

Correctional Health Services

Testimony to the New York City Council Committee on Criminal Justice and Committee on Women and Gender Equity

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January 25, 2023, Oversight – The TGNCNBI Task Force Report Update and TGNCNBI Individuals in Rikers

Good morning Chairs Rivera and Cabán and members of the Committees on Criminal Justice and Women and Gender Equity. I am Jeanette Merrill, Director of Communications and Intergovernmental Affairs for NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I appreciate the opportunity to testify at today’s hearing about the Transgender, Gender Non-Conforming, Non-Binary, and Intersex (TGNCNBI) Task Force report and associated legislation. My testimony will provide an overview of the medical, mental health, and reentry services CHS provides to the TGNCNBI individuals in our care.

At CHS, we are unequivocal in our belief that all people in the city’s custody have a right to gender-affirming health care provided in a respectful and dignified manner. We know that many of our TGNCNBI patients have experienced adversity when accessing and receiving health care in the community, and we view every jail-based clinical encounter as an opportunity to provide the high-quality, affirming care our patients deserve. We also recognize that there are opportunities to improve, expand, and enhance our services for TGNCNBI individuals, and this work is ongoing throughout our services.

Transgender Care Policies

Shortly after becoming the independent health care provider in the city’s jails as a new division of NYC Health + Hospitals, CHS began updating our transgender care policies and procedures, using community, national, and international standards to promote gender-affirming care. We established a workgroup to ensure access to gender affirming treatment and to reduce barriers to care for our transgender patients. This includes building capacity to prescribe hormones within the service, so patients do not have to seek care from offsite specialists, and ensuring that mental health involvement focuses on supporting an individual’s treatment and care.

The current transgender care policy and its associated care templates incorporate guidance from the World Professional Association for Transgender Health; Fenway Health; and the University of California, San Francisco’s Gender-Affirming Health Program. Guidance such as these help to advise our clinicians on how to appropriately counsel and care for transgender patients – starting from the new admission process.

Health Services

As part of the medical intake, CHS clinicians ask all patients about their gender identity, as well as their preferred names and pronouns. The information is documented in the electronic health

record in order to inform the patient's clinical care, which may include the initiation or maintenance of hormone therapy. Like all of our patients, TGNCNBI individuals receive individualized medical and mental health services while in our care. Patients who identify as TGNCNBI during the new admission process, or during subsequent clinical encounters, are reviewed by our physician-leader for gender-affirming care, who may refer these individuals to CHS' special populations care team.

Interdisciplinary Care Team

While CHS has worked to build transgender care capacity within our primary care workforce and throughout all clinical and non-clinical disciplines, we have also recognized the need for more specialized services for our transgender patients. We recently established an interdisciplinary team of caseworkers, social workers, and physicians to provide additional in-jail support, discharge-planning services, and post-release follow up for vulnerable populations, including transgender individuals. This team conducts regular case conferencing in order to discuss and coordinate the care of these patients, who have unique clinical needs. This team is also in regular communication with the Department of Correction's LGBTQ+ Affairs Unit.

Transgender patients who are interested in pursuing gender-affirming surgery would likely be referred to this interdisciplinary team. As a part of NYC Health + Hospitals, CHS works to support, on an individual level, gender-affirming surgeries within the system. Because the challenges in accessing gender-affirming surgery in the community are compounded by the challenges of providing care in a carceral setting – particularly the unpredictable length of stay in pretrial detention – these surgeries may not occur as timely as our patients or our providers would like. We will continue to work diligently with our Health + Hospitals community partners and with the Department to ensure expeditious access to these surgeries.

Reentry Services

In addition to the medical and mental health needs of our patients, reentry services prove crucial to our patients' wellbeing. Starting at intake, CHS' re-entry and transitional services team helps patients plan for a successful return to the community. For TGNCNBI patients, this may include referrals to NYC Health + Hospital's Pride Health Centers and to other community-based organizations that specialize in serving this population. Transgender patients under the care of our mental health service receive additional discharge planning services, and patients under the care of our special populations care team will receive follow-up phone calls. We are actively working to develop more comprehensive, specialized reentry services for this population – especially since, in 2022, more than 38 percent of our TGNCNBI patients reported being homeless before incarceration or not having a place to go after jail.

Intro 355

I will now turn to the legislation. Intro 355 would permit incarcerated individuals in city jails to choose the gender of their doctor. We appreciate that patients need to feel comfortable with their health care providers, and for many individuals, their comfort is dependent on being treated by a doctor of the same gender – especially when receiving reproductive and sexual health services. Building trust between patients and providers is incredibly important – and proves particularly challenging in a carceral setting.

Access to health care in jail can, simultaneously, be more critical and more challenging. CHS works to accommodate patients who feel uncomfortable or dissatisfied with their health care providers, for whatever reason. Patients can contact CHS' Patient Relations department to file a

complaint or to seek a second opinion, and they can call our Health Triage Line to speak directly with a nurse about any health care concern.

However, we also should not create unrealistic expectations in the jail environment where health services run 24 hours a day, 7 days a week, and where certain evaluations occur at unpredictable times, such as injury evaluations or emergencies. It is not feasible, and may not even be possible, to staff each service in all of our clinics and therapeutic housing areas with female, male, and non-binary physicians at all times. We remain committed to supporting our patients through the provision of appropriate and timely care, just as we remain committed to recruiting a diverse workforce. However, it would be unfortunate for a patient to experience a delay in care or to forgo care because of a requirement for a provider of a particular gender who may not be available.

Before closing, I would like to thank the Task Force for the significant time and energy they have invested in creating the report. We look forward to continuing our work with them, particularly as we develop more educational materials for our TGNCNBI patients. I would also like to thank CHS' nurses, doctors, social workers, and other health professionals who care for our TGNCNBI patients. We are fortunate to have such dedicated clinicians to help us expand and improve our services.