

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON CRIMINAL JUSTICE

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December 13, 2022
Start: 1:10 p.m.
Recess: 3:50 p.m.

HELD AT: Council Chambers - City Hall

B E F O R E: Carlina Rivera
Chairperson

COUNCIL MEMBERS:

Shaun Abreu
David M. Carr
Shahana K. Hanif
Mercedes Narcisse
Lincoln Restler
Lynn C. Schulman
Althea V. Stevens

A P P E A R A N C E S (CONTINUED)

Jumaane Williams
Public Advocate

Louis Molina
Department of Correction Commissioner

Paul Shechtman
Department of Correction General Counsel

Jeanette Merrill
Correctional Health Services Director

Zachary Katznelson
Lippman Commission

Mary Lynne Werlwas
Legal Aid Society

Chaplain Dr. Victoria A. Phillips

Christopher Boyle
New York County Defender Services

Tahanee Dunn
Bronx Defenders

Alice Fontier
NDS Harlem

Daniel Ades
Center for Court Innovation

A P P E A R A N C E S (CONTINUED)

Sarita Daftary
Freedom Agenda

Lucas Marquez
Brooklyn Defender Services

Jennifer Parish
Urban Justice Center

Marge Ives

Mike McQuillan
Brooklyn Heights Synagogue

Danielle Gerard
Jails Action Coalition

Kelly Grace Price
Close Rikers

Joyce Silver
Katal

Michelle Feldman
Beyond Rosie's

1
2 SERGEANT AT ARMS: Good afternoon and
3 welcome to today's New York City Council hearing for
4 the Committee on Criminal Justice. If you wish to
5 submit testimony, you may at
6 testimony@nyc.council.gov. At this time, please
7 silence all electronic devices. Thank you for
8 cooperation. Chair, we are ready to begin.

9 CHAIRPERSON RIVERA: [gavel] Good morning.
10 I am Council Member Carlina Rivera, Chair of the
11 Council's Committee of Criminal Justice. I'd like to
12 welcome everyone who is here today and those joining
13 us remotely to discuss this important topic and
14 consider two critical and common sense bills that
15 will move us closer to a more humane jail system. I
16 want to recognize my colleagues who are here, Council
17 Members Brewer and Carr. Today, the Committee is
18 conducting oversight on the Department of
19 Correction's compliance with the Nunez consent
20 judgement and more specifically the court-ordered
21 action plan put in place almost six months ago to
22 address rampant violence and departmental
23 mismanagement at Rikers Island. These court mandates
24 are meant to remedy unconstitutional conditions of
25 confinement. Reaching the Action Plan metrics would

1 not be a cause for celebration by any means, but only
2 cautious and measured relief that things are moving
3 in the right direction. Unfortunately, based on the
4 most recent Monitor's Report, what I've seen with my
5 own eyes, what we read in the news, and what we hear
6 from those directly impacted, there is no reason to
7 feel satisfied with where things stand today. The
8 mortality rate for those in DOC custody is the
9 highest it's been in over a decade. The rate at
10 which uniformed staff uses force against those in
11 custody is more than double what it was in 2016 when
12 the Nunez case was settled, and when force is used it
13 results in more severe injuries than the levels that
14 existed in 2016. New York City continues to be home
15 to the only jail system in the country with more
16 Correction Officers than people in custody, yet staff
17 continues to work double and sometimes even triple
18 shifts in dangerous conditions. The portion of DOC's
19 staff unavailable to work remains double what it was
20 before the pandemic with staff shortages leaving
21 incarcerated people without access to essential
22 services and in an environment where medical
23 emergencies can go unnoticed and unaddressed leading
24 to tragic consequences. Despite catastrophically
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1 high rates as of September 2022, there were only 37
2 staff members suspended for use of force violations,
3 compared to 82 in 2021, and 78 in 2022. These
4 statistics cannot fully illuminate the lived
5 experience of nearly 6,000 New Yorkers in custody who
6 continue to exist in unfathomably violent and
7 degrading conditions. While the most recent
8 Monitor's Report suggests that there have been some
9 progress made, including improvements to the staff
10 disciplinary process, the pace of change must
11 increase dramatically to aid all who continue to
12 languish at RNDC, EMTC, GRBC, and/or elsewhere in DOC
13 facilities. To that end, in addition to conducting
14 oversight on jail conditions we are considering two
15 bills I've sponsored with several of my colleagues
16 that can help bring about much-needed change. Intro
17 589 will mandate new reporting requirements on
18 medical care and outcomes for incarcerated pregnant
19 persons to make sure this population with unique
20 health needs, including women who have higher rates
21 of substance use disorder, trauma, mental illness,
22 and sexually-transmitted infections are getting the
23 proper care while in custody. In order to
24 methodically and safely reduce the jail population,
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1 Intro 806 will require the establishment of new
2 borough-based population teams to identify people in
3 custody whose cases could be resolved or who could be
4 safely released into the community. Several
5 jurisdictions outside of New York City have adopted
6 this approach, and it has been proven to be
7 effective. To close Rikers Island on schedule in
8 2027, we must be diligent in meeting the commitments
9 set forth in the points of agreement chief among them
10 to reduce the jail population to below 4,000
11 individuals. With smart policies like the
12 establishments of new population review teams, this
13 goal is entirely within our grasp. I'm proud to be
14 the lead sponsor of both of these bills and be joined
15 by many members of this committee as co-sponsors.
16 With that, I look forward to hearing from
17 representatives of the Department of Correction and
18 Correctional Health Services as well as members of
19 the public. I want to recognize we've been joined by
20 Council Member Schulman as well as our Public
21 Advocate Jumaane Williams. Our Public Advocate would
22 like to make a short statement. Thank you.

24 PUBLIC ADVOCATE WILLIAMS: Thank you,
25 Madam Chair. My name's Jumaane Williams. I'm the

1 Public Advocate of the City of New York. Thanks
2 again to the Chair and the members of the committee
3 for holding this important hearing and for allowing
4 me to speak. In 2011, a group of people incarcerated
5 at Rikers by the New York City Department of
6 Corrections filed a lawsuit, Nunez versus City of New
7 York, or known as Nunez, in the District Court for
8 the Southern District of New York. They alleged that
9 Correction Officers often took incarcerated people
10 into areas of the jail that were out of view of video
11 cameras and beat them resulting in injuries including
12 broken bones, concussions, and other emergency
13 conditions requiring hospitalization and surgery. To
14 cover up the misconduct, the officers falsified
15 records or fabricated disciplinary charges. Four
16 years later this lawsuit resulted in the court-
17 appointed Federal Monitor for Rikers Island with the
18 goal of creating a safer environment for both
19 incarcerated people and the staff who were there.
20 But that clearly did not fix the dangerous and deadly
21 environment we know Rikers to be today. the jail is
22 plagued by crumbling infrastructure, lack of staff,
23 fights and assaults, slashings and stabbings, missed
24 medical and court appointments, doors that do not
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1 lock, frequent overdoses, and as of yesterday, 19
2 deaths so far this year. Another heart-breaking, as
3 I mentioned, just days ago. Sadly, the current state
4 of Rikers is not surprising. We do know that
5 Correction Officers work in dangerous jobs, because
6 of the environment that's there. No one is safe on
7 that island, they suffer from injuries because of
8 that and do need time to recover. We also know and
9 it's clear that there are officers who are misusing
10 sick leave. Chronic staffing shortages caused by
11 officers abusing unlimited sick leave creates the
12 dangerous environment-- a more dangerous environment
13 where those incarcerated cannot ask for services and
14 programmings, and officers must rely on last resort
15 measures such as lock-- emergency lock-ins and
16 solitary confinement to manage the jail population.
17 Further, in October, the Legal Aid Society alleged
18 that DOC has been tampering with intake information
19 that is used to monitor compliance with the Nunez
20 filing-- Nunez ruling. We do not know if this was an
21 isolated incident or an indication of chronic
22 falsifying of records to skirt the requirements set
23 by the Federal Monitor. Since 2015, New York City
24 tax payers have spent more than 18 million dollars on
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1 the Federal Monitor Steve J. Martin and his team who
2 have failed to reform any significant part of life in
3 Rikers. This price tag does not include a specially
4 created unit within DOC that provides information to
5 the Monitor and ensures compliance with these
6 mandates. The Monitor has in fact argued in the most
7 recent report that the "problems at Rikers are so
8 deeply entrenched and complicated that no single
9 person power or authority would be able to fix them
10 on the rapid schedule that the gravity of the problem
11 demands." This begs the question, where do we go
12 from here? It is clear that Rikers and DOC needs
13 dramatic change in its culture. Correction Officers
14 who are abusing sick leave must come back to work,
15 and we need a concrete plan from the Commissioner and
16 DOC leadership to hold officers accountable that
17 abuse leave, falsify records and use excessive force.
18 We must end harmful practices that make jails less
19 safe, including and especially solitary confinement,
20 and the City as a whole must commit to further de-
21 carceration, moving from historically punitive
22 approaches to justice and restorative justice
23 practices and alternatives to incarceration. We have
24 to also get our court system to move more quickly to
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1 adjudicate cases. We have spent enough time waiting
2 for the Federal Monitor to improve the conditions at
3 Rikers Island. We have to explore other measures.
4 And while I haven't decided on my opinion yet, I do
5 think we have to consider whether federal leadership
6 of the jail is necessary to end the cycle of violence
7 and death. Last month, the court ruled that we
8 should give Commissioner Molina more time to
9 implement his plan for the jail. The court will
10 review the progress made in April, and I hope to work
11 closely with the Administration and the City Council
12 to ensure that there's a positive progress made in
13 that time. DOC and the City must also commit to the
14 2027 timeline that the prior Administration agreed to
15 close the jail on Rikers Island. The threat of
16 receivership [sic] should push us to take this as a
17 final critical moment for change. It should not be
18 viewed as keeping the status quo, as we know that
19 does not work and it should not mean the City should
20 stop collaboratively to figure out what is needed to
21 make our jails humane and respectful of the dignity
22 of those who are detained and those who work in them.
23 We have the distinction of having less peoples than
24 we did over a decade ago, most detained to Correction

1 Officer, and still the most violence in the nation.

2 Hopefully we can do something about it really soon.

3 Thank you.

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5 CHAIRPERSON RIVERA: Thank you, Public
6 Advocate. We've been joined by Council Members Abreu
7 and Stevens remotely. And with that, I will turn it
8 over to Committee Counsel.

9 COMMITTEE COUNSEL: I'd now like to swear
10 in our witnesses. Form the Department of Correction
11 we have with us Commissioner Louis Molina and General
12 Counsel Paul Shechtman and from Correctional Health
13 Services we have with us Jeanette Merrill, the
14 Director of Communications and Intergovernmental
15 Affairs. If all the witnesses can raise their right
16 hands? Do you affirm to tell the truth, the whole
17 truth and nothing but the truth before this committee
18 and respond honestly to Council Member's questions?
19 Thank you. You may begin your testimony.

20 COMMISSIONER MOLINA: Good afternoon,
21 Chair Rivera, and members of the Committee on
22 Criminal Justice. I am Louis Molina, Commissioner of
23 the Department of Correction. I am joined today by
24 the Department's General Counsel, Paul Shechtman.
25 Thank you for the opportunity to share progress that

1 the Department has made under the Action Plan, which
2 was developed with the Federal Monitor. As you
3 undoubtedly know, on June 14th, 2022, the federal
4 court in Nunez litigation ordered the City to adopt
5 and comply with an Action Plan that had been
6 negotiated with the Federal Monitor and the parties
7 in that litigation. The Action Plan is just what its
8 name suggests: a catalogue of significant remedial
9 actions that the City, and in particular the
10 Department of Correction, should take to ensure that
11 individuals in the Department's custody, as well as
12 our staff, have a safe and humane environment. Most
13 recently, on November 17th, the City and the
14 Department appeared before the Federal Court, Judge
15 Laura Swain, for a status conference with respect to
16 progress on the Action Plan. At the conference, the
17 plaintiffs' counsel, but not the U.S. Attorney's
18 Office, asked Judge Swain for permission to file a
19 motion for the Court to impose a federal
20 receivership. The judge denied the request. In doing
21 so, she recognized that while much work remains to be
22 done to improve conditions on Rikers Island, the
23 Department has demonstrated that progress has been
24 made and has shown its commitment to reform. We next
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1 return to court on April 27th. At that time, I have
2 every intention of presenting a picture of continued
3 progress toward undoing the years of mismanagement
4 and neglect that have made an Action Plan necessary.
5 Let me now tell you some of the things that have been
6 accomplished. Earlier this year, we implemented a
7 Violence Reduction Plan at the Robert N. Davoren
8 Center, also known as RNDC, where we house
9 individuals under the age of 22. We blended gangs in
10 housing units, expanded searches for weapons and
11 other contraband, and added staff, and increased and
12 enhanced programming. The results have been
13 dramatic. Slashings and stabbings at the facility
14 have decreased 85 percent comparing November 2021 to
15 November 2022. This past month, there were only
16 three such incidents at that facility. And at RNDC
17 fiscal year to date, slashings and stabbings have
18 decreased 61 percent, and calendar year to date since
19 January of this year have decreased 23 percent. We
20 are expanding our Violence Reduction Plan to other
21 facilities, starting with the George R. Vierno
22 Center, also known as GRVC, which houses our most
23 violent-prone individuals. It is still a work in
24 progress, but one we are committed to. GRVC has
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1 experienced decreases in slashings and stabbings.

2 From October 22 to November 22, a 42 percent decrease

3 has been experienced. Month to date decreases in

4 December compared to month to date of December of

5 last year, slashings and stabbings are down 50

6 percent. And department-wide month to date in

7 December compared to December last year, Department-

8 wide slashings and stabbings are down 31 percent. In

9 consultation with the Monitoring Team, we are working

10 to design and implement a restrictive housing plan to

11 manage incarcerated individuals who have engaged in

12 serious acts of violence and pose a heightened

13 security risk to the safety of other persons in

14 custody and to staff. As I have testified before,

15 the response cannot be solitary confinement. That is

16 illegal and inhumane. However, there must be some

17 consequences when an individual seriously harms

18 another individual or a staff member. You have

19 likely read recent newspaper accounts of an incident

20 in which an officer was stabbed at least 15 times in

21 the back of his head, and another incident in which

22 an officer was punched during a search operation for

23 contraband, resulting in lacerations to his head and

24 loss of teeth. Perpetrators of such violence,

1 whether on staff or other incarcerated individuals,
2 cannot be allowed to remain in general population in
3 the aftermath of such incidents. Between January and
4 November, we've conducted 79 tactical search
5 operations and increased facility-led search
6 operations, and have recovered over 5,000 contraband
7 weapons. Out of that 5,000, 1,500 weapons were
8 recovered through tactical search operations.

9 Tactical search operations are a basic and sound
10 correctional practice, which the Department had all
11 but abandoned before I became Commissioner. Only by
12 conducting regular and thorough searches can we keep
13 our jails safe. In addition, more than 700 new
14 state-of-the-art cell doors have been installed, and
15 another 100 are in various stages of construction.
16 Once closed and locked, the doors cannot be easily
17 manipulated. The fact that we had cell doors that
18 could easily be manipulated is clear evidence of the
19 neglect that long existed on Rikers Island. In
20 recent months, the Department has appointed more than
21 30 new leaders, many from outside the City of New
22 York, bringing diverse perspectives from all over the
23 country. That includes a Senior Deputy Commissioner,
24 10 Deputy Commissioners and six Associate
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1
2 Commissioners. Many of these men and women have
3 broad experience in corrections and law enforcement.
4 They bring new vision and fresh ideas to the
5 Department. Let me highlight just one those new
6 leaders. In October, Joseph Dempsey joined us as
7 Senior Deputy Commissioner of Operations. Senior
8 Deputy Commissioner Dempsey comes to us with more
9 than three decades of experience with the Los Angeles
10 County Sheriff's Department, where he oversaw three
11 jail facilities and 2,500 employees. He exemplifies
12 the type of people we are bringing on to support our
13 new initiatives. We have recently received
14 authorization from Judge Swain to consider for hire
15 candidates from outside the Department's rank and
16 file to manage our facilities. The Monitor
17 recommended this approach, and we are now moving
18 forward on it. I want to make clear that considering
19 outside candidates does not lessen my appreciation
20 for our current Wardens and Acting Wardens or
21 diminishes my respect for the hard work that they
22 have done. But this authorization allows me more
23 flexibility in hiring and can only make us better.
24 We have taken measures to return officers from sick
25 leave to facility posts and to promote staff

1
2 accountability. When I came into office just 11
3 months ago, the average daily sick percentage was
4 26.1 percent. Through our relentless efforts to
5 bring our workforce back to the facilities, we have
6 been able to reduce that number down to only 11.8
7 percent, and we aren't stopping there. The average
8 daily Medically Monitored Restricted Level III
9 percentage, those staff who are unable to interact
10 with incarcerated individuals, has declined more than
11 20 percent. This is a clear indication that the
12 measures we have adopted are having the desired
13 effect. We have also imposed discipline where it has
14 been warranted. Almost 500 staff have been suspended
15 this year, which far surpasses the number for the
16 prior two calendar years, and over 180 staff have
17 been terminated which are significantly reducing the
18 backlog of our disciplinary cases, as I have signed
19 off and closed out calendar year-to-date over 2,200
20 disciplinary cases in 11 months which is likely more
21 than any commissioner of any city agency in New York
22 City history. This is just some of what has been
23 accomplished. Let me be clear, we have much more to
24 do and we will do it. A Federal Receiver is not the
25 answer. The answer is strong city leadership and

1
2 unwavering commitment to reform. I'm immensely proud
3 of the men and women who come to work every day to
4 the Department of Correction and what is undoubtedly
5 the most demanding job in city service. We are the
6 boldest. We want safe and humane facilities for our
7 city and have taken substantial steps towards getting
8 there. I'm pleased to answer your questions.

