CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH

Jointly with the

COMMITTEE ON WOMEN AND GENDER EQUITY

---------- X

Monday, June 12, 2023
Start: 10:30 a.m.
Recess: 1:02 p.m.

HELD AT: COUNCIL CHAMBERS, CITY HALL

B E F O R E: Lynn C. Schulman, Chairperson
Tiffany Cabán, Chairperson

COUNCIL MEMBERS:
Joann Ariola
Oswald Feliz
James F. Gennaro
Jennifer Gutiérrez
Crystal Hudson
Julie Menin
Mercedes Narcisse
Kevin C. Riley
Marjorie Velázquez
Inna Vernikov
Public Advocate Jumaane Williams

A P P E A R A N C E S (CONTINUED)

Julian Watkins, MD
Acting Assistant Commissioner
Bureau of Health Equity Capacity Building
NYC Dept of Health and Mental Hygiene

Celia Quinn, MD
Deputy Commissioner
Division of Disease Control
NYC Dept of Health and Mental Hygiene

Richard Greene, MD
NYC Health + Hospitals

MJ Okma
SAGE

Lala Tanmoy Das, MD
Weill Cornell Medical College

Kayt Tiskus
Trans Equity Initiative

Erin Harrist
Director of Legal Aid, LGBTQ+ Unit
Legal Aid Society

Melissa Sklarz
Political Director
Equality New York

Arielle Wisbaum
New York Lawyers For The Public Interest

Arthur Fitting
LGBTQ Program Manager
VNS Health

Mari Moss
The Neighborhood Advisory

Jason Cianciotto
Gay Men's Health Crisis

Kimberleigh Smith
Senior Director of Public Policy
Callen Lorde Community Health Center

Nadia Swanson
Director of Technical Assistance
Ali Forney Center

Elle Bemis
LGBTQ Health Navigator
Planned Parenthood of Greater New York

Mbacke Thiam
Community Organizer, Housing and Health
Center for Independence of the Disabled
New York City

Ricky Baker Keusch
Advocate
Long COVID Justice NYC

SERGEANT AT ARMS: Good morning and welcome to today's New York City Council hearing for the Committee on Health, joint with the Committee on Women and Gender Equity. At this time, we ask that you silence all cell phones and electronic devices to minimize disruptions throughout the hearing. If you have testimony you wish to submit for the record, you may do so via email, at testimony@council.nyc.gov. once again that is testimony@counsel.nyc.gov. At any time throughout the hearing, please do not approach today's we thank you for your cooperation. Chairs, we are ready to begin.

[GAVEL]

CHAIRPERSON SCHULMAN: Good morning and happy Pride Month. I'm Councilmember Lynn Schulman Chair of the Committee on Health, and a member of the council's LGBTQIA+ caucus. I want to thank all of you for joining us for today's oversight hearing.

The purpose of today's hearing is to examine the state of access to health care in New York City for LGBTQIA+ individuals. As LGBTQIA+ people across the country face obstacles and attacks on their ability to access healthcare, it is important that New York City continues to improve on and expand access to

high quality health care that meets the specific and urgent needs of these communities. This Pride Month we must recommit to the health and well being of LGBTQIA+ neighbors.

LGBTQIA+ individuals face a wide range of challenges in accessing and utilizing care, and this contributes to disparities and health outcomes. LGBTQIA+ individuals are more likely to suffer from chronic conditions, and they face a higher prevalence and earlier onset of disabilities compared to their non LGBTQIA+ peers. Many individuals have difficulties accessing proper care due to discrimination, or they are unable to find providers equipped to meet their unique needs. These barriers exacerbate major health concerns that the LGBTQIA+ community faces, including HIV/AIDS, Mpox, mental health issues substance use, and sexual and physical violence. Some people may be misgendered or unable to find a low-cost or free provider for costly gender-affirming care.

New York City is home to some of the world's most notable hospitals, and yet these facilities remain out of reach for some LGBTQIA+ New Yorkers who are

uninsured or underinsured at a disproportionately higher rate than other populations.

According to a recent Kaiser Family Foundation study on LGBTQIA+ health and experiences accessing care, LGBTQIA+ individuals have higher reported rates of negative experiences with healthcare providers compared to non-LGBTQIA+ individuals. These experiences include having a provider who did not believe they were telling the truth, being suggested that they were personally to blame for health problem, providers assuming something about them without asking and experiencing dismissal of their concerns by providers.

Overall, more than one third of LGBTQIA+ individuals reported experiencing at least one of these negative encounters with a healthcare provider, whereas fewer than one in five non LGBTQIA+ individuals did so. These disparities were particularly noticeable among LGBTQIA+ women compared to non LGBTQIA+ women, 33% versus 18%.

We need action to address the health care needs of LGBTQIA+ New Yorkers, both at the state-- both at the state and city levels. That's why I'm sponsoring Resolution 591, which calls on the New York State

Legislature to protect New York State's safety net providers and Special Needs Plans by eliminating the Medicaid pharmacy carve out. Eliminating this harmful QA that would bring immediate relief to LGBTQIA+ folks living with HIV and other chronic conditions by restoring their ability to purchase prescription drugs at a significantly reduced price. Many LGBTQIA+ New Yorkers rely on our safety net hospitals for their care, and the State must take immediate action to ensure that they have access to high quality comprehensive health care.

I am also a proud co sponsor of Introduction 1074, which would prohibit the use of city resources to enforce restrictions on gender affirming care. New York City must continue its long held tradition of welcoming all people. And this bill sends a strong message that our city will not participate in the criminalization of personal decision-making about health, dignity, and bodily autonomy.

We also need a city budget that reflects a commitment to improving LGBTQIA+ health outcomes, including funding to address chronic conditions like diabetes and heart disease, additional funding for services in street health outreach and wellness units

and baseline city funding for nonprofits that provide affirming and competent services.

I have dedicated my personal and professional life to health care advocacy and advocacy for the LGBTQIA+ community. Healthcare is a human right, and a person's sexuality or gender identity should not determine the quality of care they receive. LGBTQIA+ individuals have the same healthcare needs as everyone else, and face additional unique needs and barriers that we must address.

I hope that this hearing provides an opportunity to discuss meaningful solutions to these issues.

I want to conclude by thanking the committee staff for their work on this hearing, Community Councils Sarah Suture and Chris Pepe, and Policy Minora Budd, as well as my team, Chief of Staff, Jonathan Bouche, and legislative director Kevin MacAleer.

Before I turn this over to Chair Cabán, I want to recognize that we've been joined by Public Advocate Jumaane Williams, Councilmember Hudson, Councilmember Feliz, Councilmember Ariola, and Councilmember Riley.

I will now turn it over to Chair-- Oh, I'm sorry, Councilmember Menin. Sorry about that.

I will now turn it over to Chair Cabán for her opening statement. Thank you.

CHAIRPERSON CABÁN: Thank you Chair Schulman. Good morning, everyone. My name is Tiffany Cabán, my pronouns are she/her, and I'm the Chair of the Committee on Women and Gender Equity, and the co-chair of the LGBTQIA+ caucus.

I'd like to begin by thanking my colleague Chair Lynn Schulman from the Committee on Health for holding this important hearing together with me today.

I'd like to start by reading a short excerpt from the Marsha and Sylvia Plan which our caucus recently released for Pride Month, and which represents the first comprehensive legislative and budgetary agenda for queer liberation at a municipal level, anywhere in the country. From the plan:

"LGBTQIA+ New Yorkers are among the most medically vulnerable in our city. Many folks have difficulties accessing proper care due to discrimination or are unable to find providers equipped to meet the unique needs of many LGBTQIA+ folks. Some may be misgendered or unable to find a low-cost or free provider for costly gender affirming

care, and though New York City is home to some of the world's most notable hospitals, these facilities remain out of reach for some LGBTQIA+ New Yorkers, many of whom are uninsured or underinsured, especially black and brown, transgender and gender non-conforming New Yorkers. Our city must work-- Our city must build on its work supporting LGBTQIA+ people by expanding access to PrEP and PEP, bolstering mental health support for LGBTQIA+ folks, baselining funding for gender affirming care, and more.

So today, we hope to learn what's missing from the services our city provides this cohort and what the Council can do to better support these efforts.

In closing, I'd like to thank my own staff as Celia Castalan, my Chief of Staff Jesse Meyerson, Communications Director, Mahdry Shukla, my Legislative and Budget Director, as well as Committee Staff, Senior Committee Counsel Brenda McKinney and Senior Legislative Policy Analyst, Christy Dwyer, for their work on this hearing and I will turn it back over to chair Shulman. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much. I will now ask Councilmember Hud-- do you-- Oh, I'm

sorry. I'll now ask Public Advocate Jumaane Williams to please talk about his intro.

PUBLIC ADVOCATE WILLIAMS: Thank you very much, Madam Chair. As mentioned, my name is Jumaane Williams. I'm the and Public Advocate for the City of New York. Thank you very much to Chair Cabán and Chair Schulman, and members of the Committee on Women and Gender Equity and Committee on Health for holding this hearing and allow me an opportunity to provide a statement on the bill I'm introducing.

For the past two years, the COVID-19 pandemic has caused a rippling effect on all of us across a range of intersecting issues. However it has amplified-- has been amplified among marginalized communities of more color. Transgender New Yorkers have experienced oppression and barriers and different aspects of their lives, whether it pertains to health care or social and economic elements. These factors, coupled with high rates of discrimination and violence, can impact the health disparities that have been exacerbated by the pandemic. These impacts will continue to be felt in the future if we do not start to close the gaps. Through legislation, we can build

a more inclusive and equitable city that ensures accessible health care to transgender New Yorkers.

Healthcare in the United States has rarely proactively considered the impact on transgender and non-conforming patients. It is important to have signage readily available and accessible to patients who want to know their rights and services that are offered at hospitals. Intro 66 would ensure that this happens by requiring the Department of Mental Health and Hygiene to distribute signs that individuals rights to be referred to by preferred name, title, gender and pronouns to every hospital in the city. This bill will require DOHMH to establish guidance to encourage hospitals to list and conspicuously post transgender-specific services offered by each hospital, and will require DOHMH to post such guidance on its website. DOHMH would also be required to coordinate with hospitals to update such lists of transgender-specific services and post a list of services and any updates on the department's website.

There has been a nationwide backlash towards transgender Americans. The banning of gender-affirming care by 21 states such as Texas, Florida,

and recently Missouri is one of the many anti-trans legislation that has passed. These legislations will threaten the lives and well-being of so many people. More young people will be at risk due to not receiving care they need and will be in then in danger by discriminatory law.

As of 2023, there have been 556 bills introduced that block trans Americans from receiving basic healthcare, education, legal recognition, and the right to publicly exist within 49 states. 83 of them have passed, 369 of them are active, and 104 of them have failed.

We have a duty to support and affirm transgender Americans and New Yorkers. In 2014 New York H+H Metropolitan was the first city hospital to open a health center dedicated to the LGBTQ+ community. Today, there are a total of six centers that provide these crucial services with H+H Metropolitan Hospital in East Harlem being the most recent.

While New York has made these great strides, transgender New Yorkers still face barriers and gaps within the healthcare system. This bill creates clear guidelines for hospitals to follow and ensure that there is more awareness and visibility for

transgender people when they seek medical care. We must create a system of support that reiterates the city's full commitment. I hope my colleagues would join me in supporting this bill. Now is the time to take swift action. I do want to make sure that all New Yorkers are clear that we have to make sure everyone has the care that they need without exception. The minute we provide exception, none of us are safe. And I always want to make sure I lift up black trans women in particular who have been getting the brunt of discrimination and violence against them. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Public Advocate Williams. I'm now going to ask Councilmember Hudson to talk about the Intro and Resolution that she has here today.

COUNCILMEMBER HUDSON: Thank you so much. Good morning and happy pride. I'd first like to thank my fellow LGBTQIA+ Caucus members Lynn Schulman and Caucus Co-Chair Tiffany Cabán for holding this important hearing to evaluate the state of healthcare access for LGBTQIA+ folks.

I'm proud that my legislation to make New York City a safe haven for gender-affirming care is being

heard today. New York is woefully behind in securing its status as a safe haven for TGNCNBI folks. While at least 20 states have laws criminalizing gender-affirming care for youth, 10 states from California, to Illinois, to Massachusetts, and Washington DC have laws on the books protecting access to care. Notably, New York is not currently on that list.

Presently, nearly one in three transgender youth live in states that have a ban on gender affirming care and an additional 13% risk losing access to care should their state pass a ban on care protections, according to the Human Rights Campaign. In total, slightly under half of transgender youth may soon live in a state that denies them access to care. That's why this Council must act now to ensure any youth who comes to New York City for gender affirming care does not face retaliation from their home state's government.

The first bill, Intro 1074 came out of the LGBTQIA+ caucuses groundbreaking Marsha and Sylvia plan that outlined tangible solutions the Council can take to combat the myriad and justices facing our communities. The bill would prohibit New York City from using any city resources to detain someone

seeking or supporting someone seeking gender affirming care, or for supporting out-of-state entities seeking to limit that care.

I applaud Mayor Adams for heeding the caucuses proposal and proactively signing executive order 32 earlier this morning to protect access to gender affirming care. But this Council must codify this into law to ensure no future administration can strip LGBTQIA+ folks of these rights.

The second bill, Resolution 555, supports Senator Brad Hoylman-Sigal's bill (which recently passed both chambers in the legislature and is awaiting the Governor's action) that would enhance protections for gender-affirming care in myriad ways. By passing this resolution, this council will put pressure on Governor Hochul to sign this important bill into law.

I urge my colleagues to call for the passage of these measures immediately and ensure our city does not end Pride Month without these vital protections in place. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much, Councilmember Hudson. And now I'm going to ask Counsel to swear in the administration.

COUNSEL: Hello, will you please raise your right hand?

