Testimony

of

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New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health

and

Committee on Hospitals

on

Access to Transgender and Gender Nonconforming-friendly Health Services

November 26, 2018
City Hall – Council Chambers
New York, NY

Good afternoon Chairs Levine and Rivera, and members of the committees. I am Dr. Demetre Daskalakis, Deputy Commissioner for the Division of Disease Control at the New York City Department of Health and Mental Hygiene. On behalf of Acting Commissioner Barbot, I want to thank you for the opportunity to testify today.

The mission of the Health Department is to protect and promote the health of all New Yorkers, including the roughly 756,000 people identifying as lesbian, gay, bisexual, queer, transgender and gender non-conforming. We aim to address and eliminate the health inequities rooted in historical and contemporary systemic injustices and everyday discrimination. Essential to this work are the Department's services, programming and health promotion campaigns that seek to improve the health and health care of LGBQ and transgender and gender nonconforming (TGNC) New Yorkers.

Better health begins with personal identification and recognition. Thanks to the Council's leadership, specifically Speaker Johnson and the work of the Health Committee, in 2014 we paved the way for transgender New Yorkers to be recognized under the law by easing the requirements for obtaining a gender marker change on a New York City birth certificate. All people should have birth certificates that reflect their true gender identity and these documents can be critical to accessing healthcare, employment and other important services. Since 2014, over 1,200 amended birth certificates have been issued to transgender individuals. We hope to see this number increase thanks to the legislative and regulatory changes that will go into effect on January 1, 2019 to allow an applicant to self-attest their gender identity, and the addition of a non-binary gender option.

I will turn now to the health care services the Department oversees. Our clinics offer sexual health, TB and immunization services. Many LGBQ and TGNC individuals frequent our Sexual Health Clinics in particular, all eight of which offer sexually transmitted infection testing and treatment, Quick Start contraception and expanded HIV care offerings, including initiation of HIV pre- and post-exposure prophylaxis (PrEP and PEP), PrEP navigation and JumpstART initiation of HIV treatment. In addition, these clinics offer overdose prevention and syringe availability services, and patient navigators and social workers assist patients in enrolling in social service programs such as substance use treatment and counseling.

Our work to improve TGNC health goes beyond our clinic doors, and includes innovative programs. In 2017, New York City became the first city to issue an LGBTQ Health Care Bill of Rights, harnessing existing protections in local, state and federal laws to empower LGBTQ New

Yorkers to exercise their rights in health care settings. This document, available on our website and at health centers across the city, reinforces that providers and their support staff cannot legally provide LGBTQ people with a lower quality of care because of their sexual orientation, gender identity or gender expression, and tells people where to get help if their rights are violated.

Recognizing the important role of community-based support in this work, the Department funds four grassroots TGNC-led and focused organizations to develop their organizational capacity, including preparing them to compete for funding for social determinants of health programming such as housing, employment, peri-operative support and social connection. Since a supportive family is associated with better health outcomes for TGNC individuals, we also provide funding to CAMBA's Project ALY, which promotes parental and familial acceptance of LGBTQ youth.

The Department has also released a series of publications to promote the health of TGNC New Yorkers, including a Health Bulletin on LGBTQ health with resources for primary care, mental health and sexual health services; a City Health Information publication for physicians regarding providing primary care to transgender adults; and booklets developed with members of the TGNC community that include tips and resources to help transgender, non-binary and gender nonconforming New Yorkers stay healthy. We have also made a concerted effort to develop more inclusive social marketing campaigns by featuring images of TGNC New Yorkers, including people who are well-known in New York's TGNC community. We engaged TGNC New Yorkers in the early stages of development of these world-renowned campaigns, including convening focus groups made up exclusively of TGNC individuals. Recent campaigns include BeHIVSure, PlaySure, StaySure, Bare It All and Listos!

And if you saw more of me around the City last year, that is because I was part of the provocative Bare It All campaign that encouraged LGBTQ New Yorkers to talk openly to their doctors about their sex lives, substance use and other issues affecting their health. This campaign aimed to empower LGBTQ New Yorkers to find providers who affirm who they are and incorporate their sexual orientation, gender identity and gender expression into their health care. This groundbreaking campaign advises New Yorkers who feel they cannot have an open dialogue with their current doctor and receive the care they need to call 311 or visit the website to connect to a provider with experience caring for LGBTQ individuals. The Department website contains a

of approximately 125 health care facilities that provide specific services of interest to TGNC individuals such as pubertal suppression and hormone therapy.

Turning inward, the Department is committed to ensuring that our programs and services are affirming and inclusive of LGBQ and TGNC New Yorkers. Building on our Race to Justice initiative, by July 2020, all of our more than 6,000 employees will receive foundational training on implicit bias, discrimination, cultural competency and structural inequity with respect to gender identity, gender expression and sexual orientation. Training on gender awareness has already been provided to all staff in our eight Sexual Health Clinics to ensure the clinics are welcoming to LGBTQ patients, with one full day of training being dedicated to providing culturally competent care to TGNC patients.

Finally, the backbone of public health is data, but for too long TGNC individuals have not been adequately represented in the data. This impedes our ability to understand the health needs of this community and develop appropriate interventions. At the Health Department, we are improving our gender identity data collection, both in our surveillance and medical records systems. You will now find data for TGNC individuals in our HIV, STI and hepatitis surveillance reports. The HIV surveillance publications are unique in presenting certain data by current gender instead of sex at birth and in including data sets specific to transgender individuals. The Department is actively working to ensure accurate, consistent and affirming data collection across all reportable diseases. In addition, at our Sexual Health Clinics, medical records include information regarding gender identity and sex assigned at birth. This not only makes our clinics more affirming to TGNC patients, but improves the accuracy of our records while preventing misgendering of patients during clinical interactions.

In New York City, we protect and support TGNC communities, and we strongly oppose any policies that discriminate against anyone based on gender identity and expression. As the Trump Administration continues its assault on TGNC people, it is crucial for this city to remain stalwart in its commitment to health equity. The Department has submitted comments opposing federal regulations and other policy changes that are an affront to our gender equity and health equity values. Most recently, the Department and the New York City Human Rights Commission published an op-ed in Gay City News on the Trump Administration's plans to change federal civil rights law to define sex as based on biological traits identifiable by or before birth. I've include a copy of this op-ed with my testimony today. If this policy is adopted, the TGNC community will

face government-sanctioned discrimination. And as New Yorkers we must fight back. At the Department, we continue to work with the community to improve our services, reduce stigma, increase access to health care and promote the health of all TGNC New Yorkers. I want to thank Chairs Rivera and Levine for holding this hearing today. I am proud to be your partner in this work.

November 21, 2018 / Perspectives / Guest Perspective

In NYC, Trans, Non-Binary People Will Not Be Erased

BY DR. OXIRIS BARBOT & CARMELYN P. MALALIS

Silence = death. The phrase rings true even decades after this call to action was coined by activists.

Today, forced invisibility is an equivalent threat to health and well-being. As reported in the New York Times, the Trump administration plans to change federal civil rights law to define sex as "based on immutable biological traits identifiable by or before birth." If this policy is adopted, transgender and non-binary communities in many corners of our nation, already marginalized, will face government-sanctioned discrimination and be pushed further into the shadows.

In New York City, we will not look the other way and ignore the harmful impact this hateful policy will have on the rights and health of transgender and non-binary Americans.

Transgender and non-binary people across the country already face extreme stigma and discrimination, both of which lead to poor health outcomes, lack of access to jobs and homes, and societal violence. Because they do not fit neatly into categories created by a system developed by, and for, cisgender individuals, transgender people have been excluded from services needed to maintain their well-being and health for decades. Denying the dignity of transgender and non-binary people erases them, condones discrimination, and leads to medical neglect of core elements of health and prevention.

But we will fight to ensure that does not happen in New York City.

Here, transgender and non-binary people are fully protected by one of the strongest anti-discrimination and anti-harassment laws in the nation, the New York City Human Rights Law, which expressly protects people against discrimination based on gender identity and expression in the workplace, housing, and places of public accommodation like stores, schools, and hospitals.

As a city, we will continue to vigorously support, protect, and advance the rights of transgender and non-binary people. Just this month, Mayor Bill de Blasio signed a

landmark law to simplify the process for New Yorkers to change the gender marker on their birth certificate, without medical attestation, now enabling them to have a foundational identity document that reflects their gender identity, rather than the sex they were assigned at birth. We also added a non-binary "x" option to city birth certificates, recognizing the needs of New Yorkers who do not identify as men or women exclusively or at all. This is critical, because the most fundamental component of health equity is self-determination. We cannot hope to know the people we serve if we do not know who they are and how that shapes their health behaviors.

Likewise, the New York City Commission on Human Rights has made protecting and uplifting transgender and non-binary New Yorkers a core focus of its work, including publishing a legal enforcement guidance in 2015 articulating protections against gender identity and gender expression discrimination and launching a citywide ad campaign in 2016 affirming every individuals' right to use the bathroom according to their gender identity and expression.

Everyone deserves to live a life of dignity and respect. Recent gains in societal acceptance has translated into transgender and non-binary people increasingly portrayed in the media and even running for public office. This move by the Trump administration would violate their rights and only exacerbate the stressors that lead to poor health outcomes and higher rates of suicide, anxiety, drug use, and depression. Allies are needed now more than ever. This year, at least 22 transgender people were victims of hate-related homicides, and most of them were women of color.

We cannot allow a community that is already vulnerable to suffer even more. We will stand by our transgender and non-binary allies and ensure that they are seen, heard and protected, regardless of efforts to erase them and silence their voices.

Dr. Oxiris Barbot is the acting commissioner of the New York City Department of Health and Mental Hygiene. Carmelyn P. Malalis is the chair and commissioner of the New York City Commission on Human Rights.

NYC HEALTH + HOSPITALS

NEW YORK CITY COUNCIL

OVERSIGHT: ACCESS TO TRANSGENDER AND GENDER NONCONFORMING FRIENDLY HEALTH SERVICES

COMMITTEE ON HOSPITALS

and

COMMITTEE ON HEALTH

MATILDE ROMAN, ESQ.

CHIEF DIVERSITY AND INCLUSION OFFICER

NYC HEALTH + HOSPITALS

NOVEMBER 26, 2018

NYC Health + Hospitals Offers Transgender and Non-Conforming Friendly Health Services

Good afternoon Chairpersons Rivera, and Levine, and members of the Committee on Hospitals and the Committee on Health. I am Matilde Roman, Chief Diversity and Inclusion Officer at NYC Health + Hospitals (Health + Hospitals). On behalf of Health + Hospitals' CEO, Dr. Mitchell Katz, thank you for the opportunity to testify before you at this oversight hearing on "Transgender and Non-Conforming Friendly Health Services."

Our public healthcare system is *the* safety net for the uninsured and underserved in New York City. Our mission at Health + Hospitals is to provide care to everyone, regardless of ability to pay, immigration status, sexual orientation, gender identity, or gender expression. As such, it is a crucial part of our mission to provide affirming services for transgender and non-conforming patients, who we recognize continue to experience barriers in access to healthcare.

Health + Hospitals serves 1.1 million New Yorkers each year of which approximately 382,000 are uninsured. A 2015 needs assessment published by the New York State LGBTQ Health & Human Services Network noted that Transgender and Gender Non-Conforming (TGNC) communities report lack of financial resources as a significant barrier to accessing health services. At Health + Hospitals, we offer a pathway to care for anyone, including TGNC patients, who would otherwise not have access due to financial reasons. We have experienced financial counselors who can assist in screening for eligibility and enroll individuals at every opportunity. Health + Hospitals' financial counselors will work with TGNC individuals to match them with the insurance plan that best meets their needs. MetroPlus, for example, offers comprehensive coverage for transgender and non-conforming people, including coverage for services such as hormone therapy or gender affirming surgeries. For those who need financial assistance, Health + Hospitals provides a sliding fee scale payment option called *NYC Health + Hospitals Options* to make care affordable for them. The program offers an "affordable fee," based upon family size and income that covers all health care services, including those specifically related to gender affirming care.

Since 2015, all of the Health System's qualifying facilities have received the designation of "Leader in LGBTQ Healthcare Equality," by the Human Rights Campaign Foundation's Healthcare Equality Index. This designation demonstrates Health + Hospitals strong commitment to LGBTQ health equity through our policies, programs, and ongoing training. NYC Health + Hospitals has and will continue to strive to provide patient centered, affirming care to transgender and non-conforming communities.

Despite the uncertainty regarding federal actions that would affect transgender and non-conforming communities' access to health care, Health + Hospitals remains firmly committed to improving the health of all our patients, regardless of their gender identity or expression. We have taken a number of actions over the past several years to make progress on this promise:

1) Expansion of Clinical Services: In addressing issues of access to services for TGNC communities, we believe there should be "no wrong door" to our health system. Transgender and non-conforming individuals should be able to access high quality services at any of Health + Hospitals' entry points. We also understand, however, that

due to a history of discrimination in and outside of healthcare, TGNC patients may feel more comfortable seeking services at a clinic with their identities and expressions as its focus. Our Pride Health Centers offer comprehensive primary care services geared explicitly to LGBTQ communities. Services include general preventive care and mental health services, as well as gender affirming care, such as hormone therapy or referrals to specialists.

- In 2014, NYC Health + Hospitals/Metropolitan opened the System's first Pride Health Center in East Harlem. At Metropolitan, we also offer some gender affirming surgeries to transgender and non-conforming patients.
- Last summer, we expanded the Pride Health Center model with the opening of one at NYC Health + Hospitals/Woodhull in North Brooklyn.
- We have also expanded our offerings of explicitly TGNC friendly services via the Bridge Program at NYC Health + Hospitals/Gotham – Spring Street, which offers medical, mental health, and other support services to LGBTQ youth and emerging adults.
- We continue to explore opportunities to expand services tailored to TGNC communities in the outer boroughs.

2) Sexual Orientation and Gender Identity (SOGI) Data Collection: With the expansion of data collection about the gender identities of our patients, we will have the ability to implement programs that more effectively work to reduce health disparities impacting TGNC people.

