

1
2 COUNCIL OF THE CITY OF PHILADELPHIA
3 PUBLIC HEARING BEFORE JOINT COUNCIL COMMITTEES ON
4 PUBLIC SAFETY AND HEALTH & HUMAN SERVICES

5 - - -
6 Room 400, City Hall
7 Philadelphia, Pennsylvania
8 Thursday, 1/25/01
9 3:15 p.m.
10 - - -

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

18 PRESENT: COUNCILMAN ANGEL L. ORTIZ, Chair
19 COUNCILWOMAN MARIAN B. TASCIO, Chair
20 COUNCILWOMAN BLONDELL REYNOLDS BROWN
21 COUNCILMAN DAVID COHEN
22 COUNCILMAN JAMES L. KENNEY
23 COUNCILWOMAN BLONDELL REYNOLDS-BROWN
24 COUNCILMAN FRANK RIZZO
25 COUNCIL PRESIDENT ANNA C. VERNA

26 - - -

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2 P R O C E E D I N G S

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

10 - - -

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

16 - - -

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

24 - - -

25 COUNCILMAN ORTIZ: We will begin at 3

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

4 - - -

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

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

14 Would the clerk please read the title
15 of the resolution.

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

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

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

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

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

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

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

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

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

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

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

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

24 Mortality review was not documented;

25 There was no contract monitoring and

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2 coordination between the medical and mental health
3 contracts;

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

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

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

11 There were insufficient opportunities
12 for inmates who want substance-abuse treatment.

13 At the time, there was a waiting list of 500
14 inmates;

15 There was no methadone detoxification
16 program for appropriate candidates;

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

21 In response, the City responded with a
22 status report prepared by Miss Estelle Richman,
23 Secretary of Social Services, dated January 27,
24 2000. The report outlines the areas where the
25 City has achieved most progress and provides

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

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

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

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

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

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

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

25 And the City committed to improve the

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

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

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

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

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

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

9 (Applause.)

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

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

21 Miss Estelle Richman?

22 (Witnesses come forward.)

23 COUNCILMAN ORTIZ: Please identify
24 yourself for the record.

25 SECRETARY RICHMAN: Okay.

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

5 Estelle, you know the drill.

6 SECRETARY RICHMAN: Yes, I do.

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

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

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

16 SECRETARY RICHMAN: Thank you. Good
17 afternoon.

18 COUNCIL PRESIDENT VERNA: Good
19 afternoon.

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

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

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

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

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

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2 Greifinger, to review health policies.

3 Dr. Greifinger identified 16 areas of
4 noncompliance. The Greifinger report was issued
5 in September of 1999.

6 The City response, filed February the
7 3rd, year 2000, serves as a blueprint for enhanced
8 mental health services. It was accepted by the
9 federal court as an adequate and appropriate
10 response to the issues raised by Dr. Greifinger.

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

14 COUNCILMAN ORTIZ: Excuse me, Miss
15 Richman.

16 SECRETARY RICHMAN: Yes?

17 COUNCILMAN ORTIZ: The contract with
18 PHS --

19 SECRETARY RICHMAN: Yes?

20 COUNCILMAN ORTIZ: -- what is the total
21 cost of contract yearly? Is it around
22 20-something?

23 SECRETARY RICHMAN: It's about
24 \$25 million, of which probably, what, about 7 or 8
25 million came from the behavioral health contract

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

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

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

10 COUNCILMAN ORTIZ: But is it still
11 \$25 million?

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

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

17 SECRETARY RICHMAN: That's correct.

18 COUNCILMAN ORTIZ: Okay.

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

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

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

9 SECRETARY RICHMAN: Good afternoon,
10 Councilmen.

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

13 MR. TRUJILLO: Duly noted.

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

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

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

8 COUNCILWOMAN TASCO: No.

9 COUNCILMAN ORTIZ: Okay, go ahead.

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

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

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

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

6 The RFP was released in February of
7 2000, responses were received in March of 2000.
8 Prison Health Services was selected from four
9 respondents. Operating under a contract that
10 began in July of 2000, Prison Health Services
11 consolidates the services for physical health and
12 behavioral health under one provider. This
13 facilitates seamless communication between
14 physical and behavioral health services or 40
15 enhanced comprehensive care for inmates. The
16 consolidation of behavioral health with physical
17 health under one provider is logical and promises
18 to ensure a higher level of care. The behavioral
19 health components are being phased in with a
20 purposeful planning methodology, in conjunction
21 with support from outside agencies, including the
22 behavioral health system.

