

**Testimony of Carmelyn P. Malalis
Commissioner and Chair New York City Commission on Human Rights
Before the Committee on Civil Rights
June 19, 2017**

Good afternoon, Chair Mealy, Council Member Dromm, and members of the Civil Rights Committee, and thank you for convening today's hearing on Intro. No. 1186 and a proposed bill to ban conversion therapy. I am Carmelyn P. Malalis, Commissioner and Chair of the New York City Commission on Human Rights. I am happy to be here today to talk about updating the definitions of "sexual orientation" and "gender" under the New York City Human Rights Law to ensure that the law's coverage for these two protected categories are broad and inclusive. I am especially pleased and proud, of course, to be here during Pride Month to discuss how we can fulfill the promise that the City Human Rights Law is as protective as possible, so that my agency can carry out its mission to make sure that all New Yorkers can live, work, and be free from discrimination and harassment. This issue is personally and professionally important to me. As a lesbian, I am a loud and proud member of New York City's diverse and beautiful LGBTQ community. As an attorney, I spent over a decade as a workers' rights advocate, representing employees in discrimination cases based on gender identity, sexual orientation, disability, and many other areas of protection.

Protections against discrimination on the basis of sexual orientation were added to the law in 1986; Local Law 2 defined sexual orientation as "heterosexuality, homosexuality, or bisexuality." Protections against gender identity and expression have existed in the New York City Human Rights Law since 2002, when the definition of gender was amended to include "actual or perceived sex and shall also include a person's gender identity, self-image, appearance, behavior or expression, whether or not that gender identity, self-image, appearance,

behavior or expression is different from that traditionally associated with the legal sex assigned to that person at birth.”

In the nearly two and a half years that I have been at the helm of the Commission, we have worked diligently to be transparent about policy, increase outreach, and strengthen enforcement in these key areas of protection. In December 2015, the Commission published its Legal Enforcement Guidance on Discrimination on the Basis of Gender Identity or Expression to provide clear guidance to business owners, employers, housing providers, and members of the public on what exactly is considered discrimination on the basis of gender identity and expression under the City Human Rights Law, and how such discrimination works to marginalize transgender and gender non-conforming people. The Legal Enforcement Guidance specifically articulates violations of the City Human Rights Law, which include: denying someone access to the single-sex facility, such as a bathroom or locker room, or program that aligns with their gender identity; refusing to use someone’s preferred name or pronoun; requiring dress codes or uniforms, or applying grooming or appearance standards, that impose different requirements for individuals based on sex or gender; or forcing a transgender or gender non-conforming individual to use a single-occupant facility. It is our goal in creating the guidance to provide needed transparency and clarity to New Yorkers on their rights and obligations under the City Human Rights Law. Last year we also launched our Citywide, award-winning campaign, “Look Past Pink & Blue,” featuring real New Yorkers, to educate New Yorkers on their rights regarding access to single-sex facilities. The Commission now has a long-standing partnership with the LGBT Community Center to provide training to employers, City, state, and federal agencies, housing providers, and others, on transgender cultural competency. And last year, the Commission worked with local community partners to organize

the City's first-ever Transgender Week of Remembrance and Resilience, expanding it from one day into an entire week of activities and events.

Our Law Enforcement Bureau has also stepped up enforcement to protect transgender and gender non-conforming New Yorkers. Claims of discrimination based on gender identity or expression continued to rise in 2016, following a two-year trend. In 2014, only one such case was filed at the Commission's Law Enforcement Bureau. In 2015, 18 cases were filed, and in 2016, 29 cases were filed, including three Commission-initiated complaints in the employment context, across all jurisdictional areas. In addition, the Law Enforcement Bureau conducted 47 Commission-initiated investigations into gender identity and expression discrimination by providers of housing and public accommodations, using testing and document demands for information on policies and practices. Similarly, in 2016, the Commission filed 49 complaints of discrimination based on sexual orientation building on a two-year trend of increased complaints, up from 30 in 2014. We are up more than 60% in complaints from 2014 to 2016 in sexual orientation and 60% in gender identity from 2015 to 2016. And, let me be clear, these are numbers of complaints filed, not inquiries, matters resolved through pre-complaint intervention, or pre-complaint investigations.

We strongly support the goals of this legislation as it furthers our shared mission to ensure that the City Human Rights Laws' protections are comprehensive and inclusive. The Commission, along with our partners in the Administration, are reviewing the language proposed in Intro. 1186 and are exploring additional options based on language used in other jurisdictions, feedback from community partners, and our internal analysis. We have already initiated conversations with Council Member Dromm's office to consult on some of these changes and will continue to do so. We look forward to working closely with the Council to ensure that the

updated definitions reflect our intent to protect people on the basis of their sexuality and their gender identity.

I also wish to comment briefly on the proposed legislation to crack down on conversion therapy. The Commission supports efforts to ban this offensive and inhumane practice and we are eager to explore ways in which we can work with our Administration and Council partners to tackle this problem.

We thank Council Member Dromm for introducing Intro. 1186 and we look forward to working with you, the Council, and our partners in the Administration to ensure that protections based on sexual orientation and gender are inclusive of the full scope of sexualities and gender identities, to further our shared goal of dignity and respect for all.

**Testimony of Amit S. Bagga, Deputy Commissioner, External Affairs
from the
New York City Department of Consumer Affairs
Before the
New York City Council Committee on Civil Rights
Hearing on
Pre-considered Introduction T2017-6329:
A Local Law to Amend the Administrative Code of the City of New York, in Relation to
Prohibiting Conversion Therapy**

Introduction

Good afternoon, Speaker Mark-Viverito, Council Member Dromm, and members of the Committee on Civil Rights. I am Amit S. Bagga, Deputy Commissioner for External Affairs at the New York City Department of Consumer Affairs (DCA). It is a great honor and privilege to appear before this body once again on behalf of the agency, Commissioner Lorelei Salas, and Mayor de Blasio.

The topic of today's hearing is of great concern to me personally; and indeed, the Administration as a whole, which as my colleagues from the Human Rights Commission have noted, has worked hard to ensure that LGBTQ New Yorkers have access to stronger and more enhanced protections than ever before.

We strongly agree with the Speaker and with the Committee that conversion therapy, which is engaged in an attempt to repress or "change" the sexual orientations or gender identities of LGBTQ New Yorkers like me, is an objectionable practice that we believe has no place in our great city.

We commend the Council, and especially you, Council Member Dromm, for your attention to this serious issue, as well as for your tremendous leadership on so many other LGBTQ issues. Your work to increase access to protections, support, and resources has benefitted so many LGBTQ New Yorkers, especially our youth. Given how challenging it can still be, despite our many collective advances, to go through the coming out process, your leadership on these issues has ensured that young New Yorkers coming to terms with their identities are able to grow and thrive.