- Last month, the optimization of our electronic health record (Epic) to collect comprehensive information about the sexual orientation and gender identity of patients went live. Among other exciting new features, this includes the ability to display a patient's current name (regardless of what appears on administrative documents) in the patient header, therefore minimizing the risk of patients being mis-gendered or mis-named while accessing health services.

3) Educating our Employees: Through collaboration with a number of community partners, we continue to expand the educational offerings to staff that build their capacity to provide affirming care to transgender and non-conforming patients. In the past two years, we have launched:

- A partnership with Boston Children's Hospital to build our pediatric and adolescent providers' capacity to care for transgender and non-conforming youth.
- The first ever Certificate of Advanced Training in LGBTQ Healthcare, a comprehensive training program for clinical providers that was co-developed by Health + Hospitals and The Fenway Institute.
- Clinical trainings for providers on affirming primary care for transgender and non-conforming adult patients, in partnership with Callen-Lorde Community Health Center.
- A workshop specifically for hospital police on preventing discrimination in areas of public accommodations. This program is offered by the NYPD Community Affairs Bureau's LGBT Outreach Unit.

4) Patient Communication: To make our commitment to providing affirming services to transgender and non-conforming patients clear, Health + Hospitals launched the LGBTQ Services webpage, which outlines our services, non-discrimination policies, and relevant contact numbers. We also created an all-purpose email address to handle any inquiries related to LGBTQ services: lgbtq@nychhc.org.

5) Supporting Transgender and Non-Conforming City Employees: Ensuring transgender and non-conforming New Yorkers have equitable access to high quality and affordable health care also means making sure our transgender colleagues across the City have health benefits that meet their specific needs. Last year, Health + Hospitals partnered with the NYC Office of Labor Relations to modify the citywide health benefits bulletin to more accurately reflect the coverage of gender affirming care that is available to all City employees.

At NYC Health + Hospitals, we believe transgender and non-conforming people deserve equitable and affordable access to high quality healthcare. To that end, Health + Hospitals' mission of safeguarding the health of our patients, our fellow New Yorkers, and our city remains unchanged. Thank you for your interest and attention, and we are happy to answer any questions you may have.

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Greetings to the Committee on Hospitals, the Committee on Health, and both Committee chairs, Carolina Rivera and Mark Levine for hearing my testimony on TGNC folks access to health services. My name is Vanessa Victoria Crespo, I am a Client Advocacy Specialist and Counselor, at the New York City Anti-Violence Project. AVP empowers LGBTQ and HIV-affected communities and allies to end all forms of violence through organizing and education, and supports survivors through counseling and advocacy and we envision a world in which all lesbian, gay, bisexual, transgender, queer, and HIV-affected people are safe, respected, and live free from violence. I am here today, because having access to proper and affordable health care is something very important to me as a Trans women, but it is also paramount to the TGNC clients we serve.

Thanks to NYC's Transgender Rights Law and CCHR's Gender Identity/Gender Expressions Legal Enforcement Guidance, providers have been required to improve their coverage for Trans care, even though they still make Trans folks jump through many hoops and undergo heartaches to get the services they need. But still many healthcare practitioners lack the competency and care, to give us the care we need. In many instances medical providers ask intruding questions that are not pertinent to the pressing health issues. For example, I have had clients share with me, how they would go to a hospital or urgent care for a cold or flu and have had nurses and or doctors ask questions about their genitals, or what surgeries they have had and even questions about how their family members feel about their transition. This is systematic violence that we know is affecting TGNC people. For TGNC people, knowing that these questions are coming their way pushes them to delay seeking the care that they need, often further escalating health issues that could have been addressed.

It is important to note that competent care is not just necessary for the practitioner, but should be required for all staff. Administrators, doctors, nurses, and facilitates staff should undergo Trans competency training. Many organizations, including AVP already have existing trainings that could be used throughout the city. It is also important to have TGNC liaisons at every city hospital to help TGNC folks navigate the health care system. We've been pushing as a budgetary strategy with the TGNC Solutions Coalition since last spring.

It is pivotal for all healthcare providers to get the proper education and training, so Trans people can get the safe and competent care they need, and don't need to turn to the black market because of not only Trans healthcare being so expensive, but to not have to deal with shaming experiences with medical providers. Thank you to the committees on hospital and health, for taking your time to hearing my testimony today.

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Testimony of Andrea Bowen of Bowen Public Affairs Consulting
to the Committee on Health and Committee on Hospitals

"Oversight – Access to Transgender and Gender Nonconforming-friendly Health Services"

Council Member Mark Levine, Chair, Committee on Health
Council Member Carlina Rivera, Chair, Committee on Hospitals

November 26, 2018

Good afternoon, Chair Levine and Chair Rivera, and thank you both for putting together this hearing. My name is Andrea Bowen, and I'm the principal of Bowen Public Affairs Consulting. I have the honor of consulting for the New York City Anti-Violence Project, and working in coalition with several of the organizations that are offering testimony today. I want to speak today to echo some of the themes of my fellow community members, and point to some of the policy solutions that Council and the de Blasio Administration should take on to support the transgender, gender non-conforming, and non-binary (TGNCNB) community.

First, it is important to emphasize that **TGNCNB community members have said repeatedly, in public forums held in all five boroughs in 2016 and 2017, as well as in community organizing meetings, and just in everyday conversation, that they face disrespect and lack of knowledge about TGNCNB health issues from health providers across New York City.** Testimonies you hear throughout the day should emphasize this point, but we also have heard and noted this elsewhere. One specific quote that came out of a TGNCNB forum held in early 2017 in Brooklyn was, "My visit is not your moment to learn trans 101." In a Queens community forum in early 2016, people spoke to being misgendered in emergency rooms.

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Second, **TGNCNB people don't just need support from citywide health systems in attaining TGNCNB-specific healthcare, but also in treating TGNCNB people with respect when our community members come to health providers for treatment of conditions that affect the wider population, including heart disease, diabetes, and so on.**

Third, **TGNCNB community members have spoken to the need for more widespread TGNCNB-competent healthcare services throughout the city. Community members have, in different venues, called for TGNCNB-specific healthcare clinics in outer boroughs, and data backs up this need.** A 2015 study health and human services needs for LGBTQ people found specifically, in New York City, that 24.2% of TGNCNB people reported facing long distances to receive LGBTQ health care, compared with 11.1% of people who did not identify as TGNCNB.[1]

A coalition of organizations I have worked with, including the Anti-Violence Project, Sylvia Rivera Law Project, GMHC, Make the Road New York, and Translatinx Network put forth policy recommendations a year ago that could address disparities for TGNCNB people in NYC's health care systems, including:

- **Funding TGNCNB people, especially TGNCNB people of color, to become a cadre of paid trainers for medical systems.** These programs could utilize a "train the trainer" model to build trainers' skills, ensure consistency of training, and offer more opportunities for TGNCNB employment;

[1] Frazer, M. S., Dumont, M. S., & Howe, E. E. (2017). Custom Data Request: Transgender and Gender Nonconforming New Yorkers: An analysis of data from the 2015 LGBT Health and Human Services Needs Assessment. Strength in Numbers Consulting Group, Inc.

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- **Creating a TGNCNB Healthcare Liaison program across hospitals, with TGNCNB staff** who can help TGNCNB community members navigate the complexities of the healthcare system, from ensuring that doctors provide culturally competent care to making sure insurance pays for any treatments;
- **Creating TGNCNB-specific Care Review Boards composed of community members to oversee TGNCNB health care in public and private health care systems.**

I am happy to detail these proposals further as per your request.

Thank you so much for taking the time to discuss these issues that are literally of life and death. You may contact me further at andy@bowenpublicaffairs.com or (917) 765-3014.

FOR THE RECORD

November 26, 2018

Joselyn Castillo's Testimony to the Committee on Health

"Oversight - Access to Transgender - and Gender Nonconforming - friendly Health Services"

T2018-3213

Good afternoon to all, to the city council members, the staff and especially to the chair of the committee on Health Levine for organizing this hearing. My name is Joselyn Castillo, I am a leader and activist at the Trans Immigrant Project of Make the Road NY. I was born in Guatemala but I have lived in New York for several years and today I am here to share my testimony about my experiences with the health system in the city.

It is sad and disappointing that even hospitals and clinics in New York City lack the cultural training to treat communities that identify as transgender, and also lack the basic information about our bodies.

Personally, I have had many bad experiences, especially as a trans woman who does not have health insurance. I have been in emergency rooms in different hospitals where they have not given me adequate care. In some of them, I have spent more than six hours in the waiting room or longer, without being given any attention. Several times they have laughed at me, and they have called me by a different name since I have not been able to formalize my name and gender maker change, even though it is my right to be called as I identify myself. Sometimes I do not know if it is based on racism, classism or transphobia, but often it is the combination of all forms of discrimination because they have put me in places far away from other patients and have made me feel excluded.

The most disturbing of all is that the treatment that is given to us as trans women is dehumanizing and too expensive. It is sad to know that a trans woman in New York cannot access medical services because the costs are too high, and there is a huge disparity between the money that we earn at work and what we can afford for a health service.

This lack of access to health and the very poor service provided by hospitals leads to many trans women having to resort to using hormones and trying surgeries through the black market, bringing consequences that can lead to our death.

My suggestion for New York City is to train all hospital staff such as doctors, nurses, people who support with cleaning, the administration staff, etc., so we can be respected as people and be call us by our name and use our pronouns. Also, to hire a health care liaison for trans people so that they can coordinate and support us while we are navigating the health system because it is extremely difficult to have to advocate for my rights when I feel sick, so the city should improve that aspect. It is also important for New York City to create a program for low-income transgender people to access specialized care regardless of immigration status, free of charge or inexpensively. Our lives depend on this.

Thank you for your attention, I hope you will consider these suggestions to improve access to health for transgender, non-conforming and non-binary gender people like myself. There is a lot of negligence to us trans women and we are tired of not receiving what we humanitarianly need.

26 de Noviembre del 2018

Joselyn Castillo's Testimony to the Committee on Health

"Oversight - Access to Transgender - and Gender Nonconforming - friendly Health Services"

T2018-3213

Buenas tardes a todxs aquí presentes, a lxs concejales, al personal y especialmente al presidente del comité de salud Levine por organizar esta audiencia. Mi nombres es Joselyn Castillo, soy una líder y activista del proyecto Trans Inmigrante de Se Hace Camino Nueva York. Yo nací en Guatemala pero he vivido en Nueva York por varios años y hoy estoy aquí para compartir mi testimonio sobre mis experiencias con el sistema de salud en la ciudad.

Es triste y decepcionante que aun los hospitales y clínicas de la ciudad de Nueva York carecen del entrenamiento cultural para tratar a las comunidades que se identifican como transgénero, y también carecen de la información básica sobre nuestros cuerpos.

En lo personal he tenido muchas malas experiencias, especialmente cuando eres una mujer trans y no tienes un seguro médico. He estado en salas de emergencia en diferentes hospitales donde no me han dado la atención adecuada. En algunas he pasado más de seis horas en la sala de espera o más tiempo, sin que me estén brindando atención. Varias veces se han reído de mí, y me han llamado por un nombre diferente ya que no he podido oficializar mi cambio de nombre y marcador de género, a pesar de que es mi derecho a ser llamada como me identifico. A veces no sé si es basado en el racismo, en el clasismo o en la transfobia, pero muchas veces es la combinación de todas las formas de discriminación porque me han puesto en lugares apartados de lxs demás pacientes y han hecho sentir excluida.

Lo más perturbador de todo, es que el trato que se nos da a nosotras como mujeres trans es deshumanizante y demasiado costoso. Es triste saber que una chica trans en Nueva York no cuenta con acceso a servicios médicos ya que los costos son demasiados elevados, y hay una disparidad muy grande entre lo que ganamos en el trabajo y lo que podemos pagar para un servicio de salud.

Esta falta de acceso a la salud y el mal servicio proveído por los hospitales conlleva a que muchas mujeres trans tengan que recurrir a utilizar hormonas e intentar cirugías por medio del

mercado negro, trayendo consecuencias que pueden llevar a la muerte.

Mi sugerencia para la ciudad de Nueva York es que entrenen a todo el personal de los hospitales tales como doctores, enfermeras, personas que se encargan de la limpieza, personas de la administración, etc., para que podamos ser respetadas como personas y que se nos llame por nuestro nombre y nuestro pronombre. También, que se contrate a una persona que coordine y nos apoye a las comunidades transgénero mientras estemos navegando el sistema de salud ya que es extremadamente difícil tener que abogar por mis derechos cuando me siento enferma, así que la ciudad debe mejorar ese aspecto. También es importante que la ciudad de Nueva York cree un programa para que las personas transgénero de bajos recursos puedan acceder cuidados especializados sin importar su estado migratorio de forma gratuita o no costosa. De esto depende nuestras vidas.

Gracias su por atención, espero que consideren estas sugerencias para mejorar el acceso a la salud para personas transgénero, género no conforme y no binario como yo. Existe mucha negligencia sobre el procedimiento como una mujer trans y estamos cansadas de no recibir lo que humanitariamente necesitamos.

Mount Sinai *Office for Diversity and Inclusion*

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Oversight: Access to Transgender and Gender Non Conforming-friendly Health Services
Testimony to New York City Council Committee on Health and Committee on Hospitals
City Council Chambers, City Hall, New York, NY
Monday, November 26, 2018

Background:

Since our founding more than 160 years ago, Mount Sinai has embraced our mission to provide the highest quality medical care, state-of-the-art facilities, and leading edge scientific innovations in support of our diverse patient populations. The Mount Sinai Center for Transgender Medicine and Surgery (CTMS) epitomizes our steadfast commitment to our ever-evolving communities. CTMS is the first and only center in New York—and one of a few pioneers nationwide—to provide transgender patients with a comprehensive and integrated system of care. Primary and specialty care, surgical services, and behavioral health care are delivered in a welcoming and affirmative environment devoted to the wellbeing of our transgender patients. The Center's home within the renowned and resilient Mount Sinai Health System affords unique opportunities for innovative research to establish evidence-based practices in transgender medicine and surgery. Our patients receive world class sub-specialty care across all of our medical disciplines in a transgender-affirmative setting.

