COUNCIL OF THE CITY OF PHILADELPHIA

PUBLIC HEARING

COMMITTEE ON LAW AND GOVERNMENT

COMMITTEE ON PUBLIC SAFETY

COMMITTEE ON PUBLIC HEALTH AND HUMAN SERVICES

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Room 696, City Hall
Philadelphia, Pennsylvania
Friday, May 23, 2003
12:15 p.m.

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RESOLUTION 020695 - Resolution authorizing the Council Committees on Public Safety and Health & Human Services, to jointly investigate the Administration's current methods and systems for addressing the proliferation, use and abuse of illegal drugs in the City...
RESOLUTION 020832 - Resolution authorizing the City Council Committees on Law & Government and Public Safety to investigate the efficiency and effectiveness of replicating the Philadelphia Drug Treatment Court...

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PRESENT:
COUNCILMAN DAVID COHEN, Chair
COUNCILMAN ANGEL ORTIZ
COUNCILWOMAN JANNIE BLACKWELL

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I N D E X

05/23/04 - RESOLUTIONS 020695, 020832

COUNCILMAN COHEN: Good morning, everyone. The Committee on Law and Government and Public Safety is now in Session to consider two different aspects of drug problems.

I have to tell you, really we're in Session to begin the fight to make people realize that rehabilitation and redemption are an important part of American life, that we've got to put an end to this notion that the only thing that counts are sentences and heavier sentences and heavier sentences and forget about the people, throw the key away after you put them away; because all that has produced are heavy budgets, enormously heavy budgets for prisons, and cuts in money for education. It's unhealthy for this society to have such an approach to problems of human beings.

Yesterday, I was in court defending somebody who has committed many different white collar crimes. If he were not black, they'd be considered white collar crimes. And if they involved much more money, they'd be considered white collar crimes. But because he's a member of a minority, in my opinion, it's equated his particular white collar crimes, horrendous as they may be, were

equated suddenly with violence.

Now, I'm a former defense lawyer, as well as a general practitioner, in my private life. I don't practice while in Council. And since that's been most of my life over the last 35 years, I haven't been involved too directly. But there's been a terrible thing that's happened in that kind of span of time. Instead of moving in the direction of civilization, it seems to me, we've become more uncivilized. We've become vindictive. We want to punish people forever. We think that by removing them from society, that that's the answer.

The United States has the highest prison population in the world. I think there are two to three million people in the United States in prison today, a horrendous figure. But nobody thinks -- when I say, nobody, I mean the general public, has been deluded into believing that the answer lies in more prisons, more cells, less rehabilitation. There's a sense of vindictiveness that seems to cover everywhere.

These hearings today are the beginning, I hope, together with my esteemed colleague, Councilman Ortiz, we hope it's the beginning of a

return to a more human and a more sensible approach, one that will stop threatening our schools with lower budgets because of the heavy drain of prison costs, and will improve the respect of people for human life.

It may seem strange when we're going to consider a kind of tough version of how courts deal with drug offenders, but the complexities of the drug problem represent the complexities of the whole nature of human problems when they deal with wrongdoing by individuals. And somebody, somewhere, somehow has to begin hoping to be able to reverse the movement of the wheel from going left to right, maybe going from right to left, and reintroduce the concept that the most important thing is you remember we're dealing -- whether with victims of crime or those who commit crime -- we're dealing with human beings. We can sympathize heavily with victims of crime. But we have to, at the same time, understand that those who commit them represent more than just a human failing, they represent a failing of society. And therefore society has a responsibility to both the victim of the crime and to that person who commits it, because I think

that's where the facts are.

This is a beginning, we hope, in Philadelphia where liberty for this country was founded. We hope that liberty for human beings may be found in the same place -- beginning in the same place at least. So I want you to know my biases and prejudices.

I'm interested in the drug problem, but my vision is not narrowly just focused on the drug problem. I'm concerned because that seems to be the most pervasive problem and the one we're most unsuccessful on. And the more money we spend in trying to interdict lines of communication, the less success we seem to have. The tougher the laws are, the less success we seem to have in reducing the number of those that get addicted. And more and more that develops a notion once we get people confined, let's throw away the key. Anything you provide for a prisoner in the direction of rehabilitation is viewed as a coddling of the prisoner who doesn't deserve it, and I think that's an unhealthy approach.

And if you're not a believer of the same general philosophy, we hope that through a series of

hearings we'll begin a process that may change your views. And if you're a believer, and you haven't lost hope yet for human beings and the redemptive power that's possible, I believe, for all human beings to recover from various forms of addiction, then we hope you'll move in that direction.

I just want to state that, so you know I'm biased to begin with. I'm biased in the direction of believing that every human being can be saved at some point. Maybe not every one. But I think every human being is entitled to have the effort made on his or her behalf, and that never is the approach of throw away the keys after you incarcerate somebody the right approach.

In Philadelphia, Judge Presenza's court, it's a tough court. I understand -- I may be wrong and the evidence may prove to the contrary -- I understand his program is both a success in the sense of percentages of people who remain free from addiction, but it requires a very high threshold of willingness on the part of individuals to accept a rough course of treatment. I would like to hear more about that, and I would like to encourage that.

I think beyond that, we've got to go to

lower levels of willingness to cooperate, because one of the problems in drug addiction, I think, is for people to develop a general feeling that lasts that they want to break away from drugs. And I'm hoping you're going to give us some clues as to how we can strengthen their feeling.

If Judge Presenza's program, which has attracted national attention, is as successful as we in Philadelphia believe it to be, we'd like to enlarge that program. We'd like to replicate it many times over. I personally will not be friendly to the notion that it's too expensive, because I don't know what is more worthy of spending money on than human beings in attempting to return them to a productive life.

We're going to read the Resolution shortly, but I wanted to say Judge Presenza wanted to be here, but he had, I think, two happy events; a release of someone from the armed forces or a return to this country, and we join in his happiness about that event, and the marriage of one of his children. We certainly also join in the happiness attributed to that event. So we excuse him.

Today's hearing is not going to consist

of any reading of papers. They can be introduced. What we'd like to do in the period of about two hours is to cover the live testimony of witnesses and concentrate -- my problem with reading of testimony is there's nobody to cross-examine, no one to question. I would like answers directly. So there will be another hearing when Judge Presenza is able to attend to hear from him directly so he can answer any questions that may come as a result of this hearing. That's the picture.

Let me explain why there are not more Councilmembers present. We went through an election Tuesday. In one sense, the most fascinating election I've ever been in. And I've been many in the course of my young life, and this was the most fascinating. There were more bizarre twists, more plots hatched, more plots that failed, some plots succeeded.

One plot that we hope only temporarily succeeded, because I think the loss of Councilman Ortiz from the City Council would be a very heavy blow, not to Councilman Ortiz particularly, because he would be enticed by so many offers, but for the people he represents who, like in my case, are

people who are politically powerless, people who need political champions, but who can't afford to hire the lawyers and lobbyists to become their champions and, therefore, they have to depend on politicians. That issue is not yet decided, but you see he's here at work today. But those Councilmembers who won are away on what they believe -- and I agree with them -- on well-deserved vacations.

The reason we had this Session today was we think there's an urgent situation, and we just didn't feel we could afford to let another week go by without beginning to draw attention to this drug problem. Apparently the press -- I don't see anybody here from the press. They're probably on vacation too. Because in addition to the plots that really existed during this election process, they also manufactured a number of them.

The Philadelphia Tribune, we thank you for being here. They're kind of out my sight of vision. But they're here. The Philadelphia Tribune is a fine paper to begin this series of articles that I hope will emanate from this and draw attention to the problems the hearings are going to

cover.

So I'm going to at this point ask Tim Kearney, the Legislative Director on my staff and the Secretary and the Clerk of this Committee, to read the two Resolutions that are going to be technically before us.

MR. KEARNEY: Resolution 020832, authorizing the City Council Committees on Law and Government and Public Safety to investigate the efficiency and the effectiveness of replicating the Philadelphia Drug Treatment Court to increase its capacity to treat Philadelphia citizens, save lives and reduce expensive, burdensome and ineffective jail time.

Also, Resolution 020695, authorizing the Council Committees on Public Safety and Health and Human Services to jointly investigate the Administration's current methods and systems for addressing the proliferation, use and abuse of illegal drugs in the City, including, in particular, a review of the recently released report issued by the Philadelphia Police Department's Integrity and Accountability Officer, its conclusions and recommendations, the success of the Safe Streets

program, and alternative methods of effectively addressing the drug plague in our City.

COUNCILMAN ORTIZ: Mr. Chairman, if I may?

COUNCILMAN COHEN: Councilman Ortiz has a brief statement to make.

COUNCILMAN ORTIZ: Thank you, Mr. Chairman.

When we introduced these two Resolutions, we were awash, really, in reports about the success of the Safe Streets Program and other programs in terms of drug prevention or drug proliferation in the City.

Now, we understand very clearly that the drug problem in the City of Philadelphia has not been reduced. At least, I'm starting from that point. As of this date in May of the year 2003, the drug problem in Philadelphia remains as big as it was two years ago, even though arrests are being made. I saw one big arrest the other day that was held with a press conference. And programs to address the problems of drugs that we have, programs that go towards prevention and treatment, seem to be getting the short end of the funding stick across

the State and the City.

If we still have the same problem, are we just pushing the drug problem from one neighborhood to another or chasing it inside? And if we still have the same problem of drugs in the City of Philadelphia, a problem that has not diminished, it might have -- it's not maybe as visible as before in certain sectors of the City, but it does not mean that it has disappeared from those sectors of the City or even been reduced in those sectors of the City.

I believe the problems of drugs and drug selling and drug use in Kensington, other parts of North Philadelphia and West Philadelphia, is still as high, or even higher, than before. I don't believe the issue has been made that we have less entry of drugs into the City of Philadelphia than we did last year. I think we have probably the same amount of drugs, if not more, entering into the City of Philadelphia. And the quality of the drugs, specifically heroin, seems to be of the most purest kind and the best in the country and the best in the country for the price that it sells.

So we have an issue of supply and demand

in the City of Philadelphia. I believe the supply has been constant, if not growing. I think the demand has been constant, if not growing. I don't think either of these two areas have been diminished. And I don't want us to keep on believing that somehow we have really put a dent into this scourge that we have in the City of Philadelphia.

I think that's what these hearings are all about during the next few weeks; to begin, one, talking about those issues and programs that are working in terms of not incarcerating as -- a point in which I agree with Sylvester Johnson. We are not going to get rid of the drug problem by building more jail cells and incarcerating more people. That is not the solution. I believe education and jobs are the solution. But I don't know whether we're planning or that is part of the overall concept when we look at the drug problem. Because we seem to look at it in only a very narrow, narrow, narrow viewpoint.

I think the drug problem in the City of Philadelphia has to do with the economics that we have, the poverty in neighborhoods, the lack of jobs

and the lack of opportunities because of the lack of education. So I would like us to begin really put a real face on the problems that we have in Philadelphia around drug dealing, drug usage, drug treatment and drug prevention. And I believe that this is a beginning to really get a handle on it.

Mr. Chairman, I think during the next few weeks we're going to have our hands full, and I hope that we can come up with a document and recommendations that we can implement, just in case I don't come back, we can pass legislation before I leave this body.

COUNCILMAN COHEN: Don't let the job offers from Mayor Street or Governor Rendell take you away from us.

COUNCILMAN ORTIZ: No, it's not.

COUNCILMAN COHEN: Incidentally, mentioning Governor Rendell brings to mind another important factor that we're going to have to deal with, and that was the terrible cut in the amount of money that the State seems to be offering for assistance to Philadelphia in dealing with the drug problem, whatever approach we decide in the City.

As I understand it, the cuts that exist

in the Rendell budget -- I don't mean proposed, but actually exist now -- are somewhere between 20 to $25 million just in the City of Philadelphia. And other political stars may disagree with me, but I cannot believe that Governor Rendell for a moment ever believed that the Republicans in control of the legislature would forego the opportunity to accept the budget offered to them on a silver platter that met every one of their needs to eliminate any funding for human services.

So it seemed to me to be a natural follow-through when the Speaker of the House came out the other day in favor of more casino gambling. It looked to me that that was the other half of the bargain. The Governor may have given the State House what it wanted by way of a budget. It spares the Governor the uncomfortable position of not having a budget by June 30th. It spares him a fight because he already has a budget. The Republicans got what they wanted, a budget that they never dreamed they could get from a Democratic Governor, and they promised to the Governor the support of his gambling proposals.

So I think we've got to understand,

we've got to work very hard. I do commend the District Attorney of the City of Philadelphia on her leadership in marching and leading the march down Broad Street in opposition to those cuts. I wish she showed the same initiative in having a more humane approach to the problem of criminal law enforcement. But that's been a battle that many of us have had with the District Attorney over many years.

At this point, I'd like to call the assistant to Judge Presenza, Linda DeGregorio, and ask her to present to us the graduate students from Judge Presenza's program that are, I believe, here with her today. I think that will be a very fine beginning to today.

