COUNCIL OF THE CITY OF PHILADELPHIA

PUBLIC HEARING BEFORE JOINT COUNCIL COMMITTEES ON

PUBLIC SAFETY AND HEALTH & HUMAN SERVICES

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Room 400, City Hall
Philadelphia, Pennsylvania
Thursday, February 28, 2002
1:00 p.m.

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RESOLUTION #010598 - re health-care services provided to inmates of Philadelphia prisons.

PRESENT Councilwoman Marian, B. Tasco, Chair
Councilman Angel Ortiz
Councilman Darrell L. Clarke
Councilman David Cohen
Councilwoman Blondell Reynolds Brown
Councilman James F. Kenney
Councilwoman Donna Reed Miller
Councilman Frank Rizzo

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COUNCILWOMAN TASCO: Good afternoon. We're calling the meeting of the Joint Committees on Public Health and Human Services to order. This is a recessed meeting of this committee to hear testimony on Resolution No. 1 -- I'm sorry, on 010598.

The Chair recognizes Councilman Ortiz, who will make a presentation and chair for about 20 minutes, until I can return to the chair.

COUNCILMAN ORTIZ: Thank you, Madam Chair.

Councilman David Cohen is present, and I want to thank you all for being here.

It seems that prisoners -- in today's mentality, that whoever gets incarcerated, you know, so what, whatever happens to them if they're in prison, so what if they're treated badly and they don't get adequate health or even if they die; after all, they're in prison, right? And whoever is in prison deserves whatever they get in prison. That's the sort of mentality that is out there.

The City's prison system has been under public scrutiny for quite some time. Issues of prison overcrowding, poor treatment of inmates,

including the inadequate delivery of health services, led to legal precedent-setting court intervention, as was reflected in the consent decree entered by the court in Jackson v. Hendrick in 1998 and as amended in 1991 in Harris v. City of Philadelphia.

The City finally settled the Harris case in the year 2000. This, of course, was conditioned on a comprehensive list of proposals and plans to improve how the City would continue to address issues of treatment and services that inmates are entitled to under the law.

City Council's intervention on this issue came in the face of public attention to several unexplained deaths of prison inmates, deaths that only came to our knowledge because of newspaper reporting.

The first hearing, January 25, 2001, initiated Council's fact-finding process. Many issues and questions arose out of that hearing and still remain unanswered, but that established how the Administration was going to deal with this body's attempt at fact-finding. I'm hopeful they will be addressed by the appropriate witnesses

during our upcoming hearings this year.

Among the broader issues I am especially concerned about is that since 1998, there have been 42 deaths in Philadelphia jails. I am appalled by what I find to be an underlying sentiment that suggests that this is an acceptable rate because it is average when compared to other prisons throughout the country. I know that people would agree with my belief that an average of one death a month is just won't death too many.

Also, I want to emphasize that many, actually over 65 percent, of the inmates of the 7500 inmates are just awaiting either sentences or trial. The average length of stay per inmate is about 72 days.

We had a death the other day, not too long ago, of an individual that actually had not even had a preliminary hearing; been arrested on a drug charge, got into an altercation, and subsequently, 48 hours, less that 24 later, he was dead.

I don't think that's what our prison system is all about. I know that we have a great outcry for the death penalty in this Commonwealth, but it's one thing to receive the death penalty

without even going to trial, just by being arrested and being in jail in Curran Fromhold.

An astounding 85 percent recidivism rate means there is a constant interaction between the inmate population and the neighborhoods they come from. This, for those that believe that inmates deserve less health care, I say beware: Quality health care in our Philadelphia prisons can help prevent the spread of infectious disease in our own communities.

Just as important, contrary to the views of some, inmates in our Philadelphia jails are entitled to the same standard of health care as is the average citizen.

Over the course of the last year, we have gathered information pointing to serious deficiencies in the manner in which the City provides basic health services to the inmate population, but attempting to assess the overall performance of our health system has not been easy. In the last year, my staff has confronted all sorts of administrative and legal impediments in their quest to assess critical information.

Legal issues relating to privacy and

confidentiality, inadequate reporting and record-keeping systems, and a sluggish City bureaucracy has made it difficult to obtain the fundamental information necessary to provide this legislative body with a comprehensive review of the nature and scope of our city's health services.

Let me give you an example. At our January 25, 2001 public hearing, the Administration was asked in the public record to provide the DePaul Health Care monitoring reports from 1995 to the present. These are reports that are paid for by taxpayers' money. And taxpayers and this legislative body that appropriates that money is entitled to have access to those records.

DePaul was central to our research phase of this Council's investigation because it's contracted by the Administration to evaluate the City's provision of behavioral services to the inmate population, and we had got word that actually the reports were quite objective and did not give a good report at that point in time to the service-provider. But we could not make an evaluation of that because we were not given access to the report.

City Solicitor Ken Trujillo refused our request and argued that because of litigation at the time, the release of the reports would impact negatively on the City's interest. I then asked him to put the rationale in writing so that I could share it with Councilmembers; I'm still waiting for that rationale in writing.

Months passed, and on July 26th, I asked him again either for the release of the reports or a legal opinion outlining to this Council the reasons for the Administration's refusal to comply with the Council's request. After learning that on August 2, 2001, an appellate court affirmed a lower court's decision to compel production of DePaul's monitoring reports in the case of Darlene, Joe, et al. versus PHS and the City of Philadelphia, on August 7, 2001, I made another request for the reports.

On February 12, 2002, my office received a report but only for the year 2001.

This is the way this administration has dealt with Council throughout.

In the meantime, the City has experienced an unacceptable number of deaths, including

suicides, without having a clear indication of the cause and circumstances leading to their deaths, and there have been countless complaints about inadequate health-care services.

This is not to say that City department heads have not been cooperative; on the contrary, most City departments have done all they can to comply with this City Council's request, but the central Administration, and in particular the City's Law Department, has obviously sent a message to its department heads alerting them that all City Council requests related to the provision of prison health care must be cleared by them.

Despite the obstacles outlined in the afore-mentioned, our view over the last year has been dependent and shaped by testimony from credible witnesses, experienced service-providers, activists, City department reports, and so-called secret reports that are made available to us.

I believe we have adequate information to make several interim recommendations based on the initial findings, and they have been circulated to the members of this committee. I will be reading those recommendations as we get into the body of

this hearing later on.

But now I'd like to call Eleanor Daley -- oh, Joseph Rogers and Bob Meek to come up, please.

(Witnesses come forward.)

COUNCILMAN ORTIZ: Frank Rizzo. Hi, Frank.

MR. ROGERS: Councilpersons, I want to thank you all for this --

COUNCILMAN ORTIZ: Identify yourself for the record, please.

MR. ROGERS: My name's Joseph Rogers, the President and CEO of the Mental Health Association of Southeastern Pennsylvania.

I want to thank the Councilpeople for this opportunity to talk about an extremely important and very troublesome issue.

It's the experience of the Mental Health Association of Southeastern Pennsylvania that all that Councilman Ortiz has stated in his report, in his opening statements is very true: That we have a very serious and troubling problem in our prison system.

We're particularly concerned at the Mental Health Association about behavioral-health issues,

and those run the gamut of, you know, people with psychiatric diagnosis, schizophrenia, manic depression, depression to people with substance-abuse disorders; young people, in many cases.

