COUNCIL OF THE CITY OF PHILADELPHIA
PUBLIC HEARING BEFORE JOINT COUNCIL COMMITTEES ON
PUBLIC SAFETY AND HEALTH & HUMAN SERVICES

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Room 400, City Hall
Philadelphia, Pennsylvania
Thursday, 1/25/01
3:15 p.m.

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RESOLUTION 000692 - Authorizing City Council's Committees on Public Health and Human Services and Public Safety to hold a joint committee hearing to investigate the quality level of medical and mental health care services that is provided or made accessible to prison inmates under the care of the Philadelphia prison systems.

PRESENT: COUNCILMAN ANGEL L. ORTIZ, Chair
COUNCILWOMAN MARIAN B. TASCO, Chair
COUNCILWOMAN BLONDELL REYNOLDS BROWN
COUNCILMAN DAVID COHEN
COUNCILMAN JAMES L. KENNEY
COUNCILWOMAN BLONDELL REYNOLDS-BROWN
COUNCILMAN FRANK RIZZO
COUNCIL PRESIDENT ANNA C. VERNA

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1/25/01 PUBLIC SAFETY

I N D E X

1/25/01 PUBLIC SAFETY - RES. 692

P R O C E E D I N G S

COUNCILMAN ORTIZ: The public health and public safety committees been waiting for the members in chambers. It seems that we are dealing with the announcement of Jonathon Saidel. So a lot of the folks that are supposed to be at this table are down in the Mayor's reception room, so we will wait.

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COUNCILMAN ORTIZ: The announcement is still going on downstairs, and many of the Councilmembers are in the Mayor's reception room, most of them, so we might have to wait until Mr. Saidel makes his speech, or whatever it is.

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COUNCILMAN ORTIZ: The announcement is still going on downstairs, and I've just been informed that Chairman Brady is at the microphone, so we have to have to wait a little while longer, until the Chairman finishes, I guess, and I don't know who else is going to be -- but I apologize for making you sit here for this time.

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COUNCILMAN ORTIZ: We will begin at 3

o'clock, and we will let the Councilpeople join us as we move on in the hearing.

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COUNCILMAN ORTIZ: Good afternoon, good afternoon. I figure by the time I finish, Saidel should be finished speaking, so by the time I finish my statement, Saidel should be finishing his statement downstairs.

This is a hearing of the Joint Committee on Health and Human Services and Public Safety Committees chaired by Marian Tasco and Councilman Ortiz.

Would the clerk please read the title of the resolution.

THE CLERK: Authorizing City Council's Committees on Public Health and Human Services and Public Safety to hold a joint committee hearing to investigate the quality level of medical and mental health care services that is provided or made accessible to prison inmates under the care of the Philadelphia prison systems.

COUNCILMAN ORTIZ: I'm sorry for the delay. When we set the date, we didn't know that Mr. Saidel was going to schedule his announcement,

and they tell me that 13 members of City Council are down there. What I think I shall do is begin with reading a statement to give an overview of what we believe the problem to be.

In Philadelphia, the burden to improve the Prison Health Services has not been voluntary. It was part of an overall obligation shaped by a long-standing class action suit against the City filed in 1971. In 1972, Jackson v Hendrick, a three-judge panel issued an opinion and a decree holding the City responsible for violating prisoners' constitutional rights. Among the many findings, the panel concluded that the Philadelphia prison was system overcrowded and it had committed acts of negligence, resulting in the gross mistreatment of the inmate population, in effect, violating many constitutional protections. This decision also cited the City for providing inadequate medical and psychiatric care.

Since 1972, this 20-year-old case has been characterized by a series of consent decrees, charges of contempts and fines against the City. Although the City has made improvements, the nature and scope of the provisions of mental and

medical services has always been contentious. These issues were clearly a part of the challenges facing the City in 1991, when another court agreement required the City to implement a list of mental health care policies that would be monitored by a court-appointed special master.

Seeking a solution to the prison health care fiasco in 1993, Mayor Rendell moved to contract out most of Philadelphia's Prison Health Services. But since then, there have been a series of reviews and reports by experts that have been critical of how we, as a city, have performed in terms of compliance with a laundry list of court-ordered policies and procedures requiring remedies.

Even as recently as May 1999, Dr. Robert B. Greifinger, a nationally-recognized mental health expert was brought into to evaluate the City's compliance where the court mandates made the most critical observations and reviews of our prison system. He instructed us and advised that central to our problem was the lack of prudent oversight and monitoring of those responsible for providing physical and mental

health-care services. That would be Prison Health Services, Incorporated, the private company that the City contracts with to provide such services.

But he went further. He called for a complete overhaul of the tuberculosis management system. He found women's health care to be deficient, in that: too few were screened for sexually-transmitted diseases at intake; the lag time for report was excessive, leading to missed opportunities for treatment; pregnant women were routinely not counseled or tested for HIV, thereby endangering their offspring; newborn babies were not allowed to bond effectively with their mothers, a setup for future dysfunctional family relationship.

Further, Dr. Greifinger pointed to many other issues having both clinical and administrative concerns. For example, he ordered:

The laboratory turnaround time for sexually-transmitted diseases testing was excessive;

Mortality review was not documented;

There was no contract monitoring and

coordination between the medical and mental health contracts;

The use of psychotropic medication was very high, I.e., higher than in other similar prison population;

There was a lack of supervision of inmates demonstrating suicidal tendencies;

Clinical guidelines for the management of HIV and chronic diseases needed to be updated;

There were insufficient opportunities for inmates who want substance-abuse treatment. At the time, there was a waiting list of 500 inmates;

There was no methadone detoxification program for appropriate candidates;

Physician licensing status were not all verified. In fact, 43 percent of physician licenses at the time of Greifinger's report had not been verified.

In response, the City responded with a status report prepared by Miss Estelle Richman, Secretary of Social Services, dated January 27, 2000. The report outlines the areas where the City has achieved most progress and provides

appropriate strategy intended to remedy the deficiencies included in Dr. Greifinger's report. The following reflects some of the more salient highlights of the Richman report:

It was proposed that a holistic-integrated model of health care services delivery would be developed that incorporates the coordinated work among the various service professions;

There would be an improved system of the distribution and monitoring of prescribed medications;

Screening and referral services would be available on a 24-hour basis;

There would be a restructuring of the short-term inpatient treatment unit to include therapeutic functions, crises, acute and sub acute;

There would be greater continuity of mental health services to inmates and improved cases of management;

The City would institute a model detoxification and methadone maintenance program;

And the City committed to improve the

system monitoring of all medical and behavioral services within our City prisons.

However, on September 16, 2000, it was reported by the Daily News that Jose Santiago, a prison inmate, someone who had not been convicted of any crime at that time, was found dead in his cell due to a lack of insulin shots for his diabetic condition.

Upon inspection, we found there were other tragic incidents; in fact, three deaths in the last four years, along with many other complaints of inadequate care.

I introduced this resolution, cosponsored by the vast majority of my colleagues, to call for a public hearing to investigate the quality level of medical and mental health-care services that are provided to prison inmates and to see whether the questions that were raised by Dr. Greifinger and then the report that Estelle Richman put forward have been implemented -- is being implemented and what are the timelines of that implementation to take place.

Today is the first step in that process. We want to hear from all parties

responsible for and those affected by this important issue. Our purpose is to get all of the facts and to ensure that we as a city provide a health-care delivery system that meets all of the Constitutional and statutory rights afforded all prison inmates in our Commonwealth. After all, we don't want to be Texas.

(Applause.)

COUNCILMAN RIZZO: We must also make sure that as a legislature, we closely monitor the provider of medical services -- in this case PHS, Incorporated. We have responsibilities to hold them accountable for their contractual obligations to the City and to the prison population.

As a legislature, we must also make certain that strict adherence to quality health care standards and financial audits are maintained in order to effectively maximize the use of taxpayers' dollars.

Miss Estelle Richman?

(Witnesses come forward.)

COUNCILMAN ORTIZ: Please identify yourself for the record.

SECRETARY RICHMAN: Okay.

COUNCILMAN ORTIZ: And I see that you're accompanied by the City Solicitor, Mr. Kenneth Trujillo.

Estelle, you know the drill.

SECRETARY RICHMAN: Yes, I do.

COUNCILMAN ORTIZ: My colleagues will be here shortly, we hope.

SECRETARY RICHMAN: Good morning, Councilman Ortiz and the soon-to-arrive members of the joint committee on Human Services and Public Safety. I am Estelle Richman, Director of --

COUNCILMAN ORTIZ: We are now joined by the President of Council and Mr. Michael Nutter, who have just arrived.

SECRETARY RICHMAN: Thank you. Good afternoon.

COUNCIL PRESIDENT VERNA: Good afternoon.

MS. RICHMAN: I am Estelle Richman, Director of Social Services for the City of Philadelphia. I am joined today by the City Solicitor, Ken Trujillo.

The Philadelphia prison system is one of ten entities for which I am responsible. I

would like to take a couple of minutes to review the history of the provision of health-care services in the Philadelphia prisons.

There are three components of the health care in the prisons: physical health care, mental health care, and substance abuse health care. Until July 2000, these services were provided by three separate entities. An outside contractor for physical health, Correctional Health Care Solutions, from 1989 to July of 1993, and Prison Health Services from August of 1993. Prison Health Services is the current provider. There has also been an outside contractor for mental health services -- Allegheny Health Services, starting in 1996, assigned to Tenet Health Services in November of 1998 to July of -- to June 2000. Substance abuse services have been provided by City social workers through the prison's options program.

As a result of this fragmentation of the system, the Harris court cited the City on a variety of issues related to physical and behavioral health care in the prison. In addition, the court hired a consultant, Dr. Robert

Greifinger, to review health policies.
Dr. Greifinger identified 16 areas of noncompliance. The Greifinger report was issued in September of 1999.

The City response, filed February the 3rd, year 2000, serves as a blueprint for enhanced mental health services. It was accepted by the federal court as an adequate and appropriate response to the issues raised by Dr. Greifinger.

To accomplish and institutionalize this change, I have convened a group consisting of representatives from Prison Health Services --

COUNCILMAN ORTIZ: Excuse me, Miss Richman.

SECRETARY RICHMAN: Yes?

COUNCILMAN ORTIZ: The contract with PHS --

SECRETARY RICHMAN: Yes?

COUNCILMAN ORTIZ: -- what is the total cost of contract yearly? Is it around 20-something?

SECRETARY RICHMAN: It's about $25 million, of which probably, what, about 7 or 8 million came from the behavioral health contract

that was a special contract up until July. So we combined two contracts.

COUNCILMAN ORTIZ: The Hahnemann contract -- Hahnemann was removed and the mental health services and the other health services were then given to PHS.

SECRETARY RICHMAN: That's correct, through a competitive bid process.

COUNCILMAN ORTIZ: But is it still $25 million?

SECRETARY RICHMAN: Right. Before July of 2000, it was not $25 million.

COUNCILMAN ORTIZ: Okay. So the combined contracts of Hahnemann and -- it brings it up to $25 million, okay.

SECRETARY RICHMAN: That's correct.

COUNCILMAN ORTIZ: Okay.

SECRETARY RICHMAN: To accomplish and institutionalize this change, I convened a group consisting of representatives from Prison Health Services, Tenet, the Philadelphia Department of Public Health, the Philadelphia Behavioral Health System, DePaul Health Services, and prison social services staff. The group met one to two times a

week for about three months to create new policies and procedures to change the operational format for services.

COUNCILMAN ORTIZ: I just want to let you know that we have achieved a quorum, with Jim Kenney, Michael Nutter, Dave Cohen, Ann Verna, and Frank Rizzo.

SECRETARY RICHMAN: Good afternoon, Councilmen.

COUNCILMAN ORTIZ: So now we have a achieved a quorum, Mr. City Solicitor.

MR. TRUJILLO: Duly noted.

SECRETARY RICHMAN: The new policies were put in place beginning in February 2000 and continuing through July 2000. The court and Dr. Greifinger reviewed the policies and the implementation process and approved the plan.

Some of the new policies adopted at this time will be described in the testimony of Prison Health Services. During this same period of time, there was a change of administration and a change in position for me from Health Commissioner to Director of Social Services. One of my first assignments --

COUNCILMAN ORTIZ: And now the Co-chair of the committee, Marian Tasco, has joined us. I'm sorry for the interruption but as I said, we were just -- we were going to do this as soon as Marian Tasco came. Do you have anything to say, ma'am?

COUNCILWOMAN TASCO: No.

COUNCILMAN ORTIZ: Okay, go ahead.

SECRETARY RICHMAN: Does everybody have a copy of the testimony? Okay.

One of my first assignments was to review the status of the requests for proposals for Prison Health Services and to determine the format for the proposal. That means, would the current separation of behavioral health and physical health remain, or would there be integration of the two services under a single provider?

The decision was integration under one provider. The behavioral health system was fully involved in writing the requests for proposal and responsible of the full identification of best practice for mental health services in a prison. There was also recognition that many inmates have

co-occurring disorders of addictions and mental illness. Plans are currently underway to provide methadone services as well as detoxification at the prison.

The RFP was released in February of 2000, responses were received in March of 2000. Prison Health Services was selected from four respondents. Operating under a contract that began in July of 2000, Prison Health Services consolidates the services for physical health and behavioral health under one provider. This facilitates seamless communication between physical and behavioral health services or 40 enhanced comprehensive care for inmates. The consolidation of behavioral health with physical health under one provider is logical and promises to ensure a higher level of care. The behavioral health components are being phased in with a purposeful planning methodology, in conjunction with support from outside agencies, including the behavioral health system.

When the current prison contract was initiated, oversight was a shared responsibility between Social Services and the Philadelphia

prison system executive staff. Effective November 2000, Social Services hired a deputy of administration to serve as contract administrator and take the full-time lead in managing the four major professional services contracts in the Philadelphia prison system. These contracts include health, food, commissary and facilities maintenance, and operations. Combined with a cooperative prison medical staff that lends many years of correctional health experience, there are several notable initiatives underway that address the goals and objectives of top-quality Prison Health Services.

In addition to ensuring high-quality medical services for the inmate population, programs are in development to extend services beyond the time spent in custody to address human needs that help individuals assimilate back into society and reduce recidivism. To provide this comprehensive level of health services which draws on resources from the local community, Prison Health Services works closely with Northeast Treatment Centers to develop and provide community linkage services and systems that provide

behavioral health services to those inmates released from the prison system upon return to the community.

The health service contract is monitored with a four-layered safeguard approach. The first layer is a service provider's contractual requirement to conduct a continuous quality management program with measurable indicators. Indicators include physicals, chronic care, infection control, screenings, medications, and significant other items. A second safeguard layer of monitoring is through an agreement with an independent agency whose expertise is in analyzing institutional health services. This is DePaul Health Services. Their objective oversight is directed at the specific scope of services described in the health contract.

COUNCILMAN ORTIZ: When did DePaul Health monitoring the services go into effect?

SECRETARY RICHMAN: I believe they went into effect in 1994.

COUNCILMAN ORTIZ: Do we have --

SECRETARY RICHMAN: Okay, 1995, sorry.

COUNCILMAN ORTIZ: I imagine that they

submit periodic reports to the Department in terms of their findings and monitoring of the services.

SECRETARY RICHMAN: Yes, they do.

COUNCILMAN ORTIZ: Have they been submitting these reports from '95 until the present time?

SECRETARY RICHMAN: Yes. My guess is, yes, they do.

COUNCILMAN ORTIZ: They have?

SECRETARY RICHMAN: (Nods head.)

COUNCILMAN ORTIZ: Can we have copies of the reports that they submit to the Department of Health from that period of time?

MR. TRUJILLO: Councilman --

COUNCILMAN ORTIZ: Identify yourself for the record please.

MR. TRUJILLO: For the record, my name is Kenneth Trujillo. I'm the City Solicitor.

COUNCILMAN ORTIZ: By the way, he shaved the beard, so -- he is Ken Trujillo, I can vouch for that.

MR. TRUJILLO: I'm certainly not my brother.

COUNCILMAN ORTIZ: Yes.

MR. TRUJILLO: Councilman, as you and I discussed earlier this week, these reports are reports which, in my judgment, are reports cannot yet be made publicly available. There's a number of reasons for those.

And in my judgment, the release of those reports implicates a couple of issues, one of which is the privacy rights of numerous inmates whose names and medical conditions and the like are revealed in those reports. And secondly, as the Council is aware, we are engaged in litigation in a number of facts -- there are a number of factors that prevent us from being able to release those reports at this time.

COUNCILMAN ORTIZ: I understand the aspect of litigation of what we can and cannot do, and I am very mindful of not intruding in that.

But from '95 to today, we have had -- and I what want to begin establishing through this committee and these hearings is a record of what our health services are and what the provision of those have been like during this period of time.

