

**Proposal for Expansion of Syringe Exchange Program Waiver: Walkabout on the Lower West Side**

**Lower East Side Harm Reduction Center**

This document outlines the need for expansion of the Lower East Side Harm Reduction Center (LESHRC) Syringe Exchange Program (SEP) waiver based on the shifting social networks of transgender individuals who inject hormones on the Lower West Side of Manhattan. This need is demonstrated through a community assessment of participants served by LESHRC's Walkabout and Peer Delivered Syringe Exchange Programs. The requested amendment will allow LESHRC to increase transgender sex workers' access to syringe exchange, HIV and Hepatitis C testing, and health care coordination services. This much needed revision of the LESHRC SEP waiver will lead to positive health outcomes for participants served as well as the larger community of Lower Manhattan.

Current SEP Waiver & Proposed Changes

LESHRC is currently authorized to offer walkabout syringe exchange services in the Lower West Side of Manhattan within the following boundaries:

***Washington Street between Gansevoort and West 13<sup>th</sup> Street***

***Friday: PM – 9:30 PM (Winter Hours)***

***Friday 7 PM – 11 PM (Summer Hours)***

While LESHRC has a long history of serving transgender sex workers who frequented the Meatpacking District of the Lower West Side, socio-economic changes in the neighborhood have dispersed and shifted participants' social networks further south within the 10014 zip code. Following a community assessment, LESHRC has identified the need to amend our walkabout syringe exchange waiver to include the following boundaries:

***14<sup>th</sup> Street to the North, West Sideway Highway to the West, 6<sup>th</sup> Avenue to the East and Canal Street to the South. Friday: 8 pm – 11 PM***

Participants' social networks have primarily coalesced around the commercial corridor of Christopher Street from 7<sup>th</sup> avenue to the West Side Highway. Participants are also often encountered in outlying areas within the 10014 zip code. The proposed amendment would enable the LESHRC outreach team to more effectively reach and serve a transient, vulnerable population with specialized needs related to injection of hormones, sex work, substance use, violence, health care and mental health.

Revision of times of service delivery is intended to reconcile the differences between summer and winter hours; from outreach workers' experience, there is no substantial difference between summer and winter that would require a different time for walkabout syringe exchange services.

The Meatpacking District & Christopher Street: Shifting Social Networks

As reflected in the current SEP waiver, LESHRC provides walkabout syringe exchange services within a small three block radius on the Lower West Side of Manhattan known as the Meatpacking District. While the Meatpacking District was once heavily frequented by sex workers of transgender experience and their clientele, due to socio-economic developments and increased policing this area is no longer conducive to effectively perform outreach to the target communities served by LESHRC.

From LESHRC staff members' experience conducting outreach in the West Side in more recent years, the majority of participants served congregate in higher concentrations further south of the Meatpacking District, primarily in the following areas: 6<sup>th</sup> Avenue between West 4<sup>th</sup> and 3<sup>rd</sup> Streets, Christopher Street and 7<sup>th</sup> Avenue, along the Christopher Street commercial corridor, and on the West Side Highway. These areas draw communities at risk of HIV and drug related harm, including LGBT individuals, homeless youth, transgender individuals and sex workers.

Cultural landmarks of the LGBT community, such as the Stonewall Inn, LGBT bars, clubs, and businesses, and the Christopher Street Pier, which has long been a safe haven for homeless LGBT youth, make these spaces attractive to participants served by LESHRC. Within this neighborhood participants not only find clients for sex work, but also networks of support, friendship and community among individuals who share struggles of homelessness, poverty, violence, living with HIV/AIDS, substance use and difficulties related to transitioning gender.

According to 2010 New York City Department of Health HIV surveillance data, the Greenwich Village to Soho United Hospital Fund neighborhood block, comprised of the 10012, 10013, and 10014 zip codes, carries a disproportionately high burden of HIV incidence compared to other parts of New York, particularly among transgender individuals (NYC DOHMH 2014). Within this neighborhood block, the 10014 zip code is the primary area within which LESHRC conducts outreach. However, LESHRC's "walkabout" model of service delivery, wherein an expansive area is covered using a roving street based method of outreach, is effective given the transient nature of the communities served.