I, myself, have done outreach work in working with people that have been incarcerated time and time again, sometimes in sweeps that the City has organized. People with serious emotional problems and substance-abuse problems, they get brought in for relatively minor crimes and end up in the system -- whether it's in one of the holding cells or ultimately in the prisons system. And many much these individuals, just as the Councilman talked about, just cycle through the system with little help and little effort. And as the Councilperson pointed out, in some cases, with some tragic results.

I think, as in all issues, when you begin to look at something, I think sometimes the tendency is to want to look away when you have a serious problem. And having as many people as we have incarcerated and as many people as the Councilperson pointed out, we seem to have this response as a society to lock people up as one of

our solutions to social problems.

COUNCILMAN ORTIZ: Well, we not only have a response to lock 'em up, but actually, we spent almost 300 years developing a prison system that went from very inhumane situations. We had to go through the Atticas and the Riker's and so on to begin actually treating individuals, because you shouldn't be -- you shouldn't be in the business of just creating animals in prisons and treating people like animals and exacerbating the anger that they go in with.

And it seems that as the prisons have become black and brown in the majority of the population, there is a situation, and it's more or less also like the education system: Throw away the key, you know, put 'em away, don't give 'em anything. It's almost like bread and water may be too much.

MR. ROGERS: Well, listening to your report, and in some ways your opening statement, is chilling in the sense that -- I have a document that was written by Dr. Benjamin Rush, one of the signers of the Constitution, a leader of the City of Philadelphia in the founding days of

Philadelphia.

And in his document, he documents going and visiting the lockup, the jails at the time, and finding that there were large numbers of people -- at the time they called them "lunatics," people with serious emotional problems chained to the floors and, as you said, the keys thrown away.

And I guess, Councilman Ortiz, what I'm here to say, and to say in support of your work and to say that we need to move forward, is that we face, even 350-something years later, the situation has not changed greatly and that we see a large number of people whose primary crime is having a behavioral-health problem; their primary crime is they're either addicted to some substance or have emotional problems, mental-health problems, and they end up in this system, and they end up, as you've pointed out, in some very grave and serious situations.

One of the things that we're calling for as a solution is something that across the board, in many communities, they found works, and that is early diversion. There are many interventions that this system could institute, where an individual is

identified early in the process, sometimes even before an arrest takes place, and diversions take place so that the individual doesn't end up in the criminal-justice system. The last place someone with serious emotional problems needs to be is in the criminal-justice system.

What historically has been shown and there's research -- The Gain Center has done a lot of research on this, that it's the most vulnerable population; it's the least likely -- when you talk about locking up and throwing the away the key, sometimes the crimes are minor crimes. Well, once they get caught up in these systems, these individuals find themselves in an almost never-ending cycle that is extremely destructive.

So I want to say that we're very happy to see these hearings, and we're really interested in the idea of finding ways to divert people so they don't even end up in the prison system; no less making sure that once they're in the prison system, they get the health care and treatment they need.

COUNCILMAN ORTIZ: Thank you, Mr. Rogers.

We've been joined by Councilwoman Miller and Councilwoman Blondell Reynolds.

You know, we had a reverend today who came into Council to give the opening prayer, and he started his prayer with a little story to emphasize the work and he -- and in essence to put it into just a nutshell, he said, "Who speaks for the marginalized, the disfranchised, those individuals that no one speaks for?" In essence, the prison population is a part of that hugely marginalized population that we have.

And he made the statement that those who speak for that almost have the keys to the kingdom of heaven because those are the ones that need people to speak for them.

And it's very telling that today you don't see a lot of press in here and so on, because nobody gives a damn. And we have to give a damn because, like I said in my statement, those individuals come back to our neighborhoods. They are black, they are Latino, they're women, they're men, they come back to our neighborhoods.

Mr. Meek, are you going to say something?

MR. MEEK: Just very little, Councilman Ortiz.

Robert W. Meek. I'm an attorney with the

Disabilities Law Project, and I represent the Mental Health Association, among other organizations.

And my purpose today is simply to just make a points about the legal landscape that confronts the Administration with regard to the prison health-care system. What Mr. Rogers said is absolutely accurate, that there are a great number of prisoners in the county system that are -- have psychiatric or emotional problems or drug-addiction problems, and they are very vulnerable to the vagaries of prison life, and the tragic examples that you cited are, no doubt, many of them are a part of that problem.

What I want to speak to is sort of the lay of the land legally. As you pointed out, Councilman Ortiz, this matter all came up after a number of cases were brought over a number of years regarding the prison system, not just health care, but the sort of soup-to-nuts kinds of cases against every aspect of the prison system, but health care is probably one of the most important concerns that this body should have with regards to treatment of people in the system.

And one other statistic that you mentioned that I wanted to sort of focus on was the fact that about 58 percent of the prisoners in the City's system now are pretrial detainees, persons who have not been convicted of any crime that are people that have not been able to make bail; they're just plain poor, they can't make bail.

COUNCILMAN ORTIZ: Yeah, plain poor and they can't make bail, and some of them are arrested and almost condemned to a death sentence.

MR. MEEK: Indeed, and that's a real crime, that's the real crime here.

And what I wanted simply to say is that the courts have, over the years, whittled away a little bit at prisoners' rights, but there is no doubt that prisoners do not give up their Constitutional rights once they enter -- when the prison doors close; they retain a large number of rights. Certainly, they have restrictions, but the Supreme Court has said that they do not lose all of their rights.

And one of those rights is to adequate health care, including mental-health care. And particularly if you look at a pretrial detainee

population, their rights -- while convicted prisoners have fairly limited rights under the case of Estelle versus Gamble, but essentially set out that -- delivered in difference with the standard, and what that essentially means is that unless prison officials are deliberately indifferent to a serious medical problem in a prisoner, they're not going to be liable.

However, pretrial detainees retain at least that, if not greater rights, with regard to their health care; and that, I think, is the real problem facing this administration, is that there are lawyers out there lurking in the bushes that will be more than happy to litigate this case all over again. Especially when it comes to health care, the ACLU is very, very interested in this problem.

In fact, I sit on the board of the ACLU of Philadelphia and I spoke with Larry Frankel, the Executive Director, this morning, and he asked me to make sure that the Council understood that the ACLU was extremely interested in this problem. And I think the message has to get back to the Administration that things cannot remain as they

are, and I really --

COUNCILMAN ORTIZ: Well, it's costing us a lot of money.

MR. MEEK: And it costs a lot of human life and human misery, and that's really where the problem is.

COUNCILMAN ORTIZ: But some people don't give one iota for that, I'm telling you, right? But it should concern us that it's costing taxpayers a whole lot of money.

MR. MEEK: And, Councilman, if it gets litigated again and there's a court monitor and all of that good stuff that happened with the previous cases, then it's going to cost even more money.

MR. ROGERS: And to think, Councilman, as you pointed out, it costs money, but we know, we know by scientific studies that interventions, particularly for people with behavioral-health problems, that intervention and treatment is the most cost-effective way to respond.

Incarceration, as you said before, just blows the problem up, we increase the health problems, we spread disease like tuberculosis; whereas, if you treat the person and you intervene

early in, the costs go down.

COUNCILMAN ORTIZ: Mr. Rogers, you're acquainted with the Philadelphia health system, right?

MR. ROGERS: Yes. Unfortunately, I've actually been a prisoner in the prison system.

COUNCILMAN ORTIZ: I know that. I think I was in there one time with you.

Could you give us a description in your opinion about the adequacy of it, the inadequacy of it, and can you describe some of that for us from your own experience and the experience of your organization in terms of monitoring this process as seen.