DePaul works for an agency of the City on a contractual basis. I would imagine that

those reports, even -- even under the broadest of interpretation, if they are reports, then they are public information.

MR. TRUJILLO: I'm not -- that is not quite accurate.

COUNCILMAN ORTIZ: Except those that may be in litigation.

Are you telling me that all of the reports from '95 to the year 2001 are all -- all protected under the -- that they're all subject to discovery in terms of litigation and so on? I think they're subject to discovery.

MR. TRUJILLO: Well, right now, there is, in fact, ongoing litigation up to the Commonwealth court and is pending before the Commonwealth court on the discovery of these specific reports.

And so one of the things, as you're aware -- in fact, Councilman Cohen I notice is here as well -- that to the extent that a document or anything is turned over to a third party which is under a claim of privilege, that turning over of that document may implicate that privilege.

And so there is ongoing litigation in

which these reports have been sought and which the City has declined to produce and which is subject to litigation.

COUNCILMAN ORTIZ: I just want all of this for the record and that's why I am proceeding, so that we can have a very clear picture.

They are a consultant to the City?

MR. TRUJILLO: That's correct.

COUNCILMAN ORTIZ: They produce paper, information, evaluation as such, they give an evaluation of another contract that we have with another private entity.

MR. TRUJILLO: I'm not certain that that is the scope of the work. I'd be happy to provide --

COUNCILMAN ORTIZ: But they monitor how this other private entity that we have contracted to provide services, and they're able, through that report, to tell us whether that entity is following all of the policies and procedures that the Health Department and Estelle Richman have established for PHS.

MR. TRUJILLO: Again, I am not certain

that that is an accurate portrayal of what their duties are.

COUNCILMAN ORTIZ: Well, tell me what it is, give me an accurate portrayal, then, of what DePaul is supposed to do.

MR. TRUJILLO: And, again, this has to be broken down into a couple of different time frames. The current report, as I understand it -- and, again, I think we made available to your staff copies of the contracts themselves, so that language, rather than my work, can --

COUNCILMAN ORTIZ: But for the record, I would like to establish what -- we have PHS, they're supposed to provide medical and mental health services to the inmate population, including the Youth Study Center, right, Miss Richman?

SECRETARY RICHMAN: That's correct.

COUNCILMAN ORTIZ: Okay. And they are supposed to provide these medical services following a whole series of procedures and guidelines. And DePaul is the entity that we have contracted with to monitor this.

Now, give me, in your assessment, in

your opinion, what is it that DePaul -- if it is not an of the evaluation of program, what is that --

MR. TRUJILLO: Certainly.

COUNCILMAN ORTIZ: -- Miss Richman is supposed to follow? And I imagine that she's not going to be daily overseeing and monitoring the prison system. She has to have the information from somewhere. I imagine DePaul is it.

What is it that they're supposed to give the City so that the City can be somewhat satisfied and confident that $25 million is being spent correctly?

MR. TRUJILLO: Again, with the caveat that the language of the contracts speak for themselves, my understanding is that the --

COUNCILMAN ORTIZ: I don't want to read the contract; I want you, as the legal entity of the City, to tell me what is it that DePaul is supposed to do for us.

MR. TRUJILLO: Yes. Again, with that caveat, my understanding is that they are to prove an objective professional evaluation of services delivered to patients under the contract with a

health-care provider, to measure the quality of services which are provided, to define the cost-effectiveness of the programs that are developed, to identify potential problems, to monitor details of the contract.

COUNCILMAN ORTIZ: And how we, as a committee of City Council that, one, oversees the Department, the different departments, and monitor the different departments, how are we supposed to begin making an evaluation whether those monies that we appropriate to be spent on these services are being spent correctly and efficiently unless we have the information that we require? How are we supposed to know that PHS is doing the job that it is contractually supposed to do unless we have reports that in essence document to us the work that they have done?

MR. TRUJILLO: I think that you are absolutely entitled to ensure that the funds that are being expended by the City by PHS or any other contractor are being expended appropriately and that the service that are being contracted for are -- the service are being provided also appropriately, but I do -- that does not

necessarily equate to these reports being the ones that need to be turned -- are the appropriate ones that should be reviewed.

I believe that certainly the Director of Social Services and prison service in our two camps, and there certainly is an ongoing review by the City, and you can certainly, I think, inquire properly about those, and we'll do everything we can to get you those documents.

My concern is very specific and the one that I articulated to you earlier, and that is that my responsibility is to protect the City's interests in connection with a number of things, including ongoing litigation. It is my judgment that the public disclosure of these reports at this time is inappropriate and potentially puts the City at risk. And that is why, in my judgment, it is inappropriate for them to be disclosed at this time.

COUNCILMAN ORTIZ: All of the reports.

MR. TRUJILLO: Yes.

COUNCILMAN ORTIZ: Not just the recent ones, but all of them.

MR. TRUJILLO: That's correct, sir.

COUNCILMAN ORTIZ: Okay, continue, Miss Richman. We'll come back to -- I just wanted to put those parameters on the record so that we begin to understand certain things.

SECRETARY RICHMAN: Okay. These regular reports are submitted to the monitoring team, which is at the Philadelphia prison system, and their medical staff, and this is City staff. I have a prison health care coordinator who is assisted by two nurses who review and supervise the contracts health care staff. In other words, there are people on my staff that do direct supervision and monitoring of the Prison Health Services.

COUNCILMAN ORTIZ: Miss Richman?

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: In terms of that, let us -- because I -- you submitted a response to Dr. Greifinger's report.

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: And in that, he listed a series of deficiencies that he found with PHS.

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: And the services that PHS was providing. And although I'm going to name a few, and you tell me in your opinion and -- not only your opinion but how these deficiencies have been cured, if they have been; or if not, what is the timeline that you have given PHS to get into line. For instance, one of them is that too few of the inmates were screened for sexually-transmitted diseases at intake.

SECRETARY RICHMAN: That's being addressed. I would be able to get back to you. I didn't bring any of that information with me, but they all have protocols, and they are all being addressed, and that one should be addressed by now. Yeah, I didn't bring the detail of those kinds of things.

COUNCILMAN ORTIZ: We can assume that at intake, the inmates being processed.

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: And they're screened for STDs.

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: And the lag time in terms of issuance of reports, what has happened

with that?

SECRETARY RICHMAN: I'm sorry? The lag time --

COUNCILMAN ORTIZ: The lag time for reports.

SECRETARY RICHMAN: Yes, it's being done.

COUNCILMAN ORTIZ: What's being done?

SECRETARY RICHMAN: The lag time for reports to be submitted?

COUNCILMAN ORTIZ: Yes.

SECRETARY RICHMAN: It has been closed so that there is not a lag time.

COUNCILMAN ORTIZ: There is no lag time now.

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: The pregnant women were not counseled or tested for HIV.

SECRETARY RICHMAN: That one I don't know off the top of my head.

(Sec'y Richman confers with colleague off the record.)

SECRETARY RICHMAN: That is happening. I am told that is happening. I will confirm all

of this and give you a written statement on it.

COUNCILMAN ORTIZ: Newborn babies were not allowed to bond effectively with their mothers.

SECRETARY RICHMAN: I know --

COUNCILMAN ORTIZ: I'm just going down some of Dr. Greifinger's critiques, and I want to know what of those critiques have been addressed and what is the status that they find themselves in.

SECRETARY RICHMAN: I know that as we build the new women's prison, we're putting in facilities so that women can continue to bond with their children. That was one of the specifics that we have done.

COUNCILMAN ORTIZ: You're putting it in; it's not in yet.

SECRETARY RICHMAN: Well, we -- in the new women's prison, we don't have the facilities at this point.

COUNCILMAN ORTIZ: And currently you don't have it.

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: And so you can say

that this one is not happening as of yet.

SECRETARY RICHMAN: That one is not happening.

COUNCILMAN ORTIZ: Okay.

SECRETARY RICHMAN: That one isn't done. As we plan the new women's prison, which is being built as opposed to existing, there are facilities being built in for women to be able to spend more time with their newborn infants.

COUNCILMAN ORTIZ: The laboratory turnaround for sexually-transmitted disease testing, how has that -- that was excessive.

SECRETARY RICHMAN: That's the lag report, I believe.

COUNCILMAN ORTIZ: What?

SECRETARY RICHMAN: That's the lag report. In other words, the time between the testing and when those results get to the prison and get reported was too long. The lag time in those --

COUNCILMAN ORTIZ: So that's been taken care of?

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: Mortality review?

SECRETARY RICHMAN: Mortality review?

COUNCILMAN ORTIZ: Review was not documented. This is according to Dr. Greifinger's report.

SECRETARY RICHMAN: That is now being documented. That has been documented on an internal basis.

COUNCILMAN ORTIZ: Tell me how that happens.

SECRETARY RICHMAN: What the citing is that there was no notation in the chart of a review of any death. That now happens.

COUNCILMAN ORTIZ: The use of psychotropic medication was high, higher than in other populations.

SECRETARY RICHMAN: Right. There is now a psychiatrist onsite full-time who is a director of that unit, who reviews all psychotropic medication, and whose goal is to reduce it and to be able to use more housing options and more therapeutic models than medication.

COUNCILMAN ORTIZ: There were very few opportunities for inmates who wanted substance

abuse treatment. Where is that at the current time?

SECRETARY RICHMAN: It -- we are expanding that significantly both inside and outside of the walls through both the options programs and other opportunities for people to get not only drug and alcohol counseling but entire behavioral health counseling, particularly those folks who need co-occurring -- who have co-occurring disorders.

COUNCILMAN ORTIZ: Is there any methadone detoxification program in place?

SECRETARY RICHMAN: We are probably about three-quarters through the State licensing process. To get a methadone license, it takes review from the federal government as well the State, it takes about a year, and we're almost through that process.

COUNCILMAN ORTIZ: And what is the licensing status of the physicians? And, according to Dr. Greifinger, over 43 percent of them were not verified.

SECRETARY RICHMAN: Fully up to date.

COUNCILMAN ORTIZ: And what about the

nurses?

SECRETARY RICHMAN: Up to date, all licenses.

COUNCILMAN ORTIZ: Do you have any report on the mortality reviews?

SECRETARY RICHMAN: This is an internal mortality review as opposed to an external mortality review, so it's the documentation of that.

COUNCILMAN ORTIZ: And they're available?

SECRETARY RICHMAN: Those are individual client records as opposed to mortality reviews that are external that begin to collapse that data into trend data.

COUNCILMAN ORTIZ: Okay, continue, Miss Richman.

SECRETARY RICHMAN: Okay. The health care coordinators staff mandates follow-up review until issues are settled satisfactorily.

My fourth safeguard of monitoring is the social services assignment of the Deputy Managing Director to serve as an impartial contract administrator within an emphasis on

contract supervision, uniformity, and strong leadership. Working from the social services unit gives a global perspective an advantage to coordinate outside departments to assist in managing delivery of health care for inmates. Recent planning and implementation initiatives include:

Behavioral health transition units for men and women being consolidated;

A behavioral health discharge planning pilot for inmates requiring extended behavioral health services after release;

A methadone detoxification licensure to operate a program as part of the Behavioral Health Transition units;

Insulation of an onsite dialysis unit to minimize cost and security risk for offsite dialysis treatments;

And implementation of a management information system to organize, track, and record inmate medical information more efficiently and accurately.

To coordinate these efforts and ensure multi-agency commitment to quality prison health

care, monthly prison health meetings are held to continue dialogue along all stakeholders. Representatives from social service staff, Prison Health Services, law, behavioral health system convene to discuss topical issues and usher progress on initiative and service modifications.

We feel the current methodology for health service delivery and oversight is both cutting-edge and comprehensive. Multi-agency support, consolidation of services, multi-layered monitoring, safeguards, and ongoing stakeholder meetings all play a role in providing health care for inmates in the Philadelphia prison system.

Incidently, these stakeholder meetings and the review with Prison Health Services are meetings that I hold so that I get to ask questions and to satisfy myself that there is quality service going on.

COUNCILMAN ORTIZ: Estelle?

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: If I may -- do you have a question? Go ahead.

COUNCILMAN COHEN: I was just going to question 'cause I've been very puzzled by the

dilemma the City Solicitor seems to put himself the City and us in.

Is it your position that when the City gets sued, City Council loses its ability to have an oversight because documents which City Council needs for its oversight function may be subject to discovery or demand or be of some use or believed to be of some use to a person or organization suing the City? Do we -- does City Council lose its ability to function on those issues during the time of the court suit? Is that what you're saying to us, sir?

MR. TRUJILLO: No, sir, not at all. I'm mindful that at times, the oversight functions of City Council coincide with ongoing litigation, and I'm mindful that this Council has not only a right but a duty to review what is going on, not only in the operating departments but certainly the Law Department or in ongoing litigation. I'm very mindful of that.

I'm not suggest that this body does not have the ability to monitor those kinds of activities. What I am saying is that the documents that Councilman Ortiz specifically

referred to are specific documents -- are specific reports which are themselves the subject of ongoing litigation. And these reports themselves are the subject of litigation in which the City has -- has claimed a privilege, and that that issue has not yet been resolved by the Commonwealth court.

It is my judgment that to -- at this stage, while that is on -- in litigation, to reveal those reports negatively impacts our -- the Law Department's and the City's interests with respect to those reports.

I -- secondly, I am concerned specifically about these reports because one of the things -- one of the significant items that are contained in these reports is personal, confidential data about individual inmates. And --

COUNCILMAN COHEN: Well, that can be solved by eliminating the name of the individual, crossing that name out or blocking it out.

MR. TRUJILLO: No, I understand that there are mechanisms by which you can deal with confidential information.

But what I had earlier responded to Councilman Ortiz about was that these documents themselves are subject to litigation, and it is my judgment that for them to be turned over at this time would be detrimental to the City's interests in this litigation.

COUNCILMAN COHEN: Well, but does that mean that Council, because you reached the conclusion that it would be harmful to the City's legal interests, does that mean that City Council is then blocked from getting necessary information?

For example, in the fine report issued to us by Secretary Richman, she refers to a doctor that was appointed by the court, and that doctor found the services to satisfactory in one degree. She then concludes her report with the feeling that the system is in effect is cutting-edge and is comprehensive and is satisfactory. They're fine conclusions; we hope we can join with her in those conclusions, but we've got to get the material that enables us to engage in our oversight function to see on what the Commissioner bases her findings.

(Applause.)

COUNCILMAN COHEN: And on what this doctor appointed on by the court bases his.

Now, it may be disadvantageous to any party to litigation at sometime, but that's the way of life. I don't see how we can carry out our function if we're going to be denied access to the material.

And I suggest to you, sir, that if there's any law that supports you, I would like to see it because I just cannot believe that private litigation can foreclose Council's right to investigate.

(Applause.)

MR. TRUJILLO: I understand, and I am happy to discuss that with you further or provide any further information which you wish.

COUNCILMAN COHEN: All right.

COUNCILMAN ORTIZ: Councilman Rizzo?

COUNCILMAN RIZZO: Thank you, thank you, Mr. Chairman.

Could you tell me for the record, and I assume that you know this number, what is the total population of our prison system?

SECRETARY RICHMAN: Yes. As of yesterday, it was 72,047.

COUNCILMAN RIZZO: 72,047?

SECRETARY RICHMAN: Yes.

COUNCILMAN RIZZO: We constantly hear that many of those people incarcerated are there because of drug activity. Do you know, do we have identified how many of those inmates that we house are there because of drug --

SECRETARY RICHMAN: Well, at any given point, you have probably have somewhere around 80 percent of the people are there secondary to drug and alcohol. In other words, it may not be on a drug offense, but drugs may have played a part in why they have committed the crime.

COUNCILMAN RIZZO: I've always wondered, knowing how difficult it is for a person to break a habit, whether it's smoking, whether it's alcoholism, whether it's drugs, would you describe to the best you can -- could you compare how when an inmate that is brought -- when a person's incarcerated and has a very severe drug problem, could you describe how a person is cared for in that environment versus one of the 28-day

programs that --

I mean, is it horrible, do we hear people screaming because they're going through withdrawal? What is it like in a jail to -- in an environment that there are 80 percent of the population that are -- I'm confident that they're not all --

SECRETARY RICHMAN: They all aren't addicted, but they're --

COUNCILMAN RIZZO: How many -- do you know how many are addicted that we house?

SECRETARY RICHMAN: No, I don't know that off the top of my head.

COUNCILMAN RIZZO: That would be interesting to know.

SECRETARY RICHMAN: One of the numbers -- and actually, it was smaller than I thought it would be. Of the people that are addicted to heroin, it was actually a fairly small number; it was probably a number under 100 that are addicted. But you have a lot of people who are abusers of alcohol, cocaine, drug dealers. When I say "drug," it's any kind of drug involvement; it's not necessarily people who are at that point

in time so addicted to drugs.

