

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON FIRE AND  
CRIMINAL JUSTICE SERVICES

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May 6, 2015  
Start: 1:05 p.m.  
Recess: 3:42 p.m.

HELD AT: 250 Broadway - Committee Room  
16th Floor

B E F O R E: ELIZABETH S. CROWLEY  
Chairperson

COUNCIL MEMBERS:  
Mathieu Eugene  
Fernando Cabrera  
Rory I. Lancman  
Paul A. Vallone

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

Joseph Ponte  
Commissioner  
NYC Department of Corrections

Erik Berliner  
Deputy Commissioner  
NYC Department of Corrections

Jeff Thamkittikasem  
Chief of Staff  
NYC Department of Corrections

Dr. Frank Proscia  
President  
Doctors Council at SEIU

Laurie Davidson  
Contract Administrator  
Doctors Council

Aida Morales  
Vice President  
Local 1199 SEIU

Marcia Tulea [sp?]  
Registered Nurse  
Rikers Island

Sarah Kerr  
Staff Attorney  
Prisoners' Rights Project  
Legal Aid Society

Cynthia Conti-Cook  
Legal Aid Society  
Criminal Defense Practice & Special Litigation Unit

Riley Doyle Evans  
Jail Services Coordinator  
Brooklyn Defender Services

Yoseni [sp?] Vega  
The Bronx Defenders

Shane Castoroni [sp?]  
Criminal Defense Social Worker  
The Bronx Defenders

Jane Stanicki  
Advocate  
Hour Children

Tanya Krupat  
Program Director  
NY Initiative for Children of Incarcerated Parents  
of the Osborne Association

[sound check, pause]

CHAIRPERSON CROWLEY: Good afternoon. My name is Elizabeth Crowley, and I am the Chair of the Fire and Criminal Justice Committee here at the Council. This is an oversight hearing on the topic of violence in New York City jails. I'd like to recognize my colleague Fernando Cabrera from the Bronx who has joined us here today. To the surprise of many, despite increased oversight, general violence has been steadily increasing. According to the Mayor's Preliminary Management Report, the number of violent inmate on inmate fights has increased every year throughout the past three fiscal years resulting in an increase in serious injuries on inmates, inmate assault on staff, as well as the use of force causing serious injuries. Although Commissioner Ponte took office just over one year ago, all four of these important indicators are up in the first four months of the fiscal year of 2015 when compared to the same period one year ago. The increases in violence and danger to inmate and staff alike is absolutely unacceptable.

We in the Council have had--we have held numerous hearings on this topic. After these

1  
2 hearings we had last year, the Mayor added tens of  
3 millions of dollars to the budget for mental health  
4 services for inmates and additional--additional  
5 correction officer staff, as well as clinical staff  
6 in an effort to reduce the violence. Today, we will  
7 hear about DOC's plans to address the recent surge in  
8 violence. This committee has yet to see the complete  
9 plan, but the public was given a brief outline of the  
10 DOC's 14-Point Plan from the Mayor at a press  
11 conference in March. I must relate my frustration  
12 given we have asked several times for a copy of that  
13 report. I understand within this plan, the DOC's  
14 recruitment and hiring procedures will be  
15 strengthened. The plan will also enhance security  
16 cameras covering throughout the jails. It will  
17 enhance entry point surges for visitors and staff,  
18 and increase the programming to reduce idle time.  
19 Which will go a long way in reducing violence.

20 I look forward to having a productive  
21 discussion about these points, and other ways in  
22 which the DOC can address this extremely serious  
23 issue. Sadly, I caution for far too many times, too  
24 many times to count this committee has heard these  
25 types of plans from the prior administration, and now

3 we are also one year into the new administration.  
4 And as I said earlier, the situation is still  
5 unacceptable. In addition, I look forward to  
6 discussing today how the Council can help address  
7 these issues, including a total of 12 important bills  
8 introduced by this Council to help to provided needed  
9 reforms.

10 The first bill, introduced by myself,  
11 Intro No. 643, requires DOC to report on its waiting  
12 list for restrictive housing units, and clinical  
13 alternatives to punitive segregation programs as  
14 well.

15 The second Intro 70--706, introduced by  
16 Council Member Dromm requires the DOC to report on  
17 inmate visitation.

18 The third bill, Council Member Rosenthal,  
19 requires the Department of Information Technology and  
20 Telecommunications to post a comprehensive public  
21 report on the bail status inmate, and the effects of  
22 incarceration on the Criminal Justice System.

23 Council Member Barron, Intro 758 requires  
24 DOC to report on its grievance system.

25 Council Member Cabrera, Intro 759  
requires the Department of Health and Mental Hygiene

1  
2 to report certain inmate injuries to investigative  
3 bodies for the DOC to report the outcomes of these  
4 investigations, for the DOC to automatically refer  
5 serious inmate assaults on DOC staff to district  
6 attorneys, and to report the outcomes of those  
7 referrals.

8           Introduced by Council Member Ferreras is  
9 Intro 763. It replaces the current adolescent jail  
10 violence reporting requiring it with a similar jail  
11 violence reporting requirement for all age groups  
12 including adults.

13           Council Member Garodnick, Intro 766,  
14 requires reporting on the basic demographics of jail  
15 inmates.

16           Also, Council Member Garodnick, Intro 767  
17 requires DOC to punish its use of force policy--to  
18 publish its use of force policies for the public.

19           Intro 768 by Council Member Garodnick.  
20 The DOC's current reporting requirement for punitive  
21 segregation to apply to an enhanced supervision,  
22 housing, and any future housing unit that restricts  
23 inmates and themselves for more than the minimum  
24 requirement standards set by the Board of Correction.

1  
2 Intro 770 by Council Member Gibson  
3 requires the DOC to develop with the Department of  
4 Health and Mental Hygiene a crisis intervention  
5 program to address crises with the mentally ill  
6 inmates.

7 Council Member Mendez, Intro 778 requires  
8 the DOC, the Board of Correction and the Department  
9 of Investigation to report on the outcomes of  
10 investigations, and to the excessive use of force by  
11 DOC staff on inmates.

12 And finally, the 12th Introduction by  
13 Council Member Dromm and myself, which is being pre-  
14 considered today, would require DOC to communicate to  
15 all incoming inmates a bill of rights, which includes  
16 their important rights under the law.

17 I look forward to a productive discussion  
18 of these bills, and of the jail violence issues.  
19 Before we begin the hearing, I want to remind  
20 everyone when we're discussing the causes of jail  
21 violence, it is easy to claim that it is either the  
22 faults of the Department of Correction, or the fault  
23 of the inmate. The truth, however, is that the fault  
24 lies on both. Similarly, the reforms in many of  
25



1  
2 these bills seek to keep not only inmates safe from  
3 violence, but staff as well.

4           Additionally, my bill to report the  
5 waiting list for specialized mental illness housing  
6 units seeks to shed light on how many violent inmates  
7 are not receiving the most appropriate treatment for  
8 their needs. And how they remain in the general  
9 public population putting other inmates and staff at  
10 greater risk of harm. Furthermore, the bill  
11 introduce by Dromm and myself will require that DOC  
12 give each inmate a bill of rights in plain language  
13 and in multiple languages about the policies  
14 concerning medical care, visitation, phone calls,  
15 access to legal services and more. The rights would  
16 also be read aloud. Again, in multiple languages.  
17 In addition to informing inmates about their rights,  
18 they must also be informed on how to conduct  
19 themselves while in custody. Therefore, this bill  
20 include the requirements for DOC to give inmates a  
21 plain language code of conduct so that they are aware  
22 of what is expected of them, and also the  
23 consequences for acting out.

24           We also will take any testimony that is  
25 given today into account when considering amendments

1  
2 to these bills. I'd like to thank the Committee  
3 staff and my staff for helping to put together this  
4 hearing. And I would like to thank all the Council  
5 members who are here in attendance. Earlier, I  
6 mentioned Council Member Cabrera. We are also joined  
7 by Council Member Gibson and Council Member Barron,  
8 all of which--and Council Member Garodnick, all of  
9 which have bills that are being discussed today. I  
10 want to let my colleagues know that I was only made  
11 aware of this late yesterday, and early today that  
12 the Mayor has called the Commissioner in for a  
13 meeting whereby limiting the Commissioner's time.  
14 And he only has approximately an hour to testify. I  
15 know that my colleagues would like to give an  
16 introduction of explaining their bills. But they  
17 understand they'd rather hear from the Commissioner.

18           Commissioner, knowing your time  
19 constraints, I would ask that you give a brief  
20 testimony, and then we will open quickly for  
21 questions. Please begin your testimony, and before  
22 you do so, can you please affirm to tell the truth,  
23 the whole truth, and nothing but the truth in your  
24 testimony before the committee and to respond  
25 honestly to any questions asked by Council members.

1  
2                   COMMISSIONER PONTE: Yes, I will. If  
3 they ask when I testify.

4                   CHAIRPERSON CROWLEY: Will anybody else  
5 testify as well?

6                   COMMISSIONER POINTE: We have a few staff  
7 here.

8                   CHAIRPERSON CROWLEY: If they could all  
9 raise their right hand. And do you, too, affirm to  
10 tell the truth in your testimony and any questions  
11 asked of you today? Thank you.