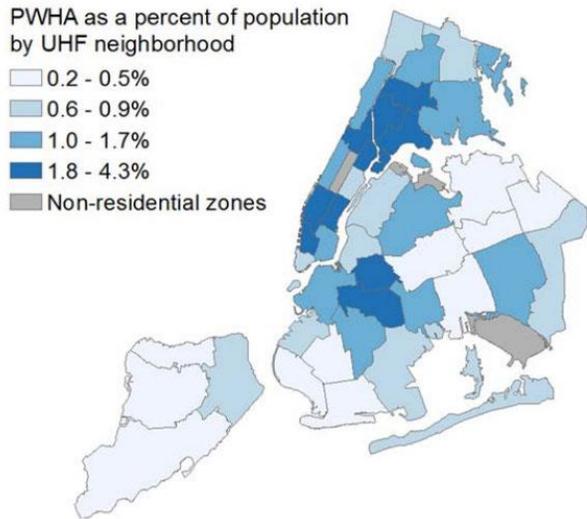
Until the LESHRC SEP waiver is amended to include these areas, Peer Delivered Syringe Exchange (PDSE) Workers of transgender experience, authorized by the NYS DOH to provide syringe exchange services without geographical boundaries, have been critical in covering gaps of service provision. In addition, peers were pivotal in conducting a community assessment to identify the special needs of individuals served on the Lower West Side, and to substantiate the need for expansion of walkabout SEP services within these areas.



Proposal for Expansion of Syringe Exchange Program Waiver: Walkabout on the Lower West Side  
 Lower East Side Harm Reduction Center

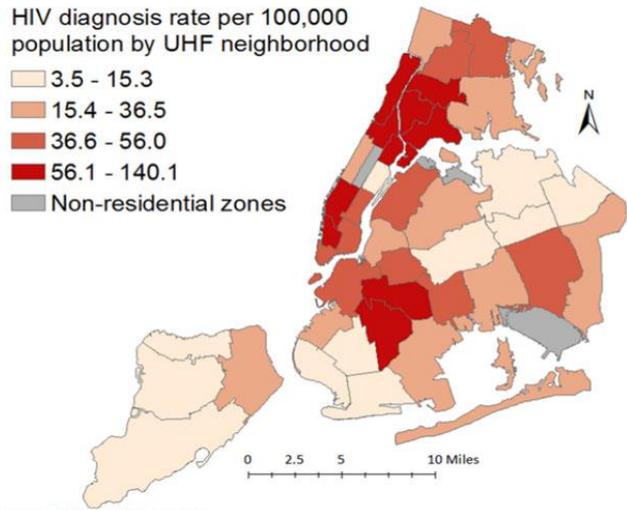
**HIV Surveillance Data**

Map of HIV Prevalence in New York City, 2010.



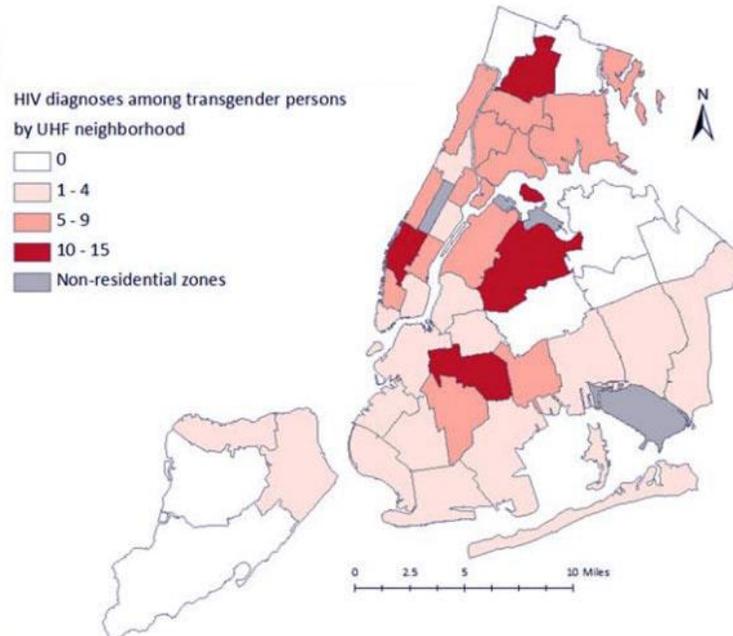
Source: NYC surveillance data.