But one of the reasons that I wanted a methadone program or a detoxification program in the prison because, one, we have people with methadone who are going into the prison, and I would like to see them continue on methadone. Incidently, having a methadone or a detoxification program in the prison is something we had to truly fight the State on. They don't condone it, they think I continue to be a weird person because I demand it.

COUNCILMAN RIZZO: We used to contract that out, Miss Richman?

SECRETARY RICHMAN: What?

COUNCILMAN ORTIZ: We used to contract detoxification out, didn't we, at one point?

SECRETARY RICHMAN: Never in the prison, it's never been in the prison.

COUNCILMAN ORTIZ: Well, we contracted a program of detoxification, 'cause I remember a program that used to be at the old Girard Hospital on York that had a prison detoxification program in the '80s. Okay.

COUNCILMAN RIZZO: Could you -- does a

person come in to a jail -- let's say a person's arrested and they are an addict.

SECRETARY RICHMAN: Right.

COUNCILMAN RIZZO: They're addicted. Are they -- is it cold turkey?

SECRETARY RICHMAN: Yeah.

COUNCILMAN RIZZO: There's no care at all for that person?

SECRETARY RICHMAN: As I understand --

COUNCILMAN RIZZO: What is that like for a person to be brought in there -- two, three, four people brought in there just cold turkey? I mean, do they just have to do the best they can and --

SECRETARY RICHMAN: My impression -- and this is my impression -- is that what it really does is increases the probability that people will go back to drugs when they are released.

COUNCILMAN RIZZO: So have we had any inmates -- as a result of the addicted inmates, what is the ramification of us allowing a person that's brought there that's addicted to go cold turkey? Have we had any die that we know of?

SECRETARY RICHMAN: Not that I know of. Not from the point --

COUNCILMAN RIZZO: Would you know if they died?

SECRETARY RICHMAN: Yeah, yeah. I review all dates.

COUNCILMAN RIZZO: Do we have many deaths in jail?

SECRETARY RICHMAN: Well, I review all the deaths since I've been in this position.

COUNCILMAN RIZZO: How many deaths have you had in the prison since you've had this job?

SECRETARY RICHMAN: I cannot give you the figure. I can give you the figure, but I can't give it to you off the top of my head.

COUNCILMAN RIZZO: Would you -- do you recollect that any of them have been as a result of addiction?

SECRETARY RICHMAN: A result of not going through detox? No, no.

COUNCILMAN RIZZO: Are you telling me -- what -- do we have a detox program in the prison?

SECRETARY RICHMAN: No, we don't.

COUNCILMAN RIZZO: We have nothing at all right now.

SECRETARY RICHMAN: Nothing at all.

COUNCILMAN RIZZO: And that's why you're encouraging the methadone program.

SECRETARY RICHMAN: Yes.

COUNCILMAN RIZZO: Which I have seen on national television. It's been -- and, again, all due respect to you and your support of it, but I've seen it be terribly criticized nationally on some of the areas of --

SECRETARY RICHMAN: Of having methadone programs?

COUNCILMAN RIZZO: Yes, uh-huh.

SECRETARY RICHMAN: Yes. Most people do not think that methadone -- they don't condone methadone, but if somebody is on methadone, if they've been on methadone in the community, often for several years, and you take them off methadone cold turkey, the probability that they return to an addictive life style is very high.

COUNCILMAN RIZZO: Do we -- do you believe that the people that you -- it's hard for me to believe of that population that there's only

a hundred people addicted, and I'm talking --

SECRETARY RICHMAN: On heroin.

COUNCILMAN RIZZO: On heroin.

SECRETARY RICHMAN: Right.

COUNCILMAN RIZZO: I'm talking about people that necessarily aren't there for ten months, fifteen months; I'm talking about people that are arrested and brought there to the Detention Center, and forgive me for dating myself by calling it the "Detention Center." Are you including those folks?

SECRETARY RICHMAN: No. I'm talking about only heroin addicts.

COUNCILMAN RIZZO: Well, I'm talking about heroin addicts that are arrested today and housed until their trial comes up. Are you including those folks?

SECRETARY RICHMAN: Yes, yes, anybody who's admitted to the prison system. The number of people we have in the community who are heroin addicts within a treatment program is not a huge number.

COUNCILMAN RIZZO: Without just the

normal medical care, a person that abuses alcohol, they're arrested and they're put in the jail, do you give them any kind of medical care at all?

SECRETARY RICHMAN: For the addition?

COUNCILMAN RIZZO: For the addiction.

SECRETARY RICHMAN: No, no.

COUNCILMAN RIZZO: An alcoholic goes there and he or she's cold turkey.

SECRETARY RICHMAN: Cold turkey.

COUNCILMAN RIZZO: What's it like for a person?

SECRETARY RICHMAN: I don't know.

COUNCILMAN RIZZO: You don't know?

SECRETARY RICHMAN: I don't know.

COUNCILMAN RIZZO: I guess the people in the prison, it would be interesting to hear what it must be like to experience a person that has to experience that cold turkey situation, both on drugs and alcohol.

So you would like to see -- and I think I could be supportive -- I don't know about methadone, but I could be supportive of a program, and we have none? Short of methadone, there's no other program that could be implemented to deal

with those hundred folks?

SECRETARY RICHMAN: There's no detoxification program. The only place that there is detoxification or there is a methadone that's done is for pregnant women, and it's done on an outpatient basis with one of the hospitals.

COUNCILMAN RIZZO: What do the State jails do?

SECRETARY RICHMAN: The State's our problem. Same thing, there is no detoxification, there is no methadone.

COUNCILMAN RIZZO: Federal.

SECRETARY RICHMAN: Same thing.

COUNCILMAN RIZZO: There's no detox program in the federal system?

SECRETARY RICHMAN: There's no detox and no methadone, no. And, remember, our jail is a short term, so even if we did a methadone program here and the person continues their sentence at a State or at a federal prison, after they're sentenced, they would not be able to continue the methadone program. Now, at that point in time, the detox obviously has already happened.

COUNCILMAN RIZZO: That's a -- could you tell me that so I learn something? How -- if a person's incarcerated and they go cold turkey, how long does it take for them to be detoxed?

SECRETARY RICHMAN: Oh, that is the detoxification. If you go through a detox program in the community, it's three days.

COUNCILMAN RIZZO: No, I'm talking about a person who's arrested today and they're an addict, how many days --

SECRETARY RICHMAN: Three days.

COUNCILMAN RIZZO: Three days?

AUDIENCE MEMBER: Two months.

SECRETARY RICHMAN: Two months to recover.

COUNCILMAN RIZZO: Two months to recover?

SECRETARY RICHMAN: Five days.

COUNCILMAN RIZZO: Great, thank you.

Thank you Mr. Chairman.

COUNCILMAN ORTIZ: Miss Richman, the contract with PHS --

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: -- states that we're

supposed to be responsible for a population of, I think, 6600 to 6900.

SECRETARY RICHMAN: That's correct.

COUNCILMAN ORTIZ: And anything above 6900, the City -- again, we're all responsible, but the City --

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: -- is -- you said that the current population is, what, 7200?

SECRETARY RICHMAN: Yes, that's the current population. All of those people don't reside on State Road, however.

COUNCILMAN ORTIZ: Does that include -- that 7200, does that include the Youth Study Center?

SECRETARY RICHMAN: Right, that does.

COUNCILMAN ORTIZ: And how many are today residing at the Youth Study Center?

SECRETARY RICHMAN: I haven't checked the population today. I believe it's about 120.

COUNCILMAN ORTIZ: 120.

SECRETARY RICHMAN: Incidentally, the 7,000 number includes approximately 3 to 400 prisoners that are not housed in Philadelphia.

They're housed in Delaware and they're housed in other places in the State that we don't have responsibility for their medical care.

COUNCILMAN ORTIZ: So we don't have --

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: What is the current in our prisons?

SECRETARY RICHMAN: Within our site? Anybody have the number for today?

(Sec'y Richman confers with colleagues off the record.)

SECRETARY RICHMAN: My guess is -- it's probably about 68, 67, 68.

COUNCILMAN ORTIZ: In our prison system?

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: Okay, go ahead.

SECRETARY RICHMAN: I'm done, I'm finished.

COUNCILMAN ORTIZ: Okay. Estelle, if a family member calls up the prison and says, Look, Johnny Doe is -- has these needs, these medical needs, could you tell me what happens to that phone call?

SECRETARY RICHMAN: No, I can't. I can tell you if the phone call comes to me, which they often do, then I then inform the prison to follow up and get back to me about what is happening, and they always have and telling me what service the clients have received, what is the status of the report --

COUNCILMAN ORTIZ: That goes to you.

SECRETARY RICHMAN: Yeah, that is if the parent has called me.

COUNCILMAN ORTIZ: But if Johnny's arrested --

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: -- and Mildred, his mother, has the medicines at home, for instance.

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: And she calls up Curran Fromhold and says, Johnny So-and-So suffers from diabetes or suffers from epilepsy or suffers from this or that or HIV, there is -- there's not a system in place for him to begin --

SECRETARY RICHMAN: I don't know the system, I can't tell you the system. My guess is that there is a system in place. If you would

like me to tell you what that system is, I'll be glad to get the information for you.

COUNCILMAN ORTIZ: Oh, please do. Because I would like to see what happens if -- I think we've had problems with some of that happening and. . .

Are you informed about the red flag system?

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: What is that? 'Cause I don't know.

SECRETARY RICHMAN: The red flag system is that whenever people are required to take medication, if they do not show up for the medication at the appointed time, then the system has determined that there would be a red flag on their files so that someone can follow up and make sure that a nurse, a doctor, a staff member goes to that individual to talk to them, to explain to them why their medication is important, to get them to come get their medication.

If that doesn't work, then going with a next-higher level staff to try to do whatever they can to convince the individual why it's important

for them to take medication.

COUNCILMAN ORTIZ: I saw this and I -- my staff couldn't explain it to me, but I have a sheet that says "Referral to Obtain Behavioral Health Services."

SECRETARY RICHMAN: Right.

COUNCILMAN ORTIZ: And this is supposed to be filled out by, I imagine, this form, by the prison guards.

SECRETARY RICHMAN: By someone who has been on the unit with the inmate. It could be a correctional office, it could be a social worker, it could be anyone who would come in contact with that individual who believes that individual's behavior needs to be assessed quickly.

COUNCILMAN ORTIZ: Is the prison guards given any sort of training --

SECRETARY RICHMAN: Yes.

COUNCILMAN ORTIZ: -- to be able to detect -- or what type of training does the prison guards go through?

SECRETARY RICHMAN: One of the things that we did as part of the initiative to try to get to make sure that we understood that anybody

who at any point needed behavioral health service was to make sure the correctional officers knew how to fill out the form, knew that anytime they think it, whether they're accurate, whether they just have a feeling, no matter what it is, that they would make the referral, and it's up to the folks who do the professional assessment to determine whether the need is valid.

So you may just be scratching your head and somebody thinks that's not the way it should be done, and they can make the referral.

COUNCILMAN ORTIZ: In the contract, does the Health Department specify to PHS the level of expertise training that they have to give and for their staffing?

SECRETARY RICHMAN: Not the Health Department. Social Services is really handling this contract now, and we did the RFP. And, yes, we did.

COUNCILMAN ORTIZ: And do they work with the prison guard population, PHS, in order to coordinate services and training with the prison guards?

SECRETARY RICHMAN: The coordination of

services in terms of making sure people get transferred or moved to the right place at the right time, yes.

In terms of alerting us if they believe something is suspicious, yes. In terms of making a determination about whether someone needs service, no.

This is -- we don't train them to recognize. All we are doing is saying, If you see something that you think is unusual or something where you would be suspect, then send them for an assessment or a referral.

COUNCILMAN ORTIZ: A prison guard's job is stressful enough as it is.

SECRETARY RICHMAN: My interest was to have them over-identify, not under-identify. In other words, if they decide one day looking at you that anybody who wears a tie has a mental health problem, then I want them to refer you. It's our job to figure out whether it's a good referral, not their job.

COUNCILMAN ORTIZ: But how is a prison guard -- what type of training is a prison guard receiving that would give him the skills to say

that guy's paranoid, disoriented, you know, he's entertaining homicidal thoughts, and so on.

SECRETARY RICHMAN: I don't want to train them to make those kinds of decisions.

COUNCILMAN ORTIZ: Okay.

SECRETARY RICHMAN: Anything that makes them feel that this person has any problem whatsoever, no mater how minor, I want them to give out a referral. We want to train them that everything should be under suspect.

COUNCILMAN ORTIZ: So they're not supposed to make any sort --

SECRETARY RICHMAN: No, that's a professional decision. All they should do is send them for a referral. I want them to send more people than necessary, not less. I want them to send as many people as they think could use it and then let us do the assessment of whether it's something that's needed. They should make no decisions on whether or not they think there's a need.

COUNCILMAN ORTIZ: Thank you, Estelle. Thank you, Ken.

Estelle, if there anything else you

want, you can write to me on.

SECRETARY RICHMAN: Okay.

COUNCILMAN ORTIZ: And I'll write to you.

SECRETARY RICHMAN: Thank you very much.

COUNCILMAN ORTIZ: Mr. David Klein?

(No response.)

COUNCILMAN ORTIZ: Not here, okay.

PHS: Mr. Catalano, Harold Orr, Cassandra Newkirk.

(Witnesses come forward.)

MR. CATALANO: Good afternoon, ladies and gentlemen.

COUNCILMAN ORTIZ: Please identify yourself for the record.

MR. CATALANO: My name is Michael Catalano. To my left is Dr. Cassandra Newkirk. To my right is Dr. Harold Orr.

Thank you for the invitation to address the --

COUNCILMAN ORTIZ: You got to speak into the microphone, sir.

MR. CATALANO: Thank you for the

invitation to address the joint committee. My name is Michael Catalano, and I am Chairman of Prison Health Services and its parent company, America Service Group.

COUNCILMAN ORTIZ: You are part of the what? American. . . ?

MR. CATALANO: America Service Group is the parent company of Prison Health Services. I'm Chairman of --

COUNCILMAN ORTIZ: Where are you located?

MR. CATALANO: Tennessee. And I'm here today to demonstrate to provide the level of our company's commitment to provide the best quality health care for inmates in the Philadelphia prison system and to offer our full cooperation to the joint committees' effort.

We have submitted written comments to the joint committee. With your permission, we will not read those comments at this time.

COUNCILMAN ORTIZ: We will be making them a part of the record.

MR. CATALANO: Instead, please allow me then to make some brief introductory remarks and

then to introduce the outstanding doctors who are actually responsible for clinical care at the Philadelphia prisons.

Our company has provided medical care to Philadelphia inmates since 1993. During that time, we have worked alongside the dedicated personnel in the Philadelphia prison system. In July of last year, we entered into a new contract with the City, which, for the first time, allowed us to assume responsibility for behavioral health as well as medical care. We are very proud of our clinical leadership in Philadelphia.

The heart and soul of our company are the thousands of doctors and nurses who provide compassionate care at correctional facilities across the United States. This is a vital community service and a high calling for our clinicians. Those in Philadelphia are among the those experienced and the most conscientious in the nation.

So now please allow me to introduce Dr. Harold Orr, our Regional Medical Director; and Dr. Sandra Newkirk, our Regional Mental Health Director.

Dr. Orr is a graduate of the University of California who did his residency at Columbia University. He is board certified by the American College of Managed Care Medicine and has over 20 years of clinical experience.

Dr. Newkirk is a graduate of the University of North Carolina at Chapel Hill, who did a residency at Emory University. She is a board certified forensic psychiatrist with over 18 years of experience.

Also joining me today is Mike Murphy, our regional vice president, who is also an RN; and Mary Silva, our regional director of Nursing; Rodney Fry, our regional manager, also an RN; and Jean (indiscernible), our general counsel.

Thank you for your patience, and we're prepared to address your questions.

COUNCILMAN ORTIZ: Mr. Catalano, how many -- tell me your structure right now in terms of -- how are you organized to provide services to the prison population of Philadelphia?

MR. CATALANO: We are organized as a self-contained regional administration group right here in Philadelphia. Local management here and

local clinicians are empowered to provide care directly and to communicate directly with the City.

COUNCILMAN ORTIZ: What is the staffing level that you have currently? How many doctors, how many psychiatrists? What is the nurses?

DR. ORR: In terms of the physician staff, we have 22 full-time physicians, with a total --

COUNCILMAN ORTIZ: Speak into the microphone, please.

DR. ORR: We have 22 full-time physicians and another 20 to 25 part-time physicians who fill in on an as-needed basis. We also have at the present time 21 physician assistants who assist in the delivery of the health care.

COUNCILMAN ORTIZ: What is a physician assistant?

DR. ORR: It's commonly called "a PA." A physician assistant is a licensed clinical practitioner, called "a mid-level practitioner," who has -- they have certainly legal prescribing practices and diagnostic practices, as outlined in

the State of Pennsylvania who are -- who are licensed to practice medicine under the direct supervision of licensed physicians.