After that, there will be a panel including John Goldkamp, Professor John Goldkamp, of the Temple University School of Criminal Justice, Dr. Tom McLellan of the University of Pennsylvania, and Dr. Steven Weinstein of Dr. Thomas Jefferson University.

Please identify yourself for the record -- and this goes for everybody -- spell your last name. We're not swearing in witnesses. We have

confidence that the witnesses are going to be as truthful as they can be, and there's no need to have the compulsion of law to have anybody formerly sworn in. But we do ask that you spell your second name for the court reporter. So after you give it, please spell your second name. We want to be as accurate as we can be in the record.

Go ahead, Ms. DeGregorio.

MS. DEGREGORIO: Good afternoon. My name is Linda DeGregorio, D-E-G-R-E-G-O-R-I-O. I'm the Treatment Coordinator.

It is my distinct honor and privilege to present to you Ms. Crystal Brown, who is a Treatment Corps graduate. She will testify at the hearing. We feel that she's the most appropriate person to speak about the positive impact of drug courts.

MS. BROWN: Good afternoon. My name is Crystal Brown, B-R-O-W-N. I just want to say that I am a blessed recovering addict. It's an honor and a privilege to be able to come before you this afternoon and briefly tell you about my situation.

I was born and raised in Philadelphia. I came from two loving parents. I have a college degree. I have a masters degree in education. And

throughout my travels, I felt the need to experiment with drugs, and consequently what happened was the experiment turned into a progression. I didn't know that I have a disease called addiction, that I would have a problem down the road.

When I started to use drugs, everybody was occasionally using it. It started with cigarettes. It went to alcohol. It progressed to marijuana. It went from marijuana to speed, from speed to cocaine, and from cocaine to crack cocaine. And crack cocaine is what led me down to the bottom, as we say in recovery. I did things that I would never think that I would do to be able to obtain this drug.

I've also lived all around the United States. And I must say, when I was an active addict, no matter where you go, what state you go to, you will somehow connect to somebody that's an active addict. Throughout my addiction, I was able to maintain a job until, I think, the last eight years of my active addiction.

Consequently, what happened after moving back to Philadelphia and continuing my use of illegal drugs, I was busted. Okay. I sold drugs to

an undercover agent. They came in. They took me down. I had never been in trouble in my life. I was a chameleon. You know what I'm saying? I would work and I would use at night. I would be up all night. I would be up for weeks at a time, using. It was like I was living a double life.

At the end of my road when I was busted, I was sent to a place for women that were first-time offenders, and here I received a case manager. She was telling me about Treatment Court. She was telling me about going to receive some type of help. I had been using drugs all my life and, to me, it was, like, real difficult thinking about even living without the use of drugs.

But consequently when I was busted, they took the property I was in, so I was now homeless. So I really had nowhere to go, so I went on into rehabilitation with reservations of maybe, like, getting my life together and coming back and eventually using successful. But there is no successful way in using drugs.

I stayed in a rehab for five months, a long-term facility, Interim House East. I graduated and went on to their outpatient for six months, and

then I went into a transition housing for a year and a half. So my care was, like, two-and-a-half years. I needed that two-and-a-half years to take a good look at myself and figure out why did I go on this self-destructive path. Both my parents are deceased at this time. They were not able to see me clean, and I regret that. But I know that they're looking up at me now, smiling.

I have five-and-a-half years clean from drugs and alcohol. Three years clean from nicotine. And I feel really good. Because I was able to receive the necessary rehabilitation to deal with the therapy, the group therapy, to be able to look at myself and answer some questions is the reason why I am able to sit in front of you today.

I was later finally sent to Treatment Court, because I had this case that was, like, dangling over me. Now, because I had already went through long-term treatment, I already finished outpatient. One of the stipulations of Treatment Court is that you go back into outpatient. So I went back into outpatient for another year.

Treatment Court, the rehabilitation, the stopping the using of drugs, getting myself involved

into a 12-step treatment, that healed and helped me, but Treatment Court gave me my life back. It gave me the opportunity to reintegrate into society. It gave me the opportunity to utilize the education that I had and to begin to work again. Because I was looking at 20 years, I believe, because it was like 00.1 over the amount -- some chaos. It was really chaotic. I was really grateful that I was able to go through this process of Treatment Court. Because after a year -- I graduated within a year. A year after I graduated my record was expunged because I did what I needed to do to continue my life.

I just can't state enough that the disease of addiction does not discriminate, and it has nothing to do with your race, your economics, your education. It has nothing to do with your background or where you come from. Anybody, anywhere at any time may experiment with drugs, and you might just be one of those people that have this disease. And it will progress, and it will take away your life, your dreams, your goals, your ambitions. It will just consume you. And while you're in the process of using, it's as though you

have no control. You want to stop, but you can't. It's like you're living in a hell, because you want to stop doing something and you don't know how.

I can't imagine that money is being taken away from Treatment Court, from various social services that are available to help people save their lives. I mean, we have all these different organizations for animals, and that's a good cause. Environmental organizations, that's a great cause. But what about people? When are we going to start looking at people and helping us? Everybody deserves a second chance. If you're one of those lucky ones and you go through life and you're not going through anything, well, God bless you. But everybody is going to stumble, and everybody deserves a second chance.

I can't even imagine myself incarcerated. I probably would have committed suicide. I've never been incarcerated. I've never been in anything. I just can't even imagine myself there. I believe that we as social services, as people that are elected by the people, that we need to give the human race a second chance. And Treatment Court is one of the things that's going to

help put one's life together.

March 13th, it was a Friday the 13th, 1998, was the last time I used any substance. You know, I went through the process. I was eager to get my life back, and I have. Today I'm a case manager at Philadelphia Health Management Corporation, a senior case manager, and I work with families that are in Section 8. I have a diverse population; drug and alcohol, mental health. And I just see all the problems. We need this funding. The cost is going to be enormous if we do not do something now to prevent.

Thank you.

COUNCILMAN COHEN: Thank you very much. That's a very telling story. Thank you.

Let me, before the next person appears, acknowledge the presence of City Councilwoman Jannie Blackwell, a Member of the Committee, sitting in the back.

And I believe two reporters from the Inquirer came in. We welcome it, because without proper media coverage, we don't get a chance to tell the full story. It was broad enough for the population to be as effective as we ought to be. So

thank you, Inquirer, even though Knight Ridder did not endorse either Councilman Ortiz or me.

The people of Philadelphia did refute in telling fashion the attack of the Inquirer on myself on the issue of age-ism. I want everybody here to know that every part of the City voted in support of my candidacy, every single ward, which means it was a Citywide rejection of the argument of ageism.

We want the story told about the drug problems so that we're in a better position to win support for proper corrective release.

Now, is there someone else you have, Ms. DeGregorio, that you want to present?

MS. DEGREGORIO: Yes, Councilman. If I may. I have a statement from President Judge Louis Presenza. I understand that it's not to be read.

COUNCILMAN COHEN: Is it a brief statement?

MS. DEGREGORIO: No. It's actually two pages. I will not read it. I just wanted to move it into the record officially.

COUNCILMAN COHEN: Sergeant-At-Arms, do we have that?

THE CLERK: Yes.

COUNCILMAN COHEN: All right. We have his statement. Thank you very much.

Are we set for the first panel?

I'm going to ask Professor Goldkamp, Dr. McClellan and Dr. Weinstein to appear.

Ms. DeGregorio, will you tell Judge Presenza that we will look forward to having him at the next hearing?

Who is going to lead off?

Spell your name after you give it, for the reporter.

DR. GOLDKAMP: My name is John Goldkamp. I'm a professor at Temple University. You spell my last name G-O-L-D-K-A-M-P.

First of all, let me say it's an honor to be here speaking to you today about this topic. Perhaps I'll give you a brief background. I have some materials to submit, and I'm just going to sort of summarize my comments.

First of all, just a little bit about me, so you know where I'm coming from. I've been at professor at Temple University for a quarter of century now. Over those years I've been involved in many issues of criminal justice reform, system

improvement overcrowding, drug treatment. So I've continually been involved in issues of system change in Philadelphia. And at the same time it so happens I've been involved in the drug court movement from the very beginning as a researcher. I'm a professor and a researcher and a skeptic, but I have through several large-scale national projects evaluating drug courts, through consulting, through training and through working with the Philadelphia Treatment Court, including two large studies of that court, a lot of the familiarity with the issues that we're going to talk about, both broadly and specifically.

In addition, I've spoken with groups of drug court participants in eight cities in the United States, and all of these things have been published and are available.

I guess before I talk about drug court, which I want to do, I should say that I see two big problems right now in this area. One is the drastic cut in drug treatment resources that we're facing. It has never been good, and now times are very difficult.

Secondly, from the perspective of the piece of the City of public safety, the

single-minded emphasis on law enforcement that generates arrests and more people going into the criminal justice system is going to end up undermining the goals of public safety by not connecting up with the justice and health systems of treatment. So I think those are two big issues.

About drug courts generally, I can tell you, as I have said before Committees of the Congress and of the Senate, that the overwhelming body of evidence suggests that they can be very effective in turning around addicted individuals and who find themselves in the criminal justice system. The overwhelming body of evidence is positive. They can prevent further crime in these individuals. They are needed. And when they are well done, they are simply right.

About the Philadelphia Treatment Court, I can say more. It is well done. In contrast with some other developments in criminal justice locally, it is a prime example of good government at work. The collaboration that has been involved in this from the beginning with Judge Presenza, the District Attorney, the Department of Health, the Defenders Office and a host of providers is an example for all

government cooperation. It is a singular example of collaboration across agencies, and it works. The evidence is there, and some of it is in reports I've produced, and in some of the numbers that are currently being produced.

The Philadelphia Treatment Court is not a luxury. It's not a nice little court project. It's not Judge Presenza's little baby. In this City it is a necessity. It is absolutely essential to dealing with Philadelphia's crime problems related to drugs. And much of the crime picture is related to drugs.

Now, three main problems with the Philadelphia Treatment Court. Two have to do with resources.

First, it is underfunded. It has had to produce most of its operating resources through basically volunteer labor of the various participating agencies. It was started out of sweat and elbow grease, grants written and won from federal and local sources, and through the cooperation and backing of the City's Health Department, and I think they're among the unsung heroes in this story. I have great respect for

their work.

Second, this hard won success story, which is still young, risks losing all of its success if these budget cuts in treatment are sustained. This would produce just an incredible fiasco and would strip an important tool from the City's justice system for fighting crime and restoring neighborhoods. And drugs are related to neighborhoods. And that is a calamity in the making that can and should be avoided.

Finally, there is a glaring disconnect between law enforcement strategies that target drug activity and generate huge increases in drug arrests, and the court system's effort to bring treatment to the nonviolent addicted population, which is probably most of the arrests that are being generated.

The strong emphasis on intensive drug enforcement that began in the Neal Administration was accelerated under the Timoney Administration, and is being further accelerated under Safe Streets. The line goes straight up as far as bringing people into the criminal justice system. In some ways, it resembles a one hand clapping approach to the drug

problem, in which the fruits of intensive street enforcement are left at the front door of the justice system, much like a foundling on the door step. What happens next when the arrests move through the door appears to be someone else's concern.

So such a strategy of disconnect is shortsighted and undermines the possible payoff from drug enforcement offenses without an overall plan for what happens next. It floods the criminal court system, overcrowds the Philadelphia prisons, which are at record levels with drug offenders, and merely recycles addicts and crime back onto the streets. It's a major strategic oversight not to have Treatment Court directly connected to such initiatives as Safe Streets that are aimed at reclaiming City neighborhoods and the problems caused by drugs. The Treatment Court strategy should be expanded and adapted, not diminished.

Thank you.

COUNCILMAN COHEN: Go ahead.

Thank you, Dr. GoldKamp.

Dr. McLellan.

DR. MCLELLAN: Thank you very much for

the opportunity to present. I am Tom McLellan, M-C-L-E-L-L-A-N. I'm the Director of the Treatment Research Institute, and I want to present today some evidence about some evidence about the effectiveness of treatment from research evidence.

We are not very importantly an advocacy organization. I'm not going to advocate on behalf of one side or the other side of any debate here. We do think it's important to bring the known scientific evidence about treatment effects, especially in concert with court effects.

First point is that it's a very serious error to imagine that substance abuse treatment is even the primary -- that benefits to a substance-abusing patient are even the primary reason for substance abuse treatment. Done appropriately, substance abuse treatment has much greater benefits for the public, in terms of public health and public safety. That's point one.

Point two is that substance abuse treatment -- the City Council of this City, the national government, doesn't have to take the word of substance abuse providers or drug court judges. Substance abuse treatment and drug courts can be

evaluated scientifically, and indeed have been. This is a matter of evidence, the same kind of evidence that is done when you evaluate new medications or new medical devices. Indeed, there are over 600 published studies of substance abuse treatments done with or without criminal justice influences.