Do you affirm to tell the truth, the whole truth, and nothing but the truth before this committee and to respond honestly to council member questions?

ALL: I do.

COUNSEL: Thank you, you may begin when ready.

DR. WATKINS: Good morning, Chairman Schulman and Cabán, and members of the Committee on Health and Committee on Women and Gender Equity. My name is Dr. Julian Watkins. I use the pronouns he/him. I am the Acting Assistant Commissioner of the Bureau of Health Equity Capacity Building at the New York City Department of Health and Mental Hygiene. I'm joined today by Dr. Celia Quinn, the Deputy Commissioner for the Division of Disease Control.

I am honored to be here today to speak to you about our work to promote wellness, access to health resources and programs, and clinical care for the LGBTQIA+-- for LGBTQIA+ New Yorkers. This is an important health and justice issue about which the administration, led by the Unity project in the Mayor's Office of Equity, has been engaging agencies over the last year and a half. I am also pleased to

let you know that an executive order on gender-affirming care was issued by Mayor Adams this morning.

At the Health Department we have numerous routine programs and activities designed to serve LGBTQIA+ people. We are also poised to respond to emergent issues impacting these communities, such as the Mpox outbreak, which has principally spread within social networks of men who have sex with men, and transgender, gender-nonconforming, and gender nonbinary people.

Last summer when New York City became the epicenter of the US Mpox outbreak, we stood up mass vaccination sites. We also launched a communications campaign and conducted extensive community engagement. Our teams were present at Pride events, circuit parties, sex parties, health fairs, and at over 80 of our safer sex product distribution sites, educating community members about Mpox and helping them to connect to Mpox vaccine sites. We also conducted outreach with safety net clinical partners, and recognizing the importance of trusted messengers, funded community partners to direct outreach and vaccination navigation.

As a result of these efforts, over 100,000 people received at least one Mpox vaccine dose, making New York City the jurisdiction with the second-highest vaccination coverage for communities at risk for impacts in the United States.

As we head into the summer months, we continue to increase our Mpox outreach to providers and the public to improve vaccination uptake and completion to help ensure ready access to Mpox testing and other clinical services.

Earlier this month, we offered vaccination at Queens Pride and the Annual Latex Ball, and we're looking forward to offering Mpox vaccination at Bronx Pride, and at the New York City Pride march in Manhattan.

The LGBTQIA+ community is disproportionately affected by HIV and other sexually transmitted infections, or STIs. For this reason-- reason, ensuring access to culturally affirming HIV and STI testing, prevention, education-- and education services and care and treatment is a fundamental component of our ongoing commitment to the health and wellness of LGBTQIA+ New Yorkers. To this end, in 2021, we launched the New York City 2020 Ending The

Epidemic Plan, which is the product of a year long community-planning process to develop strategies and key activities for the next phase of our efforts to end the epidemic.

The plan guides efforts to design and implement innovative HIV initiatives informed by social and structural determinants of HIV-related health inequities. The plan identifies several priority populations including black and Latinx, MSM, and transgender, gender nonconforming and nonbinary people.

Last year, the Health Department launched PlaySure Network 2.0, a network of 18 agencies funded to provide a comprehensive health package of HIV-related services, using an equity-focused holistic one stop shop model. PlaySure Network 2.0 providers offer universal HIV testing, HIV PrEP, and emergency PEP, immediate initiation of HIV treatment, STI testing and treatment, outreach and navigation services, and mental health, substance abuse, and other supportive services.

As of last month, PlaySure Network 2.0 providers have served nearly 1700 LGBTQ New Yorkers in clinical and non-clinical settings across New York City. The

Health Department also focuses-- also funds nine clinics through its Building Equity, Intervening Together for Health (BE InTo Health) Initiative to implement evidence-informed HIV care models that support communities most affected by HIV, including five clinics serving black, or Latina, cisgender and transgender women with HIV, and black and Latino cisgender and transgender men who have who are living with HIV.

As of last month, Be InTo Health providers have served over 650 people living with HIV across nine HIV clinics in New York City. LGBTQIA+ New Yorkers expect and deserve the highest quality healthcare services that meet their specific needs with compassion and cultural competency as a top priority. The health department oversees a series of contracts with Callen-Lorde Community Health Center to support comprehensive health services, including primary care, behavioral health care, and sexual and reproductive health care for uninsured LGBTQIA+ people. Multiple sites field over 2500 visits annually for services ranging from diabetes to hypertension care, to routine vaccinations, cancer

screening, and mental health counseling, and HIV and STI services.

It is crucial that people receive care in environments where they feel seen, comfortable, and at home.

I want to highlight our own sexual health services which are offered to patients 12 years and older regardless of immigration status or ability to pay. Parental consent is not necessary. The health department's sexual health clinics are exemplars of safe affirming comprehensive sexual health centers. Many LGBTQIA+ individuals frequent our sexual health clinics which offer testing and treatment for STIs expanded HIV care offerings, including HIV prep and emergency PEP, and jumpstart initiation of HIV treatment, as well as vaccinations and contraceptive services.

Our innovative services include two express clinics, which are fast and easy places for people to get tested for chlamydia, gonorrhea, syphilis, and HIV with most test results available within hours.

In addition, these clinics offer patient navigators and social workers who assist patients in enrolling in supportive services such as substance

use treatment and counseling. And we are always working to expand our service offerings to meet our patient needs.

In 2022, our clinics were at the forefront of Mpox diagnosis and treatment and continue to offer the services along with Mpox vaccination.

Over the last few years, we expanded our contraception services to include intrauterine devices and implants. Last November, we started piloting PEP and PrEP continuity of care to enable ongoing clinical services for patients on PrEP. And in the wake of last year's devastating Supreme Court decision on abortion, we leaped into action and are proud to now offer medication abortion at two of our sexual health clinics.

Recognizing that TGNCNB individuals face unique challenges when it comes to healthcare access, stigma, discrimination, and other social and economic factors, the health department launched the TGNCNB Community Advisory Board, or TCAB to advise and counsel critical feedback on our programming, our educational materials, marketing campaigns and clinical services for TGNCNB New Yorkers. TCAB bridges local government and community to ensure

community informed programming and services that meet the needs of TGNCNB New Yorkers. We are excited to soon release an updated TGNCNB health booklet, which incorporates feedback from TCAB.

We also know how important it is for people to feel-- to feel and see that they are represented. To this end we ensure that our sexual health marketing campaigns include input from the LGBTQIA+ community, and that campaign messages and images are inclusive of a spectrum of sexual-- sexual orientations and gender identities.

The Health Department is preparing to launch our latest campaign in a few weeks, which encourages New Yorkers to take charge of their sexual health and seek sexual health services.

The Health Department's LGBTQIA programming also recognizes the unique mental health and substance use needs of the community. We fund Destination Tomorrow in Mount Sinai to implement psychological support services for TGNCNB people with HIV, a program through which organizations offer trauma informed, culturally affirming services, including individualized supportive counseling, linkage to HIV care, and treatment services, and referrals to

medical and supportive services including gender-affirming care.

As of December 2022, providers have enrolled over 30 clients across two sites. We are-- We also recently expanded our recharge harm reduction services for men who have sex with men and transgender people who have sex with men, and who use crystal methamphetamine.

Apicha Community Health Center and Callen-Lorde Community Health Center programs joined Re-Charge, an HIV status neutral, sex positive, non-judgmental program led by Housing Works in providing supportive services addressing substance use and sexual health, mental health, and overall health needs. As of last month, providers have enrolled approximately 85 clients across three sites.

In conjunction with the Mayor's Office of Equity, we are launching the NYC Unity Project's Trauma-Informed Healing Initiative for Pride Month. This program is focused on LGBTQIA+ youth who often face significant mental health disparities on account of discrimination related to their identity. Working with community, the Trauma Informed Initiative will provide healing workshops, referral pathways,

interactive didactic training sessions, strengthening capacity of the mental health workforce to offer culturally-competent services and trauma-informed best practices and education for allies and support networks.

It is crucial that LGBTQIA+ people know that their rights-- know what their rights are when it comes to their health, wellness, and ability to receive appropriate sex-positive and culturally affirming care. To this end, the Health Department spearheads and manages the LGBTQ health care bill of rights, which details health care protections on local, state, and federal levels to empower LGBTQIA+ New Yorkers to get the healthcare they deserve, and reinforces that healthcare providers and staff cannot provide LGBTQIA+ people with a lower quality of care because of their sexual orientation, their gender identity, or sexual expression.

The NYC Health Map, our online service provider directory, features a list of LGBTQIA+ knowledgeable providers who offer primary care, sexual health-care, and gender-affirming care.

Before I'd like to wrap up, I'd like to address the legislation being introduced today.

Regarding Introduction 66, which would require the health department to distribute signs of an individual's rights to be referred to by a preferred name, title, gender and pronoun to-- to every hospital in the city. We support gender-affirming care and signage regarding transgender rights, and as you've heard, we are dedicated to doing this via our LGBTQ Healthcare Bill Of Rights program.

We do not have direct jurisdiction over hospitals in the city, but we're happy to further discuss the intent of the bill to see how we can expand the use of our-- of our Bill of Rights.

Regarding Introduction 1074, which prohibits the use of city resources to detain any person for providing gender-affirming care, we want to make clear that New York City is a safe place for people seeking gender-affirming care. We are still reviewing the bill and look forward to discussing with Council.

As mentioned earlier, Mayor Adams issued an executive order on gender-affirming care this morning.

Thank you for the opportunity to speak about the health department's efforts to ensure the health and

wellness of LGBTQIA+ New Yorkers. We look forward to answering your questions.

CHAIRPERSON SCHULMAN: Before we go to the next speaker, I'm going to welcome Councilmember Narcisse to our hearing.

COUNCILMEMBER NARCISSE: Good morning, and thank you, Chair, for allowing me to speak.

When we are talking about New York City, we want to make sure that healthcare equity is translated through everyone in our city. We are looking forward to make sure-- I'm counting on our Chair of Health, because I'm downstairs, going up and down-- But it's to make sure that everyone-- We can see the people. We are looking at them. And we say we-- "I see you and you matter, and the healthcare that we provide in New York City is not limited to you. You are part of our city." And like I said, everyone, healthcare is important to every one of us. So we have to make sure that we provide the access, and people knows where the access are located, and having the information so they can make the informed decision for themselves, their friends, and family.

I have been a nurse for over three decades, working in the emergency room, understanding the

needs around health care. For me, it is imperative for Department of Health, our hospitals in our city to make sure that we lead by example, and New York City is a place for everyone.

So I thank you for being here. And I'm looking forward-- and even if I cannot hear you from going up and down, but I'm sure my Chair will do a phenomenal job, and all the-- my colleagues here. So I thank you for coming. Thank you.

CHAIRPERSON SCHULMAN: Thank you, Councilmember. So now I'm going to get in-- Thank you, for all of you for coming today. I really appreciate that.

So my first question is: What initiatives or programs, if any, does the Department of Health and Mental Hygiene have in place to address and improve LGBTQIA+ access to healthcare in New York City?

DR. WATKINS: The New York City Department of Health and Mental Hygiene has multiple programs across-- across many of our divisions. We focus on LGBTQIA+ specific health-related topics as it-- as it pertains to sexual health, andmy colleague, Dr. Quinn, here can speak to that a bit more-- more, in our-- in our bureaus-- in our sexual health clinics across the city. We also work on making sure that

all of our programs are inclusive of the communities, and really talk about-- talk about using the correct pronouns and using the correct names that people refer to. So it's really an integrated-- it's been integrated into a lot of our programs. And then specifically just responding to, you know, emergency events like last summer's Mpox outbreak, when we became the epicenter for the country, but also the world for a moment.

CHAIRPERSON SCHULMAN: Thank you. Do you have a dedicated system in place that measures or evaluates LGBTQIA+ community experience in accessing health care, such as an annual survey, or survey after an appointment?

DR. WATKINS: Not... I'll pass it to Dr. Quinn.

DR. QUINN: Yeah, I-- well, I just wanted to mention, and I think this was also covered in the testimony, but the LGBTQ Healthcare Bill Of Rights that the Health Department supports, details the healthcare protections that are available to LGBTQIA+ patients, and informs them about their legal rights. You know, we also mentioned the TGNCNB Community Advisory Board, which has helped us to develop the programming that we do. So those are some of the,

you know, community engagement ways that we try to get that information, as well as relying on some of our surveillance systems where we are able to get information disaggregated, and to inform us about outcomes that are happening in the community.

CHAIRPERSON SCHULMAN: Would you consider doing some kind of survey? Because I-- I know that there are people that have negative experiences that would-- in terms of the healthcare system. So is it something that you would take a look at?

DR. QUINN: We can take that back and talk to our colleagues department and EPI.

CHAIRPERSON SCHULMAN: Please. In March 2023, Mayor Adams hosted a Women's Health Summit to help shape a women's health agenda. Have you considered, or are there plans to create a similar agenda for LGBTQIA+ individuals?

DR. WATKINS: Thanks for the-- Thanks for that question. I think it's definitely something that we want-- that we want to consider. We do these focus reports and engagements for particular communities. We last-- I think it was last year we released a report on AAPI health. We also previously released one on Latinx health. So focusing on LGBT health

specifically is something that we definitely will consider.

CHAIRPERSON SCHULMAN: Okay. Can you tell us about DOHMH's Bare It All campaign for the LGBTQIA+ community?

DR. WATKINS: This is-- This is-- The prior campaign for Bare It...

CHAIRPERSON SCHULMAN: It's because it's still on the website.

DR. WATKINS: We'll have to get back to you about that one.

CHAIRPERSON SCHULMAN: Okay. Just so folks, now this campaign is supposed to encourage individuals to tell all their health issues to their providers for better care without the fear of judgment and stigma. So we want to know-- We want to make sure that providers are trained to provide the environment where LGBTQIA+ patients can feel comfortable in explaining their unique health needs. So please, do get back to us about that.