COUNCILMAN ORTIZ: Of those 22 physicians that you have, how many of them are psychiatrists, or is that a separate entity that you have?

DR. ORR: What I just described to you was the medical department only. I'll let Dr. Newkirk tell you about the behavioral health department.

COUNCILMAN ORTIZ: Go ahead. And identify yourself for the record.

DR. NEWKIRK: I'm sorry. I'm Cassandra Newkirk, and I'm the chief psychiatrist with Prison Services here in Philadelphia.

Currently, we have 6.7 full-time equivalents for psychiatrists, which is almost 7 full-time --

COUNCILMAN ORTIZ: 6.7?

DR. NEWKIRK: Yes.

COUNCILMAN ORTIZ: How do you have 6.7?

DR. NEWKIRK: I'm sorry. We have 6 --

COUNCILMAN ORTIZ: You have half a body

somewhere?

DR. NEWKIRK: No, I'm sorry. The 0.7 extrapolates to hours based on a 40-hour week. And when I say it's 6.7, we have 6 full-time equivalents, plus it's approximately -- I think it's 32 more hours. So 6 six full-time equivalents and 32 more hours of psychiatric time.

COUNCILMAN ORTIZ: You have six full-time psychiatrists on duty?

DR. NEWKIRK: Not at one time. This is the number of staff we have. The way we staff psychiatrists, we have psychiatrists on duty 16 hours a day, 7 days a week. So some physicians, psychiatrists, work full-time and some work part-time. All total per week, I have 6 full-time equivalents plus 32 hours on any given week. That's what I'm staffed for. We also have psychiatrists there Saturday and Sunday in one of our units 16 hours a day, so that's why it comes out to the ratio that it does.

If you'd like to, I will continue with my other behavioral health staff at this time.

COUNCILMAN ORTIZ: Sure, go ahead. And how many others?

DR. NEWKIRK: I have one psychologist, who is my program director. I have a full-time port liaison person. I have three clerical staff. I have six case managers who are master's level psychiatric social workers. I have a staff of six bachelor's-level social workers, and we have a lot of -- we have several social workers that work on a part-time basis to fill in the evening and the weekend staffing that we need so that all shifts are staffed. And we also have six psychiatric techs that work between the transitional units and the inpatient behavioral health unit as well.

COUNCILMAN ORTIZ: In your unit -- and this case came up because I knew the family of the person. A few years back, a young Puerto Rican was arrested and he ended up committing suicide. And I was informed later on that there was supposed to be what is called "a suicide watch," that there's an evaluation made of people, and the prison then assigns correctional officers.

How do you handle that? And what is the ratio in terms of -- that you put forward per -- in your suicide watch?

DR. NEWKIRK: The beginning of the suicide prevention policy is that an inmate is referred to us by, be it correctional staff health care staff or any other staff for evaluation, and when I say "us," I mean they are referred to behavioral health, and they are seen by a qualified mental health professional, which means either a social worker, a psychiatric social worker, or a psychiatrist. They are assessed for the suicidality at that time.

If -- the social worker usually sees a person, sees a person first, and then they're seen by a psychiatrist. If they feel that there's any thought that the inmate may be at risk for suicide, then the psychiatrist orders a suicide watch. We have two kinds of watch, and only two, and that is a continuous watch on our inpatient forensic unit, and that means that they are watched at all times by either our site techs and correctional officers, or we may put the person on a 15-minute watch, meaning that -- and this, again, is on the inpatient unit, meaning that they are checked on at least every 15 minutes.

Now, when they are on either one of

these watches, they are in cells that are, well, what we call "suicide-proof." There are -- also, any objects or clothing that they could harm themselves with are taken away from them. And the monitoring is documented by officers as well as the treatment staff on the unit.

If, by chance, the unit is full, which sometimes it is, we do have suicide cells at the Fromhold Correctional Facility as well. But here, again, it has to be ordered by a psychiatrist. In dire emergencies, any staff member can put someone on suicide watch, but the psychiatrist on call or on duty has to be notified immediately, and the order is given so that everybody is made aware of it.

COUNCILMAN ORTIZ: Has there ever been circumstances in which there have been more prisoners in terms of a suicide watch and the ratio has been 1 to 5, 1 individual to watch 4 individuals on a suicide watch? And. . .

DR. NEWKIRK: You mean one staff member and one corrections officer?

COUNCILMAN ORTIZ: One staff member to five.

DR. NEWKIRK: Not that I'm aware of. If that is happening, they may be on a 15-minute watch but not a continuous watch. If it's a continuous watch, it's supposed to be one person watching one inmate, and correctional staff at the institution, because we do have to depend on them to do that and have been very accommodating about that when we need a continuous watch.

COUNCILMAN ORTIZ: And you have no information about that?

DR. NEWKIRK: No, I don't.

COUNCILMAN ORTIZ: Okay. Sir, you have 22 full-time physicians?

DR. ORR: Approximately, that -- that's just the approximate. Again, I could give you a report back to give you the exact number.

COUNCILMAN ORTIZ: And what about nurses?

DR. ORR: Nurses, we have approximately 150? -- 110 RNs, LPNs.

COUNCILMAN ORTIZ: Are your nurses full-time and on payroll, or do you hire temporary nurses?

DR. ORR: They would all be on -- our

employees of PHS, most are full-time and some work on a part-time basis.

COUNCILMAN ORTIZ: What is the total number that you have currently?

DR. ORR: Total number of. . . ?

COUNCILMAN ORTIZ: Staffing, professional staffing. How many nurses do you have? You have 22 doctors; how many nurses?

DR. ORR: I thought we just answered -- 150. It's 56 RNs and 49 LPNs, plus 6.7 psychiatrists and 21 MDs, and 22 PAs.

COUNCILMAN ORTIZ: Is there a turnover in terms of nurses and staffing?

DR. ORR: I can speak directly about physicians. There's always a turnover in terms of people who have decided to either move, for family reasons, or who decided that they want to take on another career path.

I can tell you, as the medical director, in the area of Philadelphia, because of your environment and what's happening with managed care in Philadelphia, there is -- I have no problem in terms of recruiting, replacement or to fill positions that have become vacant.

COUNCILMAN ORTIZ: I asked a question of Estelle Richman. If Johnny So-and-So, if her son has been arrested and sent to Fromhold, she calls up and says, My son is sick, he's under medication, his medication's here. What happens to that phone call?

DR. ORR: That's an interesting question. I'm a clinical physician and I've been in practice for 18 years, and I've always prided myself in having the ability to communicate with patients and patients' families. I don't think there's a day that passes that I don't get a call from a concerned family member.

Typically what happens is that I will call each of the facilities, the chief medical officer. I will call their chief medical officer and inform him of the call that I've gotten from the mother, father, brother or sister, whatever, and tell him about the concerns that have been raised.

I will get a report back from that clinician, and I usually get these reports back within hours so that I can report back to the family member. Now, part of that, of course, is

making sure of the confidentiality issues and making certain that the person calling on the phone is who, in fact, they say they are, and I confirm that with the patient, that the person is requesting information on.

That is a part of medicine, is conveying information to people who are concerned about loved ones. If, in fact, there is a medication that they have informed us about, we have a pharmacy provider that we can get any medication known to mankind, with all due speed and in a most expeditious matter.

There have been occasions in which I personally have gone to family homes to get prescriptions that either the inmate patient was unaware of or not clear about and that the mother or father cannot read, and will actually pick up their medication to make sure that the person got it.

So those things happen on a day-to-day delivery of health care. This is a part of the service that we provide.

COUNCILMAN ORTIZ: If someone is arrested and they are at the Round House, and they

suffer from some disease, then they are taken over to the Detention Center, Curran Fromhold -- 'cause that happened very recently. Mr. Santiago, who was a diabetic, and he was transferred. What happened?

DR. ORR: What happened or what happens?

COUNCILMAN ORTIZ: What happened in that sort of situation and when the individual does not get the treatment and dies?

DR. ORR: Well, you're asking me the question with multiple layers --

COUNCILMAN ORTIZ: Well, Mr. Santiago was a diabetic at the Round House. Then he was transferred to Curran Fromhold, and he didn't get the treatment.

DR. ORR: The particular case -- I think it has been stated that the particular case, in talking about the particulars of that particular case, I think that because of confidentiality issues related to his case, things about his medical history that probably should not be made public, and the fact that there is an open suit involving it, that it is best that we not

discuss this in this particular form.

However, however, in response to the other part of your question, in talking about generalities as to what happens. As a physician, it is vitally important that once a particular entity of illness has been identified in a patient that you be able to follow it up.

We have established procedures in place so that when a person who is identified of having an acute illness in the intake facility like PAB, when they are transferred to the PPS facility, that information concerning that particular illness is transferred to the receiving staff at PPS.

(Outburst by audience member.)

COUNCILMAN ORTIZ: Please, if you have something to say, you'll have your chance to say it, okay?

This hearing, in essence, was -- came about because of the death of Mr. Santiago and the occurrences of others, and we want to make sure that the policies and processes are in place so that those things don't happen, so that when somebody gets arrested and goes through the

criminal process, that he is able to survive that process in order to be able to go to court and be able to then have his day in court at that time.

And I want you to describe it to me, what happens to a person from the moment he's arrested to the process in which he goes to the Detention Center and Curran Fromhold, and if he happens to be ill with a disease or is in need of medication.

DR. ORR: Let's -- your concerns about the maintenance of health of a patient --

COUNCILMAN ORTIZ: Tell me what happens.

DR. ORR: I'm going to.

COUNCILMAN ORTIZ: And what is the process?

DR. ORR: I'm going to tell you about the health care linkage, but what I want to make clear is the fact that the concern that you have about the maintenance of a person's well-being and health is the same thing that I have as a clinician and that my staff has.

Suffice it to say this: When an individual's identified with having acute medical

problems, one or two things could happen immediately. One, that person, if we felt that the acuity of the illness was such that nit needed immediate treatment right now, that person would be referred to the emergency room immediately.

Now, assuming a person is at the PAB, Police Administration Building, that is now staffed with RNs who are trained to deal with a wide gamut of medical issues assesses that a person is stable enough to be transferred to the PPS facility, the information that they've obtained on that person is faxed up, called up to the receiving staff at PPS. Policies and procedures are in place so that not only the medical staff but the receiving correctional staff are aware of that and --

COUNCILMAN ORTIZ: You have identified someone that is in need of medication. This person then suffers an attack of some sort, a cardiac arrest, whatever. What goes into place?

DR. ORR: If a person's in cardiac arrest, you're going to call code, you're going to transfer the person, 9-1-1-, to the hospital immediately.

Let me try to explain it to you this way.

COUNCILMAN ORTIZ: If somebody in a cell block goes into an emergency situation, what happens?

DR. ORR: We have doctors on site at the PPS 24 hours a day, 7 days a week. Three facilities are manned with MDs 24/7 to provide acute care, follow-up of chronic care to provide them with -- and to cover or to handle emergent care.

Now, if a person suffers a life-threatening situation, as occurs --

COUNCILMAN ORTIZ: On the cell block, what happens?

DR. ORR: Let's say if the medical staff is not there, not on the cell block when it occurs, the correctional staff contacts the medical department. The medical department responds, makes an initial assessment. If that person needs to be 911'd, they're called. Medical staff attempts to stabilize the person until the 911 fire rescue can arrive on the scene and then prepare the person to be transferred to the

nearest facility, acute care facility. That's in a life-threatening, urgent situation. That's what occurs.

COUNCILMAN ORTIZ: Currently in your population that you have in charge of, what is the percentage of individuals within that population with HIV that are under treatment?

DR. ORR: The way I am able to determine, as the medical director, that, the numbers in the population, is to determine how many people are being treated for the disease. Currently, the statistical number is about 3 percent. So that range is somewhere between 200 to 250 people who are actively being cared for HIV disease.

COUNCILMAN ORTIZ: But you don't have -- do you have an idea -- you mean, you have not screened the population to see how many of those individuals within that population are now -- currently have HIV?

DR. ORR: That is not something -- a blood test like that is an invasive blood test; that's not something that you can just submit a person who's incarcerated to. Everyone is allowed

to and given the opportunity to --

COUNCILMAN ORTIZ: And what about tuberculosis?

DR. ORR: Tuberculosis is absolutely a part of the screening process for every inmate that comes through the jail.

COUNCILMAN ORTIZ: What is the percentage of individuals right now under your care, under this contract, that are suffering from tuberculosis?

DR. ORR: Zero. As of today, zero; there is nobody -- there is no patient currently in the PPS jail who has acute tuberculosis.

COUNCILMAN ORTIZ: Not acute, just tuberculosis.

DR. ORR: There's nobody -- I think I can think of no case, as we sit here -- there may be one, but I can think of no case of a person on current -- for drug therapy for acute TB, acute TB. Now, there are other classifications of TB, and then we're talking --

COUNCILMAN ORTIZ: I didn't ask for acute TB; I just said to you, what part of the population has tuberculosis that is under your

care right now?

DR. ORR: And I'm not trying to -- well, I want to be very direct, 'cause I want you to understand the nature of the disease tuberculosis. I would say, taking all categories of TB, okay, all categories of TB, I would say probably no more than 40 or 50 people are receiving. Those are the people who have what we "call latent tuberculosis," who are on preventative therapy. That would be the greatest number, maybe 40 to 50 at max.

COUNCILMAN ORTIZ: And what is the number of the population that is suffering from diabetes?

DR. ORR: Currently, the total diabetic population being treated, if you consider that the largest facility, CFCF, probably has approximately 30, and you take that throughout the population, probably, I would guesstimate a number somewhere between 100 to 150. And, remember, that number could change every day, depending on who comes into the jail.

COUNCILMAN ORTIZ: You say 3 percent of your population is currently identified as HIV

positive, right?

DR. ORR: Who are currently on HIV therapy.

COUNCILMAN ORTIZ: Therapy. And we have reports, and as we prepare for this, that the process of them getting their medication, as they described it, the description that has come in to our staff is that it is routinely interrupted. It is -- and I'd like to find out what is the procedure that you have for addressing the timely and continuous arrival of pharmaceuticals to the jail so that the HIV individuals that are suffering from HIV do not -- do not lack their medication on time.

DR. ORR: Councilman Ortiz, let me take my time and answer this question for you completely and in all honesty, all honesty.

The Philadelphia HIV program that exists today is exemplary. Inmates or patients who come to the jail in Philadelphia who identify themselves as having HIV disease, the first thing to do is to assess them by history and laboratory data, et cetera.

If an inmate is known to us and/or can

give a clear, concise history of the medications that he or she may be on, can give us the information as to who's caring for them in the community, we will start medications immediately. It makes -- when you think about it medically, it makes no sense to withhold medication, because what you do is propagate disease and illness. We institute therapy immediately.

Let me take it a step further. We -- PHS takes the HIV illness so seriously that we have a dedicated infectious disease board certified outstanding clinician in the Philadelphia community, and that's all she does is take care of the HIV population at the PPS.

There is no medication that is available in the standard (indiscernible) of medicine today that the inmates at the Philadelphia prison cannot have access to. There is no level of care that they cannot have access to.

I would go so far as to say this: I'm not sure who you refer to when you say "they," but the data that I'm giving you is the data that's happening out there. When I say 3 percent, that's

what it is; of those people being treated, it's 3 percent. There is no withholding of care. It makes no sense medically to withhold treatment or care.

(Outburst by audience member.)

COUNCILMAN ORTIZ: Please, ma'am, ma'am, ma'am, ma'am. You'll have a --

DR. ORR: The HIV program has been reviewed, has been monitored, has been evaluated by outside people. And it is -- I mean, it's just bound to be absolutely an excellent program.

And here's one of the things what I was concerned about, because the people make statements about the fact that people come to jail and they leave sicker. A recent study showed that the inmates who were leaving prison -- who were in prison or in jail, their compliance with medication is much higher than it is when they're in the community.

Now, one of the things I was concerned about is --

COUNCILMAN ORTIZ: When a person leaves a jail --

DR. ORR: When a person leaves the

jail --

COUNCILMAN ORTIZ: -- what is the process that happens and --

DR. ORR: You lead me right to the point that I want to talk about.

COUNCILMAN ORTIZ: Okay.

DR. ORR: One of the things that -- I'm a doctor, I'm trained to be a doctor.

COUNCILMAN ORTIZ: And Miss Blondell Reynolds has a question. I know that she --

DR. ORR: I'm sorry.

COUNCILWOMAN BROWN: Good afternoon, everyone. I actually had a series of questions and I wanted to allow my colleague to get through.

But did I hear you correctly to say that examining for AIDS is voluntary; is that what you stated?

DR. ORR: If a person wishes -- we cannot force a person to take an AIDS test. Where there's counseling available, your (indiscernible) City-sponsored (indiscernible) program is there. For any individual who wishes to have an HIV test, it's made available.