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

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2 prison system executive staff. Effective November
3 2000, Social Services hired a deputy of
4 administration to serve as contract administrator
5 and take the full-time lead in managing the four
6 major professional services contracts in the
7 Philadelphia prison system. These contracts
8 include health, food, commissary and facilities
9 maintenance, and operations. Combined with a
10 cooperative prison medical staff that lends many
11 years of correctional health experience, there are
12 several notable initiatives underway that address
13 the goals and objectives of top-quality Prison
14 Health Services.

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

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

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

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

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

23 COUNCILMAN ORTIZ: Do we have --

24 SECRETARY RICHMAN: Okay, 1995, sorry.

25 COUNCILMAN ORTIZ: I imagine that they

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

4 SECRETARY RICHMAN: Yes, they do.

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

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

10 COUNCILMAN ORTIZ: They have?

11 SECRETARY RICHMAN: (Nods head.)

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

15 MR. TRUJILLO: Councilman --

16 COUNCILMAN ORTIZ: Identify yourself
17 for the record please.

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

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

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

25 COUNCILMAN ORTIZ: Yes.

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

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

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

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

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

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

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

7 COUNCILMAN ORTIZ: Except those that
8 may be in litigation.

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

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

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

25 And so there is ongoing litigation in

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

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

9 They are a consultant to the City?

10 MR. TRUJILLO: That's correct.

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

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

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

25 MR. TRUJILLO: Again, I am not certain

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

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

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

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

19 SECRETARY RICHMAN: That's correct.

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

25 Now, give me, in your assessment, in

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

5 MR. TRUJILLO: Certainly.

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

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

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

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

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

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

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

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

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

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

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

21 COUNCILMAN ORTIZ: All of the reports.

22 MR. TRUJILLO: Yes.

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

25 MR. TRUJILLO: That's correct, sir.

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

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

16 COUNCILMAN ORTIZ: Miss Richman?

17 SECRETARY RICHMAN: Yes.

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

21 SECRETARY RICHMAN: Yes.

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

25 SECRETARY RICHMAN: Yes.

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

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

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

20 SECRETARY RICHMAN: Yes.

21 COUNCILMAN ORTIZ: And they're screened
22 for STDs.

23 SECRETARY RICHMAN: Yes.

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

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2 with that?
3 SECRETARY RICHMAN: I'm sorry? The lag
4 time --
5 COUNCILMAN ORTIZ: The lag time for
6 reports.
7 SECRETARY RICHMAN: Yes, it's being
8 done.
9 COUNCILMAN ORTIZ: What's being done?
10 SECRETARY RICHMAN: The lag time for
11 reports to be submitted?
12 COUNCILMAN ORTIZ: Yes.
13 SECRETARY RICHMAN: It has been closed
14 so that there is not a lag time.
15 COUNCILMAN ORTIZ: There is no lag time
16 now.
17 SECRETARY RICHMAN: Right.
18 COUNCILMAN ORTIZ: The pregnant women
19 were not counseled or tested for HIV.
20 SECRETARY RICHMAN: That one I don't
21 know off the top of my head.
22 (Sec'y Richman confers with colleague
23 off the record.)
24 SECRETARY RICHMAN: That is happening.
25 I am told that is happening. I will confirm all

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2 of this and give you a written statement on it.

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

6 SECRETARY RICHMAN: I know --

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

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

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

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

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

24 SECRETARY RICHMAN: Right.

25 COUNCILMAN ORTIZ: And so you can say

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2 that this one is not happening as of yet.

3 SECRETARY RICHMAN: That one is not
4 happening.

5 COUNCILMAN ORTIZ: Okay.

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

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

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

16 COUNCILMAN ORTIZ: What?

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

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

24 SECRETARY RICHMAN: Right.

25 COUNCILMAN ORTIZ: Mortality review?

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2 SECRETARY RICHMAN: Mortality review?