DOHMH manages New York City Health map which helps individuals find LGBTQIA+ knowledgeable providers who offer services in primary care, sexual health care, gender-affirming care, and HIV testing

and treatment. How it providers vetted and ultimately determined to be an LGBTQIA+ knowledgeable provider, and thus be included in the New York City Health Map under that filter?

DR. WATKINS: I'll pass that the Dr. Quinn.

DR. QUINN: Sure. I'm happy to talk about the New York City Health Map. So for the LGBTQ+ section of the health map, the providers were initially vetted through a survey which included some detailed questions about the types of services offered, and the steps that the providers were taking to ensure that they are an affirming institution, like staff training, et cetera. So we're actually right now planning to undertake an update of the Health Map listing. So we'll be re-engaging with the providers to ensure that they're still meeting the criteria to be listed, and to hopefully add some new providers.

CHAIRPERSON SCHULMAN: What's the timing of the update?

DR. QUINN: We're working on the planning for how to get that done now. So I don't have an exact date that I can give you right now.

CHAIRPERSON SCHULMAN: If you can get back to us with a proposed date, that would be great.

Now-- How-- By the way, how often is the Health Map updated? I know you're working on that now. But just...

DR. QUINN: So the different sections are updated on different timelines. So it has been a while since we did the LGBTQ update.

CHAIRPERSON SCHULMAN: Okay. Do you remove providers who have received complaints or who might no longer be considered appropriate for the list?

DR. QUINN: I don't know of any specific instance where that has occurred, but we could do that.

CHAIRPERSON SCHULMAN: All right. Thank you. I'm going to turn it over to check a bond to ask some questions. Thank you.

CHAIRPERSON CABÁN: Thank you. And thank you for your testimony. Before I go into a couple of lines of-- of questions, I wanted to ask a couple of followups on Chair Schulman's questions.

Y'all said that you would consider a survey, a comparable task-- agenda, for example, but I guess I'm-- I'm wondering if no survey exists, how are you assessing the success of your programs and initiative without direct feedback from the community members who are receiving those services?

DR. WATKINS: Thank you. Thank you for the question. So the-- the programs that we operate, they do collect that-- that sort of feedback specifically. But I was referring to like a citywide survey. That's something that we would consider, but we collect that-- that data for all of the programs that we do have.

CHAIRPERSON CABÁN: So when you collect that data, does it-- does it live somewhere? Are you evaluating it, analyzing it, synthesizing it, and then bearing out recommendations and making changes to how-- how the Administration is providing services based on-- on that? Like, what's the process?

DR. WATKINS: So the general process for the program evaluation, depending on the nature of the program, the programs will review their data, they will review sometimes often qualitative data, you know, how people experienced it. They will collect that, and based on the program, where it sits, the program can modify, you know, modify how they how they function, and they can report some of that up, you know, up the chain of command. But it's-- It's specific to the programs. And it's not on, like, a more global assessment.

CHAIRPERSON CABÁN: Okay. I mean, I think there's value in a more global assessment to not just evaluate programs that exist, but to better be able to identify gaps. So I just want to, you know, reiterate the ask for something like that.

And then the second followup question I had was: Chair Schulman asked about how often the NYC Health Map is updated, and the answer was that it had been a while. When-- When was it last updated?

DR. QUINN: I don't know. But we'll be able to get back to you with that.

CHAIRPERSON CABÁN: Thank you. So I just want to move a little bit into talking about culturally competent care and training for providers. How does DOHMH collaborate with healthcare providers and organizations to ensure culturally competent inclusive care for the LGBTQIA+ community?

DR. WATKINS: So the Health Department provides-- supports providers in many different ways. We have provider webinars. Also for-- In the Division of Disease Control, we have a lot of work with providing trainings for folks that are available. We also have like in-time trainings, so for the last year, during the Mpox outbreak, we took the opportunity to have a-

- have a conversation about culturally competent care for the LGBTQIA+ community during the outbreak, knowing that folks may-- may have an influx of patients from the community and could always use a refresher.

So it's a combination of, you know, our regular functions and meeting any, you know, emerging or rising needs of the community.

CHAIRPERSON CABÁN: And are those required? How does staff learn about them?

DR. WATKINS: Which-- Which staff are you referring to?

CHAIRPERSON CABÁN: The trainings, in terms of providers and organizations.

DR. WATKINS: So, okay--

CHAIRPERSON SCHULMAN: Like are they mandated trainings? How do-- If they're not, how are folks made aware of them?

DR. QUINN: So I can answer for our sexual health clinics that the health department runs: Those are required for all of the staff who work in the sexual health clinics for the New York City's Health Department.

CHAIRPERSON CABÁN: Okay. And, and can we get into a little bit more detail on what some of those-- those trainings and materials look like? You know, for example, I know that years ago, which was great, that the city sort of stopped engaging or participating in infant surgeries for-- for intersex babies, right? But I think that the intersex community -- you know, the I in the LGBTQIA+ -- doesn't get a lot of attention.

And so do you have training for healthcare providers and organizations to specifically serve intersex communities? How have things evolved with how we serve transgender? Like can you just give me a little bit more meat and details as to what-- what is the-- the breadth of the sort of trainings that are available? Are there trainings that are getting people to be comfortable with and understand alternate relationship structures which are quite prevalent in queer communities, whether-- So that they are receiving care without stigma, whether people are in polyamorous structures, whether they identify as part of the kink community? Like they're-- You know, this is a broad statement that

you've given us. But I would like to get a sense of- - of kind of the granular of what is available.

DR. WATKINS: Thank you for the question. The diversity of the community and the lived experience is very broad. And our trainings, do not go that deep into, you know, the kink communities or some very specifics, but we do encourage folks to really understand the social-- you know, the social dynamics, the cultural dynamics, that are-- that are part of the communities and really naming and speaking to that, and encouraging folks to, you know, dive deeper, so that our engagement with you know, over-- over last summer, in the Mpox-- for the Mpox of outreach, for example, you know, working with sex parties, working with the party-- with the party planners, to really work and meet the community where they are.

So we do provide some culturally competent training for the folks who we send out. But in terms of like citywide, widely available trainings, we don't-- we-- we do not go that deep into some of the cultural aspects.

CHAIRPERSON CABÁN: And can we get a list of what all of these-- like what all these trainings are that are available?

DR. WATKINS: Yes, we can follow up.

CHAIRPERSON CABÁN: And how does DOHMH work with Office on Equity or the-- the Commission on Gender Equity?

DR. WATKINS: So for-- So our group-- In the Center for Health Equity, we are working with the Mayor's Office for Equity. We've been partnering on this program to meet some of the-- some of the mental health needs of the community. So we got some funding through the Mayor's Office of Equity to work with five community-based organizations to develop a program working with these community orgs to, you know, co-design, the curriculum. We focus on-- We focus on youth, we focus on families and allies, and also to work with providers.

CHAIRPERSON CABÁN: Okay. And according to the Fund for Human Rights, 83% of LGBTQIA+ people feel the need to hide their sexual orientation, even from a medical provider, and at the same time, obviously, you know, that knowing a person's sexual orientation

and full history allows medical professionals to provide the best care that's possible.

And so, you know, I hear what you said, and in terms of the-- the breadth of what is available, but when you put that against that percentage, how does DOHMH support medical staff and creating a climate of respect? In short, like, how-- how are we working to get that percentage down? Because that percentage exists with the infrastructure that's currently in place. And so what is what's the trajectory? What's the plan to get that percentage down?

DR. WATKINS: I can speak to some of the DOHMH's work, but I would also like to pass it to my colleague Richard, who works for Health + Hospitals, who could speak a bit more about the public hospital program.

But for the New York City Department of Health and Mental Hygiene, we-- for the clinical services that we do offer, we-- you know, we make sure that we ensure that folks are getting that culturally competent training, and support the folks who we work with.

Some of the additional trainings, that we do have to support folks in communities we that we offer are

made available we work with when folks reach out to us, but we-- you know, we cannot-- we don't regulate-- we don't-- we can't really mandate some of these hospital-based providers and others to-- to meet this-- to meet the standards that we may have.

CHAIRPERSON CABÁN: Can you also talk to me a little bit about trainings related to intersectionality, right? So issues at the intersection of race and gender. What's the analysis there? What's the work being put in there?

DR. WATKINS: I'd like to pass to my colleague, Richard to speak a little bit more about the Health + Hospitals and their program.

DR. GREENE: Good morning, I'm Dr. Richard Green, my pronouns are he and him. Thank you so much for having me here today, and for the work that's happening. I really appreciate it.

I have been working at Health + Hospitals since 2003, with a one-year break when I did a fellowship. And I can speak a little bit on some of the-- the ways in which we're creating that inclusive environment within our systems.

So starting in 2011, we implemented mandatory training for all staff who joins and in our annual

mandates about exactly what my colleague was talking about, which is we make sure that everyone who works at Health + Hospitals has a foundational understanding of using neutral terminology, and so that is inclusive of many different identities. And within those trainings, we also talk about intersectional identities.

And we have a both/and process. So then for people who do join our seven pride health centers, and even other folks who are interested, they're open to anyone who works with in our system, we have more advanced trainings, a multi-part training, that's a certification program, so that we make sure that the folks who are working in our facilities can provide that culturally competent care.

In addition to that, we've made sure to have signage up in our facilities, not just-- not just, but we in our bathrooms about using gender-appropriate bathrooms consistent with people's identities, and also signage about other initiatives that we have going on, whether through the Pride Health Center, or our provision of gender-affirming hormone therapy, and PrEP, and other LGBT interested services.

And then finally, I'll just note that we made the transition (I forget what year) to Epic, and now have the ability to collect sexual orientation and gender identity data, which-- and we allow all patients who sign up for our electronical medical record MyChart system to identify to us. It's not mandatory in this moment, because we have found that making it mandatory actually decreases the validity of the data. Some people will just click through whatever. But it is an optional field that people can enter. And we've had some success having people identify to us that way.

CHAIRPERSON CABÁN: Great. So I just want to touch two areas of follow up before handing it over to my colleagues, and then I'll come back with more questions. But you provided a lot of information there. And I do want to ask you about the pride centers. But before I do, I do want to go back to the first part of my question, to kind of delve into training and curriculum that accounts for disparities within disparities, right? And so again, specifically, queer communities, and then sort of like connecting that with queer BIPOC communities,

right? Because there are disparities on that level as well.

DR. GREENE: Yes. I'll have to get back to you about some of the-- I don't know the specific questioning, but I do know that it's part of our mission to make sure that we offer linguistically appropriate services for everyone. We know that many of our LGBTQIA+ patients who engage with us are not necessarily English speaking, are certainly part of the BIPOC community, and to make sure that our-- our community-- our trainings are affirming, and include that information. We have them at different parts of the training, but I would have to look to see where those intersections are.

CHAIRPERSON CABÁN: Thank you. And just to follow up, since you mentioned the-- the Pride Centers, I know that H+H has seven Pride Centers. Can you tell me a little bit more about them and the services they provide? And I'm going to break down just some-- some areas and--

DR. GREENE: Sure.

CHAIRPERSON CABÁN: --feel free to ask me to repeat any of it. But how many staff members are each center? And can you give us a breakdown of each

staff member assigned at a Pride Center? What are the preventative services you provide there? And can you describe the process when somebody, like, walks into a private center?

DR. GREENE: Thank you for that question. Yes. Some of the numbers that we'll have to look up. So for instance, the number of staff members that we have, I would have to look up and find specifically for you. Our-- The seven different Pride Health Centers function slightly differently with sort of the theme of providing comprehensive LGBTQ care. And so there will be different-- The thing that they all share is that they're all embedded within primary care services. And so there is no distinction-- There is a distinction level of training about things like gender-affirming hormone therapy, provision of PrEP, provision of HIV care, but embedded within that is all the same general primary care that anyone else would access.

And so in the same-- I'm a primary care provider in our Pride Health Center at Bellevue, until I take care of patients there. And one of the joys of working in that clinic is that I get to say, work with someone on their hormone therapy or provide them

with PrEP at the same time I'm talking to them about their preventive cancer screening, or risk for heart disease, offering vaccinations that are-- apply for everyone, and also specific ones to the LGBTQIA community. We do offer Jynneos, which is the-- the M pox vaccine. And so those services are simply embedded with primary care. They're not separate.

What is separate is when someone comes to the Pride Health Center, they know that they're coming to people who have been trained in a more advanced way to work with people within their community. But we operate in a both/and model, so that I have confidence that people who see folks in our clinic who are not part of the Pride Health Center also can provide that affirming care. Some folks will feel safer and will create more access, which we know is one of the drivers of the health inequities that we see, to come into the Pride Health Center. So we offer both services.

Within those services, there is someone who provides primary care. It's different numbers of people within the different Pride Health Centers. We have four primary care providers within the Bellevue Pride Health Center. There is one at Gouverneur, two

at Judson, and I don't know the others. And we also have folks who work with us in a pretty dedicated way, who work at our front desks, so clerical staff who will check people in, who are well trained in making sure that they're using people's affirmed names and pronouns, that they know and understand how to reach out to people and sort of check the record before we check someone in to make sure we're using that affirming language. We have nursing staff who works closely with us, and also patient care associates who work closely with us who are also well trained.

CHAIRPERSON CABÁN: And how many people do you serve out-- out of the Pride Centers?

DR. GREENE: I don't have that exact number. I will have to get back to you. I'm sorry.

CHAIRPERSON CABÁN: Okay. And do you have any demographic data like age range, sexual identity, gender identity, languages spoken, race, ethnicity, collected for people who-- who are being served at a Pride Center?

DR. GREENE: I don't have that data at my fingertips. I can tell you that we-- we have access to linguistic services. So we take care of patients

in our pride health centers, who speak many different languages, who come from all over the world. And-- But I would have to look at the exact breakdown.

