

A 2015 Special Election
Guide to LGBT Issues
in Washington, DC

Building on VICTORY

GLAA
Gay and Lesbian
Activists
Alliance
OF WASHINGTON, DC



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1. ACTION ITEM HIGHLIGHT LIST

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

Home Rule	Defend District enactments against congressional interference.
Families	Pass Bill 21-16, the Collaborative Reproduction Amendment Act.
Public Health	Build on recent progress to improve transgender healthcare access.
	Support legislation establishing a regulatory framework to set LGBT cultural competency standards for healthcare providers.
	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.
Judiciary	Pass Bill 21-38, the Death with Dignity Act.
	Develop a 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.
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.
Youth and Seniors	Increase funding for transitional housing for homeless LGBT youth and seniors.
Consumers and Businesses	Defend the right of consumers to choose adult entertainment and of appropriately licensed businesses to provide it.

2. HOME RULE

2.1 Resisting Congressional Interference

When District enactments come under fire from members of Congress, we must stand united against this anti-democratic behavior. We are pleased that District officials have resisted such interference with respect to Initiative 71, which GLAA endorsed.¹ We expect no less in the event of congressional action against recently passed or currently pending D.C. Council legislation, as detailed below.

2.2 Repealing the Armstrong Amendment

The recently passed Human Rights Amendment Act, Bill 20-803, repeals the notorious Armstrong Amendment, imposed by Congress in 1988.² We quote the December 13, 1988 opinion by U.S. District Judge Royce C. Lamberth in *Clarke v. United States*:

Congress enacted the Armstrong Amendment in response to the decision of the D.C. Court of Appeals in *Gay Rights Coalition v. Georgetown University*, 536 A.2d 1 (D.C. 1987) (en banc). In that case, a majority of the court construed the D.C. Human Rights Act to require that Georgetown University provide facilities and services to gay student groups equivalent to those provided to other student groups, although the court held that Georgetown need not officially recognize such groups. The court found that requiring such services did not violate the free exercise rights of Georgetown University, which is affiliated with the Roman Catholic religion. (*Clarke v. United States*, 705 F.Supp. 605 (D.D.C. 1988))

The Armstrong Amendment, added to the FY 1989 D.C. Appropriations Bill, allowed religiously affiliated educational institutions the right not only to deny gay student groups "the granting of any endorsement, approval, or recognition," but also "the use of any fund, service, facility, or benefit."³ Bill 20-803 restores the intent of DCHRA by removing the anti-gay exemption in the provision of benefits without requiring the institution's approval. We note that Georgetown University has long since made peace with the gay student groups, and has led the way for Catholic universities across the country by officially sponsoring an LGBTQ Resource Center, which has been flourishing for several years.⁴

At a hearing in September 2014, Lawrence J. Morris, General Counsel of Catholic University of America (CUA), claimed that Bill 20-803 requires CUA to endorse gay student groups.⁵ This flat-out misrepresents the bill and ignores the above-cited case law. Complaints by CUA and the D.C. Catholic Conference raise the specter of congressional intervention.⁶ This recourse to our overseers on Capitol Hill is what Congresswoman Eleanor Holmes Norton scornfully calls "a second bite at the apple" on the part of people unhappy with decisions by the District's own elected legislators. We expect the District's leaders to stand united in rejecting any such paternalistic meddling.

¹ "Despite congressional threats, DC Council is definitely moving forward on legal marijuana," German Lopez, Vox, January 14, 2015, <http://tinyurl.com/l5f6qr2>

² "Gay' non-discrimination bill clears D.C. Council Committee," Lou Chibbaro Jr., *Washington Blade*, October 15, 2014, <http://tinyurl.com/orywsnj>

³ "Federal Intrusions and the Gay Community," Richard J. Rosendall, Gay and Lesbian Activists Alliance, October 1997, <http://tinyurl.com/77vb6qq>

⁴ LGBTQ Resource Center, Georgetown University, <http://lgbtq.georgetown.edu/>

⁵ Report on Bill 20-803, "Human Rights Amendment Act of 2014," October 15, 2014, <http://lms.dccouncil.us/Download/31754/B20-0803-CommitteeReport1.pdf>

⁶ "Conscience rights for DC religious schools threatened by city vote," Matt Hadro, *Catholic News Agency*, December 10, 2014, <http://tinyurl.com/l7ls7sm>

2.3 Prohibiting "Conversion Therapy" for Minors

We worked with a broad coalition for passage of the Conversion Therapy for Minors Prohibition Amendment Act of 2013, Act 20-530,⁷ which was introduced by Councilmember Mary Cheh with eleven co-sponsors and was signed by then-Mayor Vincent Gray in December 2014.⁸ It protects 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 so-called conversion efforts.

