

# **Gay and Lesbian Activists Alliance of Washington, DC**

## **2016 Questionnaire for DC Council Candidates**

Answers from **G. Lee Aikin**, At Large candidate

Before answering the 9 questions I would like to make some general observations. First, GLAA should be recognized for it's very detailed and well prepared position paper, **Building on Victory, A 2016 election guide to LGBT issues in Washington, D.C.** The extensive and comprehensive list of 90 References is a gold mine of information for anyone interested in working with/for the GLAA community on major issues.

The emphasis on questions regarding health of the old, addicted, and youth, and society's overall treatment of issues regarding sexuality of the non-traditional variety points to the underlying problem of the GLAA community and our wider society—selfishness, prejudice, fear, and anger. The most obvious examples are the violent and hateful treatment seen in bullying, unnecessary incarceration, and deliberate marginalization of sex related business. The more subtle manifestations are overall indifference to the problems of others, and failure to realize that what harms one group and makes them a target reduces security and safety for us all. It is this awareness of and concern for the wider problems that do affect us that makes me want to serve the people of DC. As the bullseye on the target of indifference, neglect and even hatred, unaddressed GLAA issues for me serve as the “canary in the coal mine.”

### **HOME RULE**

1. YES. The move by Presidential candidate Ted Cruz and others to force our 660,000 residents to fund a voucher program that we don't even want is disgusting and offensive. The fact they are used for private schools demonstrates the overall effort of the far right to eliminate public education and all government programs that help people, especially those least able to help themselves. The Walton Family Foundation funded IFF Report several years ago proposed closing or charterizing a large number of public schools, mostly in Wards 7 and 8. Now they are at it again, and vouchers is one of their tools. [[www.washingtonpost.com/news/answer-sheet/wp/2016/01/27/walton-family-steps-up-support-for-school-choice-with-1-billion-pledge/](http://www.washingtonpost.com/news/answer-sheet/wp/2016/01/27/walton-family-steps-up-support-for-school-choice-with-1-billion-pledge/)] Our Mayor is reportedly “hopping mad.” at Walmart deceit.

In addition, various studies have indicated outcomes in charter schools are often not as advertised. Moreover, most do not adhere to non-discrimination provisions of the DC Human Rights Act. Nor do those teachers have the protection of the Washington Teachers' Union. I hope that Mendelson, Orange, Todd and Cheh have been or will be persuaded to sign on to the 2015 letter to Rep. Chaffetz opposing their latest voucher program. If At Large Councilmember Orange has not, I will be happy to replace him on the Council and sign that letter.

### **HEALTH**

2. YES. For our government to have delayed submitting the annual LGBT Health Report since 2010 borders on criminally negligent, especially as it already has much of the needed data. This report should be followed by speedy distribution of funds to appropriate LGBT organizations. An analysis of possible loss of federal funds to LGBT health and other programs would be wise. See this astounding report that DC has returned \$140million in unspent housing money on just 1 of 5 HUD programs over decades. [<http://gleeaikin.blogspot.com/2015/11/dc-government-fails-to-use-millions-of.html>] The fact

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that in 2014 our DC residents and businesses paid \$26.4billion in federal taxes highlights this need for

monitoring. If elected I would like to support volunteers and part time paid personnel to examine waste and non-use of all our granted and available federal funds.

How much money has the DC government received from the federal government and failed to spend on LGBT related mental health and substance abuse treatment (question 3); marginalized LGBT workers (question 6); upgrading quality of police, fire and EMS services (questions 4, 6, and 7); or services and treatment for LGBT homeless youth, transgenders, seniors, and terminally ill (questions 5 and 8)? If the housing issue linked above is any example, it must be substantial.