MR. ROGERS: Well, I would say that being locked up in the Philadelphia prison system, if you have a mental-health problem, is somewhat like being in downtown Beirut 15, 20 years ago. It's a horrible: The chaos of the system, the inability of the system to even begin to look at screening individuals and finding ways to access the problem and understand the problem.

One of the biggest issues is that when a person's in the system and they're about to come

out of the system, there's almost zero follow-up. One of the biggest issues -- and I understand the Office of Mental Health has applied for, I believe, a federal grant to try and address this problem -- is that if you get incarcerated, you lose your medical assistance, you're no longer eligible, you're no longer on the rolls of medical assistance.

So that means, in this system, you lose all of your accessed community care. So the minute you're about to be discharged, there is no place to discharge you, there's no system of care available.

So what we're ending up is putting people in jail, holding them in jail; in many cases, there's little or no treatment for their mental illness; many times they're not evaluated for the medications they need; or they're over-medicated in some extremes. And then after a short period of time, the system sort of coughs them out and they're back on the streets literally, and it may be as much as three or four months before they qualify for medical assistance so that they can get the care and the follow-up they need.

This is one of the areas that we really do

hope the Office of Mental Health -- it's unfortunate that we have to sort of wait for a federal grant to do it. It seems to make sense that it would be something that we would find resources because it has been shown that that critical period immediately post-discharge from the prison, if you can get a person into treatment, whether it's substance-abuse treatment or mental-health treatment, you can usually have an impact and prevent them from cycling in again and again into the system, which is an over-crowded system and a very expensive system.

MR. MEEK: Just on that point, this is not a legal issue, but the New York Times today had a front-page story about a gentleman who was discharged from Riker's who had a substance-abuse problem, and the sort of gist of the article was, he gets discharged, like people out of the prison system here in Philadelphia, with absolutely no follow-up, no services available to that person; and, in fact, people go back to their neighborhoods and fall into the same patterns that they entered which got them into the prison in the first place.

So what Mr. Rogers says is vitally

important that not only while people are in the system but post-discharge is very important.

MR. ROGERS: One example is a young man that I've worked with who, in the sweeps that were held in the Kensington area, where they swept up, you know, people that were buying drugs and involved with drugs, he's a drug addict, has a heroin addiction. He gets locked up in the prison, held in the prison with no treatment for his drug addiction, ends up in severe withdrawal, you know, an extreme medical situation, and then eventually, you know, some decision is made to discharge him and throw him back out. Within hours, within minutes, he's back at Kensington and Allegheny and, you know, right back in the situation.

It seems absurd to me that we go through the expense, have all of the publicity of having a big sweep --

COUNCILMAN ORTIZ: Do you have documentation of that?

MR. ROGERS: Yeah, I can show you the case file.

COUNCILMAN ORTIZ: Can you make that available to us?

MR. ROGERS: Sure.

COUNCILMAN ORTIZ: Can you make that available to us?

MR. ROGERS: Yeah, sure, I can send you information.

So what we've seeing is that we've spent a lot of money going out and kind of saying, you know, okay, we're going to clean up a situation, but if we don't really do something for the person, if we don't find a way to find treatment and make sure that they have access to services, we're just, you know, it's just a cycling game, it's really just a kind of a game that's being played on the public and a very expensive game.

COUNCILMAN ORTIZ: And, you know, the one thing that gets to me is that we are giving a $28 million contract or $25 million, 26-27, it goes to $28 million, and that there are no clauses in that contract that really makes the provider accountable if they don't provide the services as stated in it. There are really no penalties, nothing in there that makes them really accountable to the City of Philadelphia.

MR. ROGERS: And that's unfortunate

because there is now really good research on program evaluation, and every program that the City should contract with --

COUNCILMAN ORTIZ: Same company has a contract in New York, and there are financial penalties imposed when they don't meet the standards.

MR. ROGERS: Right.

COUNCILMAN ORTIZ: Thank you very much.

MR. ROGERS: Thank you.

MR. MEEK: Thank you.

COUNCILMAN ORTIZ: Eleanor Daley and Robert O'Brien.

(Witnesses come forward.)

COUNCILMAN ORTIZ: Identify yourself for the record, please.

MR. O'BRIEN: My name's Robert O'Brien. I represent the Philadelphia County Coalition of Prison Health Care, which is an organization that was formed back in November to address the problems that we've just begun to get information on in the Philadelphia prison system. I'm also a member of ACTUP Philadelphia, and like Mr. Rogers, have --

COUNCILMAN ORTIZ: You were here the other

day, weren't you?

MR. O'BRIEN: I was here along with 75 or 80 of my comrades.

I also, like Mr. Rogers, have a sense of experience on the frontlines, working with people with substance-abuse issues and mental-health issues, and the Philadelphia County Coalition on Prison Health Care is currently conducting a survey for inmates regarding their experiences in PHS, and we would like to make that available to you once we've compiled the data.

What I can say so far, based on several dozen of the surveys, is that we haven't found anything that contradicts what we've seen in the Griffinger (ph) report, what you talked about earlier in the DePaul reports.

And while I agree with you on the problems with our prison system in general and while I agree with Mr. Rogers that there's some systemic changes that have to take place, I want to focus specifically on the issue at hand, which is a fiscal and public-health crisis that the City is facing.

We -- you know, given the numbers that

we've already talked about, an average of about 7,000 inmates a day, 58 to 65 percent of whom are there on pretrial detention, we're facing a public health crisis if what is reported in The Daily News is accurate. For instance, regarding tuberculosis, if a large number of inmates are testing positive for tuberculosis and are not receiving proper treatment because the respiratory isolation rooms aren't up to snuff, those people are being released in their communities, and we're seeing a crisis not only in the prisons, but across the country in drug-resistant TB. So this is a breeding ground for that that Philadelphia can't afford to maintain.

The same thing is the case with inmates who --

COUNCILMAN ORTIZ: These are people that are recycled back into the communities.

MR. O'BRIEN: Right.

COUNCILMAN ORTIZ: The Philadelphia communities.

MR. O'BRIEN: Right. The same thing is the case with prisoners who are living with HIV and AIDS, people who have contracted the hepatitis

virus.

Specifically with people living with HIV and AIDS, we're talking about a disease where people need constant monitoring, they need to maintain a steady, safe concentration of drugs in their blood so that the virus doesn't become resistant and cause more problems, and they need to be maintained on that therapy so that they don't open themselves up to opportunistic infections.

The bottom line is that if people who are imprisoned are not receiving these services and they come out in the community, the district health centers, the federally funded clinics, and the emergency rooms are going to have to pay for it.

COUNCILMAN ORTIZ: You going to read your statement into the record?

MR. O'BRIEN: Would you like me to?

COUNCILMAN ORTIZ: Yes, I would.

MR. O'BRIEN: Okay. The outstanding chronic problems with the standard of mental and physical health care delivered by Prison Health Services to these inmates threaten the fiscal and public health of this city. Moreover, substandard care and medical neglect puts inmates in double

jeopardy, subjecting them to punishment above and beyond that meted out by Philadelphia's courts.

AIDS activists, AIDS service-providers, health-care providers, mental-health advocates, and other community members in Philadelphia are growing increasingly outraged that the City is turning its back on thousands of Philadelphia's most vulnerable citizens.

And I want to say here that in the event that anyone balks at calling prisoners "vulnerable citizens," while people are remanded to custody under the Philadelphia prison system, they are the City's responsibility, and given the problems with the rights that Mr. Meek's talked about, they are vulnerable.