12                   COMMISSIONER PONTE: Okay. Good  
13 afternoon, Chairperson Crowley and members of the  
14 Committee of Fire and Criminal Justice. I am Joseph  
15 Ponte, Commissioner of New York City's Department of  
16 Corrections. As Commissioner, I am committed to  
17 advancing comprehensive reforms that will positively  
18 affect the department by combating violence and  
19 fundamentally shift our institutions to a culture of  
20 safety. Since December, use of force incidents have  
21 dropped significantly both at RNDC and GRVC. At  
22 RNDC use of forces have decreased by 39%. At GRVC  
23 use of force have decreased by 59%. They have made  
24 progress in many areas closing adolescent criminal  
25 seg, creating the Rover's--the Canine Rover's Program

1  
2 at RNDC, and opening Enhanced Supervision Housing  
3 units. But much more continues--much more needs to  
4 be accomplished. While I spoke to you about a  
5 comprehensive 14-point anti-violence program--reform  
6 agenda in March, I would like to take this  
7 opportunity to update you on this critical reform  
8 effort.

9           There are five initiatives that directly  
10 tie to violence and nine cultural transformation  
11 efforts. To address the violence that has plagued  
12 jails for far too long, we are taking a holistic  
13 approach. This approach will keep contraband off of  
14 Rikers Island; establish an integrated classification  
15 and housing strategy; provide complete camera  
16 coverage on the island and in all of borough  
17 facilities; expand educational and programming  
18 opportunities for inmates; and designate specially  
19 trained first responders for emergencies.

20           I would like to take a moment to briefly  
21 discuss each of these initiatives, and how  
22 collectively they will reduce violence and promote a  
23 cultural safety. The Department of Correction needs  
24 to keep weapons, drugs and contraband out of Rikers.  
25 We must confiscate weapons, drugs and other dangerous

1  
2 contraband before it make its way into our  
3 facilities. Contraband of any kind increases a  
4 likelihood of violence. To that end, the department  
5 will enhance our overall search procedures at the  
6 front gate of all of our facilities. This will  
7 include enhanced efforts to ensure contraband is not  
8 being moved by staff, inmates or visitors. At the  
9 front gate, all staff have been--have received TSA-  
10 style search training, and conduct K-9 searches of  
11 all individuals entering the island. Investigative  
12 teams will be placed at key facilities. To this  
13 date, investigative teams have been placed at of  
14 three or our locked facilities, and going forward all  
15 of our locked facilities will have full-time Internal  
16 Affairs teams assigned.

17           At the facility level, we'll use the best  
18 search equipment available to conduct searches. We  
19 are seeking state legislative action to allow for the  
20 use of body scanning capability to detect the most  
21 dangerous weapon in our locked facilities, which is  
22 scalpels. Locker rooms will also be relocated  
23 outside the facilities for staff and visitors will  
24 have a place to store items. In addition to those  
25 security procedures already underway, the department

1  
2 is seeking modest revision of the New York City Board  
3 of Correction minimum standards on visitation to  
4 allow for changes that will enhance safety for all.  
5 The department will create an integrated  
6 classification housing strategy. This new system for  
7 classifying and housing inmates to a more effectively  
8 identify those inmates who are most likely to commit  
9 violent acts and separate them from those who are  
10 less likely to do so. By adopting a new  
11 classification and housing strategy, the department  
12 will address the unique needs of the inmate  
13 population. As part of this new system, we will  
14 assess and improve both housing assignments and  
15 inmate movement. We will be launching an integrated  
16 classification and housing pilot as a--at a  
17 designated facility in order to evaluate the initial  
18 plan before expanding it by implementing it facility  
19 by facility with appropriate programming and staff.

20           The department is ensuring comprehensive  
21 security camera covers across Rikers. We have  
22 already been installing cameras needed to provide  
23 100% coverage on Rikers. Enhanced camera coverage  
24 throughout the facilities ensures greater  
25 transparency both in forensic records or

1  
2 investigative and training purposes, and provides  
3 safety and accountability to all. We are committed  
4 to first completing camera coverage in priority  
5 facilities with particular attention to adolescent  
6 and young adult holding areas. We are focusing on a  
7 facility by facility approach. So camera coverage  
8 will be complete. Our new facility will probably be  
9 moved to the--next. The department will design and  
10 offer an effective inmate and education program. We  
11 know reducing idle time is a major factor in  
12 violence, and our efforts to do both by improving  
13 educational rehabilitative programming. It serves  
14 both to reduce the likelihood of engaging in violent  
15 acts by reducing idleness and supports where  
16 development and re-interfacing into the community.  
17 The department will institute a comprehensive arts  
18 and production program that will dramatically expand  
19 the options available to all inmates with non-school  
20 classes and activities. A robust adolescent and  
21 young adult behavior modification strategy has been  
22 developed, and it will be implemented in the coming  
23 year. Weekend programming enhancements have already  
24 begun for adolescents, a first of its kind in the  
25 department. The goal is to first provide at least

1  
2 five hours of available programming to adolescents  
3 and young adult population before we move it to the  
4 adult population.

5           The department is changing how first-line  
6 incident responses are conducted within the agency.  
7 First, the funding from the Mayor's Task Force for  
8 Behavioral Health and Criminal Justice. The  
9 department and its partners at DOHMH will implement  
10 crisis intervention teams later this year. These  
11 multidisciplinary teams of specially trained staff  
12 and mental health staff and nurses will respond to  
13 inmates in mental health crisis to safely and non-  
14 violently de-escalate the situation and move the  
15 inmate to the appropriate location while continuing  
16 treatment. Under our new plan, officers will also be  
17 placed in key facilities to ensure rapid response  
18 with resolution of violent incidents that minimize  
19 any chance of escalation of collateral violence.

20           The department will increase it's  
21 effectiveness of the Emergency Services Unit by  
22 overhauling response procedures, tactical equipment  
23 and physical location of staff from central  
24 headquarters to individual facilities. We will  
25 develop measurements to quality ESU performance,



1  
2 times of incidents, start of control and evaluate  
3 execution. Our efforts will reduce overall violence  
4 by improving the intelligence, raise capabilities and  
5 skills of our first responders, lessen response times  
6 to incidents, and reduce collateral damage of  
7 violence that occurs.

8           Nine of the initiatives--nine of the  
9 other initiatives will drive DOC cultural  
10 transformation. Through this combination of  
11 initiatives, the department will create and expand  
12 common-sense managerial and operational practices to  
13 strengthen performance, accountability, ownership and  
14 transparency. Changing the culture begins at the top  
15 through leadership training geared toward enhanced  
16 communication and team building. Throughout year,  
17 we've listened to staff express their views in the  
18 agency. We have four town--we've held four town  
19 halls, 25 focus groups communicated with over 1,200  
20 staff, uniformed and non-uniformed, in various  
21 matters including anti-violence agenda. By listening  
22 to staff, we are able to align the needs of the staff  
23 with our anti-violence reform agenda. This resulted  
24 in a focus plan that we have already begun  
25 implementing.

1  
2                   We will assure a steady flow of top  
3 quality recruits through this trained and non-trained  
4 systems we've created for the Academy. Targeted  
5 customized training will be given to officers based  
6 on their post designation. Officers working with  
7 special populations will have the skills needed to  
8 address the scope of their work. Further  
9 enhancements will be made to the advancement of  
10 operational management process to track metrics  
11 across divisions and facilities. Through that we  
12 will hold staff accountable for the actions they  
13 commit, and measure their improvements. This plan  
14 represents the administration's continued commitment  
15 to holistically reform Rikers Island after decades of  
16 neglect in order to reduce violence.

17                   I want to speak briefly about the 12  
18 bills recently induced by the--introduced by the  
19 Council. The theme of these bills is greater  
20 transparency. Ten require regular reporting and two  
21 require the publication of policies on our website.  
22 I share the Council's appreciation for transparency  
23 as the department has enacted reforms over the last  
24 year, we have tried to be open with the Council and  
25 the public about our changes and this has supported

1  
2 our efforts to up our jails to greater numbers of  
3 visits from press and interested parties. We are  
4 working to make our jails safe for staff, inmates and  
5 visitors, and we invite the public to pay attention  
6 to how we are doing it. While I believe there is  
7 some work to be done through the draft bills to  
8 clarify definitions and goals, we do have some  
9 concerns about the time and resource burden that that  
10 some of the reporting would require.

11 We look forward to working with the  
12 Council in the upcoming months in order to design  
13 reports that support the department's and the  
14 Council's shared goals. Thank you for the  
15 opportunity to testify today, and I'm happy for this  
16 chance to elaborate on our 14 points, and look  
17 forward to any questions you may have. Thank you.

18 CHAIRPERSON CROWLEY: Thank you,  
19 Commissioner for being brief with your testimony.  
20 I'm just going to reiterate the frustration that I  
21 have about your timeline. It's been over two weeks  
22 since this hearing was noticed. I respect that you  
23 have to get to your boss, which any--any employee  
24 would want to do. It's just that your boss needs to  
25 respect the Council, and the process here. When we

1  
2 have a committee with 12 important bills from almost  
3 12 different members, it just disrespectful not only  
4 to the committee but the entire Council. And I'm  
5 going to forego my questions for now because so many  
6 of my colleagues have introduced bills would like to  
7 speak about their bills, and would like a chance to  
8 ask questions of you, Commissioner, and I know I'll  
9 get my chance. So, I'd like to first recognize  
10 council members who joined us since you started your  
11 testimony. We've been joined by Council Member  
12 Vallone, Council Member Lancman, Council Member  
13 Rosenthal, Council Member Dromm, and Council Member  
14 Cabrera, who has a bill, is going to start. We're  
15 going to put the council members on three minutes.