COUNCILWOMAN BROWN: Secondly, you

stated that the AIDS program at the prisons has been reviewed. Reviewed by whom?

DR. ORR: It's reviewed by the City contract monitor's office. It is-- there are -- Dr. Greifinger reviewed it, he saw it, his report tells you about what he thought about the HIV program.

COUNCILMAN ORTIZ: Those are the reports that we cannot have.

DR. ORR: Greifinger's report you have.

COUNCILMAN ORTIZ: In order for to us make a determination.

DR. ORR: Greifinger's report is before you.

COUNCILWOMAN BROWN: Forgive me, but state that again?

DR. ORR: The Greifinger report, Dr. Greifinger's report is before you.

COUNCILMAN ORTIZ: Greifinger made a report that pointed out a lot of deficiencies.

DR. ORR: No, there's two different Greifinger reports. There's a Greifinger report that's concerned mainly about behavioral health, and there's a Greifinger report about the medical

services. Now, if you look at the one about the medical services, you'll see that he thought the HIV program was exemplary, and it is.

COUNCILWOMAN BROWN: I have several additional questions.

COUNCILMAN ORTIZ: Go ahead, go ahead, go ahead, finish, please.

COUNCILWOMAN BROWN: Allow me, please -- I'm relatively -- 13 months old. That being what it is, my line of questioning is a little different, and forgive me, I do not remember your name, sir.

MR. CATALANO: Michael Catalano.

COUNCILWOMAN BROWN: Good afternoon. Regarding the contract, it is how old, how many years old?

MR. CATALANO: The most recent contract was signed in July of last year. Prior to that time, the Prison Health Services had been under contract with the City since August of 1993 just for medical services, not for mental health.

COUNCILWOMAN BROWN: Okay. And the current contract goes for how long?

MR. CATALANO: It's a three-year term,

one option year.

COUNCILWOMAN BROWN: Very well. Being African-American and being a female, I'm always curious to the makeup at all levels. The current ethnicity of the current prison population is what?

DR. ORR: The ethnicity?

COUNCILWOMAN BROWN: Yes.

DR. ORR: It's -- I think last time I did a little talk on it. I think it was 81 percent black.

Is that about right? Yes, 81 percent black and maybe --

COUNCILMAN ORTIZ: 81 percent?

DR. ORR: I think so, I think so.

COUNCILWOMAN BROWN: Approximate. That works.

DR. ORR: Yeah, a significant portion are African-American.

COUNCILWOMAN BROWN: And the balance of the breakdown is. . . ?

DR. ORR: White, Hispanic, Asian and Other. It may not be even that, let me rethink that. Maybe it was about 60 percent

African-American and then about 20 percent --

COUNCILMAN ORTIZ: I think that the 81 percent black is too high.

DR. ORR: Okay.

COUNCILMAN ORTIZ: I don't think it's 81 percent African-American.

Is Mr. Costello here?

(No response.)

COUNCILWOMAN BROWN: Very well. Of the 22 full-time staff, how many of those professionals are of color and how many of them are female? Of the 22 full-time medical department staff.

DR. ORR: Let's see. Counting myself, there is -- I'd say, 50 percent are -- about 50 percent are Afro-American, and we have a substantial -- a well-represented Afro-American females as well as Indian females, Caucasian females. We're -- it's a really good cross-section in terms of the clinical staff.

COUNCILWOMAN BROWN: On the behavioral side, you mentioned that there were seven full-time professionals?

DR. NEWKIRK: That was psychiatrists.

COUNCILWOMAN BROWN: Forgive me?

DR. NEWKIRK: That was psychiatrists.

COUNCILWOMAN BROWN: Those were psychiatrists.

DR. NEWKIRK: Yes.

COUNCILWOMAN BROWN: Of those, how many of those are women and how many of them are African-American?

DR. NEWKIRK: I am the -- I have one African male, I have two Hispanic male psychiatrists. I'm the only woman of any color. And everybody else is white males, for psychiatrists.

Now, my master's-level social workers and my bachelor's-level social workers is about 80 percent African-American women. And the rest are white males.

COUNCILWOMAN BROWN: Okay. Finally, there is a City policy -- and I'm asking simply because I don't know -- that those who work in the City should live in the City. Does that policy also apply to the Philadelphia prison system of the professionals that you have, that because they work in the City, they should live in the City?

What is the policy? There is no residency requirement?

DR. ORR: There is no --

DR. NEWKIRK: I don't know.

DR. ORR: Yeah, we could get back and give you the exact numbers. Certainly there's City taxes. . .

DR. NEWKIRK: No, the policy, what's the policy?

DR. ORR: But we do pay our Philadelphia City taxes, all right.

COUNCILWOMAN BROWN: Okay, I have additional questions. But, again, I'll allow the sponsor of the bill to continue.

Thank you very much.

DR. ORR: You're welcome.

COUNCILMAN ORTIZ: Okay. In terms of the HIV, and you were talking about being exemplary.

DR. ORR: Right.

COUNCILMAN ORTIZ: One of Greifinger's points that he did make was that the clinical guidelines for the management of HIV and chronic diseases needed to be updated.

1/25/01 PUBLIC SAFETY - RES. 692

DR. ORR: Dr. Greifinger -- let me just give you a little history about that. Dr. Greifinger -- I came to Philadelphia in January of '99, and Dr. Greifinger did his report and review just two to three months after I arrived here in Philadelphia.

I can state with certainty that the HIV guidelines, as reviewed, written, updated have been signed off by Dr. DiAquilante (ph.) as of, I think it's May of 2000. All of the other clinical guidelines are current and up to date. The diabetic guideline is being reviewed by a clinical endocrinologist that I have on staff. An endocrinologist being a person that specializes in endocrine diseases and specifically diabetes.

As you may or may not know, the therapy of Type II diabetes is going through a tremendous change, and that's the reason that I invoked that we needed to undo the policies. But you have before you the clinical guidelines for diabetes that are currently in place, as well as the policies and procedures and protocol for the way the diabetes is handled at the PAB.

COUNCILMAN ORTIZ: I know that if I ask

you on this -- on an AIDS-related case that happened last year, it's probably under litigation, but an HIV inmate died last year, and one of the allegations of it was that the medication that was needed for his treatment in essence was not given to him, and that that's subject to what Ken said, the litigation aspect of it and so on.

But when anyone dies, and I think when these allegations are made, and just like the Santiago case and this other one in terms of HIV in which antifungal drug was not given to this individual, and the allegations were that (indiscernible), it really sounds the alarms for -- that certain things are happening that are not kosher, as they used to say in my old neighborhood in the Lower East side.

And so I would like for to you submit to this committee the protocols that you have in terms of medications and HIV and treatment for chronic diseases such as diabetes and other parts. I imagine that they're in writing, are they not?

DR. ORR: They are. They are printed up and are readily available.

COUNCILMAN ORTIZ: And I imagine that you can send that over to us, to this committee.

DR. ORR: You just designate the place where you'd like to receive them and we'll have them to you within 24 hours.

COUNCILMAN ORTIZ: It's my office.

DR. ORR: We'll have them to you within 24 hours.

COUNCILMAN ORTIZ: Okay.

DR. ORR: Councilman Ortiz, I'd just like to make this one statement.

COUNCILMAN ORTIZ: Yes.

DR. ORR: And that is that any medication that a patient needs, they receive. I am committed. I am a physician with many years of practice and experience. I love working in the corrections environment arena. I think I'm very conscientious about what we do, and my staff is conscientious about what they do. And it -- we do not -- it's not a policy of PHS, nor is it something that I would uphold, support the withholding of any medication for a patient.

COUNCILMAN ORTIZ: Mr. Catalano, if you may. I know that there are some cases that are in

litigation. Are you -- is PH -- is your company under the same type of litigation, or has your company been under the same type of lawsuits in other jurisdictions other than Philadelphia?

MR. CATALANO: Any health care organization from time to time, in the course of business, is subject to malpractice claims in that, and we have experienced --

COUNCILMAN ORTIZ: It's a yes- or no-question. Yes?

MR. CATALANO: Yes.

COUNCILMAN ORTIZ: Okay, that suffices. Do you have any cases in Delaware County or in Delaware?

MR. CATALANO: I'm not aware of whether we do or we don't. I'll have to get back with you on that information.

COUNCILMAN ORTIZ: When an individual is brought into Curran Fromhold and so on and arrested, do all of them go through a medical examination?

DR. ORR: When a person is arrested in the City of Philadelphia, there are generally three levels of examination that occur. The first

is at the Police Administration Building, the second is at --

COUNCILMAN ORTIZ: I didn't hear that.

DR. ORR: At the Police Administration Building, there's an intake screen. When a person reaches either CFCF or the PIC intake, there's another intake evaluation. And within 48 hours, there is a complete physical and medical history and a physical exam done by either a physician's assistant or an MD.

COUNCILMAN ORTIZ: Within 24 hours?

DR. ORR: Within 48 hours.

COUNCILMAN ORTIZ: 20?

DR. ORR: 48.

COUNCILMAN ORTIZ: 48 hours. A total physical examination?

DR. ORR: That is correct.

COUNCILMAN ORTIZ: And if something is detected, what happens, what is the process then?

DR. ORR: It depends on what is detected. If it is something that requires immediate attention, immediate attention is given to it. Let's say, for an example, it's a patient that has hypertension, just for an example, whose

blood pressure is taken, the blood pressure is elevated but not severely elevated, that person is then referred to one of the chronic-care physicians, where he's followed up by an MD.

In the State, in Pennsylvania, in Philadelphia, the chronic-cares clinics would be like your going to your doctor, and that's where all the variety and the various kinds of issues related to medicine occur, except for HIV, which is something that is held out and cut out. So those people would be referred to those clinics and then they would be followed up as necessary.

COUNCILMAN ORTIZ: Do you try to secure medical records once you have diagnosed someone that needs treatment?

DR. ORR: Absolutely.

COUNCILMAN ORTIZ: How do you do that?

DR. ORR: There's two ways that we do. One, if the patient is willing to give the name of the provider and/or hospitals that we've been at, we then get written authorization from the patient, send it to that provider and/or hospital to obtain the information.

Now, another thing that happens, and

this happens with a fair degree of regularity, if there's an issue that we want to know now, the person's been in the hospital recently, I need that information. Then what we do is, we get the person to sign a release of authorization, fax it to the hospital, and then the clinician can talk to the medical records department over the phone to get certain vital information.

COUNCILMAN ORTIZ: What is the process that functions between the mental health and your -- in terms of when the treatment needs to be coordinated?

DR. ORR: I'll just speak quickly about the medical part, and I'll let her speak about the behavioral part.

That to me is the beauty of the Philadelphia health care system. Having a single vendor now allows me to readily have quick access to my behavioral health peers in terms of handling patients. It's no longer having to go through a third party that may or may not be willing to be forthright in terms of giving information.

What it also means is that when the behavioral health, the mental health department

needs information, the access is very quick in getting it from the physicians who have provided the medical care. So that to me -- and this is something that's ongoing and developing as we're getting into it.

One of the great things that we've developed is this monthly meeting between behavioral health and medicine in which we sit down and talk about cases that we have in common and talk about their presentations from the medical side and from the behavioral health side and in terms of raising the level of knowledge from both disciplines, and, of course, improving the care for the inmate patient.

DR. NEWKIRK: One of the other primary things that has happened is the medical records and the mental health records are combined so there's one medical record. So whenever a psychiatrist or any other medical professional or nurses gets a record, you get the whole record. So everybody knows if there's an identified problem so it sensitizes the staff.

We also do cross consultations. The psychiatrists and other professionals may ask for

medical referrals, and it's no problem. The medical staff may ask for mental health problems and it's no problem. Dr. Orr and my offices are together, we go to all of the executive meetings together. There is even a further integration of behavioral health along with prison administration in terms of there is very open communications between prison, the Philadelphia prison system social work staff, as well as the administration, as well as the medical staff.

COUNCILMAN ORTIZ: I asked Estelle Richman about the prison guards and the prison staff. Do you deal directly in terms of training with the prison staff in terms of being able to notify you and for any indication of suicidal tendencies, paranoid aspects? And do you oversee the training of the prison guards along those lines?

DR. NEWKIRK: I don't oversee the training. We work directly with the Training Academy, which does the training for the prison officers. And my program director, who is a clinical psychologist, actually does a lot of the training for the correctional officers as it

relates to the behavioral health issues, and they are trained in the basics, looking for abnormal behaviors, anything out of the ordinary.

And I totally agree with Ms. Richmond, they have been trained to refer more not less, so we do get a lot of referral that probably may not have been needed to be referred, but that's okay. But we also use that as a training mechanism on a one-by-one basis to then pick up the phone, call the officers who referred it and say, you know, well, maybe next time, that one could have waited. But we would much rather have more than less, and that's exactly what's happening.

COUNCILMAN ORTIZ: To whom does a prison guard go to notify about the behavior of one of the inmates?

DR. NEWKIRK: One of the first things that's sort of been in place for a long time is something that's called "a 783 form," which is a part of the mental health statute here in the State of Pennsylvania. And they fill out the form, which is a referral for transport for emergency services, and they will --

COUNCILMAN ORTIZ: The prison guards

fill it out?

DR. NEWKIRK: Yes, they actually fill that out themselves. And what that does is, they then immediately transport the person to our triage area, which is basically a psychiatric crisis center, and they are brought over to that service for evaluation. They call before they come so that we know that they are coming.

COUNCILMAN ORTIZ: Is this the form?

DR. NEWKIRK: I can't see that from here, but if it --

COUNCILMAN ORTIZ: It says "Referral to Obtain Behavioral" --

DR. NEWKIRK: No, that's the general referral form that anyone can fill out. The 783 has a little 783 down in the -- I think it's in the left-hand corner at the bottom of the page, it will say "783." But the referral form they can use as well, it doesn't matter. The officers may fill out that form as well.

They can also call the behavioral staff within their facility. We have social workers assigned to each of the five main --

COUNCILMAN ORTIZ: They fill out the

form, and where does that form go to?

DR. NEWKIRK: Well, the form comes with the inmate and the officer over to the triage area, or if they're being seen in their facility, because we do have social workers assigned to each facility, it may be on another floor, the form comes with the inmate. It may be faxed before --

COUNCILMAN ORTIZ: So they remove the inmate?

DR. NEWKIRK: I'm sorry?

COUNCILMAN ORTIZ: They remove the inmate from the population and send them on with the form?

DR. NEWKIRK: Well, usually the inmates usually get taken off of the housing units and taken to -- it may be down the hall or on another floor to the behavioral office staff, but the officers escort them to that unit so they can be seen.

If it's a dire emergency, they can call, and we will go to where they are, but the majority of them are brought down to us because they're usually double-bumped or more than one per cell, so it provides for some confidentiality of

the evaluation.

COUNCILMAN ORTIZ: Okay. We will submit to you, Mr. Catalano, some other questions in writing, and then you can submit 'em back to us. Is that okay? 'Cause the time is running, and we have some other folks that --

MR. CATALANO: Thank you, that's fine.

COUNCILMAN ORTIZ: Okay. Thank you very much.

Donnie Moore?

Please stick around for a few minutes, okay, so that. . .

(Witness comes forward.)

COUNCILMAN ORTIZ: Please identify yourself for the record.

MR. MOORE: My name is Donnie Moore. I'm currently the President of the Department of Human Services, which is the correctional --

COUNCILMAN ORTIZ: Talk into the microphone.

MR. MOORE: My name is Donnie Moore. I'm currently the President of the Department of Human Services. I represent all correctional officers in the City of Philadelphia.

COUNCILMAN ORTIZ: Thank you. And do you have something to say?

MR. MOORE: I'm here because of the impact that the officers feel of the medical plan within the Philadelphia prison, but I'd like to also say that I've been an officer for nine years. I was an intake officer, so when the inmates first come into the jail --

COUNCILMAN ORTIZ: An intake officer?

MR. MOORE: An intake officer, so when they first come into the jail, they come to my unit. Okay, for nine years -- and I worked at the Philadelphia Industrial Correctional Center in the receiving room.

But my concerns are that my officers are made to do medication, my officers are made to give inmates medication at certain areas. My officers are made to give -- at 600, my officers are made to give out medication, and that is not their job.

COUNCILMAN ORTIZ: Hold it, hold it. When you say "medication," what do you mean?

MR. MOORE: I'm saying whatever medications these inmates take at 600 -- there are

189 inmates at 600 University Avenue. My officers -- there is no medical staff on duty at 600 at all. Ridge Avenue, there is no medical staff on duty. There are 19 inmates in there at all. My officers are made to give out that medication.

COUNCILMAN ORTIZ: We've been told that the medical staff is available and on duty 24 hours a day.

