

More Than Just Me: A local trans man brings discrimination case to URMC

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photos by Khang Trinh

"This is an action to secure relief for violations of rights guaranteed by the Patient Protection and Affordable Care Act § 1557, 42 U.S.C. § 18116 (2012) ("Section 1557") and the NYS Human Rights Law Section 296(2) which prohibits discrimination in public accommodation in the State of New York."

According to Lambda Legal, in the 2015 U.S. Transgender Survey "33 percent of respondents who had seen a health care provider in the past year reported having at least one negative experience, including being refused treatment, verbal harassment, physical or sexual assault. Nearly 27% of transgender survey respondents reported being denied needed health care outright because of their transgender status."

Even when transgender people do receive medical treatment, their interactions with hospital staff—including physicians, nurses, allied health professionals, admitting and registration personnel and security officers—often result in negative experiences.

Examples of inappropriate staff behavior cited by transgender patients in the 2015 survey include:

- Laughter, pointing, joking, taunting, mockery, slurs and a wide variety of negative comments;
- Violations of confidentiality, regardless of HIPAA;
- Use of improper name and/or pronoun for patient;
- Exceptionally long waits for care;
- Inappropriate questions and/or exams, including needless viewing of genitals;
 Prohibitions of bathroom use, or challenges to it;
- · Inappropriate room assignments;
- Failure to follow standards of care.

One local transgender man is bringing a case against a Rochester healthcare juggernaut in what he alleges is a direct violation of his rights and a case of discrimination against him based on his gender identity.

Cori Smith, 27, grew up in Penfield and brought a case against URMC in November of 2017, filing *pro se* – or, without attorney. He brought his story to the Empty Closet once the files were public.

"I want to tell my story so it doesn't happen to anyone else." What follows are details from Smith's case filing and his urging for others to speak up in the face of discrimination. All descriptions are alleged from Smith's pursuant claim, filed with New York Western District Court, 2nd circuit. When reached for comment, a spokesperson for URMC shared the following:

UR Medicine believes that Mr. Smith received appropriate treatment at Highland in response to his need for emergency care in November 2014. This is based on a thorough review of the medical record by clinical professionals on Highland's patient safety team, a review which included interviews with Mr. Smith's attending physicians and other caregivers.

Since 2012, sexual orientation and gender identity/expression have been part of the patient bill of rights and visitation policy, as described on this website for LGBT patients.

Dr. Michael S. Leonard, Associate Chef Quality Officer for UR Medicine, and Jackie Beckerman, Senior Director of the Office of Patient Experience at Strong, reached out to Mr. Smith last summer after he raised a separate concern not specifically related to Highland Hospital. They spoke about his entire experience as a transgender patient in the UR Medicine system, including the care he received at Highland in 2014. Cori's input helped significantly to inform efforts we have already implemented and others that are currently underway to make hospital systems and practices more sensitive to and affirming of the needs of transgender and gender nonconforming patients, without compromising quality or safety of care.

Specific steps taken in the past year to support transgender and gender nonconforming patients at Strong and Highland include:

Removing gender identifiers from patient wristbands and identification stickers in the hospital

Implementing practices for staff members to assist patients who want to change sex or gender identifiers, including pronouns, in their electronic medical record Creating a process to make sure hospital billing aligns with a patient's gender identity Q

Smith was admitted to Highland Hospital on November 9, 2014 with severe abdominal pain. He was due to have a hysterectomy with his OB/GYN provider within weeks of his admittance.

Smith suffered from endometriosis, a disorder in which tissue that normally lines the uterus grows outside the uterus and causes severe pain, throughout his pubertal and adolescent years, spending most of high school in and out of the hospital. When Smith came out as transgender in his early 20s he says hormone replacement therapy had the positive side-effect of helping quell some of his endo-related pain.

However, after 8 months, Smith was still experiencing "break-through" bleeding, uncommon in transgender men on appropriate doses of testosterone. He set up a hysterectomy with his OB/GYN for late November and secured an appointment for emergency egg retrieval early in the month to hopefully harvest some of his viable eggs before the organs were removed.

X For days after the egg removal procedure Smith says he was in such excruciating pain that he eventually insisted on going to the emergency

-----room. The nearest was Highland Hospital. Upon arrival, Smith says (0,) Q was given a bracelet with "Female"

marked and an incorrect name of Corrinne, neither of which matched his driver's license.

After several hours in the ER with no pain management or news of triage, Smith was given an abdominal ultrasound where it was found his ovaries had swollen and were full of cysts.

During his admittance Smith alleges he was referred to by staff as "it" "she" and "they" but not the correct pronoun of "he", despite multiple attempts by his parents and girlfriend to correct them.

Smith asked if a hysterectomy, oophorectomy, or similar surgery might be necessary and the named Emergency OB/GYN on duty, named Dr. Chinedu Nwabuobi in the filed documents, stated he didn't "feel comfortable aiding in [Smith's] transition."

Dr. Nwabuobi allegedly told Smith he had contacted Smith's primary care doctor when Smith says it was later found no contact was made.