Point three. There are no cures for substance abuse treatment. Anybody who tells you there is, is wrong. You cannot reliably suggest that a person who goes into substance abuse treatment is going to come out forever never using drugs again. There are no cures for diabetes. There are no cures for hypertension. There are no cures for asthma. All of those conditions are effectively managed with combinations of continuing care, and that is also true for substance abuse treatment.

I liked very much what Dr. GoldKamp says. Drug courts can be effective. The same thing can be said about treatment. Treatment can be effective, especially compared to other options that might be taken with public funds. You might say, is treatment better than no treatment. It should be

clear there are costs associated with no treatment. That is a decision. It's a policy decision not to treat, and there are demonstrated costs for it.

Two, substance abuse treatment is certainly better than incarceration alone. But as the drug courts are showing you, substance abuse treatment can be particularly effectively mixed with criminal justice interventions. It's like saying, is this person a felon or is this person a diabetic? They are both. A person that commits a crime is a criminal. A person that uses substances out of control is an addict. If you put the two sets of public interventions together, that's what research shows is your best chance of succeeding.

Finally, because treatment can be evaluated scientifically, because treatment, good treatments, can be delivered effectively, it is possible to structure the treatment and judicial systems for the benefit of the public. And I urge you to take that kind of opportunity to do that.

Thank you very much.

COUNCILMAN COHEN: Thank you very much.

Dr. Weinstein.

DR. WEINSTEIN: Hi. My name is Steven

Weinstein, W-E-I-N-S-T-E-I-N. I'm the Director of the Division of Substance Abuse Programs at Thomas Jefferson University. I've been with the University now for 27 years. I've been a professor in the department for most of that time. I was involved in the inception of many of the programs and I've worked with the drug court in Philadelphia since they started in 1997.

I think we've all talked -- and there's statistics available and I think they're in parts of Tom's presentation and in parts of mine -- about the numbers and percentages of people engaged in criminal behavior who are also drug and alcohol abusers, particularly drug addicts. That stuff is pretty well known.

The cost of substance abuse on the quality of life of Philadelphians is enormous. I don't know that that's easy to estimate. The dollar cost of incarcerating people, keeping them in jail or providing treatment is easy to find. But the cost on the quality of life is not so easy to find. It's not as easy to determine how many businesses leave Philadelphia because they can't get the right employees, since the kids aren't available. Since

they're not working, they're out in the streets doing drugs. How many businesses don't stay because their employees don't feel safe. How many vacationers or conventioneers don't come to Philadelphia, if it develops a really bad reputation. And having a reputation as having the best quality heroin in the country doesn't exactly get us the kinds of people we want to visit our City.

COUNCILMAN ORTIZ: It's a different type of tourist.

DR. WEINSTEIN: Different type of tourist would be very well stated.

Drug courts, as I guess you well know, offer offenders an opportunity to avoid incarceration or a criminal record if they complete a standard regimen of treatment, case management, urine drug screenings, judicial status hearings, and are not re-arrested during their period of court involvement. The only way this has ever really been effective is not just by the intervention of the court, but when it's integrated within a system of available, accessible services that can offer a range of different types of treatment depending upon

the needs of the people.

I think as Ms. Brown so really nicely put it, she needed a lot of different treatment over a long period of time, but came out on top. That's the pretty much the way it works. It's the combination of dealing with the criminal aspect of the behavior, as well as the psychosocial behavioral component of it that has to be dealt with.

One of the things that has been suggested to me before I appeared here was that why don't I kind of paint the face on somebody treated in one of our programs. I don't know how much you want to hear about it. I think Ms. Brown's was an outstanding presentation. But this would be a patient who would come through the Treatment Court system into our outpatient treatment program in South Philadelphia. And Debbie was referred to the outpatient program by the Court in March of '99.

At the time, she was a 32-year-old African-American female living with her two children, her father and brother. Unlike most of our patients, which was the good part on this, was that she reported no history of physical or sexual abuse. Yet, despite living with her family, she was

isolated and very incommunicative. She wasn't involved really with the family. She was there and they gave her a place to live.

She reported first drinking alcohol and smoking marijuana when she was 16 years old. She experimented with many drugs. She began using cocaine at a relatively late age of her mid-twenties. She felt that her drug use had escalated sharply when she began to hang out with a new crowd of people who were very much into drugs and illegal activity. She was finally arrested for the possession of narcotics in December of '98.

When she entered treatment, she reported that she had worked steadily at a clerical job for the six of the last seven years, having lost the job in the last year as a result of extensive absence and coming in late all the time. So she now had been unemployed for the year. She was having a difficult time making ends meet on a welfare check, supporting herself and her children. Her self image as a mother, a worker and a woman had deteriorated into disappointment and self hatred, leaving her with the feeling that her life was quickly slipping away from her.

Despite the fact that since the age of 16, she could not really cite one 30-day period in which she had been completely drug-free, she still did not recognize that drugs were a main part of her problem. She tended to blame the school. She blamed the neighborhood. She blamed everything and everybody, but was very reluctant to put it on drugs.

The Treatment Court involvement, however, emphasized her need to continue in treatment and stay involved. In fact, when she had a drug slip, the judge very wisely extended the period of her court involvement and required that she attend our intensive treatment for another six week block. This was approved by the funders at the time and it went very well.

Well, she wasn't very pleased that that had happened to her. And that now her period of involvement was extended, she began to get the idea that she needed some help. She began to see that again drugs had tripped her up, gotten her into trouble. She began to actually work hard in group and individual counseling, finally becoming able to focus on both the use of illicit and illegal drugs,

differentiating between supportive relationships and destructive ones, and she actually did quite well. She began to be able to communicate with her dad, talk to her kids like a mom, and basically establish a number of functional relationships.

By September of 1999, she had completed successfully intensive treatment and was stepped down to individual counseling once a week, and then twice a month, and her drug urine screens stayed clean. Finally, she graduated from the Court in October of 2000, and she concurrently was involved in the Welfare-To-Work program.

At the time of her graduation, she had been called back for a second interview and looked like she was going to get a job. We followed her up before the hearings, and she has done really fine. After two-and-a-half years after graduating, she's working full-time, supporting her children, and has actually gotten some help from the father of the children. And she reports being completely drug-free. Without the Treatment Court this wouldn't have happened. Without the treatment system, this wouldn't have happened. So, again, to reemphasize what Dr. McClellan has just said, we

need both and we need them integrated.

COUNCILMAN COHEN: To both of you, if I may use the prerogative of the Chair to ask the first question or two.

Is it incarceration or the threat of incarceration which is an important function of the criminal justice system?

DR. GOLDKAMP: The original idea in Miami -- and Janet Reno had something to do with establishing the first drug court -- she wanted to have a hammer. She wanted to have something, what she called motivational jail. The judge, Stanley Goldstein, called it his hotel. And it's the threat in the air and it's the public display that sometimes some of us who can't live up to our obligations are going to take a visit to the jail. That really influences -- it sort of reminds us and reminds all of our participants that this is in the criminal justice arena that treatment is occurring, and there are consequences.

So from a public safety perspective, there's a boundary around which -- and it's a court boundary -- around which this occurs. And a judicious and selective use of both incentives and

encouragements and sanctions turns out to be a really important part of this. We worry about the balance.

COUNCILMAN COHEN: You're a pretty good lawyer, because I don't think I heard an answer to my question.

DR. GOLDKAMP: I think that the threat of sanction is absolutely fundamental to bringing some people to their senses.

As a researcher who has looked at this around the country and talked to a lot of drug court participants, I know that they worry about going to jail, no matter what other people might think. None of them want to go in jail. So they are afraid, and that helps them stay in line.

On the other hand, I've also watched this go from one court to 20 courts to over 800 courts. The idea gets diluted. So in some places, it's a very "jail happy" kind of approach. That's what we worry about, the overuse of incarceration. And often these programs have started partly in response to developing alternatives to confinement to reduce crowding. So to have a treatment program that gets very jail happy really ends up being self

defeating and isn't the point. But it is a mix and it is a balance of having sanction and open opportunities and encouragements put together that both treatment and health and the court can provide in a new kind of way that hasn't happened in the past.

COUNCILMAN COHEN: Well, in the example given by Dr. Weinstein, there was no actual incarceration. And I think in Ms. Brown's case, she did not report any actual incarceration. But there were the threats, and they seem to be very effective, which certainly seems to me to be a much better approach than the approach of going to jail and having a court say, well, you know, jail doesn't have to be a bad thing. It gives an opportunity to people to contemplate. But it also gives people an opportunity to do other bad things or develop new contacts or to become very bitter and more resolute in their refusal to accept any other form of sanction.

DR. WEINSTEIN: One of the positive aspects that I've seen is a lot of the people coming into the Treatment Court system are young. They are not yet career criminals. They may have been

committing crimes for a number of years before they got caught, but they're not career criminals. They don't have long histories of incarceration behind them, and the threat of the sanction is very real for a lot of them. They've heard the stories about prison. They've heard what happens in prison, they've heard what happens to you in prison, and they really don't want to go there. And it's the judge's use of the sanctions.

In my patient's case, extending her period of treatment, outpatient treatment, on a daily basis really made a big difference.

COUNCILMAN COHEN: Is Treatment Court that you're talking the court over which Judge Presenza presides?

DR. WEINSTEIN: In my case, yes.

COUNCILMAN COHEN: And in your case, sir?

DR. WEINSTEIN: I'd just like to read into the record, my colleague, Douglas Marlo, has investigated -- and of course Dr. Goldkamp has investigated lots of drug courts -- a very important distinction between drug courts and some of the other kinds of alternatives to incarceration.

In a drug court, you plead guilty. And once you've pled guilty, there's no additional trial. If you fail to meet the condition of the treatment -- the treatment has got real teeth. Because if you don't meet the conditions of that treatment, you've already pled guilty and you will do as much of the specified time as the judge says.

In other iterations of the mix between treatment and criminal justice, that's not necessarily the case, and it becomes a very big mess; additional trials, additional appeals, et cetera, et cetera. It's a very important facet of the drug court.

Just to add one more thing. It's now clear also from research that the judge's behavior matters. Different judges have different outcomes, and the behaviors even of the same judge can be molded to have the essential outcomes.

COUNCILMAN COHEN: Councilman Ortiz.

COUNCILMAN ORTIZ: It's obvious that mandatory sentencing has been one of the most damaging aspects that we have ever put forward in terms of our legislative approach to drug treatment. It has really exacerbated the problem instead of

aiding it and directing it towards a definite solution.

As a person, Dr. Goldkamp, I was very much involved in the very early beginnings, in '84, '85, of trying to push drug dealers off the corner. If you remember 8th and Butler in the '80s. We all remember that, huh? I began the process of marching and doing that sort of thing and bringing in the police. I testified in federal court against some of these individuals.

After a while -- and that caught on throughout the City -- but after a while I saw that that was not having the impact that was necessary. Everybody marches. Everybody lights the candles. Everybody goes to a corner. But it really doesn't ameliorate or even diminish the amount of drugs that are being sold or distributed and bought and used.

I wrote a report in which a lot of the stuff that Timoney then put forward Operation Sunrise came out. And that did not diminish. It helped for a while. It just came in, cleaned up, provided some services.

Within that report we recommended the establishment of the drug court and the community

court at that point, based on some things that had been happening in New York. And we also recommended enlarging the after-school programs, two other things that have been done, which I'm very proud that those ideas were taken on by the judicial system and the Mayor.

Now we have Operation Safe Streets. And it's being lauded as a solution. But the point is -- you point that it goes up, the sustainability of it. It hasn't diminished the aspect of drugs. Everybody says and admits that. It hasn't diminished the amount of drugs that are being sold in the City. Everybody admits to that. So what have we done? We have maybe cleared a couple corners, given a false sense of security to some neighborhoods. But we haven't really solved the problem, have we?

DR. GOLDKAMP: Is that a rhetorical question?

COUNCILMAN ORTIZ: No. That's a question.

DR. GOLDKAMP: I've been here during those periods of time, as well. And my view is that you need both strong and targeted enforcement

initiatives for all of the problems that you pointed out so that the people in the neighborhood can feel safe. And you need that linked to other system efforts that are providing services and are dealing with substance abuse and related problems.

And the other systems are not only the criminal justice system, but it's a very important arena for all of this, unfortunately. And the health system and so forth. So I think the drug enforcement initiatives need to be tied to what the rest of the system is doing, number one.

And number two, I see the drug court idea as actually being related to neighborhoods. If you look at the people who are in the drug courts in this City and other cities I've studied, they don't come from evenly all across Philadelphia. They come from several principal neighborhoods disproportionately. That should be recognized in the iteration of drug court, of Treatment Court. There should connections between those neighborhoods, the resources, the faith-based services, the strengths in the areas, and recognize that when you put people back in the settings in which they found themselves in trouble, that is

something that we can begin to build with, to address and then to begin to improve.

So I see Treatment Court as one tool in an arsenal that should be related to things like Safe Streets and Operations Sunrise, initiatives claiming to free neighborhoods of the drug scourge.

