgender individuals and remove discriminatory barriers and hurdles to employment, housing, and education.
- As Council staff, I helped lead the successful effort to pass B20-35, the Domestic Violence Hotline Establishment Act of 2014. The legislation was introduced as a stand-alone bill, and then incorporated within the FY2014 Budget, to establish a 24-hour toll-free hotline to assist victims and potential victims of domestic violence.
- As Council staff, I worked closely with medical marijuana dispensaries to navigate the city's regulatory hurdles and provide services to patients. The dispensary located in Ward 6 has earned widespread support and I have continued working with the operators to outline necessary changes to the District's laws and regulations to reform the list of qualifying conditions to ensure equitable access for patients in need.



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- As Council staff, I worked closely with local non-profits that serve and support the LGBT community – ranging from organizations such as Food and Friends to the DC Strokes Rowing Club – to provide letters of support, grant application support, and technical assistance.
- As Policy Director for the DC Primary Care Association from 2002 to 2005, I worked closely with health care providers to expand access to health care services for all DC residents, in particular LGBT individuals who relied on DC Healthcare Alliance and DC Medicaid.
 - I organized and testified annually on the District’s fiscal year budget proposals and at performance oversight hearings, including successfully increasing funding and program capacity for the Department of Health and the HIV/AIDS Administration.
 - I worked with the Whitman-Walker Clinic to expand access to federal resources and laid the groundwork for the recognition of the center as a Federally Qualified Health Center “Look Alike” in 2007. This designation -- and the 2013 designation as a Fully Qualified Health Center -- resulted in substantial financial strengths to ensure the health center can provide care to all of its patients.
 - I played a key role in creating the DC Medical Homes program that provides capital support to non-profit health centers to expand access to primary care. Among other health centers, this program invested \$750,000 in upgrade funding to the Max Robinson Center.
- As president of the Ward 6 Democrats, I organized lobby days to Congress to advocate for the removal of damaging federal budget riders – such as the prohibition on needle exchange – as to push for full representation and budget autonomy for the District.



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Ward 6

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

Please return your signed questionnaire responses by Thursday, February 6 to GLAA, P.O. Box 75265, Washington, D.C. 20013.

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



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