I have no -- I have no illusions that many of the prisoners are not at jeopardy in their community, but I also have no illusions that this city is providing them adequate care and not making sure that they become a larger risk when they get out. So the public health of the general population is absolutely connected with the health of jailed inmates.

Inmates not transferred to state or

federal institutions are released into the communities within years, months, or days. The health care they receive behind bars impacts the health of the community.

The wrongs exacted by PHS will require costly correction in City health clinics, charging the taxpayer twice for basic physical and mental-health services. The City and PHS must take action immediately to resolve the public crisis.

The City can either pay now for services actually rendered or pay much more later. For the advocacy community, there is no choice here. The following ten problems have to be corrected with all possible expediencies:

First of all, we're talking about a very troubled contract. The current contract, whether it's 25, 27.5, $28 million, between Philadelphia and PHS is rife with problems. When contractual obligations aren't met by PHS, the City refuses to hold them financially or otherwise accountable.

And, as is the case for far too many City contracts, PHS's is a rollover contract that takes the power of oversight for both fiscal and operational concerns out of Council's hands.

Without this oversight, there's no mechanism for ensuring either inmates' health or the health of the wider public.

And, as is clear from the reports filed quarterly by Dr. Robert Greiffinger, PHS is operating with impunity. In his first report to the City, Dr. Greiffinger made numerous recommendations, including direct access to health care, design of performance monitoring for over- and under- treatment of mental illness; 100 percent test of women, including vaginal examinations and cultures for gonorrhea and chlamydia, streamlining the process for syphilis screening; automated tracking of information for registries, scheduling, and medical records; improving the hygiene at the Detention Center and the CFCF infirmaries; improving the documentation of medication administration; keeping chronic-disease registries; providing proper care for TB, including logging abnormal X-Rays and certifying the respiratory isolation rooms; and providing continuity of care on discharge.

According to Dr. Griffinger's second report, he found very little progress toward

resolving the problems that he identified. Furthermore, in contrary distinction to his earlier finding that the dramatic reduction of suicides had been witnessed, in the latter report, he cites three suicides within a period of six weeks.

As the former executive director of a City-funded provider-agency with 1.3 percent of PHS's budget, I'm outraged by PHS's impunity and the City's dalliance in addressing this crisis. My agency was subject to much closer scrutiny than is PHS. And I expected no less. The consumers that I served deserve no less, and the taxpayers whose dollars funds these programs deserve no less.

There's also a double standard for care and treatment in the PPS. Inmates coming out of Philadelphia jails consistently report receiving substandard care while serving their sentence. For example, Philadelphia inmates with mental-health conditions are medicated by PHS psychiatric staff at exponentially higher rates than they are in non-correctional settings.

According to Dr. Greiffinger's first report, 80 to 90 percent of inmates making sick calls for mental-health issues were being

medicated, many with older-generation psychotropics or psychotropics inappropriate to their diagnoses.

COUNCILMAN ORTIZ: Could you explain that, you know...

MR. O'BRIEN: If I go into the prison --

COUNCILMAN ORTIZ: I mean so that the people who are not experts in this field can really understand why this is a big problem.

MR. O'BRIEN: If I go into the prison and I have a bipolar disorder or chronic depression, and I make a sick call to the infirmary, and I'm not given adequate psychotherapy, the medications that I'm getting might be Haldol, which are completely contraindicated for those particular diagnoses. And the 80 to 90 percent rate, according to Dr. Greiffinger is about 50 percent higher than what you would see in the general population. If I went to a doctor on the outside --

COUNCILMAN ORTIZ: Why would that be a problem?

MR. O'BRIEN: Why would that be a problem?

COUNCILMAN ORTIZ: Yeah.

MR. O'BRIEN: My presumption is that it's

easier to keep people medicated and sedated than to spend the time training staff and spend the money for newer-generation, appropriate medications.

The other problem is that many of these drugs have long-term side effects so that giving someone a drug that doesn't address their problem, first of all, doesn't address the underlying problem; and second of all, might open them up to side effects that, again, they weren't sentenced to.

COUNCILMAN ORTIZ: Continue.

MR. O'BRIEN: There are many problems with mental-health care and treatment in the prisons. Perhaps the most troubling in recent reports are the egregious violation of the basic health and human rights of inmates with serious mental illness. The spate of suicides from April to June of 2001, the complete inability of medical staff in certain jails to --

COUNCILMAN ORTIZ: You say there was a spate of suicides; what do you mean by that?

MR. O'BRIEN: I'm talking about three suicides within a period of six weeks. And from what we've been told by the correctional officers

union, the reason for this is a series of levels of suicide watch where, instead of putting someone on a suicide watch with one-on-one supervision in a room by themselves, PHS is giving several gradations where they might put a couple of people in different rooms and they might have a guard go by and check on them once in a while.

If they were giving them adequate care, if they've been identified as a suicide risk, we wouldn't have witnessed those three suicides in that short period of time.

COUNCILMAN ORTIZ: These are individuals who have not yet been convicted?

MR. O'BRIEN: I'm not certain of that.

MS. DALEY: In some cases, that has been true.

COUNCILMAN ORTIZ: Go ahead, continue.

MR. O'BRIEN: In addition to the suicides, Dr. Greiffinger reported that there was inadequate --

COUNCILMAN ORTIZ: Not that if you were convicted that, you know, you would --

MR. O'BRIEN: Not that if you were convicted that you deserve to kill yourself

because, again, you weren't convicted to death.

The other things related to mental health, as I've already stated, are the number of people receiving inadequate medications. There is not access to mental health directly; that's still being mediated, so that if someone goes for mental health, they've got to get approval to go.

There is the graphic report of Dr. Greiffinger about an improper and unnecessary restraint of a mentally ill woman. She reported when she was taken in during her intake process that she had behavioral-health issues. She told the doctors what medications she was on; she was not given those medications. And when she acted out, the guards went in, put her in physical restraints, grave her Haldol, Adivan, and Benadryl, and that's the treatment that she got for her mental health.

Should I just go through this whole four-page thing?

COUNCILMAN ORTIZ: Go ahead. I mean, we want to create a record that really people can grab hold of and look at.

MR. O'BRIEN: All right. The other thing

that I want to say is that I am really happy for the opportunity to do this because the sketchy evidence that we do have now, I hope, will become more filled in by Council action.

COUNCILMAN ORTIZ: Well, I hope, as we establish the record, that that gives us the ground to seek further.

MR. O'BRIEN: Okay. As I said, in relation to HIV, also in relation to mental-health conditions and infectious diseases, including hepatitis C and tuberculosis, consistency in administration of drugs is crucial. Erratic dosing schedules guarantee the development of drug-resistent HIV, which is harder to treat. It increases the risk of sickness and death. And, again, according to Dr. Greiffinger, at the Detention Center, 50 percent of the patients had 50 percent of their doses undocumented, and that there's too much use of the term "no-show," so that when --

COUNCILMAN ORTIZ: What does that mean?

MR. O'BRIEN: That means that someone didn't show up for their meds, so what's entered into the record is that they didn't show. What's

not entered into the record is the steps that PHS took to make sure that they got the medications that they need, and that the public at-large needs so that they're not exposed to drug-resistent TB drug-resistent HIV.

This also leaves supervisor positions with no idea of whether or not an inmate has actually received his or her treatment. PHS's inability to provide regular, uninterrupted access to HIV and other medications is breeding drug-resistent HIV, posing a threat to the health of the inmate and a threat to the health of the community when the inmate is released.