Conversion Therapy

Turning directly to the topic of today's hearing, I'd like to take a moment to offer the Council context for my testimony. I sit here before you as an out, gay, Indian-American who has had the tremendous benefit of great support from friends, colleagues, and most importantly, my family. While the coming out process is not easy for anyone, I am deeply grateful, especially to my family, which comes from a cultural background not known for its embrace of LGBTQ

individuals, for accepting my identity and never cajoling, convincing, or coercing me to “alter” it.

Unfortunately, this type of acceptance still remains elusive for many LGBTQ individuals. In communities where discomfort or fear of what it means to be LGBTQ are pervasive, individuals not only suffer, but can also face large amounts of pressure to conceal or change their professed sexual orientations or gender identities. Such pressure can come from families, from friends, colleagues, teachers, and even from within. This can lead to individuals experiencing trauma or crisis to be forced into, or even seek, conversion therapy, which, as my colleagues from the Health Department have testified, is not considered by the Administration to be a *bona fide* medical or mental health service.

We know that conversion therapy has had the capacity to ruin lives, tear families apart, and further entrench values of fear and exclusion that we do not believe represent the spirit of New York City and its people. As such, we are proud to stand with you in firm opposition to conversion therapy and we proclaim our deep commitment to working closely with you on a potential legislative approach that helps address the practice of such therapy in New York City.

Pre-considered Intro. T-2017-6329

With respect to the bill before us today, the overall goal of which we strongly support, it behooves us to state that the Law Department has identified, and is continuing to explore, a variety of legal questions pertaining to the bill, and DCA has identified certain concerns with respect to its implementation, as well.

As you know, the Law Department reviews legislation to ensure that it passes legal muster. It is our understanding that this review includes the consideration of a number of legal questions.

Once the Law Department has completed its review of this bill, we would be eager to return to the Council with their analysis and work to collectively identify a path forward on addressing the practice of conversion therapy in New York City.

With respect to DCA’s implementation concerns, the current language of the bill would require DCA to make a determination about whether or not the practice has actually *occurred*, as opposed to whether or not it has been *advertised* or *offered for sale*. Given that we are not an agency involved in medical or mental health services, this is unfortunately not a determination we would or could ever be able to make. As we, too, share the Council’s deep opposition to conversion therapy, we are committed to working with the Council to explore alternative enforcement approaches.

Thank you for the opportunity to testify today; my colleagues and I will be happy to answer any questions you might have.



Testimony

of

Myla Harrison., M.D., M.P.H.

Assistant Commissioner, Division of Mental Hygiene

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Human Rights

on

Conversion Therapy

June 19th, 2017

250 Broadway, 16th Floor

New York, NY

Good morning Chair Mealy, and members of the committee. I am Dr. Myla Harrison, Assistant Commissioner for the Bureau of Mental Health at the Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, I would like to thank you for the opportunity to testify today.

I want to reiterate today the Department's strong opposition to Conversion Therapy practices, and any attempts to change an individual's sexual orientation. Conversion Therapy has no basis in scientific or medical practice, nor is sexual orientation a disease. Conversion therapy is not therapy and responsible health professionals should not practice it.

Indeed, the practice of Conversion Therapy is already curbed by a number of state mechanisms. In 2016, three New York State agencies enacted regulations to curb the use of conversion therapy in New York State. Per these regulations, mental health facilities licensed, funded, or operated by the State Office of Mental Health are prohibited from practicing conversion therapy on minors, and could lose their license or funding for doing so. In addition, Medicaid does not cover conversion therapy for any Medicaid enrollee regardless of age, and insurers cannot cover conversion therapy for minors on any insurance policy offered in New York State.

We are glad that the Council has brought attention to the practice of conversion therapy in New York City. Thank you again for the opportunity to testify.



New York City Council Committee on Civil Rights

Monday 19, January 2017

Re: Testimony in support of Resolutions 614 & 1287 and Introduction 1186

Good afternoon,

Thank you for this opportunity to testify. My name is Lyndel Urbano, Director of Public Policy and Government Relations at Amida Care. Amida Care is pleased to have this opportunity to testify in support of these City Council actions to ensure that the rights and dignity of LGBTQ people in New York City are protected.

Amida Care is a non-profit Medicaid Special Needs health insurance Plan (SNP). We specialize in providing comprehensive health coverage and coordinated care to New Yorkers with chronic conditions, including HIV and behavioral health disorders or who are homeless. We operate in all five boroughs of New York City. Most health insurance companies focus simply on paying providers and controlling cost. Our focus is on fostering wellness, and our model of care is community-based. The plan was established in 2003 by non-profit health organizations to address the needs of underserved populations with complex medical and psychosocial needs. We offer a highly effective, specialized model of care that provides individualized attention and support to our members. With our understanding of the range of issues that affect New Yorkers, we are able to deliver expert care to New York City populations with the greatest need.

We come here today to support this legislation because we know what it would mean to our members and the communities we serve. In 2017 it is unconscionable that people are still denied employment and subject to discrimination and even violence based on their actual or perceived sexual orientation, gender expression or identity. The proposed measures demonstrate New York City's commitment to the LGBTQ community and set an example for other jurisdictions that all people should be treated with respect and dignity. Introduction 1186-2016 does this by clearly defining the definitions of sexual orientation and gender in New York City human rights law. Resolutions, 614 and 1287 support state and federal efforts to protect the LGBTQ community from discrimination based on sexual orientation or gender identity or expression.

In a time when basic access to health care and safety net programs for hard working New Yorkers is threatened by federal proposals to tear apart Medicaid and the U.S. social safety net, it is more important than ever that New York City stand strong and secure its framework of inclusiveness. Amida Care is working to educate our community about the devastating impact of the federal proposals on people living with HIV and our LGBTQ membership. The proposals would undermine the social safety, cost 23 million people access to health care, and slash the Medicaid budget by \$835 billion.