Until recently, transgender care has been limited and expensive. Patients had to travel to other states and often outside the U.S. in order to receive competent care. Moreover, most patients had to pay out-of-pocket for these services as well as the costs of transportation and lodging. Follow-up care was similarly unaffordable for most individuals. Now, through the Center, patients no longer face the added stress of piecing together a treatment plan, or navigating their health insurance benefits for multiple, unrelated providers. Gynecology, urology, endocrinology, social work, and behavioral health are among the specialties available at one central location within Mount Sinai's Institute for Advanced Medicine. A range of services is available to transgender adolescents through the Mount Sinai Adolescent Health Center. Surgical services are available at various sites within the Mount Sinai Health System. Mount Sinai's multidisciplinary health care team reviews each case individually to properly determine each patient's course of treatment in a coordinated and patient-focused fashion.

Since its official launch in 2016, CTMS has served over 2000 transgender and gender non-binary (TGNB) patients and performed over 700 gender affirming surgeries. Our patients have been able to access the full range of services utilizing commercial and government health insurance coverage. Demand for services continues to increase and Mount Sinai has

been active in seeking to expand capacity through both increasing CTMS staffing and through training and consultation to primary care and sub-specialist providers across our system, in delivering TGNB competent care in their practices.

Expanding Access to TGNB Competent and Affirmative Healthcare:

Though CTMS at Mount Sinai has managed to accomplish much since its launch in 2016, additional support will be essential to achieve the goals of increasing capacity to meet the growing need for TGNB healthcare. Recent research demonstrates that access to quality, comprehensive, affordable, and compassionate care is indeed lifesaving for transgender patients. Mount Sinai is committed to establishing the leading center worldwide for clinical care, education, and research in transgender care to meet these needs. To the end we have developed several initiatives:

- Enhanced co-located services for gender non-conforming, gender fluid, and transgender children and adolescents with seamless integration of pediatric specialists, family support groups, and expansion of Mount Sinai Adolescent Health Center transgender teams
- Fellowships for medical, psychiatric, and surgical residents, now in their second year.
- An annual live surgical case conference to be held regularly at The Mount Sinai Hospital to teach surgeons and related surgical and medical providers from the United States and abroad the advanced techniques of gender reassignment surgery. The first conference, which was the first ever live surgery conference of its kind, was held last April, in collaboration with the World Professional Association for Transgender Health, and attracted over 300 attendees from New York, around the country and internationally. The next is scheduled for February 28-March 2, 2019.
- A multicenter longitudinal study of health care and quality of life outcomes.
- A basic science investigation of the brain's structure and function in states of gender diversity and any changes that occur with transitions in transgender individuals.

Mount Sinai Youth Gender Center:

In terms of the first bullet, our goal is to establish The Youth Gender Center which will provide individual, family and group therapy for gender fluid, gender questioning, non-binary, and transgender youth. It will offer primary care pediatric services in a culturally sensitive context, including pediatric endocrinology, puberty interruption therapy, and initiation of cross-sex hormones. Our goal is to provide services to individuals across the age spectrum - from pediatrics to geriatrics – under one umbrella. It is estimated that 150,000 youth (13 to 17) and 1.4 million adults (18 and older) identify as transgender in the US. According to an analysis of state and federal data, 1 of every 137 teenagers identify as transgender, which suggests that greater than 8,000 trans identified youth in NYC (aged 10-19). Several thousand additional youth might be questioning, gender non-conforming or non-binary. Yet New York City still lacks an integrated, comprehensive medical and mental health center to serve these youth and their families from early childhood through adolescent that can easily segue into an adult care program at CTMS.

Our program will provide services to patients through age 25, and assist in the transition to the adult focused services of CTMS. We will respect the therapeutic relationships developed over time with program staff. We will also be cognizant of potential adolescent developmental delays within our population. There would be a co-location and collaboration with complementary services across behavioral health, pediatrics, adolescent medicine, endocrinology, social work and spiritual care. We plan a co-location of services in an Article 28 compliant facility to create a patient and family experience that will facilitate transition-related care and appropriate therapy for patients and families who are dealing with gender identity challenges and issues. We will prepare children/adolescents for gender affirming care, including primary care, mental health support, hormone therapy, and surgery as appropriate; upon reaching adulthood they can transition easily into other programs within CTMS. We have close affiliations and relationships with the leadership of

several agencies providing services to the same targeted community. For example, both the Callen Lorde Community Health Center and the Gender and Family Project at the Ackerman Institute have worked closely with our team to develop the adult program, and will play significant roles in the planning process for our pediatric and adolescent center.

Education and Training for Expanded Access to TGNB Competent Care:

In addition, Mount Sinai's ability to deliver education and training from our world renowned experts in transgender medicine, behavioral health and surgery will enable healthcare providers across New York City to benefit and to better serve their patients and consumers. City Council support will allow us to offer scholarships to healthcare students and trainees, enhance our medical education pipeline programs to engage more LGB and TGNB prospective students in healthcare careers to serve their communities. In addition, we will be able and to better prepare existing and next-generation providers with evidence based practices in TGNB competent and affirmative care, which will result in expanded access to care for TGNB New Yorkers and their families.

In conclusion, Mount Sinai is committed to establishing the leading center worldwide for clinical care, education, and research in transgender care to meet these needs and to making our resources widely available throughout the greater NYC metropolitan area; enabling healthcare providers and institutions to expand access to quality, effective and sensitive services to the diverse TGNB communities we all serve. Access to City government and City agency support and funding will assist us in these efforts. We thank you for your kind attention to our testimony.

Respectfully submitted,

Barbara E. Warren

Barbara E. Warren, Psy.D. (She/her/hers)
Director, LGBT Programs and Policies, Office for Diversity and Inclusion
Mount Sinai Health System
Assistant Professor of Medical Education, Icahn School of Medicine at Mount Sinai

Testimony of Dr. Freddy Molano
VP of Infectious Disease & LGBTQ Services
Community Healthcare Network
Hearing before the New York City Council Committees on Health and Hospitals
Oversight: Access to Transgender- & Gender Nonconforming-Friendly Health Services
New York City Council Chambers
Monday, November 26, 2018

Thank you Chairman Levine, Chairman Rivera, and members of the Committees on Health and Hospitals for the opportunity to speak this afternoon. I am Dr. Freddy Molano and I am the Vice President of Infectious Disease and LGBTQ Services at Community Healthcare Network (CHN). CHN is a non-profit network of 15 Federally Qualified Health Centers, including two school-based health centers and a fleet of medical mobile vans. We provide high quality integrated primary care, dental, behavioral health, and social services to over 85,000 New Yorkers annually in Manhattan, Queens, Brooklyn, and the Bronx. We turn no one away.

For nearly 15 years, CHN has provided affirming healthcare services to transgender and gender non-conforming (TG/GNC) individuals throughout New York City. We serve approximately 500 TG/GNC patients each year through our network-wide Transgender Family Program and our Sexual and Behavioral Health (SBH) Programs in Jamaica, Queens, and the Lower East Side in Manhattan.

Our mission is grounded in the belief that all individuals have the right to comprehensive and culturally-responsive care. As part of this mission, it is our duty to ensure that TG/GNC patients receive services in an environment that is both safe and affirming. This includes providing such care at CHN health centers, and promoting change across the larger healthcare system.

New York City has taken important steps towards ensuring equitable access to transgender-friendly health services through the New York City Human Rights Law - which prevents discrimination on the basis of gender - and the inclusion of a third gender designation on NYC birth certificates - which reduces challenges such as denied medical claims.

However, many TG/GNC individuals continue to face challenges accessing gender-affirming health services. Among the largest barriers to care are fears of stigmatization, medical claims denials, and a limited clinical workforce in the field of trans health. We hear these challenges from our own patients and are constantly seeking ways to overcome these barriers.

In many ways, the path to a TG/GNC-friendly health system begins outside the health center. To build better partnerships between providers and TG/GNC patients, clinicians must come to the table with a better understanding of TG/GNC health concerns. Medical schools should incorporate mandatory transgender health training in their curricula and academic institutions should prioritize research on transgender health disparities and outcomes. These efforts should be implemented alongside the development of better metrics for measuring quality outcomes among TG/GNC populations. All of these efforts should be informed by TG/GNC individuals.

Community Healthcare Network has already taken the lead in building a clinical workforce that is competent in transgender care. This fall, we hosted our 8th Annual Conference on Transgender Health, bringing together local and national experts to train clinicians and discuss relevant policy challenges related to transgender health. We ask the City Council to support the expansion of such trainings – allowing us to host four annual sessions a year for health professionals throughout the city.

We also recommend that the City investigate denied claims for gender-affirming procedures such as electrolysis – which is often, incorrectly deemed a cosmetic procedure by insurers – and that

the City work with state lawmakers to implement formal regulations around invasive medical procedures such as top surgery.

Of all these proposals, the most effective strategy for building an affirming clinical environment – per our own experiences at CHN – has been listening to and incorporating feedback from TG/GNC patients themselves.

One of CHN's most successful programs was the Transgender Women Engagement and Entry To Care Program (T.W.E.E.T.), which used peer leaders to educate and link transgender women of color to HIV services in Jamaica, Queens. By the end of the program, 83% of individuals were actively engaged in HIV care and 80% had achieved viral load suppression.

This program was successful precisely because it leveraged patient feedback around peer leadership and group discussion. We encourage City Council to incorporate the opinions and experiences of TG/GNC patients in any discussions related to trans health policy – whether it be around insurance coverage or medical school curricula.

Community Healthcare Network applauds the City Council for seeking out ways to better serve transgender and gender non-conforming patients and is committed to working alongside both the Council and the Administration to further these goals. Thank you for the opportunity to speak today.

Testimony of Briana Silberberg, November 26, 2018

Good afternoon Chair Levine and Chair Rivera, I appreciate you taking the time to put this hearing together. I'm Briana Silberberg, I work in the Policy Department at GMHC, and am a transwoman and proud native New Yorker who is very glad to talk to you today.

What I wanted to address in my experience navigating trans healthcare in the city are the disappointments, potholes, and divots I've dealt with from what are supposed to be among the most aware and accommodating providers.

When I first became a patient of Apicha's in October 2016 I was excited, eager, and a bit scared and battered. I was honest with my primary care provider about some of my anxiety about starting Hormone Replacement Therapy (would I lose interest in any hobbies? How would I change?). Instead of merely reassuring my concerns and trying to help develop a safe, welcoming space for me, my nurse practitioner heard all she needed to. She started me on the lowest dose of estrogen you can really get for daily treatment, 2mg of estradiol taken orally, and no spironolactone.

It is hard to convey how much I was the dictionary definition of "crestfallen" the day I came in three months later and my blood levels had barely budged, my testosterone and estrogen levels in my bloodstream were essentially unchanged from if I never started HRT.

It took literally *years* until we got to a point where I was started on a decent dose of injectable estrogen. I finally started to see bloodwork that reflected the changes I had been crying over and praying for, and the physical changes that started to confirm to me I really was becoming the person I always knew myself to be, and maybe more importantly that the incredibly unwelcome advance of "masculine" traits in myself would cease.

Trans people are often incredibly afraid of "losing" any more of our lives or time than we already have. We need to train providers to not treat fairly routine anxiety about procedures and treatment as something to act like alarmists over. Very real and **preventable** harm gets done when we do this. Trans people are bombarded with scare media (especially before we have a chance to live our authentic lives and meet other trans people to help reassure them) about every other thing we need to do to become our true selves.

My ask is that it becomes taken far more seriously to combat the phantom bogeyman of this non-existent risk of "trans regret" and constant tip-toeing in case trans patients change their minds that comes from cis medical providers. Providers need to be educated on how to reassure their patients anxieties and have a more comprehensive idea of where we are coming from when they administer treatment to us. And we need to stop this provider-wide unease about prescribing "too many hormones too fast" that helps no one and hurts scores of trans patients. I don't know any trans people who have stories of regret about taking "too much" of a dose of HRT, but I know of so many patients like myself who have gone through ridiculous lengths, when dealing with apparently the most accepting and understanding providers, before getting appropriate doses of needed medication. It is ridiculous, and it needs to stop.

If you would like to reach out to continue this conversation my email is brianasilberberg@gmail.com. Thank you again and all the best to you.

Briana Silberberg

Testimony of Cecilia Gentili, Managing Director of Policy and Public Affairs at Gay Men`s Health Crisis (GMHC)
to the Committee on Health and Committee on Hospitals

"Oversight – Access to Transgender and Gender Nonconforming-friendly Health Services"

Council Member Mark Levine, Chair, Committee on Health
Council Member Carlina Rivera, Chair, Committee on Hospitals

November 26, 2018

Chair Levine and Rivera, City council members, thank you so much for this opportunity. My name is Cecilia Gentili, and I work as the Managing Director of Policy and Public Affairs at Gay Men`s Health Crisis (GMHC) and a founding member of the Equity Coalition.
Today I am here representing both but more interestingly as a person of trans experience. A transgender woman that gets sick sometimes like anybody else.
I have the privilege to have a great insurance and to be able to have a very sensitive medical provider who offers me health services crafted to my experience and understand my body and my realities in life, but I also get sick after 6 pm, when she is not in her office anymore and also on the weekends.
For years I have experienced the most terrible treatment at city hospitals, from being mis gendered to being told by providers that they didn't know if they could put me in the women's room, as if I wasn't one. From being told by a doctor that they didn't want to check my private parts because "they didn't want me to feel uncomfortable" to having to explain nurses why I don't have a menstrual cycle. Very inconvenient scenarios to experience in life and even worst while being sick or unwell.
The great city of NY offers me the chance to make a complaint and that is reaffirming but it is time to prevent these interactions than experience them and then complain.
We do need to make services at city Hospitals comprehensive of people like me.
How?