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 2012.⁹ The real problem faced by sexual minority youth is intolerance.

"Conversion therapy," also known as "reparative therapy," is a dangerous and discredited practice that uses rejection, shame, and psychological abuse to pressure young people to try to change who they are. Young people experience sexual orientation change efforts as a form of family rejection.¹⁰ By educating parents on the harmfulness of these practices, Act 20-530 will help improve health outcomes among vulnerable youth. No young person should be shamed by a mental health professional into thinking that who they are is wrong. Such professionals should provide ethical and affirming care for LGBT youth.

Let us be clear: this is not about restricting freedom of speech or religion. It is about regulating licensed therapy to reject junk medicine. Federal courts have upheld similar laws in California¹¹ and New Jersey.¹² GLAA has defended our opponents' rights, as when "ex-gay" advocates ran ads on subway platforms in 2003. But free speech and religious ministries are not the same as professional licensing.

We believe our youth have a right to make the most of who they are, and not be subjected to mistreatment disguised as healthcare. The D.C. Council's unanimous passage of Act 20-530 makes a clear statement that conversion therapy is harmful and not an acceptable practice among District-licensed providers. We expect District officials to stand squarely against any congressional effort to block this enactment.

2.4 Collaborative Reproduction

In Section 3.2, we endorse the Collaborative Reproduction Amendment Act of 2015, Bill 21-16, to legalize and regulate surrogacy-parenting agreements. Its unanimous re-introduction (an earlier version was not completed before the end of Council Period 20) suggests it is headed for passage. We expect all District officials to stand firmly against congressional interference with this overdue measure that reflects the diversity of the District's families.

⁷ "Conversion Therapy for Minors Prohibition Amendment Act of 2013," Act Number A20-0530, <http://lims.dccouncil.us/Legislation/B20-0501?FromSearchResults=true>

⁸ "Gray signs bill banning 'conversion' therapy," Lou Chibbaro Jr., *Washington Blade*, December 23, 2014, <http://tinyurl.com/ml92vuj>

⁹ "APA Revises Manual: Being Transgender Is No Longer A Mental Disorder," Zack Ford, *Think Progress*, December 3, 2012, <http://tinyurl.com/bo9d4am>

¹⁰ "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," Caitlin Ryan, et al., *Pediatrics* 346 (2009), <http://tinyurl.com/nkkparl>

¹¹ "Federal court upholds California ban on 'ex-gay' therapy," Justin Snow, *Metro Weekly*, August 29, 2013, <http://tinyurl.com/nt3zmur>

¹² "Federal Court Upholds New Jersey's Ban on 'Ex-Gay' Therapy," Sunnie Brydum, *Advocate.com*, November 9, 2013, <http://tinyurl.com/hghlf7y>

3. FAMILIES

3.1 Marriage and Domestic Partnership

D.C. passed a marriage equality bill in 2009.¹³ The law no longer appears to be under threat.¹⁴ We expect the Mayor and D.C. Council to vigorously oppose any attempt to weaken or repeal marriage equality or domestic partners.

3.2 Surrogacy Agreements

We support the Collaborative Reproduction Amendment Act of 2015, Bill 21-16, to legalize and regulate surrogacy-parenting agreements.¹⁵ That such agreements are currently outlawed is a relic of a time now past. The District's family law must reflect the reality of our city's diverse families. We thank Councilmember Charles Allen for introducing the bill, and the rest of the Council for co-introducing 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.

¹³ "A Timeline on Marriage Equality in D.C.," Gay and Lesbian Activists Alliance, March 31, 2010, <http://tinyurl.com/czpho79>

¹⁴ "Lessons from D.C. Marriage Equality Victory," Gay and Lesbian Activists Alliance, December 27, 2013, <http://tinyurl.com/lo4he22>

¹⁵ Collaborative Reproduction Amendment Act of 2015, Bill 21-16, <http://tinyurl.com/q5vjfb>

4. PUBLIC HEALTH

4.1 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.¹⁶ Many people have told DC Trans Coalition about difficulties accessing health care if they do not have HIV. The District's executive action in 2014 to mandate transgender-inclusive healthcare access was a great leap forward. More must be done to ensure that qualified providers are in fact available.