Map of HIV Diagnosis Rates in New York City, 2010.



Source: HIV surveillance data.

HIV Diagnoses among transgender persons, 2006-2010.



Source: NYC surveillance data.

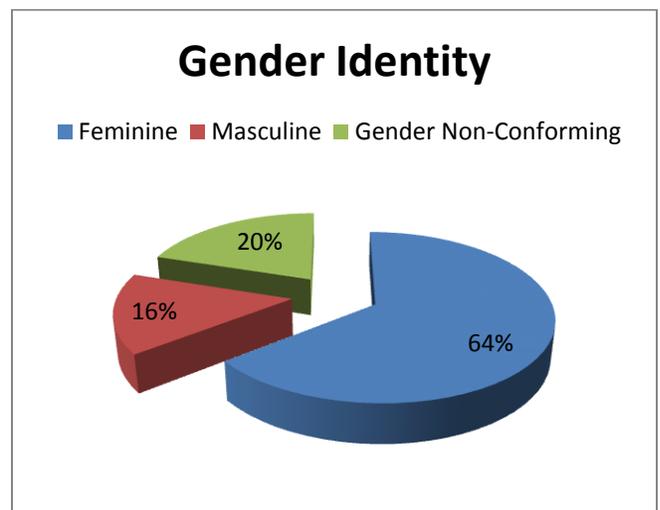
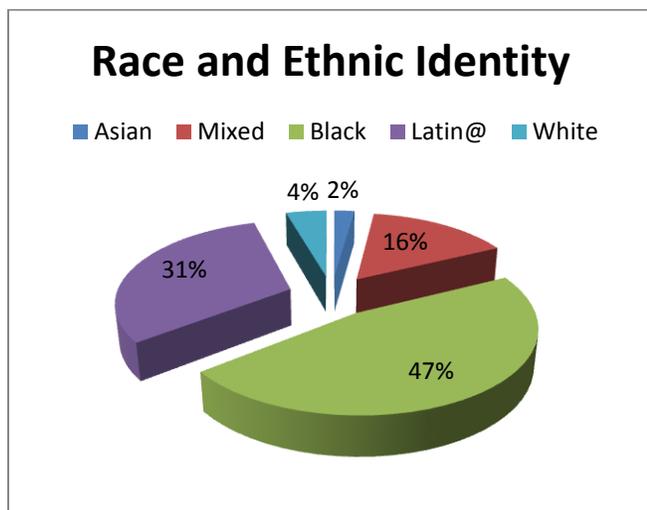
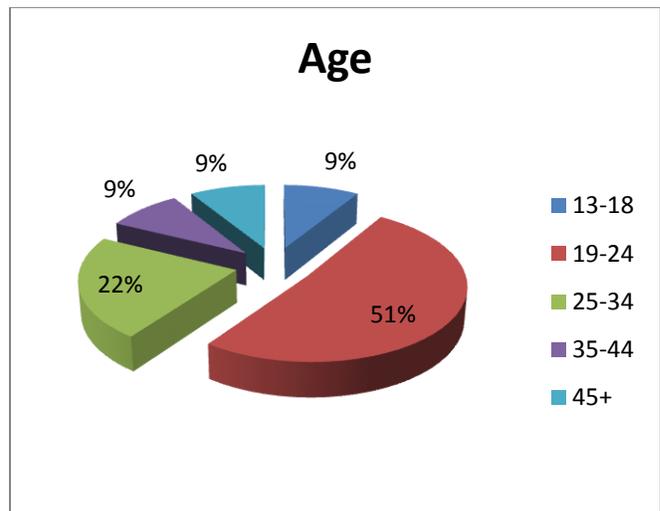
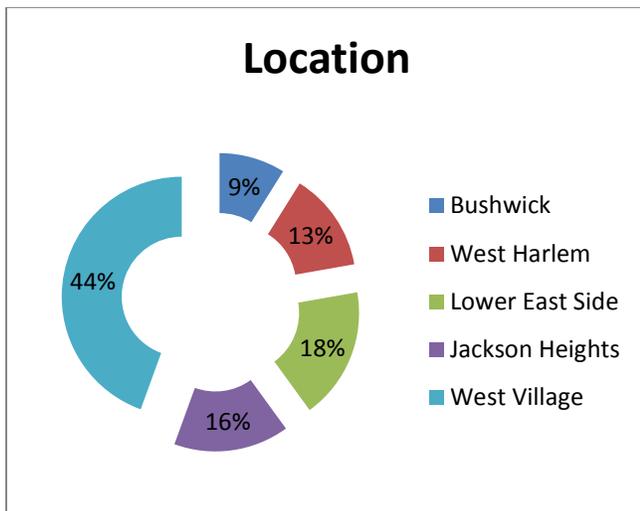
Proposal for Expansion of Syringe Exchange Program Waiver: Walkabout on the Lower West Side Lower East Side Harm Reduction Center