COUNCILMAN ORTIZ: Drugs and drug sales are usually related to economic necessity. And they do provide a lifeline of jobs. And until we tie schools and jobs together within those neighborhoods -- because, again, it's sustainability. The massive presence of police that is needed within the present system -- and it goes only for certain neighborhoods -- cannot be sustained, economically cannot be sustained. So if you don't produce the jobs and you have a subsequent improvement in the school system that goes towards giving those students and young people the skills necessary, then we have an ongoing vision circle, do we not?

DR. GOLDKAMP: I think my two colleagues pointed out that drug treatment isn't only about drugs. You're saying the same thing in a different way. They would not neglect education and vocational skills and other health concerns. And

what I'm saying is, when you go back to the neighborhoods and see where people live, that's why it should be a multidimensional strategy. It does include tough law enforcement. It includes safer enforcement. We have something to do to you. When you come back to the Drug Court or health programs developed in the City, we're going to have something for you.

COUNCILMAN ORTIZ: What are you going to do? What are you going, for example, to do? You don't have the money to move up to Montgomery County.

DR. GOLDKAMP: There are drugs in Montgomery County.

COUNCILMAN ORTIZ: I understand. You go back to the neighborhood that got you into the trouble in the first place.

DR. WEINSTEIN: Expanding the Treatment Court into other convenient venues, in my mind, linking two particular neighborhoods and those neighborhoods realizing what resources exist or don't exist, and tying that kind of strategy with the Treatment Court. How people can either leave their neighborhoods or have other resources

available to them.

COUNCILMAN ORTIZ: Could you explain to me, again -- I think you have in a way -- but in more direct way. I like that symbolism of leaving the foundling at the door or clapping with one hand. I like those.

DR. GOLDKAMP: What I was referring to is, there is the tendency to think of addressing very complicated problems related to drugs and neighborhoods and crimes by merely sending in law enforcement. Arrests. We know they overwhelm the prison system principally. It was one hand clapping. It wouldn't be leaving the foundling at the court system if there was a coordinated, overall strategy which said that in some appropriate cases, "We have a different route for you. We would like to accept you through that route Judge Presenza and some of the treatment-related initiatives that exist in this City." And it's a very good criminal system for that. There's is a disconnect between the public safety effect only.

COUNCILMAN ORTIZ: Thank you.

COUNCILMAN COHEN: Thank you, gentlemen, very much.

The Clerk will call the next panel. We're hoping to re-call the first panel at a later date, and all these panels. We hope you'll be cooperative. If in the middle of the subject we feel it desirable, we will call you later after Judge Presenza speaks.

The second panel is?

THE CLERK: Mr. Andrew Wigglesworth, Delaware Valley Healthcare Council. Shelly Yanoff and Alyssa Simon for the Philadelphia Children and Youth.

Next panel is Mark Bencivengo and Commissioner Martinez, who is in Council Chambers now.

COUNCILMAN COHEN: Please follow the same set of instructions. Spell your last name after you state it so that we can get it correct in the record.

MR. WIGGLESWORTH: My name is Andrew Wigglesworth, W-I-G-G-L-E-S-W-O-R-T-H. I'm the President of the Delaware Valley Healthcare Council, which is an association of hospitals and health systems throughout Southeastern Pennsylvania.

We want to thank you, Councilman Cohen

and Councilwoman Blackwell, for giving us the opportunity to talk about a very severe crisis that is about to befall the healthcare system in this region.

COUNCILMAN COHEN: You and the next panel to give us assistance in determining whether or not immediate action is necessary. This Committee will be prepared to issue, if you all feel it necessary, an interim report.

MR. WIGGLESWORTH: We believe we ought to cut to the chase and go on with the analogy of one hand clapping. We're about to be the hand cut off. And quite frankly, an interim report, from our perspective, would make sense in the sense of the Council weighing in vigorously at the state level to say these both to Medicaid two separate sets of cuts.

There's been a lot of discussion of the drug and alcohol cuts, but there's actually a bigger set of cuts that is occurring to the Medicaid program that will impact on the same population. What I'd like to do is briefly go through a little bit of that as to what the implications are for hospitals and our community because, quite frankly,

it's not only a care issue, it's also an economic issue for our community.

As I said, the region's health care delivery is facing what amounts to a man-made disaster that threatens access to all of us. The Governor and the General Assembly have enacted cuts that will result -- in Medicaid, will result in a reduction of $133 million in state and federal Medicaid payments to hospitals in Southeastern Pennsylvania. To bring it further down, what that translates into is $120 million in cuts for hospitals in the City of Philadelphia.

To put it into terms, for example -- and we can actually supply these by Councilmatic district -- but at this point I have them by state legislative district. For Senator Kitchen's district, for example, it's $51 million. For Senator Fumo's district, it's $28 million.

COUNCILMAN COHEN: Because we work in the form of Councilmatic districts, we would appreciate getting it quickly. The City Council resumes its final three sessions beginning this Thursday.

If following this hearing you present a

case which indicates that there is need for dramatic, quick action, this Committee will be prepared to adopt some interim report and present it to City Council for action this Thursday, Thursday of next week, which is the next meeting date. But we will need help in preparing that with respect to accurate figures. So I'm just alerting that that's the reason for the pressure to hold this hearing today, even though we knew some Councilmembers might not be available for the hearing. We're delighted that the three members that are here, two in addition to me, have been able to make it despite their other plans normally.

Thank you.

Go ahead.

MR. WIGGLESWORTH: We will provide the data by Councilmatic district. But that gives you an idea. Across the City, $120 million. Hospitals will also be affected by the estimated $40 to $45 million in additional drug and alcohol treatment funding cuts in Philadelphia County.

COUNCILMAN COHEN: I understand I was wrong when I said the drug programs were being cut by $20 to $25 million. I understand the actual

figure is closer to $40 million.

MR. WIGGLESWORTH: Correct. At least from our understanding. Across the state it's an even higher number. But for the City of Philadelphia, it is between $40 and $45 million.

COUNCILMAN ORTIZ: Is that $40 million added to the $120 million?

MR. WIGGLESWORTH: Yes, it is. And that's the point that I'm trying to make. So all told, you're looking at something in the order of magnitude of $160 million. If you want to put it into the context of hospitals -- and I'll skip around a little bit in my testimony just to underscore the point -- the Medicaid cuts alone, we believe when you take into account the multiplier effect, every dollar you spend in a hospital turns over two to three times in the local economy. What we're looking at is about a $250 million total impact.

What you're also looking at is the loss in this region in excess of 3,500 jobs, using again a multiplier impact. What you're also seeing, which is why these cuts make no sense from an economic standpoint either, is that the $190 million total

cuts statewide in Medicaid, of that, about $100 million is federal funds. So in effect, what we're doing is we're giving up federal dollars.

The people that receive this care are not disappearing. They're going to continue to receive the care, only we're going to give up the federal funds that are used to support it and basically have the entire burden being borne by hospitals in the City of Philadelphia, and to the extent that they're able to part, basically, the business community and others.

COUNCILMAN COHEN: Could you explain why that's the case? Why is it that you say that the care is going to be provided to the people, but the cost is going to be --

MR. WIGGLESWORTH: Let me make a distinction here as well. And I'm sure that there are other witnesses here that will do this.

In terms of the drugs and alcohol cuts, we have estimates that as many as 18 programs will close. In terms of one of our members, which is in one of the more economically depressed areas, it means basically a $5.4 million cut. The elimination -- this is drug and alcohol. Leave aside the

$120 million in Medicaid. Drug and alcohol, $5.4 million. Loss of 156 jobs. The closure of eight programs and 3,100 people no longer receiving services. That same institution is going to receive a cut of about $6.2 million on the Medicaid side. And quite frankly, the combination of cuts jeopardizes the very survival of that organization.

What I'm going to say is, actually for the drug and alcohol programs, in many instances the same types of services will not be available. But what is available -- and as you know from previous hearings we've had, Philadelphia is the largest City in America without a public hospital system. What it's going to mean -- and the one point of access that everybody consistently has -- and I'm not saying it's the best point of access or necessarily the right point of access -- is the emergency room. And what this is going to do is significantly increase uncompensated care for hospitals, because a lot of the monies on the Medicaid side, the $120 million, were devoted to providing services to the uninsured.

Hospitals in the City of Philadelphia provide over $300 million worth of uncompensated

care. This is going to add to that burden. And you put it into the context of the overall environment -- hospitals, as you know, are reeling today in terms of facing skyrocketing liability costs, faced with federal budget cuts. The growth in the number of uninsured and uncompensated care statewide was about 12.9 percent. In the City of Philadelphia it was 22 percent. And what it's reflecting is changes in the economy, the down turn in the economy; people losing their jobs, losing their health benefits. Those kinds of things. So against this backdrop, the hospitals, the total margin, the median total margin of hospitals -- that's operating income, endowments, everything put together -- the median is .36 percent. Over half the hospitals are losing money on operations. In fact, the $120 million on Medicaid cuts exceeds the combined operating margin of all of those hospitals that are impacted by those cuts.

So what we're basically saying -- and this is why I go back to the point that we're the hand that's being cut off. It's going to impact on care for everyone. You can't make cuts to those magnitudes without impacting on the operation of the

whole facility. So all the people that use the facility are going to be impacted, not just Medicaid, not just the uninsured, but everyone.

COUNCILMAN COHEN: I think probably having nothing whatever to do with the merits of the case, but for the PR contact, I think it would be a good idea if you could prevent the release of studies showing executive salaries.

I've found in my travels, people don't believe hospitals are in trouble largely because they read in the paper about the chief executives' salaries, which are competitive. And I just think something, somewhere is out of sync. So that's an aside notion. I've been trying to talk about it.

I know many of the executives, they're probably worth twice what they're earning. But in the public opinion, when we try to talk of the needs, we run into a lot of problems. Well, if that were the case, how do you explain this kind of need? There's a lot of feeling that they're really not for profits -- for some people, it may be not for profits.

I'm just giving you my experience going around community meetings constantly. Maybe you can

convince the press not to run that table showing the salary levels. Because I'm sure the people earn the salary, but it's just a very difficult PR problem. But I'm getting what you're saying.

I think it's true that hospitals are suffering. I think it's a condition none of us dreamt when we thought of having a former Philadelphia Mayor in the Governor's chair. We thought we'd be rid of those kinds of problems, that he'd be more understanding, not just for Philadelphia, but for statewide.

Because this is the statewide problem, is it not? Philadelphia is suffering deeply, but I think you pointed out at the beginning that it's not only Philadelphia. It's statewide. And in a sense, from a political point of view, that may be helpful, because it's going to be hard to change what's already taken place on the budget, and we're going to need a real statewide effort.

Philadelphia cannot do it alone. And even Philadelphia and the suburban counties working together cannot do it alone. We're going to have to develop strong alliances. But the rural areas, to make sure everybody understands, it's not purely a

Philadelphia problem, these cuts in services.

MR. WIGGLESWORTH: We agree. This is absolutely a statewide problem, and it is something that your colleagues, our counterparts in Pittsburgh and other parts of the state are also faced with this. But the bottom line is, as it were, is $120 million impact on the City of Philadelphia, plus the $40 to $45 million impact. This is a major economic and social problem for this City. We need to work in conjunction with everyone, but we also respectfully ask for the Council's support in terms of making the case known.

COUNCILMAN COHEN: We're probably also going to ask you to furnish us information that will enable us as a City body to contact other groups throughout the state. We want to do it on these issues without getting entangled with respect to other general needs of the City. So we'd like to know your recommendation as to where the focal points are that we ought to be emphasizing outside the City.

The City Council has just begun to consider developing contacts with other parts of the state, instead of having merely the Mayor's Office

do it. But to have an addition to the Mayor's Office, doing whatever the Mayor can do, we believe it might be very effective if City Council sought to develop relationships with the local legislative, the bodies that exist, like City Councils in other boroughs and townships and counties.

So we would look to you for guidance as to what groups we ought to seek to contact. We want to work very strongly on this area.

MR. WIGGLESWORTH: We absolutely will do that. I'll also respond to the record to your other comment about CEO salaries. But I would just say in passing that the salary of a CEO has never caused the closure of a facility. These kinds of cuts will.

COUNCILMAN COHEN: You're right.

MR. WIGGLESWORTH: And quite frankly, recruiting and retaining the best executive leadership, particularly in this environment, is critical.

COUNCILMAN COHEN: Well, then you've got to think of a way to counter the PR effect.

MR. WIGGLESWORTH: I understand, sir.

COUNCILMAN COHEN: You understand that,

but the communities don't understand it. And it would be very helpful if the case for that could be made clear. Because we find on political issues it's easy to get them muddled and that you've got to continually clarify to give the public the information they need, and I think they'll come with the right answer. That's the reason I raised it, not by way of criticizing, but by the way of asking for help in dealing with that situation.

MR. WIGGLESWORTH: Understood.