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

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

9 COUNCILMAN ORTIZ: Tell me how that
10 happens.

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

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

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

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

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2 abuse treatment. Where is that at the current
3 time?

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

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

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

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

24 SECRETARY RICHMAN: Fully up to date.

25 COUNCILMAN ORTIZ: And what about the

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2 nurses?

3 SECRETARY RICHMAN: Up to date, all
4 licenses.

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

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

11 COUNCILMAN ORTIZ: And they're
12 available?

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

17 COUNCILMAN ORTIZ: Okay, continue,
18 Miss Richman.

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

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

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

9 Behavioral health transition units for
10 men and women being consolidated;

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

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

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

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

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

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

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

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

20 COUNCILMAN ORTIZ: Estelle?

21 SECRETARY RICHMAN: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 (Applause.)

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

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

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

15 (Applause.)

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

19 COUNCILMAN COHEN: All right.

20 COUNCILMAN ORTIZ: Councilman Rizzo?

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

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

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

4 COUNCILMAN RIZZO: 72,047?

5 SECRETARY RICHMAN: Yes.

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

11 SECRETARY RICHMAN: Well, at any given
12 point, you have probably have somewhere around
13 80 percent of the people are there secondary to
14 drug and alcohol. In other words, it may not be
15 on a drug offense, but drugs may have played a
16 part in why they have committed the crime.

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

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2 programs that --

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

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

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

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

15 COUNCILMAN RIZZO: That would be
16 interesting to know.

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

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2 in time so addicted to drugs.

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

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

15 SECRETARY RICHMAN: What?

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

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

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

25 COUNCILMAN RIZZO: Could you -- does a

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

4 SECRETARY RICHMAN: Right.

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

7 SECRETARY RICHMAN: Yeah.

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

10 SECRETARY RICHMAN: As I understand --

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

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

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

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2 SECRETARY RICHMAN: Not that I know of.

3 Not from the point --

4 COUNCILMAN RIZZO: Would you know if
5 they died?

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

8 COUNCILMAN RIZZO: Do we have many
9 deaths in jail?

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

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

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

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

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

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

25 SECRETARY RICHMAN: No, we don't.

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2 COUNCILMAN RIZZO: We have nothing at
3 all right now.

4 SECRETARY RICHMAN: Nothing at all.

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

7 SECRETARY RICHMAN: Yes.

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

13 SECRETARY RICHMAN: Of having methadone
14 programs?

15 COUNCILMAN RIZZO: Yes, uh-huh.

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

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

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2 a hundred people addicted, and I'm

3 talking --

4 SECRETARY RICHMAN: On heroin.

5 COUNCILMAN RIZZO: On heroin.

6 SECRETARY RICHMAN: Right.

7 COUNCILMAN RIZZO: I'm talking about

8 people that necessarily aren't there for ten

9 months, fifteen months; I'm talking about people

10 that are arrested and brought there to the

11 Detention Center, and forgive me for dating myself

12 by calling it the "Detention Center." Are you

13 including those folks?

14 SECRETARY RICHMAN: No. I'm talking

15 about only heroin addicts.

16 COUNCILMAN RIZZO: Well, I'm talking

17 about heroin addicts that are arrested today and

18 housed until their trial comes up. Are you

19 including those folks?

20 SECRETARY RICHMAN: Yes, yes, anybody

21 who's admitted to the prison system. The number

22 of people we have in the community who are heroin

23 addicts within a treatment program is not a huge

24 number.

25 COUNCILMAN RIZZO: Without just the

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

5 SECRETARY RICHMAN: For the addition?

6 COUNCILMAN RIZZO: For the addiction.

7 SECRETARY RICHMAN: No, no.

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

10 SECRETARY RICHMAN: Cold turkey.

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

13 SECRETARY RICHMAN: I don't know.

14 COUNCILMAN RIZZO: You don't know?

15 SECRETARY RICHMAN: I don't know.

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

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

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2 with those hundred folks?