CHAIRPERSON CABÁN: I would love to have that data. Because again, I think, you know, the goal of-- of making this care available is to make sure that people who historically have not had access to a continuum of care, let alone like an affirming continuum of care are actually the people that are going to these pride centers. So I really would love the-- the data on that.

And do you have any plans to expand your your Pride Centers? And-- And I'll end by also asking: Besides the Pride Centers, what other facilities provide queer-specific health services? And where are they located? And outside of the Pride Centers, like, the process of accessing LGBTQIA+ healthcare services at an H+H facility.

DR. GREENE: Can you repeat the first part of your question? Sorry?

CHAIRPERSON CABÁN: Sure. Just, like, if there are plans to expand the Pride Centers, and then also outside of the Pride Centers, what-- what other

facilities provide LGBTQIA+ specific health services? And where are they-- where are they located?

DR. GREENE: Thank you for those questions. Yes, there are plans to expand the Pride Health Center, but there isn't currently a timeline. We work very close-- Each of the Pride Health Centers works very closely with our Office of Diversity and Inclusion, which is at Central Office for Health + Hospitals. And so we had a council where we all get together and meet and make sure that we're reviewing and offering the same-- the same services, and are able to refer to each other as needed.

And throughout the system. One of the nice things about that connection to our Office of Diversity and Inclusion is that anyone within the Health + Hospital system at our 70 locations can certainly reach out to us if they have questions about how to provide care for a particular patient. We have connections with infectious disease services, endocrinology services, surgical services, and can refer people throughout the system.

CHAIRPERSON CABÁN: What's the best-- What's the best way to reach them?

DR. GREENE: So we have-- There's a phone number on the website. There are numbers and email addresses on-- There is a specific page for the Pride Health Centers. There-- That's the best way to get in touch. We also have a contact center. And if people call the contact center saying and they're looking for LGBTQIA+ services, they will be offered a Pride Health Center that's closest to their residence.

CHAIRPERSON CABÁN: And for folks who you know, like you're experiencing sort of the digital divide, what are the other ways to be able to reach-- reach out?

DR. GREENE: Yeah. So, certainly this month we will be at Pride, at many different scenario-- at many different places we offer. I'm trying to think of some of the other services that we offer. I know that we do and I would have to check in with my colleagues at ODI for how that's being promoted, not on the website.

CHAIRPERSON CABÁN: And then finally, do you-- do these services provided any specific outreach to the sex worker community?

DR. GREENE: Not-- Not that I know of at this time. We may and I believe we work with some community organizations who do, but I would have to check that.

CHAIRPERSON CABÁN: I think you should. It's incredibly important.

DR. GRENE: We certainly have patients within our Pride Health Center who are engaged in sex work and who do feel safe coming to our services. But more extensive outreach is something we will investigate.

CHAIRPERSON CABÁN: Thank you. And I'll pass it over the Chair to pass it over to our colleagues.

CHAIRPERSON SCHULMAN: Thank you. I want to acknowledge we've been joined by Councilmember Gennaro, Councilmember Gutiérrez, Councilmember Velázquez. Councilmember Gutiérrez, do you have some questions you'd like to ask.

COUNCILMEMBER GUTIÉRREZ: Thank you so much Chairs Schulman and Cabán. And I apologize. I was a little tardy. So if you've already addressed this, just re-answer it. I apologize.

I am curious about the Pride Health Centers. Can you confirm the one in Brooklyn: That's at Woodhall, correct?

DR. GREENE: Yes, the one in Brooklyn is at Woodhall.

COUNCILMEMBER GUTIÉRREZ: Wonderful. One of my faves. So I have a couple of questions there about-- Generally, what are the hours of operations in these Pride Centers? How does someone know, you know, maybe someone off the street know that this is a place they can go to?

Also, what is-- what are the ages served in the pride centers if you can expand on that? And then what needs to happen to expand more Pride Centers? Like, what needs to happen so that we have them in more H+H? And then my-- my last question is just related to-- and I just want to uplift, the LGBTQIA caucus that released their Marsha and Sylvia plan. I thought it was really thoughtful, and really just informative and helpful.

I'm curious if you could speak to-- we know that that doctors don't believe women in general, especially black women, especially women of color, but I'm alarmed to find out that it's even more egregious with women who identify as queer or gay.

What-- What needs to happen to kind of expand the awareness about how harmful this is to our

communities? How can we change the culture around physicians and the way that they approach primarily women and queer women or lesbian women? What needs to happen across the board? I know that's kind of like a philosophical question there, but it is a deep, deep concern for me, especially someone that represents a majority black and brown community.

Thank you. Those are it. Those are my questions.

DR. GREENE: Sure. And I think I have them all written down. But if I missed any, please let me know.

So the first question about how do people find us? So Health + Hospitals serves all New Yorkers, and so there-- we implemented I want to say two years ago, but my timing might be off on that there is a referral to the pride health center. So any LGBTQIA+ person entering any Health + Hospitals facility can be referred to a Pride Health Center. They can receive a referral. So even if they can't access the website, if you show up, for example, in an emergency department or an urgent care within Health + Hospitals and say you're looking for hormone therapy, or you're interested in PrEP, or that's even

something that you mentioned in your discussion, maybe your health-- health concern doesn't have anything to do with that. The providers can offer you a referral to Pride Health Center, if you want one and any of our Pride Health Centers. It's not just limited to whatever facility you happen to be in.

And so that's one excellent way: We get tons of referrals from RDD, from our Women's Health Clinic, and we have a lot of collaboration with our Women's Health Clinic, which we'll get into in one of the later answers.

The ages that we serve: It's different at different Pride Health Centers, but we certainly have family medicine and adolescent health specialists. And we do provide services for ages 12 and up within the Pride Health Centers. So if we have referrals, we can either refer to well-trained people in our pediatrics clinic at Bellevue or we have Pride Health Center at Judson, who is specific within the Pride Health Center and will see kids over the age of 12.

COUNCILMEMBER GUTIÉRREZ: Those are the two that can serve children?

DR. GREENE: There are more. Those are the two I'm sure of.

COUNCILMEMBER GUTIÉRREZ: Oh, okay. Thank you. Okay.

DR. GREENE: I just don't remember who is a family medicine trained provider and sees kids.

COUNCILMEMBER GUTIÉRREZ: I see.

DR. GREENE: But yes, we certainly have those services. And everyone within the Pride Health Center would know who they would refer to for that. So within Bellevue, I know where to send people, either at Bellevue or Judson if people feel more comfortable there.

The "what services are needed" question is a really tough question. I mean, always, resources are incredibly helpful, so that we can make sure that we dedicate these services so that we can make sure that these services are uninterrupted.

The hours are different at different Pride Health Centers. Largely from nine to four. We have some evening clinic hours. And we do have urgent care services for folks who come in through our Pride Health Center that can be accessed through our

general primary care, but those providers are well trained in taking care of LGBTQ people.

And then the last statement that you made, which I think is really incredibly important is the one about queer women, and particularly queer women of color.

This is-- You know, it's interesting, because a lot of the "services" quote/unquote, that we talk about when we talk about LGBTQIA health services, or HIV treatment and prevention, we talk a lot about gender-affirming hormone therapy (which is not talked about enough, but also does get talked about because of how expansively it's talked about in the press right now), but in some ways, there is a perception that there hasn't been an emergency of health for queer women. And so in health professional training programs, that's often overlooked, and I think that is one of the areas that certainly needs more attention, and that we've been very intentional in trying to address within building bridges with our OB/GYN colleagues, for people who are accessing women's health services, to try to create safer spaces for queer women and particularly queer women

of color to feel safe coming in and bringing their identities.

And so part of what we're including in some of the training that we do is about trying to ask people more inclusive questions. For example, "What else do I need to know about you to take good care of you?" Right? To create spaces, because we know that people have a lot of historical trauma about coming into any healthcare spaces and trying to create our spaces in ways that will be meaningful, and then incorporation into our health professions education.

COUNCILMEMBER GUTIÉRREZ: Wonderful. Thank you. Thank you, Chairs.

CHAIRPERSON SCHULMAN: Okay. I have some follow up questions. So the Pride Centers. You have a Pride Center at Woodhall, correct?

DR. GREENE: We do.

CHAIRPERSON SCHULMAN: So I used to work at Woodhall hospital, and I'm glad that the training actually that you're providing now for every employee is mandatory, because when I was there, I really pushed for that, and I was told no--

DR. GREENE: Thank you.

CHAIRPERSON SCHULMAN: --so I'm very happy that we've come-- we've moved forward from that, which is great. So my-- one of my questions-- one of the questions I have is, what do-- what do you do with a provider or a health worker that doesn't want to service the LGBTQIA+ community?

DR. GREENE: That's a great question. The formal system is still being worked on. But the-- Sorry, yes. The formal system is still being worked on. But the idea is that we take care of all New Yorkers at Health + Hospitals. It's part of our mission statement. And so it's not okay to say-- We do not accept to the answer of, "I just don't take care of LGBTQ people." We do work-- we are partnering with human resources and patient experience to try to identify better who those people are and how to train them.

I have concerns about the difference between people who are refusing and people who are not informed. And so we are also having discussions at a very high level about providing the training and education instead of just shame or removal from patient care for people who are uncomfortable or

untrained. But we do-- We take care of all New Yorkers. That's our part of our mission statement.

CHAIRPERSON SCHULMAN: When you have something formalized, can you share it with the Council. And I do agree with you, I will tell you that I have had experience with both, both in terms of somebody who's not educated, and that's fine, but also with individuals that flat out said no. And so wouldn't touch HIV/AIDS patients.

So I just, I just want to point-- That's one. The other is that when you have a Pride Center, I just want to make-- and I know you're doing this, but I just want to mention that when you do that, then other people feel they're off the hook that are not part of the Pride Center. I want to make sure that across the board, people realize that they need to take care of-- of these patients.

DR. GREENE: Yes. And for that reason, I mentioned the but/and sound system that we have where we expect everyone in ambulatory care to be able to take care of LGBTQI patients at a high level. And the spaces that provide that Pride Health Centers provide are for patients to feel more comfortable knowing that they will access that kind of care

because of the historical trauma that LGBTQIA+ people have-- have often experienced accessing care.

CHAIRPERSON SCHULMAN: Do you have a separate-- I know that you have the education across the board. But is there something separate for the leadership of each of the hospitals? And in addition, I know you have affiliation contracts with NYU, and Mount Sinai, and other facilities? Are they part of this?

DR. GREENE: They are part of it, there is a dynamic overlap between our providers who either work or are affiliated with other academic health centers. When we launched the certificate-- certification program that I mentioned several years ago (I don't remember the exact date COVID makes everything sort of blur, but we can certainly find that for you), there was specifically a leadership training that happened at the highest level to make sure that people were on board and understood the kind of expectations that we were setting with the staff at our facilities.

CHAIRPERSON SCHULMAN: Is that training ongoing? Or are they just-- it's just a one time?

DR. GREENE: I would have to look that up.

CHAIRPERSON SCHULMAN: Okay. If you could, that would be great, because I think people sometimes need reminders, especially with everything that goes on.

DR. GREENE: Yeah.

CHAIRPERSON SCHULMAN: Okay, so I want to now ask about Mpox. So last summer the-- the world was caught off guard by the emergence of Mpox in the MSM community in the United States. New York City became a hub with daily case rates reaching over 400. With a rapid response to this healthcare emergency, the City was able to curb the number to single digits by the end of the summer-- by the end of last summer.

As the cases decrease, the response measure also ended. DOHMH has stopped updating Mpox data, and no longer sends vaccination vans around targeted areas as often. Since the beginning of 2023, New York State DOH has reported at least 39 Mpox cases in the state with 20 coming from New York City. What specific measures has DOHMH taken to curb the recent Mpox outbreak in the city? And what are you going to be doing moving forward?

DR. WATKINS: Thank you for that question. It's a really great and timely question. I-- I would correct and say that there's not currently an Mpox

outbreak in the city. The number of cases that have been identified in New York City have been sporadic, have been in the single digits, you know, often one a week, et cetera. I can pass to Dr. Quinn to speak a bit more.

DR. QUINN: Thanks, Dr. Watkins. And yes, I agree. Thank you for the timely question. Our main message to people that may be at risk of being exposed to Mpox this summer is to get vaccinated. So many people who received an initial dose of the Jynneos vaccine last summer did not receive a second dose. So we're encouraging people to seek that vaccination.

We've also, as was mentioned in the testimony, we did have vaccinators available at a couple of Pride events. We have a few more planned for the rest of this summer. And we still have walk-in availability of that vaccine at our Chelsea Clinic. But there are many providers across New York City who have the Jynneos vaccine available, and our work with providers is really to encourage them to include this as part of comprehensive sexual health care. People who might be exposed to Mpox are also at risk for other sexually transmitted infections, and so we want

this to be, you know, part of routine sexual health services.

CHAIRPERSON SCHULMAN: I realize the incidence is not-- you know, is-- is very low in New York City right now, but other parts of the country, it's moving up. So we need to be really on top of that. And so how-- When you said that you are collaborating with healthcare providers and community organizations? How are you doing that?

DR. WATKINS: So I could speak to some of the work that we do in the Center for Health Equity. A lot of the community organizations that we work with, we use a comprehensive approach. You know, we think that equity is truly the, you know, the type of intervention that's needed to address these intersectional crises and events. And so for a lot of our community partners, we share updated information on Mpox, you know, raising awareness, summer is-- summer is here, it's getting warmer, this is something that's happening. We actually talk about what's-- what's been going on, particularly what happened in Chicago. So there's like a constant kind of awareness of what, you know, what are the

public health events? What are the things that folks should be concerned about?

And so it's very integrated into what folks in the city should think about. And it's actually been going really, really well, in listening to the partners, and they kind of raise questions and ask questions. So we it's kind of, you know, it's an exchange versus just top down.