In its 22-year history as market leader in the for-profit prison health care field, Prison Health Services has been accused of medical neglect in institutions across the country for denying inmates asthma drugs in Georgia, to denying inmates insulin in Philadelphia and Colorado, to hiring drug-addicted physicians in Philadelphia. PHS's checkered past and scandalous presence threatens the health of inmates in Philadelphia and across the country.

PHS is also losing money. Its parent

company reported consistently-reduced earnings in 2001, according to American Services Group, their parent company, and PHS officials recently told the Philadelphia City Paper it was losing money on the budget provided under Philadelphia's contract.

PHS's fiscal crisis increases the risk of deadly denials of care as part of a desperate scramble to cut company losses.

Again, to focus on just one illness, HIV. There are more inmates with HIV but fewer HIV doctors. People with HIV/AIDS, whether inmates or not, require regular monitoring and clinical evaluation by an HIV specialist, typically an infectious0disease specialist. Clinical care administered by a specialist typically costs more, but it's a cost effective investment. If you take care of them in the short run, you don't have to pay for opportunistic infections or more expensive, more effective drugs later on.

In Philadelphia jails, PHS refused to hire a second HIV specialist doctor after one resigned. PHS is getting paid the same amount by the City but has decided on its own that it would rather pocket the money than hire a desperately-needed second HIV

doctor. Without proper HIV care, people with AIDS are far more likely to suffer opportunistic infections and risk dying from a manageable disease.

In addition to the suffering caused by lack of care, the interventions required for managing opportunistic infections create additional costs borne either by PHS or by the district health and federally-funded clinics when inmates are released.

One of the biggest problems that's been identified -- and this is in talking to people who work for the Health Department, people who are providers in the City, and inmates themselves -- is that there's little or no planning for discharge, there's little or no treatment in the precincts, and what this amounts to ultimately is, there's little continuity of care.

And particularly for chronic diseases, whether they be physical or mental chronic diseases, this is a huge problem. Inmates have reported that although they told the doctor at intake that they suffered from a certain condition and that they were on such-and-such a med, PHS

didn't follow up with their medical-care providers or their case managers to see what was going on. PHS records within the prison, according to Dr. Greiffinger, have very little idea of who's receiving what medications on a regular basis.

And when people are released, oftentimes, because they are pretrial detainees and they've been taken to court and freed, they're released suddenly, with no warning, they're given their belonging, a bus token, and little else. Often this takes place in the late-evening hours. Recently-incarcerated people we've interviewed reported leaving under these conditions and sleeping on the street their first night out of jail.

Likewise, arrestees detained in the Round House or in a local precinct that revealed their need for medication, such as HIV drugs, nevertheless don't receive life-sustaining, and this is in contradiction to PHS's report of spending $300,000 annually on treatment of arrestees in the Round House.

This leads to the eighth point, that there is no oversight in monitoring reports, and this

needs to be addressed by an external oversight board. These boards exist in other areas in health care in the City, and there's no reason that there couldn't be a board at DHS composed of former inmates, health-care advocates, health-care providers, and PHS and PPS officials.

The final two problems are that despite numerous internal reports calling on PHS immediately to process documents and respond to hundreds of inmate grievances received in each City jail, PHS has consistently brushed inmate grievances under the rug. The June 2000 internal report compiled by Dr. Greiffinger revealed that at one jail, a chief medical officer had not begun to process hundreds of grievances from the previous year.

Finally, Philadelphia jail inmates return every day to their communities, in our communities. Denial of health care in Philadelphia jails jeopardizes the health of inmates as well as the health of Philadelphia communities. The millions of dollars the City os signing away to PHS must be spent on a provider that is held to the terms of its contract and forced to provide necessary

medical treatment for all inmates.

In light of these points, it's clear that action must be taken. The danger to inmates' health, the risk to the danger, and the potentially high cost of lawsuits and of judicial oversight of health care at PPS facilities must be addressed now. There are three actions that we're suggesting that Council can, and should, immediately take on this issue:

First of all, subpoena Dr. Greiffinger;

subpeona the PHS officials that have the information on what's going on inside the prison;

get the Managing Director here and subpoena all other reports conducted on PHS's performance.

The public has a right to the information each of these individuals and documents can provide; moreover, Council needs to reassert its right and reclaim its duty to oversee this contract.

COUNCILMAN ORTIZ: We are constantly trying to evade that duty of overseeing contracts, and it's something that we have to begin reasserting. Obviously, when you negotiate a

contract -- and the same company negotiates a contract in New York City, and there are penalties in the contract in New York City that will be imposed. And knowing New York, they usually will be imposed for poor performance on the contract. And when the same company signs a contract here and there are no personalities for poor performance, then that leads to you --

MR. O'BRIEN: And no standards of what poor performance looks like.

COUNCILMAN ORTIZ: That leads you to say, what are the standards and what are we paying for? I mean, $28 million is not chump change.

MR. O'BRIEN: Right.

COUNCILMAN ORTIZ: But that's what we have.

MR. O'BRIEN: Right.

Well, the other two steps we recommend is that this committee introduce and pass a resolution PHS censuring PHS.

COUNCILMAN ORTIZ: Well, we will try to do what we need to do.

Thank you very much.

Ma'am, do you have --

MS. DALEY: My name is Eleanor Daley, and I'm the Director of Advocacy Services at the Mental Health Association of Southeastern Pennsylvania and am also a member of the Philadelphia Coalition on Philadelphia Prison Health Services.

And I apologize in advance; I think some of my testimony is going to be just a repeat of some of what Robert has said regarding some of the mental-health services --

COUNCILMAN ORTIZ: Well, don't repeat it. Just give us -- what we need is factual information that you may have that can document some of the things that are being said.

MS. DALEY: Sure. Well, I'd start out by saying that all advocates of the mentally ill are concerned for the fact that jails are becoming America's new psychiatric institutions, and increasing numbers of persons with serious and chronic mental illnesses are being confined to U.S. jails every year. And as with most other large, urban cities, Philadelphia's no different in this regard.

Therefore, it's of particular concern to those of us who are involved with consumers of

behavior- health services to learn from documents that pertain to an evaluation by Dr. Greiffinger; that as of June 2001, he felt that within the Prison Health Services, there are deeply rooted issues of organization and accountability creating opportunities for substantial improvements.

And, again, this seems to have been an ongoing issue that, according to Dr. Greiffinger's report, again, many of the issues that he had previously cited in his report have not been taken care of and are still lagging.

As Rob did allude to, one of the most serious issues that we feel at this time are the fact that just to get evaluated for behavioral health-care services is extremely difficult in the prison health-care services at this stage.

And an ongoing concern noted by the consultant and also one that has been reported to myself and my staff by a number of recently-released inmates is the difficulty in accessing the services. The current policy states that a physician's assistant has to be a gate-keeper to the Behavioral Health Services, but this policy leads to an unnecessary time lag of one to three

days at least before Behavioral Health Services are received.

Unfortunately, according to, again, Dr. Greiffinger, he encountered one prisoner who waited approximately two weeks for a referral after a social worker had been notified that, you know, the person wanted to meet with a psychiatrist. And I've also spoken to consumers who, again, back up that claim that one to three days is actually, in their estimation, quite a short frame of time, that in many cases they've also waited two to three weeks before they have been seen by a psychiatrist.

And for those of us who have any experience in working with people with mental illness, a wait of even one or two days is simply not acceptable, and it could lead to a serious deterioration in the emotional state of people who are, you know, waiting for the services.