- By training medical providers and employees in general at city hospitals.
- By creating a TGNCNB Healthcare Liaison program across hospitals, with TGNCNB staff assisting other members of the community navigate health systems
- By creating TGNCNB-specific Care Review Boards composed of community members to oversee TGNCNB health care in public and private health care systems.

Thank you so much for taking this opportunity to offer you inside of the experiences I and my community go through in regular basis.

You may contact me further at Ceciliag@gmhc.org or by phone at 917-361-0065

11/26/18

FOR THE RECORD

Clarence OG Ellington, Sheneeneh Smith, and Stephanie Phillips
Movement Building Team members
Sylvia Rivera Law Project
Re: Oversight - Access to Transgender, Gender-Non Conforming-friendly Health Services

Good afternoon City Council members of the Committee on Health as well as the Committee on Hospitals, thank you for holding this public hearing on trans and gender non-conforming (TGNC) healthcare.

My name is OG and I am a member at the Sylvia Rivera Law Project (SRLP) - I deal with a lot of issues of homelessness, mental health, and job security. Sometimes I can get my medications, my healthcare provider won't give me what I need, and I've been discriminated against. When I was with my partner who is a transwomen one nurse said to me "What are you doing with THAT?" referring to my partner. This happened at Montefiore in the Bronx. Some nurses have been cool and share that they have friends or family like me, which makes me feel good, but there are not TGNC friendly services in this city, the training needs to be a whole lot better. Thank you.

Good afternoon City Council members of the Committee on Health as well as the Committee on Hospitals, thank you for holding this public hearing on trans and gender non-conforming (TGNC) healthcare.

My name is Sheneeneh I am a transgender woman and I'm a fierce advocate and leader at the Sylvia Rivera Law Project. Doctors misgender people like me, Treat Release on 3rd ave and 81st street called me he and I said it's she/her/and miss, and that my name was legally changed. I'll go off just like Sylvia did, but there's not enough TGNC people staffed at these places and it makes me feel bad. As a transwomen I should work there, or my sisters should, but they don't want to give us jobs. Thank you.

Good afternoon City Council members of the Committee on Health as well as the Committee on Hospitals, thank you for holding this public hearing on trans and gender non-conforming (TGNC) healthcare.

My name is Stephanie Phillips I am a leader of SRLP's Shelter Organizing Team. I just want to say that I have been waiting 3 years in the shelter to get access to my surgery. I still have to wait until I am out of the shelter and hoping that day comes soon so I no longer have to wait for the care I need. Thank you.

CALLEN-LORDE

TESTIMONY BEFORE THE NEW YORK CITY COUNCIL COMMITTEE ON HEALTH & COMMITTEE ON HOSPITALS
November 26, 2018

Submitted by Kimberleigh Joy Smith, MPA
Senior Director for Community Health Planning and Policy

Good Afternoon. First I want to thank Chairpersons Mark Levine and Carlina Rivera, the members of New York City Council Committees on Health and Committee on Hospitals for the opportunity to testify before you today. My name is **Kimberleigh Smith, and I am representing Callen-Lorde Community Health Center.**

Callen-Lorde Community Health Center is a growing community health center with a mission to reach lesbian, gay, bisexual and transgender communities as well as people living with HIV in New York City and beyond. As a vital part of the city's dynamic healthcare infrastructure, Callen-Lorde provided a patient-centered medical home for nearly 18,000 patients in 2017, more than 4,000 of whom identify as transgender or gender non-binary (TGNB).

To our knowledge, Callen-Lorde is home to the largest outpatient TGNB clinical practice in the nation. Our health center provides a trans-affirmative environment where patients can receive hormone therapy as well as engage in an ongoing relationship with a primary care provider, behavioral health and/or a dental provider in order to address the full spectrum of health and wellness needs. We also provide tailored Care Coordination services for those who need additional support around benefits and entitlements, insurance, housing and other services.

In addition to our individual clinical work, Callen-Lorde seeks to transform institutions and policies that impact TGNB communities. For example, our informed consent protocols for transgender health have been widely shared with providers in New York City and across the world and we have been at the forefront of collecting sexual orientation and gender identity data and have developed accessible forms – like electronic health record templates - that include gender pronouns and preferred names.

<u>At Callen-Lorde we believe true liberation will only come when the LGBTQ community and our families can adequately access culturally competent and comprehensive health care in all forms.</u> We do not take for granted that we live in a city which recently allocated $3.8 million to LGBTQ support services

in all the boroughs as well as transgender equity initiatives. Callen-Lorde is proud to be a recipient of a contract in the latter named funding initiative. We are also incredibly grateful that Mayor Bill de Blasio, First Lady Chirlane McCray, the New York City Council, the Department of Health and Mental Hygiene, the Commission on Human Rights and the city's administration listens to our TGNB and LGB community, our advocates, providers and allies. It is heartening to know that years of advocacy and activism are finally reaping positive benefits. Specifically, it has yielded the passage of Intro. 954, enabling the addition of a new, third category of "X" on birth certificates to reflect a non-binary gender identity, it has yielded an LGBTQ Healthcare Bill of Rights and the Unity Project - City's first-ever, multi-agency strategy to deliver services that address the unique challenges of LGBTQ youth. Further, we know that the Commission on Human Rights actively is looking to clarify the definition and scope of protections with respect to gender in the New York City Human Rights Law. Know that the communities that Callen-Lorde serves recognize these important policy changes and are grateful.

But access to transgender and gender non-confirming friendly health services – as well as overall LGBTQ health equity – remains a vexing challenge for our city and our state. It is well documented that LGBTQ individuals face challenges and barriers accessing needed health services and as a result can experience worse health outcomes. These can include stigma, discrimination, violence, and rejection of families and communities, as well as other barriers such as inequality in the workplace and health insurance sectors, the provision of substandard care and outright denial of care because of an individual's sexual orientation or gender identity. Too often, LGBTQ individuals are reluctant to seek healthcare treatment because they have had a bad experience, fear judgement or have a health care provider that is uninformed.[1]

Stigma and discrimination create stress, limit access and breed health inequities. These inequities bear out in the data for transgender people, who have a higher prevalence of HIV/STDs, victimization, mental health issues and suicide and are less likely to have health insurance than heterosexual or LGBTQ individuals. According to a 2015 report from the LGBT Health and Human Services Needs Assessment Survey, even when controlling for age and education, transgender New Yorkers were nearly 50 percent more likely to be in fair or poor health when compared to non-transgender respondents (and more than 50 percent likely to be depressed). In addition, transgender respondents were three times more likely to report inadequate insurance and more than twice as likely to report

[1] *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual and Transgender Individuals in the U.S.*, Issue Brief, Kaiser Family Foundation, August 2017.

lack of personal financial resources as barriers to accessing health care than non-transgender respondents.[2]

Frustrating matters further is the fact that our federal government seemingly is doing all that it can to push transgender and gender non-binary individuals back to the margins of society, eliminating federal protections, enabling discrimination and threatening the health and lives of millions.

Callen-Lorde can serve as a model for TGNB-friendly and accessible services. In 2007, an assessment we conducted of our trans female patients revealed that 42% were HIV positive and that these patients were less likely to be compliant with medical visits and while 76% took anti-retrovirals, only 31% had detectable viral loads, indicative of medication non-adherence. Even after deploying funding and instituting initiatives designed to end the HIV epidemic three years, we observed that our trans female patients still were holding a disproportionate HIV viral load burden – meaning they were less likely to be virally suppressed[3] than TGNB patients overall and non-TGNB patients. We designed the **It's About Me Program**, a viral suppression incentive program tailored to transgender and gender non-binary patients. In the last year, we've increased our rates of HIV screening by 29% for TGNB patients, and recent rates of viral suppression among trans women is about 80 percent.

We are able to achieve successes around viral suppression by making sure that our staff represents the community we serve-meaning having TGNB staff that are able to be peer educator and lead initiatives to support major outcomes. In addition our promotional and education materials mirror the community at large, showing that healthcare is for everybody.

Similarly, in 2015 when state regulations began to enable commercial and public health insurance coverage for gender affirming care, Callen-Lorde organized referral and support services to help patients access surgeries. This meant supporting patients with referral letters and helping them fight denials as well as connecting patients with outside legal support.

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[2] Frazer., M. S & Howe, E.E. (2015) Transgender health and economic insecurity: A report from the 2015 LGBT Health and Human Services Needs Assessment Survey. Empire State Pride Agenda: New York, NY. Wwwprideagenda.org/lgbtdata.

[3] Viral suppression is defined as, literally, suppressing or reducing the function and replication of a virus. "Viral load" refers to the number of copies of HIV per mL of blood. In other words, it's the amount of virus in the blood.

In many ways, increased access to gender-affirming care and surgeries and targeted city and state funding for ambitious efforts like the Blueprint to End AIDS, have revealed the extremely complex challenges TGNB individuals face in accessing and navigating health care and achieving health equity. For example, our patients routinely report discrimination in all forms of health care including emergency rooms and specialists. They have substance use issues and there are not LGBT specific substance use treatment centers for us to refer them to. They face homelessness and have no LGBT specific adult shelters for us to refer them to. There are limited providers in New York State (including surgeons) that are educated in TGNB care. Even well-meaning physicians do not get the training they need to adequately serve TGNB patients. So while the insurance coverage is a huge step towards TGNB people accessing the health care services they need, we need a larger network of TGNB competent providers of both health and social services to come together to address these challenges.

At Callen-Lorde, we are actively seeking to unpack and address these challenges. We've even established an internal working group to take a deeper look in to the specific challenges our TGNB patients face accessing care. While it has just launched, I want to offer the following initial recommendations as potentially applicable for the city to consider.

1. Create and fund a model, integrated citywide network of services that would specifically support and address TGNB health access. This network would include a coalition of agencies that share a common vision toward helping TGNB patients meet their goals and improve health outcomes. It could include a shared HIPAA-compliant data network that facilitates communication among agencies involved in the patient's care plan and involves the patient. It would eliminate barriers and facilitate communication between hospitals and surgeons, post op care and community-based health clinics, social service agencies, faith-based institutions, supportive/housing agencies and private industry i.e. Lyft or Airbnb. Callen-Lorde has a lot of ideas about this, and would love to work with the New York City Council to make such an integrated network a reality.

2. Secondly, we need to continue to monitor and aggressively fight against healthcare discrimination, specifically insurance denials for gender-affirming care and surgeries. Even with state-level legal and executive rulings removing restrictions on medically-necessary healthcare for transgender Medicaid and commercial plan recipients (including hormone therapy for those under 18), transgender patients still are being denied coverage for gender affirmation services for reasons not supported by regulation or law. For example, Callen-Lorde

is working on 73 active denials with patients. More than 25% of Callen-Lorde's total TG/NB patient population (4,639) receive case management services, the vast majority of which is insurance navigation related to gender-affirming care. Fighting discriminatory denials takes countless hours of provider and staff time and ultimately delays critical care for patients. There have been some very relatively recent actions taken at the state level that we hope will alleviate these issues, thus we are cautiously optimistic that the trend of health insurance denials will move downward.[4] We urge the City Council to support enforcement of these regulations, and monitor and address these issues locally.

3. Finally, we urge the New York City Council to increase its investment in transgender equity and LGBTQ- specific funding initiatives that promote transgender health and economic security. Sustained funding will be critical to supporting TGNB leaders, organizations and a range of services that ultimately can address health access and the drivers of health inequities.

Thank you for the opportunity to submit testimony today. Please feel free to call upon Callen-Lorde as a resource on TGNB health. For more information, please contact me directly at ksmith@callen-lorde.org or 212-271-7184.

[4] In June, Governor Andrew Cuomo announced health care protections for transgender New Yorkers in anticipation of a potential roll back of the Affordable Care Act's key non-discrimination provision, Section 1557 https://www.governor.ny.gov/news/governor-cuomo-announces-health-care-protections-transgender-new-yorkers.

In addition, effective September 1, mainstream Medicaid Managed Care plans', HIV SNPs and HARPS policies, procedures and coverage criteria for the authorization and utilization management of hormone therapy and surgery for the treatment of gender dysphoria under 18 NYCRR 505.2(*l*) must comply with new, clarifying Medicaid guidance. https://www.health.ny.gov/health_care/managed_care/plans/treat_gender_dysphoria.htm.

NYU Langone Health

Nathan Levitt FNP-BC
Administrative NP Coordinator
NYU Langone Transgender Surgery Program

26 November 2018

Testimony before the New York City Council
Joint Hearing Committee on Health and Committee on Hospitals
Oversight - Access to Transgender- and Gender Nonconforming-friendly Health Services

Good afternoon, my name is Nathan Levitt FNP-BC. I am an Administrative NP Coordinator for the NYU Langone Transgender Surgery Program at NYU Langone Health. Thank you to both Chairman Levine and Chairwoman Rivera, members of the Committee on Health: Council Member Ampry-Samuel, Barron, Eugene and Powers, and members of the Committee on Hospitals: Council Member Ayala, Eugene, Levine, Maisel, Moya and Reynoso for the opportunity to discuss this important topic.

Today I am speaking on my own behalf, as well as on behalf of my Department and NYU Langone Health. Transgender individuals experience many barriers to obtaining culturally and medically appropriate healthcare. These barriers may be sociocultural, institutional, and financial. Transgender individuals (TGI) may delay seeking healthcare when ill due to financial costs, fear of discrimination, or previous negative experiences within the healthcare system. Transgender adults experience significantly higher rates of healthcare providers being unaware of their health needs, refusing to provide care, providing substandard care, or treating them poorly during provision of care.

Stigma, discrimination and lack of provider competence in health care and service provision settings are primary factors explaining TGI's poor outcomes. TGI's poor social and health outcomes are to a great extent attributed to systemic discrimination and marginalization, leading to TGI's suboptimal tending to their needs due to scant trans-welcoming or knowledgeable providers. TGI face numerous barriers to accessing health care regardless of whether they seek preventive, routine, or emergency care; mental health and social services; or transgender-related care. They are regularly denied access to health care and social services, and must navigate serious obstacles when accessing care, including, health insurance practices that limit the types of care covered for TGI; the cost of gender confirming procedures (e.g. gender reassignment surgery, hormones); lack of training for providers in transgender health; and institutional policies and practices that create unsafe environments for transgender and gender non-conforming individuals to receive care.

