

**Testimony of Public Advocate Betsy Gotbaum for City Council Hearing on
Department of Health and Mental Hygiene Budget for Fiscal Year 2008**

Thank you, Chair Rivera. The budget process represents a critical opportunity to strengthen services for the city's underserved populations. Today, I urge the Council to make funding available to expand hours of operation and increase staffing at city-run STD clinics.

One of the critical objectives of the New York City Department of Health and Mental Hygiene is the reduction of sexually transmitted diseases. To fulfill this objective, the DOHMH, in accordance with state law, operates 10 free walk-in clinics for the diagnosis and treatment of STDs. The Mayor's 2007 Preliminary Management Report explicitly mentions, among its "Performance Highlights" for the DOHMH, that the number of individuals tested for HIV at city-run clinics declined slightly last year and that the number of syphilis cases reported decreased by 10 percent. I am concerned that this decline may be due in part to the persistent problems that individuals who seek screening and treatment services encounter at the city's STD clinics.

In 2006, my office conducted an investigation to assess the operations of STD clinics and found significant barriers to accessing screening services. Through visits and calls to the 10 STD clinics in the spring of 2006, my office found a number of service problems that could further deter individuals already fearful about learning their STD status from seeking medical attention.

Doctors were unavailable at seven out of the ten clinics at the time of my investigators' visits. Many clinics stopped accepting patients earlier than scheduled hours. STD screening was unavailable at two clinics, rapid HIV testing was unavailable at three clinics, and at the East Harlem clinic, no services were available at the time of our visits.

In addition, surveyors found that 35 percent of calls to clinics were unsuccessful and that four clinics were unable to assist Spanish-speaking callers. Two clinics were unable to dispense emergency contraception immediately. Two clinics did not provide Hepatitis A vaccination, despite the fact that the DOHMH lists all of the free clinics on their website as Hepatitis A vaccine providers. One of the six clinics listed as providers for Hepatitis C screenings also reported that it was in fact unable to provide the service.

Since the release of our report in April 2006, DOHMH has updated its STD clinic webpage to include listings of "No doctor services" days (days on which only HIV counseling and rapid HIV are available). These changes to the STD clinic webpage confirm some of the barriers to access that my office has pointed out. The fact that doctors are in effect unavailable at several clinics on several weekdays is simply unacceptable.

In fact, since my office first conducted its investigation, service availability seems to have further decreased. Richmond clinic staff had reported to us that a doctor was on duty Mondays and Thursdays. Now, according to the webpage, the Richmond clinic offers services requiring a physician only on Thursdays. The East Harlem clinic seems to have stopped providing any STD services other than HIV counseling and rapid testing.

Similarly troublesome is the fact that nine of the ten clinics stop offering services at 4:00 PM on weekdays. The one exception is the Rockaway Clinic in Queens, but this clinic is operated by the Joseph P. Addabbo Health Center, not DOHMH, and may charge for emergency contraception. Only half of the ten clinics offer weekend hours, and those sites are open Saturdays but not Sundays. None offer Saturday services later than 1:00 PM.

At a minimum, DOHMH should introduce evening hours at clinics. Expanded hours would help clinics to serve more individuals and could help alleviate clinic overcrowding during weekday daytime hours.

Subsequent to our investigation, my office shared a preliminary draft of our report with Commissioner Frieden and his staff and conferred with DOHMH staff to discuss the issues it raised. In his response, Commissioner Frieden pledged to implement a series of reforms designed to ensure that clinics would not be forced to turn away individuals seeking services. My purpose here, today, is to recommend that Commissioner Frieden be given the resources necessary to follow through on these reforms.

In discussing provisions for the DOHMH, I urge the members of this committee to seriously consider the understaffing at city-run STD clinics and the resulting barriers faced by at-risk individuals. I look forward to working with the Council to support and improve our community health resources.

Thank you.