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

8 COUNCILMAN RIZZO: What do the State
9 jails do?

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

13 COUNCILMAN RIZZO: Federal.

14 SECRETARY RICHMAN: Same thing.

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

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

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

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

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

12 SECRETARY RICHMAN: Three days.

13 COUNCILMAN RIZZO: Three days?

14 AUDIENCE MEMBER: Two months.

15 SECRETARY RICHMAN: Two months to
16 recover.

17 COUNCILMAN RIZZO: Two months to
18 recover?

19 SECRETARY RICHMAN: Five days.

20 COUNCILMAN RIZZO: Great, thank you.

21 Thank you Mr. Chairman.

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

24 SECRETARY RICHMAN: Yes.

25 COUNCILMAN ORTIZ: -- states that we're

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

4 SECRETARY RICHMAN: That's correct.

5 COUNCILMAN ORTIZ: And anything above
6 6900, the City -- again, we're all responsible,
7 but the City --

8 SECRETARY RICHMAN: Right.

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

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

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

17 SECRETARY RICHMAN: Right, that does.

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

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

22 COUNCILMAN ORTIZ: 120.

23 SECRETARY RICHMAN: Incidentally, the
24 7,000 number includes approximately 3 to 400
25 prisoners that are not housed in Philadelphia.

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

5 COUNCILMAN ORTIZ: So we don't have --

6 SECRETARY RICHMAN: Right.

7 COUNCILMAN ORTIZ: What is the current
8 in our prisons?

9 SECRETARY RICHMAN: Within our site?

10 Anybody have the number for today?

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

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

15 COUNCILMAN ORTIZ: In our prison
16 system?

17 SECRETARY RICHMAN: Right.

18 COUNCILMAN ORTIZ: Okay, go ahead.

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

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

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

9 COUNCILMAN ORTIZ: That goes to you.

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

12 COUNCILMAN ORTIZ: But if Johnny's
13 arrested --

14 SECRETARY RICHMAN: Right.

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

17 SECRETARY RICHMAN: Right.

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

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

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

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

8 Are you informed about the red flag
9 system?

10 SECRETARY RICHMAN: Yes.

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

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

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

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2 for them to take medication.

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

7 SECRETARY RICHMAN: Right.

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

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

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

19 SECRETARY RICHMAN: Yes.

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

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

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

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

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

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

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

25 SECRETARY RICHMAN: The coordination of

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

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

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

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

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

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

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

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

6 COUNCILMAN ORTIZ: Okay.

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

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

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

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

25 Estelle, if there anything else you

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2 want, you can write to me on.
3 SECRETARY RICHMAN: Okay.
4 COUNCILMAN ORTIZ: And I'll write to
5 you.
6 SECRETARY RICHMAN: Thank you very
7 much.
8 COUNCILMAN ORTIZ: Mr. David Klein?
9 (No response.)
10 COUNCILMAN ORTIZ: Not here, okay.
11 PHS: Mr. Catalano, Harold Orr,
12 Cassandra Newkirk.
13 (Witnesses come forward.)
14 MR. CATALANO: Good afternoon, ladies
15 and gentlemen.
16 COUNCILMAN ORTIZ: Please identify
17 yourself for the record.
18 MR. CATALANO: My name is Michael
19 Catalano. To my left is Dr. Cassandra Newkirk.
20 To my right is Dr. Harold Orr.
21 Thank you for the invitation to address
22 the --
23 COUNCILMAN ORTIZ: You got to speak
24 into the microphone, sir.
25 MR. CATALANO: Thank you for the

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

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

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

11 COUNCILMAN ORTIZ: Where are you
12 located?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 COUNCILMAN ORTIZ: Speak into the
12 microphone, please.

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

19 COUNCILMAN ORTIZ: What is a physician
20 assistant?

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

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

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

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

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

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

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

21 COUNCILMAN ORTIZ: 6.7?

22 DR. NEWKIRK: Yes.

23 COUNCILMAN ORTIZ: How do you have 6.7?

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

25 COUNCILMAN ORTIZ: You have half a body

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2 somewhere?

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

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

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

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

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

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

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

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

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

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

25 Now, when they are on either one of

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

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

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

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

24 COUNCILMAN ORTIZ: One staff member to
25 five.

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2 DR. NEWKIRK: Not that I'm aware of.

3 If that is happening, they may be on a 15-minute
4 watch but not a continuous watch. If it's a
5 continuous watch, it's supposed to be one person
6 watching one inmate, and correctional staff at the
7 institution, because we do have to depend on them
8 to do that and have been very accommodating about
9 that when we need a continuous watch.