Injectors with Special Needs: Transgender Sex Workers

The following community assessment was conducted by LESHRC staff and PDSE workers of transgender experience. The survey was developed through the collaborative efforts of staff and peers, many of who had personal experience of homelessness, sex work, and gender transition. Several peers had personally benefitted from the services received at LESHRC prior to joining staff as PDSE workers.

The survey was conducted between June 2013 to September 2013 within different contexts, including outreach on the Lower West Side and in other areas served by PDSE workers, such as Jackson Heights, Queens, Bushwick, Brooklyn, parts of the South Bronx, special events catering to the transgender community known as Ball and Kiki functions, as well as at the LESHRC storefront location on 25 Allen Street. 45 unique participants were surveyed in total, offering a wide cross section of transgender participants served by LESHRC whose experiences resonate with findings of other research conducted on the harm reduction needs of the transgender community (Kobrak 2010).

**Demographics:**

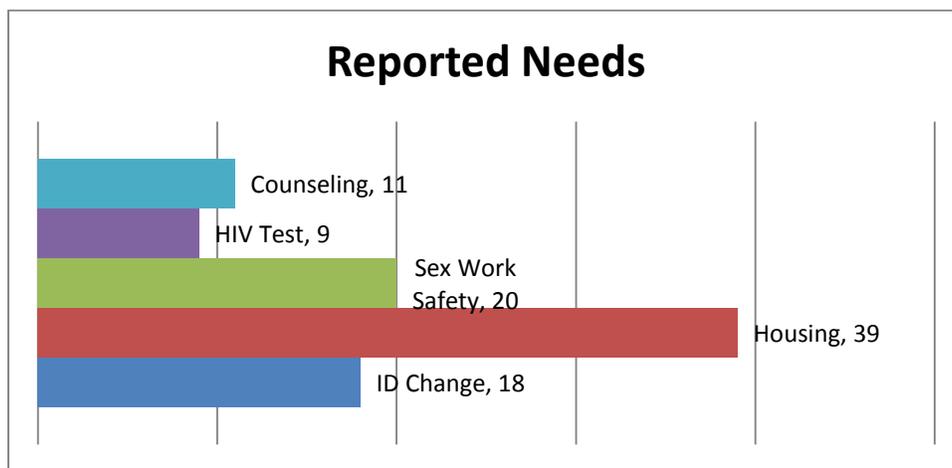
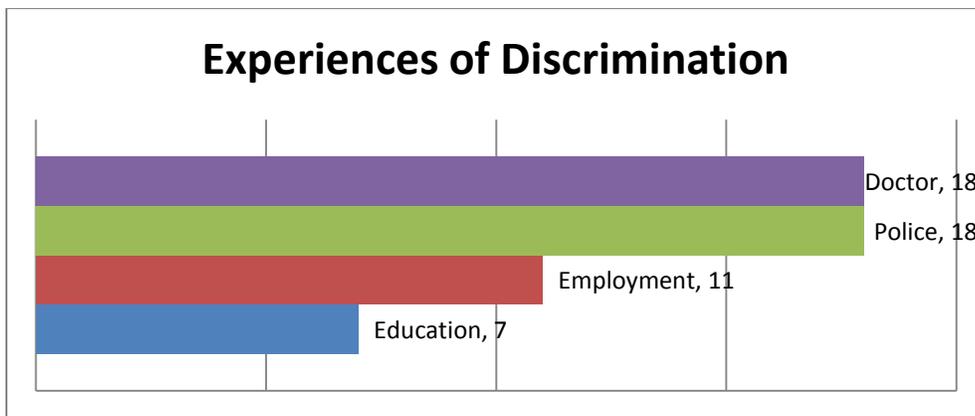


