Meeting Minutes
NEEDS ASSESSMENT COMMITTEE
Jennifer Irwin, Chair

August 3, 2009
Cicatelli, 505 Eighth Avenue, Sky Blue Room
10:00 am – 12:00 pm

Members Present: Guillermo Garcia-Goldwyn, Jennifer Irwin, Rosemary Lopez, Don McVinney, Freddy Molano, MD, Jan Carl Park, Glen Phillip, Roberta Scheinmann (alt. for Mary Ann Chiasson, DrPH), Ricardo Vanegas-Plata, DDS

Members Absent: Angela Aidala, PhD, Lee Hildebrand, DSW, Rebecca Kim, Julie Lehane, PhD, Frank Machlica, Kate Sapadin, PhD, Robert Steptoe

NYC DOHMH Staff Present: Paul Kobrak, PhD, Rafael Molina, Nina Rothschild, DrPH, Anthony Santella, DrPH, Jessica Wahlstrom

Public Health Solutions Staff Present: Derek Coursen

Others Present: Patrick Hennessy, Nathan Levitt, Mallory Marcus, Bali White

Material Distributed:

- Agenda
- Minutes from the NA Committee Meeting on June 24th
- Presentation by Nathan Levitt of Callen-Lorde on HIV/AIDS and Transgender Health
- Presentation by Dr. Paul Kobrak of DOHMH on Transgender Women and HIV Prevention in New York City
- Summaries of Presentations on Transgender Populations and Recommendations for Meeting the Needs of TG-Identified Individuals Living with HIV
- NA Committee Meeting Evaluation Form

Welcome/Introductions/Moment of Silence: Jennifer Irwin welcomed everyone. Members introduced themselves. Guillermo Garcia-Goldwyn led the moment of silence.

Review of the Minutes: The minutes from the June 24th meeting were accepted by all present with no objections or abstentions.

Review of the Contents of the Meeting Packet: Nina Rothschild reviewed the contents of the meeting packet.

Overview of Work on Transgender Populations: Ms. Irwin provided a brief summary of the Committee's work on transgender populations to date, noting that the purpose is to make recommendations to the Planning Council's Integration of Care Committee on meeting the needs of transgender-identified HIV-positive individuals.

Transgender Populations: Nathan Levitt of the Callen-Lorde Community Health Center presented on HIV/AIDS and transgender health, focusing on obstacles to health care and HIV risk factors for trans individuals as well as strategies to diminish the likelihood of acquiring or transmitting infection. A copy of the presentation is available on the Planning Council website at nyhiv.org.

- Included among the obstacles to health care are medical marginalization and ostracism (lack of understanding of and familiarity with trans health issues among health professionals, transphobia), lack of insurance, unsafe practices for injecting silicone and hormones, insufficient knowledge about HIV, intolerance, and inadequate screening for health problems.
- Included among the risks for HIV infection are stigma, low self esteem, avoidance of the care and treatment system, drug use, violence, high risk sex including survival sex, and insufficient or inappropriate prevention interventions. TG individuals may, moreover, feel tremendous gratitude toward someone who recognizes and acknowledges their new identity and may be more willing to engage in unprotected sex.
- Other obstacles confronting TG individuals include complicated situations regarding health insurance. Insurers may not cover some procedures on someone who is a biological member of one sex but identifies with a different gender – e.g., a Pap test for a female-to-male TG. TG individuals also may not want insurance companies to know that they are TG because they fear that health insurance companies will deny coverage, saying that any health problems encountered are because of hormones.
- Information on male-to-female transgender individuals is lacking: surveillance data are not routinely collected, and only a small number of studies include information on this population.
- Strategies for diminishing risk and reducing the likelihood of acquiring/transmitting infection, include hormonal therapy, safer sex instructions including condom use, and HIV care and medication

compliance; greater tolerance for and awareness of this population so that services and strategies designed for other populations are not inappropriately and unsuccessfully provided to TG individuals; staff training; and trans-specific approaches to enhance the likelihood of alteration of individual and group behavior.

During the discussion, Dr. Freddy Molano noted that some TG individuals don't want a swab test for gonorrhea and chlamydia and would prefer a urine screen. A urine screen, however, is much more expensive. Clinicians and medical students are not trained on these issues and may not easily understand why a TG individual may be uncomfortable with a swab or with other procedures that feel invasive. Nina Rothschild asked whether some children who are born intersex (i.e., with features of both sexes) transition to the opposite gender as they grow up. Information in response to this question may be available from the Intersex Society of North America at www.ISNA.org.