9 CHAIRPERSON RIVERA: Thank you for your
10 testimony. You mentioned some examples of the
11 Correction Officers who I think I've been on record
12 multiple times saying Rikers Island is a dangerous
13 place for the incarcerated and officers alike.
14 There's no question. In your testimony, I don't-- I
15 know that one of the focus is staffing and that was
16 important in terms of the Action Plan. I want to
17 touch a little bit on the actual incarcerated persons
18 there. So, Commissioner Molina, as you know on
19 Sunday evening we learned that Edgardo Mejias died at
20 AMKC. At the time of his death, Mr. Mejias was 39
21 years of age. He became the 19th individual to die
22 in DOC custody this year. According to news reports,
23 it was fellow incarcerated people who alerted DOC
24 staff that Mr. Mejias was experiencing a suspected
25 overdose. Staff then administered Narcan but

1
2 unfortunately, Mr. Mejias could not be revived. At
3 this point, do you know if the housing area where Mr.
4 Mejias experienced this medical emergency was fully
5 staffed? Were the officers assigned to the post
6 working a double or a triple shift at the time of the
7 incident? Were there any missed tours before or
8 during the emergency?

9 COMMISSIONER MOLINA: So, first of all,
10 I'd like to provide my condolence to Mr. Mejias'
11 family. I cannot fully understand, you know, what
12 they're going through right now, as I've experienced
13 family incarceration as well, and worried for my
14 family members that were justice-involved.
15 Specifically, to Mr. Mejias' situation, that
16 situation is under investigation by the Attorney
17 General, but I can tell you that he was in a dorm
18 housing. The housing unit was staffed, both the B
19 post officer and the A post officer were both working
20 and were attentive to all of the gentleman that were
21 in that housing unit. They came to his medical aid
22 within seconds of being alerted that he was in some
23 level of medical distress and took action to bring
24 that individual-- to bring Mr. Mejias to the main
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1
2 clinic to receive medical services, and
3 unfortunately, Mr. Mejias passed away.

4 CHAIRPERSON RIVERA: So you're saying the
5 housing area was fully staffed.

6 COMMISSIONER MOLINA: It was fully
7 staffed.

8 CHAIRPERSON RIVERA: When there is a
9 death in custody, it's my understanding that a call-
10 out report is completed by the Investigations
11 Division within 24 to 48 hours which covers details
12 on the incident that occurred and makes
13 determinations as to whether suspensions are
14 warranted for staff. Have you suspended any CO or
15 Captain as a result of Mr. Mejias' death? If not,
16 why not?

17 COMMISSIONER MOLINA: I have not
18 suspended anyone specific to that incident.
19 Preliminarily, investigations done by the
20 Investigations Staff show that our staff responded
21 within seconds to Mr. Mejias' distress, did
22 everything they could to render aid and bring him to
23 the main clinic so that he can receive aid from
24 Correctional Health Services. So there was no reason
25

1
2 to suspend staff specific to that incident of Mr.
3 Mejias' passing.

4 CHAIRPERSON RIVERA: So no one is at
5 fault according to--

6 COMMISSIONER MOLINA: [interposing] Well,
7 the investigation--

8 CHAIRPERSON RIVERA: your determination.

9 COMMISSIONER MOLINA: is still ongoing.
10 But there was no indication that there was any
11 failure on our staff to not respond as quickly as we
12 could, which was within seconds of Mr. Mejias'
13 indication of medical distress.

14 CHAIRPERSON RIVERA: According to reports
15 on November 18th, Mr. Mejias' attorney reached out to
16 the Department of Correction on behalf of his client
17 because he wasn't getting medical care for his
18 asthma. In an email his attorney sent to DOC on
19 November 17th, medical treatment was requested
20 because his client was having trouble breathing and
21 was in a lot of distress. In response, a DOC attorney
22 responded, "Please be advised that the New York City
23 Department of Correction does not administer medical
24 care and referred him to Correctional Health
25 Services." Can you confirm if DOC was informed about

1
2 Mr. Mejias' health conditions in the middle of
3 November, and was anything done after receiving this
4 email from his attorney?

5 COMMISSIONER MOLINA: I would have to
6 defer to Correctional Health Services regarding
7 specifically to his medical care. I know that we
8 often refer individuals that feel that they need some
9 level of medical care. We refer those to
10 Correctional Health Services. So I can't imagine in
11 this instance we would defer from that.

12 DIRECTOR MERRILL: And I'm limited by what
13 I can share about a patient's particular medical
14 conditions, but I can tell you that we will review
15 clinically in this case.

16 CHAIRPERSON RIVERA: I'm sorry, can you
17 repeat that last part?

18 DIRECTOR MERRILL: We will review
19 clinically the case.

20 CHAIRPERSON RIVERA: Do you believe
21 response provided by your agency's attorney in
22 response to being informed of Mr. Mejias' medical
23 records were sufficient?

24 COMMISSIONER MOLINA: Are you asking me
25 that question?

CHAIRPERSON RIVERA: Yeah.

COMMISSIONER MOLINA: I believe that response was appropriate, and that we have a process to refer patients that feel that they need medical services to Correctional Health Services so that they can provide those services to them. We can't-- we don't know details of a patient's medical history, and we would not even provide that via an email to any attorney because it's also protected by HIPAA.

CHAIRPERSON RIVERA: I ask because that response many would find unacceptable. It was brief. It was impersonal. I understand that there is a course of action you have to take. There are processes. Are you planning on taking any action to discipline the attorney? Will you re-evaluate how you respond in the future?

COMMISSIONER MOLINA: We have almost 6,000 individuals in our custody at any one time, which translates into almost 6,000 patients for Correctional Health Services. We were communicating in a business environment with an attorney that was representing his client, and I think the response answered the attorney's question. So I don't see

1
2 myself taking any disciplinary action on the
3 attorney.

4 CHAIRPERSON RIVERA: There have been
5 well-documented issues with incarcerated people
6 languishing in horrific conditions in intake leading
7 to a requirement in the September 2021 second
8 remedial order in Nunez that people must be processed
9 out of intake within 24 hours. In mid-June the Board
10 of Correction uncovered 16 instances of DOC staff
11 tampering with lengths of stay in a new admission
12 intake, seemingly to avoid the appearance that the
13 person was there longer-- seemingly to avoid the
14 appearance that the person was there longer than 24
15 hours. So, Commissioner Molina, at the July BOC
16 meeting you said that the issue has been referred to
17 the internal DOC Investigation Division, and then
18 again last month in response to another question, you
19 said the matter was still under investigation. So,
20 it's been six months since these allegations of
21 tampering came to light. Intake delays are clearly a
22 serious issue. It's about getting people out of
23 crowded and often chaotic conditions and into an area
24 where they have at least a bed, a shower, regular
25 food, medical distribution. Has the Department

1 finished its internal investigation into the alleged
2 tampering? If it has been referred to an outside
3 agency, which agency? When was it referred, and what
4 if anything have you received back?
5

6 COMMISSIONER MOLINA: Yeah, so I think I
7 was clear in the last BOC meeting that that matter
8 was referred to DOI, so DOI is investigating that
9 matter. But I'd like to take the time now to just
10 sort of fully [inaudible] ask-- respond to some of
11 what you said regarding the intake at EMTC. So, EMTC
12 did recently receive 60 new Correction Officers from
13 a recent graduated class. What that has allowed us to
14 do now is to allow staff in the intake that's going
15 to be steady staff, and there's seasoned Correction
16 Officers that will be working in the intake process.
17 We've also are redesigning the flow of the process
18 for individuals that are coming into custody. We're
19 assigning tour commander so that they have oversight
20 responsibility over the intake, and our tour
21 commanders are assisting Deputy Wardens. So they are
22 above of Corrections Captains. We've developed clear
23 duty expectations and training to go along with them
24 for all staff that work in the intake process, and
25 we've also-- working with our Office of Management

1 Analysis and Planning, our IT Department. We've also
2 enhanced our dashboard so we can conduct not only
3 regular audits, but sort of capture nuances of when
4 we may have an outlier of someone in a particular
5 stage in the process and why there is delay of that
6 persons going through the process. We're also
7 assigning additional vehicles to be able to transport
8 persons in custody so that the facility where central
9 intake is occurring, which is EMTC, isn't solely
10 relying on the Transportation Division to transport
11 individuals.
12

13 CHAIRPERSON RIVERA: So, let me ask you
14 about the Transportation Division, a question related
15 to that. So one of the main factors for why the jail
16 population remains high is systemic failures with
17 case processing that cause people to remain in
18 custody for unacceptable lengths of time awaiting a
19 disposition in their case. This problem obviously
20 involves the courts, it involves prosecutors and
21 defense counsel, but DOC transportation staff is also
22 an important component. So the Mayor's Management
23 Report states that in Fiscal Year 22 DOC failed to
24 produce people in custody to their trials on time, at
25 least 20 percent of that time. That's far worse than

1
2 in Fiscal Year 2019 when that happened about three
3 percent of the time, even though there were far fewer
4 trials happening in Fiscal Year 22 than Fiscal Year
5 19. What are you doing to make sure members of your
6 staff are getting people to court? And have court
7 production rates improved in the past five months
8 since the start of Fiscal Year 23? And since the
9 start of Fiscal Year 23, what were the production
10 rates for people who had video court appearances?

11 COMMISSIONER MOLINA: Thank you for your
12 question. So I can talk globally. I think every
13 part of the adjudication process is important. So we
14 have individuals who we produce for court for a
15 number of things. One is for trial. We produce
16 individuals for court hearings that are a step in the
17 process to have that person possibly go through trial
18 or negotiate their plea agreement if that's what they
19 so choose to do, and in some cases individuals may be
20 exonerated. Globally, all of those productions have
21 increased substantially since January. When I got
22 here in January, court production in general was
23 about at 60 percent. Citywide that production for
24 bringing people to court has been between about 88
25 and 90 percent citywide for all of the boroughs, and

1 that's for everybody that we're bring-- produce to go
2 to court via the Transportation Division. Now
3 specifically to the percentage that you quoted, that
4 was for on-- court production on time for trial,
5 specifically, which I believe in the last PMMR for
6 Fiscal Year 22 was at about 75 percent. So clearly,
7 we are doing a number of things so that we can try
8 and do better. We do have individual defendants that
9 refuse to go to court, and one of the things that
10 I've instructed my staff is not to engage into
11 physical uses of force to bring individuals to court.
12 So we do record those refusals, provide them to the
13 respective courts so that we can work with the courts
14 to get securing orders and get authorization from the
15 courts if the courts want the individual present, but
16 we may have to use force to bring that person into
17 court to increase the percentages of people being
18 produced to go to court. There are also a number of
19 reasons why outside of refusals that someone may not
20 go to court. Someone may be ill and be ill to go to
21 court. We had the pandemic, so there are on occasion
22 may have individual that's COVID positive, and we
23 don't bring that individuals to court because of
24 their COVID positive condition. On occasion we have
25

1 individuals that may be celebrating a religious
2 holiday, and even though the courts are open, they
3 want to recognize their religious affiliation, so
4 they don't go to court either. So we've done a
5 number of things to sort of improve and make sure our
6 court production is up. It's working effectively.
7 The IT Department working with our Transportation
8 Division and our Classification Unit. Also did work
9 with the Office of Court Administration and we
10 [inaudible] with dashboard so that we can track
11 individuals that are needed for court at varying
12 levels-- stages of wherever they may be in their
13 court process. I myself even from time to time are
14 communicating with felony Supreme Court Judges on
15 multi-defendant cases where they want to ensure that
16 these multi-defendants in these cases, because in
17 some cases it involves multiple juries, that these
18 individuals are produced to go to court, and we've
19 been successful in doing that. I think understanding
20 the gravity of the situation coming out of the
21 pandemic, as you stated, courts were not functioning
22 normally. So I know looking back at 2019 to present
23 the performance is not at the same level, but 2019
24 and 2000 to where we're at today is a very, very

1
2 different place in the world. So it's comes with its
3 challenges, but we're always striving to do better.

4 CHAIRPERSON RIVERA: Do you have the data
5 on how many individuals have actually refused to go
6 to court?

7 COMMISSIONER MOLINA: I can look into
8 getting that for you, because we have-- we are
9 setting up meetings with OCA and the Chief
10 Administrative Law Judge when that person is
11 appointed to discuss those issues.

12 CHAIRPERSON RIVERA: Okay, I look forward
13 to those numbers. I have a number of colleagues that
14 want to ask questions. So I'm just going to ask you
15 just a couple more before we get to them. So, the
16 current mortality rate for those in DOC custody is
17 the highest it's been in over a decade, and in the
18 most recent report, the Monitor made a series of
19 recommendations as to next steps on this issue and
20 noted that in-custody deaths are related to-- related
21 at least in part to the convergence of poor
22 operational and clinical practices, inadequate
23 supervision, and management failures that have
24 characterized the day-to-day operation of the jails
25 for decades. The Monitor recommended that the City

1
2 complete an assessment by the end of November as to
3 what barriers exist to information sharing between
4 DOC and CHS. Has that occurred, and what barriers
5 were identified? What are you doing to address them?

6 COMMISSIONER MOLINA: Thank you for your
7 question. So, we have strengthened our communication
8 with Correctional Health Services. They've been
9 really a strategic partner in trying to make sure
10 that we increase access to healthcare services for
11 the incarcerated population. Not only are we meeting
12 CHS staff at the facility level and making sure that
13 we're having these clinical huddles so that the
14 leadership at the facility levels can get a clear
15 understanding of the individuals, what the
16 circumstances of the patients that are in their
17 respective facilities. My Senior Deputy Commissioner
18 Dempsey is meeting with the senior leadership of CHS
19 and having regular communication with them, which has
20 yielded more efficiencies we think and to making sure
21 that we have synergy and alignment in our operations
22 to provide services to the people in our custodial
23 care. I don't know if CHS has anything to add.

24 DIRECTOR MERRILL: I would just add that
25 we've also committed to more frequent and timely

1 joint assessment and review which are called JARs to
2 collaborate and review negative patient outcomes.

3
4 CHAIRPERSON RIVERA: Well, the Monitor
5 recommended better morbidity and mortality reviews
6 closer in time to the deaths, because it said that
7 the actual JARs process was insufficient. So have
8 you changed things since you've started that process?

9 DIRECTOR MERRILL: I feel the-- I think
10 the issue with the JARs was that they weren't
11 happening timely enough or close enough to the
12 adverse event. So there's a renewed commitment
13 between both agencies to do that moving forward.

14 CHAIRPERSON RIVERA: The Monitor also
15 recommended that facility leadership review incidents
16 of self-harm every week. Is that happening? Having--

17 COMMISSIONER MOLINA: [interposing] Yes.

18 CHAIRPERSON RIVERA: any impact?

19 COMMISSIONER MOLINA: So, the Senior
20 Deputy Commissioner and the Deputy Commissioners that
21 oversee all of our uniformed operations to include
22 our two Associate Commissioners, meet regularly,
23 weekly with the facility leadership to go over a
24 number of things and self-harm is one of those
25 topics.

CHAIRPERSON RIVERA: The Monitor

recommended that the investigation Division have a dedicated group of investigators to review self-harm incidents and identify gaps in practice. Has that occurred, and how many incidents have they reviewed and to what end?

COMMISSIONER MOLINA: So, that piece of it has not occurred. We're trying to think through how we can possibly operationalize that and if whether ID is the appropriate business unit to be able to do that work. They do have very, very skilled investigators, but it's a different type of investigators that should be reviewing those types of things. So I want to just really confer, rely on our partners in Correctional Health Services to think about what is the type of investigator that maybe should be hired for that. So that may require additional resources.

CHAIRPERSON RIVERA: Okay. There are 1,100 people in Rikers with a serious mental illness, yet, the Nunez Action Plan does not include any action specifically related to people with mental illness, even though mental health issues are directly related to many uses of force. Specialized

1
2 mental health related crisis intervention training,
3 CIT, has been proven to be effective at de-escalation
4 reducing violence and uses of force. So how many
5 current staff have completed the CIT training? Have
6 any staff received CIT training during your tenure?
7 And what steps are you taking to ensure staff with
8 crisis intervention training are assigned to mental
9 health unit, namely CAPS, PACE, and mental
10 observation units?

11 COMMISSIONER MOLINA: Thank you for your
12 question. I'm a big supporter of crisis intervention
13 teams. The training provides participants with the
14 needed knowledge and skills really to attempt to
15 effectively mitigate escalating situations in
16 specialized mental health housing areas without the
17 use of tactical interventions as you mentioned. So
18 the training teaches a really team-based approach.
19 The training that we have is integrated with medical
20 and mental health staff. It's a 40-hour training
21 that's offered over the course of five days. It's
22 not currently mandatory and not offered to new
23 recruits, but we've recently appointed a new Deputy
24 Commissioner of Training who's very familiar with
25 crisis intervention training, and I've asked him to

1 incorporate moving forward crisis intervention
2 training into the academies moving forward so that we
3 train our staff on the ground floor within our
4 academies with a crisis intervention training focus.
5 We do have-- it is required for all of our members of
6 service, Correction Officers that are assigned to
7 CAPS and PACE units. As you mentioned, earlier in
8 the year we were dealing with a drastic staffing
9 shortage. So some of the officers who currently work
10 and staff CAPS and PACE units may not have received
11 CIT training during that study to those units, but
12 we're working on identifying that and we are getting
13 to a place where we can have steady officers assigned
14 to these very critical functions like PACE and CAPS
15 as well as like intake, what I mentioned earlier. We
16 currently do have 575 active Correction Officers that
17 have received the five-day crisis intervention
18 training, and we're gearing that training back up not
19 only in the academy but in our in-service training as
20 well.