A recent national survey of TGI found that participants were denied equal treatment in doctor's offices and hospitals (24%), emergency rooms (13%), mental health clinics (11%), by EMTs (5%) and in drug treatment programs (3%). In this study, 24% of transgender women and 20% of transgender men reported having been refused treatment altogether. Additionally, fear of stigmatization or previous negative experiences within the health care system lead TGI to postpone or forgo health care all together (28% postponed medical care due to discrimination).

Locating a health provider who is knowledgeable about the needs of the TG and gender variant community is the most common barrier to care. Unfortunately, once an individual is able to locate a provider, they often find themselves in the role of educator. A limited number of

providers are able and willing to treat TGI, making it difficult to secure appointments for both transition-related care and routine medical care. Individuals may need to travel far distances to find an accommodating and knowledgeable provider.

In my experience providing trainings to health care providers throughout New York and across the country, I have found that there is a lack of information, clinical knowledge, and expertise on LGBT communities. Often experiencing the most severe discrimination, transgender people may avoid care for preventive and even urgent and life-threatening conditions. I know this not only from my professional experience, but also through my personal experience as a transgender person who has faced many challenges in navigating health care systems and accessing care. As a transgender nurse, I have first-hand experience of the barriers to health care for underserved populations.

I have seen many changes in the increase in education and awareness regarding transgender health. There have also been important changes in legal protections in New York City where transgender patients have legal protection from discrimination on the basis of gender identity. Medicaid and private insurance companies are starting to cover gender-affirming surgeries. I see transgender health included in more curriculum in health professional schools. Although even with these important changes, transphobia is still very prevalent throughout healthcare and there is not enough sensitivity and clinical knowledge among health professionals. Trans and non-binary patients are still treated with disrespect and discrimination and face much violence.

It is important for healthcare professionals to understand the barriers and obstacles the Trans community faces, understand to not only learn how to use sensitive language (pronouns, chosen name, language for body parts) but to also educate themselves on specific clinical care. This understanding can help build trust with and help properly care for this patient population. Trans Gender Non-Conforming (TGNC) individuals need access to physical, sexual, mental, and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in trans-specific care and provide services in a trans-affirming manner.

At NYU Langone Health, we provide a welcoming environment for people who identify as lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+). Our providers and staff strive to offer equitable care to all, while also acknowledging and respecting the specific needs of the LGBTQ+ community and their loved ones. In January of 2017, NYU Lagnone Health recruited Dr. Rachel Bluebond-Langner, a plastic surgeon whose primary practice is gender affirming care. Dr. Bluebond-Langner was asked to lead the building of a Transgender Center of Excellence at NYU Langone. In March of 2017, Kevin Moore, RN, a member of the LGBTQ+ Advisory Council at NYU, in addition to a nurse in our post anesthesia care unit, was named to a newly created position of LGBTQ+ Patient Liaison and Clinical Coordinator. NYU Langone Health conducted an assessment to determine employee's ability to understand and/or engage transgender patients. Based on that assessment, leadership targeted areas for educational in-person services including case scenarios with nurses, nurse practitioners, physicians' assistants, residents, patient care technicians, patient access and registration, employees and the managers to employees in those areas. Over 1,000 people attended in-person education in 2017. In addition, in 2017 and 2018, another 8,000+ staff members were trained on the electronic learning

NYU Langone Health

module created by the LGBTQ+ Advisory Council entitled, "Creating Patient Centered Care Environments for LGBTQ+ Patients and Families." In person LGBTQ+ training is offered in all nursing orientations for all of our hospitals, and our nurse residency programs. Our program is certified by the Human Right's Campaign's Health Education Index and we hope to include mandatory training on LGBTQ+ education next year for all of our employees. We are currently working on a comprehensive electronic module that trains all staff on LGBTQ+ culture and sensitivity and will also target clinicians on how to respectfully ask sexual orientation and gender identity questions, in addition to how to recover when a patient is mis-gendered by a staff member.

Currently, our electronic health record system is capable of including gender identity, chosen name and pronouns in the clinical header. As of December 2018, chosen name will now be the leading name for clinicians and all patient facing documentation. For example, wristband identification, discharge instructions, and billing will now all show the patient's chosen name. The chosen name will also be the prominent name on the health record screen when a clinician or any other staff member has to open the patient's record.

We have also created a Transgender and Gender Non-Binary Patient and Family Advisory Council to help us build the Transgender Center of Excellence. The Council is comprised of all transgender and gender non-binary persons, parents of young children and adults who identify as transgender and is diverse in gender identity and ethnicity.

NYU Langone Health created a transgender bed policy and has implemented and educated our nurses and patient placement staff regarding placement of patient's according to their gender identity. We are currently creating a policy and guidelines for staff who transition on the job in order to create not only an affirming experience, but also a seamless one for our transgender employees and their managers.

Across health care, we need to create dignified and respectful environments for our transgender and gender non-binary patient population. We need to advocate for mandatory education. It must be said, that as we advocate and stand with transgender people for their well-being, NYU Langone Health is committed to have transgender people at the table leading the way. Nothing for transgender people without transgender people.

I thank you for this opportunity to speak. I would be glad to address any questions.

GREATER NEW YORK HOSPITAL ASSOCIATION
555 WEST 57TH STREET, NEW YORK, NY 10019 • T (212) 246-7100 • F (212) 262-6350 • WWW.GNYHA.ORG • PRESIDENT, KENNETH E. RASKE

November
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Council Member Carlina Rivera
Chair, Committee on Hospitals
250 Broadway, Suite 1808
New York, NY 10007

Council Member Mark Levine
Chair, Committee on Health
250 Broadway, Suite 1816
New York, NY 10007

RE: Statement for Hearing: "Oversight: Access to Transgender and Gender Nonconforming-friendly Health Services"

Dear Council Members Rivera and Levine:

Thank you for the opportunity to submit a statement on behalf of the Greater New York Hospital Association (GNYHA), which represents more than 140 public and not-for-profit hospitals and health systems in New York State—the majority in New York City. Across the United States, too many transgender and gender-nonconforming individuals, as well other members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community, report harassment, cultural insensitivity, and denial of care in health care settings.

GNYHA is proud to serve New York City's hospitals and health systems, which believe it is their responsibility to provide respectful, high-quality care to everyone who walks through their doors, regardless of gender identity or expression. Below I describe existing law on the topic, GNYHA's efforts to confront discrimination and cultural insensitivity against these individuals, and our plans for further work to help GNYHA members better serve the LGBTQ community.

Existing Law

Laws at multiple levels of government prohibit discrimination against LGBTQ individuals in health care. Section 1557 of the Affordable Care Act, which covers all health care entities that receive Federal funding, prohibits discrimination on the basis of race, color, national origin, sex, disability, and age.[*] The Department of Health and Human Services interprets "sex" to include transgender status, gender identity, and sex stereotyping.[†] The New York State Patients' Bill of Rights outlines the right to "[r]eceive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, gender identity

[*] 45 CFR 92
[†] 81 FR 31375

or expression, physical appearance, source of payment, or age."[‡] Lastly, the New York City Human Rights Law prohibits discrimination based on an individual's "gender identity, self-image, appearance, behavior or expression."[§] GNYHA continues to work with our members to identify and share best practices in caring for LGBTQ patients to ensure they receive the high-quality care they deserve.

GNYHA Efforts to Date

For a number of years, GNYHA has hosted educational sessions for our members on LGBTQ issues, including two with the Human Rights Campaign (HRC) Foundation[**] to identify best practices. In 2015, GNYHA, in conjunction with the Civil Rights Bureau of the New York State Attorney General's office and Lambda Legal,[††] launched an initiative to disseminate best practices for health care providers serving transgender patients. We held a series of widely attended briefings for GNYHA member hospital employees (including legal counsel, compliance officers, diversity and quality officers, and other hospital administrators). The Joint Commission[‡‡] has presented to our members on culturally competent care, including sections on best practices for LGBTQ patients. Additionally, under a State grant, GNYHA provided cultural competency training sessions for hospital frontline staff, which included a section on LGBTQ patient care. GNYHA also provided members with a policy guide developed primarily by Lambda Legal and launched at a GNYHA educational session. The guide provides a set of model hospital policies to eliminate bias and insensitivity and ensure appropriate and welcoming interactions with transgender and gender nonconforming patients.

This year, we continued our collaboration with HRC to familiarize GNYHA members with the Healthcare Equality Index (HEI). Developed by HRC, the HEI scores health care facilities on their policies to ensure equitable treatment and inclusion for their LGBTQ patients, visits, and employees. A record 626 health care facilities nationally participated in the 2018 survey and committed themselves to adopting LGBTQ-inclusive practices. 77 hospitals (including 51 GNYHA members) across New York State scored 100 and earned HEI's "LGBTQ Healthcare Equality Leader" designation—second only to California's 83 and far ahead of any other state.

Next Steps

While GNYHA and our member hospitals are working hard to improve care for the LGBTQ community and ensure their equal treatment, we recognize there is more to be done. We have planned a number of events in 2019 to help address the problem. These will build on our past activities and help our members identify and share best practices, with an emphasis on training hospital staff to deliver culturally competent care for transgender patients and older LGBTQ patients. Our permanent LGBTQ workgroup will also continue to meet regularly to discuss these issues.

[‡] Public Health Law (PHL) 2803 (1)(g) Patient's Rights, 10NYCRR, 405.7, 405.7(a)(1), 405.7(c)

[§] Administrative Code of the City of New York Title 8

[**] The HRC Foundation's mission is to "increase understanding and encourage the adoption of LGBTQ-inclusive policies and practices." See https://www.hrc.org/hrc-story/hrc-foundation.

[††] Lambda Legal is "a national organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people and everyone living with HIV." See https://www.lambdalegal.org/.

[‡‡] The Joint Commission's mission is to "continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value. See https://www.jointcommission.org/about_us/about_the_joint_commission_main.aspx.

Conclusion

GNYHA and its entire membership are strongly committed to ensuring that transgender individuals, gender nonconforming individuals, and the wider LGBTQ community receive the same respect as every other patient. We appreciate the City Council's interest in this issue and look forward to working together to better serve the people of New York City.

If you have any questions, please contact Andrew Title (atitle@gnyha.org) or David Labdon (dlabdon@gnyha.org).

Sincerely,

David Rich
Executive Vice President, Government Affairs, Communications & Public Policy

On developing a
New York City transgender health network:
a plan to comprehensively address the health and socioeconomic needs of transgender and gender non-binary New Yorkers

Testimony of
Carrie Davis, MSW
Healthcare consultant
New York City Commissioner of Human Rights
Co-chair of the New York City Department of Health and Mental Hygiene (DOHMH) Report and Advisory Board on Gender Marker Change
Co-chair of the New York State Department of Health AIDS Institute Mid-Lower Manhattan ETE Steering Committee

In response to the
New York City Council
request for evidence on access to transgender and gender nonconforming-friendly health services

Submitted on November 26, 2018
to the
New York City Council
Committee on Health
jointly with the Committee on Hospitals,
Council Chambers, City Hall
New York, NY 10007

Overview

Good afternoon to the Chair, Members of the Committee on Health, the Committee on Hospitals, and other Council Members: please accept my appreciation for the opportunity to offer written testimony in support of your "request for evidence on access to transgender and gender nonconforming-friendly health services."

My name is Carrie Davis. I am a healthcare consultant. I also serve the City as a Commissioner of Human Rights. Prior to this, I was the Chief Programs & Policy Officer at New York City's Lesbian, Gay, Bisexual & Transgender Center where I had worked since 1998.

I have developed a unique focus on group interventions, HIV, sexual health, substance use, and lesbian, gay, bisexual and transgender health and service (LGBT) areas. This includes deep expertise with respect to expanding organizational capacity, designing policies, and introducing new practices for transgender and gender non-binary (TGNB) people and community.

I have been very fortunate over the last 20 years to have been able to collaborate with the City of New York as it has worked, step by step, to address the basic needs of TGNB New Yorkers. This has including working with the City Council to amend the law on birth certificates in 2014 and 2018, and the law on human rights in 2002, working with the Commission on Human Rights to develop guidelines for that law, and working with numerous City agencies and departments such as the Human Resources Administration (HRA), the Department of Correction (DOC), the Department of Homeless Services (DHS), the Police Department (NYPD), and others to develop new practices and amend their internal policies to better serve TGNB people.

I want to begin by sharing some words from over 22 years ago:

> *There is invisibility. People don't think about transgender people in the picture of AIDS. In the Village, for years, for decades there were transexuals, male to female, which is what I'd like to talk about—the Village has always had tons of them. Basically on every block lived one or a few of them. Slowly, the AIDS epidemic came up, and it engulfed everyone. I can tell you that now that I've been living here; there is nothing, there is hardly anything.*[1]

These nearly apocalyptic words were written by Nora Molina in the spring of 1996. Nora was an out, HIV-positive transgender Latina, former sex-worker and a Peer Educator at The Lesbian, Gay, Bisexual & Transgender Community Center's (The Center) Gender Identity Project. The HIV epidemic eventually claimed her life in 2009.

I had the good fortune to work with and learn from Nora in the late 1990's when we both worked as peer educators at The Center. Together, we collaborated to offer outreach in the transgender-focused clubs and street sex-work strolls that proliferated during that era. Nora was rarely seen without her bicycle and helmet and was an inspiring sight on the street.

Leaders like Nora were the roots of the modern transgender movement. I would not be here today without the work that she and so many others have done. Despite that, her words still ring true today, and are still largely true today, over two decades later – "*there is nothing, there is hardly anything.*"

One: a failed model

The health needs of transgender and gender non-binary people are extensively documented. It is well understood that TGNB people are more likely to experience significant and critical health disparities compared to their heterosexual and gender conforming counterparts.[2] In summary, the U.S. Department

[1] Newsline (1996) "AIDS in the Transgender Community," April, pp. 6-38. People with AIDS Coalition of New York: New York.