4.2 Cultural Competency for Healthcare Providers

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. Transgender people face similar barriers in seeking comprehensive healthcare. We will be working with our allies this year to craft legislation establishing a regulatory framework to set LGBT cultural competency standards for healthcare providers.

4.3 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.¹⁷

4.4 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.^{18, 19}

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 educate 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.

¹⁶ Reports and Research, DC Trans Coalition, <http://tinyurl.com/2wuy7lv>

¹⁷ "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>

¹⁸ "HIV/AIDS in the Nation's Capital," DC Appleseed Center, August 2005, <http://www.dcappleseed.org/project/hiv-aids>

¹⁹ "HIV/AIDS in the Nation's Capital," Report Card No. 8, July 2012 to Nov. 2013, DC Appleseed Center, <http://tinyurl.com/masknqch>

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 48-1103.01,²⁰ which helps prevent blood-borne disease without increasing drug use.^{21,22}
- **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 does not protect the victim's health, which is best served by testing for the victim's viral load and treating with Post-Exposure Prophylaxis to prevent HIV from taking hold, not by policies based on AIDS panic. HIV should be handled like other communicable diseases.²³

4.5 Health Data Collection

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 System²⁴ and a CDC-based survey of men who have sex with men. In 2010, the Mayor's Office of LGBT Affairs released the first LGB health report.²⁵ This made no reference to transgender health, due to the lack of data. DOH is improving its surveillance activities to be trans inclusive. 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 Office of LGBT Affairs to ensure distribution of intercity funds as grants to LGBT health organizations.

²⁰ Policies and Procedures Manual, District of Columbia Needle Exchange Programs, D.C. Department of Health, May 2009, <http://tinyurl.com/aqk5xsx>

²¹ "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/bchotkq>

²² "HIV/AIDS, Hepatitis, STD and TB Annual Report 2010," D.C. Department of Health, P. 10, <http://tinyurl.com/awc32wg>

²³ Testimony on Criminal Code Amendments Act of 2010, Bob Summersgill, September 27, 2010, <http://tinyurl.com/6nagv3n>

²⁴ Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, <http://www.cdc.gov/brfss/>

²⁵ "A Report of Lesbian, Gay and Bisexual Health in the District of Columbia," Mayor's Office of LGBT Affairs, June 30, 2010, <http://tinyurl.com/28j222p>

5. JUDICIARY

5.1 Death with Dignity

We support the Death with Dignity Act of 2015, Bill 21-38, introduced by Councilmember Mary Cheh.²⁶ This bill is modeled on an Oregon law. As described by *The Washington Post*, it "would allow patients with illnesses likely to result in death within six months to seek medication to end their lives. Two physicians would have to consent to dispensing the life-ending drugs after certifying the patient's terminal prognosis and mental competency."²⁷ The gay community's painful experience with AIDS gives us sensitivity to end-of-life issues. Activist David Mixner, for example, has movingly recounted helping several friends in the 1980s in the final stages of AIDS who asked his help to die with dignity.²⁸ Contrary to opponents such as Cardinal Donald W. Wuerl, this carefully crafted measure is not based on a "eugenic philosophy" but on compassion and respect.

5.2 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. 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.

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.

5.3 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 entire MPD force should be culturally competent to handle cases of LGBT partner violence.

5.4 Sex Work: Alternatives to Incarceration

People involved in sex work, including homeless LGBT teens and transgender people, often resort to it for survival. They face greater risk of substance abuse, mental and

²⁶ Death with Dignity Act of 2015, Bill 21-38, <http://tinyurl.com/l7m8lov>

²⁷ "Death With Dignity' laws are proposed, bringing national debate to D.C. and Md.," Mike DeBonis, *The Washington Post*, January 16, 2015, <http://tinyurl.com/ne3tekv>

²⁸ "Summoning the Ancestors," Richard J. Rosendall, *Washington Blade*, November 6, 2014, <http://tinyurl.com/n5pozgn>

physical abuse, and sexually transmitted diseases. The District has seen numerous murders of sex workers in recent years, many of which have gone unsolved.