10 COUNCILMAN ORTIZ: And you have no
11 information about that?

12 DR. NEWKIRK: No, I don't.

13 COUNCILMAN ORTIZ: Okay. Sir, you have
14 22 full-time physicians?

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

18 COUNCILMAN ORTIZ: And what about
19 nurses?

20 DR. ORR: Nurses, we have approximately
21 150? -- 110 RNs, LPNs.

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

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

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

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

6 DR. ORR: Total number of. . . ?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 DR. ORR: What happened or what
8 happens?

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

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

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

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

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2 discuss this in this particular form.

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

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

16 (Outburst by audience member.)

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

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

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

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

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

13 COUNCILMAN ORTIZ: Tell me what
14 happens.

15 DR. ORR: I'm going to.

16 COUNCILMAN ORTIZ: And what is the
17 process?

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

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

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

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

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

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

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2 Let me try to explain it to you this
3 way.

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

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

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

15 COUNCILMAN ORTIZ: On the cell block,
16 what happens?

17 DR. ORR: Let's say if the medical
18 staff is not there, not on the cell block when it
19 occurs, the correctional staff contacts the
20 medical department. The medical department
21 responds, makes an initial assessment. If that
22 person needs to be 911'd, they're called. Medical
23 staff attempts to stabilize the person until the
24 911 fire rescue can arrive on the scene and then
25 prepare the person to be transferred to the

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

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

9 DR. ORR: The way I am able to
10 determine, as the medical director, that, the
11 numbers in the population, is to determine how
12 many people are being treated for the disease.
13 Currently, the statistical number is about
14 3 percent. So that range is somewhere between 200
15 to 250 people who are actively being cared for HIV
16 disease.

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

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

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2 to and given the opportunity to --

3 COUNCILMAN ORTIZ: And what about
4 tuberculosis?

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

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

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

15 COUNCILMAN ORTIZ: Not acute, just
16 tuberculosis.

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

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

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2 care right now?

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

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

16 DR. ORR: Currently, the total diabetic
17 population being treated, if you consider that the
18 largest facility, CFCF, probably has approximately
19 30, and you take that throughout the population,
20 probably, I would guesstimate a number somewhere
21 between 100 to 150. And, remember, that number
22 could change every day, depending on who comes
23 into the jail.

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

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2 positive, right?

3 DR. ORR: Who are currently on HIV
4 therapy.

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

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

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

25 If an inmate is known to us and/or can

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

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

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

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

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

6 (Outburst by audience member.)

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

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

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

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

23 COUNCILMAN ORTIZ: When a person leaves
24 a jail --

25 DR. ORR: When a person leaves the

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2 jail --

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

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

7 COUNCILMAN ORTIZ: Okay.

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

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

12 DR. ORR: I'm sorry.

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

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

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

25 COUNCILWOMAN BROWN: Secondly, you

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

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

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

11 DR. ORR: Greifinger's report you have.

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

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

16 COUNCILWOMAN BROWN: Forgive me, but
17 state that again?

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

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

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

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

5 COUNCILWOMAN BROWN: I have several
6 additional questions.

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

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

14 MR. CATALANO: Michael Catalano.

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

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

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

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

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2 one option year.

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

8 DR. ORR: The ethnicity?

9 COUNCILWOMAN BROWN: Yes.

10 DR. ORR: It's -- I think last time I
11 did a little talk on it. I think it was
12 81 percent black.

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

15 COUNCILMAN ORTIZ: 81 percent?

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

17 COUNCILWOMAN BROWN: Approximate. That
18 works.

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

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

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

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2 African-American and then about 20 percent --

3 COUNCILMAN ORTIZ: I think that the
4 81 percent black is too high.

5 DR. ORR: Okay.

6 COUNCILMAN ORTIZ: I don't think it's
7 81 percent African-American.

8 Is Mr. Costello here?

9 (No response.)

10 COUNCILWOMAN BROWN: Very well. Of the
11 22 full-time staff, how many of those
12 professionals are of color and how many of them
13 are female? Of the 22 full-time medical
14 department staff.