MR. MOORE: There is no medical staff at this area, in this area. There are 189 inmates at 600. There's no medical staff there.

When the medication is given out, my officers have a basket in Center Control they roll up the basket with medication in it, and the inmates have to come get their medication. That's at 600. They do a similar thing at Ridge Avenue.

If something happens to an inmate at 600 or Ridge Avenue, they have to make a phone call. There's no medical treatment there at either site. Or at the cannery, there's none around the clock at the cannery. There's certain facilities where they are not supplied medical staff.

And when they come into the receiving

room, when the inmates come -- and that's Curran Fromhold, they come into it. And they stated about the medical records coming with them. We have a different type of inmates, we have a lot of inmates that have mental problems. And we just had a recent inmate that came to the jail, that came to the jail from the hospital, and he was violent, he got violent. Our job is to restrain them. We restrained him. This inmate right now is in Jefferson Hospital on life support because he was -- he was treated by health service wings, and now he's in the hospital.

COUNCILMAN ORTIZ: I didn't hear that.

MR. MOORE: Excuse me?

COUNCILMAN ORTIZ: I didn't hear that. He was treated by what?

MR. MOORE: When he came in, he was given something to calm him down, and when the officers had to grab him and the officers almost got hurt working with him. He was treated and he was rushed to the emergency ward at Jefferson. That's all I know of him.

COUNCILMAN ORTIZ: Was there a suicide watch put on?

MR. MOORE: Was there a suicide watch? He never made it out of the receiving room. He made it from the receiving room to PHSG to the emergency -- he had just came into the jail. His name is Cal York.

COUNCILMAN ORTIZ: Was there a doctor on duty when he came in?

MR. MOORE: I cannot answer that. When they go to the receiving room, there's the -- the doctors do not come into the receiving room. PAs or nurses come down there. Their first initial -- their initial thing they do is, they call them as a group, they ask us if anyone is taking any serious medication of any kind or diabetes, they ask that. And then they will come back after the initial and they get washed up and they get their personal effect. Hours later, they will come back, and I'm at Curran Fromhold, they will do an intake. Where I worked at, at PICC, the nurse comes down and does a individual intake on each person, asks them -- and writes this information down.

These are the ones that I'm aware of. And I have witnessed as a correction officer in my

years at PIC five deaths. I have witnessed two deaths on my intake unit alone.

COUNCILMAN ORTIZ: And these death are a result of what?

MR. MOORE: From drugs.

COUNCILMAN ORTIZ: The ones that you have --

MR. MOORE: From wrong -- from, well, the two that was on my unit, at the intake unit, they had just came into the jail, and it was detoxing.

COUNCILMAN ORTIZ: What period of time did these deaths occur, during the last year, two years, three years?

MR. MOORE: They've occurred in the last -- between the last three to five years, from that.

COUNCILWOMAN BROWN: And what was the cause of death of the other three? Two were from detox.

MR. MOORE: The other three?

COUNCILWOMAN BROWN: Yes.

MR. MOORE: One of 'em, and it was recently, she recently died from an overdose, and

she was in there, and someone gave her the wrong drugs in the jail.

COUNCILWOMAN BROWN: Prescribed drugs?

MR. MOORE: No, I don't know if it was a prescribed drug or not. I know she OD'd. I do not know the reason why the other two died, but I know there was five deaths that I'm very much aware of.

COUNCILWOMAN BROWN: And the other two, the remaining two?

MR. MOORE: One went into cardiac arrest in medical, 'cause I was ordered -- I was ordered, as an officer, I was ordered to report to medical with a Scott air pack, and they put a Scott air pack on a person that wasn't breathing 'cause they asked me how to work it.

My biggest worry is about sui -- they talked about suicide watches. Currently right now, they have one officer would watch up to four to five to six suicide watches. It came out from the press room in writing about suicide watches. And two years ago before, this new system was put in it, was a one-on-one. When an inmate goes to the health service wing and when we 783 a inmate

and they don't have a bed, it was one-on-one. Recently, they decided, they said -- recently now, it's two, three, four, five. I've seen eight inmates on one officer, suicide watch.

COUNCILWOMAN BROWN: Define "recently." And you say "new system." A new system when?

MR. MOORE: Within the last two years, 'cause I've only been -- just like you, I've only been the president of this local for nine months. I was in the jail before then. When I was in the jail, we've had five inmates on one, eight inmates on one, ten inmates on one officer to openly observe one inmate. One officer was there to observe all of those inmates.

COUNCILMAN ORTIZ: One officer for eight inmates on suicide watch?

MR. MOORE: One officer for eight, one officer for five, one officer for three. That's just what I've observed myself, that's what I've observed.

COUNCILWOMAN BROWN: And what might be some of the reasons why -- why there is not a greater breakdown, one-on-one? Could it be that an employee did not show up? Could it be that

there aren't adequate employees to cover the --

MR. MOORE: Overtime.

COUNCILWOMAN BROWN: Forgive me?

MR. MOORE: Overtime.

COUNCILWOMAN BROWN: Overtime.

MR. MOORE: They don't want to pay the overtime.

COUNCILMAN ORTIZ: You know, that's not what we've been told. You've been here, and that's not what we've been told during the last few hours.

MR. MOORE: I don't work for the City, I work for members. I'm telling you this is what happens. That's who I work for.

Now, I may have to go back there in three years, but I work for the members of Local 159, and I've seen it, I've been there, I've done it.

(Applause.)

COUNCILMAN ORTIZ: I'm very concerned in terms of the prison guards dispensing medication and giving medication. Who gives you those instructions?

MR. MOORE: Who gives us those

instructions?

COUNCILMAN ORTIZ: Yes.

MR. MOORE: It comes from management.

COUNCILWOMAN BROWN: Define "management."

MR. MOORE: Define management? Management is defined as from a sergeant, captain, lieutenant, commissioner, deputy commissioner, warden. That's defined as management.

COUNCILWOMAN BROWN: Versus the medical division?

MR. MOORE: Versus -- well, yes, versus the medical division. We get our instructions from management, so --

COUNCILMAN ORTIZ: There is no one in the medical division that sits down with the prison guards to tell them about these medications that they're dispensing?

MR. MOORE: I have ten years in the Philadelphia prison system. I've never sat down with a person, never, and I worked the unit where they first come in and are doing detox and everything else.

COUNCILMAN ORTIZ: In the treatment of

inmates, as when they're suffering from one of the diseases that we've been talking about, one of the chronic diseases and so on, what has been the process that you observed in the prison in terms of how they acquire the medical services that they need?

MR. MOORE: There have been times on intake units where they didn't have the EZT for the inmates. There have been times when they didn't have this medication and they didn't get it till it came in.

When an inmate comes into the receiving room, if that inmate brings his medication with him, that medication is taken. That inmate does not get any medication until he is seen by a doctor, and that may take two to three days, no matter what the medication is.

COUNCILMAN ORTIZ: Medication is taken and then not replaced until three or four days?

MR. MOORE: No inmate can get any medication in the jail that I worked at, in the jail I worked at. In PICC, when an inmate walks into that receiving room, whatever they have is taken away from them and it is duly noted, but

they will not receive any medication until they are seen by a physician and somebody prescribes it.

COUNCILMAN ORTIZ: And that takes how long?

MR. MOORE: Sometimes it takes over two days, so it takes one and two and three days, sometimes it takes as long as that. I've seen it take that.

COUNCILMAN ORTIZ: And through that period of time, they're without medication?

MR. MOORE: Through that period of time, they are without medication. At times, they would give them a -- they can go to the medication line and give them a Tylenol.

COUNCILMAN ORTIZ: Doctor, can you come up?

DR. ORR: Sure.

(Dr. Orr returns to the witness table.).

COUNCILMAN ORTIZ: I'll give you a chance to be able to respond to. . .

DR. ORR: Let's take -- you want specifics? Why don't you direct me.

COUNCILMAN ORTIZ: Look, you know, he has put forward certain things that need to be responded to.

DR. ORR: Let's make just a general statement so that the arena's clear. He's not been in the facility for nine months; is that correct?

MR. MOORE: I visit my facilities every day --

DR. ORR: You have not worked in the facility for nine months.

MR. MOORE: I have not worked in the facility.

DR. ORR: Okay, we have taken over the facility --

COUNCILMAN ORTIZ: He's in the facility --

DR. ORR: We have taken over the behavioral Health Department as of July. So I guess maybe some issues -- that may speak to some issues.

COUNCILMAN ORTIZ: Are there any circumstance in which prison guards dispense medication to the inmates?

1/25/01 PUBLIC SAFETY - RES. 692

DR. ORR: The Ridge Avenue project is not a part of our -- I'm not aware of certainly the medical staff requiring guards to dispense medication.

Mr. Fry, the administrative assistant, my regional administrator, may be able to give more about that, but I'm not aware of a doctor writing an order for guards to give anybody medication.

COUNCILMAN ORTIZ: I don't think they're supposed to; I'm just saying, are you aware that prison guards are dispensing medication.

MR. FRY: They are not dispensing the medication.

COUNCILMAN ORTIZ: They're not?

MR. FRY: They are not. The patient is self-administering the medication.

COUNCILMAN ORTIZ: You can come up; we cannot do this like this.

(Witness comes forward.)

COUNCILMAN ORTIZ: Mr. Moore, do not leave, please sit at the table.

Identify yourself for the record

please.

MR. FRY: My name is Rodney Fry, and I'm the Regional Manager for Prison Health Services.

At 600 University Avenue and at Ridge Avenue, these are work release inmates. These are inmates who go out to work during the day or evening shift or night shift, and they have other privileges that the inmates do not have at State Road.

If they have medical conditions and need prescription medications, those are evaluated by a physician, an order is written, and we have what you call "a keep-on person" protocol and a policy and procedure in place.

Those medications are sent to either 600 University Avenue or to Ridge Avenue. They are placed in a secured cart with the individual inmates' identifiers. And at certain times throughout the day, the inmate is allowed access to his medication. The officer only brings out the cart to maintain security. The inmate would then get his own medication and self-administer his medication, just as if he were at home.

The administrator for ASD, which is a part of maintaining and overseeing 600 University Avenue and Ridge, she goes down once a week or every two weeks to review the medications, check for compliance of the patient. And we do have a process in place by protocol and procedure to renew and reorder medications as needed.

COUNCILMAN ORTIZ: But the prison guards are not at any time supposed to give or distribute medication?

MR. FRY: That is correct. The officers have never been directed to administer medications.

COUNCILMAN ORTIZ: And they don't do it there and they don't do it at Curran Fromhold.

MR. FRY: That is correct.

COUNCILMAN ORTIZ: Okay, thank you.

MR. FRY: You're welcome.

COUNCILMAN ORTIZ: Mr. Moore, do you have any further testimony?

COUNCILWOMAN BROWN: So part of the discrepancy lies in the fact that we're dealing with two different sites, correct? Hello?

MR. FRY: We are dealing with buildings

that are a part of the Philadelphia prison system but they are not located on State Road with the five major facilities. They are work release programs that are on Ridge Avenue and 600 University. And because of the more flow in and out of the jail and the work release and the minimal charges, they are treated a little differently than those at State Road.

There are no direct medical personnel at 600 University Avenue or Ridge, but if the inmate does have need of care, they are brought to the alternative special-need detention central unit where they can be treated by a physician or a physician's assistant. If it is an emergent need felt by the patient or the officers, they are allowed to go to the emergency room, and several do go to the emergency room or access outside care while they are working.

COUNCILWOMAN BROWN: That is very, very helpful.

Mr. Moore, do you have a counterpart at the location where the medical director is located?

MR. MOORE: Do I have what?

COUNCILWOMAN BROWN: A counterpart, an equal?

MR. MOORE: What is a counterpart?

COUNCILMAN ORTIZ: Another Donnie Moore.

COUNCILWOMAN BROWN: Thank you.

MR. MOORE: Oh, first off, at University, first off, it is supposed to be a pre-release. But on the third floor of University Avenue is a general population of inmates that stay around the clock. They do not go to work, are general population at University Avenue.

COUNCILWOMAN BROWN: And so the follow-up question becomes, the general population on the third floor where you are, are they of the same classification as the inmates you deal with where the procedures are different?

MR. FRY: We do have a screening process in place on who would be eligible to go to 600 University if they are not in the work release program. We try to send inmates who are not on medication or who do not have pending consults or who do not need continuous care.

Sometimes, because of what's available

for a minimal security inmate, we may have inmates, as he said, in general population who fit the qualification to go to 600 University Avenue, but they would still be under the same auspices of work release and self-medicate when we supply their medications and have them available.

COUNCILWOMAN BROWN: Thank you.

MR. MOORE: Excuse me. Throughout the prison system, there's a medication time, there's a medication time for everyone to come to get their medication. And the process in the jails is, a nurse dispenses the medication and the officer stands by and makes sure the inmate takes the medication.

At University Avenue, when they call medication, the officer has to roll out the cart, sit the cart there, and watch the inmate get their medication, with no nursing staff. Even the general population, they have to call medication, they come from the third floor to get their medication.

MR. FRY: And that is the process of self-administration. Just as if you were on blood pressure medication at home, you're being treated

as a responsible adult to open your medication bottle, check and make sure you have the right pill at the right time of the day, get a glass of water, and swallow it.

COUNCILMAN ORTIZ: Doctor, Mr. Moore said that all medication is taken at intake, and then that inmate may go for one, two or even three days without any medication until he or she is examined and then prescribed that medication.

What protocols are in place if a person cannot wait two or three days for that medication to be taken?

DR. ORR: The intake facility -- the intake facility in a jail is a unique environment. Why? It's tantamount to being an emergency room. There are people who are right off the street, who may or may not have problems, who may or may not need immediate intervention.

What happens is, when the corrections officers who are manning the intake facility are made aware of an inmate of a medical problem, the procedures are in place for that corrections officer to contact medical. Medical can then assess the inmate, and it will generally be done

by nurses, and then determine whether or not the person needs medication.

If a person needs anything and they need to have it immediately, the thing is, if they're in the screening process of corrections and have not gotten to their medical screening procedure, that is facilitated, and the inmate is brought the medicine quicker so that they can make initial assessment so that the person can be seen either by a nurse or by a PA or by an MD to start medication.

COUNCILMAN ORTIZ: So in essence what Mr. Moore said does not happen.

DR. ORR: I am not aware of any intentional delay of any inmate to get his or her medication.

COUNCILMAN ORTIZ: If there a protocol in place to be able to cure that immediately? Is that true? That's what you just said.

DR. ORR: There is a -- there is procedures in place for Corrections to notify -- I don't expect Corrections to make those calls if medicine is necessary or not, but if it's brought to their attention, there are procedures in place

to notify nursing, and then nursing will then do what is deemed appropriate.

MR. MOORE: Excuse me. In the intake at the jail that I'm talking about, when the nurses come down, they get the medications that the inmates get, they see the medications that they in the receiving room, they see the medication.

From the receiving room, the inmate is brought to the intake unit, where I am at. Several times, I've called medical, and I understand what you're saying and stuff, but you're not there. I've called medical, I've told them about this inmate such and such and such and such, and I'm told that he has to wait to see the doctor, he has to wait to see the doctor. And I've called several times. I've logged it, it's a matter of record in the log books, 'cause we have to log it in every time it happens. It's a matter of record in the log books. This is what happens at the intake at PIC, sir.

DR. ORR: In all due respect to the officer, what he may not understand is that when you have notified that nurse of a problem, she may

have made an assessment of this person on this particular medication, may have eyeballed the person and determined that this can, in fact, wait until the person is seen by a mid-level practitioner or a physician. The medical judgment already has already been involved.

You may not understand it and you may be -- the officer may be unsatisfied with that decision that occurred, but a medical judgment and a decision has been made.

COUNCILMAN ORTIZ: It's your contention that it doesn't happen.

DR. ORR: Excuse me?

COUNCILMAN ORTIZ: The protocol that you have in place does not permit that to happen.

DR. ORR: The protocol is pretty steadfast. I mean, there's issues, things may occur, things may occur.

COUNCILMAN ORTIZ: I just want it for the record that it doesn't happen, right?

DR. ORR: The protocol is there. I would like to say that I think -- I would like to say that I think that it probably does not happen. I certainly -- you know, I'm not aware of

any ongoing problem of issues of that occurring.

COUNCILMAN ORTIZ: Okay. You have something to add?

MR. FRY: And also, I would like to make you clear, sir, that it is the policy of the Philadelphia prison system to take all personal belongings when they come in and to lock them up, and that would include medication. If we need to get access to knowing what those medications are because the patient is unclear, we have worked cooperatively with correctional staff to at least get the names of those medications.

If you come in and the intake nurse is identified to you that you are on medication, if it is a prescription drug, he or she then notifies the physician. We can't get a verbal order without the patient seeing the physician at that time. And as Mr. Moore has alluded to, it may take two or three days before they physically see the physician. But there has been contact by nursing professionals, two physician professionals, and an order has been obtained and medication administration has began.