CHAIRPERSON SCHULMAN: Do you have anything up on the website to just let people know, "Hey, we're-- we know. We understand that there have cases in other parts of the country. This is what's going on." I mean, I think it's important to be proactive, rather than reactive. So is there-- is there any plan to put that up on the web, put anything up on the website?

DR. WATKINS: I'll pass to Dr. Quinn, to speak a bit more.

DR. QUINN: We still do have a webpage about Mpox. And so we have updated that as the conditions have changed. Again, our focus is really around messaging, about the importance of vaccination as a preventive measure.

CHAIRPERSON SCHULMAN: Right. I'm not talking about in terms of like, the incidents on the website. i'm talking about just sending a message out there and saying, "Hey, you know, we're hearing about stuff in other parts of the country. We encourage you to get vaccinated if you haven't, or get a second vaccine if you haven't done that." That-- That kind of messaging.

DR. QUINN: Yes. So over the past couple of months, we've done a couple of what webinars. We did one focused on providers to help ask them to reach out to their patients who might have only had one vaccine, and to give them information, updates related to the vaccine program. The vaccine is available only through the Health Department. It's not commercially available. So providers have to work with us to get the vaccine, and we're aware of which providers have it.

We also did a webinar a few weeks ago with community groups and community based organizations, again covering a lot of the same topics. And that one happened to have been scheduled. It about occurred about a week after the small cluster that was described in Chicago. So we were able to utilize

that moment to talk with community groups about that. And then all of that information is also going out in the ways that Dr. Watkins just described through all the other community-based organizations that the health department is working with.

CHAIRPERSON SCHULMAN: Okay, I would like-- I'm just going to reiterate that I'd like to see something up on the website that just has-- just so that the regular public, the webinars and everything else doesn't get to everybody.

And what public-- Around that, what public awareness campaigns or educational initiatives, has DOHMH launched to inform residents about Mpox, its symptoms, and preventive measures? I know we did that last year, but is there any movement to do that again this year?

DR. QUINN: So this was mentioned in the testimony that in the next couple of weeks, we'll be launching a media campaign that's around taking charge of your sexual health. That will also include information about Mpox as well as other sexually transmitted infections.

CHAIRPERSON SCHULMAN: Okay, so, Washington DC is first in the nation for Mpox vaccine coverage and

leads New York City by 20% for full vaccination rates, 67% for DC versus 45% for New York City. Are there any lessons that you guys are taking from DC's rollout, and to what they attribute the second dose gap?

DR. WATKINS: That is a great question that we-- I really-- I think it's multi-- multidimensional. A lot of factors kind of lead to some of the lower rates of you know, effects of second dose uptake in New York City. I think-- I think comparing a city of our size and scale with as intense as the outbreak was in our city compared to DC, I think it's-- it's a little apples-to-oranges. New York City is pretty unique. But to that point, I think it is important about really understanding, you know, the kind of social-- what's going on in the news, how people are talking about it, and then the messaging around, you know, the level-- the alert levels. It's a very delicate balance to get this message, this urgent message out, while also avoid-- trying to avoid or minimize, you know, stigma to the communities.

So I think I think the success that we did obtain was because of our partnerships with, you know, with these groups, I feel like some of the big lessons:

We can do it earlier. We can-- If we can get more support financially, I think that could also really contribute, you know, help narrow those gaps. But I think, you know, I think we made huge leaps and bounds to get the community-- to work with community and kind of work together as the Health Department, local health providers, and also community advocates, and, you know, regular folks every day who made made-- made the decision to get vaccinated and-- and also some folks modified their behaviors to minimize exposures.

CHAIRPERSON SCHULMAN: Have you reached out to DC just to find out what they're doing? And--

DR. QUINN: Yeah. I mean, I can say that I've spoken to our colleagues in DC throughout this. And it's it is what Julian is saying. I think it's a little bit difficult to compare them directly.

CHAIRPERSON SCHULMAN: Sure.

DR. QUINN: But a lot of very similar approaches have been used in a lot of the large cities. And yes, we're always looking for ways to partner with different kinds of groups to help get vaccine coverage up in the at risk populations.

CHAIRPERSON SCHULMAN: Thank you. So I'm going to ask a question that the Admin sometimes likes us to-- or the agencies like us to ask. So what support do you need from us to help close that gap?

DR. WATKINS: Thank you. That's another great question. I think, overall, to really help close the gap, I think it's really focusing on-- on health equity. And really, in addressing this other crisis, in 2021, the New York City Board of Health declared racism a public health crisis, and the support to really elevate all of these many intersectional issues, and the-- and the complex dynamics that are at play. I think it is really important to, you know, elevate the conversation that we're having around Mpox and understanding the communities, you know, the LGBTQIA communities are not a monolith, you know, and really understanding that folks have specific needs-- needs, you know, historical needs, but also contemporary ("what's happening right now") and I think just the-- the synergy and support to elevate the specific needs of folks who have been historically marginalized. I think that would be really helpful for us. And-- And honestly, you know, hearings like this conversation, to really talk about

the issues and raise the concerns that we're hearing from, from our, from our constituents, and our partner-- and our health partners, but also what-- what you all are hearing as a members of the Council.

CHAIRPERSON SCHULMAN: It would be helpful if you could send us information, or send the individual Councilmembers information through your intergovernmental community affairs, so that we can add it to our communications with our constituents. I think that would be helpful. And we're more than happy to do that.

Okay, let's... Sorry. What do you see as the biggest barriers facing LGBTQIA+ individuals in today's healthcare system?

DR. WATKINS: There are so many barriers. I think many that have been long ingrained, but I think currently with the, you know, a lot of the volatile-- political volatility that we're seeing, you know, there is a chilling factor that I think a lot of people experience, when they hear the harmful rhetoric. Folks, you know, may be less prone to go-- may be less, you know, willing to go and seek some of the care and services.

So I just-- I think for me, I think that it's that combination of a lot of old things that have to-- that we want-- that we're working to undo through the, you know, through the work of addressing the public health crisis of racism, but it's also addressing, you know, the contemporary ways that it manifests. How is it affecting folks in today's day and age? I think, I think it's-- that's the combination, and what we can do to, you know, move through and move past some of these old things and actually respond and meet the needs of the community that we-- that we're serving right now and in 2023.

CHAIRPERSON SCHULMAN: Okay, thank you. Um, how does-- I'm going to switch gears a little bit. How does DOHMH collect data on LGBTQIA+ health outcomes and experiences to inform policy and program development?

DR. WATKINS: We have multiple ways that data comes into the City. We collect demographic data, as reported through communicable diseases or reported-- reportable diseases. That data comes come to the agency. Again, also, I can pass it on to my colleague, Dr. Quinn, to speak a little bit more about data collection.

DR. QUINN: Thank you. One of my favorite topics.

So yes, the Health Department, you know, we do get data in connection with provider and laboratory reporting about reportable diseases. In many cases, the data, the demographic data that we get with those can be somewhat limited. If the lab doesn't collect that piece of information, it won't come with electronic lab reporting.

For some of the diseases, we're able to do more in-depth investigation and gathered information directly from the person that has been affected. So that's one of the ways we can you know, like, "what is the rate of chlamydia in a certain population?" we're able to do that.

I did want to add that in our Sexual Health Clinics. You know, clients can provide feedback through a patient satisfaction survey, much like they do in other healthcare services. So we do use that as a gauge of what's happening within our clinics.

We also look at information by national surveys and studies. The health department has several population-based survey mechanisms where, you know, depending on the need, we can add questions to that.

And then lastly, I wanted to mention that the health department has a Data For Equity Working Group, and that is really focusing on the improving of the use of public health data for the purposes of improving health equity, and looking at ways to better gather data and then be able to stratify that data for different types of analytic purposes. And so, certainly LGBTQIA+ is part of that Data For Equity Work Group as well.

CHAIRPERSON SCHULMAN: Thank you How is DOHMH offering care and support for LGBTQIA+ asylum seekers and undocumented immigrants?

DR. WATKINS: Thank you. Again, a very timely issue and something that we're deeply concerned about as the agency.

And so all of the folks who are-- all the people who are seeking asylum in New York City can access all of our-- all of our health department resources, regardless of their sexual orientation or gender identity.

You know, as we play this vital role in the city-- in the city's support of these communities-- of folks seeking asylum, of people seeking asylum, we

definitely know that-- that the needs are really high. A lot of folks who have been traumatized.

So psychological first aid and emotional support, crisis counseling and referrals to community-based mental health support from-- from our resilience and emotional support teams for community members, but also for staff. That's been really important. We've also worked with Latin American consulates, to work with their staff to get Mental Health First Aid training, because a lot of people seeking asylum actually go to consulates, in trying-- in trying to get in trying to get paperwork.

We also work with health insurance enrollment, for certified application counselors through our Office of Health Insurance Services, and we are really coordinating with our community health center sites, to receive direct referrals from navigation centers, across the city.

So we try to, you know, try to integrate it and really and have an awareness that a lot of folks are seeking asylum-- a lot of people are seeking asylum, because of stigma because of oppression based on their sexual orientation or gender identity in-- as-- That's-- That's one of the reasons why many people

are-- specifically are seeking asylum in New York City.

CHAIRPERSON SCHULMAN: Thank you. So I know this is a sensitive issue. How do we identify or how-- how are asylum seekers are LGBTQIA+ identified so that we can offer them help when they come-- when they come here?

DR. WATKINS: We can we can follow up on the on the process. I'm not very familiar on the process and the intake. But we--

CHAIRPERSON SCHULMAN: Because not everybody, I mean, especially if there's stigma and everything else, would identify. But we also want to be helpful to them, because we have-- You know, as, as you're aware, we have a big LGBTQIA+ homeless population. We don't want them to fall into that. And we want to-- we want to provide culturally sensitive care for them. So I just would-- We would like to know the process. So if you could do that, that'd be great. I'm going to ask Chair Cabán, to-- for further questions. Thank you.

CHAIRPERSON CABÁN: Thank you. I want to ask you a little bit about-- a little more about the sexual health services. Does the city work with the Sexual

Health Education Task Force in any capacity to evaluate the delivery of those services?

DR. WATKINS: I'll pass it to Dr. Quinn, whose division runs the sexual health clinics.

DR. QUINN: Yes. I'm not familiar with the Sexual Health Education Task Force. Is that part-- Is that with Department of Education, or...?

CHAIRPERSON CABÁN: It's-- So it's currently under CGE, but the-- the Mayor earlier this year, my understanding isn't-- thank you to-- to Counsel McKinney-- that the Mayor announced that the city was relaunching this task force. So I would just-- We would love an update on the task force. Does it-- Is it going to live somewhere else now, if that's the case? Like the-- to you point, the Department of Education or somewhere else, or where it currently is? I would love an update on that.

DR. QUINN: Okay. We'll have to provide a follow up.

CHAIRPERSON CABÁN: Okay. Okay. And I do know that that was-- also came out as part of the Women's Health Agenda that was worked on. [TO CHAIR SCHULMAN:] So have you heard about the Sexual Health Clinics at all? No? [TO PANEL:] Okay, and can you

tell us more broadly about the NYC Sexual Health Clinics? I know according to the city's website, there are eight clinics. Is that correct? How many, and which locations are currently functioning and open to the public? You know, sort of what's coming out of-- of those other than providing that low-cost to no-cost services for STIs? What kinds of services do those clinics provide, like just as much information as you can give. And then also demographic data that I've asked, similar to the Pride Centers like age, sexual and gender identity, all of those different things?

DR. QUINN: Yeah. Thank you for the opportunity to talk about our Sexual Health Clinics. That's right. There are eight locations. Currently, three of them are not offering sexual health services at this moment. We're working to resume those. A couple of those locations currently have COVID Express sites utilizing their space.

So that means five of the sites are currently offering sexual health services, and the website is the best place to understand what the hours and specific services are.

A lot of the services are focused on, you know, sexual health, screenings for sexually transmitted infections. We have piloted HIV PrEP at at least one of the sites. And then two sites currently offer STI express testing, where people who are not symptomatic can get STI testing with results returned usually within hours, which is an excellent service.

Our-- You know, our mission is to provide services to all New Yorkers. And so we do that without any cost. And-- And it's basically a very low barrier to entry with walk in availability. In terms of demographics-- So in 2022, TGNCNB patients made up about 3% of clinic patients (this is based on their self report), and also in 2022 about a third of the patients that our sexual health clinics identified as MSM and 1% As WSW, again, based on self-reporting from within our clinics.

I wanted to also mention that as you know, as a result of our work with the TCAB over several years since 2017, we have seen a pretty dramatic increase in visits by patients of TGNCNB experience, and I think a lot of that has to do with people feeling comfortable reporting that as well as some of the trainings and also different processes that we put

into place in our clinics to make them more affirming spaces during that period of time.

CHAIRPERSON CABÁN: And can you tell me why those-- those three aren't currently functional?

DR. QUINN: So those were clinics that were closed during the COVID pandemic. Some of them still have COVID Express sites operating within them, and so we haven't been able to resume the sexual health services at those sites. But we do have sexual health services available in the Bronx, Brooklyn, Queens, and Manhattan.

CHAIRPERSON SCHULMAN: Okay. Is there a plan to kind of get back to the true and sort of intended purpose of these facilities?

DR. QUINN: Yes. We're-- You know, we're working to get each of those open hope, hoping that a couple of them will be opening this calendar year.

CHAIRPERSON CABÁN: Okay. And then is there a plan for expansion?

DR. QUINN: Right now, there's not a plan for expanding the number of sites that we have for sexual health clinics. As was mentioned in the testimony, we did recently expand services at some of the clinics to also offer medication abortion. So

additional sites will be picking up new services over the coming year.

CHAIRPERSON CABÁN: And just to be-- for clarity sake, these-- these are services that are free or affordable to folks without health insurance, right?

DR. QUINN: Totally free. Yes.