15 DR. ORR: Let's see. Counting myself,
16 there is -- I'd say, 50 percent are -- about
17 50 percent are Afro-American, and we have a
18 substantial -- a well-represented Afro-American
19 females as well as Indian females, Caucasian
20 females. We're -- it's a really good
21 cross-section in terms of the clinical staff.

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

25 DR. NEWKIRK: That was psychiatrists.

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2 COUNCILWOMAN BROWN: Forgive me?

3 DR. NEWKIRK: That was psychiatrists.

4 COUNCILWOMAN BROWN: Those were
5 psychiatrists.

6 DR. NEWKIRK: Yes.

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

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

15 Now, my master's-level social workers
16 and my bachelor's-level social workers is about
17 80 percent African-American women. And the rest
18 are white males.

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

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2 What is the policy? There is no residency
3 requirement?

4 DR. ORR: There is no --

5 DR. NEWKIRK: I don't know.

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

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

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

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

16 Thank you very much.

17 DR. ORR: You're welcome.

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

21 DR. ORR: Right.

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

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2 DR. ORR: Dr. Greifinger -- let me just
3 give you a little history about that. Dr.
4 Greifinger -- I came to Philadelphia in January of
5 '99, and Dr. Greifinger did his report and review
6 just two to three months after I arrived here in
7 Philadelphia.

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

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

25 COUNCILMAN ORTIZ: I know that if I ask

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

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

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

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

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

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

7 COUNCILMAN ORTIZ: It's my office.

8 DR. ORR: We'll have them to you within
9 24 hours.

10 COUNCILMAN ORTIZ: Okay.

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

13 COUNCILMAN ORTIZ: Yes.

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

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

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

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

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

12 MR. CATALANO: Yes.

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

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

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

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

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2 is at the Police Administration Building, the

3 second is at --

4 COUNCILMAN ORTIZ: I didn't hear that.

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

12 COUNCILMAN ORTIZ: Within 24 hours?

13 DR. ORR: Within 48 hours.

14 COUNCILMAN ORTIZ: 20?

15 DR. ORR: 48.

16 COUNCILMAN ORTIZ: 48 hours. A total
17 physical examination?

18 DR. ORR: That is correct.

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

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

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

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

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

17 DR. ORR: Absolutely.

18 COUNCILMAN ORTIZ: How do you do that?

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

25 Now, another thing that happens, and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 COUNCILMAN ORTIZ: The prison guards

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2 fill it out?

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

10 COUNCILMAN ORTIZ: Is this the form?

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

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

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

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

25 COUNCILMAN ORTIZ: They fill out the

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2 form, and where does that form go to?

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

9 COUNCILMAN ORTIZ: So they remove the
10 inmate?

11 DR. NEWKIRK: I'm sorry?

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

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

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

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2 the evaluation.

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

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

9 COUNCILMAN ORTIZ: Okay. Thank you
10 very much.

11 Donnie Moore?

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

14 (Witness comes forward.)

15 COUNCILMAN ORTIZ: Please identify
16 yourself for the record.

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

20 COUNCILMAN ORTIZ: Talk into the
21 microphone.

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

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

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

10 COUNCILMAN ORTIZ: An intake officer?

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

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

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

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

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2 189 inmates at 600 University Avenue. My officers
3 -- there is no medical staff on duty at 600 at
4 all. Ridge Avenue, there is no medical staff on
5 duty. There are 19 inmates in there at all. My
6 officers are made to give out that medication.

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

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

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

18 If something happens to an inmate at
19 600 or Ridge Avenue, they have to make a phone
20 call. There's no medical treatment there at
21 either site. Or at the cannery, there's none
22 around the clock at the cannery. There's certain
23 facilities where they are not supplied medical
24 staff.

25 And when they come into the receiving

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

14 COUNCILMAN ORTIZ: I didn't hear that.

15 MR. MOORE: Excuse me?

16 COUNCILMAN ORTIZ: I didn't hear that.

17 He was treated by what?

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

24 COUNCILMAN ORTIZ: Was there a suicide
25 watch put on?

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

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

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

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

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

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

6 MR. MOORE: From drugs.

7 COUNCILMAN ORTIZ: The ones that you
8 have --

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

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

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

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

22 MR. MOORE: The other three?

23 COUNCILWOMAN BROWN: Yes.

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

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

4 COUNCILWOMAN BROWN: Prescribed drugs?

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

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

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

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

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2 and they don't have a bed, it was one-on-one.