22 CHAIRPERSON RIVERA: You mentioned in
23 the last hearing that there was going to be training
24 on how to administer Narcan to all of your officers.
25 How is that progressing?

1
2 COMMISSIONER MOLINA: Yeah, so we have
3 already trained, I believe it's slightly over 2,000
4 Correction Officers on the use of Narcan. The
5 training is ongoing and continues. We should have
6 the entirety of the Department done by the early part
7 of this coming-- next year's summer in June of 23.
8 In addition to that, we have expanded the placement
9 of Narcan. Usually they were only in the A post
10 housing units. The Senior Deputy Commissioner has
11 worked with Correctional Health Services to get
12 Narcan also placed in support areas as well as in the
13 courts. In addition to that, we have-- we're working
14 on procuring a large amount of Narcan. Working with
15 the unions, they have agreed for their officers to
16 carry Narcan on their person. So we're working on
17 procuring a large scale Narcan as well as Narcan
18 holders so that staff that are trained can be issued
19 Narcan directly and use it instantly if they see
20 someone under distress.

21 CHAIRPERSON RIVERA: Alright. I have a
22 question about tablets, but I'll wait until after my
23 colleagues. I just want to pull something that was
24 actually in-- that the Monitor recently noted in
25 describing the state of affairs at Rikers Island.

1
2 Staff's also confrontational demeanor contributes to
3 incidents spiraling out of control and that the
4 constant disruption of even the most basic services,
5 recreation, laundry, commissary, barber shop creates
6 additional frustration among people in custody which
7 can lead to avoidable conflict and violence. Is
8 providing basic services part of your violence
9 reduction plan? If so, how? And do you-- can you
10 tell me a little bit about the weekend visiting hours
11 and when do you anticipate beginning to provide daily
12 recreation again?

13 COMMISSIONER MOLINA: So, to answer your
14 question regarding basic services. So, basic
15 services and quite frankly enhanced services, because
16 we do have a very rich suite of program offerings
17 that we do provide the people that are incarcerated.
18 And I will tell you that not only basic services, but
19 enhanced programming services were very critical and
20 key to getting the violence significantly reduced at
21 RNDC, our young adult facility, and I mentioned the
22 significant decreases that we saw at RNDC as one
23 component to bringing violence down in the facility.
24 As we replicate that violence plan for GRVC which is
25 another facility that we're having challenges with.

1
2 One is I think it's important to recognize that at
3 RNDC we have young adults. They respond to different
4 level of stimuli and other strategies differently
5 than full grown adults do. But what we did at RNDC
6 was we reopened the Peace Center which had been
7 closed when I got there. I worked with our Deputy
8 Commissioner of Programs and community Engagement.
9 We got the Peace Center opened. I believe you and
10 many members on this committee have been to the Peace
11 Center, which stands for Programs, Education and
12 Community Engagement, and there's a number of
13 amenities, both that provide physical stimulation
14 with exercise as well educational engagement,
15 horticulture, a number of things that happen in the
16 PEACE Center that helped incentivize housing units to
17 behave well and coexist with each other in some level
18 of harmony, and they have use of those amenities at
19 the PEACE Center. What we did at GRVC was complete
20 construction recently of closing down a housing unit
21 to recreate the PEACE Center in GRVC with similar and
22 alike amenities that we have at RNDC are now being
23 afforded at GRVC, and the PEACE Center at GRVC is
24 called the Beacon. We've recently had Thanksgiving
25 meal in that PEACE Center. We had a ribbon-cutting

1 ceremony that involved the people. Persons that are
2 incarcerated were involved in that ribbon-cutting
3 ceremony at the PEACE Center. So we think that
4 that's one in addition to basic services but also
5 enhanced services that we hope are going to be part
6 of a multi-pronged strategy to deal with violence at
7 GRVC. And preliminarily, as I stated in my
8 statement, we have seen from October to November when
9 that PEACE Center was opened, a 41-42 percent
10 decrease in slashings and stabbings going from
11 October to November, and month-to-date we've seen a
12 decrease in slashings and stabbings at GRVC of 50
13 percent. So, it's still early, but we're very
14 hopeful that this similar and alike not only basic
15 services but enhanced programming services that we
16 are providing for persons in custody to the inclusion
17 of tablets which were already deployed for the
18 entirety of GRVC are one step in a multipronged
19 strategy to reduce idle time and reduce violence.
20

21 CHAIRPERSON RIVERA: Who have you
22 contracted for the tablets?

23 COMMISSIONER MOLINA: We've used a
24 current vendor who works with our telephone systems
25

1
2 by Council Member Restler and for questions I have--
3 we'll start with Council Member Brewer then Hanif and
4 then Narcisse.

5 COUNCIL MEMBER BREWER: Thank you very
6 much. I actually want to follow-up on the
7 healthcare, because you know, it seems to me having
8 not the expertise of my colleague the Chair but
9 having been to Rikers over the years many, many
10 times, and more recently. If you're in custody and
11 you are perhaps not getting great healthcare on the
12 outside, which many of us do not to be honest with
13 you. It seems to me that Health + Hospitals, I.e.
14 Correctional Health,-- and we're glad you're there.
15 We're glad it's not a private institution. We're
16 glad it's H+H. But what exactly do you do to support
17 the healthcare of these individuals? In other words,
18 it could be-- instead of being reactive, can you be
19 proactive? An example for me is, as I understand, in
20 other facilities health professionals be the
21 psychiatrists, doctors, nurses, whatever, go to the
22 facility on a regular basis talking to people.
23 Because I hate going to the doctor, hate it, and I
24 can imagine the lack of healthcare in the past makes
25 one very suspicious. What are you doing to be

1
2 proactive so that the-- I don't know. Not everybody
3 who has died has had an incident of feeling ill
4 before, but many did. That's my understanding. So
5 how can we change or do you think we should change
6 the model for healthcare at Rikers?

7 DIRECTOR MERRILL: Sure. So to start,
8 there is a comprehensive medical intake that happens
9 as soon as someone enters the City's custody.

10 COUNCIL MEMBER BREWER: Right.

11 DIRECTOR MERRILL: So that is-- you know,
12 starts with vitals and testing for things like
13 communicable diseases, because as you noted, people
14 in our care do have a higher disease burden of things
15 like hepatitis and HIV.

16 COUNCIL MEMBER BREWER: Okay.

17 DIRECTOR MERRILL: They also are screened
18 by our nursing staff, medical, and then that can also
19 result in a mental health referral where they would
20 get a comprehensive mental health evaluation. In
21 terms of access to care, we do have a clinic in every
22 facility--

23 COUNCIL MEMBER BREWER: [interposing] Yes.

24 DIRECTOR MERRILL: where most of our
25 general population patients would receive services,

1
2 be it mental health or medical. We also have a
3 therapeutic housing model, both medical and mental
4 health. So for patients who have serious mental
5 illness, they may be housed on a mental observation
6 unit or a PACE unit that the Commissioner referenced.
7 So that's where our staff are actually embedded right
8 in the units, providing that kind of direct access
9 you're referring to.

10 COUNCIL MEMBER BREWER: I do know some of
11 that. My question a little bit different, which is
12 it seems that you have a set of people who you meet
13 with when you come in. It's not necessarily a
14 pleasant experience to get all of that done, and then
15 you're there. But the question is, do you not think
16 there should be more interaction as opposed to I have
17 to go to the clinic because I have a mental
18 condition, I have an outburst, I have an ailment.
19 Something's not working right now. It's not working
20 from what I understand. So I'm just-- don't you
21 think there should be-- could we change the way in
22 which healthcare is distributed? In other words,
23 really meaning is get out of the clinic, go into the
24 general population or go elsewhere to talk to people
25 and then so that they're comfortable talking to the

1 health professionals. My understanding people don't
2 want to go to the clinic and that's part of the
3 issues that the Commissioner is dealing with. I
4 don't want to go to court and I don't want to go to
5 the health clinic. So how do you change that?
6 You're not in charge of the courts, but you are in
7 charge of the healthcare? So how do you change that?

9 DIRECTOR MERRILL: So we do have staff
10 that, you know, work on units not in necessarily
11 clinical capacity, or you're referring mostly to the
12 general population.

13 COUNCIL MEMBER BREWER: Anybody. You got
14 5,000 people to work with, 6,000. Go ahead.

15 DIRECTOR MERRILL: So we do schedule
16 appointments for patients to come to the clinic. I
17 think that there's also, you know, a health triage
18 line, which is a line that patients can call using
19 the phone in their housing area if they want to reach
20 out directly and speak to a CHS nurse.

21 COUNCIL MEMBER BREWER: Okay.

22 DIRECTOR MERRILL: so, I think, you know,
23 we also have educational fliers.

24 COUNCIL MEMBER BREWER: But does
25 psychiatrist for instance or mental health

1
2 professionals go into the population to have ongoing
3 peer review, peer discussion, something different?

4 DIRECTOR MERRILL: So, one of the
5 challenges--

6 COUNCIL MEMBER BREWER: [interposing] I'm
7 just telling you, it's not working now. It really
8 isn't.

9 DIRECTOR MERRILL: So, I think one of the
10 challenges with sort of the cell-side care you're
11 describing, the general population floor really isn't
12 an appropriate setting for our psychiatrists to be
13 trying to provide either an evaluation or direct
14 therapy to a patient. So bringing patients to the
15 clinic really is that right setting for a patient,
16 and there's always opportunities for better
17 collaboration and communication with the Department
18 to ensure access. But really, you know, going onto
19 the GP housing floor.

20 COUNCIL MEMBER BREWER: As health
21 professionals, do you make any recommendation about
22 food?

23 DIRECTOR MERRILL: For certain patients
24 we may work with the Department's dietician, but
25

1
2 generally, food procurement is handled by the
3 Department.

4 COUNCIL MEMBER BREWER: Is that something
5 that you might make-- in that there is a connection
6 between food and health, is that something you might
7 make a recommendation about?

8 DIRECTOR MERRILL: Sure. For certain,
9 you know, patients with certain medical needs, for
10 example--

11 COUNCIL MEMBER BREWER: [interposing]
12 Forget the medical needs. I'm just saying in general
13 the food. You might make a recommendation about
14 healthier food. Is that something that you might
15 consider?

16 DIRECTOR MERRILL: Of course, sure.

17 COUNCIL MEMBER BREWER: Okay, I'm going
18 to leave it at that. I'm just saying I really do
19 believe and Doctor Katz [sic] knows how I feel, this
20 is not the way to go. You need to be much more
21 proactive and you need to have health professionals
22 that feel-- that the persons who are incarcerated
23 feel comfortable with, because that's the only way
24 you're going to have people talk about what they are
25 concerned about. I have to say it's not working

1 right now. There are things that are working.
2
3 Healthcare at Rikers is not working. Thank you.

4 CHAIRPERSON RIVERA: Thank you, Council
5 Member Brewer, and we fully understand you can't have
6 a psychiatrist see a patient in the middle of general
7 population. We're talking about specifically
8 listening to individuals and trying to develop some
9 sort of comprehensive plan for all of the issues that
10 they have. So I just want to clear that up.

11 DIRECTOR MERRILL: Appreciate it.

12 CHAIRPERSON RIVERA: We're going to go to
13 Council Member Carr and then Hanif and then Narcisse.
14 Thank you.

15 COUNCIL MEMBER CARR: Thank you, Chair
16 Rivera. Good afternoon. Thank you all for being
17 here. You know, we talked a little bit about the
18 progress that's been made in terms of sick-outs from
19 staff and calling out sick. Could you tell us year-
20 to-date, how much staff the Corrections Department
21 has lost whether it's to retirements or resignations?

22 COMMISSIONER MOLINA: Yeah, so our
23 attrition this year has been almost about a thousand
24 officers that have either retired or resigned or been
25 offered other employment elsewhere and have left the

1 Department. So we're embarking on a very aggressive
2 recruitment strategy. We just recruited and
3 graduated a class of 108 officers, but attrition in
4 the workforce is not exclusively a DOC issue, though
5 it hits us more because we're managing a very
6 vulnerable, volatile population, but we're not immune
7 to the issues of the change of the framework of work
8 in America today.

10 COUNCIL MEMBER CARR: And on the 180
11 you're on-boarded, how many budgeted vacancies will
12 you have Department of Correction?

13 COMMISSIONER MOLINA: So, we just
14 graduated, Council Member, 108. I'm sorry if I
15 misspoke, 108. And we have a few hundred funded
16 lines to hire individuals to back-fill those
17 vacancies, and we're doing that now. We expect to
18 have another academy in late February where we hope
19 to bring on a few hundred offices, presuming the
20 candidates are willing to take the position.

21 COUNCIL MEMBER CARR: I ask because, you
22 know, in the context we're trying to focus on
23 delivery of services, which means bringing people to
24 services, bringing people to court, and that involves
25 taking officers who may be on a block out of that

1
2 block doing transport. Like, do you feel like you
3 have enough staff on a regular basis in order to have
4 everybody get their Correctional Health appointment,
5 get to their court date, get to enhanced service
6 programming? Do you feel like that you're struggling
7 to do this on a daily basis, and do you have any data
8 on when you haven't been able to make those
9 appearances with incarcerated individuals because you
10 didn't have staff to take out of the block?

11 COMMISSIONER MOLINA: Thank you for your
12 question. So we have made incredible strides with
13 lowering the absentee rate from 26.1 percent at the
14 beginning of the year to 11.8 percent now. So, a
15 significant number of staff have come back to work.
16 So we're able to produce individuals for clinical
17 health services, programming services. We were able
18 to assign Correction Officers back to the Division of
19 Programs so that individuals could not only get
20 minimum standards, but also get enhanced programming.
21 So I would say that the Correction Officers that they
22 had during the pandemic had really stepped up to a
23 very challenging situation. My concern is always at
24 the future as our incarcerated population increases.

1
2 We would need more staff so to manage those increases
3 of those that are justice-involved.

4 COUNCIL MEMBER CARR: I appreciate that
5 answer, because I'm concerned about the ability for
6 you meet, you know, your core mission which includes
7 being able to deliver folks to needed services,
8 needed appointment whether they're in Rikers or
9 outside, and it sounds to me like a thousand to have
10 left in less than a calendar year, that seems like a
11 significant, a significant departure of staff whether
12 it's for retirements or other reasons. Would you
13 agree with that? Would you agree that that's
14 unusually high?

15 COMMISSIONER MOLINA: I think it's
16 significant, but I think that we had a lot of
17 significant things happen over the course of the last
18 few years that were significant in the lives of those
19 making the decisions to move on. The Department was
20 mismanaged for a very, very, very long time from 2015
21 to 2021. I'm sure many staff, my staff that work in
22 other industries reached a breaking point and they
23 made different career choices in moving on to do
24 something different. But that doesn't take away from
25 the over 5,000 uniformed officers and staff that we

1
2 have there that continue to come to work every day to
3 do a very, very challenging job.

4 COUNCIL MEMBER CARR: Thank you. I want
5 to talk a little bit about the response to the tragic
6 loss that just recently happened. When you testified
7 at a previous hearing, you talked about the ways in
8 which fentanyl can be brought into your facilities.
9 What are you doing in order to prevent that from
10 happening? I think you talked about soaked letters
11 in the past and other things of that nature. And
12 then, you know, Narcan is an amazing drug, but if
13 it's not followed up with, you know, an attempt to
14 put people on a path to recovery, you're just waiting
15 for the same situation to happen again. And so I'd
16 like to talk a little bit about, you know, what
17 addiction recovery looks like at Rikers with
18 Correctional Health Services.

19 DIRECTOR MERRILL: Sure, yeah, I can
20 start. So, we do screen people for substance and use
21 when they come into custody, and then we also operate
22 the nation's largest jail-based opioid treatment
23 program called KEEP, and that provides methadone
24 treatment, buprenorphine to people in our care. They
25 also are the team that would follow up to the housing

1
2 area should an overdose or suspected overdose have
3 occurred there, and there are multiple pathways to
4 provide our patients with connections to that
5 services-- those services.

6 COUNCIL MEMBER CARR: I'm sorry, the
7 answer to the other question about keeping the drugs
8 out of--

9 COMMISSIONER MOLINA: [interposing] Yeah,
10 so we have done a-- we have a number of interdictions
11 that we've done. We've significantly increased
12 interdiction of drugs coming in through the mail, use
13 of K9 dogs, tactical search operations like I've
14 mentioned before, and including over 5,000 weapons,
15 contraband weapons recovered. We've recovered over
16 1,000 contraband items. We are looking to hopefully
17 in the near future scan mail. Fentanyl comes in
18 through the mail, through soaked pages and books and
19 other articles that are sent to persons in custody to
20 distribute that throughout our facilities. But I
21 just want to, you know, point out that overdoses are
22 not unique to the New York City DOC. We as a country
23 are really under the deadliest drug epidemic in
24 history. And as per the CDC, we've had overdoses as
25 the leading cause of death for individuals age 18 to

1
2 49, and more than 100,000 people have died from drug
3 overdoses in 2021 in this country, two-thirds
4 connected to fentanyl, and we are on pace to repeat
5 that number again in 2022. So it is a thing that has
6 crippled America. It is not something that's
7 exclusively a unique situation to the New York City
8 Department of Correction.