Amida Care is committed to ensuring that LGBTQ Medicaid beneficiaries have full access to all services they are entitled to. These resolutions and legislation will help our efforts. Transgender people face high barriers to accessing quality, affordable care. According to UNAIDS, globally the chance of acquiring HIV is 49 times higher for transgender women than all adults of reproductive age.ⁱ Barriers to care include lack of adequate insurance coverage, mistreatment by health providers, and health providers' discomfort or inexperience with treating transgender people.ⁱⁱ The 2015 United States Transgender Survey reported that 25% of their respondents had problems with their insurance in the past year related to being transgender such as being denied coverage for care related to gender transition.ⁱⁱⁱ

Amid Care offers access to quality and culturally competent care that helps keep transgender people living with HIV in care and could decrease HIV transmission among those who are HIV negative. Our services address the individual, group and community-level barriers to transgender individuals engaging and linking to care.^{iv} We are sensitive, and work in the interest of our more than 400 transgender members to remove barriers to care and ensure that they receive the most appropriate services from experienced providers. Amida Care is also advocating for expanded access to SNP services to communities at high risk of HIV transmission. So far we have been successful in adding access to SNP services for people who are homeless, and coming this fall, all transgender Medicaid recipients regardless of HIV status. This will help address the recommendations of the 2015 Blue Print to End AIDS by providing access to culturally competent care for populations at extremely high risk for HIV transmission.^v

Thank you for this opportunity to testify. Amida Care urges passage of these Intro.1186 and Res. 614 and 1287. We stand ready to be a partner to ensure that all New Yorkers are treated with the dignity and respect they deserve.

Lyndel Urbano
Director of Public Policy and Government Relations

ⁱ UNAIDS. "The GAP Report 2014" http://www.unaids.org/sites/default/files/media_asset/08_Transgenderpeople.pdf

ⁱⁱ National Center for Transgender Equality. "The Report of the 2015 U.S. Transgender survey." <http://www.ustranssurvey.org/>

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^{iv} **BP18: Health, housing, and human rights for LGBT communities:** Promoting the health, safety and dignity of LGBT communities is a vital part of ending the HIV epidemic in New York State. Culturally competent service models that address individual, group and community-level barriers to LGBT identified individuals engaging and linking to care must be addressed. Utilization of peer led programming may better engage people in activities that support employment, life skills training, and mentorship. Considering the major impact HIV has had on populations such as gay men and transgender persons, special attention needs to be given to developing infrastructure to allow these communities to play a direct role in identifying and addressing their own needs. [CR30, CR33].

^v New York State Department of Health. "2015 Blueprint End AIDS."

GTZ6: Expanded Medicaid coverage to targeted populations: To respond to the care needs of all individuals, the state should provide presumptive Medicaid coverage as a Medicaid waiver program to uninsured/underinsured NYS residents who are at high HIV risk, including transgender persons, and persons newly diagnosed with HIV, on the basis of their identification as New York State residents. The benefit would be similar to the existing NYS Family Planning Benefits Program (FPBP), maintaining the FPBP's 223% federal poverty level (FPL) income guideline and three-month retroactivity to focus on those not already enrolled in care; cover sexual health services, such as PrEP, nPEP, STI screening and treatment, HIV management, hepatitis C testing and treatment, family planning services, and Transgender transition services. [CR41].

BP17: Reducing new HIV incidence among homeless youth through stable housing and supportive services: Given the significant rise of HIV rates among young adults, especially among MSM of color and transgender populations, it is imperative that NYS address the structural drivers of HIV incidence including, but not limited to poverty, homelessness and housing instability, stigma, health disparities and lack of access to biomedical HIV prevention that put certain youth at extremely high risk for HIV infection and numerous other negative medical and behavioral health outcomes. Without comprehensive programs that address these and other factors, homeless and unstably housed youth and youth aging out of foster care are at high risk. Since the needs of these populations cut across many state and local government entities, it is recommended that a formalized interagency approach be adopted. More flexibility in the range of ages served by housing programs is called for to ensure those young persons at either end of the range are not arbitrarily shut out of programs that could keep them uninfected. A statewide needs assessment may be an important first step so actions taken are informed by a systematic examination of current circumstances. [CR30, CR32].

The plan's stated goals are:

- Identify persons with HIV who remain undiagnosed and link them to health care;
- Link and retain persons diagnosed with HIV to health care and get them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission; and
- Facilitate access to Pre-Exposure Prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) for high-risk persons to keep them HIV-negative.



Testimony of

Everett Arthur

Government Relations Associate

The Lesbian, Gay, Bisexual & Transgender Community Center

In response to the

New York City Council's Committee on Civil Rights

On Preconsidered Int. No, Int. 1186, Res. 614 and 1287.

Submitted on June 19, 2017

To the

New York City Council

Committee on Civil Rights

250 Broadway, Committee Room

New York, NY 10007

THE CENTER

Thank you for the opportunity to testify before you today. My name is Everett Arthur and I serve as the Government Relations Associate at The Lesbian, Gay, Bisexual & Transgender Community Center (The Center) in New York City. I will testify on four pieces of legislation: Introduction number 1186, Resolutions 614 and 1287, and Preconsidered Introduction number introduced by Speaker Mark-Viverito. Thank you to Councilmember Darlene Mealy for convening a hearing on such important topics for the LGBT community today.

Since 1983, The Center has empowered our community members to lead authentic lives, while advocating for justice, equity, and opportunity for LGBT people. While this translates into many life-altering and affirming experiences for the people who walk through our doors, some communities, like transgender and gender nonconforming people, are impacted far greater because external resources, and protections, for them are far and few between.

As co-founder and current administrator of The New York State LGBT Health & Human Services Network (The Network), The Center is particularly connected to the evolving statewide needs of the LGBT community. Additionally, The Center began providing services for the transgender and gender non-conforming community in 1991 with the establishment of our Gender Identity Project (GIP), the first transgender peer counseling and empowerment program in New York State. Our 25-year history of serving transgender individuals has afforded us unique insight into the particular hardships faced by transgender and gender nonconforming people.

Our first-hand knowledge tells us this: transgender and gender nonconforming people face unique challenges related to their gender expression and gender identity inside New York State, in the United States as a whole, and internationally. While we may not be able to directly impact how transgender and gender nonconforming people and other members of the LGBT community are treated outside of the United States, it is imperative that we declare in New York and in the United States that all LGBT people are safe from discrimination in employment, housing, public accommodations and bias-motivated crimes. We know that the discrimination faced by LGBT people is only compounded by race, and ask that these issues be examined under an intersectional lens.

Int. No. 1186 is the first step needed to protect LGBT people right here in New York City. Passing local legislation may incentivize other cities to follow New York's lead, but we should not stop there. The Center hopes that all LGBT New Yorkers will be protected from facing discrimination for their sexual identity, gender identity, or gender expression. This is why New Yorkers need GENDA.

Res. 614 protects New Yorkers at the state level. We applaud the Assembly for passing GENDA for eight consecutive years. However, in each of those eight years,

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the Senate failed to move on the legislation. The New York City Council represent 8.5 million New Yorkers. A resolution from this body on behalf of these residents will send a strong message to both houses of the State legislature that we take protections of all our residents seriously, and that this legislation is a step in that direction. In light of the current Administration's silence and erasure regarding the treatment of LGBT people, our state must clearly support LGBT people now more than ever. All New Yorkers should be able to rely upon the state to fight for their best interests, and that includes, but is not limited to, passing GENDA.