16 COUNCIL MEMBER CABRERA: Thank you, Madam  
17 Chair. Let me just go right onto--Can you hear me?  
18 Yeah, right onto a comment you mentioned regarding  
19 the bills. You have a concern regarding time and  
20 resources. Well, since you're going to see the Mayor  
21 in about half an hour, maybe you could mention this  
22 to him to allocate some further funding to make this  
23 happen. I was going to ask you regarding the  
24 cameras. Are the cameras somebody is going to be  
25 watching life is taking place throughout the

1 facilities. Or, this is going to be more like the  
2 security cameras that we have throughout the city  
3 where the--it's coming in, in HD, but it's archived.  
4

5 COMMISSIONER PONTE: We have both. So  
6 the cameras that we have do record, and they also can  
7 be watched live. But in one facility you're going to  
8 have about 800, 900 cameras. So, typically they'll  
9 be put on a screen and scroll through. Somebody  
10 looking at something can watch it live, but the  
11 likelihood of, you know, watching all the cameras at  
12 the same time is pretty limited.

13 COUNCIL MEMBER CABRERA: So they're  
14 mainly going to be used while something happens--is  
15 taking place, not for catching people doing things?

16 COMMISSIONER PONTE: We're doing a bit of  
17 both, so part of--part of our review is that at the  
18 facilities we'll look at operational things like what  
19 officers are doing, what staff--how they perform  
20 their duties. When an event occurs, we put the  
21 camera on that event as it's occurring and have eyes  
22 on, you know, from a remote location.

23 COUNCIL MEMBER CABRERA: If at all  
24 possible, I know resources is a--is a big piece, I  
25 think in terms of the culture that the inmates, they

1  
2 know that, and word gets out that it's only for  
3 archive reasons, you know, enrollment. When an  
4 incident has taken place, that they're less likely to  
5 take the camera serious. Just like--I can tell you  
6 this from experience, having put the most cameras out  
7 of any council member throughout the city, that the  
8 same thing happens on the streets. So it's something  
9 to think about. I was going to ask you when do most  
10 violent events take place? What time of the year?  
11 I'm just curious.

12 COMMISSIONER PONTE: The time of the  
13 year?

14 COUNCIL MEMBER CABRERA: Yes. Summer,  
15 winter--?

16 COMMISSIONER PONTE: Probably--again, our  
17 population ebbs and flows. So we have a pretty  
18 significant downturn in the--in the winter months and  
19 an increase in the summer. So as a little bit of a  
20 guess, I would guess in the--in the warmer months.  
21 But we'll have the Chief respond to you. Michael.

22 MICHAEL: Traditionally, the warmer  
23 months.

24 COUNCIL MEMBER CABRERA: So do you think  
25 that's related to that it's so hot in there, and that

2 they don't have air conditioning that, you know,  
3 people get irritated, fatigue, the nerves?

4 MICHAEL: It could be a factor.

5 COMMISSIONER PONTE: So the last  
6 question. So we have 30 seconds. How do most  
7 contraband, drugs and weapons get in. I'm just going  
8 to close with that. I've run out of time.

9 COMMISSIONER PONTE: I didn't get the  
10 question.

11 COUNCIL MEMBER CABRERA: The question was  
12 how do most drugs, contraband, weapons do get in?

13 COMMISSIONER PONTE: And so, we probably  
14 could debate what most means, but the come into  
15 visitors. Obviously, we've had incidents where staff  
16 bring stuff in, and then other [bell] say vendors,  
17 the people that work in the facilities that are on  
18 staff would also have the possibility of that.

19 COUNCIL MEMBER CABRERA: Thank you so  
20 much, Madam Chair.

21 CHAIRPERSON CROWLEY: Thank you, Council  
22 Member Cabrera. Next up is Council Member Barron.

23 COUNCIL MEMBER BARRON: Thank you, Madam  
24 Chair. Thank, too, the panel for coming. I'll be  
25 very brief. Your testimony talks about reduction in

1  
2 the use of forces. The bill that I'm introducing  
3 talks about accountability and transparency so we  
4 will know the number of grievances that have been  
5 submitted by inmates. Do you have any idea or can  
6 you share with us the total number of grievances that  
7 we receive on a yearly basis?

8 COMMISSIONER PONTE: We can. We do have  
9 that. We can get you that information. I don't have  
10 that off the top of my head.

11 COUNCIL MEMBER BARRON: Can you give me  
12 an estimate?

13 COMMISSIONER PONTE: He will in a second.

14 COUNCIL MEMBER BARRON: Okay, and while  
15 he's looking that up, the information that we're  
16 requesting we want it to be reported on your website.  
17 How is it housed now? Is it categorized? Is it--?

18 COMMISSIONER PONTE: Right, I think that  
19 we're in pretty good shape on that. We--I think that  
20 we are in pretty good shape on that. Do you want to-  
21 -?

22 MALE SPEAKER: [off mic] The total  
23 vacancies is probably [on mic] in the neighborhood of  
24 about [pause] all specifically related.



1  
2 COUNCIL MEMBER BARRON: Okay, so you're  
3 saying 6,000 per year is an average.

4 DEPUTY COMMISSIONER BERLINER: Give or  
5 take, yeah.

6 COUNCIL MEMBER BARRON: So the bill that  
7 I'm proposing would ask that it be disaggregated by  
8 facility, by method. All of that would be, and do  
9 you find--

10 DEPUTY COMMISSIONER BERLINER: [off mic]  
11 [interposing]--

12 COUNCIL MEMBER BARRON: Yeah, what  
13 category would you say? I'm sure that there must be  
14 grievances about the facility itself, staff and other  
15 inmates as well. Are there other large categories  
16 about inmates, about which inmates' significant  
17 grievances?

18 DEPUTY COMMISSIONER BERLINER: The two  
19 most common grievances that we receive are the inmate  
20 payroll for those who work in the facilities and the  
21 concurrent concerns about [coughs] their--their  
22 accounts, the accounts from which they buy commissary  
23 items. And then in a couple of places we have some  
24 specifics. In our sentenced facility there are  
25 questions about jail time calculations.

2 COUNCIL MEMBER BARRON: About? I didn't  
3 hear the end. Could you speak a little closer? We  
4 want to get it recorded onto the record.

5 DEPUTY COMMISSIONER BERLINER: In our  
6 facilities--

7 CHAIRPERSON CROWLEY: [interposing]  
8 Please just also identify yourself for the record.

9 DEPUTY COMMISSIONER BERLINER: I'm sorry.  
10 Eric Berman. I'm the Deputy Commissioner. In our  
11 sentenced facilities among the most common grievances  
12 are also jail time calculations, but inmate accounts  
13 and inmate payroll tend to be the--the two highest  
14 grievance categories across the board.

15 COUNCIL MEMBER BARRON: And how does it  
16 take for those grievances to be resolved on an  
17 average? I guess it depends on the type of  
18 grievance, but can you give me an average of how long  
19 it takes?

20 DEPUTY COMMISSIONER BERLINER: Yeah, our  
21 policy requires that the grievance be resolved within  
22 ten days, and we meet that in almost every case.

23 COUNCIL MEMBER BARRON: Oh, good. Thank  
24 you, Madam Chair.

2 CHAIRPERSON CROWLEY: Council Member  
3 Garodnick.

4 COUNCIL MEMBER GARODNICK: Thank you,  
5 Madam Chair, and I'll be fast. Behind I think all of  
6 these bills, Commissioners, what you see--what you  
7 see from the Council is the sentiment that no matter  
8 what somebody is accused of or even what they have  
9 done when they're--when somebody is in the custody of  
10 New York City it is our obligation to keep them safe.  
11 And we want to see if we can get more clarity on what  
12 is happening since we do not have ready access to  
13 what happens in our jails on a daily basis. You  
14 noted in your testimony that there were definitional  
15 goal issues, time resources, et cetera on the  
16 package. I'm just going to focus you quickly on the  
17 three that I've sponsored. 767 requires that the  
18 Department of Corrections publish a use of force--the  
19 use of force policy. I want to know if as you're  
20 sitting here today if there's any--you see any reason  
21 why we should not be publishing the use of force  
22 policy?

23 COMMISSIONER PONTE: No, absolutely not.  
24 We should be publishing it.

25

1  
2 COUNCIL MEMBER GARODNICK: Okay, and  
3 there's no question of resources just putting it up  
4 on line?

5 COMMISSIONER PONTE: [off mic] Definitely  
6 not.

7 COUNCIL MEMBER GARODNICK: Okay, good.  
8 And the 768 that expands the Local Law 42, which we  
9 recently passed. That was Council Member Dromm's  
10 bill, which will require a comprehensive reporting  
11 criteria for those jail units where inmates are  
12 restricted to their cells more than the maximum  
13 number of hours allowed for general population  
14 housing. Considering the fact that we already passed  
15 that bill, this is expanding that definition to make  
16 sure that we capture everything. I assume that  
17 there's no specific issue with that either

18 COMMISSIONER PONTE: Right, we have  
19 substantial--we already capture a lot of that data  
20 already. So I don't think that there would be big issues  
21 with--with the expansion.

22 COUNCIL MEMBER GARODNICK: Okay. I  
23 didn't think so either. And then lastly, Intro 766  
24 is a bill that requires that the department publish  
25 quarterly reports on basic demographic information.

1  
2 Now, you are currently required to do this on a  
3 yearly basis, and obviously there's considerable  
4 turnover during the course of the year. So from our  
5 perspective it doesn't actually capture what is  
6 happening. But, can you say a little bit more about  
7 any--any feeling you may have about--about that  
8 particular bill?

9 COMMISSIONER PONTE: I don't have any  
10 issue with that. It's just more frequent reporting,  
11 right?

12 DEPUTY COMMISSIONER BERLINER: [off mic]  
13 Yeah, I think. [on mic] I'm sorry. The information  
14 is for the most part currently tracked. There are a  
15 couple of places where we have some concerns about  
16 the need to recreate data that we don't currently  
17 capture electronically. For example, you've asked  
18 for educational background, but aside from that  
19 particular indicator, there's no problem with it.

20 COUNCIL MEMBER GARODNICK: I see. Okay,  
21 so we got to one thing that you don't already capture  
22 electronically. Otherwise, this would present no  
23 additional burden for you other than just the  
24 disclosure of it. Thank you very much, Madam Chair.