9 COUNCIL MEMBER CARR: Thank you. Thank
10 you, Chair.

11 CHAIRPERSON RIVERA: Thank you for the
12 questions. We're going to go to Council Members
13 Hanif and then Narcisse and then Restler and then
14 Abreu.

15 COUNCIL MEMBER HANIF: Thank you so much,
16 Chair Rivera, and good afternoon, Commissioner
17 Molina. I'm proud to be a co-sponsor on Chair
18 Rivera's bill, Intro 806, which would establish a
19 multi-stakeholder Population Review Team. Several
20 jurisdictions including Lucas County, Ohio, St. Louis
21 County, Missouri, and Pima County, Arizona have
22 adopted PRTs, and an evaluation found that the PRT in
23 St. Louis County reduced the pre-trial population by
24 19 percent and length of stay for black people by 28
25 percent, and for white folks by 15 percent. Could

1
2 you share what percentage of people held on Rikers
3 Island are being held there pre-trial?

4 COMMISSIONER MOLINA: I can share with
5 you that about just under 400 of the persons that are
6 in custody are sentenced, and the balance of the
7 individuals that are in custody, about 5,500 or so,
8 are there for pre-trial.

9 COUNCIL MEMBER HANIF: 55--

10 COMMISSIONER MOLINA: About 5,500.

11 COUNCIL MEMBER HANIF: 5,550.

12 COMMISSIONER MOLINA: Approximately, on
13 average daily population.

14 COUNCIL MEMBER HANIF: And then what's the
15 average length of stay for pre-trial defense--
16 detainees?

17 COMMISSIONER MOLINA: Currently, right
18 now, just over 100 days is the average length of stay
19 when you look at the population, its entirety. That
20 being said, we do have over 500 individuals pre-trial
21 detainees that have been in our custody for over two
22 years, and we have over 800 individuals that have
23 been in our custody from anywhere from one to two
24 years.

1
2 COUNCIL MEMBER HANIF: And could you
3 share this disaggregated by race?

4 COMMISSIONER MOLINA: I'm sure we could.
5 I don't have that on me right now, but we could
6 follow up with you and get that to you. I think we
7 should have that.

8 COUNCIL MEMBER HANIF: Okay, great. And
9 then the plan to close Rikers by 2027 which is
10 mandated by law requires the population of people
11 held by DOC to be brought to a maximum of 3,300.
12 What's the current census?

13 COMMISSIONER MOLINA: The current census
14 is just under 6,000.

15 COUNCIL MEMBER HANIF: And then you just
16 mentioned in a response to Council Member Carr, if I
17 was understanding you correctly, that you believe
18 that the number of people in DOC custody will
19 increase?

20 COMMISSIONER MOLINA: I'm highly positive
21 that if nothing changes, it will increase.

22 COUNCIL MEMBER HANIF: By how much?

23 COMMISSIONER MOLINA: It depends. I mean,
24 we have done internally population forecasts that we
25 think the population in 2024 could be over 7,000.

1
2 COUNCIL MEMBER HANIF: And then what
3 about for the next four years?

4 COMMISSIONER MOLINA: Well, it's less
5 reliable to do population estimates that far out, but
6 I don't see them being at 3,300 in less than four
7 years if nothing else changes with the Administration
8 and adjudication of the administration of justice at
9 the court levels.

10 COUNCIL MEMBER HANIF: So, then would you
11 say that the City's on track to meet its requirements
12 to close Rikers?

13 COMMISSIONER MOLINA: I think if Rikers
14 has to close, what we have to think about is where
15 does the balance of that population go if we are not
16 at 3,300 by 2027.

17 COUNCIL MEMBER HANIF: So, that's no.

18 COMMISSIONER MOLINA: The law mandates
19 that the island has to close, then we cannot have
20 defendants on the island. Something would have to
21 change if Rikers Island was going to be part of the
22 equation on or after 2027. What I'm telling you is
23 that in 2027 we will not be at 3,300.

24 COUNCIL MEMBER HANIF: Okay. And then
25 the Monitor's report noted that the Health Management

1
2 Division staff sometimes usurp the protocols for sick
3 leave monitoring and engage in dishonest practices.
4 How have the HMD staff who engaged in this been held
5 accountable?

6 COMMISSIONER MOLINA: So, there's been
7 significant accountability at the Health Management
8 Division. That's why our-- there's been such a
9 significant decrease in staff that has been out.
10 When we did an evaluation of the Health Management
11 Division, we removed the then head of the Health
12 Management Division. We transferred a number of
13 staff out of there, and then the removal of the head
14 of the Health Management Division was really the
15 forced retirement of that individual, and we put new
16 leadership at the Health Management Division. So the
17 Health Management Division has really undergone what
18 I would describe as a significant change in the
19 leadership structure and how it is managed, and it is
20 directly under the supervision now, which wasn't
21 prior to me coming here, under the First Deputy
22 Commissioner's Office.

23 COUNCIL MEMBER HANIF: Understood. And
24 then the Monitor's report noted that your sick leave
25 monitoring policy was revived to set more sensible

1 requirements to determine whether someone was home
2 when they are supposed to be. What exactly is the
3 new policy?
4

5 COMMISSIONER MOLINA: Well, when he
6 speaks to sensible requirements, I think there had
7 not been any updates to the visit policy in some
8 time, decades likely. And in the prior policy-- I
9 don't remember exact number, but you had to let the
10 phone ring x number amount of times. It was like
11 over 20 times, or some ridiculous amount of number.
12 So we've lowered those sort of thresholds to a level
13 of reasonableness that we can determine if someone is
14 out of their residence when they should be home sick.

15 COUNCIL MEMBER HANIF: So, are you able
16 to share how many knocks on how many doors, how much
17 time was spent waiting at the door?

18 COMMISSIONER MOLINA: We can get you
19 that. We could follow up with you.

20 COUNCIL MEMBER HANIF: And how many phone
21 calls? Okay.

22 COMMISSIONER MOLINA: Sure.

23 COUNCIL MEMBER HANIF: And then lastly,
24 the Monitor's report noted that 1,029 staff have been
25 identified as chronic absentees, but there's a

1
2 backlog in actually processing them. How is this
3 backlog being addressed?

4 COMMISSIONER MOLINA: So, we have-- so,
5 just to put it into context, when I came into office
6 in January, we almost had 4,000 backlog of cases
7 going back probably to 2017 as it relates to a number
8 of different categories of discipline, and as I
9 stated in my opening statement, I have signed off and
10 adjudicated over 2,200 cases over the last 11 months.
11 We have done a lot more enforcement in the area of
12 staff absenteeism and abuse of sick leave. So,
13 obviously, there's a little bit of build-up in those
14 cases. But cases are, from a disciplinary
15 standpoint, are being adjudicated from my perspective
16 at a significantly faster rate than what had
17 historically been done in the Department.

18 COUNCIL MEMBER HANIF: Got it. Thank you.

19 COMMISSIONER MOLINA: You're welcome.

20 CHAIRPERSON RIVERA: Thank you, Council
21 Member. Council Member Narcisse?

22 COUNCIL MEMBER NARCISSE: Good afternoon.
23 It's always a pleasure to see you, and I know you're
24 working hard to change things at Rikers. In the note
25 that I see here, I was reading, you were able to

1
2 decrease the sick leave from our officers to 11
3 percent from 26 percent. I would say that's
4 progress. But one of the thing that I have read too,
5 in New York City-- I mean, New York, right, New York
6 City has the only jail system in the country with
7 more guards than people in custody. So, is that
8 correct?

9 COMMISSIONER MOLINA: Currently, based on
10 today's census and the number of Correction Officers
11 that we have, we may not have more officers than
12 people in custody at this point in time.

13 COUNCIL MEMBER NARCISSE: Okay, but we
14 making progress, like those sick leave. I see you
15 doing some wonderful work here. But the thing I'm
16 looking at it's-- we have some big guns that came
17 from different city. We have 10 Deputy
18 Commissioners. Is that to address the problem that
19 we're dealing with at Rikers, like to prevent those
20 kind of like folks hanging themselves? Is those
21 commissioner going to help with that system? The
22 problem we have is the service within the system.

23 COMMISSIONER MOLINA: Yeah, so the system
24 needs to be led by competent leaders, and under this
25 Administration, what we have done in the Department

1 of Corrections, it's done something that the Monitor
2 has sought for a very, very long time which is to
3 infuse the system's senior leadership over uniform
4 operations within individuals that come with a set of
5 experiences and talents to be able to lead us out of
6 these very, very complex problems that quite frankly
7 have happened over the years because of
8 mismanagement. So we brought in Deputy
9 Commissioners. We no longer have three-star level
10 chiefs managing major operations in the uniform side.
11 We have a Deputy Commissioner of Administration, a
12 Deputy Commissioner of Classification, Custody
13 Management and Facility Operations. That's one role,
14 as well as a Deputy Commissioner of Security, and we
15 no longer have a Chief of Department at this time.
16 That position is being managed by the Senior Deputy
17 Commissioner Dempsey who joined our department in
18 October. And I think the hundreds of years of
19 collective experience that all these individuals
20 bring not only in corrections, but in law enforcement
21 and public health and other business skills is what
22 is going to lead us out of this situation that has
23 been created over the many decades in this city.
24
25

1
2 COUNCIL MEMBER NARCISSE: Okay, I
3 appreciate that. What steps are you taking to ensure
4 staff with crisis intervention training assigned to
5 mental health units, namely CAPS, PACE, and mental
6 observation units?

7 COMMISSIONER MOLINA: So, correctional
8 officers staffing those units are sent to CIT
9 training. We have over 545-- I think it's 545 staff
10 members that have been CIT trained. Not all of them
11 are in CAPS and PACE. We're looking to introduce CIT
12 training in the next academy class. We have a new
13 Deputy Commissioner of Training that just started who
14 has significant experience in leading the law
15 enforcement academy, and he'll be working on that to
16 introduce us to the next academy. And it's our goal
17 that we get to a point where all of our staff are
18 engaged with conflict intervention training.

19 COUNCIL MEMBER NARCISSE: You know the
20 reason I'm asking that question. Mental health is a
21 big deal and I have visited Rikers many occasion and
22 I'm looking through those eyes, and just by looking
23 at those young folks you realize there's a lot of
24 mental health. And PACE units for people with
25 serious mental illness who cannot safely and fully

1
2 function in the general population have been shown to
3 reduce uses of force by 69 percent and assault on
4 staff by 63 percent. DOC has long-committed to
5 increase the number of PACE Units. However, to-date
6 that expansion has not occurred because DOC has not
7 had the staff available. Is that correct?

8 COMMISSIONER MOLINA: Yes, that's
9 partially correct, but what I will tell you is that
10 use of force has decreased calendar year to-date 16
11 percent. We have 1,200 less incidences of force
12 calendar year to-date, and assaults on staff
13 approximately are down calendar year-to-date as well
14 as fiscal year year-to-date 33 percent as well,
15 approximately. So, are staff are stepping up to the
16 challenges of their position. They're working in
17 partnership with Correctional Health Services. We do
18 everything we can every day to try and de-escalate
19 these situations from getting to a point of physical
20 confrontation.

21 COUNCIL MEMBER NARCISSE: Thank you.
22 You commit-- can you commit to open additional PACE
23 units within the next three months?

24 COMMISSIONER MOLINA: I can't commit to
25 that--

1
2 COUNCIL MEMBER NARCISSE: [interposing]
3 Why not?

4 COMMISSIONER MOLINA: for the additional
5 PACE Units. What I can commit to is that I'm open--
6 I would not prevent them from being opening, if we
7 have the capacity and bandwidth to do so. We have a
8 lot of challenges in the Department, and just opening
9 PACE and CAPS units. When our staff, Correctional
10 Health staff, we don't have the bandwidth to take on
11 those additional patients would be reckless to do.

12 DIRECTOR MERRILL: I would just note, we
13 have been able to open housing unit called GATE which
14 supports patients who have substance use needs, and
15 mental health needs would otherwise be held in
16 general population. So, while not PACE level of
17 care, it is meeting this particular need among
18 patients with those vulnerabilities.

19 COUNCIL MEMBER NARCISSE: And you know
20 the concern that I have not only at Rikers, is the
21 coming back and reintegrating in our community. I
22 used to be a nurse for rehab for re-entry programs,
23 and I have seen it firsthand. So, particularly, I
24 would like to see that happen. And Commissioner,--

1
2 COMMISSIONER MOLINA: [interposing] I got
3 it.

4 COUNCIL MEMBER NARCISSE: please do the
5 best, because they're coming back to our community,
6 black and brown communities.

7 COMMISSIONER MOLINA: Always do.

8 COUNCIL MEMBER NARCISSE: So, thank you.

9 COMMISSIONER MOLINA: Thank you.

10 CHAIRPERSON RIVERA: Thank you, Council
11 Member. Council Member Restler?

12 COUNCIL MEMBER RESTLER: Thank you to
13 each of the panelists. Good to see Commissioner
14 Molina, Deputy Commissioner Shechtman, Jeanette. I
15 firstly just want to thank Chair Rivera. The
16 Population Review Team bill Intro 806 is one of the
17 single best bills under consideration in the City
18 Council, and I really want to thank you for drafting
19 it and leading on it.

20 CHAIRPERSON RIVERA: Thank you.

21 COUNCIL MEMBER RESTLER: I could not more
22 enthusiastically support it. If we look back just a
23 few years ago to earlier in the pandemic when the de
24 Blasio Administration actively implemented Population
25 Review Teams, it had tremendous success. We

1
2 successfully drove down the population of Rikers
3 Island under 4,000 when MOCJ, DOC, and the other key
4 stakeholders in the criminal justice system were
5 working together to smartly and safely drive down our
6 population. Do-- does DOC support Intro 806?

7 COMMISSIONER MOLINA: So, we-- so, in
8 principle I do support population management teams.
9 Our classification consultant Doctor Jim Austin which
10 some of you had met had brought this as a
11 recommendation. It was without-- it was beyond the
12 scope of our power as a department to do it. And--

13 COUNCIL MEMBER RESTLER: [interposing]
14 Have you been working with MOCJ on similar efforts?

15 COMMISSIONER MOLINA: Yes, yes, we have.
16 so we do work with MOCJ regularly to send them our
17 long stayers so that they can confirm with the
18 respective District Attorneys in order to advance
19 those cases quicker through the courts, and I know
20 General Counsel Shechtman has also engaged with
21 senior leadership at the Chief Judges level,
22 identifying individuals in cases so that they can
23 move through the courts quickly as well.

24 COUNCIL MEMBER RESTLER: You know, this
25 is an area where we should be able to work together,

1 where I think Chair Rivera and members of the
2 Council, Speaker Adams, we want to use our bully
3 pulpit to bring together the stakeholders in the
4 criminal justice system to work more effectively to
5 get people out of jail. The length of stay-- 1,300
6 people that you referenced from Council Member
7 Hanif's questions, they've been in jail for over a
8 year in what is by all accounts a hell hole, is
9 totally unacceptable. We can and should do better.
10 We want to speed up case processing. We want to see
11 Population Review Teams take place. We want to work
12 with all of the stakeholders, the judges, the
13 defenders, the prosecutors, and of course, our city
14 agencies to push. And if there are resources that we
15 can bring to the table, talk to us. We want to work
16 together to drive down the population on Rikers
17 Island expeditiously and safely as we possibly can.
18 I did just want to note, you know, as MOC-- and the
19 Director of MOCJ Deanna Logan worked on these issues
20 directly in her previous capacity as Deputy Director,
21 drove the Population Review Team efforts. She has a
22 ton of expertise here. She is an asset and an ally
23 for the Administration in helping us to make this
24 happen. I--
25

1
2 COMMISSIONER MOLINA: [interposing] I
3 speak to Ms. Logan frequently, so we're very
4 acquainted with each other and our former colleagues.

5 COUNCIL MEMBER RESTLER: Good, and I
6 appreciate that. You know, MOCJ has found time and
7 again violence decreases when certain problematic
8 detainees are removed from jails. It's critically
9 important the DOC identify those individuals, work
10 with us and these Population Review Teams as we work
11 to get Intro 806 passed. Although, of course, this
12 is work that you can do on your own without us
13 intervening to both drive down violence and drive
14 down the population.

15 COMMISSIONER MOLINA: Oh, it's not work
16 that we can do on our own. So let me just correct
17 you on that. I have within my power, as you know,
18 program 6A authority, and I will tell you, as
19 Commissioner I have released the most sentenced
20 individuals under program 6A, and we have seen--

21 COUNCIL MEMBER RESTLER: [interposing] And
22 you should be commended for that.

23 COMMISSIONER MOLINA: And we have seen--

24 COUNCIL MEMBER RESTLER: [interposing]
25 What's the current number now, Commissioner?

1
2 COMMISSIONER MOLINA: WE released I
3 believe the number is 62, and we had a 90 percent
4 success rate of keeping those individuals in the
5 community with case managers.