And, again, one of the most distressing aspects of that is, again, in talking to prisoners, we have found out that very often what happens while they're waiting for services is that, you know, they deteriorate to the extent where they maybe act out or, in some cases, you know, maybe

hit a prison guard. And in those situations, they are the ones that are put in the hole basically, and then have those added charges put on their rap sheet, which I think is just totally -- just doesn't make sense.

We demand basically that the City of Philadelphia address this crisis in behavioral-health care. I won't go into -- you know, again, I was just going to give some information, but Rob has previously talked about the high number, the high percentage of people who are receiving psychotropic medications in the health system at this stage; it's an unacceptably high number, 80 to 90 percent.

Regarding the suicide watch, we'd also strongly advocate for a standard watch to be used for suicide. And according, to the prior testimony, they have two standards of watch at this state: In one case, for some inmates, there is continuous, around-the-clock suicide watch, but in many cases, actually, there are cases where inmates are just seen every 15 minutes or so by a corrections officer, even though they're on a suicide watch.

And as the previous correction officer representative had mentioned, it's not even that one correction officer every fifteen minutes sees one inmate; for many corrections officers, they see up to five, six, or even up to eight inmates during this time, which is clearly unacceptable.

COUNCILMAN ORTIZ: Do you know that during this time in which 42 dates have occurred --

MS. DALEY: Right.

COUNCILMAN ORTIZ: -- there ever been no executions, I think, in 42 months of people in death row in the State of Pennsylvania.

MS. DALEY: Yeah.

COUNCILMAN ORTIZ: So you stand a better chance of surviving if you're condemned to death row in the Commonwealth of Pennsylvania than if you're arrested and not even brought to trial and taken to Curran Fromhold. That's not a good reputation to have.

MS. DALEY: No, it's not. And we would just stress that 15-minute watches are totally unacceptable. For a person who's intent on taking their life, 15 minutes is more than enough time for them to be able to do this. Therefore, I think

that standard should just been abolished right away.

COUNCILMAN ORTIZ: You say you're doing the survey; when will the survey be finished?

MR. O'BRIEN: Um... that's a good question.

COUNCILMAN ORTIZ: We would like to get it done as quickly as possible so that we can begin looking at it and see how it can be incorporated into a final report that this committee can make.

Your documentation that you have, I would like you to refer that to us.

MS. DALEY: Mm-hmm.

COUNCILMAN ORTIZ: So that we can look at all of these instances of negligence and poor performance and lack of services so that we can begin documenting that and that be made a part of the overall result that we have, so we can have that, okay?

MS. DALEY: MM-hmm, okay.

COUNCILMAN ORTIZ: Can you do that?

MS. DALEY: Sure.

MR. O'BRIEN: Yeah.

COUNCILMAN RIZZO: Thank you very much.

MR. O'BRIEN: Thank you for having us.

MS. DALEY: Thank you.

COUNCILMAN ORTIZ: Could I have Linda and Karen Cannon and Steven Saltz.

(Witnesses come forward.)

MR. CANNON: Councilman Ortiz, my name is William T. Cannon, Esquire, and I'm filling in for Mr. Saltz today. And Karen Cannon, the sister of the late Francis Xavier Cannon is seated to my left --

COUNCILMAN ORTIZ: Thank you very much.

MR. CANNON: -- and is here to testify before the committee.

COUNCILMAN ORTIZ: Thank you very much.

Karen, could you identify yourself for the record, please.

MS. CANNON: My name is Karen Cannon

COUNCILMAN ORTIZ: And why are you here, ma'am?

MS. CANNON: My brother died at Northeastern Hospital on October 14th; he was arrested on the 13th of September.

COUNCILMAN ORTIZ: He was arrested on the 13th of September?

MS. CANNON: Right.

Between the 13th of September and the 16th of September, he was transferred to Curran Fromhold facility.

On the 16th, I'm told, there was an altercation with an Officer William Canasis (ph). That was at 6 in the morning, on the 16th of September. At 3 o'clock in that afternoon, a staff member made a notation that his jaw was broken, he was sprayed with mace, he had a blood clot in his eye.

Another notation was made at 4:30 from the prison infirmary, which was the time he was admitted into the prison infirmary, where they documented every couple of hours the deterioration of his state. At that point, he became delusional at 4:30 in the afternoon on the 16th. They made notations every three or four hours as to the deterioration of his health. They did not take him to Northeastern Hospital until October 17th at 5:48 in the evening.

I'm concerned why did it take so long? He was obviously in a bad state from the injuries he occurred. There could have been some head trauma.

He was talking to himself; they've actually made notations of that. It's 38 hours it took them to get him to the hospital. They were very aware of the seriousness of his situation but did not transport him to Northeastern Hospital, where he subsequently died.

COUNCILMAN ORTIZ: How long afterwards?

MS. CANNON: On October 14th he died.

COUNCILMAN ORTIZ: October 14th he died?

MS. CANNON: Right.

COUNCILMAN ORTIZ: So he was taken to the hospital -- give me -- because I want to be very clear. He was taken to the hospital on October 13th, right?

MS. CANNON: No, no. He was taken to the hospital on September 16th.

COUNCILMAN ORTIZ: 16th.

MS. CANNON: Right. We were not aware that he was at Northeastern Hospital until October 17th. They informed the family --

MR. CANNON: On September 17th.

MS. CANNON: September 17th, I'm sorry.

COUNCILMAN ORTIZ: Right.

MS. CANNON: Is when they informed the

family.

COUNCILMAN ORTIZ: When they had already taken him to the --

MS. CANNON: Right. They had taken him on the 16th; it took them 38 hours to transport him to the hospital.

COUNCILMAN ORTIZ: Have you ever received any information from the prison officials?

MS. CANNON: I have not gotten any explanation as to what happened.

COUNCILMAN ORTIZ: Have you requested information?

MS. CANNON: I have sent letters to the Internal Affairs and Thomas Costello. Thomas Costello has not made any effort to get in touch with me, to tell me that he will or will not tell me what happened on this day.

COUNCILMAN ORTIZ: You have a letter here to Captain Melvin Whittaker of the Internal Affairs Division, dated January 24th.

MS. CANNON: Yes.

COUNCILMAN ORTIZ: Have you gotten a response?

MS. CANNON: They left a message on my

answering machine that the information was confidential, and they would not release it to me. They did refer me to --

COUNCILMAN ORTIZ: Have you received any written information to your letter?

MS. CANNON: No, sir, I have not. No, sir.

COUNCILMAN ORTIZ: I have a letter here that you have written to Commissioner Costello.

MS. CANNON: Yes.

COUNCILMAN ORTIZ: Have you received any written response to this letter?

MS. CANNON: I have received none, sir.

COUNCILMAN ORTIZ: Have you received any communications from the prison as to why your brother died, any sort of reaching out to say to you, "Look, we're sorry, you know? Things happen"?

MS. CANNON: No, sir, I did not.

When my brother was in the hospital, they actually had him shackled to the bed, and his prognosis at that point was very, very poor.

COUNCILMAN ORTIZ: His jaw was broken?

MS. CANNON: His jaw was broken.

COUNCILMAN ORTIZ: Prior to being in

prison, your brother was suffering from some diseases, right?

MS. CANNON: He did have a liver problem.

COUNCILMAN ORTIZ: He did have, but prior to that, he had been working?

MS. CANNON: Yes, sir, full-time, the week before this incident.