Harassing, arresting, and prosecuting people for survival sex only add to their problems while resolving nothing.²⁹ We believe the District should pursue the more compassionate course of decriminalization and regulation. Short of that, the District can adopt safer, healthier, and more sustainable alternatives to incarceration by providing drop-in centers, transitional housing, job training, counseling, addiction recovery programs, mental health services, and STD testing and treatment for at-risk populations.

5.5 MPD Diversity Training and Discipline

Early in 2015, GLAA joined allied groups in reviewing MPD diversity training materials on LGBT issues, including the proper handling of hate crimes and intimate partner violence. The materials include a particular focus on transgender issues. This grew out of the "Community Response to the Hate Crimes Assessment Task Force," issued in March 2014, in which GLAA took part.³⁰ We appreciate MPD's cooperation.

Police training needs are not restricted to MPD. Other D.C.-based police forces, prosecutors, investigators, and defenders should receive diversity training; we know that jurisdictional issues make this a challenge.

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.³¹

We are proud to count Gays and Lesbians Opposing Violence (GLOV),³² Supporting and Mentoring Youth Advocates and Leaders (SMYAL),³³ DC Trans Coalition (DCTC),³⁴ Rainbow Response Coalition,³⁵ and Casa Ruby³⁶ as allies on public safety issues.

5.6 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,"³⁷ to insure professional and respectful interaction between MPD personnel and transgender people. Subsequent incidents³⁸ have shown that the message has not entirely sunk in.³⁹ MPD should revise and sharpen the General Order and monitor compliance.

²⁹ "Move Along: Policing Sex Work in Washington D.C.," Alliance for a Safe and Diverse DC, May 1, 2008, <http://tinyurl.com/85k5w9y>

³⁰ "Community Response to the Hate Crimes Assessment Task Force," March 13, 2014, <http://tinyurl.com/qapls68>

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

³² Gays and Lesbians Opposing Violence, <http://www.glovdc.org/>

³³ Supporting and Mentoring Youth Advocates and Leaders (SMYAL), <http://www.smyal.org/>

³⁴ Police training materials, DC Trans Coalition, <http://tinyurl.com/chq56gu>

³⁵ Rainbow Response Coalition, <http://www.rainbowresponse.org/>

³⁶ Casa Ruby, <http://www.casaruby.org>

³⁷ MPD General Order 501.02, "Handling Interactions with Transgender Individuals," October 15, 2007, <http://tinyurl.com/arkngwb>

³⁸ "D.C. police struggle over disclosure of transgender murder," Lou Chibbaro Jr., *Washington Blade*, July 21, 2011, <http://tinyurl.com/3vd67o5>

³⁹ "Sentencing of MPD Officer Furr Devalues Trans Lives," DC Trans Coalition, January 10, 2013, <http://wp.me/pxSsl-qL>

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.^{40, 41} DOC issued a revised policy on classifying and housing transgender inmates in 2009.⁴² The Office of LGBT Affairs reported 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.

5.7 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.

5.8 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 leadership and 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.⁴³ We would like to see OPC strengthened so that it can do more investigations of systemic issues.⁴⁴

⁴⁰ "Jails," DC Trans Coalition, <http://tinyurl.com/73x5xan>

⁴¹ "Lesbian, Gay, Bisexual, Transgender and Intersex Offenders," National Institute of Corrections, <http://nicic.gov/lgbt>

⁴² Program Statement on Gender Classification and Housing, D.C. Department of Corrections, February 20, 2009, <http://tinyurl.com/bqlm4ee>

⁴³ Fiscal Year 2013 Annual Report, Office of Police Complaints, March 4, 2014, <http://policecomplaints.dc.gov/node/789112>

⁴⁴ Testimony on Police Monitoring Enhancement Amendment Act of 2013, Bill 20-63, Richard J. Rosendall, July 2, 2014, <http://tinyurl.com/kwmzosm>

6. HUMAN RIGHTS

6.1 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."⁴⁵ 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.⁴⁶

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

6.2 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. More transgender women were murdered in the last decade than were employed by the D.C. government. It is easier to place violent criminals than trans persons.

We applauded former Mayor Gray for including transgender people in Project Empowerment job training at the Department of Employment Services (DOES) to help them escape the streets.^{47, 48} Unfortunately, the scale of this training is too small compared to the level of persistent transgender unemployment and underemployment. Further initiatives 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 Service.⁴⁹ Transgender residents should be hired in the Executive Office of the Mayor to demonstrate a personal commitment at the top.