3 Recently, they decided, they said -- recently now,
4 it's two, three, four, five. I've seen eight
5 inmates on one officer, suicide watch.

6 COUNCILWOMAN BROWN: Define "recently."

7 And you say "new system." A new system when?

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

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

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

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

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2 there aren't adequate employees to cover the --

3 MR. MOORE: Overtime.

4 COUNCILWOMAN BROWN: Forgive me?

5 MR. MOORE: Overtime.

6 COUNCILWOMAN BROWN: Overtime.

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

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

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

16 Now, I may have to go back there in
17 three years, but I work for the members of Local
18 159, and I've seen it, I've been there, I've done
19 it.

20 (Applause.)

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

25 MR. MOORE: Who gives us those

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2 instructions?

3 COUNCILMAN ORTIZ: Yes.

4 MR. MOORE: It comes from management.

5 COUNCILWOMAN BROWN: Define

6 "management."

7 MR. MOORE: Define management?

8 Management is defined as from a sergeant, captain,

9 lieutenant, commissioner, deputy commissioner,

10 warden. That's defined as management.

11 COUNCILWOMAN BROWN: Versus the medical

12 division?

13 MR. MOORE: Versus -- well, yes, versus

14 the medical division. We get our instructions

15 from management, so --

16 COUNCILMAN ORTIZ: There is no one in

17 the medical division that sits down with the

18 prison guards to tell them about these medications

19 that they're dispensing?

20 MR. MOORE: I have ten years in the

21 Philadelphia prison system. I've never sat down

22 with a person, never, and I worked the unit where

23 they first come in and are doing detox and

24 everything else.

25 COUNCILMAN ORTIZ: In the treatment of

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

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

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

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

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

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

5 COUNCILMAN ORTIZ: And that takes how
6 long?

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

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

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

17 COUNCILMAN ORTIZ: Doctor, can you come
18 up?

19 DR. ORR: Sure.

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

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

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

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

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

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

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

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

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

17 COUNCILMAN ORTIZ: He's in the facility
18 --

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

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

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

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

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

15 MR. FRY: They are not dispensing the
16 medication.

17 COUNCILMAN ORTIZ: They're not?

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

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

22 (Witness comes forward.)

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

25 Identify yourself for the record

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2 please.

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

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

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

17 Those medications are sent to either
18 600 University Avenue or to Ridge Avenue. They
19 are placed in a secured cart with the individual
20 inmates' identifiers. And at certain times
21 throughout the day, the inmate is allowed access
22 to his medication. The officer only brings out
23 the cart to maintain security. The inmate would
24 then get his own medication and self-administer
25 his medication, just as if he were at home.

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

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

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

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

17 MR. FRY: That is correct.

18 COUNCILMAN ORTIZ: Okay, thank you.

19 MR. FRY: You're welcome.

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

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

25 MR. FRY: We are dealing with buildings

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

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

20 COUNCILWOMAN BROWN: That is very, very
21 helpful.

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

25 MR. MOORE: Do I have what?

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2 COUNCILWOMAN BROWN: A counterpart, an
3 equal?

4 MR. MOORE: What is a counterpart?

5 COUNCILMAN ORTIZ: Another Donnie
6 Moore.

7 COUNCILWOMAN BROWN: Thank you.

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

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

19 MR. FRY: We do have a screening
20 process in place on who would be eligible to go to
21 600 University if they are not in the work release
22 program. We try to send inmates who are not on
23 medication or who do not have pending consults or
24 who do not need continuous care.

25 Sometimes, because of what's available

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

8 COUNCILWOMAN BROWN: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 DR. ORR: Excuse me?

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

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

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

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

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2 any ongoing problem of issues of that occurring.

3 COUNCILMAN ORTIZ: Okay. You have
4 something to add?

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

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

25 COUNCILMAN ORTIZ: Mr. Moore, do you

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2 have anything else?

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

14 COUNCILMAN ORTIZ: All right. Thank
15 you.

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

18 (Witnesses come forward.)