1  
2 CHAIRPERSON CROWLEY: Thank you, Council  
3 Member and next up is Council Member Dromm.

4 COUNCIL MEMBER DROMM: Thank you very  
5 much, and I'm glad I'm able to follow Council Member  
6 Garodnick, and thank him for taking the lead on his  
7 additional reporting bill. You know, the piece of  
8 legislation that the Council passed, I think it was  
9 last August or so. And the first report was due on  
10 January 20th. However, the report was late and came  
11 in on February 9th, 2015. Subsequently, after  
12 examining it, I wrote you a letter on April 3rd,  
13 2015, requesting further information, which was not  
14 included in the report. Much of the information that  
15 we had requested, the--told to the Council was not  
16 included in the report. And actually there were  
17 contradictions in the number of the instances. For  
18 example missing data with the number of inmates  
19 subject to enhanced restraints including, but not  
20 limited to shackles, waist chains and hand mittens.  
21 The number of inmates who received infractions that  
22 led to the imposition of additional segregation time.  
23 Medical or mental health information, medication  
24 prescribed is not disaggregated by the type of  
25 medication as required by the law. And telephone

3 calls, for example, is not disaggregated in the  
4 report back to the Council. So I'm wondering, (1) if  
5 and when you intend to answer the letter of April  
6 3rd? It's now May 6th and (2) why that information  
7 was not included in there, although it was required  
8 by the law?

9 COMMISSIONER PONTE: So, I believe we  
10 had--we have had some communication on the accuracy  
11 of the first report, and the difficulty we had  
12 internally. So it's our fault, our problem to--to  
13 gather the information in the--in the manner that it  
14 was requested. I believe we had submitted additional  
15 information in correcting the first report as best we  
16 could in efforts to make sure the second reporting  
17 was--was much better both in form and accuracy. So I  
18 don't know if the--do you want to offer on that?  
19 Yes? All right.

20 DEPUTY COMMISSIONER BERLINER: Good  
21 afternoon. So the challenge that we have and this  
22 has been a problem that will help us resolve  
23 questions with the additional bills that you've  
24 requested is that much of the data that was requested  
25 in the--in the log is data that is captured in  
multiple systems, and had to be sort of cross-walked

1  
2 back together. So, some of the data that's missing  
3 is just data that we've had a hard time extracting,  
4 and being able to report. Some of the  
5 inconsistencies that you note are things that we--we  
6 built a new application to try to track the service  
7 requests and things of that nature. The application  
8 wasn't available to us. It was still being built  
9 until almost the very end of the first quarter.  
10 Hence, the--the weak ability to provide that data for  
11 the first quarter. We then spent much of the second  
12 quarter working through the bugs in that system. So  
13 we have a lot of confidence that the third quarter,  
14 the one in which we are currently [bell] operating,  
15 will be much better. We're also now figuring out  
16 which systems need to talk to which, and how to  
17 extract that data. So we have a lot of confidence  
18 that future reporting will not only be on time, but  
19 full and complete. And then third, we've worked out  
20 with the Department of Health that those bits of  
21 information that they tracked, need to be reconciled  
22 before we post that information. That was just a  
23 process problem that we should have worked through in  
24 advance.



1  
2 COUNCIL MEMBER DROMM: Madam Chair, can I  
3 just follow up with one more question?

4 CHAIRPERSON CROWLEY: [off mic] Yes.

5 COUNCIL MEMBER DROMM: So in regard to the  
6 letter that I sent you dated April 3rd, do you intend  
7 to answer some of those questions moving forward, or-  
8 -because we have not received any communications from  
9 your office in response to the concerns that we  
10 raised regarding the report.

11 DEPUTY COMMISSIONER BERLINER: Yes. We  
12 absolutely will get back to you as soon as we can.

13 COUNCIL MEMBER DROMM: Okay, and just  
14 finally, on the visitation program legislation that  
15 we've introduced, have you looked at that issue at  
16 all in terms of how long it takes for people to get  
17 to and on Rikers Island to wait to get processed  
18 through the initial screening area. And then move  
19 onto the actual facility that has the facility? The  
20 time it takes to get inmates from their cell or from  
21 their dormitory down to visitors, and the time and  
22 the length of the visits? Have you had any  
23 opportunity to do that? Is that something you've  
24 been looking at in terms of reforms that you're  
25 instituting. Which, by the way, let me say I'm very

2 pleased to see the work that you've done, and I think  
3 you're moving definitely in the right direction, and  
4 I applaud you for that as well. It's just that a  
5 number of these concerns remain outstanding.

6 COMMISSIONER PONTE: So we have had  
7 conversation about visitation in general. We met  
8 with some of the advocacy groups last week, and  
9 that's been a major concern. So we--we need to  
10 really look at that process from--from the ground up.  
11 I mean it's kind of--functionally it doesn't work  
12 very well. It's very complicated. It's difficult to  
13 do multi searches. So I think it really begs at this  
14 point to really get together and look at that one  
15 process from beginning to end to see if we can make  
16 some improvements. I have not started on that as  
17 yet.

18 COUNCIL MEMBER DROMM: Oh, it's my  
19 understanding that a family member can start out at 8  
20 o'clock in the morning and not finish a visit to  
21 Rikers by 5 o'clock in the afternoon. It takes an  
22 hour to get there and, you know, a couple of hours to  
23 get on the island and waiting--waiting for the person  
24 to be brought down. You know, that's a very terrible  
25 experience that separation from family. And, in

1  
2 fact, it's the main support system for many of these  
3 detainees. And I just want to reiterate the fact  
4 that they're not inmates. They are detainees, and I  
5 really wish that our vocabulary would reflect that  
6 from here on in, as a matter of fact. You know, I  
7 think it's a more accurate picture. And so, not  
8 having an access to family members I think is vitally  
9 important. And I look forward to continuing to work  
10 with you. Chair, thank you for allowing me a minute  
11 or two extra. I really appreciate it as well. Thank  
12 you.

13 CHAIRPERSON CROWLEY: Thank you, Council  
14 Member Dromm. Next up is Council Member Rosenthal  
15 followed by Council Member Gibson.

16 COUNCIL MEMBER ROSENTHAL: Thank you so  
17 much, Chair Crowley. I really appreciate your  
18 holding this hearing, and bringing everyone together.  
19 Commissioner, it's great to see you. I really  
20 appreciate your being here. My bill, which is Intro  
21 753, we're calling it--to follow up on Council Member  
22 Dromm's point--we're calling it the Pre-Trial  
23 Detainee Transparency Bill. I know it's a mouthful,  
24 but I think it gets to Council Member Dromm's point.  
25 We're trying to look at--although we're asking for

1  
2 quite a bit of data in this bill--we're really trying  
3 to hone in on two specific problems. One is people  
4 who have not even been sentenced yet, hardly even  
5 been to court at all, but are there in Rikers because  
6 they can't afford bail. Whether it be \$500, \$1,000  
7 or \$2,000. And they have, you know, possibly  
8 wrongful arrests. You know, who knows?

9 COMMISSIONER PONTE: Right.

10 COUNCIL MEMBER ROSENTHAL: They could be  
11 convicted. They could not be convicted. So I'm--so  
12 I'm really looking to understand those numbers, and  
13 wondering if you have a sense of those numbers and  
14 percentages now. And secondly, it's trying to get at  
15 the notion that people can't even get a trial for  
16 months. That's something will happen where the  
17 court, you know, the prosecution will ask for a  
18 delay. For some reason or another, yes the court  
19 says yes, come back in a week, and then they don't  
20 come back for six weeks. And, of course, that was--  
21 those two problems I think were the situation for I  
22 think Kalief Browder, who was written up in the New  
23 Yorker who ended up being in jail for three years I  
24 think. And, you know, his case was eventually

1  
2 dismissed. So, I'm wondering what you know now about  
3 that type of information.

4           COMMISSIONER PONTE: Well, we--we--one of  
5 the things that we do know in New York City the  
6 average length of stay in our jails has gone up  
7 consistently over the last several years. And there  
8 are probably many reasons for that. Obviously, it  
9 has very little to do with the jail. We don't put  
10 people in, and we don't let people out other than  
11 what the courts tell us. But I think the Mayor's  
12 recent initiative on reform, and so looking at those  
13 long stay in rates. Anybody who has been with us a  
14 year or more, we're putting them on a priority list  
15 working with the DAs. You know, because that's--  
16 that's a factor of, you know, either they're  
17 convicted and they move to the state system or--or,  
18 as you say, are bailed out. So, I don't know. You  
19 may want to kind of expand on that a little bit.

20           JEFF THAMKITTIKASEM: Sure, enough.

21           COMMISSIONER PONTE: [off mic] I'm tired  
22 of speaking today.

23           JEFF THAMKITTIKASEM: So essentially we  
24 been participating--Sorry, Jeff Thamkittikasem. I'm  
25 Chief of Staff. Sorry. [coughs] It's mostly I

1  
2 think the cold than anything. But we've been  
3 involved with the Mayor's Court Processing Group  
4 where they have pulled together [bell] several of the  
5 DAs, the Criminal Justice--the Mayor's Office of  
6 Criminal Justice. The Mayor's Office of Operations  
7 and select groups to basically isolate key detainees  
8 and inmates who have been in our facility for over a  
9 year. Basically, trying to figure out not only those  
10 that are the most troublesome and those that can be  
11 processed and moved, but those who are easy moves.  
12 So trying to attack it at both high and the low  
13 levels.

14 COUNCIL MEMBER ROSENTHAL: I'll defer my  
15 questions to later. I know other Council members  
16 have questions, but thank you.