6 COUNCIL MEMBER RESTLER: Yeah.

7 COMMISSIONER MOLINA: But I don't have
8 legal authority over the pre-trial detainee
9 population.

10 COUNCIL MEMBER RESTLER: No, but--

11 COMMISSIONER MOLINA: [interposing] It's
12 reserved for the courts.

13 COUNCIL MEMBER RESTLER: The
14 Administration can work to convene Population Review
15 Teams, can bring these stakeholders together. When I
16 say you I mean the Adams Administration as a whole
17 can make it a priority to work together to drive down
18 the population. Unfortunately, we've seen the
19 population go up and up and up, and I was troubled by
20 your earlier comment where you said if Rikers Island
21 is gonna close. And you match that by also noting
22 that you're legally obl-- that the City is legally
23 obligated to close Rikers Island by 2027, but Rikers
24 Island must close, and it most close swiftly. And so
25 we want to do everything we can in this council to

1
2 continue this trend that we have seen in New York
3 City for the past 30 years of reducing incarceration
4 and increasing safety. That is what we need to
5 continue to do, and I'm very concerned by the uptick
6 in the population that we're experiencing over the
7 course of this year. We're now at 6,000 people in
8 our jails. It is an unacceptable number. We had
9 been down under 4,000 just a few years ago. We can
10 get to 3,300 if we invest in justice-involved-- in
11 justice-involved supportive housing, if we invest in
12 alternatives to incarceration, if we invest in
13 Population Review Teams, if we invest in therapeutic
14 beds. These are investments that we can prioritize
15 and make to safely reduce the population in New York
16 City. Just could make one more comment on the Nunez?
17 Thank you very much, chair Rivera. I just-- I
18 realized that I focused just on the Chair's just
19 exceptional bill, but I do want to say I made the
20 difficult decision a few weeks ago to sign onto a
21 letter with colleagues expressing support for
22 receivership, and that's because seven years ago when
23 the Nunez decree began-- since seven years ago when
24 the Nunez decree began, the death rate has more than
25 doubled. Nineteen deaths this year. Slashings and

1 that the Monitor Steve Martin and the Monitoring team
2 and their subject matter experts have centuries of
3 experience, but it is not the Monitor's
4 responsibility to turn around this Department. He
5 has a role in auditing our progress and determining
6 where we're making a way. When needed for
7 consultation by myself or other senior leaders of
8 this department, he is someone who we can go to for
9 some guidance given the breadth of his experience and
10 the centuries of experience of his team. But the
11 responsibility of turning around Rikers Island has
12 always been in the power of this city, and this city
13 has not really been committed in turning around the
14 Department of Corrections for over a decade, and we
15 have that commitment now. The structural changes
16 that this Administration has made with the
17 Interagency Taskforce, the Mayor's commitment to
18 ensure that I'm given not only political support, but
19 structural support with the other leveraging of the
20 other departments in the City to do things that fix
21 our infrastructure issues, make sure that we can deal
22 with our organizational health issues as it relates
23 to our staff, ensuring that there's no daylight
24 between myself and Health + Hospitals Corporation,
25

1
2 CHS, so that we can deliver patient care to those
3 that are in our custody. Putting together a criminal
4 justice summit where we met with the respective
5 District Attorneys and other stakeholders in the
6 criminal justice community so that it's not about
7 wins and losses but how we evolve this system. That
8 is an unprecedented level of commitment under this
9 Administration to turn around this department, and
10 quite frankly, that did not exist for many, many
11 decades.

12 CHAIRPERSON RIVERA: Well, I just want
13 to-- I respect Council Member Restler's position and
14 that of my colleagues. You know, we've seen horrific
15 conditions. There are many, many deaths. We are
16 trying to get to a place where we feel like there is
17 progress and between the Correctional Health
18 Services, the failure to produce people at
19 appointments, it's one alarming situation and factor
20 after another. So let me just get to-- I have
21 Council Member Abreu to ask questions. Thank you for
22 your response.

23 COMMISSIONER MOLINA: Thank you.

24 COUNCIL MEMBER ABREU: So, your staff
25 indicated a Board of Correction meeting that they

1
2 would dismantle decontamination showers, or at least
3 remove the cages around the shower heads that have
4 contributed to at least two deaths in the past two
5 years. Have all decontamination showers in the jails
6 been removed yet?

7 COMMISSIONER MOLINA: So, the
8 decontamination shower that you're referencing at
9 intake was removed, that-- we made that decision a
10 few months ago and it's not in use. We have other
11 decontamination showers throughout the facility
12 because we are required to decontaminate a person in
13 custody when the deployment of OC spray is used to
14 deal with an incident regarding, in many cases,
15 detainee on detainee violence. So we do have
16 decontamination showers in place as we are required
17 to decontaminate individuals when they're sprayed
18 with OC spray.

19 COUNCIL MEMBER ABREU: Got it. So what
20 are the rules for using these showers, and have these
21 rules been broken in this past year?

22 COMMISSIONER MOLINA: Well, when-- if we--
23 - if decontamination showers are for some reason used
24 inappropriately and it is discovered, then we have an
25 Investigations Division that would investigate those

1
2 claims. If someone makes an allegation related to
3 that, then we would investigate those as well, and if
4 disciplinary action is warranted, then we would take
5 it.

6 COUNCIL MEMBER ABREU: Thank you,
7 Commissioner. With regards to the Monitor's findings
8 which repeatedly discussed the problem of staff
9 abandoning their posts, specifically including in the
10 October 28th, 2022 report, is-- what is the current
11 process if any to check whether or not staff are on
12 their posts, and how often is that monitoring being
13 done?

14 COMMISSIONER MOLINA: Certainly. So, we
15 have-- did a pilot at RNDC recently where we have
16 implemented scanning technology that we got from the
17 NYPD with their assistance, and that's part of the,
18 sort of, the effort of the Interagency Taskforce and
19 this Administration's ability to leverage all city
20 government in order to help us with our situation.
21 So with that pilot, what it does in real-time is
22 identify for us when an employee arrives at the
23 facility and is at priority posts like housing unit
24 post that we know in real-time, not only that the
25 post is covered, but who is on that post. And we are

1
2 looking to expand that capability to our other
3 facilities. In addition that, we have area
4 supervisors in the rank of Correction Captains.
5 They're first line supervisors and they are
6 frequently doing tours of housing unit areas to
7 ensure that the A post officer which is in the bubble
8 is on post, to ensure that the B post officer is on
9 the floor and on post, as well as engaging and
10 supporting the officers if anything comes up
11 throughout the day that they need addressed beyond
12 their authority as a Correction Officer. In addition
13 to our Assistant Deputy Wardens, our Deputy Wardens,
14 our Wardens, and our Acting Wardens also tour the
15 facilities. Senior Deputy Commissioner and his team
16 as well as myself tour facilities, so there is
17 constant engagement with staff and persons in custody
18 to ensure that there is engagement with the
19 population that's under our care.

20 COUNCIL MEMBER ABREU: And thank you for
21 that. And have you found it helpful having this new
22 capability? Has this been proven to be effective?

23 COMMISSIONER MOLINA: So far, what it's
24 done is-- as you know, our agency for a long time has
25 been a very paper-based agency, and what we're doing

1
2 now is leveraging technology not only in real-time to
3 know that a post is staffed, but whom is on that
4 post. I think that's a significant value. In addition
5 to, we've hired and created an Office of Management,
6 Analysis and Planning who have industrial engineers.
7 This department never had a research component to it
8 to do real evidence-based evaluation to determine how
9 we can optimize workforce work, and we're undertaking
10 those things now. So I think all of that together
11 has enhanced our ability to make sure that we're
12 meeting the core responsibilities of the Department.

13 COUNCIL MEMBER ABREU: Thank you,
14 Commissioner. I just want to say I'm very encouraged
15 that the new data on the workforce and the
16 absenteeism decreasing. I'm definitely rooting for
17 you to see that progress continue.

18 COMMISSIONER MOLINA: Thank you. Thank
19 you.

20 CHAIRPERSON RIVERA: Thank you very much,
21 Council Member. You mentioned some of the
22 screenings-- in the last hearing we mentioned that
23 you were going to start looking at or you're figuring
24 out sighting [sic] for how you screen every
25 individual coming onto the island or into your

1 facilities in order to prevent contraband just sort
2 of across the board, not just blaming drugs coming in
3 with family or on the actual incarcerated or seeing
4 people themselves, but to see how involved DOC
5 officers are in that process. So are you on your way
6 to implementing screenings, or I should scanings for
7 every person coming onto the island? How far along is
8 that?
9

10 COMMISSIONER MOLINA: So we are still in
11 the progress of evaluating our infrastructure and
12 what other needs we may have to be able to enhance
13 access control on the island. As soon as I have a
14 more sort of concrete plan and what challenge we may
15 have to be able to put something like forward, I'd be
16 happy to share that with you and the members on the
17 committee, but we are not there yet. It's a-- it's a
18 big issue because a lot of it is infrastructure-
19 driven, and because legally the island is closing in
20 2027, that presents funding challenges from a capital
21 infrastructure standpoint, but we're trying to do all
22 that-- we're doing all that evaluation now as we
23 speak.
24
25

1
2 CHAIRPERSON RIVERA: Regarding your
3 mention of contracting Securis for tablets, how much
4 is the City paying them?

5 COMMISSIONER MOLINA: The contract has
6 not been registered yet, so I don't have that dollar
7 amount in front of me of what we're paying them.

8 CHAIRPERSON RIVERA: Do you know how much
9 it's going to cost detainees to send emails with this
10 program or access other elements on the tablets?

11 COMMISSIONER MOLINA: So, a number of
12 amenities and functionalities on that tablet are
13 free. Let me share what some of those are with you.
14 Education services are free. Digital law library is
15 free. We have a library of e-books which contain
16 thousands of titles which are free. It allows the
17 person in custody to receive direct messages from the
18 Department on updates or minimum standards, things
19 like that, for free. It also provides for free AM
20 and FM radio, and also provides for free phone calls,
21 which is really the largest sort of increase in
22 accessibility for individuals to make phone calls
23 directly to their family members and loved ones.
24 That is also free sort of rules of how we make calls,
25 which is 21 minutes every three hours, which is also

1 free. Now, there are some amenities that will have a
2 cost to it. We are thinking from a programmatic
3 standpoint, especially for those that are of our
4 indigent population who we can come up with incentive
5 structures to be able to give those individuals
6 access to that, what I would call premium amenities,
7 at no cost to them, and we're working through those
8 out, but I think the biggest upside is having each
9 member of the population having a tablet and
10 increasing access for their ability to contact their
11 loved ones via that tablet.

13 CHAIRPERSON RIVERA: Okay, understood.
14 Premium amenities could be costly, you're figuring
15 that out. Alright. Just two more questions about
16 Mr. Mejias because I -- I can't stop thinking about--
17 I know it's under investigation. I understand
18 privacy. I understand HIPAA. I understand these
19 restrictions. Do you know how many medical
20 appointments he missed while he was in custody?

21 DIRECTOR MERRILL: So, I wouldn't be able
22 to share that because of patient privacy.

23 CHAIRPERSON RIVERA: You have released
24 similar data via the Board of Corrections.

1
2 DIRECTOR MERRILL: Yeah, we do submit
3 information to the Board of Correction, but that's a
4 particular arrangement. I just can't share general
5 patient information in a public format.

6 CHAIRPERSON RIVERA: Why doesn't the
7 Department of Correction make reports about custody
8 deaths public? You-- it's just BOC at the moment.

9 COMMISSIONER MOLINA: Well, I don't have--
10 - I mean, BOC, I don't manage BOC. I mean, they're
11 independent oversight body, and if they choose to
12 want to send that report, that's their choice. These
13 death in custody investigations are led by the New
14 York State Attorney General's Office. In some
15 instance, other law enforcement bodies they're
16 conducting these investigations and if they so choose
17 to release their investigative findings to the
18 public, that would be up to them.

19 CHAIRPERSON RIVERA: I'll be looking into
20 that legislatively. Commissioner Molina, following
21 up on one of my previous lines of questioning on
22 staff tampering with the intake process. I know the
23 matter was referred to DOI, but how many staff
24 members were actually involved in altering this data?
25 What were their ranks? What has happened to those

1
2 staff? Were they ever suspended? Were they
3 otherwise disciplined or corrected? If so, what did
4 that look like? Are they currently still working?

5 COMMISSIONER MOLINA: So, the DOI has not
6 concluded its investigation to determine if any
7 disciplinary action is warranted. The roll out of
8 that prior Administration dashboard, I will say was
9 probably not done very thoughtfully. Under the
10 leadership of our new team, what we've done is we've
11 clearly defined what expectations are. we are
12 conducting training to make sure that staff is not
13 making mistakes, and that we're holding not only them
14 accountable, but holding ourselves accountable to
15 make sure that those going through the intake process
16 are going through it as timely as possible so that
17 they can be placed in their housing unit.

18 CHAIRPERSON RIVERA: Because you know who
19 they are, and I just am trying to bring some
20 transparency to those who continue to-- in terms of
21 the disciplinary process, how we move that along and
22 make sure that we're doing the right thing. I want
23 to thank you for answering the questions. I know
24 there are people here to testify. Let me go back to
25 Council Member Brewer who has a follow-up question.

1
2 COUNCIL MEMBER BREWER: Just a quick
3 question, still following up on healthcare. So, the
4 issue is, if I am feeling not well, then I need a
5 Correction Officers to go with me to the clinic or
6 whatever is appropriate. How many officers are
7 assigned to that? And there is an allegation, I
8 don't know if it's true, that sometimes Correction
9 Officers don't want to go or they aren't available,
10 and that too is curtailing the ability for people to
11 get healthcare. I am just focused on this
12 healthcare.

13 COMMISSIONER MOLINA: No, I-- you want to
14 answer?

15 GENERAL COUNSEL SHECHTMAN: Yeah, I can
16 answer that. I think--

17 COUNCIL MEMBER BREWER: [interposing] You
18 need to put the mic on I think.

19 GENERAL COUNSEL SHECHTMAN: I think it's
20 fair to say that in the past this was not our
21 strength. I can tell you now that the current
22 statistics are that we escort people there who need
23 to go there more than 95 percent of the time. We're
24 not perfect yet, but it is a much better story than
25 it was a year ago and we'll continue to get better.

1
2 Lawyers are working with people in the facilities and
3 it I sour goal to get everybody there, but 95 percent
4 is a good start.

5 COUNCIL MEMBER BREWER: Okay, I agree
6 with you. I'm just letting you know that people who
7 are in facilities are telling me that is not
8 perceived to be such a high percentage, and that part
9 of the problem is not having somebody available. I'm
10 just saying. So you may say 94 percent. I have no
11 way of refuting that, but I just wish that we would
12 all just really hone in on this healthcare. If
13 getting to the facility is a right-- to the clinic is
14 a right way to go fine. I would argue, having
15 participated in school health over the years there's
16 some peer help programs in the general population
17 with professionals would also be a way to go. But
18 the healthcare is still-- if people are getting ill
19 and passing out because they haven't been in a
20 certain health facility, there's something underlying
21 wrong.

22 COMMISSIONER MOLINA: And to that point, I
23 will say that we've also have, especially at Rosie's,
24 allowed for patients to take themselves if there's
25 not a security risk and we've gone back to doing

1 things like that. We have increased the number of
2 escort officers are available. We are working with
3 CHS to make sure that we have the scheduling of
4 patients to be in balance. Last Fiscal Year we had
5 over a half a million medical encounters scheduled
6 for a population of under 6,000 patients. Those are
7 a lot of medical appointments, right? And I think as
8 our staff engages in partnership with CHS with
9 patients, it is to encourage them to address a lot of
10 the root medical issues that are causing them to be
11 justice-involved, but as from a physical health
12 standpoint, mental health co-occurring substance
13 abuse addiction.

14
15 COUNCIL MEMBER BREWER: Okay, but I'm
16 just saying, as much as you're trying there's still
17 underlying situation that's not completely working,
18 and this is a population that this should be able to,
19 because everybody's in one space. It's not like
20 you're trying to take on the world. And whether it's
21 a lack of support from the COs, whether it's the
22 Health + Hospitals is not opening up, people aren't
23 more proactive. I don't know, but I just wish you
24 would really focus on that. Thank you.

1
2 CHAIRPERSON RIVERA: For CHS, do you
3 diagnose addiction or mental health issues in your
4 preliminary health screenings?

5 DIRECTOR MERRILL: so, we do screen for
6 substance use and mental health issues. A mental
7 health referral would lead to a comprehensive
8 evaluation.

9 CHAIRPERSON RIVERA: Do you do that also
10 when the person is about to return to their
11 community?

12 DIRECTOR MERRILL: It would depend on the
13 patient. So, if it is a mental health patient, so a
14 Brad-H [sic] class member, they are required to
15 receive specialized discharge planning which would
16 include access to mental health services in the
17 community.

18 CHAIRPERSON RIVERA: I feel like the
19 health screenings are something that should be
20 constant and in general. There are people that are
21 leaving the facilities with addiction that previously
22 did not enter with one, and I feel like there's a gap
23 there in terms of data and provision of services.
24 So, in terms of the medical appointments that are
25 missed, we do have that data. You do release it.

1
2 There are-- some of them are documented as refusals.
3 You said the same for people going to their court
4 appointments. I just want to make sure that the
5 Department is committed to documenting all service
6 refusals, just all refusals in general and making
7 that information public and where possible with video
8 evidence.

9 COMMISSIONER MOLINA: And we've begun--
10 we've begun to do that especially with the courts,
11 right? Because we want to be able to provide video
12 evidence to the judges in support of them issuing
13 securing orders for us to use force to bring these
14 individuals to court if need be.

15 CHAIRPERSON RIVERA: I appreciate that.
16 And just the last question, about the staff tampering
17 with the intake process. Are you really not aware of
18 what happened to those officers that were involved?
19 Were they not suspended?

20 COMMISSIONER MOLINA: We have not taken
21 any disciplinary action as of yet because the
22 investigation is still ongoing, and I'd like for that
23 to proceed so we can have a more robust response to
24 addressing the issue, and we don't really know if
25 that was intentional or if it will be a training

1
2 issue. So that's what that investigation is going to
3 uncover.