Next, Res. 1287 protects New Yorkers and Americans on a federal level. We applaud Council Members Dromm, Crowley, Menchaca, Chin, and Constantinides for supporting The Equality Act. While all LGBT people would benefit from the passing of the Act, transgender and gender nonconforming people will be particular beneficiaries of this legislation. Amending the Civil Rights Act of 1964 and the Fair Housing Act to include sexual orientation and gender identity among the prohibited categories of discrimination or segregation in employment, places of public accommodation and housing will save lives by ensuring that LGBT people and perceived LGBT people can access jobs, housing, and public safety without enduring discrimination or segregation that may result in their homelessness, starvation, or death.

While the enactment of these protections will greatly further the safety of LGBT New Yorkers and Americans, this is not enough. Part of protecting the lives of LGBT New Yorkers is normalizing our stories, normalizing our families, and normalizing our identities. However, this cannot be done until conversion therapy is unlawful in New York State. Thank you Speaker Mark-Viverito for speaking to the harmful effects that conversion therapy has on LGBT people, especially LGBT youth. According to San Francisco State University's research on the issue of family acceptance of LGBT youth, LGBT youth that were rejected by their parents because of their LGBT identity were eight times more likely to have attempted suicide, nearly six times as likely to report high levels of depression, more than three times as likely to use illegal drugs, and more than three times as likely to be at high risk for HIV and STDs. (http://familyproject.sfsu.edu/sites/default/files/FAP_English%20Booklet_pst.pdf). Making conversion therapy unlawful will affect the lives of LGBT people in tangible ways by telling them that New York sees you and accepts you just as you are. For this reason, we strongly urge that Council act on this legislation forthwith.

Finally, I would like to note that The Center's Training Institute offers cultural competency trainings, and our Trans Training Collective specifically works with city agencies to train agency employees on issues of gender identity, equity, and how to create an affirming environment for the community, particularly transgender and gender nonconforming individuals. The Center would be honored to continue to provide guidance and expertise on these issues once this legislation is enacted.

We must continue fighting to protect the lives of all New Yorkers from

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discrimination, and these pieces of legislation are necessary to create a much-needed safer environment.

GENDER EQUALITY LAW CENTER

540 President Street, 3rd Floor Brooklyn, New York 11215
(347) 844-9003 / info@genderequalitylaw.org / www.genderequalitylaw.org

NEW YORK CITY COUNCIL

June 19, 2017 Hearing

Testimony of Lauren T. Betters, on behalf of the
Gender Equality Law Center, Inc.
Regarding Int. No. 1186

My name is Lauren Betters and I am a Staff Attorney at the Gender Equality Law Center (“GELC”), a nonprofit law and advocacy organization. Our mission is to advance laws and policies that promote gender equality in all spheres of public and private life. We believe that all individuals should have an equal opportunity to succeed regardless of their gender, gender identity, gender expression, or sexual orientation. We work to break down barriers that are caused by explicit prejudice, stereotyping, and implicit bias through a combination of strategic litigation, legislative reforms, community outreach, legal training, and public policy initiatives.

GELC applauds Council Members Dromm, Chin, Mendez, Johnson, Vacca, Menchaca and Torres for drafting Intro. No. 1186 calling upon the Council to amend the New York City Administrative Code in relation to the New York City Human Rights Law’s definitions of sexual orientation and gender. Although the law as written is already more progressive than most states and localities and certainly offers more coverage than federal law, we urge the Council to pass this bill, which will create more visibility for the LGBTQ community and include an acceptance

of a broader scope of sexual and romantic preferences that have not previously been spelled out under the law.

Sexuality invisibility has a significant impact on the ability of queer individuals to access health care, earn an equal wage, receive fair treatment in the workplace, and obtain public resources to address their specific needs. Local legislation is becoming increasingly important given our current political climate, particularly after last week's revelation that the Department of Commerce removed its mention of "gender identity" and "sexual orientation" from its equal opportunity employment statement – the Federal Government's latest attempt to disregard safeguards that explicitly provide protections for the LGBTQ community. At this moment in the movement for full equality and dignity for people of all sexual orientations and gender identities, New York City must lead the charge in recognizing the fluidity of gender and sexuality by expanding definitions that currently constrain these identities to a limited paradigm.

While our gender may begin with the assignment of our sex, it does not end there. A person's gender is the complex interrelationship between an individual's body, identity, and expression. Each of these dimensions can vary greatly across a range of possibilities. Although most societies view sex and gender as a binary concept, this fails to capture even the biological aspect of gender, let alone gender identity, which is our internal experience of gender. Gender expression – the way individuals express their gender to the world around them – is also often constrained by social and legal expectations. Even those who vary only slightly from preconceived norms can become targets of disapproval and explicit discrimination. Or worse, harassment, violence and threats to their safety. We see this regularly in our work: anywhere from gay college student being discriminated against on campus to a gender-nonconforming kindergartener whose teachers do not know what "box" to put him in. Descriptors for gender are

rapidly expanding, we no longer feel bound to identify or express within a strict gender binary, and we are establishing a growing language for gender – a reflection of a far more nuanced understanding of the experience of gender itself.

As one of the most fundamental aspects of a person’s identity, gender and sexuality deeply influences each part of one’s life. When these crucial aspects of self are narrowly defined and rigidly enforced, individuals who exist outside of a heteronormative and cis gender framework face innumerable challenges. Through recognizing gender diversity in our law – and thoughtful consideration of the uniqueness and validity of each person’s experiences of self – we can develop greater acceptance and protections for all.

GELC thanks the Council for its time and respectfully requests the passage of Int. No. 1186.



NYCLU

NEW YORK CIVIL LIBERTIES UNION

125 Broad Street
New York, NY 10004
Tel: 212.607.3300
Fax: 212.607.3318
www.nyclu.org

FOR THE RECORD

Testimony of the New York Civil Liberties Union

Before

The New York City Council

Committee on Civil Rights

Regarding amending the definitions of sexual orientation and gender in the New York City

Human Rights Law.

June 19, 2017

My name is Kristen Burzynski and I am a legal fellow at the New York Civil Liberties Union (“NYCLU”). I would like to thank the Committee on Civil Rights for all the work they do to support lesbian, gay, bisexual, transgender, and queer (“LGBTQ”) New Yorkers, and for allowing the NYCLU to provide testimony in opposition to Int. No. 1186, a bill amending the definitions of sexual orientation and gender in the New York City Human Rights Law, in its current form.