17 JEFF THAMKITTIKASEM: Thank you.

18 CHAIRPERSON CROWLEY: Thank you Council  
19 Member Rosenthal. Council Member Gibson.

20 COUNCIL MEMBER GIBSON: Good afternoon.  
21 Thank you everyone. Thank you Commissioner and your  
22 team for being here, and I certainly want to thank  
23 you for all the work you do. It is not easy when we  
24 have to have very difficult conversations around  
25 reform and balance. And I guess I know that very

1 well, you know, chairing Public Safety and working  
2 with the various agencies on the public safety. But  
3 the one thing I will say is many of the bills and the  
4 conversations will always be to me about balance. I  
5 want to do just as much to protect detainees, as I  
6 want to protect our correction officers. So, I  
7 appreciate the work they do every day, certainly want  
8 to make sure that when we have future conversations  
9 every stakeholder is at the table. So, I'm just  
10 going through your testimony, and one of the bills of  
11 which I'm a prime sponsor is 770, which very much  
12 relates to the work that you're talking about in  
13 redefining first line incident responses. Working  
14 with crisis intervention teams. I know DOC is a  
15 crucial part of the Mayor's Task Force on Behavioral  
16 Health and Criminal Justice. So what I'd like to  
17 know is the bill that I've introduced really talks  
18 about mandating these intervention services. So that  
19 we can de-escalate any situations. So, in your  
20 testimony I just wanted to know if you could expand a  
21 little bit on some of the training of many of our  
22 officers on de-escalating tactics. As well as one  
23 thing that I know is more prevalent than others and  
24 that is cell extraction. If you could just explain  
25

2 to me. Give me a scenario under this new plan how we  
3 would deal detainees as they're extracted from a  
4 cell. If you could expand on how that would apply  
5 under this.

6 COMMISSIONER PONTE: Well, crisis  
7 intervention teams are intended to go to areas where  
8 inmates are in some cases in crisis, meaning they're  
9 acting out in a violent way or an unusual way. But  
10 in those cases where inmates are refusing orders. So  
11 there would be kind of a step before we'd use force.  
12 We'd go in there with people who are really trained  
13 to talk people down before we use force, and we do  
14 that kind of individually. Some of our staff do it  
15 well. Some of our clinical staff do those functions  
16 of ours. But they have a team of people who are very  
17 effective with this as kind of where we're going with  
18 the--with the intervention teams. So, on cell  
19 extractions today, we do have a commission who  
20 typically would go to the cell and talk to the inmate  
21 prior to a cell extraction. But not a crisis  
22 intervention team, as we've talked about in this  
23 format.

24

25



3 COUNCIL MEMBER GIBSON: Okay, and also  
4 the ESU Unit that you have that's currently in a  
5 central location.

6 COMMISSIONER PONTE: Right.

7 COUNCIL MEMBER GIBSON: What are the  
8 future plans on that, and how many officers do we  
9 have right now in ESU?

10 COMMISSIONER PONTE: We have about 180,  
11 Chief? Yes, about 180. We would expand it a little  
12 bit. The idea with that they would be a central  
13 response team in the facility. So they would not be  
14 in a central repository. They would actually be in  
15 the facilities. [bell] They would be trained how to  
16 respond to emergencies, and at a much higher rate.  
17 Much more training than we currently do with our--  
18 with our current institutional staff. So, they--they  
19 would be much more effective on--on safe outcomes  
20 than we are currently able to do.

21 COUNCIL MEMBER GIBSON: Okay, and what's  
22 the timeline on when we are looking to implement  
23 this?

24 COMMISSIONER PONTE: The ESU piece?

25 COUNCIL MEMBER GIBSON: The ESU piece as  
well as the CITs?

1  
2                   COMMISSIONER PONTE: Two different times.  
3 The ESU we think will probably be six months, eight  
4 months out before we--you know, it's really a whole  
5 change in the way we function and we use this  
6 function. So we would bring in and train the team up  
7 for the new functions. Do the--do the deployment to  
8 the facilities. So that I'm thinking that six to  
9 eight months out. On the crisis intervention teams?

10                   DEPUTY COMMISSIONER BERLINER: [off mic0  
11 Just a second here. [sic]

12                   [pause]

13                   COUNCIL MEMBER GIBSON: Okay.

14                   DEPUTY COMMISSIONER BERLINER: The CIT  
15 Trainers Program is tentatively scheduled for the  
16 week of June 8th and then from that point on, the  
17 group of folks who are trained will be rolling it out  
18 to the first teams. We expect to have the pilot  
19 teams in the field sometime during July.

20                   COUNCIL MEMBER GIBSON: Okay, and with a  
21 lot of the specialized training that these officers  
22 will undergo, have you looked at the actual content  
23 of the curriculum yet? And the reason I say that is  
24 because to me mental health has taken on many  
25 different dimensions now compared to many years ago.

1  
2 And there are so many undiagnosed mental illnesses  
3 that we visibly, you know, cannot see. A lot of it  
4 is very internal. A lot of it's multiple illnesses  
5 simultaneous based on history and other events that  
6 occur. Obviously a lot with the State and some of  
7 the work that the State agencies have done. I say  
8 that. I previously was a State Legislator. So I  
9 looked at it from a total State perspective. So with  
10 the curriculum that will be developed, are you making  
11 sure that we're looking at-- To me I say the latest  
12 technology in terms of understanding some of the very  
13 unique challenges that we face in the field of mental  
14 and behavioral health.

15 [background comments]

16 DEPUTY COMMISSIONER BERLINER: Yes, we  
17 definitely are. The--the Health Department and DOC  
18 are working together to do that, as we've been doing  
19 with the trainings that we've implemented to this  
20 point trying to get at root causes of behaviors and  
21 strategies to both recognize and sometimes de-  
22 escalate. There is no currently existing good  
23 general model for a CIT response. So we're working  
24 with folks who do this kind of training for police  
25 departments, and for prison systems. We are

1  
2 modifying that to fit our environment both in terms  
3 of its size, scope and multiple facilities aspects,  
4 as well as the fact that we're a short stage jail  
5 system where people's problems may not be as well  
6 known as they might be in those longer term settings.  
7 Or, as light touches they might be in a police  
8 setting. So, we are definitely working on developing  
9 our own curriculum using the National Best Practices,  
10 and working together to make sure that that gets  
11 implemented that way.

12 COUNCIL MEMBER GIBSON: Okay, and just  
13 one final comment I wanted to make to see if there is  
14 any planned coordination with the Police Department.  
15 Being that there is an increase in the number of  
16 emotionally disturbed persons, 911 calls going into  
17 the system where police are responding to EDP cases.  
18 And PD is now looking at prevention and more crisis  
19 intervention as it relates to mental and behavioral  
20 health. So you work very closely together. So my  
21 question is in terms of looking at curriculum because  
22 police officers will also undergo a series of very  
23 specialized and unique training. But to me we have  
24 to have the same conversation. The COs and police  
25 officers need to understand the same dynamic as both

1  
2 are going--undergoing the same level of training.  
3 So, have you started to have conversations with PD  
4 about any coordination on mental and behavioral  
5 health?

6 COMMISSIONER PONTE: We're aware of that  
7 training. We have had those conversations and we  
8 agree that, you know, what's working on the street  
9 should work for us inside. Any of you guys want to  
10 add anything else?

11 COUNCIL MEMBER GIBSON: Very good. Okay.

12 COMMISSIONER PONTE: And I just want to  
13 make one other comment. On our CAPS Program, which  
14 is a program for civilian mentally ill who haven't  
15 committed infractions in our PACE Program, which now  
16 are in place. They're probably nationally some of  
17 the best models in the country on treating mentally  
18 ill in jails. They're just great. They're  
19 functioning great. It's a good collaboration between  
20 the Department of Health and DOC. So they are very,  
21 very good models, and I think probably nationally  
22 you're not going to see much better than that.

23 COUNCIL MEMBER GIBSON: Okay. So I think  
24 we're having the same conversation. So I hope that  
25 in your testimony you didn't allude to a position on

1  
2 any of the other proposed legislation. But, my bill  
3 in particular really speaks to the heart of the  
4 Crisis Intervention Team. So I certainly hope moving  
5 forward we can collectively have the same conversation.  
6 And I would love to have your support on this  
7 legislation.

8 COMMISSIONER PONTE: Thank you.

9 COUNCIL MEMBER GIBSON: Thank you again,  
10 Commissioner and your team, and thank you Madam Chair  
11 for your work and your leadership.

12 CHAIRPERSON CROWLEY: Thank you, Council  
13 Member Gibson. Commissioner, I'm going to start my  
14 line of questions with the Preliminary Mayor's  
15 Management Report.

16 COMMISSIONER PONTE: Uh-huh.

17 CHAIRPERSON CROWLEY: This report  
18 compares how the agency is doing, and it looks at how  
19 it performs in each fiscal year. Now, I'm going to  
20 forget about the first six months, which one could  
21 consider the honeymoon period of Mayor de Blasio's  
22 Administration. And look at the Fiscal Year, which  
23 started last July and compare the statistics from the  
24 previous fiscal year of '14. So, we're looking at  
25 July Fiscal Year 15 starts and the previous year,

1  
2 Fiscal Year 14. Okay, and when we look at performance  
3 indicators, incidents of use of force, it has gone  
4 up. We look at incidents of where inmates have minor  
5 injury, that's gone up. Incidents with major  
6 injuries, serious injuries have gone up. Incidents  
7 of--the only area it seems where we've had any  
8 decline would be in one small group population as it  
9 relates to 16 and 17-year-olds. But it also states  
10 that in that period, there's been a significant  
11 decrease in the population. My question is in Fiscal  
12 Year 2014, we had 579 inmates in the adolescent  
13 population. And comparing them to the previous--to  
14 the next year we have 252. When you spoke earlier  
15 about incidents of violence on inmates and staff  
16 going down in those facilities, were you accounting  
17 for the daily population?