4 CHAIRPERSON RIVERA: Well, I look forward
5 to the outcome of that investigation. Thank you for
6 your testimony. Thank you for answering our
7 questions.

8 COMMISSIONER MOLINA: Thank you for your
9 time.

10 CHAIRPERSON RIVERA: And with that, we
11 will move on to the public testimony. Thanks again.
12 We're going to begin with Zoom testimony from Zachary
13 Katznelson. Nice to see you again.

14 ZACHARY KATZNELZON: Hello, good
15 afternoon. Thank you so much, Chair Rivera. I'm
16 Zachary Katznelson. I'm the Executive Director of the
17 Lippman Commission. Thanks for holding this hearing
18 with the opportunity to testify. I want to focus on
19 three steps the Council can take to safely lower the
20 population at Rikers, because it is, as we talk about
21 it, essential to reducing the level of violence in
22 the jails and to increasing safety on our streets.
23 What happens in Rikers doesn't stay in Rikers and we
24 need to subject fewer people to the conditions
25 inside. And those three things are Intro 806, the

1
2 Population Review Team bill, expanding electronic
3 monitoring, and expand access to supportive housing.
4 You know, last year, our Commission the Center for
5 Court Innovation put forth a comprehensive blueprint
6 how to safely reduce the population, the jail
7 population, how to get to that goal of 3,300 people
8 safely, efficiently, and keep the population down.
9 And Population Review Teams are on one of our key
10 proposals in there. Thank you so much for taking
11 that forward, because they are essential to bring all
12 of the actors together who work in the criminal
13 system and go case by case, individual by individual.
14 Does this person need to be in jail? How can we
15 safely release them, and how can we resolve their
16 case once and for all? If that's not the case, we
17 can't release them into the community. And so find a
18 way forward and bring the population safely down.
19 It's been proven effective as you say elsewhere in
20 the country. We need to move forward on this, and we
21 look forward to working with you and the City in
22 trying to make sure that that can happen and happen
23 quickly. Electronic monitoring, I just want to say
24 there are only about 180 ankle bracelets available in
25 New York City right now for people who could be

1 diverted from Rikers and put safely in the community.

2 Our surrounding counties use electronic monitoring

3 much more often than we do, even for people facing

4 serious violent felony offenses who can safely be in

5 the community. Not everybody who's accused of

6 violence is a risk for committing new violence in the

7 community. We have to be realistic about who's

8 inside, what they're facing. But we can do this

9 right. There are 400 people waiting to be screened

10 for those 180 bracelets. We need to do more to make

11 sure that people can actually access the proper--

12 SERGEANT AT ARMS: [interposing] Time is

13 expired.

14 ZACHARY KATZNELSON: [inaudible] these are

15 things that judges have looked at their cases and

16 said hey, this person doesn't need to be in Rikers.

17 We can do it differently. Let's make sure people

18 have the tools they need to make that happen.

19 Finally, supportive housing. As you know, justice-

20 involved supportive housing has been proven for

21 people that cycle in and out of Rikers to cut

22 incarceration by up to 40 percent in New York City.

23 The City promised three years ago to increase the

24 supply of supportive housing for this population from

1
2 120 beds to 500 beds. None of those new beds have
3 come online. Not enough money was put behind the
4 effort, and we can change that. We can change that
5 right now so we can get people with serious mental
6 illness out of jail, stop them from cycling through,
7 and get them into the care, supportive care that they
8 really need. And so if we can work together on all
9 those things and push forward, including reducing--
10 changing this rule that says if you've been in Rikers
11 for more than 90 days, you're no longer considered
12 homeless, and therefore you're not eligible for
13 supportive housing at all. That is a rule the City
14 can change by itself, and we should work on doing
15 that as soon as possible. Thank you so much.
16 Appreciate the opportunity.

17 CHAIRPERSON RIVERA: Thank you. Thank you
18 for your testimony and for all your work and
19 partnership. Next on Zoom, Mary Lynne Werlwas from
20 the Legal Aid Society.

21 SERGEANT AT ARMS: Your time will begin.

22 MARY LYNNE WERLWAS: Good afternoon.
23 Thank you, Chair Rivera, and the Committee for
24 holding this hearing. We, as you know, are the
25 counsel for the plaintiff class in Nunez and we are

1 very grateful that you are seeking to hold the
2 Administration accountable for their lack of progress
3 in this matter, and in making our jails safer. Chair
4 Rivera, there are just a few points on matters that
5 just came up that we wanted to address. The first,
6 the Commissioner testified about the-- affording
7 recreation time. Since you asked that question, I
8 was just looking at our records. In the last month
9 alone, my office has sent the Department at least 10
10 reports of people being denied their recreation time.
11 Secondly, we just last week were communicating with
12 the Department about the same topic you asked about,
13 about the response to the Board of Corrections'
14 reports of tampering with intake data, and we got a
15 very different answer than you just got in writing.
16 I will be happy to read it to you. To move on to the
17 bigger measures right here, here's where we are
18 today. Use of force is dramatically worse today
19 than it was when the City promised seven years ago to
20 reform the systemic practice of brutality. What's
21 occurring in this Administration are rates of use of
22 force that are catastrophic and unimaginable frankly
23 seven years ago when we settled this matter. The
24 results are what matter, not the names given to
25

1 plans, programs, promises. Year after year, the
2 Administration comes before you promising a new plan,
3 new hires, and the results show it is not working.
4 This Administration despite a full year in charge of
5 the jails has still not--

7 SERGEANT AT ARMS: [interposing] Your time
8 is expired.

9 MARY LYNNE WERLWAS: been able to get the
10 staff available to work on post. Twenty percent of
11 the staff of this municipal workforce remain
12 unavailable to work. That problem is not solved.
13 The process is not working. Seven years of failure,
14 a year of failure in 2022 show us we cannot keep
15 doing the same ineffective measures. The most
16 glaring example, perhaps, of the insufficiency of the
17 practice is to look at the vacuum in supervisory
18 leadership. The Administration is here taking credit
19 for expanding the hiring pool of wardens, something
20 that has taken 18 months of pressure to get the
21 Administration to do, and what's even more revealing
22 of what they still won't do, which is seek to hire
23 Deputy Wardens or Assistant Deputy Wardens from
24 outside of the current Administration. This while
25 the Action Plan requires them to increase the

1 presence of supervisors, and they've gone backwards.
2 When the report shows that the Deputy Wardens are
3 only just now being assigned to facilities where line
4 staff has been working -- I'm sorry, assigned to
5 facilities on weekends and holidays when line staff
6 are working double and triple shifts. These are just
7 some examples and illustrations of why in the court
8 we have asked for appointment of a receiver to bring
9 the City into compliance with the court orders that
10 it has not complied with for seven years. We need a
11 structural solution here. We need a solution that is
12 not hostage to the political winds, that has the
13 speed, authority, and flexibility that the City
14 Administration lacks. The stakes are just too high
15 to watch and wait and hope. There are 19 families
16 going into this holiday without a loved one who they
17 had last year. This cannot continue. Business as
18 usual is crediting the promises, the hopes, the plans
19 of successive administrators, successive
20 commissioners that have refused or failed to deliver.
21 We appreciate the support of the Council very much in
22 holding the Administration accountable to ending this
23 humanitarian disaster, and we're happy to answer any
24 questions that you have. Thank you.
25

1 CHAIRPERSON RIVERA: Thank you very much.
2
3 Thank you for taking this on and for all of your
4 work. I want to call up people that are here and
5 bring a panel. Chaplain Doctor Victoria A. Phillips,
6 will you come up? Christopher Boyle from New York
7 County Defender Services, Tahanee Dunn from Bronx
8 Defenders, and Alice Fontier from NDS Harlem. Please
9 correct me if I mispronounced your name.

10 ALICE FONTIER: Good afternoon. I'm Alice
11 Fontier. I'm the Managing Director of NDS Harlem. I
12 want to read excerpts from a report highlighting some
13 conditions. "City jails were no designed to house
14 long-term detainees. The evidence suggests that in
15 almost if not every instance they fall below the
16 minimal constitutional standards. Overcrowding is the
17 norm. There is no classification system in the
18 jails, with the result that offenders of all types
19 are place together. The jails are unsanitary and at
20 a state of disrepair, and inspections have disclosed
21 that many are serious fire hazards. Medical care is
22 practically non-existent. The mingling of prisoners
23 regardless of offense and propensity to violence
24 combined with the absence of security in the cell
25 blocks and dormitories is an invitation to violence

1 of all kinds. The mentally-ill and cognitively
2 disabled were unidentified and were dispersed
3 throughout the population without treatment. The
4 evidence upon this submission reflects that nothing
5 has been done to correct the situation. There is now
6 some effort at identification of those with mental
7 problems, but the record of housing and treatment of
8 such persons is one of total failure and non-
9 compliance. Robbery, rape, and assault remain
10 everyday occurrences among the general population.
11 The dormitories particularly are still places of fear
12 and violence. The defendants admit noncompliance
13 with a requirement that guards be stationed in the
14 living areas, including dormitories. The dormitories
15 they say are too dangerous for the guards to enter.
16 That fear is well-taken. The number of reported
17 incidents of prosecutable crimes of violence shows a
18 steady increase over the last four years. And it is
19 axiomatic in the prison setting that the number of
20 unreported crimes far outnumber those which are
21 reported. Lighting, ventilation and heating remain
22 inadequate. The living food preparation areas are
23 infested with vermin and rodents. Concerning medical
24 care, the evidence reflects small gains, but glaring
25

1
2 their loved ones. You know that 19 people have died
3 this year and that 16 died last year. You know that
4 the conditions continue to deteriorate. You must now
5 do something about it. It is the time to place
6 respect for human lives above the egos of those who
7 are charged with their care. This council must act.
8 And while I support the two proposed bills, they are
9 simply not enough. It is time to demand that the
10 mayor and this city consent to the appointment of a
11 federal receiver.

12 CHAIRPERSON RIVERA: Thank you.

13 ALICE FONTIER: Thank you.

14 TAHANEE DUNN: Good afternoon, Chair
15 Rivera and Committee Members. My name is Tahanee
16 Dunn. I am the Director of the Prisoner's Rights
17 Project at the Bronx Defenders, and I am also a
18 criminal defense attorney at the Bronx Defenders
19 under the Criminal Defense practice. Thank you for
20 the opportunity to testify today and for the
21 Committee's continued efforts to address the crisis
22 in our jails. Just days after the 19th person was
23 killed by our jails, attention to this crisis could
24 not be more urgent. Defenders, justice-impacted
25 people and other advocates have come before this

1 council, the Board of Correction, and many other city
2 stakeholders countless times, highlighting the
3 urgency of keeping people out of our city jails and
4 sharing the horrendous experiences of our clients in
5 custody. Years have gone by since Rikers Island was
6 deemed a humanitarian crisis, and we have seen very
7 little change. Since the inception of the Nunez
8 consent judgment seven years ago, the Department's
9 progress has been painfully incremental. Countless
10 reports from the Nunez Monitor team continue to
11 illustrate a deep-rooted culture of dysfunction and
12 violence, as well as an unreasonable resistance to
13 essential action needed to effectuate meaningful
14 change. The City's Action Plan was ordered by the
15 court on June 14th, 2022. Six months later, the
16 Monitor asserts, "The conditions in the jail remain
17 dangerously unsafe and the monitoring teams remain
18 gravely concerned about the alarming number of in-
19 custody deaths, violence amongst people in custody, a
20 lack of effective restrictive housing models and
21 various facets of the Department's use of force
22 practices and operational practices." The Monitor
23 went on to say, "Decades of mismanagement have
24 created a deep-seeded culture that is steeped in poor
25

1
2 practices, illogical procedures and little
3 accountability for the humane people in custody. DOC
4 and the City have been given lifeline after lifeline,
5 each time as the expense of the lives of the people
6 in their care and custody." Every public hearing is
7 saturated with DOC testimony about policies and
8 procedures, action plans and pilot programs, yet
9 dysfunction and chaos in the jails persist. Abuse of
10 power permeates through the Department ranks.
11 Accountability amongst uniformed officers remains an
12 anomaly. There are real-life tangible consequences
13 for those in DOC's custody, such as unreasonable and
14 frequent uses of lock-ins and lock-downs, denial of
15 access to medical and mental health care, the
16 constant disruption of basic services, perpetual and
17 unchecked due process and constitutional violations,
18 failure to produce to court and video conference with
19 legal counsel, prolonged separation from community
20 and loved ones, increased exposure to violence and
21 trauma, the perpetuation of abuse of power paradigms
22 within the uniformed ranks, and overall
23 unprofessional, apathetic, and harmful approaches to
24 the job, and of course, tragically, in-custody
25 deaths. Legislators and courts have allowed the

1 Department and the City to conflate the existence of
2 policies with progress. The progress must be
3 measured by compliance, which unfortunately remains a
4 far-fetched reality due to the litany of problems
5 within the Department and the ongoing abuse of
6 emergency Executive Orders. We firmly believe that
7 de-carceration remains the most effective way to
8 address abhorrent conditions at Rikers and to affect
9 systemic change, and we will continue to work towards
10 these long-term goals. In the meantime, however, DOC
11 is simply unable to and unwilling to take meaningful
12 steps towards addressing the humanitarian crisis it
13 has created and perpetuated. Our clients suffer
14 every single day and that is unacceptable. So we
15 urge the Council to take every measure possible to
16 both mitigate the harm that people in custody
17 continue to experience as well as do everything in
18 their power to reduce the City jail population,
19 including but not limited to amend and pass Council
20 Member Rivera's bill, Introduction 806, to direct
21 District Attorneys participation on Population Review
22 Teams in order to ensure actionable de-carceration.
23 Vote and pass Introduction 0549 to finally end
24 solitary confinement, and of course support an
25

1
2 alternative management to the city jails as DOC has
3 proven incapable of managing a meaningful change to
4 ensure the safety of those in their custody. Thank
5 you.

6 CHAIRPERSON RIVERA: Thank you so much.

7 CHRISTOPHER BOYLE: My name is
8 Christopher Boyle. I'm the Director of Data Research
9 and Policy of New York County Defender Services. We
10 handle thousands of cases a year in courts here in
11 Manhattan. I visit Rikers Island regularly and I can
12 tell you it continues to be a chaotic, violent, and
13 life-threatening experience for our clients and for
14 staff that work there. The death this week of
15 Edgardo Mejias, the 19th this year, was another
16 preventable tragedy, and we all must do better. So
17 what can we do at this moment when the federal court
18 refuses to act? I take a little bit of a different
19 point of view than my colleagues here. My feeling is
20 that what the City Council should be doing is
21 pressing the City to discontinue the Emergency Orders
22 that are in effect right now. What you need to
23 understand here is-- I sat here just like everybody
24 else did and listened to apparently this jail has
25 been turned around in about a matter of a few months,

1
2 and everything seems like it's going in completely
3 the right direction. Everything is fine. So then I
4 don't really quite understand why would still be
5 under emergency orders. The Adams Administration has
6 issued and continues the several emergency orders
7 over the last year. These have been renewed over and
8 over again. My written testimony that I've given you
9 includes the exhaustive list of what they've done
10 here. The key word here is emergency. The approvals
11 of these Executive Orders are predicated on the
12 assistance that we are under a state of emergency,
13 and as I've stated, if conditions have improved under
14 Commissioner Molina as the Department of Corrections
15 contends, then why do we need to suspend the
16 reviewable rules and standards that the board passed
17 to keep people safe. The City cannot have it both
18 ways. The harm of these continued Executive Orders
19 are considerable and contributes to the terrible
20 conditions and sense of despair that our clients
21 feel. Executive Orders 241 and 297, for example,
22 allow for punitive housing in the young adult jail of
23 RNDC and enhanced segregation housings in general
24 population. Moreover, we are now nearly a year into
25 the suspension of RMAS. I was present at the meeting

1
2 in December of last year with MOCJ when we were
3 having discussions about having counsel represent our
4 clients at these disciplinary hearings for
5 infractions, and make no mistake, these infractions
6 are used against our clients in court by District
7 Attorneys during release applications that we make,
8 as well as plea negotiations. We did a writ sometime
9 within the last few weeks for a client and the
10 Department of Corrections came in and had numerous
11 examples of all these disciplinary actions that we
12 had no copies of. They claimed that there were
13 numerous infractions that our client contributed to
14 his own injuries and yet, we had no documentation as
15 to any of this, and we didn't represent the client at
16 any of these particular hearings. And we were,
17 obviously, specifically told RMAS is in suspension
18 because of the emergency on Rikers Island. If
19 there's no more emergency, then we're prepared to do
20 these hearings and we should be allowed to do those
21 hearings. Finally, if we are really committed to
22 improving conditions on Rikers Island we must include
23 morale. This means resuming all recreation and
24 programming opportunities that are amiable to the
25 people in Department of Corrections custody before

1 COVID. City court houses and schools are open. Mayor
2 Adams wants everybody back into Midtown offices in
3 the City and it's returning to normal. Then it's
4 time to return to pre-COVID Rikers conditions.
5 Suspending the Executive Orders and treating people
6 who are incarcerated with dignity and respect of
7 their due process rights are exactly what is needed
8 to minimize the violence and despair on the island.
9 Thank you very much.