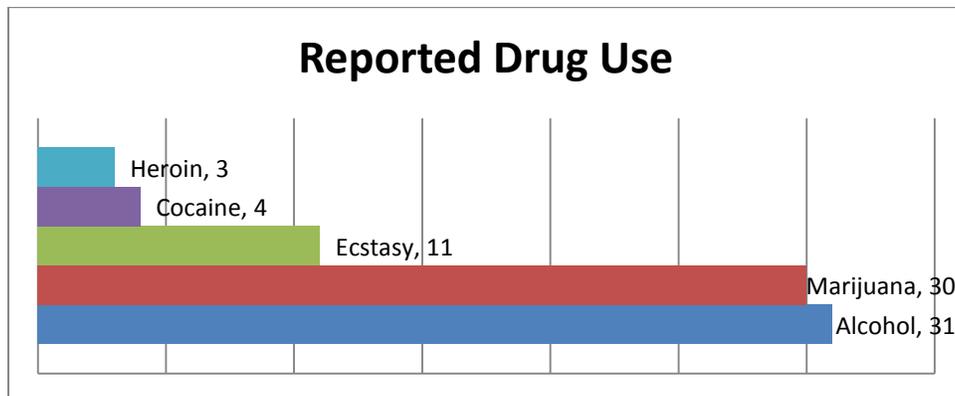
Proposal for Expansion of Syringe Exchange Program Waiver: Walkabout on the Lower West Side Lower East Side Harm Reduction Center

The transgender individuals who participated in the survey are representative of the SEP participants served on the Lower West Side of Manhattan. Over half of participants surveyed were 24 years old or under and over three quarters of participants were people of color. The risk of HIV and drug related harm is further compounded by the added dimension of gender identity. In terms of gender the majority of participants described themselves as feminine, with the remaining being split between masculine and gender non-conforming.

Gender is a salient factor in understanding, building rapport, and better meeting the needs of this community. Transgender woman are typically defined as individuals born male who are living as women or transitioning to become women. In terms of engagement, it is important for outreach workers to be especially sensitive to questions of gender. Many of the participants surveyed had a long standing identity as female or desire to live as a woman, reporting that they were “born cunt,” for example. Such individuals were offended if outreach workers addressed them as transgender rather than women, which speaks to elements of “stealth” culture, wherein a person of transgender experience is imperceptibly performing their gender identity.