3. YES. Our DC government spends entirely too much money supporting rich sports franchise owners and high end developers, including some who have never even engaged in competitive bidding. Given the higher levels of stress and disapproval experienced by LGBT children growing up, it is not surprising that they have a higher than average level of PTSD and suicides. Back in the 1980's I remember a study showing 30% of gay men reported less safe sex practice now that HIV/AIDS was a known fatal health issue. This figure correlated well with other forms of slow suicide like drug abuse and alcoholism. Money and efforts spent to treat the underlying PTSD will bear dividends in lower costs for mental and physical health care. Newer coverage through Obamacare and trans-inclusive coverage should be a big help.

The Council should be alert to funding and laws needed to adequately support HIV testing and linkage to care, as well as appropriate use of PrEP and PEP. It was ultimately proven that government paid monitoring was needed to insure consistent follow-up treatment of Tuberculosis. This Bulletin from the World Health Organization [<http://www.who.int/bulletin/volumes/85/5/06-038927/en/>] outlines the kinds of steps useful for stopping the spread of TB, and could contain useful advice for monitoring PrEP usage and other issues covered at HAHSTA.

Without proper collection and dissemination of health related statistics, it is hard to properly and effectively allocate resources both human and monetary, and for the Council to make correct decisions on the legislative aspect of these allocations. As more and more elderly become widowed or divorced, they become especially vulnerable to HIV/AIDS and other STDs that were not an issue when happily mated to a spouse. For elderly these chronic illnesses become especially costly given their frailty.

4. YES. It makes sense to separate these functions. Effective EMS personnel do not need training in firefighting. Some people with chronic conditions need repeated EMS assistance over time. There should be a readily available data base and communication procedure so that appropriate assistance is sent to people who should be listed in a rapid help evaluation system. There is no need to send a hook and ladder truck where it is known that a repeat illness victim is not morbidly obese and lives on the 1<sup>st</sup> or 2<sup>nd</sup> floor. Information on a preferred hospital would be good where the victim is unconscious.

DC schools should do more in the way of vocationally oriented education to prepare young people for such jobs as EMS and Firefighting. My son was in ROTC for 3 years, and the discipline there encouraged him to look at possible work as a firefighter. More can definitely be done to enhance public education to help our young people explore career options in health and public safety. My son's ROTC training enabled him to enlist as a better paid Private 1<sup>st</sup> Class, rather than Private 3<sup>rd</sup> Class.

## JUDICIARY

5. YES with questions. I have read the complete bill and also the criticisms. First, some of my concerns are based on caring for my mother slowly dying at my home of congestive heart failure, and my husband of 44 years slowly dying at home of Alzheimer's. Fortunately, neither was experiencing extreme pain or suffering as some might when dying of cancer and other illnesses. I read the provision

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requiring a written request. If my husband had been dying of both Alzheimer's and painful cancer, he

would have been unable to write a request in any form even 2 years before he died. There is no mention of the prescribing physician being required to be present when this written request is made, so I wonder what protects the dying from predatory or impatient relatives and caretakers.

When my husband was 4 months from death I went to see the VA doctors about his advanced directive for NO heroic measures to sustain life (tube or intravenous feeding, ventilator, etc.). Two VA doctors examined him and asked about the advanced directives. He was unable to answer them so I repeated the questions in simplified terms. He answered with an emphatic NO!!! When I followed their instruction to ask again, he again answered NO emphatically. When he was on his death bed, my son and I were able to call them and received appropriate specific instructions about feeding or not feeding. I think refinement could be made in language regarding witnessing some steps of the process that would safeguard the mentally vulnerable from coercive actions by family, doctors or institutions. My husband died at home with visits from a hospice nurse. The funeral parlor put that he had died in a hospice on the Death Certificate. I reported this to Medicare as a possible case of fraud.

Thus, while I generally favor this bill, I think there are some ways in which it could be improved. I would hope to bring my very hard won experience to perfecting this measure for all who might need it. However, I do not believe that search for the perfect should be the enemy of the good. Councilmember Alexander should move forward to obtain additional public input on ways in which this bill satisfies the needs of the dying and caregivers, or ways in which it could be improved.