COUNCILMAN COHEN: Thank you.

MR. WIGGLESWORTH: I believe I've completed all the major points in my testimony. And again would thank you for the opportunity. And we can also supply to your staff and to you, Councilman Cohen, draft language as it might relate to some points for a resolution and other information.

COUNCILMAN COHEN: I'd like to have that quickly.

MR. WIGGLESWORTH: I think it's already with your staff now. It may be helpful to you in terms of proceeding.

COUNCILMAN COHEN: We'd like to be able to do something by Thursday of this week. Mr. Rye

and Mr. Kearney will both be available.

MR. WIGGLESWORTH: Thank you.

COUNCILMAN COHEN: Yes?

MS. SIMON: Hello. My name is Alyssa Simon, S-I-M-O-N. I'm the Health Director at Philadelphia Citizens for Children and Youth. Shelly Yanoff was not able to be here today, and so I'm going to be speaking to you.

I feel as though I really have to continue the hand analogy, since it's been going thus far through the entire hearings. We had the one hand clapping, the hand cutting off. I'm here to talk about adolescents with drug and alcohol problems, and the fact that there's nobody lending a hand to adolescents with drug and alcohol problems, and that we have a real need in this City to look at what is happening with teenagers, because as we've heard other people say, it's the teenagers who often began using drugs and alcohol and then grow up to be the adults that are continuing to use.

I'm going to be very brief because I know you have a lot of other people you want to hear from.

PCCY put out a report in August 2002 on

the drug and alcohol system for adolescents in the City, looking at treatment. And we found some things that we thought were rather disturbing. We estimate conservatively that there are about 8,000 adolescents in the City of Philadelphia who are in need of drug or alcohol treatment. And yet last year, 2,500 of them, or 31 percent, received treatment. The reason for that -- there's actually many reasons.

One of the reasons is that we don't have a very good safety net set up in our City for adolescents. One of the things that you have been given is a map that we did as a part of this report showing where treatment is available. We're very, very excited to say that this map now has one other place. We worked with CODAAP so that where in West and Southwest Philadelphia where absolutely nothing existed before, there is now a place, the Consortium, which is offering drug and alcohol treatment to adolescents. But the need is much, much greater.

In 2001, there were 2,357 adolescents who were arrested for drug-related offenses. Now, obviously, not all of those were using drugs, but we

assume that many of them were, and most of them did not receive treatment. So what we want to really have Council focus on is preventing these young people who are getting started in using drugs and alcohol from becoming the adults who will be continuing to use.

Right now, without counting this new contract with the Consortium that is going to be treating adolescents in West Philadelphia, we estimated that there were about 400 outpatient slots --

COUNCILMAN COHEN: Don't you think the City Administration has available to it this information?

MS. SIMON: All City Council people should have a copy of this report.

COUNCILMAN COHEN: The reason I raise this -- and I say it respectfully -- I think your organization, which is the lead organization in this area and in many other children and youth areas, I believe is just far too polite. It seems to me you have a great cause, and if you're going to treat it gently and moderately, you're going to advance very far -- that's the reason I raised the question about

the City's knowledge. The City also knows these needs. But I don't know what prevents City government from really tackling these problems much more aggressively.

I don't think the City ought to be as understanding of the state policies as it often shows itself to be. I think you ought to make a lot of noise. That's a terrible situation you're referring to. And I don't think you really can discuss calmly the fact that's what happening to our young people, which continues all its life, makes no sense financially.

Am I right, Mr. Wigglesworth? Isn't it going to be much more costly to deal with the problem rather than to prevent it from existing in the first place?

MR. WIGGLESWORTH: Well, to the healthcare system, as well as probably to the criminal justice system, and a whole series of other things by virtue of that.

COUNCILMAN COHEN: I think we have a right to demand that government act sensibly in these areas, and take advantage of the knowledge that we have, that it's cheaper to prevent than to

try to repair after the injuries have been inflicted upon people.

MS. SIMON: Absolutely. To try to come up with an agenda that we can actually win on to make the system better for kids --

COUNCILMAN COHEN: See, if you make Alba Martinez's life uncomfortable, she'll help make the Mayor's life uncomfortable, and he'll help make the Governor uncomfortable, and we'll get much more action. But if you're going to be very gentle with everybody and plead, it's easier to deny a plea than it is to fight against a strong force.

So I urge your organization -- and all of you really -- to think of yourselves as a force, not as a pleader. Because you're doing the government's work, and it's not costing the government a penny to have you gather all this information.

The government saves that money and then it gently says, well -- like lead paint poisoning, which we've been fighting for 38 years -- it's too expensive to really try to get rid of all the lead poisoning backlog we have. But it's not too expensive to pay hundreds of millions of dollars for

the stadiums. Now, if that makes sense, I just can't conjure that up. And I think it happens because we as citizens often tend to be too respectful to government, too gentle in our approach. It's our government. It ought to do what the people need, particularly in these areas that are so clear, so common sense.

We applaud you for what you're doing. Be very aggressive, because you have a wonderful cause to present.

You, Mr. Wigglesworth, I know that the CEOs will view me unfavorable, but that's their right. Many people do when I raise lots of issues. But I really think that we've got to convince people that hospitals are non-profit institutions. I think they are. I think if you have to sell your story, not only to those who have a legislative responsibility, but to the community, because we respond the same way I'm saying that the wonderful Commissioner of Health responds to pressure, and the Mayor. We also respond that way in Council. We have to feel that we're responding to people's needs. And only when people really know the facts can they talk intelligently about the needs.

So I think you have a great PR job to do. I think hospitals are wonderful. I use them, unfortunately, from time to time, and I find they really give extraordinary services, and the people that work in them are pretty selfless and they do a tremendous job. But you've got to explain that to people who, like you, are too tolerant of government's inability to understand these plain facts that we're talking about today.

Excuse these interruptions. But I feel strongly that if we're going to influence the City in the right way to do the right things, they've got to feel it strongly from the people in the City.

MR. WIGGLESWORTH: Feel the heat before you see the light.

COUNCILMAN COHEN: Yes. Because when people see it, they'll be outraged and maybe they will call their legislator at the state level, as well as at the City level, and that will make our job at the state level easier.

My son, who is a State Representative, complains that the only request he generally gets from people in the community are requests for money, say, to help build a recreation center or to get

something for it. He doesn't hear enough demand on issues where the state is deeply involved, like on health issues. And he feels that it would be much more effective if, in addition to meeting the physical construction demands that a community may have, people are more assertive and make more in the way the demands on their legislative representatives.

MR. WIGGLESWORTH: We have been very direct in our communications with Representative Cohen, as well.

MS. SIMON: I was also going to say, how hard we've been pushing and how nice we have been will have to be answered by Mr. Bencivengo from CODAAP. Because we certainly have been working quite a bit on the City and on BHS to try to make some improvements. I think that that is in part why we were able to get a contract in West Philadelphia to start treating adolescents. But there's a much larger need.

COUNCILMAN COHEN: When Alba Martinez comes on the witness stand soon, she'll probably try to rebut everything I've said, but don't believe her. She has to say that as the Commissioner. Make

noise. In making noise, you attract attention. When you attract attention, people begin to be ready to listen to you. When they listen to you, they're going to get more information and they'll be in a better position to present the people's causes to legislators more effectively. All right.

Councilman Ortiz, do you have any questions, because we're going to go on to the next panel?

COUNCILMAN ORTIZ: I'm talking to the Commissioner.

COUNCILMAN COHEN: Okay. Thank you very much.

The next panel will be?

MR. KEARNEY: The next panel will be Mark R. Bencivengo, Executive Director of CODAAP, the Coordinating Office of Drug and Alcohol Treatment Programs, Philadelphia Health Department, and Commissioner Alba Martinez, Commissioner of the Department of Health and Human Services. And if he's here, Chief Inspector Raymond Rooney -- I understand he is here -- Chief Inspector Raymond Rooney of the Narcotics Bureau of the Philadelphia Police Department.

COUNCILMAN COHEN: Commissioner Martinez, you now have an opportunity to rebut anything I said before. How are you going to proceed?

MS. MARTINEZ: Good afternoon. It's a pleasure to be here. Of course I'm always very grateful and appreciative of your concern and just want to let you know, since you said some very flattering things about me at some earlier hearings, I want to take this opportunity to return the favor, not because I have to, but I just want to tell you how much I appreciate your incredible tenure and years of service to the City of Philadelphia and your advocacy. And I just want you to know I have learned so much from watching you advocate and lead, and so I just want to thank you publicly for being such a good teacher.

And now I will proceed with disagreeing with everything you just said -- no, I'm just kidding.

COUNCILMAN COHEN: That's the usual pattern in the City.

MS. MARTINEZ: Councilman, my comments are going to be focused on the relationship between

the child welfare system and the substance abuse treatment system because there is such a close connection. So it is up to you whether -- Mr. Bencivengo is prepared to talk about the drug court and my comments are more general. Would you like him to start, or would you like me to start?

COUNCILMAN COHEN: Well, either way, I think the Commissioner ought to start.

MS. MARTINEZ: Okay. I do have copies of my testimony here.

The Department of Human Services funds a network of community-based prevention services that are very reliant on the substance abuse treatment system. Substance abuse is linked to the overwhelming majority of incidents that lead to an abuse or a neglect report. Treatment of substance abuse, along with appropriate and affordable housing, are the essential elements to any effort to combat abuse and neglect of children in our community.

Substance abuse is identified as a factor in over 70 percent of the families of children who are reported as chronically truant, 70 percent of the youth participating in our

Delinquency Prevention and Extended Day Treatment Programs, 40 percent of the families who are the subject of an abuse/neglect report but are diverted to community-based services, and 60 percent of the families that use our parenting support programs. So in other words, the problem of substance abuse is absolutely undeniably tied to not only the reason why the child welfare system exists and is growing.

Since I became Commissioner -- my Finance Director reported to me today and reminded me our budget has grown to over $100 million. And that growth is not something to be celebrated, but rather it's something to be sad about because it ties to that problem,. But it's not only undeniably related to the problem. The reforms and the ideas and the new practices that we engage in and we can come up with, both in terms of law enforcement and treatment, relate to the solution for the child welfare system. In other words, no matter how good I do my job as Child Welfare Commissioner, I cannot really impact on this problem without a behavioral health system and a law enforcement system where we work together, and I need to be a part of it, but I certainly cannot lead that. This really has to be

done in an integrated way.

Virtually all of the prevention and early intervention programs supported by DHS to prevent abuse and neglect depend on having direct access to quality substance abuse treatment programs for adults and adolescents. Inability to access these resources will have the direct impact of forcing DHS to keep custody of children who otherwise could go back home to their families. We have to increase reliance on grandparents or other family members to be the informal or formal custodians of their kids' kids, and it also forces DHS to take custody of children of addicted women giving birth, who today can be served with nurse home visitation programs that are linked to ongoing substance abuse treatment.

The treatment of parental and caregiver substance abuse has been the critical component of the support services continuum offered to families of children who are being diverted from delinquent adjudication through informal adjustment and other diversion programs. The inability to ensure this treatment seriously undermines the likelihood of success in preventing re-offending among these

youth.

Substance abuse treatment linked with transitional housing is the most effective strategy for combating child abuse and neglect, as well as relapse for adults returning to the community from incarceration. A reduction in the availability of such programs will only force longer stays in the foster care system for the children of these adults.

For the first time this year, DHS joined the Behavioral Health System to implement a new project, which is working intensively with women in substance abuse treatment to support their children while they are in treatment, to improve their competency as parents and to support them after their graduation from treatment, so that they can get the services they need and after care and prevent relapse. This project has just begun to show results in a population, addicted women with children, that has been incredibly costly and difficult to help. This effort that is serving 160 women and 600 families per year would not be able to continue under any cutback because the treatment programs on which it relies may not exist.

COUNCILMAN ORTIZ: Excuse me,

Commissioner. I'd like to look at, one, if these cuts go through, what will be the impact on the population that you serve right now? And in terms of the programs that Mark does and has, in terms of the population that is served.

Two, the amount of coordination between those programs that you are annunciating and the judicial system, how do we interlace those programs with the drug court that Councilman Cohen speaks about? How do we integrate and interlace those programs with the Police Department and other aspects of the judicial system as such?

So if you can give us the impact and what, if any -- if there is already a relationship, will these cuts just cut that out where there's going to be no program, for example?

MS. MARTINEZ: Well, the impact, first of all, would be devastating. And I will kind of lay out in the different areas in summaries and you can ask me in follow-up.

First of all, in terms of kids that are in the system right now, kids that are in foster care or in other forms of placement, the impact would be devastating.

Correct me if I'm wrong, Mark, but it seems to me like those cuts would hit hardest, adults, right? They're directed at grown-ups. And, therefore, the grown-ups who have children in the child welfare system would not be able to get better, so children would not only stay longer in foster care, but there are people who would lose their parental rights because we are not able to give them the treatment they need. Therefore, the clock is ticking, and we would need to move these kids to other families.