COUNCILMAN ORTIZ: Mr. Moore, do you

have anything else?

MR. MOORE: I'm only here on the impact of the concern of my officers and how it impacts on my officers. The suicide, which is the suicide watch, and how they do it, the suicide watch, and my officers -- and I still say, no matter how you call it, they give medication out. They have -- they are the ones that pull it out, they are the ones that make sure the inmate takes the medication. They are given -- of the two, that medication is given in the jails by the nurse, and officers are making sure they take it.

COUNCILMAN ORTIZ: All right. Thank you.

Aisha Russell, Nona Gorman, James Graham, William Shands, and Jonathan Jackson.

(Witnesses come forward.)

(Applause.)

COUNCILMAN ORTIZ: You can submit your statement and -- but I would like first to get really to the -- to the --

MS. RUSSELL: Say that again.

COUNCILMAN ORTIZ: Your statements, you know, can be submitted for the record, but I would

like to get immediately into what we were looking for. And so if you can give us that, we can then begin.

Identify yourself for the record, please.

MS. RUSSELL: My name is Aisha Russell. I'm a member of ACT UP Philadelphia, which is an AIDS activist group that's been in existence for the last 13 years in Philadelphia. We fight for an end to the AIDS crisis, using protest tactics. Also, I direct a program called "Project Teach Outside," which is an HIV education program targeted toward positive inmates who are recently released from both State institutions and from county jails. Finally, I'm a former intake advocate at the AIDS Law Project of Pennsylvania, which, as you may know, is a nonprofit, public interest law firm for poor people with AIDS.

And actually, in order to get to the bolts, as you said, and nuts, why don't we start with testimony from someone who's recently released from PIC. Unfortunately, William Shands, an ex-inmate who's living with AIDS, and Jonathon

Jackson an ex-inmate who's living with AIDS both could not be here today; however, I hope to be able to, in a truant fashion, submit their written testimony regarding their lengthy stays and the medical neglect that they experienced and witnessed.

COUNCILMAN ORTIZ: We'll have a follow-up hearing on this.

MS. RUSSELL: However, Tracy Ann Franks recently was released from PIC and can speak about the quality of her medical care during that time, which is something that's (indiscernible) from the testimony that's been submitted so far.

COUNCILMAN ORTIZ: Go ahead.

MS. FRANKS: Hi, I'm Tracy Franks. I was arrested on --

COUNCILMAN ORTIZ: Identify yourself for the record, please.

MS. FRANKS: I just did that, you must not have heard. It's Tracy Ann Franks.

I was arrested on August 1st this summer, during the Republican National Convention, and I was brought by a police process to the Round House. Upon reaching the Round House, I did deny

my name, I did withhold my name, but I immediately gave all of my medical information during the intake.

And I was brought to the nurse, who, again, did a medical intake. I told that nurse that I was hypoglycemic and that I was prone to precipitous perilous drops in my blood sugar level. These drops generally mean I go into convulsions. I have spent two years of my life in and out of hospitals for this condition. This condition is very easily treated. It means I have to eat -- that is all it means -- about every six hours.

When I told this the nurse that I would need to eat about every six hours in order to avoid these drops in my blood sugar level and possibly convulsions, she said, and I quote, "It will be nice to watch because you're not going to get food that often in here."

So, she was right. I mean, they didn't do anything about it. For three days, I didn't get any food. However, the other inmates, the other women who were in the Round House actually did not eat at all to pass on their sandwiches and

the little bit of food was given to me, and that was how I avoided this medical emergency.

Three days later, a doctor was finally brought into the Round House. And upon talking to me, he ordered that my blood sugar level be checked regularly and that if it dropped below 80, I'd be given food and medical attention. After that doctor came, I was only in the Round House for one more day. And during that day, I did have my blood sugar level checked regularly, and it hovered right around 80. I was receiving food, like I said, from the other women in the Round House.

After I was arraigned and I was moved from the Round House to PIC, those regular checks of my blood sugar level stopped. During the week I was in PIC, my blood sugar level was checked three times. One of those times, my blood sugar level was 32. I am not sure if you're aware of what that means, but that's a life-threatening situation.

Now, there was still absolutely nothing in place to deal with that. So the nurse took from her own lunch some juice and an apple and

gave that to me 'cause she understood what it means when somebody has a blood sugar level of 32. However, there was no systemic response.

The next day, I was brought to see a doctor, who ordered that I get nightly snacks in order to supplement my diet so that this would not occur again. And, again, he checked my blood sugar level, and it was again very low; I think it was in the 50s -- not as low as the day before. So I have this order, this very nice thing on paper that says I'm going to get this extra food, and this should take care of things.

The entire time I was in PIC -- I was in PIC for a week -- I never received a single one of these nightly snacks. When I asked a corrections officer why that was so, she explained to me that it generally took about a month for special dietary needs to be processed. A month.

This is something that's a very serious medical condition if it gets to that point, and I survived because a corrections officer gave me an extra cold pack because women gave up their food and, you know, and another corrections officer, when I was moved to ASD also gave me food out of

her lunch. So I did receive this kind of ad hoc dietary supplement, which meant I avoided any serious medical condition.

I still lost 12 pounds in 12 days. I was released from ASD weighing 86 pounds. And this is a really simple medical condition, one that requires almost nothing. If this -- if something as simply as hypoglycemia can't be treated during a 12-day stay in Philadelphia jail, I wonder what hope we have for more serious medical conditions.

COUNCILMAN ORTIZ: Thank you. Next.

MS. RUSSELL: Go ahead.

MR. GRAHAM: Hello. I'm James Graham. I used to work as a prison case manager for Action AIDS, which is an AIDS service organization. I worked in this position from March 30, 1999 to July 26, 2000. My client population were HIV-positive prisoners in the Philadelphia prison system.

I worked with them while they were incarcerated in the Philadelphia prison system until six months after their release either from the Philadelphia prison system or from a drug

treatment facility, or until they were transferred to a State or a federal prison. My job was to link my clients to the services they needed to live with HIV, especially medical care.

While I cannot refer to my clients specifically by name without their permission because of confidentiality, I would like to talk about experiences my clients had with their medical treatment by Prison Health Services and consistent and clear trends I noted while working there.

Also, because all of my clients suffered lapses in medication, I cannot comprehensively list each lapse without spending a couple of days testifying, but I will mention some significant cases, and plus also mention that basically lapses in medication were things experienced by pretty much all of my clients; none of my clients managed to avoid lapses in their treatment.

Firstly, there was the delay in medications when they first came in. When a person is arrested in Philadelphia who is HIV-positive and is receiving medication, or

anybody who is receiving medication, they can generally expect on average about a two- to three-week delay before receiving any of those medications.

Now, basically, when Dr. Orr described how they then assess that inmate if they say they're HIV-positive, for one thing, the inmate will probably not get to tell their condition to anyone who will listen to them for the first three days. And then this starts a process by which they then have to get tested again for HIV. And for some reason, this HIV test, when it's administered in the Philadelphia prison system, tends to take about two weeks to come back. Then they have to see the infectious diseases doctor and be rediagnosed.

Now, in many of these cases, these are people who are being treated on the outside, quite often by a public health clinic here in Philadelphia. This information is usually made aware to Prison Health Services but it has never been my experience where Prison Health Services has ever contacted this outside provider.

In a few cases, where I was dealing

with a client who was a client at Action AIDS on the outside, who was arrested and then had their case manager come and tell me, "My client was arrested this morning," and I would get right on it, I was sometimes able to get them medications within two to three days. But this is in a very exceptional case. This is my taking the records to Prison Health Services, handing them to a doctor, usually one of the doctors or nurses I knew who would actually do something, and then my following up and being very persistent about calling to see if they got their medication.

And this is something that I was only able to do a few times with my only clients. And only one out of every ten HIV-positive inmates in the Philadelphia prison system is receiving case management at all, only one in ten has somebody out there whose job is to actually kind of troubleshoot and try to do things like this. And in most cases, my clients wouldn't even get case management until they'd already been in the system for about a month or two months.

So, you know, the vast majority of HIV-positive inmates are coming in and not getting

any treatment for two to three weeks. And this is happening whether or not they are able to come up with this information. On the outside, they're able to --

COUNCILMAN ORTIZ: That's not what we've been told this afternoon.

MR. GRAHAM: Yes, you haven't been told that. That -- because basically, the system that Dr. Orr --

COUNCILMAN ORTIZ: I imagine you have documentation to, you know, ascertain this.

MR. GRAHAM: Yes.

COUNCILMAN ORTIZ: That you can provide.

MR. GRAHAM: I can go back -- and right now, unfortunately, we weren't able to get specific releases from my former clients, but that is something that we are working on. So I can provide specific documentation. Needless to say, I can't release documentation about a specific client.

COUNCILMAN ORTIZ: I understand all of that.

MR. GRAHAM: But I'm working on that,

and I'm getting that together.

But in my experience, basically the system that Dr. Orr described is a system that I never saw. PHS was never proactive in getting people's records. In fact, actually, even when the records are basically handed right to them by a case manager, it was like pulling teeth to get them to actually follow up on it.

Now, there are certain individuals who work for PHS who take their job responsibly, but that's pretty much an individual commitment. It seemed as though that there was no systemic way of dealing with this, it was no one's job. And basically, if anybody did contact an individual doctor, it was usually a matter of that individual nurse or doctor going above and beyond the call of duty and doing that. And, you know, there was no system there in place.

The general attitude that was taken by PHS was that the inmate was lying if they told them of any medical need. Now, I can understand, given the population and also given the fact that even if an inmate does know their medical condition, they may not know specifically what

medications they're taking. PHS would not check on these -- on what the inmate told them. They would basically assume the inmate is lying so, therefore, we don't have to check this. And so inmates -- again, you know, we are dealing about two to three weeks before an inmate would get treated.

COUNCILMAN ORTIZ: So medication -- I asked a question before that made -- maybe a few hours ago --

MR. GRAHAM: Mm-hmm.

COUNCILMAN ORTIZ: -- about medication and the pharmaceuticals not being handled in a prompt manner. I asked that of Dr. Estelle Richman and so on. And I think that was one of the critiques that was given in the previous report that was formally given to the Health Department, but that was supposed to have been taken care of and resolved so that medication is timely, timely given to those inmates that need it.

MR. GRAHAM: Well, as of my -- as of July 26th, when I stopped working there, this delay was still going on. And also, there were

lapses in medication, even after a person had been prescribed medication. Quite often, the medications were left up to the COs to dispense, or the CO would have to release an inmate from their cell, and due to staff demands, wouldn't be able to get to that inmate.

COUNCILMAN ORTIZ: Is there an incidental case, one case here maybe, you know, one --

MR. GRAHAM: Again, all of my clients reported lapses in medication. It is very common; it is the rule rather than the exception at the Philadelphia prison system that there will be lapses in your medication.

COUNCILMAN ORTIZ: Keep going.

MR. GRAHAM: Okay. Now, you know, in addition to some of these incidental lapses in medication that may be caused by an inmate not being released from their cell in time or for some reason the dose not being available, there were also shortages that occurred.

During the summer of 1999, the Detention Center for about two weeks ran out of Sustiva, which is an extremely common HIV drug --

in fact, probably one of the most common HIV drugs. And there was a total shortage. Nobody received any Sustiva for about two weeks. And I cannot see how any responsible medical system in a prison or outside a prison runs out of a very common medication for as long as two weeks so that no one gets this.

I also want to skip to the importance of taking these medications consistently. Now, HIV medication, anti-retro viral therapy, works on suppressing the virus, and basically you just keep having to knock the virus down, knock the virus down, knock the virus down. And so if you miss a few doses here and there, which may not be significant for other medications, it can have a real impact with HIV treatment, because if the level of the drug drops down below a certain level, it ceases to really shut down the viral replication.

And so it's present in the system enough to kind of provide an evolutionary factor in the reproduction of the HIV. The HIV begins to develop drug-resistant strains. And once a drug-resistant strain has mutated and developed

within the body, then it begins to replace the regular HIV, what's called "wild strain HIV," which is not drug-resistant. And the person then begins to then have that treatment regiment fail. So basically, an entire class of drugs become unusable for them. And they -- you know, and their chances of being successfully treated for HIV goes down.

So the impact of this might not take place right away. But by getting that regimen taking away from them, then that means that, you know, that their life expectancy could be shortened because they now have a class of drugs that don't treat them.

Secondly, they now have a drug-resistant strain of HIV in their body, which, if they spread to other people, they have now spread a drug-resistant strain to other people. And the significance of this can't be underestimated.

In the Russian prison system, there was a shortage of anti-tuberculosis drugs that took place, and the Russian prison system basically started giving people half dosages of the drugs.

And they did this because of an overall shortage. What ended up developing in Russia and what Russia is now dealing with is a plague of drug-resistant TB, which can't be treated by the conventional treatment.

And while HIV doesn't spread quite as quickly, if the Philadelphia prison system, through these lapses, begins to develop drug-resistant strains of HIV, we might be seeing a similar phenomena not affecting not just the inmate population but the entire population here in Philadelphia of a form of HIV that cannot be treated by current drugs.

So I just wanted to kind of emphasize the significance of these lapses, you know, because you might not see the impact right away but the impact will be felt, and it is significant.

COUNCILMAN ORTIZ: Thank you.

MR. GRAHAM: Thank you.

MS. RUSSELL: To sort of change the tone a bit, while I was responsible for intake at an agency that, unlike the agency that Jamie talks about, did not have in any way any funding to

solicit calls or contact from inmates with HIV, still got a substantial number of desperate calls from family and from friends -- I'm referring to the AIDS Law Project of Pennsylvania -- incredibly concerned about the health care status of their loved ones. In some cases, it was doctors and nurses who had heard that their health care -- that their patients in fact had been arrested and they were quite concerned about whether or not they were receiving their medication, they were concerned, because in the past, they knew of lapses of care after having been educated by their patients when they return to clinic.

In one such case, an inmate was admitted to an institution, one of the Philadelphia county jails -- I can't remember which one -- and was taking secondary prophylaxis for cryptococcal meningitis in the form of Fluconizol or Diflucan, which is a common medication that's often given for yeast infections chronically, I'm not a medical doctor.

However, in this case, despite the intervention of an HIV specialist health-care provider -- in this case, it was a register nurse

practitioner who diligently faxed in a list of each and every medication that this extremely immune-compromised patient was on, in addition to the dosages required of each of the medication. And I followed up by a call to the medical director, and I was told Diflucan's not in stock, we don't have it.

And in this case, it's not a situation where you see the impact later on, where there's evolutionary factors that might end up in the development, or will end up, let's say, in the development of drug-resistant HIV, long after the patient has been released, let's say, from a jail. We're talking about development of a fatal brain infection that, if not treated, will kill somebody.

So this chronic secondary prophylaxis that this inmate had been taken before he was an inmate was denied him until the shipment arrived. This is something that's different from the lapses that people were talking about that are more a result of gaps in care that are a part of transferring from the Round House to a facility that are as important and need to be addressed by

Prison Health Services.

But this seems to me like a gap that happens all the time, that's remained unaddressed, that was brought up in the Greifinger report, that was brought up in reports that preceded it, and that remains a clear denial of care for prisoners with HIV and other chronic conditions like diabetes, like hypertension.

We need to see a plan from the City and from Prison Health Services to close this gap because inmates are dying. And that's the truth.

COUNCILMAN ORTIZ: It will require that plan. And this is not going to be the end of the hearings, but we will follow up. I'm going to sit down and go through the testimony that's been given here today and develop a series of questions for the next one that's coming up.

The situation you describe, Mr. Graham, is -- and you as a caseworker, is one that concerns me. And I hope that the doctor and people from PHS have listened. You contradict in essence a lot of statements that were made before. And that that is worrisome. And we have to be able, as a Council, to begin looking into

what -- where the truth lies and where is it that we go from here.

I would like you to give to this committee all of the documentation that you have available. We -- I would like to share that with my colleagues on the committee because we would like to formally come out with a full report for the approval of this Council. And we also -- as Blondell Reynolds left, she said there were a lot of questions here that have been raised that we have to look into as we go into the budget process of the City, which is coming up in the next few weeks, and as part of what we are looking into.

We are also requesting that a full audit of the health program be instituted and that that will be done in the most expeditious manner possible so that, hopefully, we may be able to have it before we finish our final report. So if you can -- any information that can be documented, that is not just hearsay, we would like to be able to have that so that we can share it with the colleagues in City Council.

MR. GRAHAM: I just want to say that I can work on trying to compile that over the next

few weeks. Again, I have to get permission from my former clients.

COUNCILMAN ORTIZ: And, you know, we can protect the confidentiality of anyone.

MS. RUSSELL: To be clear, as well, they are clients who are not in litigation, who are ex-inmates representing themselves as citizens of Philadelphia.

