Testimony

of

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before the

New York City Council

Committee on Health

and

Committee on Hospitals

on

Access to Transgender and Gender Nonconforming-friendly Health Services

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

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

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

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

Our work to improve TGNC health goes beyond our clinic doors, and includes innovative programs. In 2017, New York City became the first city to issue an LGBTQ Health Care Bill of Rights, harnessing existing protections in local, state and federal laws to empower LGBTQ New
Yorkers to exercise their rights in health care settings. This document, available on our website and at health centers across the city, reinforces that providers and their support staff cannot legally provide LGBTQ people with a lower quality of care because of their sexual orientation, gender identity or gender expression, and tells people where to get help if their rights are violated.

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

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

And if you saw more of me around the City last year, that is because I was part of the provocative Bare It All campaign that encouraged LGBTQ New Yorkers to talk openly to their doctors about their sex lives, substance use and other issues affecting their health. This campaign aimed to empower LGBTQ New Yorkers to find providers who affirm who they are and incorporate their sexual orientation, gender identity and gender expression into their health care. This groundbreaking campaign advises New Yorkers who feel they cannot have an open dialogue with their current doctor and receive the care they need to call 311 or visit the website to connect to a provider with experience caring for LGBTQ individuals. The Department website contains
of approximately 125 health care facilities that provide specific services of interest to TGNC individuals such as pubertal suppression and hormone therapy.

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

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

In New York City, we protect and support TGNC communities, and we strongly oppose any policies that discriminate against anyone based on gender identity and expression. As the Trump Administration continues its assault on TGNC people, it is crucial for this city to remain stalwart in its commitment to health equity. The Department has submitted comments opposing federal regulations and other policy changes that are an affront to our gender equity and health equity values. Most recently, the Department and the New York City Human Rights Commission published an op-ed in Gay City News on the Trump Administration’s plans to change federal civil rights law to define sex as based on biological traits identifiable by or before birth. I’ve include a copy of this op-ed with my testimony today. If this policy is adopted, the TGNC community will
face government-sanctioned discrimination. And as New Yorkers we must fight back. At the Department, we continue to work with the community to improve our services, reduce stigma, increase access to health care and promote the health of all TGNC New Yorkers. I want to thank Chairs Rivera and Levine for holding this hearing today. I am proud to be your partner in this work.