CHAIRPERSON CABÁN: What are some of the challenges you face in providing adequate care to the queer community at these clinics?

DR. QUINN: You know, one thing that we're really working to enhance over this year is work that our clinics do directly with community-based partners in their neighborhoods. So just make sure that people are aware of the services, that people understand that they're-- they will be coming to an affirming space, that they know that the services are all completely free of charge.

So we're really just working on, you know, awareness and uptake. And I think that's something Council can also be really helpful with.

CHAIRPERSON CABÁN: And I know that I had mentioned-- just to go back for a second, so I want to make sure that there is a record of this, I know that I had said that the Sexual Health Education Task

Force, at least when it was functioning, lived in MOE. And I just want to state for the record that we did invite MOE, and they chose not to attend. So it would have been valuable to have them here, and it would be valuable to have them here at-- at future hearings.

But I want to move into another area of questioning, specifically mental health services. Are there any specific strategies or interventions implemented by DOHMH to improve mental health services for LGBTQIA+ individuals, especially given the-- the widely known like higher rates of mental health concerns within our community?

DR. WATKINS: Thank you. You know, the mental health crisis is, is again, one of the one of the more pressing public health issues in our city, and we were really encouraged to see the-- the mental health plan that was released earlier this year.

One of the things that we are-- as an agency that we are trying to do: We are working with local partners. And so as mentioned in the testimony, we have some very specific engagement around-- around healthcare for the LGBTQIA community, working with local CBO partners, to develop-- to develop a five-

borough plan to engage community members, also engaging family members and also providers.

So that's one of the focus programs that we have. And also, we work with our division of mental hygiene to work on community engagement around those particular issues. I think we can-- I think it's also one of the-- one of the interventions we have is at the sexual health clinics, we have social workers who are able to provide services for people at the clinics. And it's a sep-- it's a separate-- I won't get too into the process, but it's a separate process. Folks can actually come in for those for those mental health services at the clinics.

CHAIRPERSON CABÁN: And now I want to move a little bit into sort of capacity, capacity specifically for underserved areas and populations, like even within the community itself.

What-- Has your outreach strategy changed at all, or has there been an evolution in how you've been thinking about this-- this work and the ability to be able to meet New Yorker's needs in the face of a lot of the anti LGBTQIA+ actions in other municipalities?

Because we've touched on a lot of different things, right? We've touched on the influx of asylum

seekers. We've touched on there already being a gap for vulnerable and marginalized communities that we're still trying to-- to be able to service. And then obviously, you have people around the country who see New York City as a safe haven, who are coming here at a time when it is not safe to be other places. And so can you talk to us a little bit about how your outreach strategy and your thoughts around what the necessary capacity needs to be in light of all of these different factors?

DR. WATKINS: Thank you. Yes, I would say-- I would say that at the agency we have-- we have learned many of the lessons of COVID-19 in terms of community engagement. I think when monkeypox came, we also learned additional lessons. And it comes down to really centering equity, and how-- and using and focusing on equity in program design, program evaluation, and even just an evaluation and analysis of what the health issues are, by declaring and really focusing on racism as a public health crisis, but also using that intersectional lens, and understanding that folks don't have the single-issue lives that folks, the folks who may be black male, may also be a woman identified, may also be sexual--

have a different sexual orientation than the dominant one. It's just really going in there with this consciousness. So a racial and social consciousness to the work, and really having this conversation about what response readiness really looks like as an agency.

I think that a lot of folks-- I think, to our-- I think to our benefit as an agency, a lot of folks are tuned into public health over the last few years. A lot of folks want to-- want to hear us talk about different things. They want to hear what we have to say they want to hear our recommendations. And we-- we want to meet those needs. We want to be there. We want to show up and be able to answer the needs are the folks in the community because folks are reaching out to-- reach out all the time. And these partners, we look at it as enriching our approach to community health to have folks trust us enough to reach out if they have a concern, or if they have feedback that may not necessarily be complimentary. We really accept that. And we-- we encourage and we want that. And we know that it does make us better.

CHAIRPERSON CABÁN: Yeah. And I know that you-- you all are working very, very hard, and quite

frankly, doing a lot with a little. And so would it be fair to say that-- that need certainly outpaces capacity?

DR. WATKINS: I think that our capacity to do the work is there. But I think the ability to do the breadth and to do as much of it, I think that's tied and connected to the funds. But I think the capacity, the New York City Department of Health and Mental Hygiene, the largest and oldest local health department, we have a lot of really passionate, really talented folks in this agency. And I think the limiting factor is finance.

CHAIRPERSON CABÁN: Yeah. And that's-- that's exactly my point, right? Like you could be the largest, but in a city as large as ours where the need is really, really great. And we're seeing just the gaps, the widening, especially for queer and BIPOC queer folks. Are you concerned about how potential budget cuts might affect service or especially outreach to certain communities? Whether it's under-- underserviced and other communities in the city? And yeah-- Yeah. I guess that's essentially the question. Are you concerned about that?

DR. WATKINS: Yes.

CHAIRPERSON CABÁN: Me too.

DR. WATKINS: Very much so.

CHAIRPERSON CABÁN: Me too. And I know that we will, along with my colleagues be fighting very hard to make sure that your agencies are fully funded to get-- so that our communities can get the care that they absolutely deserve because it's people's health-- health and safety that are at stake.

So I want to thank you for taking my questions. I think that's all I have.

CHAIRPERSON SCHULMAN: Yeah. I want to thank the panel today. We really appreciate you taking the time. I mean, it was a long period of questioning, but it's-- this is just so important to everybody. And, you know, we're going to follow up with you with some of the questions. But, you know, we healthcare is a human right. I'm going to go back to saying what I said earlier. And so we want to make sure that everyone, no matter where they live, or what their circumstances are, are able to get the healthcare they deserve.

So thank you again, and we're going to take a five minute break, and then we're going to do public testimony. So thank you.

DR. GREENE: Thank you so much.

DR. QUINN: Thank you.

DR. WATKINS: Thank you.

[14 MINUTES' SILENCE]

COUNSEL: All right, so we will now move to public testimony.

As a reminder, I will call individuals up in panels and all testimony will be limited to two minutes. But as a reminder, Written testimony, which is reviewed in full by the committee staff may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov. Our first panel will be MJ Okma from SAGE, Tanmoy (Tom) Das Lala from Weill Cornell, Katherine Tiskus from Trans Equity Initiative, and Erin Beth Harrist from Legal Aid Society. If you could come up and give any testimony copies to the sergeant that would be great thank you.

MJ, when you're ready, you may begin.

MR. OKMA: Good morning my name is MJ OKMA: with SAGE. SAGE has been serving LGBTQ+ elders and older New Yorkers living with HIV for over four decades.

New York State has one of the largest percentage of LGBTQ+ residents among US states, with nearly 1/3 being over the age of 50. Additionally, by 2030 it is projected that over 70% of New Yorkers living with HIV will also be over the age of 50. While our city's population of older LGBTQ+ elders and older people living with HIV is growing, they face unique barriers to access to healthcare. New Yorkers over 50 report frequent medical and mental distress, depression and poor physical health, and transgender New Yorkers of all ages are nearly 50% more likely to report being in fair or poor health than cisgender New Yorkers.

At the same time LGBTQ by solid elders are less likely to go to the doctor or seek assistance because they fear discrimination or have experienced discrimination. Two thirds of transgender older people feel that they have limited access to healthcare as they grow older, and more than half feel like they will be denied access to gender-affirming care because of their age.

High healthcare costs are also a major barrier for healthcare for LGBTQ New Yorkers of all ages and New Yorkers living with HIV. To help address these needs, SAGE recommends requiring LGBTQ+ cultural and clinical competency training for healthcare providers in city healthcare settings and Community Healthcare Centers with a focus on the unique challenges facing older New Yorkers and older LGBTQ+ elders; centering in funding robust programs and services that comprehensively addressed physical health, mental health, and overall quality of life for older individuals living with HIV; and having a targeted HIV prevention campaigns that specifically cater the unique needs of older adults, in passing Intro 564 to establish a commission on LGBTQ+ older adults within the Department of Aging to identify challenges, share best practices, and development develop expert recommendations on ways to improve quality of life for LGBTQ+ older New Yorkers. More information as well as additional recommendations can be found in my submitted written testimony. Thank you so much for the opportunity to testify.

COUNSEL: Whoever's next may begin.

DR. DAS: Okay. Good morning, or good afternoon and Happy Pride. Thank you Chair Schulman and Cabán, and all committee members for the opportunity to speak today. I'm Lala Tanmoy Das, I go by Tom, and I'm a gay immigrant physician scientist trainee here in New York City. I'm dedicated to advancing LGBTQ health.

So in 2017, while I was transitioning careers from financial services to medicine, I shadowed at a Community Health Center in East New York and this was run by Housing Works. Working with young adults, I witnessed their difficulties in accessing HIV prevention medications and resources for substance use issues, as well as heard myriad anecdotes of homophobic experiences with medical providers.

Through the course of my training, I have continued to see these disparities amplified among my LGBTQ patients. And while as a city and a state we've made significant strides in our community's health outcomes, here are a few additional efforts to consider.

So to build trust LGBTQ patients often prefer LGBTQ providers, and this is especially true for people of color like myself, who are

disproportionately impacted by HIV, other STIs, as well as chronic health conditions. A comprehensive, well-publicized list, possibly building on Help Map, with a list of LGBTQ friendly generalists and specialists may help build rapport and engage people in longitudinal care.

Additionally, I think funding LGBTQ medicine fellowships, as is being started at Mount Sinai, can help train more providers in meeting specific needs of our patients. More urgently, though, we need to redouble efforts to treating substance use disorders in the queer community. Every health system should have inpatient consultation and outpatient addiction programs and ensure that addiction treatment medications are part of drug formularies. At the time-- At the same time LGBTQ patients with insurance challenges can directly benefit from cost subsidies, addiction services, as well as language concordant mental health care. By adopting some of these tools, I think we can continue to be leaders and LGBTQ health. Thank you.

COUNSEL: Catherine, you may begin when ready.

MS. TISKUS: Sorry, are you? Sorry. Kate and Catherine is a really common name. So hi. I'm Kayt

Tiskus. I'm here speaking on behalf of the Trans Equity Initiative. And I wanted to say Happy Pride to everyone. And especially, I wanted to really thank Chair Cabán for repeatedly mentioning polyamory and alternative relationship structures. As a proud, queer, polyamorous person myself, it's really affirming to hear that in the City Council space.

Thank you to both tears and to all committee members for holding this important hearing. Members of the Trans Equity Initiative are very supportive of all of the measures that are being raised today. And I also wanted to underscore the work that partner organizations do, funded through the discretionary budget through the City Council, through the Trans Equity Initiative to supplement the healthcare challenges that have been brought forth today in the testimony. In particular, Trans Equity funding supports the Callen Lorde project. It supports the Ackerman Institute for the Family, which does wonders in sponsoring training for mental health, provision of care for full families when there are gender nonconforming children, which is one of the signal programs that is very unusual in New York City.

The Trans Equity Initiative touches all five boroughs and provides Linkage to Care and linkage to some of the safety net hospitals that we were talking about earlier in the hearing. So it's really vital. This is an especially good year to protect our trans neighbors. And I wanted to underscore that today. Thanks very much.

COUNSEL: Thank you. You may begin when ready.

MS. HARRIST: Good morning, or good afternoon. My name is Erin Harrist, I use she or they pronouns, and I'm the Director of Legal Aid to the LGBTQ+ unit. Thank you for the opportunity to be here today. Legal Aid does support introduction 66-2022, because it is important that people know their rights in hospitals.

But I really want to emphasize that more has to be done, that hospitals and medical providers know their obligations under the human rights law. We have had a client who went in for emergency services, was dead-named and misgendered the entire time when they were there. When they tried to assert their rights, security was called to surveil them. This is absolutely unacceptable, and is sadly very often the experience of our particularly black, transgender,

and gender nonconforming clients. So more must-- must be done there.

And I also want to say that more has to be done to hold these places accountable. The Human Rights Commission is underfunded. It-- Nobody is responding to people's complaints. And it means that our human rights law does not have the teeth that it actually has to have in order to impact people's lives in a positive way, like it should be. And if we really want this to be a safe haven city, we've got to do-- take those measures

Relatedly, I think it's important, we of course, very much support that this be a safe haven for gender-affirming care. But we also have to make sure that our TGNCNBI community are getting the services that they deserve, the ones who are already here, and the ones who are coming.

A big hurdle to healthcare is not having accessible birth certificates that are corrected, name change petitions on which I recognize are a court jurisdiction. But it's all wrapped in together by how people can get correct identification, which is both-- shows lower amounts of depression and

anxiety, but also stopped some of the discrimination that people experience in these spaces.

Our team is getting misgendered just filing name change petitions. There's been some issue recently that the courts have, where they're requiring documentation that they shouldn't. And if attorneys are having this problem, I can imagine what community members who are trying to do this without support are having.

And I do just want to take a note about trans health care at Rikers. This is also a dire situation. We know health care at Rikers is a dire situation. There are not enough gender affirming performing providers, and there is not enough transition-related care that is being provided in that space. In fact, we don't think any transition related care besides hormones is being provided in that space. So I urge the council to look into that matter.

CHAIRPERSON CABÁN: Yeah. I just want to thank everybody for their testimony, and just point out a couple of things. One: Thank you for the inclusion of-- of substance use because it wasn't something that was really delved into in our questioning or the

the-- the testimony from the Administration, and I think that's incredibly important. And then, for the Legal Aid Society, thank you for the work that you do. And I know that there's a lot of work to be done on that front. I held a joint hearing with Chair Carlina Rivera of the Criminal Justice Committee, you know, kind of delving into the report written by the TGNCNBI Task Force, and it's-- it's horrific what's going on. And so we'll continue advocating on that front.