COUNCILMAN ORTIZ: I would like to hear from them as much as we can.

MS. RUSSELL: So we have some of those as well.

COUNCILMAN ORTIZ: Okay, yes indeed. Thank you.

Anything else? You go ahead.

MS. GORMAN: Is this working? Hi. My name is Nina Gorman. I was working as a case manager, social worker with a agency contracted with the prison to provide medical advocacy and discharge planning for HIV-positive and AIDS inmates.

Similarly, nearly all of the 100 clients I serviced for the one-year period between August '99 and October of 2000 told me that they

went without medications on intake. A few of them experienced heroin withdrawal or methadone withdrawal. One or two experienced benzodiazepine withdrawal on intake. And I had another that experienced the fear of withdrawing from Clonopin and benzodiazepine several times during a stay at the prison.

When I would try to advocate for him getting his Clonopin, I went all the way up to the chief medical officer of the House of Corrections, and I was told by him Clonopin is not a seizure medicine, a statement which demonstrates clearly his lack of competence and demonstrates how he does not know the class of drugs, that Clonopin is a benzodiazepine --

COUNCILMAN ORTIZ: You were told by whom?

MS. GORMAN: The chief medical officer of the house.

COUNCILMAN ORTIZ: Who's that?

MS. GORMAN: I believe it was Hallendale (ph.). He told me that it's not a seizure medicine, which demonstrates that he does not know it's a benzodiazepine, or he does not

know that benzodiazepine withdrawal is so dangerous that it precipitates seizures, which can kill somebody. I advocated many times for this client and other clients that were on benzodiazepine because the prison has no protocol for benzodiazepine withdrawal.

Five of clients had PCP pneumonia while in prison. Most of them had this -- had symptoms of it on intake. A few of them told Prison Health Services they were HIV-positive, two of them did not because they said they feared confidentiality breakage, because on the intake line, when they had to go through the intake interview, there was a line of inmates that were waiting there that could -- that were in full hearing distance of what was discussed.

Two of these inmates nearly died, having to go to outside hospitals because the prison is not equipped to hospitalize them properly. A few others were placed in the hospital infirmary. And when I say "properly," it wasn't able to give them whatever services they needed. A few of them were hospitalized in the hospital infirmary.

One of these was ordered a test, a heart culture, by Dr. Pepe (ph.), who was an infectious disease specialist at the time. The prison declined to give this. Dr. Pepe told me this herself in person. She was very outraged about it. This client ended up in the hospital and almost died from the heart infection.

Unfortunately, all of my clients told me they missed their medications on transfer -- at least all the ones that I spoke to about being transferred. They were told the reason for this was that there records were delayed, or that the infectious disease specialist was not available for consult with the chronic-care doctor.

On one transfer, I saw the chronic-care doctor, Dr. Scleros (ph.), change the medications of a client, which is drastically against protocol for any HIV standards for dealing with HIV and AIDS clients, and this was an AIDS patient. The reason being for drug-resistant strains being a risk.

I also had a few of my clients tell me that their treating doctors on the outside had informed them that they are on their last or

second-to-last combination of HIV drugs before they would have used up all of their combinations, because of drug resistance, which can develop. From what I've been told doctors, it even appeared as small as several months, in less than a year, a client can potentially go through all of the possible combinations within a number of years and have nothing else to keep them alive. And so I have clients very frightened, having gone through intake. One in PIC had no medication for over a month and he was told he was on his last combination.

Certainly on discharge, most of my clients that were discharged went without all of their medications or had a medication missing often. Several of them did get some medications, especially towards -- I saw an improvement in the summer, with more discharge medications being provided. But typically, they would be missing one, or would only have gotten two or three doses.

When I asked Prison Health Services about protocol, or my agency asked them about protocol for discharge medications, we were told

sometimes they're supposed to get a few doses in a prescription, other times we were told they're supposed to get three days' medication, other times two days' medication. When we asked for these policies in writing for intake discharge and transfer protocol, we were told that Prison Health Systems, nor prison management is willing to dispense any protocol in writing, and they would continue to refuse to do so.

Probably the most frustrating part of my job was seeing clients with AIDS-related disorders, all of which, if left untreated with the antibiotics they needed or with getting disruptions in HIV medications could be life-threatening within a period of weeks. Diagnosis such as kidney failure and MAI infection, Karposi's sarcoma --

COUNCILMAN ORTIZ: Are you going to submit that to us, what you have written?

MS. GORMAN: Yeah. I have some if you need some copies.

COUNCILMAN ORTIZ: So that we can summarize this so that we can begin --

MS. GORMAN: All right, I'll wrap it

up.

COUNCILMAN ORTIZ: I'd like you to submit it so that we can begin looking at. . .

MS. GORMAN: I'll wrap it up.

Okay, I can echo to the lack of emergency protocol, that it's up to the discretion of untrained and nonmedical CO staff to bring clients up. I had two clients with seizure disorders that I went up the chain of command in Prison Health Services to the chief medical officer, who refused to do anything to deal with the situations. One of those clients ended up with Dilantin toxicity. They refused to even provide a --

COUNCILMAN ORTIZ: If you can begin being specific when you give it to us in terms of who you talked to and so on up the line and so on.

MS. GORMAN: Okay. I talked to Bob Holmes, nursing case manager. I talked to a person that he directed me to that was the head of nursing in Prison Health Services -- I believe her name was Rose. I'm not certain -- you know, I know her by face.

Who else did I talk to? I talked to

the nursing administrator. I can't remember her name, but I can get her name for you. Thompson, I believe her name was. I can find out her name.

They all refused to evaluate the client for seizures or to move them closer to the infirmary to get them any kind of assessment, and he later was discharged and told that he was over-medicated on Dilantin. I don't know if that was connected with the seizures or not.

When I would call Prison Medical to advocate for clients, I typically would either not be able to get through on the phone at all, was told to leave a message for the chief medical officers, who didn't pick up their phone or call me back at all. Or when they did call me back, it was several days later.

When I talked to Dr. Orr himself, he told that me only checks his machine every few days. So there could be no assurances for that.

Okay, so I'll, you know, wrap it up. So I would urge a system of accountability and a protocol in place for emergencies and also to deal with surgery delays. I had a client that had his airway obstructed and his esophagus obstructed

simultaneously. I saw notes for this by the ENT doctor. I saw his -- the ENT doctor's notes listed as urgent for him to have a biopsy and him to have surgery. I saw those notes repeatedly ignored for months, and I saw them later written over by someone to change the dates.

And that's, you know, basically it. And, you know, I'd also urge some system of accountability that would involve, you know, getting consistent prisoner input, because Prison Health Services and prison management can say what they want to say based on what they've witnessed or haven't witnessed, and there's no way, you know, of verifying this, but these issues of lack of medicines for life-threatening illnesses, delays, medication lapses are common knowledge for prisoners in the Philadelphia prison system.

COUNCILMAN ORTIZ: Thank you.

MS. GORMAN: You're welcome.

COUNCILMAN ORTIZ: You're going to submit that in writing, correct?

MS. GORMAN: Yes.

COUNCILMAN ORTIZ: Okay, thank you.

MS. GORMAN: And I'll also gather

documentation of some of my former clients. I'm no longer with the agency; I left because of the conflict over this issue.

MS. RUSSELL: I think no one here today has said that giving health care in a jail or in a system of jails is easy. Certainly, populations come and go, and there's a lot of fluctuation and a lot of problems that can arise. But that's why taxpayers pay taxes, so that a vendor can be contracted with that can with be relied upon to meet the needs of this, basically this population of over 7,000 people that has multiple illnesses. The Philadelphia jail system has the greatest concentration of HIV in Philadelphia. And these are basic problems that we know how to treat, we know how to address on the outside. It should be as treatable on the inside.

COUNCILMAN ORTIZ: One question, Mr. Graham and Nina, that you may have.

MR. GRAHAM: Sure.

COUNCILMAN ORTIZ: They said that only -- they were only treating around 3 percent of HIV-positive individuals in the prison. In your estimation -- an d I know that and I -- 'cause we

deal with the privacy legislation. What is in your estimation, and I know you do a lot of work, what is the population of HIV, in your estimation, in the Philadelphia prisons?

MR. GRAHAM: Based on a -- I'm going to tell you the source of this so -- anyway, so as to what limitations of the source there are, but based on conversations I've had with (indiscernible) Garcia, who is the head social worker for the ACO Office AIDS, Activities Coordination Office, within the Philadelphia prison system, it was his estimate that the number of HIV-positive inmates in the Philadelphia prison system, known to the prison, was a little under 10 percent. And that was the -- and that figure also seemed to be confirmed by estimations of other people.

COUNCILMAN ORTIZ: Are condoms being distributed in the prison?

MR. GRAHAM: Condoms are available. However, how to get these condoms is not widespread knowledge. Also another area that --

COUNCILMAN ORTIZ: They're available at the request or they're available --

MR. GRAHAM: They're available at the request. One thing that could be improved on is to make where this could be requested more common knowledge because I knew about it because I was the case manager, and I told my clients about it, but it was not common knowledge, and the majority of inmates are not really aware that these are available, but they are available; it's just a matter of getting the word out there.

MS. GORMAN: And also, even though there may only be 2 or 300 inmates that are receiving treatment for HIV via -- on medication, Dr. DeQuilante (ph.), the current infectious disease specialist, told me herself that her caseload is over 700. And she also -- we've also had conversations over medication lapses frequently, and she's told me there's nothing she can do about it.

COUNCILMAN ORTIZ: Okay, thank you.

MR. GRAHAM: Thanks.

MS. RUSSELL: Thank you.

COUNCILMAN ORTIZ: Mr. David Klein.

(Witness comes forward.)

MR. KLEIN: Good evening, Councilman

Ortiz, Mr. Alvarez, and everyone in Council. I'm going to be real short and brief. I'm Knesset David Klein, Prisoner Rights Advocate, and I'm with the Pennsylvania Prison Society. The Pennsylvania Prison Society is promoting humane justice and a restorative correctional system and a rational approach to criminal justice issues since 1787.

I'm just going to read one case that I have, but before I get there, the Pennsylvania Prison Society strives to assist prisoners and their families during periods of confinement and integration of the community, urge policy-makers to avoid politicizing criminal justice issue, and recognizing the value of a restorative approach to corrections, a system that seeks to repair the damage of the victims, offenders, and society as a whole, and to keep the public informed of criminal justice developments affecting the public's ability to deal constructively with the crimes, monitoring State and county prisons, and provides programming and support for the needs of prisoners and their families.

Councilman Ortiz and Mr. Alvarez and

those that are in City Council, I'd like you to hear this -- the doctor made a statement about the calls that they get and the chain of command and getting the calls out to family members. Prison Society has been around for about 200-some years, and basically, we get a lot of impact, a lot of the calls because families members can't assess the system, they can't get into the prison, they can't get the calls, the calls don't go through, so they call us.

Mr. Clinton Driver. Richard Driver called about his son, Clinton Driver, who was incarcerated at the Detention Center. Richard said Clinton was shot in the head on June 5, 2000 and has to have surgery done at the University of Pennsylvania. Clinton is blind in the right eye and is starting to go blind in the left one.

Richard said they removed part of Clinton's skull during the operation, but they haven't replaced it. Richard said they still have the piece that was removed in the freezer at the University of Penn. Richard said they were talking about putting a plate in his head.

Mr. Driver has been seen by medical for

his eye site but has been denied to go back to the University of Penn, where the doctors were supposed to put this skull back in, in place. So because of so many cases and incidents, Mr. Driver isn't even hardly seeing, and this University of Penn still has his skull.

And as I was saying, we get numerous calls from Prison Society about these issues, and they aren't handled. We have to go up there and we have to investigate or see what is happening.

And I would just like to say that they aren't -- they weren't following the protocol as they said about getting the phone calls, they don't receive those calls, they can't receive those calls. The outside organizations such as the Prison Society, AIDS Law Project, whatever, they receive these calls, and we have to find a way to get in.

And I would like to say that I worked with Mr. Graham for about a year in prison rights advocacy and legal aid for the Institutional Law Project, where we worked for the City and State. And if Mr. Graham --

COUNCILMAN ORTIZ: These phone calls

are about medical attention, medical services?

MR. KLEIN: These phone calls are about medical, yes, they are.

COUNCILMAN ORTIZ: And they come through the Society?

MR. KLEIN: Yes, they do, Councilman Ortiz, they come to the Society.

COUNCILMAN ORTIZ: And you relay them to the medical services of the prison?

MR. KLEIN: Well, also --

COUNCILMAN ORTIZ: Do you relay them to the medical services?

MR. KLEIN: Yes, we do. What we do before we relay them to the medical services, we may go in and see the patients, the inmate, and see if he's been seen by medical. If he hasn't been seen by medical, we make calls to the social worker, we make calls to the doctor, the nurse or whoever --

COUNCILMAN ORTIZ: And what happens?

MR. KLEIN: Many times, they're saying they'll get around to it, and some are seen. But as was just stated, the medication -- I have a couple more cases, but I won't read them because

of the time.

COUNCILMAN ORTIZ: Just submit them. If you have cases in which you have relayed them and no action has been taken, you know, just submit them to us, to me here and so on so that we can then ask the questions that are necessary and follow up on those things.

MR. KLEIN: Yes.

COUNCILMAN ORTIZ: Okay.

MR. KLEIN: Mr. Ortiz, I'd like to say in closing that the system -- I want to thank you and Council for putting these hearings because it's time that something is done. And I'm not saying that they're not doing anything, but the way it's being done is just not adequate.

And as I've stated earlier, I worked with Mr. Graham for about a year in doing legal aid work from here to the State. And if Mr. Graham says -- his stuff is accurate, I've worked with him, and I really believe he has the right data to tell of what's happened here.

COUNCILMAN ORTIZ: You visit the prisoners often?

MR. KLEIN: Yes, I do, sir.

COUNCILMAN ORTIZ: And as you visit the prison and you check up on the aspects that you have relayed, and what has been your experience? Have the clients or patients that you have informed the system about, have they been seen, or delays have happened? What has been the experience?

MR. KLEIN: Delays have happened, Councilman. And the reason for the delays are various reasons, okay, from the medication system, the medication, or the clients that we deal with are trying to get outside treatment because they can't treat them inside. So when Hahnemann was there and now they've changed over --

COUNCILMAN ORTIZ: It's not supposed to happen.

MR. KLEIN: No, it isn't. But they're denied to go out to see an outside doctor at times.

COUNCILMAN ORTIZ: Well, I'd like for you to give me, you know, some specifics on that.

MR. KLEIN: Yes, I will.

COUNCILMAN ORTIZ: Okay? If you relay that to me directly, I will pass that on to my

colleagues in City Council.

MR. KLEIN: Thank you very much.

COUNCILMAN ORTIZ: Okay.

Anyone else? Yes, ma'am, come forward.

(Witness comes forward.)

MS. KARASH: I'll be very brief. I'm a volunteer with the American Civil Liberties Union.

COUNCILMAN ORTIZ: State your name.

MS. KARASH: My name is Carol Karash. I'm a volunteer with the American Civil Liberties Union in Philadelphia.

And I frequently read prisoner mail, and I'm very upset by a very recent piece of mail that I read from someone who was at the Philadelphia Detention Center. In addition to being filthy and mice, the man was handicapped, he was an amputee. The elevators were not working, the center was not accessible for handicapped people, there were other handicapped people there. He fell down about two times; he received such severe injuries in the last fall that he was hospitalized. And at that point, he wrote. I think he was afraid of retaliation if he had written directly.

He thought he was going to be transferred to a one-level facility. I heard, I think it was two days ago, that another volunteer got a phone call. There was no room at a one-level facility. He was then transferred back to the Detention Center. It was not handicapped-accessible. And not only that, but they had misplaced his prosthesis.

So I think that this is really a big problem, and there shouldn't be any prisoners who are handicapped in such a facility. And if there's if overcrowding, then they just have to build more space because I think the bed was not ready in the one-level facility.

COUNCILMAN ORTIZ: If you can have your office contact my office about that, I'd like to --

MS. KARASH: Okay, but I didn't want to give names because --

COUNCILMAN ORTIZ: I understand that, but just ask your office if they can submit that to us. Okay, thank you very much.

This committee will stand in recess to the call of the Chair. Thank you very much, all

of you, for your cooperation and your patience today. I really appreciate it.

(Adjourned at 6:06 p.m.)

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C E R T I F I C A T E

I HEREBY CERTIFY that the foregoing proceedings of the Council of the City of Philadelphia of Thursday, January 25, 2001, were reported fully and accurately by me, and that this is a correct transcript of same.

RE: JOINT COUNCIL COMMITTEES ON HEALTH AND HUMAN SERVICES, PUBLIC SAFETY

RESOLUTION NO. 000692

_____,

JOSEPHINE CARDILLO,
Registered Professional Reporter