COUNCILMAN ORTIZ: He had been working full-time?

MS. CANNON: Yes.

COUNCILMAN ORTIZ: At what? What did he do?

MS. CANNON: He was doing fencing at the time, sir.

COUNCILMAN ORTIZ: Fencing.

MS. CANNON: Yes, he was putting up fences.

COUNCILMAN ORTIZ: He was healthy enough to do that. And was he on any medication?

MS. CANNON: No, sir.

COUNCILMAN ORTIZ: He was not on any medication?

MS. CANNON: No, sir

COUNCILMAN ORTIZ: When he -- are you

aware that when he went into the prison and he was arrested, was he given any sort of a physical examination?

MS. CANNON: There's no notation of that; I was not told that he was given any physical examination.

COUNCILMAN ORTIZ: What were the reasons that they gave you for his death? Did anyone give you a reason for his death?

MS. CANNON: No, sir. The coroner's report, the hospital records.

COUNCILMAN ORTIZ: The coroner's report. What does the coroner's report say?

MS. CANNON: It says that it's undetermined, that he did have sclerosis of the liver, that the underlying medications that he was given at the hospital could have progressed his liver to failing him. And they did mention the broken jaw in the coroner's report.

COUNCILMAN ORTIZ: The broken jaw he received, and then subsequently he started reacting to that.

MS. CANNON: Yes.

COUNCILMAN ORTIZ: Do you have any

knowledge of any medication he received during the days and subsequent, you know, the hours after he received the broken jaw?

MS. CANNON: There was a notation that they were giving him Tylenol at the infirmary. On the infirmary prison records that I have, they were giving him Tylenol.

COUNCILMAN ORTIZ: Are you still attempting to communicate with the prison authorities?

MS. CANNON: Yes, sir.

COUNCILMAN ORTIZ: To try to get at least some sort of an explanation?

MS. CANNON: Yes, sir.

COUNCILMAN ORTIZ: I will ask Mr. Costello why he has not answered your letter.

MS. CANNON: Thank you, sir. I appreciate that.

My brother was never conscious to tell us what did occur, so the only way we can get the information is from the system.

COUNCILMAN ORTIZ: Why was your brother arrested?

MS. CANNON: He was arrested for

narcotics, a $20 bag of narcotics, which is on the report, the arrest record.

COUNCILMAN ORTIZ: Was narcotics found in his blood when the coroner did the examination?

MS. CANNON: Not to my knowledge, sir.

COUNCILMAN ORTIZ: How much narcotics did he have at the time of arrest?

MS. CANNON: I was told a $20 bag, sir. I honestly don't know.

COUNCILMAN ORTIZ: Had your brother been through the preliminary hearings?

MS. CANNON: No, sir.

COUNCILMAN ORTIZ: He had not gotten a preliminary hearing?

MS. CANNON: No, sir, not to my knowledge.

I don't know when he was moved from the 13th to the 16th, either. When the altercation occurred, he was obviously moved from the 15th Precinct to CFCF, and I don't know what date that occurred. I have asked that question.

COUNCILMAN ORTIZ: Of whom did you ask that question?

MS. CANNON: Warden Dunlevy

COUNCILMAN ORTIZ: That's the person

that --

MS. CANNON: That I had to speak to on a continuing basis while my brother was in the intensive unit at Northeastern Hospital. We had to call every single day to get permission to see my brother.

COUNCILMAN ORTIZ: Who is Mr. Dunlevy?

MS. CANNON: He is the warden at CFCF.

COUNCILMAN ORTIZ: How did he respond to you?

MS. CANNON: He was very insensitive, gave us a very rough time getting in to see my brother. We had to beg to see him. We had to explain the severity of my brother's situation.

It was -- it was hard. We were treated as a family very badly going in to see my brother every day. The guards at his door were horrendous; they were frisking my mother, who is 70 years old, who was just brokenhearted seeing her son in that condition, on a respirator, never regained consciousness.

COUNCILMAN ORTIZ: Your brother was on a respirator and unconscious?

MS. CANNON: Yes, he was, sir.

COUNCILMAN ORTIZ: When you saw him, how was he?

MS. CANNON: Unconscious and on a respirator. They had him on several medications at that time because they couldn't operate on him for a couple days later.

COUNCILMAN ORTIZ: Was he shackled?

MS. CANNON: At the time when we arrived at the hospital, no, sir, he was not.

COUNCILMAN ORTIZ: How many times before you got to see your brother did you contact the warden?

MS. CANNON: Every day -- sometimes two and three times a day, to make sure that we could get in to see him. The guards would give us a very hard time at the door and throw us out.

COUNCILMAN ORTIZ: How many times did you have to contact the warden before you got to see your brother?

MS. CANNON: We contacted him three times the first day to get us in to see him.

COUNCILMAN ORTIZ: Did you get to see him?

MS. CANNON: Yes, we did, sir; we got to see him on the 17th. My mother got to see him on

the 17th; she was not aware of the situation until then.

COUNCILMAN ORTIZ: And you say you were treated very badly.

MS. CANNON: Very poorly.

COUNCILMAN ORTIZ: Describe that to me. When you say "very poorly," what do you mean?

MS. CANNON: Well, when we would go to see my brother, the guards would be sitting very close to my brother's bed, eating chicken, eating french fries, laughing.

COUNCILMAN ORTIZ: But from Mr. Dunlevy, how was he in treating you?

MS. CANNON: Very poorly. I mean, he was just -- he told us if we don't stop complaining that he was going to cut off our visitation altogether.

COUNCILMAN ORTIZ: He what?

MS. CANNON: Was going to cut off our visitation altogether.

COUNCILMAN ORTIZ: If you didn't stop complaining?

MS. CANNON: Right, that we could come see him like a regular prisoner, one hour every week or

whatever the regular visiting hours are at CFCF.

COUNCILMAN ORTIZ: And to this day, you still have not received adequate information from them, right?

MS. CANNON: To this day, I have no idea what happened.

COUNCILMAN ORTIZ: We'll try to find out.

MS. CANNON: Thank you, sir. I appreciate it.

COUNCILMAN ORTIZ: Thank you.

MR. CANNON: Thank you, Councilman.

COUNCILMAN ORTIZ: Is Thomas Costello here?

MR. GROOMS: No, he's not.

COUNCILMAN ORTIZ: Why isn't he here?

MR. GROOMS: I'm here in his stead.

COUNCILMAN ORTIZ: But you're not the Commissioner.

MR. GROOMS: I'm the Deputy Commissioner.

COUNCILMAN ORTIZ: And you're not the Commissioner.

MR. GROOMS: No, I'm not the Commissioner.

COUNCILMAN ORTIZ: I understand that. Why isn't Thomas Costello here?

MR. GROOMS: I cannot answer that.

COUNCILMAN ORTIZ: What?

MR. GROOMS: I don't know why he isn't here; he sent me down.

COUNCILMAN ORTIZ: I didn't ask for you; I asked for him.

MR. GROOMS: I understand that.

COUNCILMAN ORTIZ: Well, let me -- let me put it this way. Why don't you come up, Mr. Grooms, a second.

(Witness comes forward.)

COUNCILMAN ORTIZ: I'm going to say this one time, one more time. Before, as chairman of this committee I take some action, we've been stonewalled in terms of information. I want all -- and I'm going to give you the timeline. I want all the reports that monitor, that review, that evaluate the performance of the PHS, all the reports. And that means all of the DePaul reports, all of them.