[2] Centers for Disease Control and Prevention. (2011). *Lesbian, Gay, Bisexual and Transgender Health.* Retrieved March 5, 2014, from http://www.cdc.gov/lgbthealth/about.htm

of Health & Human Services' (HHS) *Healthy People 2020* chapter on "Lesbian, Gay, Bisexual, and Transgender Health"[3] noted five primary areas of health disparity for TGNB people including "a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals." TGNB people also experience significant substance abuse disparities while TGNB youth experience homelessness and concerns about self-harm.

Of all of these – the disparity concerning HIV has attracted the most attention, and for good reason. Transgender women of color are the highest HIV risk group in New York City and the world. A recent meta-analysis of worldwide data, indicated transgender women are nearly 50 times more likely to be HIV positive that other all adults of reproductive age[4] The New York Transgender Project also found a 50% HIV infection rate among transgender Latina women, and a 48% infection rate among Black transgender women.[5]

HIV has become a seductive but selective framework for the health and wellbeing of TGNB people. Simple solutions can be attractive and biomedical HIV treatment as prevention, including Antiretroviral Therapy (ART) and Pre-exposure Prophylaxis (PrEP) appears, at initial glance, to be such a solution. Despite that, In 2015 The Lancet published the first larger scale (n=339) investigation of PrEP effectiveness among transgender women.[6] In the modified intention-to-treat analysis, **PrEP did not reduce the risk of HIV infection in transgender women compared with placebo.** It was noted:

> *PrEP seems to be effective in preventing HIV acquisition in transgender women when taken, but there seem to be barriers to adherence, particularly among those at the most risk. Population effectiveness hinges on the development of widespread PrEP education programs, and structural and legislative reforms to eliminate barriers to health care and HIV prevention services. Provider, policy, and public health interventions that reduce housing instability, improve employment opportunities, mitigate distrust of the medical community, and establish and enforce universal non-discrimination laws that include gender identity and expression are needed.*

Transgender people have long understood the importance of looking beyond taking a pill as a foundation for healthcare. The present commitment to a biomedical prevention model devours nearly all of the resources dedicated to TGNB health and wellbeing. More importantly, at its core, it is primarily committed to making trans people less infectious and less infectable.

This is not high on the hierarchy of the needs prioritized and faced by our community. When asked about health, TGNB New Yorkers often do not mention HIV. Instead they focus on employment, access to and quality of health care, homelessness, immigration, criminalization and incarceration.[7, 8, 9, 10] They also speak of being desperately poor and are almost twice as likely as non-trans people in New York to be very low income.[11] This complex matrix of psychological, legal, social and physical barriers and hardships to services disproportionately affect transgender and gender non-conforming New Yorkers. Marcela Romero, coordinator of a Latin American and Caribbean transgender network, noted, *'I am not a "high-risk" person; I am a member of a community that is put at high risk.'*[12]

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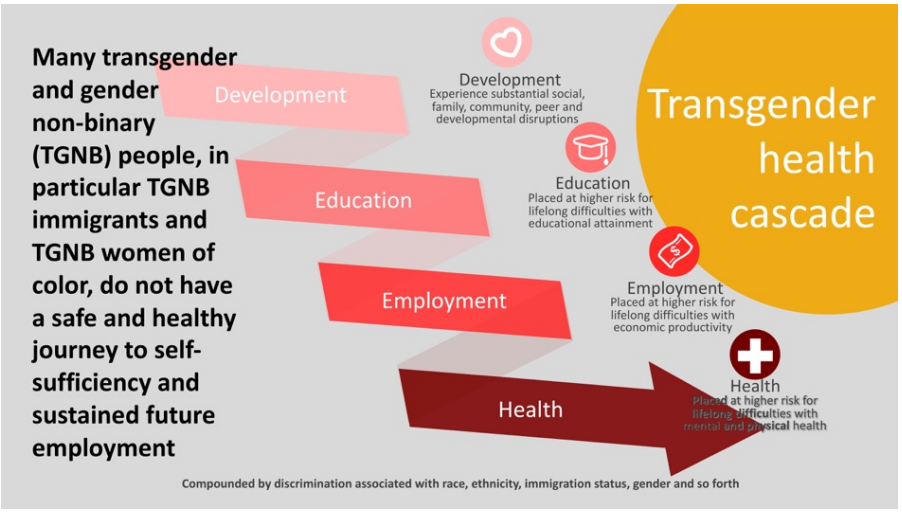
[3] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *Healthy People 2020.* Washington, DC.
[4] Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases , 13* (3), 214-222.
[5] Nuttbrock, L., Hwanhng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., et al. (2009). Lifetime risk factors for HIV/STI infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes , 52* (3), 417-421.
[6] Deutsch MB, Glidden DV, Sevelius J, et al, for the iPrEx investigators. HIV pre-exposure prophylaxis in transgender women: a subgroup analysis of the iPrEx trial. Lancet HIV 2015; published online Nov 5. http://dx.doi.org/10.1016/S2352-3018(15)00206-4.
[7] Based on discussions held in the Trans-Health Initiative of New York (THINY), a joint project of the Gender Identity Project (GIP), the Transgender Legal Defense and Education Fund (TLDEF) and the New York Association for Gender Rights Advocacy (NYAGRA)
[8] Frazer, S. M. (2009). *LGBT Health and Human Services Needs in New York State.* Empire State Pride Agenda Foundation, Albany.
[9] Mananzala, R. (2014). *National Transgender Advocacy Convening Summary Report.* New York: Arcus Foundation.
[10] Lesbian, Gay, Bisexual & Transgender Community Center. (October 2014). Trans Latina focus group, New York.
[11] Frazer, S. M. (2009). *LGBT Health and Human Services Needs in New York State.* Empire State Pride Agenda Foundation, Albany.
[12] http://redlactrans.org.ar/site/

To this end, the forces that place TGNB people at risk for poor healthcare outcomes must be genuinely addressed in order to positively impact the health of transgender and gender non-binary New Yorkers.

To reflect this, TGNB health can be visualized as a "TGNB Wellness Cascade" (see diagram) such that many transgender and gender non-binary people experience substantial social and developmental disruptions and are eventually placed at higher risk for lifelong difficulties with educational attainment, economic productivity and, eventually, mental and physical health, than gender-conforming and gender-binary people from similar backgrounds. It is critical to note that little to no public resources are currently devoted to the education and employment tiers of this cascade. In addition, the persistent high HIV infection rate among trans women of color[13, 14] powerfully testifies to the ineffectiveness of most of current prevention and treatment intervention models.



Unequal access to what are known as the social determinants of health, including meaningful employment, income security, educational opportunities, and engaged, active communities free from poverty and discrimination is both an indicator of and the driving force in the many problems TGNB people face as they seek to live healthy and successful lives. While the social determinants of health have generally been overlooked to date when considering TGNB health, a focus on these forces that place transgender people at higher risk for negative health outcomes should be considered a primary factor when developing interventions to improve those outcomes.

Two: a new model

The majority of resources required to comprehensively address the complex health-related concerns of TGNB people living in New York City, including HIV, already exist but are often, for a variety of reasons, inaccessible to TGNB people. These lay within the broad framework of state, and local governmental and private, often nonprofit, health and human service programs designed to improve the health, stability, safety, and economic self-sufficiency of individuals and families including but not limited to: education and GED programs; income support programs; employment and training programs; employment support programs, such as child care; housing programs; child and adult protective services; child welfare programs; primary and HIV-specific health and behavioral health programs; programs for the disabled and aging; alcohol and drug treatment programs; and others.

Solutions should seek to build on the numerous strengths New York City offers to address the needs of TGNB people. These include but are not limited to: explicit legal protections for TGNB people, private sector protections and model opportunities, a strong, progressive public environment, and a diverse and visible TGNB community with an expanding network of culturally relevant providers.

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[13] Nuttbrock, L., Hwanhng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., et al. (2009). Lifetime risk factors for HIV/STI infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes , 52* (3), 417-421.

[14] Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases , 13* (3), 214-222.

The proposed New York Transgender Health Network could consist of three primary components, as follows:

- **Network:** a linked network of resources and providers qualified to serve TGNB New Yorkers, as well as those seeking to become qualified
- **Navigation:** a peer navigation roadmap in which navigators ensure that TGNB community members can access and benefit from the network.
- **Leadership:** public and private leadership to bring these partners together and measure the many outcomes of the network.

Weaknesses of a centers of excellence in serving small, dispersed populations

A center of excellence model has historically been proposed to address the health needs of underrepresented populations, such as TGNB people. Transgender centers of excellence are typically specialized programs within larger healthcare institutions. They supply exceptionally high concentrations of transgender health expertise and related resources in a comprehensive, interdisciplinary fashion. New York City has numerous hospitals and community health centers that can legitimately claim to offer exemplary services to transgender people using a center of excellence model. These include but are not limited to the: Callen-Lorde Community Health Center, Apicha Community Health Center, Community Healthcare Network, Mount Sinai Center for Transgender Medicine and Surgery, NYU Langone Medical Center, and the Pride Health Center at the New York City Health + Hospitals Corporation at Metropolitan Hospital.

Increased healthcare delivery expertise at reduced cost is the primary advantage of a centers of excellence model of care. Unfortunately, the disadvantages of this model often surpass the advantages, in particular for transgender people. Separate care is rarely equal care and transgender patients deserve to obtain most of their healthcare in the same way as any other patient – at a primary care physician of their choosing. A center of excellence limits the number of providers available to transgender New Yorkers while erroneously implying quality transgender healthcare cannot be delivered locally. It also may offer a justification to some providers to not learn the basics of transgender healthcare.

A centers of excellence model may be more effective when the focus population is concentrated. TGNB people instead represent a virtual neighborhood that is organized around identity rather than geographic location. There may be nearly 33,000 TGNB adults (≅ 0.51% of all New Yorkers)[15, 16] living in each and every neighborhood and district of New York throughout the five boroughs. That is one TGNB person for every 196 non-TGNB New Yorker. This is a population density of approximately 109 TGNB adults per square mile and compares to a general population density of approximately 21,362 adults per square mile. Transgender people are already suspicious of healthcare service delivery and traveling long distances to receive care from remotely located centers of excellence may become another reason to avoid care.

Three: build a New York City transgender health Network (the Network) to address health needs

An alternative to the concentrated centers of excellence model would be a dispersed network of care. Such a network would not be location-specific and would be applicable across different neighborhoods, geographical areas and cultural groups. Serving transgender people in their neighborhoods shortens travel time and allows for the development of unique programming that addresses locality-specific needs, especially those related to race, ethnicity, language, age and immigration status. The Network can employ the following theory of change:

[15] Crissman, H. P., Berger, M. B., Graham, L. F., & Dalton, V. K. (2017). Transgender Demographics: A Household Probability Sample of US Adults, 2014. *American journal of public health, 107(2),* 213-215. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5227939/

[16] Flores, A. R, Herman, J. L, Gates, G. J, & Brown, T. N. (2016). *How Many Adults Identify as Transgender in the United States?* UCLA: The Williams Institute. Retrieved from https://escholarship.org/uc/item/2kg9x2rk

If transgender and gender non-binary people, in particular TGNB women of color, are identified and engaged with a network of TGNB-led relevant services that directly improves health and socioeconomic status by: 1) engaging, assessing and listening to TGNB-New Yorkers to authentically address their needs; 2) ensuring that New York City's existing health and livelihood resources are culturally relevant and available to TGNB people; 3) connecting and networking these resources in way that makes them more manageable and accountable to TGNB people; 4) building navigation structures to ensure TGNB people are able to engage these resources; 5) ensuring TGNB people are aware of the abundance of the resources in this network and able to access them in as many different ways, in as many locations and through as many providers as possible; 6) building support programming, as needed, to fill service gaps to ensure TGNB people are able engage these needed resources; and 7) ensuring the work is outcome and data-driven by documenting the outcomes of this work, ensuring it is cost-effective and improving it over time; then TGNB people will be healthier and more likely to become change agents and contributors to a healthy, thriving community.

This will lead to better physical health including decreased HIV risk by either retaining TGNB people in HIV care (if HIV-positive) or reducing HIV risk-behaviors, increased/sustained employment, improved academic achievement or return to/stay in school, decreased involvement with the criminal justice system and violence, decreased substance and tobacco use, and improved mental health and fewer psychosocial problems.

Network: connect resources to make them more manageable and accountable to TGNB people

A New York transgender health network (the Network) will consist of strategic alliance partners who seek to improve the overall socioeconomic and health outcomes of TGNB participants. This will vary depending on the mission and capacity of the network member and will include public-private partnerships (PPP) to build on and leverage the numerous strengths New York City offers to TGNB people. This should include services related to: education, employment, aging, case management, dental care, GED, ESL, families, HIV/AIDS, housing, immigration, insurance enrollment, legal and ID document support, life skills, primary and TGNB-specific medical care, mental health, organizing and advocacy, reentry, substance abuse, workforce and vocational development, youth, and so forth. This approach recognizes that New York City's TGNB people are regularly served by a wide matrix of service providers or organizations rather than a single provider or organization. Some potential Network components could include:

- **TGNB Action Group and Network meetings:** the Network shall develop and implement a TGNB action group where representatives from various New York Transgender Health Network and related agencies and advocacy groups will meet on a regular basis to resolve issues of importance to the Network.
- **TGNB Point-Persons:** the Network will develop and implement a TGNB point person network for providers. Each provider agency or employer will designate a Point Person who has the authority and leadership skills to be a change-agent within the setting, and to drive improvements within that setting. Each designated Point Person is required to receive TGNB cultural competency training, attend Action Group meetings, maintain a record of all TGNB-related issues that arise within their setting (including, but not limited to reports of harassment or bias and any unmet need for an TGNB people) and coordinate trainings within the provider or employer setting to ensure that all staff and other people working directly with TGNB people receive TGNB-specific cultural competency training. All TGNB people served by that setting should be notified of the existence and role of the TGNB Point Person and should be provided with the means by which to access this person in order to report issues, complaints, or concerns.
- **TGNB Path-Setters:** the Network will develop and implement a TGNB path-setter leadership body. This consists of a small, select group of providers and employers within the larger Network who will commit at the highest level of implementing promising TGNB-focused practices, engaging in innovative training with front line staff, and evaluating results. This group of providers and employers will then mentor more providers and employers to cultivate best practices with the ultimate goal to have all members of the Network working at the same level of best practices for delivering services to

TGNB-people. The outcomes of this Network initiative will be shared with the larger TGNB-serving community to inform planning and future programs.