The NYCLU, the New York state affiliate of the American Civil Liberties Union, is a not-for-profit, nonpartisan organization with seven state-wide offices and over 210,000 members. For nearly 100 years, the NYCLU has worked in courts, legislatures, and communities to defend and preserve the individual rights and liberties guaranteed by the United States Constitution and the state of New York, including the right to be free from discrimination on the basis of one’s sexual orientation and gender identity. Given our extensive work in the area of LGBTQ rights, the NYCLU is well-positioned to provide testimony on these proposed amendments.



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125 Broad Street
New York, NY 10004
Tel: 212.607.3300
Fax: 212.607.3318
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The New York City Council was in the vanguard of adopting explicit protections for the lesbian, gay, bisexual, and transgender community in the City's Human Right Law, one of the most powerful anti-discrimination laws in the country. This law sends a clear signal to employers, landlords, and purveyors of public goods and services that discrimination because of a person's sexual orientation, sex, or gender is unacceptable. The New York City Human Rights Law is both a powerful tool for protecting the City's wonderfully diverse communities and an example for other cities throughout the nation. The City's strong stance against discrimination based on trans- and homophobia is of particular significance in an era when the rights of queer, transgender, and gender non-conforming people are under attack throughout the rest of the country.

For these reasons, the Human Rights Law's definitions of "sexual orientation" and "gender" are of great importance, but the task of defining these terms is not an easy one. It is a challenge to define these terms in a way that provides clarity to the people who must follow and implement the law while also ensuring that the law protects those it is intended to benefit. We agree with the sponsors of Int. No. 1186 that maximizing the number and diversity of LGBTQ individuals that are protected from discrimination in public accommodations, employment, and housing, is imperative. But the definitions provided in Int. No. 1186 fall short of that goal. Because they are unnecessarily complex and confusing, they have the potential to unduly limit who is protected by the Human Rights Law. Of greatest concern, some of the proposed language is harmful to the City's efforts to protect transgender and gender non-conforming people from discrimination.



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125 Broad Street
New York, NY 10004
Tel: 212.607.3300
Fax: 212.607.3318
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Looking first to the definition of “sexual orientation,” we agree that the existing definition, which only includes “heterosexuality, homosexuality, or bisexuality,” does not adequately capture the diversity of people’s sexualities. But the proposed definition goes too far in the other direction. By including actual or perceived “emotional attraction or attachment” to another person, the term conceivably captures any meaningful relationship with another person, including platonic friends and family members. This unduly inflates the law to protect against discrimination in nearly all relationships, thereby unintentionally harming its ability to specifically protect those particularly vulnerable to unjust treatment: lesbian, gay, bisexual, or other queer-identified people.

Regarding the proposed amendment to the definition of “gender,” the NYCLU strongly opposes the addition of the phrase “operative status.” The transgender and gender non-conforming community has long struggled to gain basic rights without proof of gender affirming surgeries. Conflating gender with “operative status” reinforces the harmful notion that one’s gender is defined by reproductive anatomy.

We also oppose the inclusion of the phrase “purported sex” in the definition of “gender.” The term “purported,” meaning to “appear or claim to be or do something, especially falsely,” has a negative connotation and suggests that there is something false or insincere about a trans person’s identity. Indeed, it is the misconception that transgender people are not “real” women or “real” men that drives much of the harassment and discrimination they face. Using the term “purported” gives credence to this discriminatory and hateful concept and has no place in the City’s Human Rights Law.



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NEW YORK CIVIL LIBERTIES UNION

125 Broad Street
New York, NY 10004
Tel: 212.607.3300
Fax: 212.607.3318
www.nyclu.org

In closing, we urge the Committee not to adopt Int. No. 1186 in its current form and further consider the most inclusive and effective way to define “sexual orientation” and “gender” before amending the Human Rights Law. We hope the Committee will consult with additional advocacy groups, particularly in the transgender and gender non-conforming communities, in that process. The NYCLU would welcome the opportunity to work with the Committee on this important piece of legislation to achieve our shared goal of providing comprehensive civil rights protections for all New Yorkers.



The Honorable Chairwoman Darlene Mealy
Committee on Civil Rights
New York City Council

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June 19, 2017

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Mike Dillon

Brian Dorsey

Jeffrey Fishberger, MD

Michaela Mendelsohn

Julian Moore

Gina Munoz

Kevin Potter

Peggy Rajski

Ruben Ramirez

Thomas Sanchez

Adam Shankman

Linda Spooner, MD

Jeffrey Paul Wolff

Amit Paley
CEO & Executive Director

The Trevor Project writes in strong support of amendment T2017-6329, which would ban so-called “conversion therapy” in New York City. If passed, New York City would join the ranks of nine other states, including California and New Jersey, and nearly twenty cities that have demonstrated their commitment to the well-being of LGBTQ youth by passing similar laws. Conversion therapy is a dangerous and discredited practice which aims at changing one’s sexual orientation or gender identity. This “therapy” is done through methods which often include emotional, psychological and even physical abuse.¹ As the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth, we know this bill is critical to creating supportive mental health care for LGBTQ people in New York City and saving many young people from the trauma of conversion therapy.

The Trevor Project works to save young lives through our accredited free and confidential lifeline; our secure instant messaging services which provide live help and intervention; our social networking community for LGBTQ youth; and our in-school workshops, educational materials, online resources, and advocacy. From August 1, 2016 to June 13, 2017, The Trevor Project has had almost 4,500 crisis contacts in New York State. While we are unable to track contacts by city, we know that hundreds of New York City LGBTQ youth struggling with suicidal thoughts are reaching out to us every year.

Banning conversion therapy can be a matter of life or death for many young people. Research shows that LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth and LGB youth are almost five times as likely to have actually attempted suicide.² In a national study, 40% of transgender adults reported having made a suicide attempt at some point in their lives. 92% of these individuals reported having attempted suicide before the age of 25.³ Suicide is the third leading cause of death for youth in New York ages 15-24,⁴ with a suicide rate of 6.7 deaths

The Trevor Project

Los Angeles - 8704 Santa Monica Blvd. Suite 200 West Hollywood, CA 90069

New York - 575 8th Ave #501 New York, NY 10012

DC - 1200 New Hampshire Ave. NW Suite 300 Washington, DC 20036

p 310.271.8845 | f 310.271.8846 www.thetrevorproject.org

for every 100,000 young people.⁵ Studies show that for every one person who dies by suicide, there are 25 attempts.⁶

Perhaps most importantly, youth placed in conversion therapy are at an even greater risk. For example, LGBTQ youth from highly rejecting families are *more than eight times* as likely to attempt suicide compared to those from accepting families.⁷ Families that are extremely rejecting of their child's sexual orientation or gender identity are among those most likely to send their child to conversion therapy. Evidence also shows conversion therapy poses serious health risks including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior and suicidal ideation.⁸ Passing this ordinance will help ensure no more young people suffer from the harms of conversion therapy or lose their life to this abuse.

