



WHITMAN-WALKER HEALTH

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BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA COMMITTEE ON GOVERNMENT OPERATIONS

TESTIMONY OF WHITMAN-WALKER HEALTH ON BILL 23-0037, CARE FOR LGBTQ SENIORS AND SENIORS WITH HIV AMENDMENT ACT AND BILL 23-0073, ATTORNEY GENERAL CIVIL RIGHT ENFORCEMENT CLARIFICATION AMENDMENT ACT

February 19, 2020

Good morning, Chairperson Todd and Members of the Committee. My name is Murray Scheel, and I am a senior staff attorney at Whitman-Walker Health, a primary care, federally qualified health center in the District of Columbia that serves the Lesbian, Gay, Bisexual, and Transgender and HIV positive Communities of the District. Thank you for the opportunity to testify in favor of the Care for LGBTQ Seniors and Seniors with HIV Amendment Act of 2019, Bill 23-37. Whitman-Walker Health fully supports the passage of this Act because it will help to address the unique forms of isolation and discrimination that elder LGBTQ District residents face.

Although my testimony is focused on Bill 23-37, Whitman-Walker also supports the Attorney General Civil Rights Enforcement Clarification Amendment Act of 2019 (Bill 23-73), because it clarifies and strengthens the powers of the Attorney General to combat housing discrimination and other forms of discrimination in the District of Columbia.

Whitman-Walker is a major provider of health and wellness services, as well as legal assistance, to LGBTQ individuals and families and to people living with HIV in the District of Columbia. In 2019, 45% of those who received health care services identified as gay, lesbian,

bisexual, or otherwise non-heterosexual. Of those patients who provided their sexual orientation, 60% identified as gay, lesbian, bisexual, or otherwise non-heterosexual. 10% of our patients – 2,148 individuals – identified as transgender or nonbinary; and 3,587 of our patients were living with HIV. That same year, 20% of our legal services clients identified as transgender or nonbinary, and more than half of those who identified their sexual orientation identified as gay, lesbian, bisexual or otherwise non-heterosexual. One-half of our legal services clients were living with HIV.

Of all those we serve, a substantial proportion are older. In 2019, 21% of those receiving health care services were age 50 or older, and 8% were age 60 or older. That same year, 41% of our legal clients were age 50 or older, and 21% were 60 or older.

As many have testified this morning, while aging brings challenges to persons of every gender and sexual orientation, older persons who are LGBTQ face particular challenges in our society. Compared to heterosexual or cisgender individuals, a far greater proportion of LGBTQ seniors have no partner or spouse, nor any children. A far greater proportion have limited to non-existent connection to their families of origin, and a far greater proportion enter later life with a physical disability.

In addition, seniors living with HIV face not only the pervasive stigma that too many persons with HIV of every age still face, but frequently cope with a number of medical problems that are exacerbated by longstanding HIV infection, including cardiovascular disease, lung disease, certain cancers, neurocognitive disorders, liver disease, and diabetes – even if their HIV infection itself is well-controlled by antiretroviral treatment.¹ These conditions may increase or

¹ Department of Health and Human Services, *Aging With HIV*, <https://www.hiv.gov/hiv-basics/living-well-with-hiv/taking-care-of-yourself/aging-with-hiv> (visited January 15, 2020). See also National Institutes of Health, National Institute on Aging, *Aging with HIV: Responding*

accelerate their need for long-term care, and many of them are fearful of the discrimination or lack of understanding they may encounter in long-term care facilities.

Bill 23-37 is a very important – indeed, ground-breaking – step forward in addressing the many needs and concerns of these populations. By designating older persons who are LGBTQ or who are living with HIV as a population of greatest social need, it promises to make substantial additional resources available to provide much-needed services to them. And by creating a “bill of rights” for persons in long-term care facilities, it provides needed legal protections for some of the most vulnerable people in our community.