As a separate but related piece of legislation, I would like to see an expansion of the DC D-40 individual income tax provision for Exemptions. It allows (2015 tax year) a \$1775 exemption for a blind person. I would like to see the same exemption for any person medically certified as handicapped as much as a blind person. In the last 2 years of life my husband needed much more care and supervision than a blind person. A person in the 15% tax bracket would save \$266.25 in tax payment, and in the 25% tax bracket save \$443.75. Such a saving might permit an exhausted family caregiver to hire a non-family caregiver and occasionally go out alone to a movie or do necessary shopping.

6. YES. Incarcerating adults (16 in DC with an age gap provision) for any agreed upon activity with a consenting adult is stupid and wasteful. However, we must make it easier for young adults to learn and find work that does not force them into making unwanted decisions in order to survive. The failure I referred to in Question #2, of DC to spend government money to build much needed low-cost housing must be stopped. It even seems as thought there is collaboration among most of our leaders to make it almost impossible for lower and lower middle income people to find low-cost or affordable housing.

Prevention of bullying and fighting in our schools is essential. The Council will need to be alert to effective implementation of the Safe School Certification Program due to begin in the 2016-17 school year. In addition to encouraging this implementation the Council should also determine that the \$3.8million grant from the National Institute off Justice is being spent effectively. I am not aware that bathrooms are a transgender school problem in DC, but am sympathetic to the issue.

During the fight to keep the IFF Report from closing schools in our poorer neighborhoods, I thought it might be good to use one or more of those schools as a low cost dormitory for youth under 22 years. It/they could have "dorm advisers" who were graduate students of Sociology, Psychology, Public Health and similar disciplines receive free room and board and a stipend to supervise these dwellings. Included could be a cafeteria and laundry where the young residents would work part time and receive training and rental credit. In addition there should be counseling and other treatment and adult health education made available. This is just one example of kinds of creative alternatives to incarceration or street living for our marginalized citizens I have imagined. I would work to implement others as well.

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7. YES. The Bill 20-63, Police Monitoring Enhancement Amendment Act, formerly introduced by

Tommy Wells needs to be reintroduced. Apparently earlier language requiring “unfettered” access of the Office of Police Complaints (OPC) to information and documents had been converted to the vague term “reasonable” access. The stronger term “unfettered” should replace “reasonable” in a newly introduced bill.

I have several questions which depending on the answers might require legislation and/or funding. Have the OPC and Metropolitan Police Department (MPD) ever adopted the Police Complaints Board's recommendation that OPC and MPD together establish a joint monitoring system for allegations of inadequate police response to reported hate crimes? Has OPC been better able to determine the number of hate crime related complaints referred to MPD? Does OPC now have access to complaints filed with MPD's Internal Affairs bureau? Is there now a “rapid response” protocol for handling routine, customer service oriented complaints? Given the potential fear of reprisal felt by members of the LGBT community, does OPC now have the capacity to look at MPD performance and responses to LGBTQ complaints even for just a small number of them? In recent years I have noticed a definite increase in reports of harmful treatment of Transgender people. Has the review of complaints regarding demonstrations of police bias toward people of color been expanded to include LGBTs and especially Transgenders?

8. YES. Since a significant minority of LGBT youth are rejected by their families and made miserable in school, homelessness is a serious issue for them. For the elderly, loss of a partner and shared economy, or inability to work because of age and illness are some causes of homelessness. In addition LGBT youth are at higher risk of suicide, and isolated seniors are probably also at higher risk. Thus, both these LGBT populations need more specialized counseling, education on health and sexuality, and assistance with housing needs. The fact the DC government seems to have no interest in providing low cost housing hasn't helped. The fact that anyone wishing to rent out a room or two needs a Basic Business License doesn't help. See answer at Question #9.