18                   COMMISSIONER PONTE: Yes, so the change  
19 in that population was when the state law changed and  
20 the 18-year-olds were taken out. So we've measured  
21 the decline in violence specifically with 16 and 17-  
22 year-olds after the 18-year-olds were removed from  
23 RNDC. So it's not--not, you know, removing inmates  
24 and taking credit for something that's getting  
25 better. That's not the case.

1  
2           CHAIRPERSON CROWLEY: So the incidents in  
3 that small population has gone down because you  
4 removed certain indicators that have had something  
5 type of influence on the violence?

6           COMMISSIONER PONTE: No, it's the same  
7 measurements as everybody else, but it used to be 16,  
8 17 and 18-year-olds, and when was that change? In  
9 May of '14 the 18-year-olds were removed. So when  
10 they were removed, you saw the incidents they--they  
11 dropped down because of that population. But then we  
12 started measuring just the 16 and 17-year-old, and  
13 we've also eliminated a few in a sense. [sic] So as  
14 we went through that process and eliminated a few in  
15 I would say in December of 2014, we saw a jump in  
16 January. But then we've seen a steady decline. So  
17 we look at that subset population independent. It's  
18 not--we don't mix that with others so--

19           CHAIRPERSON CROWLEY: And was there any  
20 other ingredients? Did you hire more officers? Was  
21 there less time where groups were in with the general  
22 population versus in their own individual cell  
23 roommates?

24           COMMISSIONER PONTE: In RNDC what we did  
25 with the 16 and 17-year-olds after we eliminated a



1  
2 few, as I said, we've actually increased their  
3 program day. Most of our facilities inmates are  
4 locked in for counts so there's an hour or an hour  
5 and a half a day. With the--with the adolescents, we  
6 programmed them from the time they get up in the  
7 morning 'til what, 7:00 or 6:00 or 7:00 in the  
8 evening. So we've actually increased their ability  
9 to be active in programming from school to other  
10 programming throughout the day. So that's helped us  
11 in the sense of in the elimination of putting them in  
12 seg. [sic] And I think we had a little bit of a seg,  
13 about 60 to 70 adolescents entering in seg and, you  
14 know, October of last year and we went to zero in  
15 December. I think that's a substantial improvement.

16 CHAIRPERSON CROWLEY: Now, there--there's  
17 a settlement that you're working on currently with  
18 the Department of Justice. Can you tell us the  
19 extent of the forms that have been put in place in--  
20 in your settlement with DOJ?

21 COMMISSIONER PONTE: We're--we're  
22 continuing--we're in active negotiations. You know,  
23 we're actually meeting tomorrow, and we can't talk a  
24 lot about the settlement, but most of our 14 points  
25 have some merit in the things that were in the--in

1  
2 the investigation that most of the 14 points of the  
3 reforms are pieces of that that we're trying to  
4 address.

5 CHAIRPERSON CROWLEY: Okay, now, given  
6 that small but very important population where you've  
7 seen a decline in incidents of assaults, can you  
8 explain why there's been such an increase when we  
9 look at Fiscal Year 14 in comparison to Fiscal Year  
10 15. We look at incidents and uses of force total for  
11 the total inmate population it's up nearly 30%. When  
12 you look at serious injuries, it up nearly 10%. And  
13 allegations of force across the board is up 20%. So  
14 these are significant jumps that we have made from  
15 last year to this year.

16 COMMISSIONER PONTE: So I don't have a  
17 quick fix or--or a canned answer for that. We're  
18 working on those issues in multiple ways. I think  
19 we've had very good success in parts that we've been  
20 able to focus and make those changes. We have a  
21 pretty aggressive plan on classification and re-  
22 housing. So, you know, I don't think there is any  
23 change that I could point to and say can we change  
24 something and saw these outcomes increase. But I can  
25 say at this point in time we have substantial changes

1  
2 coming that will substantially decrease in all those  
3 areas and I'm very--

4 CHAIRPERSON CROWLEY: [interposing] What  
5 was your staffing--

6 COMMISSIONER PONTE: --confident about  
7 that.

8 CHAIRPERSON CROWLEY: --ratio? What's  
9 your staffing ratio in the adolescent population  
10 compared to general population?

11 COMMISSIONER PONTE: 15 to 1 and it could  
12 be 50 to 1 in general.

13 CHAIRPERSON CROWLEY: And what was it  
14 prior to you becoming Commissioner?

15 COMMISSIONER PONTE: About 33 to 1--

16 CHAIRPERSON CROWLEY: [interposing] So--

17 COMMISSIONER PONTE: --in the facility--

18 [sic]

19 CHAIRPERSON CROWLEY: [interposing] So,  
20 one could say, and couldn't you as Commissioner say  
21 because you've increased staffing substantially that  
22 that has been an indicator in the decrease of  
23 violence in that small population?

24 COMMISSIONER PONTE: I don't know if you  
25 could draw a direct correlation on that so--

1  
2 CHAIRPERSON CROWLEY: [interposing] But  
3 have you done any changes in staffing ratios with the  
4 general population?

5 COMMISSIONER PONTE: We have. So with  
6 that--

7 CHAIRPERSON CROWLEY: [interposing] And  
8 what--what was staffing ratio there?

9 COMMISSIONER PONTE: Well, it depends on  
10 the type of population. So part of our housing  
11 strategy is to make sure we match up the Office of  
12 Staffing with the appropriate types of inmates. And  
13 after we've gone through a reclassification.

14 CHAIRPERSON CROWLEY: But just generally  
15 when you take adolescent and adult population and  
16 looking at--and that two different categories.  
17 Because that's where we get our indicators from.

18 COMMISSIONER PONTE: Right.

19 CHAIRPERSON CROWLEY: We don't divide it  
20 up with another other categories.

21 COMMISSIONER PONTE: Right.

22 CHAIRPERSON CROWLEY: So for today you're  
23 telling me that in the adolescent facility is 1 to 50  
24 in ratio. What is it in the adult facility.

2 COMMISSIONER PONTE: On average 1 to 40,  
3 1 to 50.

4 CHAIRPERSON CROWLEY: So it really hasn't  
5 changed significantly since--

6 COMMISSIONER PONTE: [interposing] It has  
7 not changed. Other than specific type housing, we  
8 have added staff.

9 CHAIRPERSON CROWLEY: But--but that could  
10 be one explanation as to why we see results in one  
11 small population versus seeing results in our--the  
12 greater population? You say to yourself the numbers  
13 don't lie. The only area where you've seen a  
14 decrease in violence is in the juvenile population  
15 where you've increased staffing nearly by 100%.  
16 You've increased staffing by 100% based on what you  
17 just testified.

18 COMMISSIONER PONTE: Yep.

19 CHAIRPERSON CROWLEY: And you have not  
20 done--

21 COMMISSIONER PONTE: [interposing] It had  
22 a lot of other things, though.

23 CHAIRPERSON CROWLEY: You have not done--  
24 you have not done significant changes with staffing

1  
2 in the overall general population, which has seen an  
3 increase--

4 COMMISSIONER PONTE: [interposing] Yes.

5 CHAIRPERSON CROWLEY: --a significant  
6 increase in one year. So, I know you're meeting with  
7 the Mayor in less than an hour. I would show him his  
8 own statistics, and it's obvious that you need more  
9 money for staffing. Because you've gotten great  
10 results with one small population, and we need help.

11 COMMISSIONER PONTE: I just--just to add  
12 something. We've also achieved pretty good results  
13 that with GRVC, which is a facility that's been a  
14 real problem facility for us, and we've been--

15 CHAIRPERSON CROWLEY: [interposing] I  
16 know that you--you guys have plans in terms of  
17 breaking up your population. One of the bills that I  
18 introduced has to do with your CAPS units or your  
19 restrictive housing units, also known and called the  
20 PAGE units--

21 COMMISSIONER PONTE: [interposing] PACE.

22 CHAIRPERSON CROWLEY: --or PACE units.  
23 Now, how many people are currently waiting to be  
24 served in those units? And, you know, people who  
25 have been--received some type of infraction that

2 cannot go into any other restrictive housing unit,  
3 but is waiting to go into one with clinical staff,  
4 what is the waiting list for those programs?

5 COMMISSIONER PONTE: I'll have Eric  
6 comment--Eric comment on the waiting list. I don't  
7 know, but we've--there used to be a thousand inmates  
8 on the waiting list. That's constantly gone down,  
9 and after we've now instituted that change and pretty  
10 much said so, it's getting better, but we still have  
11 a ways to go.

12 DEPUTY COMMISSIONER BERLINER: The  
13 overall waiting list is down about 30% since the  
14 institution of the--of the new rules in February.

15 CHAIRPERSON CROWLEY: How many people are  
16 on the waiting list?

17 COMMISSIONER PONTE: It's about 750.

18 CHAIRPERSON CROWLEY: 750 people that  
19 have received infractions for getting into fights  
20 with other inmates or assaulting our staff of--

21 COMMISSIONER PONTE: [off mic]  
22 Infractions across the board. [sic]

23 DEPUTY COMMISSIONER BERLINER:  
24 Infractions right, and we continue to prioritize  
25 those whose behaviors and infractions were for the

2 most violent incidents, and they jump to the front of  
3 the line, of course. You asked about--[coughs]  
4 excuse me--the overall waiting list, and who is going  
5 where. We do not believe that we have a significant  
6 waiting list by which it would mean more than a few  
7 days for somebody to get into the CAPS Program.  
8 There are beds there, and as people are identified as  
9 needing that housing, it is available to them. The  
10 RHUs and the CPSU make up the overwhelming majority  
11 of the backlog that we do have. The plan that we put  
12 in place when we put the--the rules in effect we knew  
13 would take us between eight and ten months to get  
14 through that backlog, and we are proceeding on pace  
15 with that so--

16 CHAIRPERSON CROWLEY: [interposing] And  
17 when did you put that plan together?

18 COMMISSIONER PONTE: That was in  
19 February.

20 COMMISSIONER PONTE: [off mic] You  
21 changed the rules, and more infractions.

22 CHAIRPERSON CROWLEY: That's part of the  
23 14-Point Plan?

24 COMMISSIONER PONTE: Yes.



1  
2 CHAIRPERSON CROWLEY: Do you have a copy  
3 of the 14-Point Plan?

