

Questions for May 6, 2026 TGNCNBI Taskforce Meeting

Meeting Notes

Attendees: Ethan Lo (LAS), Camila Rueda-Labrador (LAS), Nicole Levy (CHS), Valerie Greisokh (DOC), Alberto Santus (DOC), Rachel Golden (Golden Psychology), Dori Lewis (LAS)

DOC, CHS, and BOC:

- Any updates and changes in policies and practices since the new administration?
 - Nicole: No changes
 - Chelsea: No changes. OCA updated their securing order but there's no changes to our practices.
 - Dori: Is there any training on the change to the securing order and what the securing order mean?
 - Chelsea: Our policy is that if the securing order says anything about the person being TGNCNBI then they need to go through a process. The change in securing order doesn't change our practice or policy and merely clarify things. Our staff already have trainings on such practice and policy. OCA didn't give us heads up when they issued the securing order update.
 - Dori: If someone has an X marker, then they go to Rosies?
 - Chelsea: If someone has X on the securing order, that is not the same as having an X on a drivers license, but it's an indication that they have an identity that would put them at RMSC for initial processing.
 - Camila: X is not gender marker of many trans women so that's misgendering and discriminatory. Can you explain this?
 - Chelsea: X on the securing order is not treated as a gender marker – for us it's not like we're recording X as their gender identity on our end – it is a piece of information telling us that someone should undergo the specialize housing process. We do not consider the marker on the securing order someone's gender identity.

DOC and CHS:

- Will RMSC be affected by the closure of NIC? Is there a plan for RMSC to absorb the closure?

- Chelsea: Most people have already been transferred out of NIC and are being distributed throughout the facilities, not necessarily going towards RESH annex. I don't know the super specific plan for some housing areas. To my understanding, it's being absorbed overall Rikers. The initial concerns when RESH annex opened was around impact to operations, and part of that is because that happened very quickly. Even in cases with more men going into RESH annex, it wouldn't cause the same issues again.
- Natalie: During that move, women at RMSC lost access to programs and spaces such as libraries, which were given to the men who moved in. Is that still happening?
- Chelsea: We re-opened things that were closed and to the extent the absorption impacts anything, it's more department-wide and not specific to RMSC.
- Valerie: To confirm, programs are available to everyone now and so is library access.
- Chelsea: I don't want anyone to be concerned and under the impression that NIC people are moving into RESH annex. Last time that was an emergency situation, and we've learned lessons since then. The closure is being absorbed department-wide.
- Natalie: Regarding the programs, is there any plan to close or freeze the programs to absorb NIC?
- Valerie: We've actually opened a new library and there's no plan to close it off or limit it.
- Chelsea: I want to emphasize we would not have closed NIC if we thought there would be a security or operational issue, or if it would take away programming or services for certain populations. This has been a phased and deliberate approach.
- Natalie: This has happened in the past – RESH was planned and it wasn't an emergency so we wanted assurance that won't happen again.

CHS:

- Do people in DOC custody receive gender affirming surgeries? What are the current challenges to providing such surgeries?
 - Nicole: We encourage those interested in gender-affirming surgery to talk to CHS. We work to connect people with off-site providers but there are various

challenges such as court and trial schedule conflicts, difficulties with escorting arrangements, the need for security presence, and meeting recovery needs.

- Rachel: What are the gender-affirming surgeries that people have access to? Or do you just provide information?
- Nicole: There's a list of services that H&H provides.
- Rachel: How many people have completed surgeries so far?
- Nicole: I can't speak to that.
- Rachel: Have you had people getting gender-affirming surgery?
- Nicole: I can't answer that question right now either.
- Rachel: I know that H&H provides gender-affirming surgeries. It's clear that when people come in with a surgery date they have previously scheduled for, they are told that they cannot go to the surgery that was planned pre-incarceration. Is it still the case that people who come in with a surgery date can't have that surgery or is Riker now able to provide appropriate after care so they could get those surgeries?
- Nicole: My general understanding is that we would work with outside specialists on such surgeries.
- Rachel: We know people have pre-scheduled surgeries before incarceration and are told that they cannot get to those appointments for various reasons. Sometimes they are told that they will eventually get the surgeries in DOCCS, but that is not accurate as there are many forms of surgeries that people can't access in DOCCS. My question is, is this access to gender-affirming surgeries just theoretical? Or are people on Rikers actually getting access to gender-affirming surgeries that they are seeking? Is this problem solved? We have tried to work on this issue and got Rikers connected with H&H to have conversations to make access happen.
- Nicole: I can only speak in the theoretical as I can't speak to specific instances – I could only address issues on a case-by-case basis.
- Rachel: But I don't need to know someone's private health information. We do need to know whether these surgeries are actually happening. We've also heard in the past that the reason why people don't get surgeries is because jail time is short, but we've seen people in Rikers for six years.
- Nicole: I'll try my best to get the answers.