Here again you have these particular vulnerable populations serving as the “canary in the coal mine.” Given the overall failure of the city to promote low cost housing, and basic employment education for much of the population, it becomes especially noticeable among young and elderly LGBTs. In addition to working specifically to help vulnerable LGBT populations, it is important for GLAA to work closely with other groups engaged in the good fight against greedy and indifferent developers and the politicians they support.

For example, how can support services for needy populations be paid for when the city plans to spend \$3billion tearing up the streets and putting ALL electric lines underground? Where homes are far apart it is cheaper and quicker to repair above ground cable breaks, and pay arborists and tree trimmers to keep dangerous branches cut beforehand. Why should over \$60million be allocated this year to destroy over 20 acres of historic water filtration caverns at McMillan Park when this space could be used for STEM education and projects growing hydroponic food and fish to feed the poor and teach useful skills? Has all the money spent on the H Street light rail system been a total waste? The common element here is that in each case developers and contractors will earn heaps of money, often at inflated rates, and only they and upper income residents will benefit. I am told that NO housing developer has ever been sued by the city for failing to include the promised lower cost units that were negotiated and agreed to before permits were issued.

One result is that although the Tax Revision Commission agreed with my 11 year effort to restore the parity D-40 Deductions and Exemptions rates had with IRS 1040 rates in 1973 when we gained home rule, the Council approved scheduling this restoration of justice over SIX years. Thus, it will be 2020 before the full \$85million a year will flow back into our pockets and out to our local businesses.

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For this April's 2015 taxes, a young single could deduct \$6,975 on the D-40, but \$10,300 on the 1040.

An elderly single could deduct \$8,750 on the D-40, and \$11,850 with the IRS 1040. Somewhat better savings were given in 2015 than in 2014, but see [<http://gleeaikin.blogspot.com/2014/10/in-2019-dc-council-approval-of-2-tax.html>] for a more detailed view of previous figures.

## CONSUMERS AND BUSINESSES

9. YES. Adult-oriented entertainment and business are part of our “life, liberty, and pursuit of happiness.” When young and exploring the hidden world of sexuality, I read some gay porn. I believe my husband of 44 years benefited from some of the knowledge gained. There was also a period in the 1980s when my husband was away a lot and the children almost grown that I visited a number of gay oriented clubs including Ziegfeld's, Tracks and Lost and Found near S. Capitol. Living near DuPont Circle, I more often went to Friends, the Fireplace and Rascals, including to their 3<sup>rd</sup> floor, and others. I remember how the S. Capitol clubs were displaced by the subsidized ballfield, and wondered why it was fair to pay off one business at the expense of another.

If I should be on the Council while businesses are being displaced by the Buzzard Point soccer stadium, I would certainly work to persuade other Councilmembers to pass fair legislation. As an increasingly popular city for tourism and late night entertainment, we should not allow prudes to dictate the legal and properly regulated pleasures of others. The legitimate desire of people to gather in appropriate public settings to socialize and use marijuana also needs fair and practical action.

Two other measures I would pursue if elected would be to make it easier for young, elderly, and small entrepreneurs to begin a micro-business. Even something as simple as a lemonade stand can bring grief [<http://www.copblock.org/7170/lemonade/>]. All non service businesses in DC require a Basic Business License. If one owes the city a traffic fine, back taxes or other monies above \$100 it is impossible to get the BBL. A waiver should be provided for payments that are in adjudication or negotiation. An elderly friend with 5 joint replacements needed a BBL for an agent to rent out her apartment for 6 months. The number of hours and places she had to visit to achieve obtaining the BBL were physically painful and exhausting. Therefore I would recommend not requiring a BBL until one year after grossing \$250,000. Instead the prospective entrepreneur should take a ½ day course on how to file DC business (D-30) and income (D-40) taxes.