*Experiences, Needs & Substance Use:*





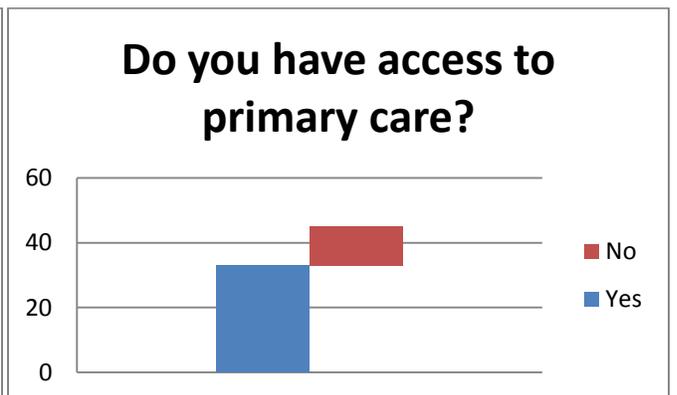
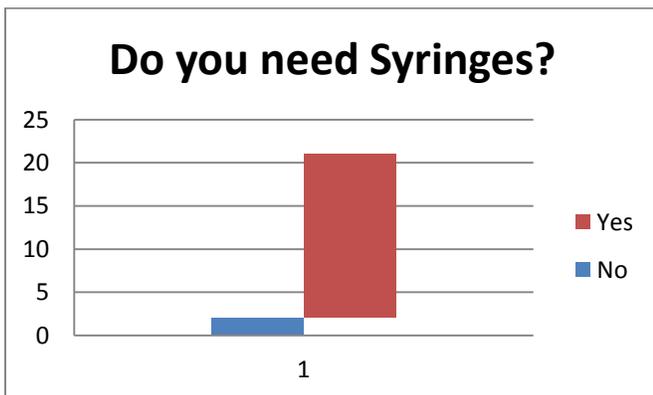
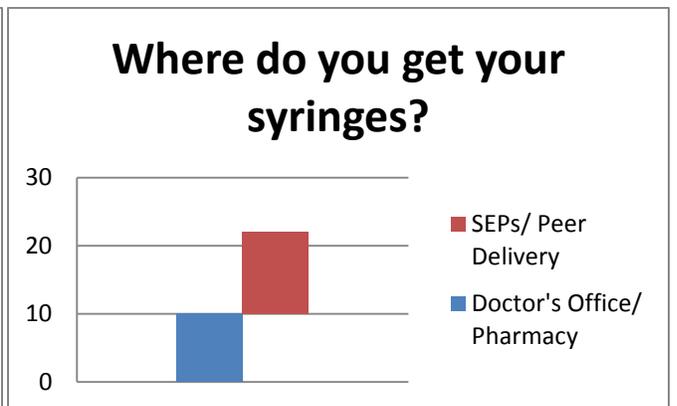
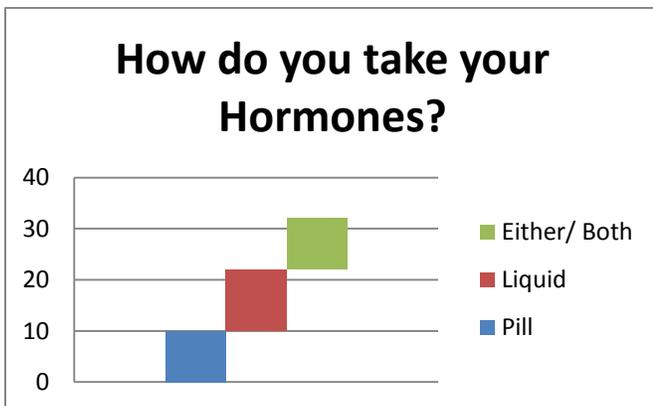
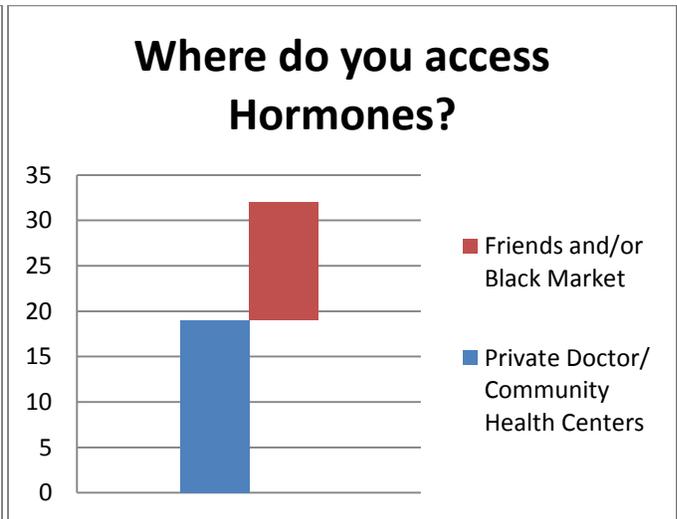
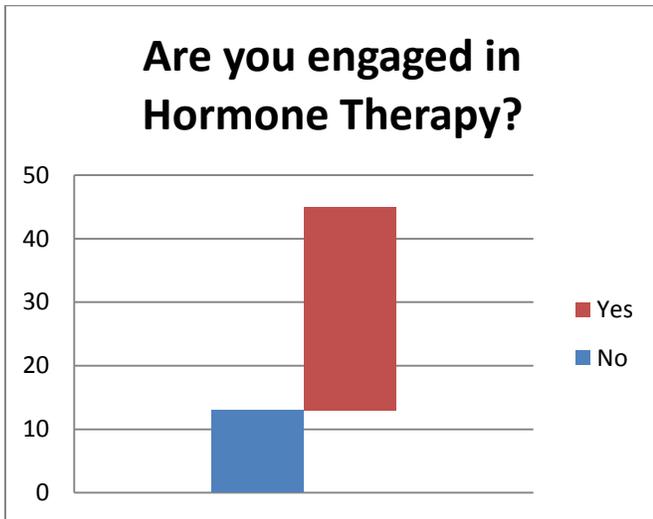
Experiences of discrimination and violence were high among the participants surveyed. Many of the participants were either street homeless or marginally housed, staying at friends' houses and LGBT-specific or women's shelters. Homelessness among transgender individuals as well as much of the LGBT youth served on outreach was often due to being rejected by family members for their gender and sexuality, leading to being kicked out of their home or running away from home. In addition to early experiences of physical and emotional violence, participants described high rates of discrimination through other means.