Additionally, there is *no scientific evidence* to show conversion therapy is effective in its goal of changing one's sexual orientation or gender identity.⁹ The nation's leading mental health associations including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have all issued statements condemning the practice.¹⁰ As the nation's only accredited, 24/7 lifeline specifically for LGBTQ youth, we hear from conversion therapy survivors and bear witness to the devastating impacts of this practice. No young person should have to endure the damage done by supposed members of helping professionals or religious institutions.

By supporting this proposed law, you can be a part of ending this abuse and ensuring that LGBTQ youth in New York City can truly have a bright future. If you have any questions please contact Amy Loudermilk, Director of Government Affairs at 202-391-0834 or amy.loudermilk@thetrevorproject.org.

Sincerely,



Amit Paley
CEO & Executive Director

The Trevor Project

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New York - 575 8th Ave #501 New York, NY 10012

DC - 1200 New Hampshire Ave. NW Suite 300 Washington, DC 20036

p 310.271.8845 | f 310.271.8846 www.thetrevorproject.org

¹ Dart, Tom. "'Praying the gay away': Trauma survivors crusade to ban conversion therapy." *The Guardian* 11 April 2015. Retrieved 28 July 2016 from <https://www.theguardian.com/world/2015/apr/11/survivors-crusade-conversion-therapy-ban-pray-gay-away>

² Kann, Laura. O'Malley Olsen, Emily. McManus, Tim *et al.* Sexual Identity, Sex of Sexual Contacts and Health-Related Behaviors Among Students in Grade 9-12. *MMWR Surveill Summ* 2016: 65

³ James, S. E., Herman J.L., Rankin S., Keisling, M., Mottet, L., & Anafi, M. (2016). *Executive Summary of the Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

⁴ American Foundation for Suicide Prevention. New York 2017 Facts and Figures. 2016. <https://afsp.org/about-suicide/state-fact-sheets/#New-York>

⁵ American Association of Suicidology. USA State Suicide Rates and Rankings for the Nation, Elderly, and Young, 2015. 2015. <http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015StatesTOY-corrected.pdf?ver=2017-01-09-215406-197>

⁶ American Foundation for Suicide Prevention. Suicide Statistics. 2015.

<http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015datapgsv1.pdf?ver=2017-01-02-220151-870>

⁷ Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual and transgender children*. San Francisco, CA: Marian Wright Edelman Institute, San Francisco State University.

⁸ Substance Abuse and Mental Health Services Administration, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. HHS Publication No. (SMA) 15-4928. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

⁹ *Ibid.*

¹⁰ *Ibid.*

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TESTIMONY BEFORE THE NEW YORK CITY COUNCIL'S

Committee on Civil Rights

June 19, 2017

Submitted by Kimberleigh Joy Smith, MPA

Good Afternoon. Thank you to Chair Mealy and the Committee on Civil Rights for the opportunity to provide written testimony in support of **T2017-6329, Res 0614-2015**, as well the other resolutions on the docket today. My name is **Kimberleigh Smith**, and I am the **Senior Director for Community Health Planning and Policy** for **Callen-Lorde Community Health Center**.

Callen-Lorde Community Health Center is a growing federally-qualified health center (FQHC) with a mission to reach lesbian, gay, bisexual and transgender communities and people living with HIV in addition to its geographic service areas. As a vital part of the dynamic healthcare infrastructure in New York City (NYC), Callen-Lorde provided a patient-centered medical home for nearly 18,000 patients, who made more than 100,000 visits in 2016.

At Callen-Lorde we believe true liberation will only come when the LGBTQ community and our families can adequately access culturally competent and comprehensive health care in all forms. With the potential - at the federal level – for a setback on these efforts, we urge New York City to stand strong, to protect access, promote equity, and to work to prevent and penalize discrimination in all of its forms.

As a primary and behavioral health provider, we are particularly concerned about long term individual and community damage, discrimination and stigma have on our LGBTQ communities. That is why Callen-Lorde supports each of the resolutions on your docket this afternoon: **Int 1186-2016, Int 1259-2016, T2017-6329, Res 0614-2015, and Res 1287-2016**. We view each of these measures as critical structural interventions to support the ongoing progress of the LGBTQ rights movements here in New York City and State. Further, these measures will have direct benefits on the mental and physical health of our communities.

The LGBTQ community faces stigmatization and discrimination on a daily basis, especially those with limited financial resources. Half of limited income LGBT New Yorkers reported some form of violence – including domestic violence, sexual assault, parental abuse, crime, workplace violence and trafficking. And it's not just incidents like the Pulse Nightclub shooting last year that deeply wound our community and our sense of safety. Of all LGBTQ folks, about a quarter have experienced at least one hate crime. LGBTQ persons are more likely to be the victims of hate crimes than any other minority group in the country. But violence and discrimination are just one piece of the puzzle. Many grow up in environments that are not accepting of LGBTQ folks – 42% of youth report living in a community where being LGBTQ-identified is not

accepted. Adults face similar struggles in their communities and workplaces - 21% of LGBT employees report having been discriminated against in hiring practices, in their ability to be promoted and in pay difference and 78% of transgender employees report workplace discrimination. And one study showed that employers given resumes with clues, such as LGBT activism, on a resume were 23% less likely to respond.

The resulting impacts on mental and physical health are real – and sometimes fatal. LGBTQ people raised in homes that are high in terms of rejection measures are over 8 times more likely to attempt suicide than those raised in homes rated as low in rejection. Studies have shown that for every instance of physical or verbal abuse or harassment, individuals are 2.5 times more likely to engage in self-harm behaviors, such as cutting. Lesbian and bisexual women are twice as likely to have attempted suicide in their lifetime and gay and bisexual men are four times more likely. Almost half of people who identify as transgender have had at least one suicide attempt in their lifetime.

Every day we hear stories from our patients who face incredible odds – some of whom have experienced severe trauma – from older adults who have watched friends die of AIDS inaction, to younger patients who grow up in communities and homes where their first bullies are parents. While progress is heartening, it's inexcusable for us to ignore homophobia and transphobia that exist both overtly and institutionally, still even here in New York City.

It is essential that this committee and the New York City Council support a resolution to designate as professional misconduct any form of sexual orientation change efforts by mental health professionals. Not only is the practice unethical, it can lead to fatal consequences – people who have gone through conversion therapy are 8.9 times more likely to experience suicidal thoughts and 5.9 times more likely to experience depression than their peers. They are also 3 times more likely to use drugs. It is critical also that the New York City Council prohibit discrimination in all relevant local laws of New York City, that it make amendments necessary to expand and correct the definitions of sexual orientation and gender in the human rights law, and that it resolves to call and the New York State Legislature and United States Congress to prohibit discrimination in all of its forms.