6.3 Mayor's Order on DCHRA Compliance

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—including within District government agencies. 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.

⁴⁵ "DC Trans Needs Assessment, Summary Findings – Phase One," DC Trans Coalition, July 2011, <http://tinyurl.com/ccajc4b>

⁴⁶ "Gender neutral: D.C. threatens fines for mislabeled bathroom signs," Michael Neibauer, *Washington Business Journal*, January 24, 2013, <http://fb.me/2fT9aLg4N>

⁴⁷ "Transgender residents to graduate from jobs program," Lou Chibbaro Jr., *Washington Blade*, October 6, 2011, <http://tinyurl.com/3mkevne>

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

⁴⁹ Employment, Transgender Law Center, <http://transgenderlawcenter.org/issues/employment>

7. YOUTH AND SENIORS

7.1 Transitional and Affordable Housing

We were pleased by the passage of the LGBTQ Homeless Youth Reform Amendment Act of 2013.⁵⁰ We also supported⁵¹ the LGBT-inclusive Age-Friendly DC Initiative, part of an effort by the World Health Organization,⁵² and we were pleased that the District inked a deal with Casa Ruby to build a new facility. 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.

7.2 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.⁵³ 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.⁵⁴ YRBS must include transgender students, who are at higher risk than their LGB peers.⁵⁵ 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."⁵⁶ More such efforts are needed. In Section 5.4 we discuss the need for alternatives to incarceration for youth who resort to sex work for survival.

7.3 Anti-Bullying Law and DCPS Efforts

The D.C. Council in 2012 passed the Youth Bullying Prevention Act,⁵⁷ and D.C. Public Schools (DCPS) has pursued its own anti-bullying initiatives. Regarding implementation of the new law, the Office of LGBT Affairs reported in December 2013: "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

⁵⁰ LGBTQ Homeless Youth Reform Amendment Act of 2013, Bill 20-51, Committee Print, December 11, 2013, <http://tinyurl.com/mshopbl>

⁵¹ Letter to Mayor Vincent C. Gray, Gay and Lesbian Activists Alliance, November 7, 2014, <http://tinyurl.com/ldkzdkd>

⁵² "The Age-Friendly DC Initiative," DC Office on Aging, <http://dcoa.dc.gov/page/age-friendly-dc-initiative>

⁵³ "Youth Risk Behavior Survey," D.C. Office of the State Superintendent of Education, 2009, referenced by The DC Center, <http://tinyurl.com/3hzl6jb>

⁵⁴ "CDC Says DC Youth Risk Behavior Survey Data Unusable," Adam Tenner, Metro Teen AIDS, March 2010, <http://tinyurl.com/3o4yasp>

⁵⁵ "Center Facts: LGBT Youth in the District of Columbia," http://www.thedccenter.org/facts_youth.html

⁵⁶ "Mayor Fenty Announces Accomplishments, New Initiatives in Special Education," DCPS, October 1, 2009, <http://tinyurl.com/25w7h9w>

⁵⁷ Youth Bullying Prevention Act of 2012, D.C. Law 19-167, <http://dcclims1.dccouncil.us/images/00001/20120620123014.pdf>

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.⁵⁸

7.4 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.

7.5 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.

⁵⁸ "Gay 'gang' members speak at LGBT youth forum," Lou Chibbaro Jr., *Washington Blade*, October 26, 2011, <http://tinyurl.com/3t5myle>

8. CONSUMERS AND BUSINESSES

8.1 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.⁵⁹

8.2 Rectifying Soccer Stadium Displacements

The planned soccer stadium at Buzzard Point will likely displace a gay-related establishment, Ziegfeld's/Secrets at 1824 Half Street SW,⁶⁰ which features adult entertainment and faces virtual impossibility in relocating without action by the Council and Mayor. We ruefully recall the club relocation bill of 2007,⁶¹ whose passage occasioned a round of mutual congratulations on the Council dais after it was 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.

⁵⁹ "Liquor board suspends Ziegfeld's/Secrets license," *Washington Blade*, June 8, 2010, <http://tinyurl.com/32uyhfo>

⁶⁰ "Soccer stadium would displace D.C. Center, gay nightclub," Lou Chibbaro Jr., *Washington Blade*, July 25, 2013, <http://tinyurl.com/mqqrwfy>

⁶¹ 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>