The child welfare law requires us to make reasonable efforts to re-unify. So I believe that those cuts would put DHS and the City in a position where we would be violating the law, unless DHS picked up the cost of treatment, which the court can require us to do.

But to pick up the cost of treatment would not be the right way to do this work because we do not run the Behavioral Health System, so then the quality of the service would suffer. And what would happen is that money would be taken away from foster care and money would be taken away from social workers in order to pay for treatment that

was not budgeted and has never been budgeted and, therefore, kids would end up being at risk of abuse and neglect within the system. If we have to start paying for things, we'll have to take that money from somewhere. We all know that the child welfare systems nationally are fragile. And DHS, I'm proud to say, is very aggressively moving to improve itself, but it's still a pretty fragile system, and anybody who denies that is not telling the truth. But we're making progress. That progress would be hugely handicapped.

The other thing I will say that will be a huge impact on us, is that we've been building a network of prevention services, which I believe is consistent with the philosophical approach that you have, which is we should not wait for people to get hurt or lives to be destroyed for us to put services in the home or to protect children. And we would have to take this invest from prevention because a court order takes priority. So if the court order says to remove children or to provide treatment, we would have to take that money away from prevention. So we just go back to the old approach of waiting for kids to get hurt, and then trying to bail out

water when it's too late.

We've also had an impact on reducing the numbers of kids that end up in the delinquent system. We're serving more children and dependents that we would backslide there. These cuts cannot go through. And I just want to say that we are working aggressively at DHS to join the Behavioral Health System in trying to get the state and the legislature to change their decision, because we will really suffer a lot in this City. And abuse and neglect that kids will suffer a lot too.

COUNCILMAN ORTIZ: What would be the estimate of the population in terms of numbers?

MS. MARTINEZ: Well, we have right now 7,800 children in placement. So what we're working on right now on is on reducing the length of time they stay in placement. DHS has been able to keep that number constant because we move kids out of placement. We've been able to keep that number in the 7800's.

I can tell you this: I can tell you that our investigations are up by 12 to 15 percent this year, which means we're seeing more cases of abuse and neglect come to our front door. Arguably,

you know, that's a number to look at, maybe a 12 to 15 percent increase. But it's hard to predict what it would be. We're going to be tracking that very closely.

I really can't give you a projection, Councilman. But I will say this, the way that we get kids back home is because the parents improve their condition. So let's say we are moving 2,000, 3,000 children back home every year, and 70 percent of the cases relate to drug abuse, it could be really ugly. We could be talking about huge numbers of kids who have to stay longer. Or worse, terminate parental rights when good drug treatment would have prevented that. That's a huge thing for a society and a government to do, to terminate parental rights. And to deny people treatment and then do something like that, is pretty bad.

COUNCILMAN ORTIZ: That's what I'm interested in. One, those numbers, when you say it could really huge, and if we're going to be taking the steps to terminating parental rights because the parent cannot access drug treatment. Has your staff begun -- because the report that we need to do, I'd like to see a projection of numbers.

MS. MARTINEZ: I will provide you with a projection. But I think that the caveat --

COUNCILMAN ORTIZ: Because if these things happen, this is almost like the worst case scenario happening. I believe that the cuts in the state budgets are so huge and so dramatic and so evil it will produce the worst case scenario in the City of Philadelphia. I'd like to see what those projections would be.

MS. MARTINEZ: I will provide some projections. We will get at them indirectly, though, because this is something that would be hard to predict. But I will work on some projections.

For example, on the one hand we could say some of these children could end up in parental rights termination because the parents didn't get treatment. But on the other hand, part of the impact could be that parent advocates are saying, hey, you did not make reasonable efforts to re-unify, so you cannot terminate parental rights. So then the kids stay stuck in the system.

There's multiple ways that this could impact on our system. And, in fact, I think it would impact in multiple ways at the same time. So

I will try to give you an analysis of this with the caveat that it is truly just a projection based on possibilities, but we are very much firmly with the Behavioral Health System in making the restoration of that money the highest priority.

COUNCILMAN ORTIZ: Well, the thing is that, given the nature of the Harrisburg House and Senate, there's no assurance that those monies will be restored. The budget has been approved. And I don't see where the movement comes from. It seems to me that we're dedicating more time to gambling than to restoration of these cuts.

That is very worrisome.

COUNCILMAN COHEN: And may I add this? Politically it's worrisome because we know -- and it's a good thing generally that the Mayor and the Governor are political allies. The bad part of that is that when you're political allies, you don't want to embarrass a political ally. Therefore, we think we may have difficulty in getting at the facts, the true facts.

For example, I was pondering while Councilman Ortiz had you engaged in discussion, I was pondering, for example, whether we could say we

got our report ready by Wednesday of this week, could we present to you -- just to make sure that our figures were as accurate as they could be -- could we present to you that report, have you look at it, have you correct it where it should be, or do we place you in an embarrassing position where you may not be able to? We don't wish you harm. You're one of the bright stars in the City Administration, and they beat on you. But that's not because of you. It's because of the policies of the general Administration that you are not free to change.

We all recognize that the Mayor is the top person in the government and often has the ability to and does frequently set policy. But I'm wondering would it be helpful for us to go with our own judgement and not put you or anybody else on the spot because of that political relationship. So I want you to understand that part of the problem. We want to get the truth out as we know it in the professional sense.

MS. MARTINEZ: Well, Councilman, can I just say that I believe that the Administration, from what I know -- and my job is to run DHS. I'm not involved actively in the lobbying efforts. But

the Administration has put out very forceful messages around the restoration of those drug and alcohol cuts. So this is one issue where I really am not hearing anyone say anything different.

I could not speak to the political reality because that's outside of my realm of expertise. But I will say this, that while, yes, I am -- I do not believe that I am saying anything inconsistent with what our Mayor and our Administration says when I say that these cuts would be devastating, because that is the conversations that I hear here. It's what I hear with the state legislators. It's what I hear when I speak to some people who work for the Governor. So I really believe that this is not something where I am breaking ranks with anybody. And I am actively participating in this advocacy, and I do not feel there's any problem -- and I'll be corrected if I am wrong. I know that. I don't think there's any problem in us advocating together for this restoration.

COUNCILMAN COHEN: Okay. I think that would be very good if we could work knowing that we can work cooperatively and trust each other's

judgement. But I just offered you the same thing I always offer everybody. If ever you find a request, one that you cannot fully comply with, just tell us. Maybe you don't have to tell us why. Just tell us, unfortunately, you're too busy at the moment. You won't be able to reach our time demands.

MS. MARTINEZ: I appreciate it. I'm just concerned that I don't make up data that can later be used to undermine our City's credibility.

COUNCILMAN ORTIZ: We want our credibility to be very firm. I think the consequences of what could happen if these things are maintained, both in terms of your clientele, but also in terms of the impact that it will have on the judicial system. Because it will increase the pressure because more people are going to be out there doing things that are going to be criminal, that are going to lead to arrests.

So like I was saying, the unintended consequences of certain things have ramifications. So I'd like to be able to look at what all of the possible ramifications of these acts are going to be. As a legislative body, we'd like to find out. I'd like to leave something here that will have a

road map as to how we should be looking at the budget that we approved, at legislation that we should be able to take on. So those things are necessary. I want our credibility to be of the highest. I want the State House to understand and the State Senate what will happen if these things are maintained.

MS. MARTINEZ: What is your deadline for me trying to put some numbers in front of you? Is it next Wednesday that you want to have this?

COUNCILMAN COHEN: Well, we'd like to be able to take action by Thursday.

COUNCILMAN ORTIZ: Before I leave Council.

COUNCILMAN COHEN: We have until 9:30 Thursday morning to adopt a report.

MS. MARTINEZ: I will work on submitting some numbers for your review and comment.

COUNCILMAN COHEN: Can we hear from Chief Inspector Raymond Rooney?

MR. ROONEY: Good afternoon, sir.

Obviously, if treatment is reduced, more people will stay in active addiction, and that will have a very negative impact on crime. People that

are in addiction need to get the money to buy the drugs. And in most cases, it's petty crime, and in some case, even violent crime they must resort to get the money. So clearly the Police Commissioner is behind the effort to get the funds restored.

We're doing some other things trying to reduce the usage. We go into the schools and civic groups with a program we call Heads Up. And we've done that for about two years now, with over 600 appearances to over 100,000 people. We believe that's having some impact on the usage, particularly among the young kids.

I don't know what it would do to the crime rate, obviously, but I know that it would make it extremely difficult to bring the crime rate down if people don't get into treatment. I believe most people that recover from addiction, that recovery starts with some type of treatment. Some people do it on their own, but I think that the chances are greatly improved through some type of recovery program.

We use some people from BHS in our program when they're available. Some of the people from BHS are recovering addicts. And part of the

program is, they come in and explain to the kids or the adults what they had to do to get the money to buy the drugs, what their life was like, what they had done to their families, and now the positive things that have happened. They've gotten into recovery and they've gotten straightened out. I can't say enough to try to keep these cuts reduced.

Some of the people from BHS did an open mike session at Community College last week. I think it was, like, an eight hour presentation. They took the tape and they were sending it to the House and the Senate in Harrisburg. I spoke for a few minutes and said basically the same thing.

You're talking about Treatment Court. I saw on the news last week, the Governor of Florida addressed the Treatment Court in Florida and mentioned that he hoped that his daughter would graduate in the next class. Well, if the Governor of Florida has got drug-addicted people in his family, whom am I to think it's not going to be my family? It's got to be every family in the City. I don't think there's anybody in this City that doesn't know somebody addicted to drugs or somebody that's recovering and gone through partial hell

getting out of it. So really all we're doing is cutting our own throats if we cut back on treatment.

COUNCILMAN COHEN: Makes sense to me. Thank you.

Mr. Bencivengo.

MR. BENCIVENGO: My name is Mark Bencivengo, B-E-N-C-I-V-E-N-G-O.

We seem to have gotten a bit off of the Treatment Court issue, and that's where I had prepared testimony. I believe you have copies of all the testimony that was prepared that did deal somewhat extensively with Treatment Court --

COUNCILMAN COHEN: I'd like you to get back on course.

MR. BENCIVENGO: -- and the partnership between the Behavioral Health System, CODAAP and the Treatment Court, which has been going on for a number of years.

In fact, in Fiscal Year 2003, this current year, CODAAP, my office, provided funding to the Philadelphia Treatment Court in the amount of $2.9 million as an investment in enhancing public safety, reducing the prison population and assisting offenders to move from abusing drugs and alcohol to

recovery.

Now, with that being said, these cuts that are proposed in the Governor's budget which was released on March 4th, these cuts would be devastating to the ability of my office to offer continued support to the Philadelphia Drug Treatment Court.

COUNCILMAN COHEN: What would that do?

MR. BENCIVENGO: We would have to eliminate the $2.9 million that we were putting into treatment to support that court. That's direct support to that court. There's additional monies that go in to provide treatment.

In particular, people entering the Treatment Court are by and large uninsured at the time they enter the Treatment Court. They may be eligible for Medicaid, but they are not yet on Medicaid. My office receives a grant of approximately $14.3 million to provide substance abuse services for the uninsured and underinsured. The Governor's '04 budget totally eliminates that money, 100 percent cut of those dollars. It's called the Behavioral Health Special Initiative. It is gone. It is gone not only in Philadelphia, but

it is gone throughout the Commonwealth. So people entering the Treatment Court, we would not be able to provide dollars to support their treatment.

Eventually -- what happens is that individuals who enter the Treatment Court, many of them are eligible for Medicaid. And one of the first things that the treatment programs do is to work with the individual to get that individual the benefits to which he or she is entitled. But at the time they enter, they are not insured. We may get them insured within two, three or four weeks, but we won't have the opportunity to do that if the Governor's budget goes through. So the front door to getting Medicaid is going to be closed as a result of these budget cuts.

This issue of the budget cuts is a fascinating one from those of us who kind of peel back the union and see where the impacts are. Ms. Brown, she identified that the program that she was in was Interim House East. Interim House East is a residential treatment program for substance abusing women without their children. There is also a program called Interim House West. That is a residential program where women can live with their

children. When we look at the Governor's budget, Interim House West, where women live with their children, is not in jeopardy of closing. Interim House East, where Ms. Brown began her recovery, is in jeopardy of closing.

So when one goes across and looks at all of the treatment programs in the City, there are varying degrees of jeopardy for those particular treatment programs. By and large the women's and children's residential treatment programs are most likely to survive because the women in those programs are on Medicaid and they are not going to lose those Medicaid benefits. Whereas the women who enter Interim House East are not yet on Medicaid, and they won't have the opportunity to pursue their recovery.

COUNCILMAN ORTIZ: Could you give us something along those lines that shows which of these programs are most in danger of not being funded or closing if these cuts go through?

MR. BENCIVENGO: Yes, I can.

COUNCILMAN ORTIZ: I would like to see that.

COUNCILMAN COHEN: I guess it means that

they're different federal programs funding mothers with children and separate from those just funding single women.