Participants described encounters with law enforcement, including being profiled for being a transgender person of color, being stopped and frisked, having their condoms confiscated by police, and being disrespected for their gender identity by police. Participants described institutional and peer group discrimination within educational settings which led to their dropping out of high school. Some of these participants finished their GED at LGBT-specific organizations, while others planned to do so in the future. Many participants described high rates of discrimination within job settings, which precluded traditional forms of employment. While certain sectors of work, such as retail and beautification industries were more open to transgender individuals, nearly half of participants surveyed relied on sex work to address their basic survival needs because of unemployment or underemployment. Of particular note to LESHRC's health care coordination services, nearly half of participants described discrimination by health care providers, which led to a lack of having a primary medical provider, or an under-utilization of preventative medical services due to concerns around judgment and stigma.

Sex work is large facet of transgender participants' experiences. Participants described sex work as important not only in gaining money and resources, but also in relation to recognition of their femininity and sexual desirability by the men who admire them. Sex work puts transgender women at significant risk of HIV infection. Not only are their partners at high risk of HIV and/or living with HIV, sex workers are routinely offered more money for sex without condoms. Alternatively, many women forego use of condoms with good-looking men, men who show them affection, or men offering to be in a relationship with them. Sex work is a complex, nuanced phenomenon among the transgender community. In addition to the risks, many participants experience sex work as lucrative, offering autonomy, and allowing for disposable income to fund the high cost of living as a transgender women with an emphasis on looking good and being "cunt" or "stealth" (Kobrak 2010). In addition to these factors, many participants described a strong support network amongst each other forged through surviving the streets together.