11 CHAPLAIN DR. VICTORIA A. PHILLIPS: Peace
12 and bless-- oh, it's on. Peace and blessings
13 everyone. Peace and blessing, Chair. Thank you for
14 this hearing. As always, thank you for your concern
15 around all the issues with your constituents. I'm
16 Chaplain Doctor Victoria A. Phillips. Everyone calls
17 me Doctor V., and everyone knows me and all the
18 coalitions I'm a part of. So this is passion work.
19 This is hard work for me. I want to just-- key notes
20 from today and what we heard from the Commissioner I
21 want to respond on. So, the Commissioner said that
22 the responsibility has always been with the City. He
23 also said the system needs to be led by committed
24 leaders, and he also said the Department has come
25 from being mismanaged from 2015 through 2021. I think

1
2 that's clever of him to extend his criticism now that
3 his actual numbers of loss of life and not being able
4 to preserve people under his care has hit 19 in 2022.
5 But I also want this system to realize the years that
6 he gave, 2015, he was the Federal Monitor, and so I
7 don't want people to forget that part. He did not
8 just take over a system that he was unaware of, that
9 he had no idea the troubles and the deep-rooted
10 culture and abuse and barbaric things that the
11 officers tend to do. He took over a system that he
12 was well aware of the sins of this city and his staff
13 more than any other commissioner ever has been. He
14 had that head-up, that lead in this race. So when
15 you hold him accountable, think form that mindset.
16 It also was-- CHS can't get off of this either,
17 because today they was talking about a renewed
18 commitment, but hold them accountable as well,
19 because they come before this City Council all the
20 time talking about what DOC and they are now working
21 on, but I need to see implementation. And so you--
22 let me get some more time. You've had far too long
23 to actually develop a triage team. You had a Council
24 Member that was asking why don't staff go. And you
25 know, at the Board of Corrections in September, one

1
2 of the board members actually asked the DOC staff why
3 did it take over 20 minutes to respond to an incident
4 where they saw blood everywhere on the-- you know, on
5 the video. And so that in itself highlights a lack.
6 When we talk about medical-- Molina mentioned over
7 half a million medical appointments came to CHS last
8 year, that sounds like amazing right, for such a
9 small population, but I immediately started thinking
10 about well how many people had to repeat medical
11 appointment requests Brooklyn they were not taken.
12 That is quite often. I remember when Stanley Richards
13 was the Vice Chair for the Board of Corrections. He
14 actually questioned CHS on the record at a BOC
15 hearing about that, and they was saying that on any
16 given day about 16 percent of sick calls was being
17 seen. So it's fascinating to me how a number of
18 almost 95 percent or something like that could be
19 thrown of engagement with people when that is not the
20 case. And so I want to highlight something else with
21 the medical. CHS and Commissioner Molina talks about
22 these weekly meetings with the higher ups and the
23 leaders and how they work together to move things
24 forward. Yes, those meetings are occurring, but
25 there's no real action following those meetings,

1 because there's so many loopholes that still have not
2 been closed. So where's the data on them improving
3 units and people being seen with these weekly
4 meetings that have been occurring. And let me just
5 get 30 more seconds.

7 CHAIRPERSON RIVERA: Alright, you got 30
8 more seconds.

9 CHAPLAIN DR. VICTORIA A. PHILLIPS: Okay.
10 The class that graduated yesterday, could you please
11 follow up with Commissioner if they were in fact
12 trained with CIT, because Molina, he's very good with
13 his words, and he mentioned the Academy moving
14 forward would be addressing that. So are those 108
15 officers not trained to go into the units right now
16 as well? That's under his watch, and he has posted
17 pictures of actually being at the academy running and
18 stuff with them, and he also mentioned a very rich
19 suite of programming, yet individuals still don't
20 have access to programming. How many B officers are
21 being assigned in the facilities that do have
22 programming running? They're very good with their--
23 how they respond to things. And the PEACE Center,
24 that was not him. It was not closed. He acts like
25 he opened it up. It was because his officers were

1
2 not coming to work that it couldn't be utilized the
3 way it's supposed to be. And lastly, I'll say he
4 mentioned being pretty confident when responding to
5 your question around rec. And at the last BOC
6 meeting, actual calls came in from decar-- detained
7 individuals stating no rec and no commissary, but
8 Molina couldn't mention that to you because he had
9 already left. So he was unaware of those calls
10 stating what-- at those facilities no rec, no
11 commissary--

12 CHAIRPERSON RIVERA: [interposing] Well, I
13 would say, Doctor V., I did remind him he was under
14 oath when he said that it was a sure thing. So, I
15 will follow up on all of the things that you
16 mentioned in addition to your--

17 CHAPLAIN DR. VICTORIA A. PHILLIPS:
18 [interposing] and my last sentence, in 2018--

19 CHAIRPERSON RIVERA: [interposing] Okay,
20 because I got other people waiting.

21 CHAPLAIN DR. VICTORIA A. PHILLIPS: Yes.
22 In 2018, we actually passed a law to make all phone
23 calls free. It started May 1st, 2019. Do not allow
24 DOC to now bring Securis back with a premium plan to
25 charge any detained individual, New York City,

1
2 anything because we made it a law to remove Securis
3 in that way for a reason.

4 CHAIRPERSON RIVERA: Absolutely.

5 CHAPLAIN DR. VICTORIA A. PHILLIPS: Peace
6 and blessings.

7 CHAIRPERSON RIVERA: That I know. It's
8 because of people in this room and many, many others
9 that we were able to do that and make phone calls
10 free finally for people that are incarcerated and
11 detained. So besides them maybe taking credit, we
12 will also ensure that no premium packages are going
13 to further marginalize or disenfranchise anyone in
14 this system. So thank you very much to this panel.

15 CHAPLAIN DR. VICTORIA A. PHILLIPS: Thank
16 you.

17 CHAIRPERSON RIVERA: I appreciate you.

18 UNIDENTIFIED: Thank you.

19 CHAIRPERSON RIVERA: Alright, I want to
20 go to a panel on Zoom. Daniel Ades, Daniel I'm
21 sorry, I think I say your name a different way every
22 meeting, so please correct me. Sarita? Lucas
23 Marquez, and Jennifer Parish you're our Zoom panel.

24 DANIEL ADES: Thank you very much, Chair
25 Rivera, and you pretty much got it right. Thank you

1 very much. I'm Daniel Ades. I'm the Director of New
2 York Legal Policy at the Center for Court Innovation,
3 and I'm here to testify regarding Introduction 806
4 regarding Population Review Teams, and I want to
5 begin by commending you, Chair Rivera, for your
6 leadership in introducing this bill and trying to
7 come up with a solution that the City desperately
8 needs, and that's a path to 3,300. I share your
9 belief the Population Review is an essential tool,
10 and I'm speaking both as a representative of the
11 Center for Court Innovation and for my extensive
12 firsthand experience. I was a Public Defender in
13 Brooklyn for almost nine years. As you know, I was
14 Counsel to the Committee on Public Safety at the time
15 Council passed legislation to ensure that Rikers
16 would close. I served at the Department of
17 Correction during the last Administration and saw
18 with my own eyes the incredible challenges the City
19 faces managing its jails, and since joining CCI I've
20 been actively working to adapt the concept of
21 Population Review Teams to a city as large and
22 complex as New York. The Center whole heartedly
23 agrees with the underlying premise of the bill, that
24 we should be asking a simple question about every
25

1 person who is waiting for their trial on Rikers
2 Island. Does this individual really need to be here?
3 That means something different for different people.
4 Is there somewhere else this person can live safely
5 with appropriate supports in place while waiting for
6 their trial? Is there a community-based treatment
7 program that can safely treat and monitor this person
8 to ensure they return to court? And if not, what can
9 we do now to resolve their criminal case fairly
10 before the person has spent years in Rikers waiting
11 for trial. The constitutional presumption of
12 innocence requires us to think twice about each of
13 the thousands of people who are spending months and
14 years in jail without being convicted of the alleged
15 crime, and to take steps in individual cases to find
16 something better than indefinite pre-trial detention.
17 The Center has successfully implemented Population
18 Review Teams in smaller jurisdictions across the
19 country, like Toledo and St. Louis as Council Member
20 Restler mentioned earlier. But we have some concerns
21 with this bill's attempt to replicate the exact same
22 model here in New York. These includes the inability
23 to guarantee participation of critical decision-
24 makers, like the presiding judge and the District
25

1
2 Attorney, and the logistical challenges in convening
3 all the people--

4 SERGEANT AT ARMS: [interposing] Time
5 expired.

6 DANIEL ADES: who are familiar with the
7 facts of the cases that would be reviewed. So we've
8 been developing a new model, but you-- Chair Rivera,
9 you and I your staff have been working together on
10 this and will continue to work together on this. So
11 I'll just say that we would fully support a bill that
12 requires the City to do a few things: fund a jail
13 population review system that's focused on the right
14 review criteria rather than the participants that
15 utilizes and expands the City's rich network of
16 programming and community resources and leverages
17 existing data and research capacity. So while I
18 think that-- and the Center thinks that some
19 structural changes are necessary to the bill, we
20 really thank you for your leadership on this issue.
21 We look forward to working with you and your office
22 to make jail population review in New York City a
23 reality. Thank you.

24

25

CHAIRPERSON RIVERA: Thank you, and we'll certainly take that feedback and try to make the bill as strong as possible. Let's go to Sarita.

SERGEANT AT ARMS: Your time will begin.

SARITA DAFTARY: Thank you. Good afternoon Chair Rivera and Council Members for the opportunity to testify today. My name is Sarita Daftary. I'm the Co-director of Freedom Agenda. Our members are survivors of Rikers and people who have endured the torture of Rikers along with their loved ones and also people whose family members were killed by the combination of disorder and cruelty that governs Rikers, and everything we've heard today confirms the things that they and most of the Council already know, that closing Rikers is the ultimate and necessary solution and to end the human rights crisis on Rikers, and the immediate solution is to de-carcerate. So, in the spirit of that, we strongly support Intro 806 to establish jail Population Review Teams, and specifically, the Federal Monitor said in their most recent report, they urged that various stakeholders work together to address the long delays in case processing times described in this report in order to reduce the length of stay among people

1
2 incarcerated in DOC jails and/or to maximize the use
3 of jail diversion options. And they noted that
4 actually that was-- that level of urgency that was
5 needed was shown during COVID and needs to be shown
6 now given the conditions in the jails. That is from
7 the Federal Monitor. So, I will email the testimony
8 that I planned, but I also need to note that today
9 the Commissioner said that if nothing else changes
10 they expect the jail population to increase to 7,000
11 people by 2024. That would make an already horrific
12 death camp even worse, and when he said when nothing
13 else changes, it has to be the job of this Council to
14 make sure that something changes. Because why would
15 we accept a system that continues to kill people,
16 that continues to cage people who need mental health
17 treatment, and that continues to operate at a pace
18 of-- a case delay or a trial, you know, a pace of
19 cases that is three times longer than the national
20 average. Why would we just say we're going to throw
21 our hands up and say that nothing changes and send
22 more people here to die? That was unacceptable and I
23 believe that the Chair and the Council will see that
24 as unacceptable as well, and this bill is one step to
25 taking action to make sure that something does change

1
2 as well as the actions that the Council will take in
3 the next budget cycle to ensure--

4 SERGEANT AT ARMS: [interposing] Time's
5 expired.

6 SARITA DAFTARY: supportive housing is
7 fully funded. I'll just note, because I went a
8 little bit off-script, one other thing. We do
9 support Intro 589, although we hope that with
10 Population Review Teams the number of people,
11 pregnant people in the jails would be very small.
12 And given the reality of what is happening in the
13 jails, we want to just bring the focus back to what
14 the Nunez consent case was about so the Department
15 will have you think that this a case about a
16 generally violent place and that-- and then obscure
17 the issue to make it seem like that violence is
18 instigated by people in custody, when in fact this
19 litigation, the reason the Federal Government sued
20 New York City was not because Rikers was generally
21 violent. It was because their officers were abusing
22 people violently, using force at excessive rates,
23 striking people in the head, punching people who are
24 in restraints, and they weren't being held
25 accountable. So this is a case about the way that

1
2 guards perpetrate violence and the solutions need to
3 be based on that, so the Council needs to pass Intro
4 549. This council should introduce legislation to
5 protect the rights of people in custody to receive
6 mail directly in recognition that drugs are not
7 coming from people in custody or their visitors.
8 They are coming from officers, and should move
9 forward on efforts to strengthen the Board of
10 Corrections as well. And I will end there. Thank you
11 for the extra time.

12 CHAIRPERSON RIVERA: Thank you. We will
13 hear from Lucas and then Jennifer Parish.

14 SERGEANT AT ARMS: Time will begin.

15 LUCAS MARQUEZ: [inaudible] the
16 opportunity to testify today. While the Department
17 receives more time to purportedly work towards fixing
18 the conditions at Rikers Island, the people in
19 custody are suffering every day. They're suffering
20 significant constitutional violations and being
21 stripped of their humanity. The people we represent
22 who are in DOC custody tell us on a regular basis
23 month after month, day after day, about lack of
24 access to showers or other hygiene needs. They're not
25 being fed consistently. They're not properly

1
2 clothed. People with asthma are being pepper sprayed
3 and not given proper medical attention. People who
4 have chronic disease such as diabetes and heart
5 conditions are not getting adequate access to medical
6 care. Just recently we have heard that there have
7 been 24-hour lock downs occurring every other day in
8 certain units in GRVC. Not only has this culminated
9 in an unprecedented 19 people who have died in DOC
10 custody, but as the BOC has documented in its
11 reports, these deaths are due to ongoing and constant
12 Doc mismanagement and irresponsibility. Nonetheless,
13 DOC solutions seem to revolve around separating the
14 people in custody further from the humanity. They
15 focus on putting people in extended lock-downs,
16 putting people in the hands restrains and other
17 restrictive statuses without due process. Moreover,
18 we can't understand the true scale of the
19 constitutional violations taking place if the data
20 that DOC provides us is inaccurate, and we know this
21 to be the case. BOC and their recent reports on the
22 death in custody confirmed that falsified logbook
23 entries are common, showing rounds that never happen,
24 and at least one time an emergency medical call that
25 was not made. As you spoke about today, DOC staff

1
2 tamper with internal records and intake, and
3 according to CHS access to health services, DOC
4 consistently undercounts overall non-productions to
5 clinic appointments by several thousand missed
6 appointments. BOC also noted this, these material
7 discrepancies between CHS data and DOC data when it
8 comes to medical access. We also note, talking to
9 our clients, that DOC--

10 SERGEANT AT ARMS: [interposing] Your time
11 is expired.

12 LUCAS MARQUEZ: mis-classifies non-
13 productions caused by DOC's failures to bring people
14 to medical care. We've had clients tell us about
15 being coerced into refusals or things that where no-
16 escorts being classified as refusals. We urge this
17 council to prioritize investigating these issues and
18 continuing their important regular visits to Rikers
19 Island. It is clear that help from the federal
20 courts are not in the way, and it is up to this
21 council to do everything possible to mitigate the
22 suffering and death that is continuing unabated. We
23 urge this Council to pass Intro 807 immediately,
24 because conditions will not improve at Rikers until
25 the population is decreased. Thank you.

CHAIRPERSON RIVERA: Jennifer Parish?

Thank you so much. Thank you.

JENNIFER PARISH: I can't seem to hear,
but--

CHAIRPERSON RIVERA: [interposing] We can
hear you.

JENNIFER PARISH: if I am unmuted--

UNIDENTIFIED: [interposing] You're good.
We can hear you.

JENNIFER PARISH: Okay, thanks Sarita.
Sorry about that.

SERGEANT AT ARMS: Your time will begin.

JENNIFER PARISH: Sorry about that. I
can't seem to hear what's going on in the Council at
the moment, but sorry about that. My name's Jennifer
Parish. I'm the Director of Criminal Justice Advocacy
at the Urban Justice Center Mental Health Project and
a member of the Jails Action Coalition and the Halt
Solitary Campaign. First, thank you Chair Rivera for
noting earlier that the DOC's Action Plan does not
include any specific intervention related to people
with mental health treatment needs who are now about
50 percent of the jail population. We certainly
think that it should. In the past, specialized

1
2 mental health units have resulted in reduced use of
3 force, and it's very unfortunate that the Department
4 has not committed to expanding the number of the PACE
5 units currently. Also, thank you for asking about
6 the use of crisis intervention teams. Having crisis
7 intervention teams in the mental observation and PACE
8 units was one effective strategy that was used in the
9 past. Unfortunately, it's not being used now. I do
10 appreciate that the Commissioner mentioned bringing
11 back CIT training, but I am concerned that he said it
12 would be in the Academy. One of the things that was
13 effective about CIT training previously is that it
14 was a joint training between DOC and Correctional
15 Health staff who were working in those units, so it
16 created some kind of cohesion between the staff, and
17 also the staff who provided the training were people
18 who were actually working in the facilities, which
19 seemed to be another piece of the trainings
20 effectiveness. Also, I want to just stress that
21 Crisis Intervention Teams, it's not just about the
22 training, it's actually about implementing it in the
23 jails and making sure that the de-escalation happens
24 in the units. Part of that is making sure that the
25 units are staffed by ongoing steady staff who have

1 those posts and are trained. I also want to stress
2 the need that we need to de-carcerate. That's the
3 only way we're really going to address the crisis in
4 the jails now. So thank you so much for sponsoring
5 Intro 806 as one way to do that. We hope that the
6 Population Review Teams will look at alternatives for
7 people with mental health concerns that could
8 certainly be better treated in the community. And
9 finally, for people who remain in jail, conditions
10 must be improved, and one critical way to do that is
11 to pass intro 519--

12
13 SERGEANT AT ARMS: [interposing] Your time
14 is expired.