MR. BENCIVENGO: In essence, that's exactly the case. There are 362,000 people in the City of Philadelphia who are on Medicaid. We'd like to say, okay, someone is on MA or they're not on MA. But within MA, there are about seven different categories of aid. So someone can be on MA, but they're funded by TANF dollars or they're in the TANF category, technically Temporary Assistance to Needy Families.

Another group of people within that 362,000 may be in a group called categorically needy. The TANF group is not in jeopardy. The categorically needy group is in jeopardy.

So what I did was to look at all of the treatment programs in Philadelphia and to look at the client mix within those programs to see what category of aid the people in those programs were on. And when I found a category of aid that was in jeopardy, that program was jeopardy.

Now, it becomes a bit more complicated -- I believe that Mr. Link is here from Gaudenzia.

Gaudenzia is a very large treatment program in the state of Pennsylvania, probably the largest. They have a number of programs. Several of their programs are in serious jeopardy of closing because they see people in a category of aid that is going to go away. A number of their other programs treat people in a category of aid that's not going away.

But then you take a program like Gaudenzia, and what Gaudenzia does is spread its administrative costs across all of its programs. If two of seven programs go down, they're going to have only five programs to spread their administrative costs. The result is that the entire Gaudenzia system may shrink or collapse as a result of not being able to spread that administrative cost in the same way they did before. That's the kind of analysis that we do.

I don't know if City Council is going to have the time in the next week what we've been doing since March 4th when the Governor's budget came out.

What I would say is that City Council knows that there is a $40-plus million reduction to treatment in Philadelphia, and that City Council should be advocating and pursuing that the State of

Pennsylvania return those dollars to the City of Philadelphia and other places within the Commonwealth to be able to fully fund the drug and alcohol programs.

COUNCILMAN ORTIZ: Does it have any impact, for example, on the needle exchange program?

MR. BENCIVENGO: No. Philadelphia funds a needle exchange program. The federal government and the state government have stated in writing, in the contract that my office has, that we are not allowed to use state or federal dollars to support the needle exchange.

The City of Philadelphia provides CODAAP with an allocation of General Fund City dollars. I basically make sure that when an audit is done, that when the state comes in, they see that I'm funding that program with City dollars.

COUNCILMAN ORTIZ: Again, the unintended consequences -- if we are cut, and these cuts go through, will we be forced to either reduce the amount of assistance we give to the needle exchange program so that we can direct monies to help mothers with children, for example, or whatever it is, from the City that now goes to needle exchange?

Is there a possibility within all of this context that as the cuts are done, a program like the needle exchange that can't use state or federal funding, that uses Operating Budget money from the City of Philadelphia, does it become, as they say in the play-offs, does it stand on the bubble?

MR. BENCIVENGO: It would be on the bubble, but I've already made the decision. It's not being cut.

COUNCILMAN COHEN: It's not being directly cut.

MR. BENCIVENGO: It is not losing any of its allocation. It is being funded by the City of Philadelphia to the same extent that it was in '03.

COUNCILMAN COHEN: But if the City of Philadelphia has to make up other cuts, won't the City's ability to afford the continuation of this program and others like it be less than it is now because of the additional drains on the City funds?

If these things are cut, you're going to have all kinds of demands on you for continuation of some of these cut services, and have the City take over the obligation to pay. As you do, you may find

the same indirect impact. You'll just have less money available for programs that you've been funding regularly with City funding, because there won't be that much City money available. In that way, while you would love to maintain and save the needle exchange program, you may come up against the question of, can you afford to do that.

Is that or any other program now financed by the City in jeopardy? I think you would have to say it could be. I don't think any final answer could be made. The best answer would be restore the cuts so that we don't ever have to deal with that question.

MR. BENCIVENGO: In my mind the best answer -- and what I believe I just advocated -- is that we urge that the cuts be restored.

Ultimately, like Commissioner Martinez, I have to make decisions about where the resources that are coming into my office go. So to the extent that I'm pressured one way or the other, either you succumb to the pressure or you don't succumb to the pressure. Right now I've made the decision that the syringe exchange stays.

COUNCILMAN COHEN: We hope you can

continue that position. But we're not sure you're going to be able to if these cuts continue in effect.

MR. BENCIVENGO: I think that it's extremely important that these cuts be restored. I think uninsured people are incredibly vulnerable in this. They are losing 100 percent.

COUNCILMAN COHEN: It's not the need. Governor Rendell is an experienced politician. He knows how difficult budgets are to get through, whether it's at the City or state level. He must know that it's going to be much more difficult to change a budget after it's already been adopted, than to get a budget properly passed when you have the pressure on you of the state has no budget beginning July 1st. And he chose instead the route -- and I cannot believe that he didn't understand this -- he chose the route which said he is not going to be faced with that problem.

As of July 1st, there is a budget in Pennsylvania. It's not the budget we want, but it's a budget apparently the Governor was willing to bargain for, rather than not have a budget. It's going to be incredibly more difficult to change that

budget because you don't have the pressure, say, on Republicans of being blamed for the state not having a budget. They say we have a budget, and it's the very budget the Democratic Governor presented. How can you blame the Republicans?

What it does is remove a whole route of pressure that's always been used when there's been a Democratic Governor to get a budget. That's why we're worried. The fact that the Republicans have the kind of budget they dreamed for -- they could have never gotten that budget through if there were a Republican Governor. But our Governor, our former Mayor, handed them the precise budget that most Republicans like.

The whole basis of President's Bush's tax cut, surely he wants to help, but in addition, he wants to be in a position to say, "We don't have any money for these crazy human services that people like folks in Philadelphia or Councilman Cohen get himself involved with." They don't think government should help anybody. They think it's the people who have to help themselves. And if they can't get any help themselves, then they die. It's as plain as that. Those of us who fight for the human need are

fighting for a different concept in government that places a responsibility of quality of life on government. That's why I'm saying you're going to have a tough problem.

How do we communicate with other City Councils or other local bodies? How are we going to create the kind of pressure that's going to be necessary to have a crack at changing a budget that the Republicans love? Why should the Republicans want to ever change this budget they have? They've achieved what they never could under any Republican Governor, and I cannot believe that it was an accident.

MR. BENCIVENGO: Well, actually -- and I believe Mr. Wigglesworth and Mr. Link can attest to this -- the outpouring on the part of the drug and alcohol field since March 4th, I don't think that that was really anticipated. Marches on Harrisburg, marches down Broad Street.

COUNCILMAN COHEN: I think you're right.

MR. BENCIVENGO: What we've been told, even by Republican legislators, is that they would look to restore those monies. This never would have happened without what went on since March 4th.

COUNCILMAN COHEN: Well, I think you're right. And I'm just encouraging all kinds of actions to increase that kind of impact. That's the only hope we have, is to keep the spurt of outrage. And you get outraged when people understand what's going on. If the circumstance does not warrant outrage, there won't be any. But if the circumstances warrant it, and that appears to be the case, I think people are going to be outraged at the notion that folks in their community are not going to have services for drug addicted people or for people threatened with drug addiction. So I think you're certainly on the right course.

The question now is to develop the political will by those who have to vote on it. And it's very difficult in Harrisburg for Republicans in a rural area that have been taught that everything in Philadelphia is evil to now come to our rescue. That's why we have to make it a statewide concern, that these cuts are affecting everybody statewide. We have to use that fact to develop alliances to get the changes made at the state level.

We're with you on that. We wish you well. And I'm now going to call on -- Alba, you

look as if you have something you've got to say.

MS. MARTINEZ: Only that your words just ring true to me. We need to see this tragedy as an opportunity to organize and mobilize a political muscle which, unfortunately, is not strong enough. It just seems that when money is the bottom line, everybody kind of falls in line with that. But when it's human need, we sort of debate it to death and wonder, well, how far do you go, and then things get taken away from us. So I'm just reacting to your analysis to the situation and wonder -- in the short term we need to fight for restoration, but in the longer term, I think we just need to fight for a bigger muscle.

COUNCILMAN ORTIZ: If we were discussing money for the stadiums here, this room would be full.

COUNCILMAN COHEN: Thank you all very much.

The final panel today is going to be Mr. Tim Wilson, Executive Director of the Philadelphia Alliance of Treatment Services. Dr. Harold Carter, Medical Director of the Wedge. And Mr. Michael Link, Regional Director of Gaudenzia House.

After this panel, only if you really feel that you've got to say something to the panel, will a person be recognized. We really appreciate the way everybody has permitted this hearing to go on.

Gentlemen, go ahead in your own order.

Who's going to be first?

MR. WILSON: I will be.

Chairperson Cohen, Chairperson Ortiz, Councilwoman Blackwell, my name is Tim Wilson, W-I-L-S-O-N. You do have copies of my testimony, as well as that of Terrence McSheary (ph), who originally was going to part of our panel, but was not able to make it today. I apologize for the date. The date on it is the original date of May 7th.

As I said, I'm Tim Wilson. I'm the Executive Director of the Philadelphia Alliance of Specialized Agencies. The Philadelphia Alliance was forged in 1969 and consists of 40 specialized human service agencies that provide direct services to over 50,000 individuals with needs related to mental retardation, mental illness and chemical dependency. Members of the Philadelphia Alliance and I are

offering our testimony today.

You started out talking about Treatment Court, and I think we support all the testimony that was stated before. But, of course, discussion of the advisability of Treatment Court will be academic if the cuts stand, and that's primarily what I'm offering testimony on, a lot of which you've already heard.

COUNCILMAN COHEN: But you support the Treatment Court?

MR. WILSON: Absolutely. But there won't be agencies to do the treatment. And as Mark Bencivengo pointed out, he won't have the money to fund anybody if these cuts that the Commonwealth has made in their budget stand as is.

Immediately following my brief testimony will be Michael Link, Regional Director of Gaudenzia, and Dr. Harold Carter, Executive Director of the Wedge Medical Center.

COUNCILMAN COHEN: From what I understand, Gaudenzia House program seems to be the immediate predecessor to the Treatment Court.

As I understand, the Treatment Court treats people toughly. They've got to be ready to

complete the program. And that was my impression from my first term back in the late '60s with the approach of Gaudenzia House.

Sir, go ahead with the Gaudenzia House.

Thank you, Mr. Wilson.

Go ahead, Dr. Carter -- or rather Mr. Link, and then Dr. Carter.

MR. LINK: Good afternoon. My name is Michael Link, L-I-N-K, and I am the Eastern Regional Director for Gaudenzia. Basically that means I'm responsible for the programs that Gaudenzia operates in the Philadelphia area. I'll just cut to the chase, because it's been a long afternoon.

Certainly you've heard the testimony of many others that talk about what the impacts of the cuts would be. What I thought I would do just briefly is kind of tell you what those impacts will be on the programs in Philadelphia that Gaudenzia operates.

As an organization, we operate 67 programs statewide, but we operate 20 specifically in Philadelphia. And I want to speak to what the impact will be for those 20 programs.

COUNCILMAN COHEN: In Philadelphia?

MR. LINK: In Philadelphia, that's correct.

The cuts represent -- and Mark Bencivengo is correct -- a 50 percent reduction in services for Gaudenzia. In terms of numbers, we're talking about a reduction to 1,800 individuals, most of whom are all uninsured, chronically addicted and unemployed in Philadelphia. Will they disappear? No. We know they're not going to disappear. We know where they're going to end up at.

But also, what does this mean for Philadelphia as well, in terms of the impact? Well, we're talking about a 50 percent reduction in our work force. So we're talking about a loss of 400 jobs here in Philadelphia. We're talking about the cost in terms of to the City in reduced taxes and unemployment, $1,600,000. We're talking about a spending power reduction of $2,400,000.

Almost all of our families and their staff have educations that range from GEDs to Ph.Ds. And many of them are recovering themselves and they have committed most of their lives to this work. Many of them have college loans and have invested time and money in specialized education and

training, and all of this would be a loss and would be a considerable waste of talent.

Councilman Ortiz was talking earlier about the heroin problem, and he is correct. Everyone knows there's a tremendous heroin problem here in Philadelphia. A couple of weeks ago I had the opportunity to speak with the nation's drug czar. John Walters is his name. And he was talking about the heroin epidemic that's in Philadelphia and other eastern seaboard cities. And I told him I agreed with him, that there clearly was an urgent need for increased treatment in Philadelphia and other eastern seaboard cities where this problem was rampant.

One of the other things he said to me that was very interesting was, he said that in addition to the need for treatment in Philadelphia and other cities where this heroin epidemic is occurring, is that there's also been a reduction in the international supply side effort of 17 percent, since he's been in office, of drugs from other countries. And what that means is that we're going to have an increased demand for treatment of men and women, particularly in major metropolitan cities,

because our country has done a great job of reducing the supply side in other nations of drugs. So what he was saying is that providers ought to be looking for an increase in the next year of people seeking services because we as a nation are doing a better job of reducing the supply internationally.