- Dori: If you can get that information about surgery access, can you break it down by types of surgeries? For example, top surgeries, bottom surgeries, so we can know how to tell clients about what is actually available?
- Nicole: We can't stratify this information, but we can speak more generally about whether the surgeries are happening.
- Natalie: Is surgical aftercare provided while someone is in custody? Are you capable of providing it?
- Nicole: CHS provides clinically appropriate care as needed.
- Nicole: (Looking at H&H's website) Bottom surgery is likely not happening at H&H.
- Rachel: Are you saying H&H does not yet provide bottom surgery? I don't see it on their website.
- Nicole: As far as I know they do not.
- Rachel: If someone comes in with a surgery date, can they have that surgery? For example, top surgery, which has less after care needs. Can someone still go to that appointment, or will they have to go to H&H instead?
- Nicole: Theoretically we would be trying to work with the providers, but the outcome might vary depending on how those conversations go.
- Rachel: Can you explain what the challenges are in providing such surgery and what the push backs are from hospitals?
- Nicole: Hospital don't like security presence that isn't their own hospital security. There's also stigma against our patients and fear of them – that's present in healthcare settings too.
- Rachel: Do you think there are concerns from the hospitals about the aftercare provided?
- Nicole: I can't speak to that.
- Rachel: Would providers allow people to get FFS?
- Nicole: I'll circle back on that.
- Who are the current providers for all general surgical care?
 - Nicole: Physicians at Bellevue for men and Elmhurst for women.
- We understand there may have been discussions with Elmhurst about providing gender-affirming surgical care. Can you share any updates on that?

- Nicole: There is a table from H&H's website of what is provided at each facility. Here is the link to such information:
<https://www.nychealthandhospitals.org/services/lgbtq-health-care-services/>
- We're hearing from multiple individuals experiencing symptoms consistent with serious mental illness including auditory and visual hallucinations or who have been previously diagnosed with schizophrenia who report that they have disclosed these concerns to mental health staff but are not receiving adequate treatment. Can you speak to what may be happening here?
 - Nicole: We couldn't speak on specific cases, but if anyone has questions about specific patients, please contact Patient Relations.
- Rachel: What's the process of getting mental health access and what are the services available?
 - Nicole: Anyone can flag concerns about an individual's mental health for CHS at any point in time, including DOC staff and family and legal advocates via Patient Relations. There is a screening at intake and we put them on a treatment plan. We have a therapeutic housing model – PACE (Program to Accelerate Clinical Effectiveness) unit is highest level, mental observation unit is next level, and then STEP unit which is between MO and GP. Our staff are on these therapeutic housing units providing therapeutic counseling. These therapeutic units have nurses and closer access to mental health providers. For people in GP, they will be escorted into clinic so they are in regular appointments with staff. There are also in-patient services provided at hospitals.
 - Rachel: How frequent are those regular appointments?
 - Nicole: If someone is stable, then once a month.
 - Rachel: How do you define stable? What's the threshold?
 - Nicole: I don't have the definition on hand.
 - Rachel: If someone's not stable how often do they get checked on?
 - Nicole: Depends on the specifics of the case. If someone needs more regular care, they are likely to be housed in therapeutic unit. We also have a PACE unit at Bellevue that's closer to some specialty care.
 - Rachel: What type of therapy is available outside of creative arts therapy?
 - Nicole: I will have to ask about that.

DOC:

- We understand that there are many transfeminine people in OBCC 2SW, but very few in Harmony House. What accounts for this disparity?
 - Alberto: Harmony House is a program house with specific criteria for participation, but 2SW is a max housing area that happens to have many transgender people.
 - Valerie: They're just two different types of housing areas, so the makeup will be different.
- What is the process of getting into Harmony House? What is the criteria to qualify for Harmony House and what are the rules that those in Harmony House must abide by to remain in Harmony House.
 - Alberto: The criteria is similar to any program house – to be respectful towards staff and others. People can make a request to move to Harmony House and a program coordinator within LGBTQ Affairs will talk to them. This can happen during the initial session with LGBTQ Affairs, or at any other point in time. To participate, they need to agree with the rules of the house and sign a contract.
 - Ethan: What are the rules of the house?
 - Alberto: The rules of the house is very high level – respect for officers and respect for staff. They also have to be working towards something, such as engaging in something with Destination Tomorrow or other providers. This is the same for program houses generally and the rules are the same for other houses. The only difference is that Harmony House has specific programming from LGBTQ orgs such as Destination Tomorrow. We have a veterans dorm, and the program expectations are very similar. If someone gets moved out, they are eligible to reapply after 30 day. We keep checking in with them on a weekly basis to monitor their behavior.
 - Ethan: Is there a DOC policy that governs entry and participation to program units?
 - Alberto: We don't have a formal policy for this – it's a set of practices.
- Camila: We have seen clients from our Unit being transferred to 2SW. We've heard that there's significant violence in that unit and the air quality was not good. I was told it's not safe for me to be in that housing area there. For full disclosure I'm a transgender woman so I'd just like some clarity on why trans women are placed in 2SW when it's unsafe for women to be there.

- Valerie: 2SW is a max classification area and it's not like the whole unit is comprised of people in the community. At times we concentrate trans women there to create a sense of community. We have also have specific external partners who provide services there. Regarding access, there are providers go there in pairs, and this is not just in 2SW but to any other max units. I'm not sure why you are told that you won't be safe there – we can chaperone people and service providers do go in there.
- Camila: Does Alberto Santus have something to add? You said that it won't be safe for me to be in that housing area. I'm just wondering why you can justify having trans women there.
- Alberto: I don't think that's what I told you. I was talking about maximum security and chaperone requirements.
- Camila: How are you securing the safety of TGNCNBI People at 2SW? We weren't able to make it there when we visited.
- Alberto: We can't let you in that day because an alarm was off, and we can't predict when an alarm happens. They can go off that when there is a fight. This situation does tend to happen more frequently at max houses than low classification units or in program areas due to max having people with more propensity for violence.
- Camila: I mentioned the conditions of there being a lot of smoke. I don't know if that's cigarettes or sanitary paper being smoked. How are you ensuring the safety and health of that housing unit?
- Chelsea: Just to reiterate what [Alberto] Santus is saying, different units have different behavior given their classification. We find that in max classification areas, people find ways to light things on fire. That's not specific to 2SW. If there's an incident that necessitate using sprays, we also don't let people allow in. We are trying to address contraband removal so that people can't light things up and that's not just a safety concern but a security concern as we can't have arson in the unit.
- Have you met with the new commissioner to communicate your priorities for protecting TGNCNBI people in custody?
 - Chelsea: We have had meetings with executive leadership and other folks regarding this policy area. We just discussed our policy and our priorities there.
 - Ethan: Is there anything new being discussed? Any rule changes?

- Chelsea: We talked about anticipating rule changes to PREA. As an agency and as a city, we are committed to protecting TGNCNBI folks in this system where it's difficult to make such protective policies.
- Rachel: We are hearing that people are refusing visits, but when we talk to the person in custody later, we were told that they never refused and no one ever visited them to escort them to their appointment.
 - Chelsea: I can't speak to specific cases, but we have a list of scheduled VTCs. We have an additional facility on Rikers with more VTC booths than others, and people are shuttled there to alleviate VTC bottlenecks. Any refusals of scheduled VTCs would be recorded by body cams.
 - Rachel: We're finding that people are saying they did not refuse but we are told that they are refusing. Can you look into this?
 - Chelsea: Are they saying they were never contacted to be brought down?
 - Rachel: Yes.
 - Chelsea: For anyone in refusing, it should be the case that they are captured on body cam.
 - Rachel: Can I reach out to you directly about a client who told me that she has not been refusing meeting while we were told five times that she refused?
 - Chelsea: Yes.
- Currently, when transgender women move upstate from RMSC, are they all sent to Bedford Hills? If not, what percentage of transgender women in DOC custody from RMSC are sent to Bedford Hills? Is DOC currently providing records or any information to DOCCS concerning housing decisions once someone is sentenced to upstate time? If so, what records and information? Does DOC assist people with their application for gender-aligned housing in DOCCS?
 - Alberto: We work with the DOCCS LGBTQ Inclusivity, and they have their own process and criteria. We communicate with them regularly. Whenever we know someone is being sentenced or whenever a client alerts us, I reach out to their ED and let them know about the individual. I can't say much more on what happens on DOCCS' end.