NYC DOHMH Transgender Study Findings: Dr. Paul Kobrak of the NYC DOHMH presented a study he conducted with Bali White on transgender women and HIV prevention in New York City. The study included forty-five commercial sex workers who were interviewed to obtain qualitative and quantitative data. All but two of the interviewees were of African or Latin American descent. A copy of the presentation is available on the Planning Council website at nyhiv.org. He noted several points:

- The impetus behind the transition from one gender to another included a long-term desire to be a woman, a desire to enhance income derived from sex work, a wish to feel attractive to men, and a reaction to discrimination experienced as a gay or effeminate male.
- Some TG individuals engage in sex work not only for the enhanced income but also because of the sense of autonomy and independence it provides, the social opportunities to interact with other individuals engaged in similar behavior, a sense of validation and pleasure in being acknowledged as a woman, and a desire to be viewed as a sex object by men.
- Factors enhancing the risk that these TG commercial sex workers will acquire HIV include failure to use condoms (particularly if the individual is offered more money for condom-less sex), loneliness and a desire for social and sexual acceptance, a sense of passivity and acquiescence (associated in their minds with being female), drug use, mental health issues, risky partners, and risky injection practices.
- Potential interventions for TG individuals include enhanced and more sensitive surveillance (for example, asking about birth sex and gender identity), closer attention to STI rates in this population because members are particularly vulnerable to infections, prevention literature tailored to this population, involvement of TG women and couples in campaigns to shift behavior, financial coverage for hormonal treatments,

technical assistance/capacity building for medical and social service providers and training for law enforcement officers, peer education, establishment of one or more community centers, a resource directory, an enhanced emphasis on prevention with positives, support for entry and maintenance in care as well as partner notification, and other forms of support including legal assistance with TG-related issues and education and job training for alternative sources of income.

- TG individuals sometimes confront substantial issues around disclosure because some face hostility when their identity becomes known. This may affect partner notification following HIV diagnosis.
- Although a lot of the TG women numb themselves with drugs, a lot do not – they may wish to remain alert in case they are attacked.
- A number of the men who patronize male-to-female sex workers want to be anally penetrated.

During the discussion, Nina Rothschild noted that the transgendered women who are commercial sex workers and are included in Dr. Kobrak's study appear to be relatively autonomous and working without the pimps with which sex workers are stereotypically associated. Dr. Kobrak responded by stating that in fact relatively few female sex workers are actually controlled by pimps; the stereotype of the sex worker in thrall to the pimp is no longer really accurate, except possibly among young girls.

Committee members noted that one-third of the TG women in Dr. Kobrak's study are HIV-infected and asked whether releasing this kind of information will trigger more violence against them, but Dr. Kobrak responded that his study is geared more to providers than to the general public, and the information generated is not likely, for example, to become part of a public information campaign on the subways.

Draft Recommendations for Transgender Populations:

Committee members discussed the recommendations drafted by Jessica Wahlstrom, agreeing on several points:

- A recommendation should be added that providers working with TG populations should use urine testing for gonorrhea and chlamydia because it is less invasive than a swab.
- The recommendations are somewhat broad-brush, and we want to be careful about making recommendations that are really more relevant for prevention than for treatment and care of already-infected individuals; we can do prevention with positives but really cannot use our HRSA grant dollars for prevention for uninfected persons.

Dr. Santella noted that the Care, Treatment, and Housing Program in the Bureau of HIV/AIDS Prevention and Control, through the Care Coordination

initiative, will implement training for providers on working with the transgender population. He also told the Committee that they would receive the final Transgender Program Recommendations via email and that the recommendations would be presented to the IOC in the fall, when the Planning Council returns from summer recess.

Evaluation: Committee members completed forms evaluating the Needs Assessment Committee process during the 2008-9 community planning year.

Conclusion: Ms. Irwin thanked Committee members, commending them on their attendance and participation, and thanked DOHMH staff for bringing in excellent presenters. Dr. Santella thanked Ms. Irwin for her leadership of the Committee and her dedication to the work of the Planning Council as a whole.