4 COMMISSIONER PONTE: We do.

5 CHAIRPERSON CROWLEY: Can you share it  
6 with the committee?

7 COMMISSIONER PONTE: We will. I don't  
8 know if we have a copy with us? Do we have a copy  
9 with us? Yes.

10 CHAIRPERSON CROWLEY: And one question  
11 before I--

12 COMMISSIONER PONTE: [interposing] I  
13 believe at the time I think we put the changes that  
14 we were working on with RHU, I think that's another  
15 model or design.

16 DEPUTY COMMISSIONER BERLINER: Yes, so  
17 the department and the Department of Health have been  
18 working very closely over the last several months to  
19 try to develop a new approach to the restricted  
20 housing units that allows both for necessary  
21 treatment and also adapts the program to the shorter  
22 stay stays in segregation that are now the case. The  
23 prior program was at best a 60-day program. Nobody  
24 is staying longer than 30 days under the new rules.  
25 So we need to adapt the programming and the approach

1  
2 to the general management piece. So that they fit  
3 the new model.

4           CHAIRPERSON CROWLEY: When can we see a  
5 day where you have no extensive waiting list? Like  
6 have 730 people waiting to get into a restricted  
7 housing unit is far too many, and leads to so many  
8 incidents of violence. I mean how often is an  
9 incident that happens to somebody who should have  
10 been in an area where they're getting the clinical  
11 help and away from general population--but you don't  
12 have the space--getting into a fight. I bet the  
13 statistics are staggering. So, what I would--before  
14 I just move to my next and last question before I  
15 recognize Council Member Johnson for questions, I  
16 implore you to quickly figure out how you can move  
17 that list much faster. So you don't come before me  
18 next time with a significant number of people waiting  
19 to be placed in a different housing area who have  
20 known--known to be violent and to infract, and to  
21 hurt other inmates as well as staff.

22           Just earlier Council Member Dromm asked  
23 about visiting. You have multiple jails outside of  
24 what is on Rikers Island and if somebody lives in  
25 Brooklyn, they may want to visit an inmate. So often

1  
2 they have to bypass the Brooklyn House of Detention  
3 to get to Rikers Island. If we have a safe facility  
4 and visitation of set up such in a way where you  
5 would have even less of an option for someone to  
6 bring contraband into a smaller facility like  
7 Brooklyn House. Why is it that we hear population is  
8 decreasing in those jails that closer to home such as  
9 DCBC in the Bronx as well as the Brooklyn as well as  
10 Queens, which is completely empty?

11                   COMMISSIONER PONTE: Well, yes. So  
12 Queens has been empty since I've been here. Again,  
13 it's a jail because of it's small size it's not very  
14 efficient to operate. We did draw down Brooklyn for  
15 a period of time, and that was to give staffing some  
16 level of a break. So we tried to give--you know,  
17 overtime is very difficult. We have officers working  
18 three and four doubles a week. So we're trying to  
19 catch up. So we have about 370 recruits in training.  
20 We want to have about 600 in August to really catch  
21 up on our staffing model. So the drawn down in  
22 Brooklyn because we had space in other locations was  
23 to--to give staffing a little bit of a break. We've  
24 now increased those census. So I'll let the Chief  
25 talk on what the counts are today, if you want?

1  
2 JEFF THAMKITTIKASEM: The count in  
3 Brooklyn is--

4 COMMISSIONER PONTE: You might want to  
5 use your mic.

6 JEFF THAMKITTIKASEM: In Brooklyn House  
7 we've added capacity to those housing areas that we  
8 previously had cause to worry about. [sic] Just over  
9 400 at Brooklyn House.

10 CHAIRPERSON CROWLEY: [off mic] And what  
11 is the total capacity?

12 JEFF THAMKITTIKASEM: 750 now.

13 COMMISSIONER PONTE: It's gone back up,  
14 it was done previously.

15 CHAIRPERSON CROWLEY: [interposing] Oh,  
16 yeah, I've seen the indicators at Brooklyn House, and  
17 they're much lower compared to the population they  
18 have there than your other jail facilities.

19 COMMISSIONER PONTE: Not true recently.

20 CHAIRPERSON CROWLEY: No? Well, I--

21 COMMISSIONER PONTE: [interposing] But  
22 we could take the--the more recent data is--

23 CHAIRPERSON CROWLEY: [interposing]  
24 Well, I mean I need to look at the number and the

25

1  
2 data. The data that I've seen shows that the inmates  
3 are better contained that facility--

4 COMMISSIONER PONTE: [interposing] It  
5 is--

6 CHAIRPERSON CROWLEY: --and less likely  
7 to get into big violent--

8 COMMISSIONER PONTE: [interposing]  
9 Correct.

10 CHAIRPERSON CROWLEY: All right.

11 COMMISSIONER PONTE: In some ways, yes.

12 CHAIRPERSON CROWLEY: Before I recognize  
13 Council Member Johnson, did we locate the 14-Point  
14 Plan? All right, we're going to--oh, we got it.  
15 Sorry. Council Member Johnson.

16 COUNCIL MEMBER JOHNSON: Thank you Chair  
17 Crowley. Good to see you Commissioner, and Dr.  
18 Angel. I know this isn't particularly pertinent to  
19 your testimony today and to the multitude of bills  
20 that are before us. But I just think it's important  
21 whenever we have the opportunity especially given  
22 that we have a deadline coming up this year, I want  
23 to make the point that I believe that Corizon should  
24 not be renewed as a provider on Rikers Island.  
25 Washington, D.C. two weeks ago voted down Corizon's

1  
2 contract, and did not renew their contract based on  
3 incidences across the country, and they cited New  
4 York City, I believe, as part of that. So I just  
5 want to put my voice in there as DOC, DOHMH, the  
6 Mayor's Office, OMB and other folks start to consider  
7 and make these decisions. We just had Washington,  
8 D.C. reject Corizon based on not performing at the  
9 right level. We have the opportunity to potentially  
10 do the same thing if we think about ways to find a  
11 better provider. Whether that be HHC. I don't know  
12 what the answer is. I saw that Gordon Campbell, the  
13 former Chair of the Board of Corrections Board moved  
14 over to be Vice Chair of HHC. And I saw that Stan  
15 Brezenoff, who used to be the HCC Board moved over to  
16 DOC. I'm wondering if there are any team moves there  
17 with regard to those things, but I wanted to--to make  
18 that point.

19           The other point I wanted to make is \$14.8  
20 million I believe spent on the enhanced supervision  
21 housing unit, and in my mind it is just pure  
22 segregation by another name. Seventeen hours locked  
23 up without even committing an infraction. It's  
24 identifying the population. Commissioner, you said  
25 in your testimony, We'll finalize a new system.

1  
2 We're classifying new housing units to more  
3 effectively identify those inmates who are most  
4 likely to commit violent acts and separate them from  
5 those that are less likely to do so. So to be placed  
6 in that new unit do you-- have to have committed  
7 something?

8 COMMISSIONER PONTE: Yes. At this point  
9 we could enhance supervision. So the classification  
10 process we talked about would just be a housing  
11 strategy. So that's not--you do not have to have  
12 committed an infraction but you wouldn't be in  
13 lockdown either. And enhanced supervision housing  
14 you would have, in most cases, probably 99% of the  
15 cases have to have committed an infraction to end up  
16 there.

17 CHAIRPERSON CROWLEY: And then you spend  
18 17 hours in your cell?

19 COMMISSIONER PONTE: That's correct.

20 CHAIRPERSON CROWLEY: You also said,  
21 Commissioner, in the part of your testimony where you  
22 spoke about DOC needing to keep weapons, drugs and  
23 contraband out of Rikers. You go through and you  
24 say, To that end, DOC will enhance our overall search  
25 procedures at the front gate of the facilities. And

1  
2 you list what's going to happen. When is that going  
3 to be [bell] implemented? Fully implemented, the  
4 TSA-style search training?

5 COMMISSIONER PONTE: Well, we've done  
6 training I think with all the front gate staff.  
7 We're setting up a protocol with our investigative  
8 unit to actually select the staff that will be  
9 working on the front gates. And the Investigative  
10 Unit now has K-9 ability. So they have K-9s who they  
11 have available to do staff searches, which are  
12 finalizing training I think real soon. Line one is  
13 done or--

14 JEFF THAMKITTIKASEM: [off mic] In a  
15 month, sir.

16 COMMISSIONER PONTE: In a month one will  
17 be done and fully trained. So they'll be  
18 operationalized.

19 COUNCIL MEMBER JOHNSON: Commissioner,  
20 again, I want to thank you for I think a great job  
21 you've done over the past year under extraordinarily  
22 trying and difficult circumstances that you  
23 inherited. I've said it before. I'll say it again.  
24 I don't know where your predecessors were. Rikers  
25 Island got majorly out of control. The Mayor has



1  
2 dedicated an enormous amount of resources. The  
3 Council I think has played an important role in our  
4 oversight ability in advocating for those resources  
5 for DOC and DOHMH to be able to improve conditions on  
6 Rikers. So I applaud you on that. I also just want  
7 to say because I think it's important, and then I'll  
8 turn it back over to the Chair, is I know we disagree  
9 on this. But I'm really glad that CAPS and PACE have  
10 been implemented. I don't disagree on that. But I  
11 think solitary confinement is cruel and unusual  
12 punishment. I think it is harmful to an individual's  
13 mental health. There are other places around the  
14 world--the UN has put out statements on this--do not  
15 think it is best to treat people by locking them in a  
16 cell and not letting them out. I am very happy that  
17 we've looked at alternatives, but I think the numbers  
18 are still far too high. And I look forward to a day  
19 that CAPS and PACE can be used in a more widespread  
20 way so that everyone that needs it, gets it. And  
21 that we don't have people locked in their cells going  
22 crazy, harming themselves and making them more  
23 violent. Thank for the opportunity to speak today,  
24 Madam Chair.