This brings me to the second issue—the D-30 Unincorporated Franchise Tax. In 1986 it was determined that any business grossing over \$12,000 should pay a minimum \$100 fee and taxes for profits above that. Recently, the \$100 minimum was raised to \$250, but the \$12,000 gross income was not adjusted for inflation which should bring it up to between \$25 and \$30,000. In addition if all earnings are DC based then there is no need to have the long, complicated, poorly explained D-30 form filled out. One should merely have to submit the IRS 1040 Schedule C for general business, or the Schedule E for rental income, along with the first 2 pages of the D-30.

## Related Personal Actions and Experience

In the past four years I have made a point of forwarding articles about GLBT issues and human interest to appropriate members of the GLBT political and journalistic community. A number of years ago I made a presentation at Whitman-Walker on new highly effective methods of dealing with emotional/PTSD/abuse issues (which I used for 10 years seeing clients about such issues). When my husband died from Alzheimer's, I gave all his adult diapers to Joseph's House. I would be happy to speak with a GLBT group about home care of the dying, and planning an an-home death.

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I personally observed a number of people in the early 1980's experiencing the problems of living as

a GLBT person. My husband was seldom around and my sons were mostly off with their friends, so I started going to the bars on P St. near my DuPont Circle home. I especially liked the piano bars at Friends and the Fireplace. As a fun but maternal figure a number of young gay people became my friends and long term acquaintances. They would tell me their troubles and ask for advise. I was answering so many questions about nutrition and health that I wrote and printed a 20 page pamphlet titled "PROTECT YOUR HEALTH THROUGH BETTER DIET (from AIDS and other diseases)." I distributed free copies to anyone who asked.

I will outline some of these people's stories. They have mostly all died, so I don't think I will be breaking confidences. However several followed my advice about careful sex and super-nutrition and were still healthy and alive ten years after HIV first appeared in DC.

- A) A man in his 30's who had suffered severe sexual abuse by his brother and was neglected by his alcoholic mother. He developed AIDS and gradually went blind. He called me one day in panic, "I can't see anything, it's all black." He lived with an abusive lover who didn't believe he was blind and left obstacles for him to trip over, and even refused to let him get a guide dog. I begged him to let me find a better placement for him, but he refused. They both died a year or two later.
- B) A 17 year old, emancipated as a 15 year old minor to flee the abusive foster home system. He lived with an older gay man who died of AIDS. We did some renovation work together, I taught him some skills, and he developed his artistic talent and started a business. He succeeded in creating a good life for himself, including providing my son a job and mentorship, but died at 50 from Hepatitis C caught in those early years.
- C) An artistically and dramatically talented young man who was reasonably successful as a drag performer. I gave him a free place to live in my home for several months. He had been severely abused physically and emotionally by his alcoholic single mother. Subsequently he was raped by an HIV positive "friend". He probably became HIV positive (he had practiced protected sex in the ordinary course), and ODed either accidentally or on purpose a year or two later.
- D) A man in his 30s who was into leather daddies who beat and bruised his butt so badly I warned him he was in danger of dying from a lung embolism. He started coming to a self-help therapeutic group I had organized. In a major breakthrough he realized the origin of his behavior in his relationship with his distant father who passed off discipline of this son onto his overwhelmed wife. After this he no longer engaged in abusive sex, and had several relationships before he died of AIDS a few years later.
- E) A man in his 30s who had been abused by both his upper middle class parents. When we first met his T-4 level was around 400 and he could only walk a few blocks before exhaustion struck. He was also a cocaine addict. His father arranged for me to monitor a stipend for his rent and food. We went shopping and sometimes cooked together. I set him up with an array of supplements. After 4 months his T-4s were 1100, and we could walk 11 blocks without suffering fatigue. Two years later his father stopped the stipend and he moved home. He misplaced his supplements in packing, his parents restimulated feelings from his childhood abuse, and a lover dumped him. He died 3 months later.

I could provide at least a half dozen other stories, but the point is, I have heard the tragic early histories and watched the successes and failures of a number of GLBT people over time and helped where I could. I will continue to do so whether elected or not.

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A sample of the DIET pamphlet is being mailed.