And what I said to him is that I appreciate that and I understand that. But what we've got going on in Philadelphia and the State of Pennsylvania will not allow us to be able to serve the men and women and the girls and boys that are going to need services.

COUNCILMAN COHEN: I don't understand that. Why does the reduction in the amount of heroin that comes from outside sources, why does that reduction increase the problem in Philadelphia?

MR. LINK: Because those men and women who won't have access to the drugs will then turn to treatment. So in other words, if you can't get drugs, eventually you're going to turn for treatment.

COUNCILMAN COHEN: That would be good.

MR. LINK: Well, it is a good thing if we've got treatment available.

COUNCILMAN COHEN: I see. Okay. I didn't understand. It could be a good thing. What you're saying in effect is we are working against ourselves. On the one hand we cut the supply, get addicts more ready to accept treatment, and then we cut off treatment.

MR. LINK: Absolutely.

COUNCILMAN COHEN: And make it unavailable.

MR. LINK: Absolutely.

Finally, I will just close by simply making the statement -- and I know I'm preaching to the choir when I say this -- but drug treatment is good public policy as well as good public safety.

COUNCILMAN COHEN: Why do you say that?

MR. LINK: One, because obviously there is a reduction -- when you have treatment available -- when I talk public safety, generally we understand the relationship between crime and drugs. Addicts commit crimes. And you heard the Commissioner talk about that earlier. They commit crimes to feed their habit. If we can provide treatment, reducing their need, thereby reducing crime, it becomes good public safety.

The connection to public policy is that if legislative and other administrative bodies recognize the fact that treatment is effective and works, and by putting resources towards that, then it becomes good public policy to make sure that dollars are there to provide treatment, which in turn, increases public safety. So it is good public policy to invest in treatment, as well as good public safety as well.

COUNCILMAN COHEN: I have a tremendous amount of respect for Police Commissioner Sylvester Johnson, who comes from the area where I reside, and I've known him for more than 30 years. He's a fine man. But I disagree with one recent statement he made, where he called for increased incarceration of people, longer prison terms. Because I think that's a denial of the concept of rehabilitation.

He's right in that taking people off the street means those people cannot commit any crime while they're incarcerated, at least any crime that affects the public. But I think we've got to turn the concentration on not removing people from the public, because most of them are going to be returning at some point. To become productive, I

think the sooner they get into a treatment form, get ready for treatment and are able to get the treatment, the less the damage to the public. That I agree, I think, with your point of view.

Again on this issue, this is the kind of issue we've got to get a lot of information out on people, so they understand that there's a second part to cutting down on the supply of heroin. That increases the possibility of more people ready for treatment. But then if we don't have the treatment, then that's not going to work.

MR. WILSON: Councilman Cohen, at the March 27th rally, Commissioner Johnson said some very supportive things about treatment and the need for that, and indicated that the prison population would go up dramatically if these cuts in funds for treatment were to stand.

COUNCILMAN COHEN: Well, if we can get something from the Police Department to that effect, it would be very helpful. Because police are accepted as a credible authority on the issue of statements as to impact of crime. It would be awfully good if what you just said would be agreed to, say, in written form by Commissioner Johnson.

If he agrees with that statement, it could be very helpful in this educational program. He's a tremendous force in Philadelphia, tremendous force for good.

I guess in a very short run it is right for somebody who's incarcerated, they can't create a problem on the outside. But I don't think that's a long run problem. I think it's a very short run game which hurts over the long run.

Yes, sir. Dr. Carter.

DR. CARTER: Yes, Councilman Cohen, Councilwoman Blackwell. I really appreciate this opportunity to speak with you.

I represent 50 years of experience in drugs and alcohol; 27 years in an active addiction, and about 22 in recovery.

I came about probably in 1979 into treatment, having been in jail in many states, in many of these courtrooms here in City Hall, having stood before judges and taken out in handcuffs to places like Graterford and Reed. I bring an arsenal of information about addiction.

When I got sober, it wasn't enough. I needed to compliment that information with

education. At 40, I got my GED. From that point until about eight years ago, I earned a doctor's degree. I teach at two universities and have developed drug curriculums at Montgomery County Community College, and have a private practice. And I stand as a recovering person. All of that is possible through public welfare, through PHEAA, through Pell, through all of the services that will be denied. It's what a recovering person needs once they have been in Treatment Court. Once they have went through treatment that is successful, some type of after care that brings them back to be able to sustain what they have learned. I believe in essence that all of what we have works as a system.

I'm also a professor, an adjunct professor at Lincoln University's graduate, and I teach systems on a community basis and systems analyses.

I think we need to look at, in addition to what's happening, to really make sense of what we're doing. All we're looking at is what is feeding our system. What's feeding the system is the demand.

In my outpatient program I deal with

adult family members and ask, you're leaving Cherry Hill to go to the badlands in Philadelphia to get heroin. Why? Oh, I can't get it where I live. I'll get locked up. So it's safe to take a risk with a Mercedes Benz to go to Germantown and Huntingdon or Germantown and Lehigh or to old Richard Allen. It is.

I think part of our goal that will also help us to continue to stabilize recovery, we must look at the demand side. And I think the demand side is an illness. And I think the demand side needs the focus of treatment, the person that wants to use. There's years of use before that individual becomes addicted. Many years of use, a long time before the disease of addiction takes place.

I'm suggesting that part of the many pros to the system of how well we do, we must also look at demand side, as well as what we're doing. And we're doing a very good job.

There have been some very prestigious and eloquent speakers about numbers, about facts. We know that we need money to continue to do what we do. But also I believe as well as we need money, we need to recognize the profile of those people.

These people I've heard for 6 months, no one has identified a profile of who these people are. These people will probably be in the neighborhood of about 3,800 unemployed folks that will terminate -- not laid off -- that will lose their jobs. That have mortgages and families. These people that work in this field have been there so long, have not been identified, nor have they rallied to be identified. We know what the addict looks like. Do we know what the treatment community looks like? I suggest to you that we don't.

I would like for us to really consider the treatment end, and the end of those of us that provide this service. If these cuts as they are go through, at least 40 to 45 programs in Philadelphia will automatically close down. Meaning that those employees in those programs are not employable in mental health, because it requires different degrees. Many are not employable in mental health, which means that they don't have a job. And I'm talking about from van drivers, to medical records, to therapists, to counselors, to counselors aides. And many of us with Ph.Ds will have to be pulled to the mental health side. So there is more than one

catastrophe.

Yes, we know the addict. We've seen the addict and the alcoholic. We really put a face on these people that will be our next homeless and displaced professional group of people in this City, in the heart of this City, that has given this City the best of the best of the best of the best through commitment. This group of individuals, including myself, are the most underpaid, over-qualified group of folk. A massive level may be at $30,000 and work 50 hours a week. 60 hours a week coming in on Saturday or Sunday. I'm merely saying that there's a commitment.

I've worked at a facility for 20 years and left, and was CEO of this facility that was in suburban America. I wanted to come home. I left and I came back to Philadelphia, which was home. My devastation was done in Philadelphia. I was working and making differences in other parts of where I've been in my life, but home. To that commitment, I'm here today.

I'm suggesting that I can be available for any committee. We have good programs. We have some good outcomes. We do need to do some work on

what the demand is and some corrective actions that will impact use and addiction. I think we have very good educational programs. I think we have a lot of things, but we must look at those folks that are creating the demand for the supply, and we have to put a face on these people. They're not black/white. It's just a group of people that are unemployable.

Once these 45 programs that I calculate -- and I didn't do really good stats. The ones that I looked at, they will close July 1st. Close down. Down. Cease to exist. The Wedge where I work, in one day we will be turning out 1,000 clients who no longer get treatment. Immediately, out of a small facility that employs about 124, 45 people will immediately be terminated. Immediately. Within the next month, another 35 will be immediately terminated. Immediately.

COUNCILMAN COHEN: With respect to the number of people in treatment, as compared to the number who ought to be treatment, could you give us any information on that? What currently does treatment provide, for what proportion of those who need it? Are half the people who need it in

treatment?

MR. WILSON: Statewide -- and usually you can assume that Philadelphia is usually 25 to 40 percent of any statewide numbers. A study was done and projected that there were 660,000 Pennsylvanians in need of treatment that were not getting it. That was before any of these cuts.

COUNCILMAN COHEN: Can you break it down to what you think it would be if you just talked to Philadelphia?

MR. WILSON: I could research that.

COUNCILMAN COHEN: How many people do you think are in treatment currently in Philadelphia? And how many do you believe are available for treatment, ready for treatment?

MR. WILSON: Mark Bencivengo may have even had that in his written testimony. He would have those figures, I'm sure.

COUNCILMAN COHEN: Then the question would be more appropriate for him.

MR. WILSON: What I have gotten from some of his numbers is that there are 18,000 Philadelphians who have had treatment, that won't be getting treatment under those cuts, from the cut of

$41 million that you were talking about earlier.

COUNCILMAN COHEN: We'll try to get more specific numbers from him.

MR. WILSON: It would be very helpful if City Council was to pass a Resolution.

COUNCILMAN COHEN: Well, we'd like to. That's why we have this hearing. Fridays are not good days in general, in particular right after an election. But we felt moved to do this because of the urgency. We were afraid if July 1st comes and they're already living under Rendell's budget, it's going to be much tougher than changing it before it actually goes into effect. Because once July 1st comes, the Republicans are going to be saying, we have a budget. What's all the fuss about? Maybe you don't like it, but it's a budget we like.

Every time the Governor said, when he gave us the first half of the split budget message, that he loathed the budget, he knew that he was saying, I know you love it. Maybe we loathe it as democrats, but you love it as Republicans. I don't know what was in his mind. I really don't. Because he had to have known that the Republicans would seize upon it. They would be stupid if they didn't.

Here a Democratic Governor is giving them the budget they always had wanted, bereft of human consideration. What led him to believe that they wouldn't, since they had control of the legislative body. So I believe he knew what was going to happen.

MR. WILSON: Right. Many of our members and others in the treatment community have talked with legislators in the House and Senate, and at least to our faces, both sides of the aisle seem to be very supportive and say they want to help restore the funding for drug and alcohol treatment.

Whatever pressure you can put on through your resolution and other channels needs to be on the Governor as well as the legislature, because the Governor so far has not indicated support outside of the fact that he said he hated the budget on March 4th.

COUNCILMAN COHEN: Well, we appreciate your coming in.

We appreciate from the Wedge, your concerns, and from Gaudenzia House.

We think we have a real job to do, politically. And as I said at the outset, this is

the beginning of what may have to be a long campaign until we restore human needs as a major concern of government.

Maybe I can live with Jeff Lurie becoming a billionaire instead of being just a millionaire. I tried to fight against it, but I didn't succeed on that. But at least let's not pay the price in human terms of depriving people from the most basic needs at all.

MR. WILSON: I did want to reinforce, too, your intent to take action next week, I think is good. Sooner is better, before the deals do get made in Harrisburg, which will probably occur early in June, rather than later in June.

COUNCILMAN COHEN: Well, I don't know when it will be. And I don't know, I think you're going to find a lot of legislators saying, well, maybe Rendell cut drugs by $40 million. We're going to give you some of that money back. It will be two or three million. And they'll walk around saying, see, we restored money. That's not the kind of money we're talking about. We're talking about that full $40 million.

MR. WILSON: It was already an

under-funded system. That's the point of talking about the 660,000 Pennsylvanians that were untreated.

COUNCILMAN COHEN: All right. Thank you very much for coming. Thank you for your time and patience. I think you're doing a real public service. Thank you.

Now, I want to introduce a whole series of written statements from Honorable Fredericka Massiah-Jackson, President Judge of the Court of Common Pleas; Honorable Lynn Abraham, District Attorney for the City of Philadelphia; Honorable Leanna Washington, State Representative and Chair of the Pennsylvania Legislative Black Caucus; the Honorable Harold James, State Representative and Special Advisor to the Pennsylvania Legislative Black Caucus; and the Honorable Frank Oliver, State Representative of the Pennsylvania House of Representatives.

Councilwoman Blackwell, did you want to make any closing remarks?

COUNCILWOMAN BLACKWELL: I just wanted to say thank you. We've worked together. The doctor gave his history, and I know of his

commitment. And I know personally of individuals he has helped and whose lives he has saved. And we want to say thank you, thank you, thank you for all that you are. Thank you.

COUNCILMAN COHEN: Very good. Thank you.

The Committee will stand recess until Thursday morning, May 29th at 9:30 a.m. That's just immediately prior to the Council meeting that day.

Thank you.

(Council adjourned at 3:05 p.m.)

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C E R T I F I C A T I O N

I HEREBY CERTIFY that the foregoing proceedings of the Council of the City of Philadelphia of May 23, 2003, were reported fully and accurately by me, and that this is a correct transcript of the same.

RE: COMMITTEES ON LAW & GOVERNMENT, PUBLIC SAFETY, PUBLIC HEALTH AND HUMAN SERVICES

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Lisa C. Bradley, RPR
and Notary Public