Smith states the two engaged in an argument with Smith impressing that this procedure was not transition-related but to ease his endometriosis pain and Dr. Nwabuobi countering that it was cosmetic and did not want to be involved.

According to the lawsuit, Dr. Nwabuobi agreed to do an emergency laparoscopic surgery to untwist an ovary which had torsion. Smith stated at the time that if it looked bad "in there" that everything in the reproductive system should be taken out.

Smith alleges he awoke from the first surgery in considerable pain and was informed one ovary had been removed but not the other. Hospital notes state "[SMITH] was writhing in pain, crying, in the fetal position, requesting 'help' and more pain medication...Doctor advised not to administer more pain medication."

In was that evening that Smith says was the worst moment of his life. In the suit, he alleges Dr. Nwabuobi performed an "unnecessary and inappropriate" transvaginal ultrasound in front of 8 nurses described staff members without a gown to cover Smith's body. He says the pain was the most excruciating of his life, made worse by nurses who were "gawking and laughing" at him as he cried.

"It made me want to die. I couldn't figure out why they were all in there like it was some freak show and I was completely exposed. They looked at me like I was disgusting...and I felt disgusting."

A second surgery was deemed necessary and performed once again by Dr. Nwabuobi. When Smith awoke this time he says he had poorly-sewn sutures, no bandages, and what became an apparent episode of e.coli.

Following the second procedure, Smith had multiple complications – including a bowel obstruction and ileus that led to a 5-day stay at Strong Hospital after Smith vomited multiple days-worth of dry pills, dry undigested food, and his own fecal matter. After that stay, he says he required at-home nurse care and continues to undergo monthly nerve blocks, trigger point injections, and physical therapy for pain management.

In the interim, Smith alleges his insurance bills were bounced because incorrect gender information was input, leading to an accumulation of unpaid debt. When he called to correct the mistake, an operator asked why he couldn't just "change your gender back so we can bill you?"

"It's frustrating to go into medical facilities and still see forms that are erasing identity or don't give any room for complexity."

He says the tentative date for a hearing is this coming August.

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"I wish I could forget this entire thing, but I'm not allowed to forget. I will be dealing with the aftereffects of



this. I don't want other trans people who have been treated the way I was to think they're powerless."

When asked why he chose to file the case when he did, three years after the incident, Smith replied simply: "I feel like they failed me. This is the scariest thing I've done in my life but everyone from front-line to specialist staff need to know how to be respectful – this should be simple!"

"I don't want this to just be a story about what happened to me. I want it to be educational, impactful, and create change. I want doctors to remember why they became doctors and to leave their beliefs at the door...and that if by some chance it does happen again — I hope the hospital does something about it and reports it. Advocates on behalf of the patient. Cares for the patient. I want them to see that we are just people."

While he acknowledges that his is a difficult road, it wasn't something Smith felt he could pursue until very recently, when his mental health and support systems were in a better place. When speaking with the EC, Smith noted that aspects of his identity afford him certain privileges he may not previously have had – and that some in the trans community will never have:

"People don't tend to see me as a 'freak' now, but they did a few years ago. I want to use my voice, one that was being listened to now, to speak up for all of the trans people who can't or haven't been able to come forward [...]

This isn't what I wanted to be known for. My trans status is just out there for anyone to know now. It takes a lot of courage and knowledge that I'm doing it for the right reason, most of all. I hope a heapital never allows for this to go on ever again. No matter what state. No medical provider should abuse you, neglect you, embarrass you, or refuse to call you by your correct gender."

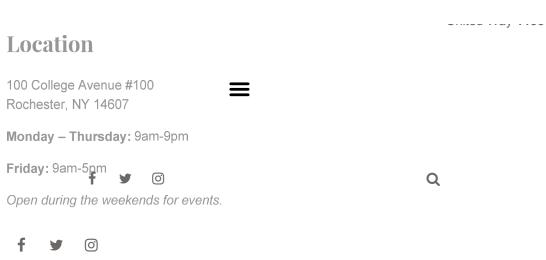
Smith hopes that whatever resolution is reached in his situation will lead to an increase in awareness, education, and accountability:

"I hope this situation can help stop some of the issues trans people face in healthcare facilities as well. From smaller missteps of gender pronouns, to much larger discrimination situations like mine – these medical facilities should be aware of the seriousness of the situations at hand. Misgendering can lead to depression, increased anxiety, and can push someone to suicide.

I hope this means healthcare facilities, providers, doctors, nurses, secretaries will take our lives more seriously. To take these situations more seriously. And not allow them to continue to be repeated."

If you feel you have been mistreated in a medical facility because of your gender identity, gender expression, or trans status, there are resources that can help you. Consider contacting Empire Justice Center LGBT Rights Project or Legal Assistance of Western New York if you are looking for legal advice about your rights. Please visit *HealthCareBillofRights.org* and *lambdalegal.org/know-your*rights/article/trans-health-provider-discrimination-faq to learn more about your rights as a patient and health care consumer. Seeking help can feel daunting but you are not alone. Call or stop by the Out Alliance LGBTQ Resource Center for referrals, resources, or simply a safe place to exist.

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