Participants described substance use as a major factor of their lives. While most participants described using primarily alcohol and marijuana, many used party drugs such as ecstasy ("Molly") and a small proportion were users of cocaine and heroin. Issues underlying substance use include recreation, social use, coping with depression, issues of self-esteem and self-efficacy, and mental health (Kobrak 2010). In particular, many participants described using substances prior to performing sex work, to cope with or desensitize feelings associated with their sexual activities.

*Hormones, Syringe Access & Access to Healthcare:*



Some of the most salient questions for transgender participants served on outreach are related to hormone therapy for gender transition, particularly syringe use for hormone injections. 32 participants surveyed were actively

## Proposal for Expansion of Syringe Exchange Program Waiver: Walkabout on the Lower West Side Lower East Side Harm Reduction Center

using hormones. Among these individuals, 19 participants' hormone therapy was medically supervised because they accessed hormones through their primary care providers at various community health centers and hospitals.

13 participants accessed their hormones through friends and/or the black market. Among participants served on outreach, a "do it yourself" approach to hormone therapy is popular, but potentially harmful, since there is no way to verify what the substance is or its quality, leading to irregular use of hormones, overdosing of hormones to speed up feminization, and adverse and undesirable side effects (Kobrak 2010). In addition, a small number of participants reported using silicone injections from non-medical providers, often leading to toxic reactions and undesirable side effects.

Among participants who receive hormones in liquid form, requiring injection, rather than pill form, more than half received their syringes through SEP programs, particularly peer delivered syringe exchange, while the rest acquired them from either their doctor's office or pharmacy. Injection risks in terms of sharing needles were low; however, reports of sharing bottles and other injection equipment were reported, which presents risks related to transmission of HIV and Hepatitis C. 19 participants described a need for syringe exchange at the time of being surveyed.

While a good number of participants reported having connection to medical care, many of them still had questions about hormone therapy, or were dissatisfied with their experience of medical care. Many participants described the difficulty of getting health insurance to cover hormone therapy without a female gender marker on their identification, and had questions about how to change their gender identity on government documents, and other case management needs.

### Conclusion: Need for Expansion of SEP Services in the Lower West Side

Given the confluence of systemic and bio-psycho-social factors influencing transgender individuals' lives, this community is at disproportionately higher risk of HIV, Hepatitis C, substance use, and other harms. LESHRC is uniquely positioned to serve transgender participants' special needs. Using a non-judgmental low threshold model of engagement and delivery of services through peer educators who are a part of this community, LESHRC is able to build rapport with this underserved community, and facilitate connection not only to syringe exchange and harm reduction services but much more. In particular, needs related to sex work safety, primary health care in general, and more specifically health care related to gender transition, are much needed services that can facilitate better health outcomes for transgender participants.

LESHRC's longstanding history of working with active drug users has greatly benefited the Lower East Side community, connecting individuals to drug treatment, on-site mental health and medical services, and a safe place to be during the day. Similarly, an expansion of LESHRC's work in the West Village would reduce the spread of HIV and Hepatitis C in the West Village area, by providing much needed harm reduction services to homeless LGBT youth, sex workers, and transgender individuals in need of syringe exchange for hormone injections. In the service delivery model used by LESHRC, syringe exchange is not only a life-saving public health necessity, but a bridge into services that stabilizes lives and supports people to make much-needed life changes.

Works Cited

Kobrak, P. (2010). *Transgender Women and HIV Prevention in New York City: A Needs Assessment*. [Powerpoint Slides]. Retrieved from <http://www.nyhiv.org/pdfs/Paul%20Kobrak%20TG%20Presentation.pdf>

New York City Department of Health & Mental Hygiene (2013). *HIV Surveillance Annual Report, 2012*. [Powerpoint Slides]. Retrieved from <http://www.nyc.gov/html/doh/downloads/pdf/dires/surveillance-report-dec-2013.pdf>