19 (Applause.)

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

23 MS. RUSSELL: Say that again.

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

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

5 Identify yourself for the record,
6 please.

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

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

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

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

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

15 COUNCILMAN ORTIZ: Go ahead.

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

18 COUNCILMAN ORTIZ: Identify yourself
19 for the record, please.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 COUNCILMAN ORTIZ: Thank you. Next.

14 MS. RUSSELL: Go ahead.

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

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

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

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

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

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

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

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

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

25 In a few cases, where I was dealing

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

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

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

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

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

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

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

13 MR. GRAHAM: Yes.

14 COUNCILMAN ORTIZ: That you can
15 provide.

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

23 COUNCILMAN ORTIZ: I understand all of
24 that.

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

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2 and I'm getting that together.

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

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

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

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

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

12 MR. GRAHAM: Mm-hmm.

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

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

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

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

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

16 COUNCILMAN ORTIZ: Keep going.

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

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

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

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

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

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

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

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

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

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

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

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

20 COUNCILMAN ORTIZ: Thank you.

21 MR. GRAHAM: Thank you.

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

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

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

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

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

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

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

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2 Prison Health Services.

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

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

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

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

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

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

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

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

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

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

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

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

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

14 COUNCILMAN ORTIZ: Okay, yes indeed.
15 Thank you.

16 Anything else? You go ahead.

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

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

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

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

17 COUNCILMAN ORTIZ: You were told by
18 whom?

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

21 COUNCILMAN ORTIZ: Who's that?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2 up.

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

5 MS. GORMAN: I'll wrap it up.

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

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

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

25 Who else did I talk to? I talked to

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

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

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

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

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

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

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

19 COUNCILMAN ORTIZ: Thank you.

20 MS. GORMAN: You're welcome.

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

23 MS. GORMAN: Yes.

24 COUNCILMAN ORTIZ: Okay, thank you.

25 MS. GORMAN: And I'll also gather

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

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

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

21 MR. GRAHAM: Sure.

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

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

6 MR. GRAHAM: Based on a -- I'm going to
7 tell you the source of this so -- anyway, so as to
8 what limitations of the source there are, but
9 based on conversations I've had with
10 (indiscernible) Garcia, who is the head social
11 worker for the ACO Office AIDS, Activities
12 Coordination Office, within the Philadelphia
13 prison system, it was his estimate that the number
14 of HIV-positive inmates in the Philadelphia prison
15 system, known to the prison, was a little under
16 10 percent. And that was the -- and that figure
17 also seemed to be confirmed by estimations of
18 other people.

19 COUNCILMAN ORTIZ: Are condoms being
20 distributed in the prison?

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

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

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

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

20 COUNCILMAN ORTIZ: Okay, thank you.

21 MR. GRAHAM: Thanks.

22 MS. RUSSELL: Thank you.

23 COUNCILMAN ORTIZ: Mr. David Klein.

24 (Witness comes forward.)

25 MR. KLEIN: Good evening, Councilman

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

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

25 Councilman Ortiz and Mr. Alvarez and

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

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

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

25 Mr. Driver has been seen by medical for

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

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

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

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

25 COUNCILMAN ORTIZ: These phone calls

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2 are about medical attention, medical services?

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

5 COUNCILMAN ORTIZ: And they come
6 through the Society?

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

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

11 MR. KLEIN: Well, also --

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

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

21 COUNCILMAN ORTIZ: And what happens?

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

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2 of the time.

3 COUNCILMAN ORTIZ: Just submit them.

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

9 MR. KLEIN: Yes.

10 COUNCILMAN ORTIZ: Okay.

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

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

23 COUNCILMAN ORTIZ: You visit the
24 prisoners often?

25 MR. KLEIN: Yes, I do, sir.

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

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

16 COUNCILMAN ORTIZ: It's not supposed to
17 happen.

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

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

23 MR. KLEIN: Yes, I will.

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

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2 colleagues in City Council.

3 MR. KLEIN: Thank you very much.

4 COUNCILMAN ORTIZ: Okay.

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

6 (Witness comes forward.)

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

9 COUNCILMAN ORTIZ: State your name.

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

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

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

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

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

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

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

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

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

4 (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