For without these efforts, lesbian, gay, bisexual, transgender, queer and questioning people will continue to face stigma and discrimination that deeply affects our overall health and leaves our communities harmed.

Thank you again for inviting **Callen-Lorde** to participate in this important hearing.

**FOR MORE INFORMATION, PLEASE CONTACT
KIMBERLEIGH J. SMITH, SENIOR DIRECTOR FOR COMMUNITY HEALTH PLANNING AND POLICY
AT KMITH@CALLEN-LORDE.ORG.**

Testimony in Support of Res. 614 and Res. 1287

Mel Wymore, Executive Director TransPAC

New York City Council Committee on Civil Rights

As the Executive Director of TransPAC, I submit this testimony in support of New York City Council Resolutions 614 and 1287, calling for the passage of the Gender Expression Non-Discrimination Act (GENDA) in the New York Legislature, and Equality Act in the U.S. Congress.

GENDA would prohibit discrimination based on gender identity or expression. Mirroring GENDA's goals on the federal level, The Equality Act would protect LGBT individuals on the federal level by amending the Civil Rights Acts of 1964 and 1968. Both bills are intrinsically fair, moral, and desperately needed.

TransPAC was founded in 2014 by transgender activist Juli Grey-Owens and other members of the Long Island Transgender Advocacy Coalition, with the express purpose of passing GENDA. As such, and because the vast majority of my advocacy has focused on the state level, this testimony will focus on GENDA.

Although GENDA has passed the Democrat-led Assembly numerous times since its introduction in 2003, it has yet to reach the New York Senate floor for a vote. Democracy is being impeded by New York Senate Majority Leader John Flanagan, who has refused to bring GENDA to the Senate Floor.

It is expected that if democracy was allowed to prevail and a vote taken, the bill would pass and Governor Cuomo would sign it. TransPAC has made a concerted effort to elect a truly Democratic New York Senate which will pass GENDA and end the status quo of bigotry, regression, and elitism.

The threat faced by the transgender community is existential, and without an ironclad framework in place to protect us and establish a legal reality of equality and nondiscrimination, murders, assaults, and the daily hate and discrimination that comes hand in hand with otherness will continue and grow.

The statistics referenced in Resolution 614 speak for themselves, but a few more deserve to be mentioned. According to the Department of Justice, over half of all transgender people—possibly up to 66%—are sexually abused or assaulted at some point in their lives.¹ 2016 was more deadly for transgender people than 2015, and 2017 will likely be worse than 2016.² *Newsweek* reports that seven transgender women were killed in the first six weeks of 2017, far above the 2016 murder rate.³ As of May, 13 transgender people had been killed in New York State—every one of them a person of color.⁴

While the failure to act will reflect poorly on our leaders, this is not a crisis of image or reputation. People are dying in our community. Our neighbors, friends, and fellow human beings are being denied housing, jobs, care and safety for the simple fact of who they are. This is a moral failure of the highest level.

I commend the New York City Council for advancing these bills, and I call on the New York State Legislature and the U.S. Congress to act swiftly to return fairness and basic human decency to our laws, state, and country.

¹ https://www.ovc.gov/pubs/forge/sexual_numbers.html

² <https://www.glaad.org/blog/glaad-calls-increased-and-accurate-media-coverage-transgender-murders>

³ <http://www.newsweek.com/transgender-murders-protect-trans-women-568558>

⁴ <http://www.hrc.org/blog/hrc-mourns-kendra-adams-trans-woman-murdered-in-ithaca-ny>



Testimony by New York Legal Assistance Group (NYLAG)

before the New York City Council Committee on Civil Rights, regarding Proposed Bill No. T2017-6329

June 19, 2017

Chair Mealy, Council Members, and staff, good afternoon and thank you for the opportunity to speak to the Civil Rights Committee regarding Proposed Bill No. T2017-6329. My name is Heather Betz and I am the supervising attorney for the LGBTQ Law Project at the New York Legal Assistance Group. NYLAG is a nonprofit law office dedicated to providing free legal services in civil law matters to low-income New Yorkers. NYLAG serves immigrants, seniors, the homebound, families facing foreclosure, renters facing eviction, low-income consumers, those in need of government assistance, children in need of special education, domestic violence victims, persons with disabilities, patients with chronic illness or disease, low-wage workers, low-income members of the LGBTQ community, Holocaust survivors, veterans, as well as others in need of free legal services. The LGBTQ Law Project provides free legal services and advocacy to low income Lesbian, Gay, Bisexual Transgender, and Queer communities throughout New York City. We work to defend and expand the rights of New York City's LGBTQ community and offer legal advice and representation in a wide variety of poverty-related civil legal matters, such as employment and housing discrimination, public assistance, immigration, name and gender marker changes and family law.

NYLAG strongly supports the proposed bill to prohibit conversion therapy. There is no place in our City for so-called "therapeutic" practices that seek to change an individual's sexual orientation or gender identity. Being lesbian, gay, bisexual, transgender, or queer is a not mental

illness that needs to be cured. Conversion therapy practices are based on that false premise, which was rejected by every major medical and mental health organization decades ago. There is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity. Its practitioners lure vulnerable people with false promises and often inflict serious harm.

Conversion therapy poses serious health risks, especially for LGBTQ young people. Minors are often forced to undergo these harmful practices by their parents or legal guardians, and are at especially high risk of being harmed. Conversion therapy can lead to depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior. These practices are devoid of scientific validity and pose serious dangers to patients. It is vital that our City ensures people are not defrauded of their money by unscrupulous practitioners who promise results they cannot achieve while inflicting serious mental health harm.

There is no evidence that conversion therapy can change a person's sexual orientation or gender identity, and practitioners who promise such an outcome are engaging in fraud. The American Psychological Association undertook a comprehensive review of the published literature on these practices in 2009 and found no reliable evidence to support that they worked. Instead, the APA concluded: "The results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex sexual attractions or increase other-sex attractions through [conversion therapy]." The American Psychiatric Association published a statement with the same conclusion in 2000. It stated that: "In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure."