At Whitman-Walker, I specialize in elder law, and work with many seniors who are LGBTQ or living with HIV. I also work closely with our health care providers and care navigators to provide holistic services for my clients. I have assisted many such individuals in estate planning, such as drafting advance health care directives and wills. I also help many older clients, and their caregivers, to navigate health care networks and public health and social benefit programs that are complex and too often insensitive to their needs. I have seen the statistical evidence to which others have testified today exhibited in the daily lives of my individual clients. I see a steady stream of older LGBTQ clients who:

- Live alone because they are either unpartnered, or their partners have passed away;
- Have no children to support them as they age;
- Have a shrinking or non-existent friendship network;
- Have health problems such as HIV or other disabilities that become more debilitating with age;

to an Emerging Challenge, Sept. 30, 2013, <https://www.nia.nih.gov/news/aging-hiv-responding-emerging-challenge>.

- Are fearful of nursing homes and other housing-related services that could deprive them of their privacy and autonomy.

For example, one client of mine, whom I'll call **John**, is a gay man in his mid to late 70's and is a long-time survivor of HIV. He moved to the District when he was a young man, and took a job in the federal civil service, where he worked most of his life. In his late twenties, quite by chance, he met the man who would become his partner for life, and eventually his lawful husband once District law allowed them to marry. They lived together for over forty years in the District. John's husband, Bob, passed away about four years ago. Many of John's friends from his youth passed away in the course of the HIV epidemic or have moved away to cheaper places to live. John has fewer and fewer friends his own age, as a result, and physical impairment prevents them from getting together regularly anymore. Because of the era in which he came out, John has no strong connection to his family of origin. In addition, he now exhibits mild HIV-related dementia, which can make problem-solving and organization more difficult for him. He has wonderful stories to tell of DC back in the 70's and 80's, but few if any of his friends from that era are still around.

He enjoys going to events where he can meet other gay men his own age, but is reticent about going to standard senior centers or events for fear he will be the only gay man, or need to "straighten up" for the occasion, leaving his full self at home. He fears ever having to go into a nursing home for the same reason.

His concerns on that point remind me also of a transgender woman I know, **Susan**, who is in her 70's, and who has publicly expressed that she hopes she dies before she ever has to go into a nursing home or other facility, because she fears the mistreatment and loss of dignity she expects she would face if she had to live in a facility with so little privacy, and where she would

be completely dependent on staff. If she were to experience discrimination in any public accommodation now, while she lives independently, she could always leave, and retreat to the relative safety of her home and friends. Once in a nursing home or similar facility, however, Susan knows she cannot so easily escape a bad situation or choose with whom she lives.

As an example, I had an African American Female-to-Male Transgender client, whom I will call **Jack**, who suffered a massive stroke, and as a result had to move into a nursing home in suburban Maryland. I helped him apply for federal civil service disability retirement, a lengthy process that took over a year. In the course of that year, Jack assumed again his former female identity. Fighting multiple illnesses, and being completely dependent on caregivers, it was the path of least resistance. Just a few months after the civil service benefits were approved, Jack passed away. It was only at the funeral that I finally saw pictures of who Jack had really been, prior to the stroke.

In another case, I had the opportunity to assist an elderly African American lesbian couple, **Martha and June**, with a business matter. They were isolated in their home, and went out only to their church, Metropolitan Community Church, because it was the only place they were sure they would be welcome as a couple.

Finally, I have another client, **Steve**, an HIV-positive African American gay man in his 60's, who also lives alone with mild HIV-related dementia. His one-time boyfriend passed away about ten years ago. Steve occasionally suffers from depression, and had to be psychiatrically hospitalized about three years ago for an acute episode of depression. He fortunately has good supports from his church, but his friendship network has fallen apart. He used to like to go dancing with other gay friends, but has little opportunity to do so now. Steve would benefit greatly from social events geared toward LGBTQ elders.

These are some of the many individuals and couples I have met through the course of my work at Whitman-Walker who would benefit greatly from additional services to reduce social isolation, which a “greatest social need” designation could foster. Further, an LGBTQ HIV long-term care bill of rights would improve protections for this population—and reduce anxiety—if and when they have to consider nursing home care. For these reasons, Whitman-Walker fully supports the passage of Bill 23-37.

Thank you for this opportunity to testify today. We would be happy to answer any questions or provide any additional information the Council may find useful regarding this matter.