If I don't get them, I want a written explanation from the City Solicitor, because then we will issue a subpoena for them.

And when I request that an official of the

Administration is to be here, I want the person who makes the decisions to be here. So I will need -- I want to give you a 30-day period to submit to this Council the contract with PHS, all the reports evaluating the performance that have been done, all of the reports and evaluation that Dr. Robert Greiffinger has given, all of the reports of Dr. Patterson.

And we will recess this hearing, and those reports are not to be in my office on the day of the hearing, because the staff has to be able to evaluate and go through them, and we have to have our own experts review those.

And Mr. Costello is to be here. The budget period is not yet over either and he will be before this Council and I also will expect a written response as to why Mrs. Cannon's request and Mrs. Cannon's letters were not answered and a written explanation as to why a person, a family member that has someone that has been injured while incarcerated is given such a tough time and is not given the mere courtesies, pleasantries, and respectful treatment that any human being deserves. I want those in writing.

Okay? You got it all?

MR. GROOMS: I have it, Your Honor. Yes, I do.

COUNCILWOMAN REYNOLDS BROWN: Mr. Chairman?

COUNCILMAN ORTIZ: Yes.

COUNCILWOMAN REYNOLDS BROWN: Good afternoon. I simply wanted to know if you had a chance to speak about the letter that we received this week and read into testimony.

COUNCILMAN ORTIZ: Excuse me?

COUNCILWOMAN REYNOLDS BROWN: I wanted to know if you spoke with our guest regarding the letter we received this week and shared it with the Prison Commissioner?

COUNCILMAN ORTIZ: The one we shared that you gave to me?

COUNCILWOMAN REYNOLDS BROWN: Yes.

COUNCILMAN ORTIZ: No, I have not, but we just had testimony from another family member that received the same sort of treatment that the family that wrote to you received.

COUNCILWOMAN REYNOLDS BROWN: Yes. Could we just hear for the record procedurally what

happens when families want to come visit their family members? Procedurally, what happens in terms of parking in the lot, walking from the lot to the designated spot? What happens at the desk, and all the steps that come with from the car to ultimately meeting with a family member?

COUNCILMAN ORTIZ: Answer the question.

MR. GROOMS: And I'm pleased that you asked the question because I heard the letter read in City Council.

COUNCILMAN ORTIZ: I read it.

MR. GROOMS: On Tuesday, that's correct.

COUNCILMAN ORTIZ: Yes.

MR. GROOMS: And to be perfectly candid with you, I was appalled at the treatment that that person received. That is not the prison's policy, that is not the practice.

COUNCILWOMAN REYNOLDS BROWN: Okay.

MR. GROOMS: And I assure you that I will be responding to that situation with the warden of the institution -- not only with the warden of the institution, but after the investigation is complete. And once we determine who those officers were that allegedly was rude to the gentleman, we

will take firm disciplinary action, I assure you of that.

But, once again, I was appalled when I heard the letter. It's not something that I would allow, it's not something that we support, and certainly, I will be addressing those issues with the warden and the staff at Curran Fromhold.

COUNCILWOMAN REYNOLDS BROWN: With that said, we should put on the record that it was actually a seven-month-pregnant lady who --

COUNCILMAN ORTIZ: Nine months' pregnant.

COUNCILWOMAN REYNOLDS BROWN: Nine months' pregnant.

So with that said, what is the SOP, standard operating procedure?

MR. GROOMS: If I remember correctly the letter, she was getting someone out on bail. When you come up and get somebody out on bail, you go to the officer in the lobby; the officer in the lobby notifies someone from the record room, and they'll come out and receive the papers, identify themselves that they are here to get a person out on bail. The officer will then go back into the intake area of the receiving room, go through the

paperwork to make sure that it is proper. Then the officer in the record room will notify the center control; the center control will notify the housing area. And also at the same time, they will also see them off, which is the record room, and will also notify the housing area that a person's out on the bail.

The inmate is notified that they have bail and to prepare themselves to be discharged. Sometimes they may take a shower, sometimes other activities are going on. The inmate gets his personal gear, goes to the officer on the housing unit.

COUNCILWOMAN REYNOLDS BROWN: Mm-hmm.

MR. GROOMS: The officer in the housing unit will check the inmate's arm band to make sure it's the right person, ask him a few questions on his (indiscernible) card, on his admission card, and then the inmate is then sent to the receiving room.

COUNCILWOMAN REYNOLDS BROWN: I see.

MR. GROOMS: Once in the receiving room, he has the opportunity to change clothes. He gets all of his clothes, his personal clothes, changes

into his personal clothes.

And then he goes out toward the center control area, where the person's arm band identification is check once again.

COUNCILWOMAN REYNOLDS BROWN: I see.

MR. GROOMS: Once the identification is checked and verified, that person is discharged.

COUNCILWOMAN REYNOLDS BROWN: Is released.

MR. GROOMS: He goes to the lobby, meets his family, and they proceed from there to wherever they go -- in most cases, home.

COUNCILWOMAN REYNOLDS BROWN: And so given what you've outlined, assuming that all parties involved in that process were adequately notified pending the release of this individual, that process you just described could take how long? A half a day, eight hours? Help us out.

MR. GROOMS: Councilwoman Blondell, let me just say this to you, it doesn't take five hours.

COUNCILWOMAN REYNOLDS BROWN: Okay.

MR. GROOMS: It should take -- and once again, bear with me because it depends on what time of the day it is.

COUNCILWOMAN REYNOLDS BROWN: Sure, sure.

MR. GROOMS: If it's 6 o'clock in the evening, it's going to take longer because the housing areas are locked down for count. And if I remember correctly, this case was at 11 o'clock at night, so they were doing count.

Count is usually cleared within 45 or 50 minutes, barring no miscounts.

COUNCILWOMAN REYNOLDS BROWN: Okay.

MR. GROOMS: Even if there's a miscount, it doesn't take five hours.

COUNCILWOMAN REYNOLDS BROWN: Okay.

COUNCILMAN ORTIZ: It should not take --

MR. GROOMS: In this case, the worst-case scenario should be an hour and a half, no more than two.

COUNCILWOMAN REYNOLDS BROWN: Okay, then. Thank you very much.

COUNCILMAN ORTIZ: We expect that from Mr. Costello in writing.

MR. GROOMS: Pardon me, sir?

COUNCILMAN ORTIZ: We expect that response in writing from Mr. Costello.

Now, so that we're very clear, I want contents of all reports completed by DePaul,

Dr. Greiffinger, and Dr. Patterson in a 30-day period.

MR. GROOMS: When you say "reports," is there a year, a date?

COUNCILMAN ORTIZ: Excuse me?

MR. GROOMS: You want all the reports from the time --

COUNCILMAN ORTIZ: To me. Yes, to this committee.

MR. GROOMS: From the time that they started inspecting the system to --

COUNCILMAN ORTIZ: That's right. On PHS, all right?

MR. GROOMS: I understand.

COUNCILMAN ORTIZ: This committee stands in recess until Wednesday, May 8th, at 1 o'clock in the afternoon.

(Proceedings end at 2:36 p.m.)

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CERTIFICATE

I HEREBY CERTIFY that the foregoing proceedings of the Council of the City of Philadelphia's meeting of the Joint Committees on Public Safety and Health & Human Services of Thursday, February 28, 2002, are contained fully and accurately in the stenographic notes taken by me, and that this is a true and correct transcript of same.

RE: Resolution No. 010598

_____,

Josephine Cardillo

Registered Professional Reporter
and Notary Public

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