But all of your testimony was-- was deeply, deeply informative and we're really grateful for it. Thank you.

CHAIRPERSON SCHULMAN: I also want to thank you for your testimony and everything that-- and all you do all the time because our advocates are what helps to pull together all the legislation we do, and resolutions, and all the work that we try to do in the Council to support our communities. So thank you.

COUNSEL: Thank you to this panel so much. We will now move to our second in-person panel. It will be Melissa Sklarz from Equality New York, Arielle Wisbaum from New York Lawyers for Public Interest,

Mari Moss from Women Mothers and Neighborhood Advisory, and Arthur Fitting from VNF Health.

Mellissa, you may begin when ready.

MS. SKLARZ: Thank you. Thank you. So my name is Melissa Sklarz. I want to thank Councilmembers Schulman and Cabán for being here. I want to thank the committee. My name is Melissa Sklarz. I'm the political director for Equality New York, the only statewide advocacy organization working to advance equality justice for LGBTQ New Yorkers and their families. Our responsibilities include organizing, advocating training, and educating both our communities and among stakeholders throughout the area.

Some of the my-- my points here today are are not new or unique. LGBT people struggle and suffer especially, our LGBT youth, and our adults. Racism, systemic racism adds on top of that. Whenever we take a look at our, our culture, we have LGBT people at the bottom. We have trans people at the lower end of that. We have people of color lower than that. We're here today knowing that we have friends and support among the City Council.

Competent care is life saving. Fighting poverty is life saving. Fighting bullying is life saving. None of this is new or unique. You all know this.

Equality New York was the leader not only in providing science-based information with Mpox last year. I think we did a wonderful job. We were able to use our statewide cohort and make sure that people were given access to all real information, scientific, rather than just all the usual press-inspired cliches and stereotypes.

We have partners throughout the city and the state when it comes to health and mental health, including people like CDC, NIH. Here in the city-- well, in Albany, we've-- Damien Center, Callen Lorde, Harlem Hospital Exponents, and Amida Care, we partner with them, making sure that all of our communities are covered. And finally, no one can speak too much about-- about Trans Equity. We're lucky to have such great friends and allies in the Council to understand the need for Trans Equity as lives are at risk. Thank you.

COUNSEL: Ariel, you may begin when ready.

MS. WISBAUM: Hi, my name is Arielle Wisbaum. I use she/her pronouns. I'm a staff attorney at New

York Lawyers for the Public Interest, specifically in the-- in the DocuCare TGNCI+ program where we provide immigration, legal advocacy to community members so that they can access gender-affirming health care, HIV care, and housing.

And we're in large part able to do this work because of the Council's Immigrant Health Initiative. So thank you so much to Chairs Cabán and Schulman for hosting this today so that we can talk about some of the barriers to accessing care that immigrant TGNCI members face specifically.

And I want to start by thanking the Councilmembers for their support of the resolution 591. NILPI stands in support of this resolution. I want to really emphasize how crucial Safety Net providers are for immigrant TGNCI New Yorkers. For example, the majority of the trans immigrant New Yorkers that we work with at NILPI go to the Transgender Family Program at Community Healthcare Network (CHN). CHN has been a pivotal ally in supporting our clients not only with continued access to mental health support for newly arriving asylum seekers, but they really coordinate with immigrant legal advocates as well to provide crucial support in

immigration cases, such as psychological evaluations, gender verification letters, pieces of evidence that are crucial in asylum cases.

So, it is essential that safety net providers such as CHN continue to receive-- or the carveout is reversed so that they can-- can receive these savings.

Second, I want to speak to an agency that wasn't here today: Human Resources Administration, which is responsible for administering a lot of public benefits, such as Medicaid and HIV/AIDS, the HASA (HIV/AIDS Services Administration).

HASA has been wrongfully denying benefits to many immigrant New Yorkers by engaging in illegal diversion tactics, and they need adequate staffing and training. Thank you. I'll all submit the rest in written testimony.

COUNSEL: I guess we'll go into Arthur. You may begin when ready.

MR. FITTING: Thanks. My name is Arthur Fitting my pronouns are he/him. I'm the LGBTQ program manager at VNS Health. I want to thank Chair Schulman and Cabán and members of the Committee on

Health and Women's Gender Equity for this opportunity to provide testimony today.

For nearly 130 years, our organization has provided high quality cost effective care to underserved and marginalized communities throughout New York who are otherwise shut out of the health care system. The programs that we have are the gender affirmation program, which is the only program of its kind in the US, providing specialized postsurgical home-based care to patients undergoing gender affirmation transition, primarily low-income individuals. My colleague, Dr. Shannon Whittington, was unable to be here today because of a family emergency.

Another program we have is the LGBTQ adult program for older members of the LGBTQ+ and gender nonconforming community. We use LGBTQ Care Type, a data-driven model that helps identify and address social risk factors such as race, income, housing stability, safety, and care support.

Our LGBTQ community outreach initiative collaborates with more than 100 community-based organizations and health care partners. VNS health is the largest health care organization in New York

with SAGE Care Platinum, LGBTQ cultural competency credential, meaning more than 80% of our staff are trained in working with LGBTQ+ communities.

We also have our HIV Special Needs Medicaid health plan called Select Health for people who are living with HIV and can be living the transgender and homeless experience. We have the highest rate of viral load suppression in the city.

Again, we are requesting that $500,000 for the GAP program to support the growing demand for this care. The rest I'll submit to you in written testimony.

COUNSEL: Is it Marie or Mary?

MS. MOSS: Mari [ph="MAR-ee"]

COUNSEL: Mari. Of course. I'm so sorry. You may begin when ready.

MS. MOSS: That's okay. I am coming on with another topic for this, but my name is-- Thank you for the opportunity to speak to Chair Cabán of the Committee of Women and Gender Equity, and Chair Schulman of the Health Committee. My name is Mari Maas. My pronouns are she/her. I am the mother of three little girls named Calia, Sophia, and Anya otherwise known as Three Little Harlem Girls. I'm

also a survivor of domestic violence-- survivor of domestic violence and an advocate and legislator for women's rights.

I'm focusing on the cross-cutting factors of abuse and the health matters that have to do with survivors dealing with physical and mental health issues, and abuse and injustice of our court system in conjunction with that abuse.

My focus on this topic, although it affects everyone, is in particular to women mothers who are dealing with abuse as life comes from women, and the femicide of women in regard to abuse and disproportionate to all other intimate partner abuse, especially black women.

Furthermore, there are generational ramifications when it comes to children that are being unjustly separated from their mothers and left to live with a parent who was abusive to the other parent, usually statistically, a father to the mother.

I'm going to-- Isabelle Baumfree, otherwise known as Sojourner Truth, spoke at a convention on women gaining the right to vote. This was at a time when black women were not even yet considered in the debates or discussion, and gave an unforgettable

speech at a convention in Akron, Ohio. In that speech, she outlined the reasons why black women should be able to have their voices heard as voters when she detailed the horror of slave women mothers who were separated from their children because slave masters, who considered them to be chattel, decided to sell off their children to other slave masters on other plantations for profit without a thought of-- or of humanizing the mother and child as being family.

Her speech shows that women were considered second-class citizens, and no one felt the extent of that, especially at that time, more than black woman. When Sojourner Truth said, "I have born 13 children and seen most all sold off to slavery. And when I cried out my with my mother's grief, none but Jesus heard me, and ain't I a woman?"

Reading this in 2023, one might think that this has changed over 102 years later, but every single day mothers are being separated from their children in New York City family courtrooms, and aided by ACS despite facing matters of abuse from the father of their children, even when the children have been exposed to the abuse their mother has endured within

it. Children who are exposed to these traumatic horrors are left to normalize these occurrences, and are often unfortunately statistically doomed to repeat the situations in their own lives.

Every abuse narrative starts with a love story filled with a hope and the promise of a lifelong commitment. Very few relationships start off in hopes that things will go wrong and end in harm or even in death of a person. And this fact, plus financial obstacles, make it difficult for most women mothers to leave an abusive partner.

It doesn't help that in our courtroom, situations like this are mishandled for the sake of financial gains to our lawyers, service providers, ordered by judges who feel they owe favors and have a job to enrich providers via services, ordered to make matters worse, instead of better, and to fight further ostracize women mothers with mutinies that exacerbate the circumstances even further from the present to the generations to come.

In my own experience, I was told I needed a good lawyer and an understanding judge, or to go to IDV court. That could help but these past-- this past Memorial Day weekend, a mother named Catherine

Kassenoff, who was viciously and unjustly separated from her three children, reportedly was involved in assisted suicide, citing the incredible injustice that she faced in New York City court. She was a former federal prosecutor and a successful lawyer who knew the laws, court procedures, judges, and had other lawyers and colleagues for advisement and yet was unable to gain custody of her three children in an abusive matter. Even with all of her expertise, she was met with the grief being separated from her three daughters, because her husband was moneyed and favored over her, and her rights to the courtroom, despite the abuse she faced and no consequence.

She was diagnosed as having terminal cancer before passing, but even that was-- even more devastating than that was her heartbroken separation from her and her daughters in the face of abuse she endured. Her last wish was that her story be told and known. Her wishes are granted in advocacy of supporting women who can learn from this and need the same support that she was denied.

And I'll submit the rest in testimony.

CHAIRPERSON CABÁN: Thank you.

MS. MOSS: Thank you.

CHAIRPERSON CABÁN: Thank you to this panel.

COUNSEL: We will now move to remote testimony. But before that, if there's anyone present, who would like to testify and has not, please raise your hands so a Sergeant can provide you with the witness slip.

Seeing no one else, we will now move to remote testimony. As a reminder, I'm going to call up a group of about three to four individuals, and once your name is called to testify, please wait for the prompt that will ask you to be unmuted and then please wait for the sergeant to queue you.

Our first zoom panel will be Jason Cianciotto from GMHC (I apologize, I butchered your last name), Kimberly Joy Smith, Anthony Fortenberry, and Nadia Swanson.

Jason, you may begin once you're unmuted and the sergeant cues you.

SERGEANT AT ARMS: You may begin.

MR. CIANCIOTTO: Thank you. Good morning, Chair Schulman and Councilmember Cabán. Good to see you both. Thank you for sitting through this testimony, and thank you to all the committee members involved in this hearing.

From GMHC's testimony, I'd like to summarize three key points related to HIV, the Mpox outbreak, and the impact of the Medicaid carve out on CBOs like GMHC that provide 340B services.

As has been stated earlier, you know, it's not new to this council that LGBTQIA+ New Yorkers remain disproportionately affected by HIV. Some helpful stats from the latest DOHMH HIV surveillance reports: In 2021, nearly half of new HIV diagnoses in New York City were among men who have sex with men between ages 20 to 39, who are predominantly black or Latino. Among transgender New Yorkers, even though the estimate of their population over age 18 in New York City is between 0.43% and 0.62%, from 2017 to 2021 3.4% of all new HIV infections in the city, were among transgender New Yorkers, a very gross over representation. The overwhelming majority of these new infections among transgendered New Yorkers were among those who are black and Latina women in their 20s, who lived in the Bronx or Manhattan.

We need to continue to focus on what it means to follow up on the City's plan to end the epidemic in 2020 now that it is 2023. There's a lot of wonderful partners who are going to testify here, and GMHC

looks forward to our continued partnership with you on that.

Related to Mpox, GMHC is concerned that we could be at risk for another outbreak in New York City this summer. Why? Well of the 3800-- Sorry. Of the--

SERGEANT AT ARMS Your time has expired.

CHAIRPERSON CABÁN: You can finish your thought. Go ahead.

MR. CIANCIOTTO: Okay. Basically, only 51% of people who got a first dose of the vaccine got a second dose. And in Chicago, we saw that the majority of those who reported infections in the recent outbreak also had received vaccines. So we need to do a much better job of ensuring that everyone gets the full two-dose course and potentially a booster. Thank you very much.

COUNSEL: We'll now move to Kimberly, and then Nadia afterwards. Kimberly, you may begin once the sergeant cues you and you're unmuted thanks.

SERGEANT AT ARMS: You may begin.

MS. SMITH: Hi, good afternoon, Chairperson Schulman, Chairperson Cabán, and members of the joint Committees on Health, Women, and Gender Equity. Thank you for holding this important hearing. My

name is Kimberleigh Smith, and I'm a Senior Director of Public Policy and Advocacy at Callen Lorde Community Health Center, which provides an affirming environment for patients seeking culturally competent care. They come to any one of our three clinics and Chelsea, the South Bronx, and downtown Brooklyn from over 195 zip codes across five boroughs, across the five boroughs of New York City.

So as we face these unprecedented national attacks on our bodies and our ability to be our whole selves, we must ensure that access to healthcare for the LGBTQIA community in New York remains unobstructed and robust. Callen Lorde itself was recently targeted by bad actors wishing to spread disinformation about the care and the services that we provide. These threats leave our staff and patients feeling unsafe.

For the record, we support all of the resolutions and the introduction, the executive order, as well as the Marsha and Sylvia plan that is being talked about today. But I'd also like to share just a few recommendations that we have for the City Council in order to support and increase access to LGBTQIA care.

We are committed to the collective fight in the HIV epidemic and expand sexual health services. And in fact, our patients who historically have been-- have lacked appropriate health care access actually get that access through our sexual health services. So we urge the City Council to fund your city DOHMH clinics and to continue to expand and invest in community based sexual health care. With regard to the HIV epidemic, obviously, we are making great progress but there's still more work to be done. At Callen Lorde, for example, we are challenged getting the long-acting injectable PrEP treatment to our patients because of insurance and administrative barriers.

So we join our coalition partners in Ending The Epidemic Coalition to ask for an increase in funding for a total of $11 million. We also urge funding in the amount of $3.2 million for the Trans Equity Initiative and urge you to support initiatives that support healthcare for sex workers.