Navigation: build a roadmap to ensure TGNB people are able to engage these resources

The Network will develop and implement a navigation program to recognize barriers for individual TGNB participants and identify strategies to eliminate them. Trained peers will work to build trusting relationships with participants and help them improve their understanding of how to successfully access needed services. Navigators will also engage in outreach from TGNB-networks (e.g., the House Ball culture, the sex industry). This will also build on the navigation expertise of various Network members.

Potential TGNB-peer navigators will be selected from the same TGNB population the Network seeks to serve and will assist with participant recruitment and facilitate services with professional staff. Peer navigators will also participate in a program orientation, information and skills-building training, supervision and workgroup meetings to help support and enhance their knowledge and skill sets, and review program design, planning, and evaluation.

The Network navigation program will help TGNB individuals address HIV and health-related concerns, as well as socioeconomic needs. Trained peers will work to build trusting relationships with participants and help them improve their understanding of how to successfully access needed services. Navigators use a variety of strategies to do this, including accompanying TGNB participants to appointments, helping them learn how to be their own advocates, coaching participants on how to effectively talk with their providers, and providing translation services.

Peer system navigation programs are effective practices that have demonstrated meaningful results across varied LGBT populations. Navigation is a development of various case-management and resource connection strategies was initially evaluated as effective in cancer care[17] and has been adapted from that model to other areas including HIV services.[18, 19]

Leadership

Public and private leadership to bring partners together and measure the many outcomes of the network. This should include participation from private industry, nonprofits, and, in particular the City Council, Mayor's Office, relevant New York City Agencies such as DOHMH, HRA, DOC, DHS, NYPD, the Department of Education (DOE), and many others.

Timeframe

Implementation of the Network could begin immediately and would have a profound, measurable impact over the next two to ten years. Baseline funding could be allocated by the City or a private funder to develop a pilot program.

Cost

The Network is a cross-functional solution that would require tiny amounts of funding across numerous New York City agencies such as DOHMH, HRA, DOC, DHS, NYPD, DOE, and so forth and would have a large return on investment. In addition, some of the expenditure needed to improve the health of TGNB people is already in place. Additional resources for the Network could be derived by requiring a proportionate amount of current and future grant funding for TGNB health and HIV care issued by the New York City Department of Health and Mental Hygiene (DOHMH) to incorporate and support the Network in their

[17] Parker, V. A., Clark, J. A., Leyson, J., Calhoun, E., Carroll, J. K., Freund, K. M., et al. (2010). Patient Navigation: Development of a Protocol for Describing What Navigators Do. Health Research and Educational Trust , 45 (2), 514-351.

[18] Rajabiun, S., Rebholz, C., & Tobias, C. (2006). Making The Connection: Promoting Engagement and Retention in HIV Medical Care among Hard-to-Reach Populations. Center for Outreach Research and Evaluation, Health & Disability Working Group. Boston University School of Public Health.

[19] Bradford, J. B., Coleman, S., & Cunningham, W. (2007). HIV system navigation: An emerging model to improve HIV care access. AIDS Patient Care , 21 (Suppl1), S49-S58.

workplans. Network support could also acquired by setting aside a proportionate amount of future City department budgets.

The Network also can benefit from private foundation revenue, for example: support from foundations that focus on substance abuse, poverty, incarceration, youth, LGBT, HIV, capital growth, community-led initiatives, and so forth.

Return on investment (ROI)

Reducing health inequity and improving the social determinants of health for transgender people would mean that a significant quantity of public and private resources would no longer be needed for health and related disparities, and could be used for some other purposes. These displaced resources include:

- Government: funding of related health care, housing, benefits, legal and criminal justice systems, reduced tax base
- Business: production losses resulting from mortality, absenteeism and reduction in on-the-job productivity
- Family members and friends: detrimental effects and intangible costs
- Transgender people: physical and psychological pain

These costs are substantial, and the potential cost savings of the Network are distributed across numerous areas, including but not limited to:

1. Reduce number of transgender people who become HIV and/or HCV-infected
2. Reduce transgender emergency room visits, detox and associated hospitalization for preventable acute and chronic illness and preventable primary and co-morbid health concerns; also reduce need for provider research and training costs associated with acute/emergency concerns
3. Reduce transgender enrollment in publicly-funded health care including Medicaid
4. Reduce transgender enrollment in public benefits and housing programs
5. Reduce reliance of transgender people on publicly-funded insurance such as Medicaid
6. Reduce engagement of transgender people in criminal/illegal/underground economic activity
7. Reduce the involvement of transgender people in the criminal justice system including policing/enforcement, legal, judicial, incarceration and probation
8. Reduce the healthcare costs including hospitalization and emergency room visits associated with end of life care for transgender people
9. Increase transgender participation in the tax base

Monitoring the impact

The Network's success can be measured by both engagement in the program and measurable progress toward the specific educational, workforce, health or related milestones. These include a number of domains, as follows.

Health

1. Increase number of TGNB people engaged in HIV testing as part of routine human services and health care
2. Increase number of TGNB people in treatment for HIV (test, connect to, treatment) and retention in HIV care or PrEP, HCV and/or substance use (treatment or harm reduction)
3. Increase numbers of TGNB people connected/navigated and retained in health care, social services, syringe exchange, community/cultural events, educational attainment, workforce development and so forth
4. Increase number of TGNB people with health insurance
5. Increase number of TGNB people with a primary care provider (PCP)
6. Reduce number of TGNB people engaging in emergency room visits and associated hospitalizations
7. Reduce number of TGNB people dying prematurely due to preventable primary and co-morbid health concerns
8. Increase number of TGNB people engaged with trans-affirming syringe exchange providers
9. Increase number of TGNB people engaged in trans-affirming HIV partners services

Livelihood

10. Increase number of TGNB people in and completing workface preparatory activities – TASC (former GED), union and non-union workforce training
11. Increase number of TGNB people in higher/post-secondary education (college)
12. Increase number of TGNB people in living wage employment
13. Increase number of eligible TGNB people engaged in trans-affirming benefits programs
14. Increase number of TGNB people engaged in trans-affirming housing providers, homeless support and, eventually, rental self-sufficiency in unsubsidized housing
15. Reduce number of TGNB people missing work or becoming disabled due to preventable primary and co-morbid health concerns

Criminal justice

16. Reduce number of TGNB people engaging in criminal/illegal/underground economic activity
17. Reduce number of TGNB people engaging and incarcerated in the criminal justice system

Four: a similar, holistic approach has been proposed at the New York State level

The proposed New York transgender health Network is a de facto implementation plan for many of the recommendations of the New York State AIDS Institute's Transgender and Gender Non-Conforming (TGNC) People Ending the Epidemic (ETE) Advisory Group.[20, 21] Over a six-month period, the TGNC Advisory Group, with support from AIDS Institute staff and administration, produced a set of recommendations that are guiding the AIDS Institute planning and implementation of the ETE Blueprint for ending the epidemic in TGNB communities. The following is a summary of the Implementation Strategy Recommendations:

1. **Employment:** opportunities for advancement, competitive wages and benefits, and environments free of discrimination and harassment.
2. **Education:** gender-affirming environments and relevant curricula schools, colleges, certificate programs, and job training programs.
3. **Healthcare access:** TGNB-affirming physical and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are skilled in TGNB specific care.
4. **Law enforcement:** respectful engagement without bias profiling, and access to safe and gender-affirming housing and services in jails, prisons and detention centers of all kind.
5. **Housing:** gender-affirming services that is not exclusively dependent on HIV status including transitional living, long-term housing, and shelter services.
6. **Community-based organization (CBOs): access:** services and programs relevant to, designed and delivered under TGNB leadership where staff understand TGNB needs and identities.
7. **Immigration access:** to all priority areas for TGNB immigrants in their first languages, as well as the ability to seek asylum from anti-transgender/gender-based persecution
8. **New York State Department of Health (DOH):** to reflect TGNB needs and its commitment to TGNC health in data collection, hiring practices, training and funding.

It is important to note that only one of the above recommendations can be accomplished solely within the jurisdiction of the New York State Department of Health. Addressing the TGNB healthcare across New York State requires collaborative solutions that engage a wide range of stakeholders including New York State agencies such as Labor, Education, Corrections and so forth, as well as local government units, private enterprise, community-based organizations and the transgender community itself.

Five: a vision for the future

An authentic vision of healthcare for transgender and gender non-binary people can't merely be based on reducing risk of infection but instead must acknowledge the importance of opportunities that include

[20] Ending the Epidemic Blueprint Recommendations for Transgender and Gender Non-Conforming (TGNC) People (2016). www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/tgnc_advisory_group_strategies.pdf

[21] Davis, C. (2016, December). Pills aren't enough! Ending the epidemic in the trans community, *Achieve, 8* (1-2), 16-19. ACRIA, New York. Retrieved from www.thebody.com/content/79126/pills-arent-enough-ending-the-epidemic-in-the-tran.html

meaningful connections and safe, healthy, and stable places to live, learn and work. Despite the sincere beliefs of the many public and private institutions that fund these efforts, working exclusively to reduce HIV, violence or stigma has not moved TGNB people significantly closer to this vision.

A lot has happened in the twenty years since I began working in the field of TGNB health. That period has seen numerous changes in the way TGNB people perceive themselves and the way others perceive them in the United States and even globally. While there have been many successes, TGNB people still struggle in ways we had hoped would become part of our collective history by now. Something has to change if TGNB New Yorkers are to take their rightful place as whole, healthy, successful and self-sufficient leaders in our communities. We can start by retooling our work with TGNB people for increased capacity and long-term effectiveness towards the outcomes that TGNB people themselves prioritize, rather than those decided for them.

If transgender and gender non-binary people, in particular TGNB people of color, are identified and engaged in a network of TGNB-led and relevant support services and programming that directly improves their economic, education, social, health status and related concerns, they will be healthier and more likely to make a successful transition to self-sufficiency. They will also become change agents and contributors to a healthy, thriving community. Addressing these concerns for transgender people is sustainable and cost-effective, and will reduce negative health consequences such as HIV and other STDs, suicide and homelessness, incarceration, and so forth, as well as their associated costs.

Respectfully,

Carrie Davis, MSW

Carrie Davis, MSW is an independent organizational consultant, as well as an experienced trainer, coach, leadership developer, and community builder. She has developed a unique focus on group interventions, HIV, sexual health, substance use, and lesbian, gay, bisexual and transgender health and service (LGBT) areas. This includes deep expertise with respect to expanding organizational capacity, designing policies, and introducing new practices for transgender and gender non-binary people and community. Carrie worked at the Lesbian, Gay, Bisexual, and Transgender Community Center from 1998 to 2016 and has worked extensively with and serves on numerous advisory boards for New York City and State to develop guidelines, policies, regulations and best practices. She has written and contributed to a number of publications on gender, health, and social services. Carrie was named a Woman of Distinction by the NY State Senate in recognition of her contributions to enrich the quality of life in her community in 2015. She joined the Hunter College School of Social Work in 2007 as an Adjunct Lecturer and served in this role through 2014. Carrie was appointed to serve as a Commissioner of Human Rights by New York City Mayor de Blasio in the spring of 2017.

THE CENTER

Committee on Health Jointly with Committee on Hospitals
Oversight - Access to Transgender- and Gender Nonconforming-friendly Health Services
November 26, 2018

Testimony of
Chelsea Goldinger, Government Relations Manager
The Lesbian, Gay, Bisexual & Transgender Community Center
New York, NY

THE LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUNITY CENTER
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Good morning, my name is Chelsea Goldinger, and I am the Government Relations Manager at The Lesbian, Gay, Bisexual & Transgender Community Center, commonly referred to as The Center, located in the West Village.

New York City's LGBTQ community formed The Center in 1983 in response to the HIV/AIDS epidemic, ensuring a place for LGBTQ people to access the information, care, and support they were not receiving elsewhere. Today, The Center has become the largest LGBTQ community center on the East Coast, where we host over 400 community group meetings each month and welcome over 6,000 individuals each week. We are proud to offer services to New Yorkers across the 5 boroughs, ensuring that all LGBTQ New Yorkers can call The Center home. The Center has a solid track record of working for and with the community to increase access to a diverse range of high-quality services and resources, including our services for LGBTQ immigrants, substance use recovery programming for adults and youth, economic justice initiatives, and our youth leadership and engagement programs.

The Center offers a supportive environment for transgender and gender nonconforming (TGNC) community members, as well as their partners and families, to connect with others with shared experiences. Starting with The Center's Gender Identity Project, created in 1989, our services have evolved to include a range of transgender-led support services, advocacy, education, counseling, career support, and economic stability initiatives. In addition, The Center is a designated navigator agency for the New York State of Health, the health insurance marketplace for New York through the Affordable Care Act. In this role, we help individuals, families, small businesses and their employees enroll in New York State Medicaid, The NY Essential Plan, Child Health Plus, and Qualified Health plans, including transgender and gender nonconforming (TGNC) individuals who are looking for guidance during enrollment.

I want to begin by commending Council Members Carlina Rivera and Mark Levine on convening this hearing. Providing better access to affirming health for TGNC New Yorkers is incredibly important in order to ensure the health and safety of all New Yorkers.