15 JENNIFER PARISH: which would end
16 solitary confinement in the jails. We hope you will
17 do that right away. Thank you.

18 CHAIRPERSON RIVERA: Thank you so much
19 for your support and for your testimony. To all,
20 everyone on this panel, thank you for your
21 partnership. I do want to call up the next panel in-
22 person. Marge Ives, Herbert Sweat [sp?], and Michael
23 McQuillan.

24 MARGE IVES: I'm Marge Ives. I am not
25 speaking formally from any organization, but I am a

1 member of the League of Women Voters and Katal, and
2 I'm also on the Board of the Women's Criminal Justice
3 Association. I have been involved in advocacy for
4 very many years, and I've been in this room often and
5 have testified before the Council. I today listened
6 to Commissioner Molina and the other two people and
7 then they all got up and left, as well as a lot of
8 people that were with them in the audience, and when
9 they were leaving I said to a couple of the
10 gentleman, I said you should stay for this next
11 testimony, because that's the important part. They're
12 not hearing what's actually-- what people are
13 experiencing. They're either not willing to listen
14 or they're blind to what's really going on at Rikers,
15 but from the testimony that we have heard both on
16 Zoom and here, it's a terrible situation, and they
17 must be in the room to hear it and maybe answer
18 questions afterwards. So I would really urge you to
19 redo your format. And is there a way of keeping them
20 in the room, of requiring them to hear what the
21 audience is saying?

22
23 CHAIRPERSON RIVERA: Sorry, you're asking
24 me a question. Typically, someone does stay until
25 the end. The fact that there's not a single person

1 here is clearly unacceptable. We will take it up
2 with the Administration. And all of us here have
3 witnessed and have documented it. So, it's really up
4 to the Administration, whether they choose to stay
5 and listen. So, clearly we are all disappointed, and
6 I'm glad that you brought it up, and we will bring it
7 up to them as well.

9 MARGE IVES: When I have been here in the
10 past, they never stay. They never hear the real meat
11 of the testimony. And so if there's any way that you
12 can require them to stay, I would urge you to do so.
13 Thank you for your work.

14 CHAIRPERSON RIVERA: Thank you. Thank
15 you.

16 MIKE MCQUILLAN: I thank my friend and
17 colleague for her wise words and second them as well.
18 If there were a way also for other members of the
19 committee and the council at large at other times to
20 hear from us, the citizens in this democracy, I think
21 that's well worth considering. Madam Chair, Mike
22 McQuillan is my name. I'm proud to be Council Member
23 Hanif's constituent and to serve in Council Member
24 Restler's district in the Brooklyn Heights Synagogue
25 Social Action Committee. I appreciate that they have

1 both spoken out at past Close Rikers rallies. I
2 chair the NYPD Training Advisory Council's Race
3 Subcommittee in the aftermath of the Eric Garner
4 killing, and that experience with racial injustice,
5 policy research, and a rigid political bureaucracy
6 informs what I have come here today to say to support
7 the Katal Center's Close Riker's camp. We have long
8 known factually and statistically the conditions in
9 the Rikers Island jail complex constituted human
10 rights emergency. The Council three years ago voted
11 36 to 13 to close it over time. That was a mandate
12 for action. Former Chief Judge Lippman's independent
13 Commission on Criminal Justice and Incarceration five
14 years ago endorsed closing Rikers. That too was a
15 mandate. Yet, 6,000 detainees, twice the intended
16 capacity and [inaudible] await their day in court,
17 their constitutional right to prompt trials a farce.
18 Many there sleep in close proximity on tiled floors,
19 in shower stalls, all risking intentional or
20 inadvertent violence, the abuse of solitary
21 confinement and ignored injury or illness. One
22 detainee fortunate to survive the carnage, though
23 scarred, spoke to me on Park Slope Seventh Avenue, "I
24 just came out of Rikers," Jimmy's [sic] plaintive
25

1 [sic] informed me. He added that, "They beat me. As
2 I by reflex offered money for a meal that I innately
3 knew as not what he deserved. If I had a thousand
4 dollars and you said you had been in Rikers Island, I
5 would give you half," he claimed. His teary,
6 pleading eyes burned holes in my heart. I want my
7 eyes as if laser beams to pass that searing sense to
8 this body to hold the Mayor accountable to accelerate
9 the implementation of the three-year-old closing plan
10 to divest from the punishment culture and invest in
11 meeting human needs for affordable housing,
12 meaningful jobs, and adequate nourishing food. Kalief
13 Browder suffered in solitary confinement for two of
14 his three years in detention. Trauma caused in 2015
15 at 22 years old to take his own life. Nineteen
16 others have now died just this year. God forbid
17 there be 20. Kalief Browder accused of stealing a
18 backpack, steadfast in asserting his innocence
19 sacrificed himself for that moral principle. How
20 many others plead falsely to guilt, ruining futures
21 for themselves and their families to release
22 themselves from hell? Will this committee and this
23 council act by every conceivable means as angels of
24 mercy to save them? It is time to hold this mayor
25

1
2 accountable. He must commit to closing Rikers,
3 divest from its inherent brutality, invest in meeting
4 human needs. That is my conscience call. Thank you
5 for your attention.

6 CHAIRPERSON RIVERA: Thank you, and we
7 will explore legislatively how we can make the
8 Administration stay.

9 MIKE MCQUILLAN: Thank you.

10 CHAIRPERSON RIVERA: I'm going to call--
11 so Herbert Sweat I actually called, but I guess he's
12 no longer here. Okay. I am going to call the next
13 Zoom panel. Danielle Gerard, Kelly Grace Price, Joyce
14 Silver [sp?], Michelle Feldman [sp?].

15 SERGEANT AT ARMS: Time will begin.

16 DANIELLE GERARD: Hi, thank you Chairman
17 Rivera. I hope everybody can hear me. My name's
18 Danielle Gerard. I'm a Senior Staff Attorney at
19 Children's Rights, a national advocate for youth in
20 state systems and a member of the New York City Jails
21 Action Coalition. We advocate for young adults
22 incarcerated on Rikers Island, and call for immediate
23 de-carceration of the City's jails. Incarcerated
24 persons continue to die on Rikers. Officers are
25 still not showing up for work, and people have been

1
2 going without showers or food and are left in their
3 cells for hours on end. Young adults are
4 particularly susceptible to these stressors of
5 confinement. Among the 19 people who have died in
6 custody this year, one was 24, and one was 25. Being
7 incarcerated on Rikers has become a death sentence.
8 We heard at the beginning of today's hearing that
9 staff absenteeism is double pre-pandemic rates.
10 Railroad workers get no paid sick leave at all, yet
11 COBA members get to abuse there's with impunity. The
12 use of force rate and rates of fights remain
13 unacceptably high for young adults. Under the consent
14 decree staff is mandated to intervene to prevent
15 fights and assaults and to de-escalate
16 confrontations. Yet, the Nunez Monitor cannot even
17 assess whether the Department consistently assigns
18 officers and captains to the same housing units day
19 to day and "the Department has a coherent structure
20 for assigning tracking and scheduling staff equally
21 critical access to programming, education,
22 recreation, and medical and mental health treatment
23 is woefully inadequate for young adults." this is no
24 way to treat our fellow New Yorkers especially at a
25 yearly cost per person of more than \$500,000. It was

1
2 alarming to hear that the Commissioner does not
3 believe that Rikers can close as is legally required
4 due to the ever-increasing population. That's why
5 the Council should pass Intro 806 to establish Jail
6 Population Review Teams. Rikers must be closed,
7 community resources including supportive affordable
8 housing ramped up and fully funded, and de-
9 carceration begun in earnest. Thank you for the
10 opportunity to testify today.

11 CHAIRPERSON RIVERA: We'll hear from
12 Kelly Grace Price and then Joyce Silver, and then
13 Michelle Feldman.

14 KELLY GRACE PRICE: Hi, it's Kelly Grace
15 Price from Close Rosie's. I'll turn in my written
16 comments. I'm crestfallen that this committee has
17 failed in its duties to hold the Commissioner and the
18 Department of Corrections accountable for its lack of
19 information coming out about the taskforce, which is
20 topically what this hearing was about. The
21 Department has hidden behind the assertion that the
22 activity of the taskforce is privileged since it
23 announced this at its last hearing on June 28th of
24 this year. There has been zero push-back about this
25 from anyone on the Council and any hearing on any

1
2 press article or on any written notice or on any
3 letter sent to the southern district from any member
4 of the City Council. There's no excuse for this. I'm
5 crestfallen that you have failed us in your
6 obligations. Furthermore, the Board of Corrections
7 lack of presence at these meetings continues to be
8 noted. There is no better voice to let us know what
9 is really going on behind the scenes and that of
10 Director of the Board of Corrections, Amanda Masters.
11 The busy work and the questions that were asked of
12 the Commissioner today were nothing more than that,
13 busy work. We only gleaned tiny nuggets of
14 information in between that let us know what the work
15 of the taskforce really is. Neighborhood Defender
16 Services, Mr. Doyle said it best, the use of
17 Executive Orders must end. The shroud of the work of
18 the Department of Corrections hiding behind the
19 secrecy of these orders has to end. Information
20 coming out of the island has been--

21 SERGEANT AT ARMS: [interposing] Your time
22 is expired.

23 KELLY GRACE PRICE: Thank you. You'll
24 get my written testimony.

1
2 CHAIRPERSON RIVERA: thank you. Next
3 we'll hear from Joyce Silver.

4 JOYCE SILVER: Excuse me, can you tell me
5 how-- I'm new to this. Thank you Chairman Rivera.
6 How much time do I have? I've never done this
7 before.

8 CHAIRPERSON RIVERA: Well, thank you for
9 asking. Like, you do two minutes. Typically you get
10 two minutes for your testimony, but should you go--
11 you will hear a bell and you will hear one of the
12 Sergeants say "time is expired." But should you be
13 in the middle of a thought, in the middle of the
14 sentence, please be sure to finish that.

15 JOYCE SILVER: Okay, thank you very much.
16 I appreciate it.

17 CHAIRPERSON RIVERA: you're very welcome.
18 Thank you for joining us.

19 JOYCE SILVER: My pleasure. Actually,
20 it's been very interesting. I represent Katal as
21 well. I've been working with the organization, and I
22 represent myself as a lay person. I'm an advocate,
23 thevoiceofjoyce.me, and some of the things that I
24 think are really appalling is that we don't know the
25 exact ratio of the incarcerated population to the

1
2 people who are-- the people-- I guess the Bureau of
3 Corrections, the people, the staff that are
4 responsible for them. We have no idea how many
5 people are in one cell and what they are getting, but
6 I do have recommendations. One is a simple program
7 that first-year attorneys utilize to separate out
8 their population of clients, and there is no reason
9 that when an incoming person comes to Rikers Island,
10 there can't be a quick checklist of is this a mental
11 condition, is this minor shoplifting, is this a minor
12 crime, is this person here only because they lack
13 bail, and then you could have various adjudication
14 methodologies to immediately disperse this population
15 to appropriate-- whether it's community affairs or
16 counseling, or whatever they need, halfway housing.
17 I think you're looking at over 40 percent of the
18 Rikers population being incarcerated for long-term
19 because there is no bail reform. There is no halfway
20 position for doing community service. If somebody
21 steals a backpack, your life is a terrible price to
22 pay for a minor crime.

23 SERGEANT AT ARMS: Time is expired.

24 JOYCE SILVER: And one other thing is,
25 people who are in Rikers and haven't even been to

1 trial, do they indeed have voting rights, or has that
2 been given up as well as their lives? Thank you.

3 CHAIRPERSON RIVERA: Thank you so much.
4 And if you'd like to submit a written testimony
5 that's longer more formal, you can do that as well.

6 JOYCE SILVER: How do I do that, ma'am?
7 I've never done this.

8 CHAIRPERSON RIVERA: We're going to--
9 there's going to be-- there's usually an email
10 address that goes out to individuals we're alerting
11 to testify. We're going to make sure you get that
12 email, so in the future you can submit written
13 testimony that might be a little bit longer than two
14 minutes, and then you can come in and give sort of
15 abbreviated remarks verbally should you be available.

16 JOYCE SILVER: Okay.

17 CHAIRPERSON RIVERA: Okay?

18 JOYCE SILVER: I appreciate it, and thank
19 you very much for your indulgence.

20 CHAIRPERSON RIVERA: Thank you for your
21 patience. We're going to go to Michelle Feldman.

22 MICHELLE FELDMAN: Good afternoon. Thank
23 you, Chairwoman Rivera and members of the Committee.
24 I'm Michelle Feldman and I'm with Women's Community
25

1 Justice Association. We're a nonprofit that's
2 dedicated to ending mass incarceration for women and
3 gender-expansive people in New York and we lead the
4 Beyond Rosie's campaign whose main priority is to de-
5 carcerate mothers, daughters and sisters at the Rose
6 M. Singer Center on Rikers Island. Unfortunately,
7 the de-carceration, it's moving in the wrong
8 direction. In the height of the pandemic there were
9 149 women and gender-expansive people at Rosie's, and
10 today that's jumped to 366. That's why these bills
11 are so important. They're part of reversing the
12 trend, and we strongly support both Intro 589 and
13 Intro 806. Intro 806, the Population Review Team, it
14 was one of recommendations in our report with the
15 Lippman Commission called Path to Under 100 to
16 decrease the population of those at the Rose M.
17 Singer Center. There's only one element missing
18 which is having justice-impacted individuals be part
19 of the review team process. It's really important
20 that those who have lived experience have a seat at
21 the table and weigh in on possible diversion and
22 alternatives for individuals at Rikers, and we
23 encourage that to be included in the bill. We also
24 appreciate that Intro. 589 would ensure that pregnant
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1
2 women receive proper medical care when in jail, but
3 the reality is that pregnant women should not be in
4 jail in the first place. The stress and the trauma
5 of incarceration is not conducive to a safe and
6 healthy pregnancy, and there are safe alternatives
7 like our sister organization Shero [sic] which has
8 served women before and after birth who have been
9 diverted from Rikers, and they've done so safety and
10 both mother and child have thrived. And in 2019,
11 Illinois law set a state policy that went against
12 jailing women who are pregnant. New York should
13 consider a similar measure. Thank you again for
14 taking this action to protect and de-carcerate
15 mothers and daughters and sisters, and we also want
16 to thank the Council-- the Chairwoman Rivera and
17 Council Member Cabán for introducing 831 which we
18 hope will have a hearing, that goes even further to
19 help women and gender-expansive people with the
20 Women's Resource Navigator to get more people off of
21 Rikers in a more efficient way, and we hope that the
22 Committee votes in support of these bills. Thank
23 you.

24 CHAIRPERSON RIVERA: Thank you. Is there
25 anyone here we might have inadvertently missed who

1 wishes to testify? Please be sure to fill out a slip
2 with the Sergeant at Arms, or anyone we might have
3 missed on Zoom that also wishes to testify, please
4 let us know. Okay, with that I'll close the public
5 session. I want to thank everyone for joining us,
6 all of you for your testimony, for your advocacy for
7 your passion. Today, the Committee conducted an
8 oversight hearing on the Department of Correction's
9 compliance with the Nunez consent judgement and more
10 specifically the court-ordered Action Plan meant to
11 remedy unconstitutional conditions of confinement.
12 And as Chair of the Committee on Criminal Justice, I
13 remain deeply concerned that the Department of
14 Correction will not be issuing a public report until
15 April 2023, and further that their comments of the
16 jails population could potentially increase, which is
17 wholly unacceptable and really goes in contradiction
18 with all the work that this council and the advocates
19 before my tenure and many, many years past have done
20 to get us to this point. Since 2015, the Federal
21 Monitor has issued reports and ordered changes to try
22 and fix what was and still is a fundamentally broken
23 jail system in New York City. There are reports and
24 comments that have claimed progress, but the progress
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1 is so remedial it should shock all New Yorkers that
2 such basic safeguards to health and safety were not
3 already in place. The reports of conditions at
4 Rikers that were described in today's hearing are
5 clear evidence that closing Rikers as planned is the
6 only path forward. We cannot accept that the City's
7 jail population will inevitably increase if nothing
8 changes. While we continue to focus on closing
9 Rikers permanently, there are many legislative
10 actions the Council can take to improve safety and
11 prevent unnecessary tragedy in the meantime. Intro.
12 589 would require the Department of Corrections to
13 update the public on the medical care and outcomes
14 for people who are pregnant while incarcerated, and
15 we have to hold this Administration accountable in
16 terms of missed medical appointments, the lack of
17 mental health support for the increasing population
18 that needs it. Intro 806 would create a Population
19 Review Team composed of experts to evaluate every
20 single person's case at Rikers to ensure that
21 whenever safe people in custody can be released while
22 awaiting trial rather than be put at risk to
23 themselves within the walls at Rikers. Every day of
24 inaction to address this humanitarian crisis is a
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1 stain on this city's history. The challenges ahead
2 of us are enormous, but there are also concrete
3 actions that can be taken. And my condolences to the
4 19 families and everyone in the years passed that
5 experienced a loss. I hope that my colleagues and I
6 can pass these bills in addition to others that are
7 in the Council that are common sense that will bring
8 us to a more progressive place, holding the
9 Administration's feet to the fire until the last jail
10 on Rikers Island closes, and that our collective
11 humanity is finally centered as the City's priority.
12 So thank you all. Thank you to Committee Counsel to
13 my team to all the Sergeants for assisting in putting
14 on this hearing, and with that we adjourn.

16 [gavel]

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COMMITTEE ON CRIMINAL JUSTICE

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.



Date December 22, 2022