Finally, I will submit my written testimony, but I wanted to just bring up telehealth. We have been able to greatly expand our behavioral health services and provide mental health care for our communities

through virtual care. But with the ending of the public health emergency comes an end to some of that provision of care because of our reimbursement.

So we hope that you will support us in supporting pending state legislation A-7316, S-6733 that will enable community health centers to be fully reimbursed for telehealth care. And then we can deepen that-- continue to deepen that reach to our communities.

So with that, I'd like to thank you for this opportunity to testify and for your time and consideration this afternoon. Thank you.

CHAIRPERSON CABÁN: Thank you. And just a quick follow up: Can you please state-- say the state bill number again, please?

MS. SMITH: Sure. A 7316 S 6733.

CHAIRPERSON CABÁN: Thank you.

MS. SMITH: Thank you.

COUNSEL: Thank you, Kimberleigh. We will now move to Nadia, and then after Nadia, we'll hear from Elle Bemis and Gail. Nadia, you may begin once you're unmuted and the sergeant cues you Thanks.

SERGEANT AT ARMS: Starting time.

MX. SWANSON: Hello. Thank you to the committee and the other advocates here today for your continued advocacy for trans people, especially our youth. My name is Nadia Swanson, I use they/them pronouns. I'm the Director of Technical Assistance and Advocacy at the Ali Forney Center, and as a queer, nonbinary, clinical social worker. These issues are not only professional but personal.

For the record, AFC supports all of the initiatives and resolutions, as well as the Marshal and Sylvia plan being discussed today, and was able to provide feedback to that plan.

Today with the passing of the Trans Safe Haven bill in New York, it's imperative that New York City continue on that path to solidify more visibility, protections, and resources for trans adults, children and their families. Plus, it is imperative that we continue to increase the safety net for our pharmacies, so that our young people, in our partnership with the Institute for Family Health, can get the care of low cost or free medical care and prescriptions as needed.

In my written testimony, I provided more stats and other information that you can use for your

upcoming advocacy. But because all of us here today understand the necessity of these bills, I want to just share a story that illustrates what the trans youth at AFC are far too often coping with.

Earlier this year, a 24-year-old black trans client asked their care team to go to the hospital for help with suicidality. They had been accessing our on-site medical clinic for support and thankfully felt affirmed by our clinical staff to ask for help. They were voluntarily admitted, and immediately knew that it was a bad fit. They were consistently misgendered, misunderstood, and the experience felt like jail. They asked to be discharged because of the abuse. And we're told that they were not allowed to. They became frustrated and panicky, and was restrained and sedated.

When they came to and were rightfully incredibly angry. The hospital staff interpreted that response as too much of a risk, and they were being held involuntarily for 12 days. They left feeling worse, decompensated, and the trust with their AFC care team was broken for supporting them going to the hospital and then not being able to get them out when that was happening.

They aged out of our care soon after, and didn't get to engage with us in an aftercare plan.

As a community of queer and trans BIPOC providers who are also patients of the same health care system, we do all that we can to support people with feeling safe outside of the hospital first, because we know it is too big of a risk if it will be helpful or not. But without other alternatives to hospitalizations to cope with serious mental health issues in a more holistic and less carceral way, we're we must rely on them.

So we safety plan, make the best referral we can, and hope that this time doesn't turn out like that time. We all want care that not only honors the dignity of the person, but celebrates them. There are endless stories of trans and BIPOC people getting misgendered, dead named, being asked unnecessary invasive questions and staff making transphobic comments that I know from personal experience, friends and professionally.

The system that they spoke about earlier is too large for their current approach and lack of oversight fails to hold people accountable, even when the policies may be there. We ask that in addition

to these bills, we create a more robust system to hold staff accountable, create more trans and LGBT specific services, mental health, housing and supportive housing for LGBTQ youth, as well as increased funding to the trans equity initiative, and the support for people in the sex trades.

Thank you for hearing my testimony. And I'm happy to answer any questions.

COUNSEL: Thank you so much for your testimony.

CHAIRPERSON CABÁN: I actually do have a quick followup question. I mean, you talked a little bit about the pretty horrific experience of one of-- one of the members that you all service. Can you talk a little bit about concretely what you would like or what you need the City to do, establish, build out infrastructure on to help make sure that that never happens again?

MX. SWANSON: Yeah. I think first off the approach within the psych wards and mental health support is often seen as very carceral. They're treated as prisoners, as people who are already sort of in trouble and needing to be contained before approaching it from a trauma-informed place. So I think there needs to be more robust policy changes

and procedures that are based on trauma-informed care.

I think the issues, especially hearing them speak earlier about all the different initiatives that they're doing, and the ways in which they train people, there is this common breakdown that I think we all see in the systems that either we have it in AFC or other systems that we like support and-- and work with is that the policies are there, but that it all falls apart on these individual interactions.

So we need to have a lot more accountability. We need maybe more advocates available on the floors. I know that even when myself or other people have gone into these systems who have a lot more agency, it still feels really hard, and we don't really know where to go to advocate for ourselves when these things are happening. And so having more advocates around with the nursing staff, with the doctors, just as a better part, I mean social workers more available on the floors and in more conversations could help not only intervene when these situations are happening faster, but also be an advocate for them when things go wrong.

CHAIRPERSON CABÁN: Thank you. And then my last question, and you don't have to-- it's obviously okay if you don't have the answer to this now. But if there are any models in other municipalities or structures that are being implemented that work better in other places, we would love to hear about them. And I say that and ask that, but while also saying that, like we take on the collective responsibility of doing that work ourselves to see what it-- you know, what we can do to build out a better infrastructure.

MX. SWANSON: Yeah, um, I know that, like, at least especially in LGBTQ, like Homeless Youth World, peer-to-peer support is so needed. We have peer navigators.

CHAIRPERSON CABÁN: Yep.

MX. SWANSON: That our youth that are currently in the system or have gone through the system, who are providing direct care, and so having more peer-to-peer support in the hospitals. I can say off the top of my head, that would be super helpful.

CHAIRPERSON CABÁN: Thank you.

MX. SWANSON: I'm happy to talk more about other things offline if you'd like to.

CHAIRPERSON CABÁN: Thank you. Absolutely. Please don't hesitate to reach out. We'd love to be in conversation. So thank you.

MX. SWANSON: Thank you.

COUNSEL: Thank you, Nadia. We're now going to move to Elle Bemis, and then after her we'll-- we'll go to Gail and then Mbacke. Elle, you may begin once the sergeant cues you and you're unmuted.

SERGEANT AT ARMS: Starting time.

MS. BEMIS: Good morning. My name is Elle Bemis. I'm an LGBTQ Health Navigator at Planned Parenthood of Greater New York. Thank you for convening this important hearing on healthcare access for the LGBTQIA+ individuals. This hearing is especially important given the brewing anti-LGBTQ sentiment throughout our country. Planned Parenthood of Greater New York is a trusted provider of sexual and reproductive healthcare and education programs for communities throughout New York.

In 2022, our New York City Health Centers conducted almost 80,000 patient visits, providing care to all those in need regardless of immigration status, identity, and ability to pay for services. PPGNY proudly provides comprehensive health care at

all five of our NYC health centers, and targeted engagement programs to the LGBTQ+ community.

We recognize that for LGBTQ+ people, access to healthcare has historically been out of reach and steeped in stigma discrimination. LGBTQ folks have been forced to live on the margins with limited access to compassionate, affordable, and comprehensive healthcare. Transgender and nonbinary individuals often face overt discrimination in healthcare settings. Recent attacks on gender affirming health care nationwide have caused many transgender people to choose to or be forced to go without healthcare. As a result, many treatable or preventable medical conditions have often become medical emergency issues.

It's imperative that New York remains a safe haven for folks seeking care. We applaud the Council for taking these important steps in securing protection and access to marginalized communities who deserve access to quality nonjudgmental care.

The queer community has been faced with a series of threats to their rights to adequate healthcare despite this reality. Planned Parenthood is committed to providing care to all, no matter the

circumstance, all PPGNY LGBTQ healthcare-- at PPGNY, LGBTQ health care is paramount. And we remain dedicated to providing inclusive and affirming healthcare.

Planned Parenthood continues to be committed to ensure that all New Yorkers in the LGBTQ community receive the care they need. And Planned Parenthood commends the Council for advocating for adequate healthcare for everyone, especially marginalized communities, to ensure everyone is receiving the healthcare they deserve. We look forward to working with the council to ensure health access to all. Thank you.

COUNSEL: Thank you. Next we'll move to Gail and then after Gail we'll hear from Embage Tiam, and then Joyce, and then Jasmine. Gail you may begin once the sergeant cues you and you're unmuted

SERGEANT AT ARMS: Starting time

COUNSEL: Gail, are you are you with us still? We're going to move next to Mbacke Thiam. You may begin once the sergeant cues you and you're unmuted. We'll circle back to Gail. Thank you.

SERGEANT AT ARMS: Starting time.

MR. THIAM: My name is Mbacke Thiam. I'm a Community Organizer in Housing and Health, at the Center for Independence of the Disabled, New York City. We represent the five boroughs of New York City. Thank you, Councilmember Lynn Sherman. On behalf of my organization, I strongly support this bill and endorse the work that you are doing to ameliorate the life and wellness of the LGBT community through healthcare that will cover physical and mental treatments.

I hope this bill will help our members and consumers have a perpetual evaluation and treatment and medication to keep up with their gender identity.

I will be very short. I will submit my written testimony in the website. Thank you.

COUNSEL: Thank you. Next we'll go to Joyce McMillan. After Joyce will hear from Jasmine. Joyce may begin once the sergeant cues you and you're unmuted. Thanks.

SERGEANT AT ARMS: Starting time.

COUNSEL: Joyce, are you with us still? Next we'll call Jasmine Walley. If you are still on, please wait till the sergeant cues you and then you're-- when you're unmuted.

SERGEANT AT ARMS: Starting time.

COUNSEL: All right. Next we'll call Anthony Fortenberry. If you're online, please wait for the sergeant to cue you and to be unmuted.

SERGEANT AT ARMS: Starting time.

COUNSEL: Lastly, we'll try calling Gail again. Gail. If you're there, please wait for the sergeant to que and wait to be unmuted.

SERGEANT AT ARMS: Starting time.

COUNSEL: All right. If there's anyone on Zoom who I have not called, please raise your hand and a member of our staff will let me know. And I'll call you.

Ricky Baker, please wait for the sergeant to unmute you. I mean for the sergeant to cue you and to be unmuted and then you may begin.

SERGEANT AT ARMS: Starting time.

MX. BAKER KEUSCH: Hello, my name is Rikky Baker Keusch. My pronouns are they/them/theirs. I'm an Advocate with Long COVID Justice NYC, and with Any Action New York. I'm a nonbinary New Yorker living with long COVID. I've been sick with long COVID since March 2020. And for a decade before getting COVID I put off much needed care for chronic

illnesses, largely because of how I experienced the healthcare system as a nonbinary, multiply disabled person, and because like many TGNCNBI+ folks, I have been uninsured or underinsured my entire adult life.

I'm here to share a bit of my story and discuss long COVID as a queer justice issue.

When I enter a new health care facility, I have to make a lot of decisions. I'm grateful now that medical forms asked for pronouns and chosen names, but when I'm fighting for better health care, I still experience misgendering, dead naming, and an overall dismissal of my needs as a nonbinary person, especially as a nonbinary person who presents us them.

At the same time on COVID has inherently made my experience of gender-affirming care different. My body aches too much for me to wear a binder. Hormones raise my heart rate to dangerous levels. And attempting what is often a year-long process in New York to be approved for gender affirming surgery, which I might be too sick to receive, is off the table. Without receiving treatment for long COVID which currently can only manage symptoms, I can't live my life as a nonbinary person.

I have a bunch of facts here about how trans people experience long COVID at rates, nearly double what cis people are experiencing. Of the 127 million Americans who have experienced COVID-19, 46% of trans people experienced the highest rate of long COVID, and we know long COVID also disproportionately impacts our black and brown communities, especially the Latinx community.

I have a bunch of stats, but we've-- we've been through this hearing before. We had a hearing last year under the leadership of CM Cabán about the gendered impact of long COVID. And I'm here mostly calling on the council to actually give us some legislative issues this session. We've been living with long COVID, some of us for over three years, and many of these associated conditions have been underfunded, under-researched, and underserved for decades. And this is the year where we really need to fund a neighborhood community needs assessment, and we need to provide financial support for folks living with long COVID and invest in our community through research and treatment options.

We haven't received much from the government on the federal level when it comes to long COVID, or on

the state level. And so we really need the city council to step up for all the queer folks living with long COVID today. Thank you for your time.

CHAIRPERSON CABÁN: Thank you so much for your testimony.

CHAIRPERSON SCHULMAN: Thank you.

COUNSEL: Again, if there's anyone present in the room or on Zoom that has not had the opportunity to testify, please raise your hand using the Zoom function or raise your hand in person.

All right. Thank you. Seeing no one else, I would like to note again that written testimony, which is reviewed in full by committee staff may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov. Chair Schulman, we have concluded public testimony for this hearing.

CHAIRPERSON SCHULMAN: I want to thank everyone and thank my co chair, Councilmember Cabán, for this for this hearing today, which was very vital.

We are going to follow up on questions that were asked of the Administration. We appreciate all the advocates that testified. And this is-- us having this hearing today is not just the only hearing we're

going to have and the only time that we're going to oversee LGBTQIA+ health.

So with that, I'm looking forward to next steps and moving forward and making sure that healthcare is-- that healthcare is a human right for everyone. Thank you.

CHAIRPERSON CABÁN: I just want to reiterate the gratitude and thank you particularly to the public who testified. I think that the testimony was critical and really highlighted some of the areas where a lot more work needs to be done. So looking forward to following up on how we get that work done. So thank you everybody again for-- for being here.

CHAIRPERSON SCHULMAN: And with that today's hearing is over.

[GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date 06/20/2023