In June 2017, New York City Launched the LBGTQ Health Bill of Rights, which details health care protections on local, state and federal levels to empower LGBTQ New Yorkers to get the health care they deserve. It also reiterates that medical providers and their support staff are legally required to offer LGBTQ New Yorkers quality care regardless of their sexual orientation, gender identity, or gender expression. The Center continues to applaud the City for creating this platform and working to ensure it is disseminated amongst community and healthcare providers alike.

However, we have heard from many community members that they are unaware of these rights. Patient rights need to be more visible and accessible in healthcare settings, particularly as it relates to discrimination and how to report a grievance. Based on this feedback, we recommend a new, ramped up outreach campaign that includes direct outreach to the TGNC community by partnering with community groups, as well as by ensuring that a wide variety of healthcare

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providers have these posters displayed publicly. For example, elderly care and family support services are two health care needs often overlooked when addressing overall healthcare needs of the TGNC community; ensuring these facilities display these posters publicly and prominently, and educating the providers on the content, would help resolve this problem.

Historically, TGNC people are medically underserved due to a lack of access to affordable, quality, affirming health care. Discrimination by healthcare providers often prevents TGNC people from being able to access basic services like annual check-ups, therefore leading to unintended health risks and sometimes severe consequences. If the City provides new, additional resources to increase affirming care, we can make strides towards reducing health risks amongst the TGNC community, and improving overall quality of life.

Accordingly, we recommend the creation of a LGBTQ healthcare toolkit for healthcare providers that includes templates for how to create affirming intake forms that reflect the broad range of sexual orientations, gender identities, and gender expressions held by New Yorkers. We also recommend this toolkit include guidance on how to provide affirming care; for instance, guidance on using intentional verbal language and body language to ensure patients feel safe.

Regardless of what solutions are identified, it is critical that we not treat the TGNC community as a monolithic group. TGNC New Yorkers hold a multitude of diverse identities, and accordingly, have a diverse range of health needs and concerns. TGNC New Yorkers also live throughout New York City, and we need to increase the number of affirming healthcare providers city-wide, especially in the outer boroughs, where resources for the TGNC community are scarce.

The Center welcomes the opportunity to partner to help realize any of the above referenced recommendations. Thank you to the Committee for the opportunity to provide this testimony today on an issue of great importance city-wide. We look forward to working with you to ensure New York City's future as a safe space for all New Yorkers.

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Testimony of NewYork-Presbyterian on the topic of
"Access to Transgender- and Gender Nonconforming-friendly Health Services"
to the New York City Council Committee on Health and the Committee on Hospitals

November 26, 2018

Thank you for the opportunity to submit written testimony on the important issue of providing access to compassionate and appropriate health services for transgender and gender nonconforming New Yorkers. At NewYork-Presbyterian (NYP), ensuring that all patients receive culturally competent care is integral to our mission. As one of the nation's most comprehensive and integrated academic healthcare delivery systems we recognize our responsibility to provide the highest quality, most compassionate care to all patients who walk through our doors. To ensure our transgender and gender nonconforming patients and their families feel welcome and can access the care they need at NYP, we have implemented a range of initiatives, which include:

- **Trans-affirming care.** NYP offers our transgender and gender nonconforming patients an array of trans-affirming physical and behavioral health care services, including: cervical cancer screenings; pelvic exams; hormone therapy and monitoring for transmen and women; gender affirming surgeries; referrals for gender affirming surgery; and psychiatric evaluations. We operate several clinics and programs that offer services specific to the transgender and gender nonconforming population, including:
    - The **Lucy A. Wicks Clinic** provides adult behavioral health services, recognizing that stigma, shame, and limited social support disproportionately impact our LGBTQ patients.
    - The **Center for Reproductive Medicine** offers patients and couples access to trans-specific fertility preservation services and family-building reproductive treatments.
    - The **Center for Special Studies** offers comprehensive prevention and treatment for transgender and gender nonconforming patients who may be at risk for or living with HIV/AIDS.
    - **The Compass Program** is geared towards gender-diverse children, adolescents, and LGBTQ youth. The multidisciplinary care team delivers an array of critical services including primary care, family support, mental health counseling, sexual health counseling, pubertal suppression, and gender-affirming hormones in a safe, welcoming, and nonjudgmental space.
    - The **Uptown Hub at NYP** is a space for young adults in Washington Heights to create and inspire growth within themselves and their communities. The Uptown Hub partners with La Sala, a space for LGBTQ young adults, and coordinates referrals and wraparound services for any members who identify as transgender and/or gender nonconforming.

- **Culture of Respect.** At NYP, fostering inclusiveness for our LGBTQ patients, families, and employees is part of how we strengthen our Culture of Respect. We are proud of our designation as a 2018 Leader in LGBTQ Healthcare Equality by the Human Rights Campaign and have created a system-wide LGBTQ taskforce charged with ensuring equitable treatment and access to care free from discrimination for our LGBTQ patients. This group, which includes LGBTQ staff and routinely incorporates LGBTQ, transgender, and gender nonconforming patient input, has spearheaded many initiatives, including hosting a seminar in June on the topic of 'Exploring the Spectrum of Gender Identity.' This important conversation focused on how to best care for our transgender and gender nonconforming patients, families, and employees. We are committed to providing our employees with opportunities to access education and training about the LGBTQ community. Along with sharing opportunities for external training, we also created an internal training on best practices for LGBTQ patient-centered care. This training includes information on how staff can cultivate an inclusive environment for transgender and gender nonconforming patients that upholds our Culture of Respect.

- **Policies that foster inclusivity**. NYP recognizes our policies must enforce our commitment to inclusivity and our Culture of Respect. Our patient and employee non-discrimination policies, along with our equal visitation policy, explicitly include gender identity and gender expression. We

implemented changes to both our bed assignment policy and how we gather gender identity data in the electronic medical record to be gender-affirming. We accompanied these changes with employee training to ensure that in practice, NYP employees are equipped to uphold an environment that is friendly and inclusive for our transgender and gender nonconforming patients.

We take access to care for our transgender and gender nonconforming patients very seriously and look forward to working with the City Council on ways we can provide even better care.

Thank you for the opportunity to submit testimony.

My name is Tanya Asapansa-Johnson Walker, I am 55 years old and an **Honorably Discharged U.S Army Veteran, and a LGBTQ Activist**, I know that several of my rights were violated, at Memorial Sloan Kettering Cancer (MSKCC). I was hospitalized there as a patient from, Thursday March 23rd, 2017 to Tuesday March 28th, 2017, for my second lung cancer surgery. I had a portion of the top right lobe of my lung removed. I was deeply concerned by the treatment I received this time at MSKCC. I will go into detail about my experience below. I must say my first experience 2013 & 2014 with MSKCC was vastly different then. I was much more respected as a transgender cancer patient. During my most recent stay I was repeatedly discriminated against due to my gender identity.

male nurse named Mathew, violently shoved a catheter into my urethra, which made me bleed, while I was in the recovery room. (I have photos) I will also talk about how I was mis-gendered by nurses, and nurse practitioners, daily. I will give some names (plus witnesses). I will explain how I was harassed and pontificated to by the social worker. She her personal views against my right to self-determine my own gender. I was mis-gendered, by a nurse at the nurse's station, who screamed out loud, in front of staff, visitors and guests "Have a nice day sir". I was forced to lay in my own diarrhea at night and in the morning. I had to clean myself and my room using one arm pulling medication, heart monitor pump, along with a large oxygen tank. I did this while I was trying to heal from lung

cancer surgery. MSKCC is listed as an LGBT friendly hospital and I was treated violently, harassed hourly.

Below are links to how the staff at Memorial Sloan Kettering, Cancer Center, did not follow its Nondiscrimination Statement, nor New York City, Commission On Human Rights, (http://www1.nyc.gov/office-of-the-mayor/news/961-15/nyc-commission-human-rights-strong-protections-city-s-transgender-gender regarding Transgender rights and Gender Expression)

I arrived early in the morning of March 23, 2017, everything appeared normal. I met with the anesthesiologist, a nurse and resident doctor, everyone I had just met was pleasant. A needle was painfully inserted into my hand attracted to a tube. The thing I knew, I woke up in the recovery room, to a nurse I think his name was Mathew, forcing numbing medicine into my urethra using a needless syringe. After he was finished, he then forced a tube into the urethra aggressively, the blood sprayed out it. Before I left the recovery room, he hurriedly snatched it out and I bled again, told him he hurt me. He then stated that I needed to urinate before I could be sent to my room. I urinated into the plastic container. After one hour, I was sent up to M18-32 A. I was there no more than 5 minutes when a nurse came charging into the room, stating that, Dr. Downey needed me to sign some papers, stating my blood sprayed into his face and that he needed labs, under duress I signed the papers and the took my blood, stating he may have been exposed to HIV.

I signed the papers, while bleeding from my private part. I think my first nurse's name was Kristian. She appeared to be very nice and helpful. Shortly after she started giving pain medications to me, I started having diarrhea. I told her what was happening, then stated that, I would have to wait until after my stool was tested for infection before she could start treating it. I waited two days, then she gives me 1 Imodium A-D pill, and the diarrhea starts getting worse. For five nights I suffered with diarrhea, plus I had to clean myself, and the bathroom, using my left arm while in pain, no help from MSKCC nurses. I had to change the absorption bed pads as well as my gown and wipe up the floor myself, I was out of breath. The day and night shift nurses did not help me at all, except for bringing me new gowns, and adults pampers for the diarrhea. It had gotten so bad that I was not able to hold anything on my stomach. On the second day Marsha Clarke LMSW, comes into the room and mis-genders me. I attempt to educate Ms. Clarke LMSW, about cultural sensitivity to Trans folk. Ms. Informed me that she could not call me by my gender pronouns, because she does not see me as a woman. I told her she doesn't have the right to self-determine my gender for me. I started showing her the laws protecting trans people in NYC, Ms. I believed using "Willful Ignorance" disregarded everything I had just taught her. I showed Ms. Clarke pictures and videos of my activism, she resisted. I was mis-gendered several times by NP Gabby, she refused to acknowledge my gender identity as well. A nurse would come into the room to administer meds and would give

me used dirty cups of miscellaneous liquids, that were used by my guests, who had visited earlier in the day. The Nurse would wake me up and I was unaware of what she had given me. I asked to speak with someone from the LGBTQ office and was told no one was there.

After I was told to go to The Commission On Human Rights after I told the intake person who had someone with them, that they could not promise to help me I stormed out. I felt rejected again. No lawyers wanted to hear my case, so I have been in and out of therapy due to culturally incompetent mental health staff in NYC.

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☐ in favor ☐ in opposition

Date: 10/26/18

(PLEASE PRINT)

Name: Barbara Warren (Lorne)

Address: ~~150 E 42nd St. 10.A.20~~ 148 Bank St NY

I represent: Mount Sinai Health System

Address: 150 E 42nd St. NYC

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Date: 10/26/18

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Name: Freddy Molano

Address: 61 W 62st 26B NY, 10027

I represent: Community Healthcare Net

Address: 60 Madison ave

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Appearance Card

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☒ in favor ☐ in opposition

Date: 10/26/18

(PLEASE PRINT)

Name: CARRIE DAVIS

Address: 10 OCEAN PKWY, BROOKLYN, NY 11218

I represent: MYSELF

Address: _____

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(PLEASE PRINT)

Name: Chelsea Goldinger

Address: _____

I represent: LGBT Center

Address: 208 W. 13th

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☐ in favor ☐ in opposition

Date: 10-26-18

(PLEASE PRINT)

Name: ASHE MCGOVERN

Address: _____

I represent: NYC MAYORS OFFICE / NYC UNITY PROJECT

Address: _____

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Date: 10/26/18

(PLEASE PRINT)

Name: Kimberleigh Smith

Address: 356 West 18th Street

I represent: Callen-Lorde Community Health Center

Address: Same As Above

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Date: November 26, 2018

(PLEASE PRINT)

Name: Brianna Silberberg

Address: 1211 Foster Ave, Apt #2, BK, NY

I represent: GMHC

Address: _____

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Date: 10/26/18

(PLEASE PRINT)

Name: Vanessa V. Crespo

Address: _____

I represent: The New York City Anti-Violence Project

Address: 116 Nassau Street 3rd Fl NY NY

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Date: 11/26/2018

(PLEASE PRINT)

Name: Cecilia Gentili

Address: _____

I represent: GMHC

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Kiara St. James

Address: 2211 Ditmas ave. Apt 2F

I represent: New York Transgender Advocacy Group

Address: 215 W. 125th St. 2nd flr.

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Date: _____

(PLEASE PRINT)

Name: Tanya Asapansa-Johnson Walker

Address: 315 West 121 St. NY NY 10027

I represent: New York Transgender

Address: Advocacy Group

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Appearance Card

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☐ in favor ☐ in opposition

Date: 11/20/18

(PLEASE PRINT)

Name: Sasha Alexander

Address: _____

I represent: Sylvia Rivera Law Project

Address: _____

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☐ in favor ☐ in opposition

Date: 11/26/2018

(PLEASE PRINT)

Name: Noah Lewis

Address: 20 W 20th St. Ste 705 NY NY 10011

I represent: Transgender Legal

Address: 20 W 20th St. Ste 705 NY NY 10011

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 11/26/18

(PLEASE PRINT)

Name: Andrea Bowen

Address: 147 S. Oxford St Apt 1D Brooklyn

I represent: Bowen Public Affairs Consulting, representing Anti V. Place ~~Hate~~ Project

Address: _____

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Appearance Card

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☒ in favor ☐ in opposition

Date: 11/26/18

(PLEASE PRINT)

Name: Nathan Leu H

Address: 305 E. 33rd NY 10016

I represent: NYU Langone Health

Address: _____

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11/26/18

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Date: _____

(PLEASE PRINT)

Name: Malilde Romain

Address: _____

I represent: New York City Health + Hospitals

Address: _____

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☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Demetre Daskalakis

Address: DOHMH

I represent: 42-09 28th St, LIC

Address: _____

Please complete this card and return to the Sergeant-at-Arms