Conversion therapy can be extremely dangerous and, in some cases, fatal. In 2009, the APA issued a report concluding that the practice has a risk of causing depression, guilt, helplessness,

hopelessness, shame and suicidality. It further concluded that patients who undergo conversion therapy face an increased risk of substance abuse, stress, disappointment, self-blame, decreased self-esteem, social withdrawal, increased self-hatred, feelings of anger and betrayal, loss of friends and potential romantic partners, high-risk sexual behaviors, and a feeling of being dehumanized. The American Academy of Pediatrics has stated: “Therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”

We believe that this bill should impose penalties on conversion therapy practitioners who target adults as well as children. While minors are at particular risk of being forced into practices that seek to change their sexual orientation or gender identity, adults can also fall prey to unscrupulous practitioners. As noted above, there is no scientific evidence that conversion therapy is effective at changing anyone’s sexual orientation or gender identity. Practitioners who accept payment for conversion therapy promising such an outcome are engaging in fraud. At best, an adult who spends money to undergo conversion therapy has been defrauded of money for a service that cannot produce the desired results. At worst, he or she has been subjected to a practice that may cause depression, substance abuse, social isolation, self-hatred, and suicidality. Such practices should not be offered for sale in our community.

The bill bans conversion therapy in both the psychological and/or “*spiritual counseling*” setting. It is essential that we prevent individuals from harming LGBTQ people in the name of religion. At NYLAG, we often hear stories of clients being subjected to “treatment” from a trusted religious leader, only to suffer additional harm and depression as these interventions fail. We must

shine a light on these practices and hold religious individuals engaging in these abusive practice accountable for acts.

Thank you for the opportunity to testify today. NYLAG looks forward to continuing its strong partnership with the New York City Council to ensure that LGBTQ communities throughout New York City are treated with dignity and protected from harm.

Respectfully submitted,

New York Legal Assistance Group



THE SENATE
STATE OF NEW YORK

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CODES
CORPORATIONS,
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TRANSPORTATION

**Prepared Testimony of State Senator Daniel Squadron to the New York City
Council Committee on Civil Rights on the Gender Expression Non-Discrimination
Act (GENDA) And Equality Act**

June 19, 2017

My name is Daniel Squadron, and I represent the New York State Senate 26th District. My district includes the Brooklyn neighborhoods of Brooklyn Heights, Carroll Gardens, Cobble Hill, the Columbia Waterfront, DUMBO, Downtown Brooklyn, Fulton Ferry, Greenpoint, the Navy Yard, Vinegar Hill, and Williamsburg, and the Manhattan neighborhoods of Battery Park City, Chinatown, the East and South Village, the Financial District, Little Italy, the Lower East Side, SoHo, and Tribeca.

As lead sponsor of the Gender Expression Non-Discrimination Act (GENDA) in the State Senate, I thank Councilmember Dromm and the City Council's LGBT Caucus for sponsoring Res. 614 in support of GENDA and Res. 1287 in support of the Equality Act. I also thank Chair Mealy and the Committee on Civil Rights for the opportunity to submit testimony today.

Many New Yorkers are surprised to learn that the basic fairness guaranteed for protected classes by state law -- ensuring New Yorkers are not fired, denied housing, or access to public accommodations -- does not explicitly include gender identity or expression.

New York City embraced similar provisions in 2003. Similar protections exist in localities across the state, including the cities of Binghamton, Buffalo, Ithaca, Rochester, Syracuse, and the counties of Albany, Suffolk, Tompkins, and Westchester. The police leadership of New York City, Albany, Binghamton, Ithaca, Rochester, Syracuse, as well as Tompkins and Suffolk counties have all come out in support of the basic fairness guaranteed by GENDA.

These protections are important in their own right and also send an important message. Progress on LGBT equality correlates with reductions in LGBT suicide risk -- and discriminatory legislation correlates with negative mental health outcomes. GENDA could have similar impacts in New York, which makes passage all the more urgent.

In 2015, Governor Cuomo clarified that existing Human Rights Law covers gender identity and expression. As the Trump Administration's actions and the ongoing escalation of federal anti-LGBT rhetoric has highlighted, however, the codification of civil rights progress is critical to ensuring it remains in place regardless of administration.

New York has long been a leader on civil rights in the country, passing the first Human Rights Law in 1945. Our state and city are also credited with the birth of the modern LGBT civil rights movement. Yet the State Senate Majority blocking explicit fairness for transgender New Yorkers has long been a disappointing stain on that proud history.

In April, I forced a vote on S502 (GENDA) in the State Senate's Investigations and Government Operations Committee. Unfortunately, every single Senate Republican on the Committee voted against it. This is made all the more shocking by the State Assembly's tenth passage of GENDA earlier this year, with bipartisan support, where Assemblymember Gottfried sponsors the bill.

Thank you again for the opportunity to provide testimony today.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: 6.20.2017

(PLEASE PRINT)

Name: Amit Bays

Address: _____

I represent: Deputy Commissioner PCA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1180 Res. No. _____

in favor in opposition

Date: 6/19/2017

(PLEASE PRINT)

Name: Lauren Betters

Address: 540 President St, 10th 3rd Fl. Brooklyn

I represent: Gender Equality Law Center

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1186 Res. No. _____

in favor in opposition

Date: 6.19.17

(PLEASE PRINT)

Name: Kristen Burzynski

Address: 125 Broad St, NY, NY 10004

I represent: New York Civil Liberties Union

Address: 125 Broad St. NY, NY 10004

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

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Mathew Shurka

Address: 259 W 10th Street Apt 5E

I represent: National Spokesperson to end conversion

Address: _____ therapy with the Born perfect campaign?

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Matthew McManus

Address: Senior Advisor

I represent: NYC Mayor's Office

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jane Shurka

Address: 27 Hill Lane Roslyn Heights, NY

I represent: Mother of Conversion Therapy 1/577

Address: _____ Survivor

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1287 Res. No. 614-1287
 in favor in opposition

Date: _____

Name: Cecilia Cuchi (PLEASE PRINT)

Address: _____

I represent: GMHC

Address: 446 W 33rd Street

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1287 Res. No. 34 614+1287
 in favor in opposition

Date: _____

Name: Lyndel Urbano (PLEASE PRINT)

Address: _____

I represent: Amida Care

Address: 14 Penn Plaza, NY, NY

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1287 Res. No. _____
 in favor in opposition

Date: _____

Name: Brooke Cerdá Guzmán (PLEASE PRINT)

Address: 99 Hillside Ave 3B

I represent: Transsexual Women

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 1186 Res. No. 614 & 1287

in favor in opposition

Date: 06/19/2017

(PLEASE PRINT)

Name: Everett Arthur / The LGBT Center

Address: 208 W 13th

I represent: The LGBT Center

Address: 208 W 13th

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Myla Harrison

Address: Assistant Commissioner

I represent: NYC Department of Health and Mental Hygiene

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Commissioner Carmelyn P. Malalis

Address: _____

I represent: NYC Commission on Human Rights

Address: 22 Beade St. NY NY