1  
2                   CHAIRPERSON CROWLEY: Thank you, Council  
3 Member Johnson. Commissioner, I'm looking at the key  
4 message in your 14-Point Plan, looking at the fifth  
5 point and most of the 14 points has a lot to do with  
6 the retraining, training of new staff, redefine first  
7 line incident response. And third leadership  
8 development and culture. Redefine the Investigations  
9 Division. Design a recruitment, hiring and staff  
10 selection process. Design of staff performance  
11 management plan. Implement operational performance  
12 metrics and analysis. Create a well defined supply  
13 and distribution process and prove custody management  
14 process. Expand targeted training for officers and  
15 non-uniformed staff. Raise facilities to a good  
16 state of good repair. Now, that is the last of the  
17 initiatives, and would you agree with me that for the  
18 vast majority of these initiatives are to train your  
19 correction officers and your staff?

20                   COMMISSIONER PONTE: I would say  
21 everything we do to improve will be based on the  
22 quality of the staff and the job they do, yes.

23                   CHAIRPERSON CROWLEY: Now, raise the  
24 facilities to good repair. Which brings me to a  
25 topic that we've discussed that most of the folks

2 here are unaware of what's going on. Tell about the  
3 state of repair of your facility where you train your  
4 staff or the committee.

5 COMMISSIONER PONTE: It's a--well,  
6 they've been using that a lot of years. I mean, you  
7 know, it's 10 or 15 years. It's--it probably was  
8 never really a good set up. It's in a shopping mall.

9 CHAIRPERSON CROWLEY: So your facility to  
10 train how many officers and retain?

11 COMMISSIONER PONTE: We've never run a  
12 class. There are literally over 300. This last  
13 class was three--it started at four and we want to  
14 run a 600-officer class in August. So we've never  
15 run a class bigger than--that three, 25 into this  
16 last class.

17 CHAIRPERSON CROWLEY: And how many  
18 officers are you understaffed?

19 COMMISSIONER PONTE: We're probably as we  
20 look at attrition looking down the road that we  
21 probably need to run at least a couple of classes of  
22 600 to get us back to even.

23 CHAIRPERSON CROWLEY: To get us back to  
24 the numbers that the Bloomberg Administration had

1  
2 when they were seeing the rates of violence at an  
3 outrageously high rate?

4 COMMISSIONER PONTE: Right, and the  
5 Mayor's Office he authorized more positions, but we  
6 got to--it takes time for us to hire up to it.

7 CHAIRPERSON CROWLEY: And now, have you  
8 seen the facilities that the Police Academy trains  
9 in--

10 COMMISSIONER PONTE: [interposing] Yes.

11 CHAIRPERSON CROWLEY: --or the Fire  
12 Department?

13 COMMISSIONER PONTE: I did a couple  
14 weekends ago, yes.

15 CHAIRPERSON CROWLEY: And how do you  
16 compare your facility to such facilities?

17 COMMISSIONER PONTE: I don't think I can  
18 comment on that.

19 CHAIRPERSON CROWLEY: But, you know, how  
20 many-how many correction officers do you have?

21 COMMISSIONER PONTE: 8,000 uniformed  
22 staff.

23 CHAIRPERSON CROWLEY: Okay, and you would  
24 like to hire 600 in July, plus.

1  
2                   COMMISSIONER PONTE: In August. 600 more  
3 in August, yes.

4                   CHAIRPERSON CROWLEY: I've seen the  
5 facility. I mean I'm--I'm ashamed to say it's in my  
6 district, and there's no real gym even to get people  
7 physically in shape for this type of physically  
8 demanding job let alone train 300 recruits, certainly  
9 not 600. And nowhere in all of that mall, or the  
10 little space you have in the larger mall, is there  
11 space for you to do the core initiatives that you  
12 have in your reform agenda. Which over nine of these  
13 initiatives of the 14 are to train your correction  
14 officers to redefine your training process. So I'm  
15 not going to recognize Council Member Barron followed  
16 by Council Member Johnson.

17                   COUNCIL MEMBER BARRON: Thank you, Madam  
18 Chair. Just one follow-up question on the grievance  
19 procedure. You indicated that there are  
20 approximately 6,000 grievances per year. And the  
21 main categories are the payroll issues, commissary  
22 and jail time calculation. With those three  
23 categories, what is the percentage of outcomes in  
24 which those decisions are either dismissed or said to  
25 be out of the scope of the grievance? Because the

2 bill that I'm introducing asks that you record the  
3 decision as either outside of the scope, dismissed,  
4 withdrawn by the detainee, an informal resolution  
5 proposed or accepted by the detainee or appealed.  
6 There are various responses. So, what is the main  
7 category? What's the greatest percentage of the  
8 decisions that go with those?

9 COMMISSIONER PONTE: We--we don't need  
10 those, and that will be important as we--

11 COUNCIL MEMBER BARRON: [interposing]  
12 Okay.

13 COMMISSIONER PONTE: --go forward with  
14 these bills to make sure that the definitions are the  
15 same.

16 COUNCIL MEMBER BARRON: Okay.

17 COMMISSIONER PONTE: So we use all the  
18 definitions. All of them can respond do those.

19 COUNCIL MEMBER BARRON: Thank you.

20 COMMISSIONER PONTE: Generally speaking,  
21 using the terminology you just provided almost all of  
22 the grievances in the three categories we talked  
23 about would be informally resolved. The money is  
24 located, the payroll sheet is updated, the jail time  
25 is recalculated, and the issue is resolved. It--

1  
2 they're not always resolved in the inmate's favor.  
3 You know, we go with what the paper says, but they're  
4 almost all resolved within those ten days, and  
5 informally so. An extraordinarily small number of  
6 the 6,000 or so grievances per year wind up with at  
7 the formal resolution level meaning the warden makes  
8 a determination based on fact or the use of the  
9 central review committee is done. I think it's--I  
10 think we did it four or five times last year.

11 COUNCIL MEMBER BARRON: Thank you. In  
12 the part for your testimony you say that DOC will  
13 design and offer accepted inmate education  
14 opportunities and services. I'm very proud to say  
15 that I spent 36 years with the New York City  
16 Department of Education. So education is my gift.  
17 Teaching is my gift and it's my love. So I wanted to  
18 know what exactly are the academic or technical  
19 aspects of your education. I understand that you do  
20 have behavior modification strategies as a part of  
21 the rehabilitative program. But in terms of the  
22 academics or in terms of technical skills, what--what  
23 would be a part of those programs--of that program?

24 COMMISSIONER PONTE: So, my wife's a  
25 teacher in New York.

1

2

COUNCIL MEMBER BARRON: [interposing]

3

Oh, great.

4

COMMISSIONER PONTE: So I understand your

5

passion. [laughs]

6

COUNCIL MEMBER BARRON: Yes.

7

COMMISSIONER PONTE: The--the issue for

8

us so for a 16 and 17-year-olds education is

9

mandated. So all of those kids go to school.

10

They're in school everyday. The 18-year-olds it's

11

optional. We provide it. Not many of those kids go

12

to school, and then we want to establish that

13

educational program for 18 and 21-year-olds, and--and

14

[bell] find ways to get them, you know, back engaged

15

in education. I think that's critical for their

16

future. We're offering vocation education programs.

17

Some of them are life skills and the kinds of things

18

that you need to do, you know, to be productive on

19

the outside. So it's a whole array of programs,

20

including you're looking at vocational programs at

21

least entry level because again we're a jail, and we

22

don't have a lot of these people too long. To really

23

introduce them to things that spark an interest,

24

engage in something that they can continue on the

25

outside.



2 COUNCIL MEMBER BARRON: And what would be  
3 the frequency with which they'd be able to  
4 participate in that type of program.

5 COMMISSIONER PONTE: We designed a five-  
6 hour program day. So they could go to a vocational  
7 program. They could go to cognitive thinking  
8 programs I think for a change, or some of the other  
9 stuff that we have. Or, they could go to education.  
10 So it would be a choice, but there would be a  
11 substantial part of the day that those programs would  
12 be available.

13 COUNCIL MEMBER BARRON: Thank you. Thank  
14 you, Madam Chair, and I just want to say that I also  
15 have concerns about Corizon. When they came and gave  
16 testimony here, they made no mention of the deaths  
17 that had occurred under their responsibility. And if  
18 you're not acknowledging it, then to me you're not  
19 addressing it. You don't see it as an issue. Thank  
20 you.

21 CHAIRPERSON CROWLEY: And we have Council  
22 Member Dromm.

23 COUNCIL MEMBER DROMM: Okay.

24 CHAIRPERSON CROWLEY: Left.

25 COUNCIL MEMBER DROMM: Thank you, Madam.

2 CHAIRPERSON CROWLEY: Council Member for  
3 questions. And I want to acknowledged we've been  
4 count by--been joined by Council Member Mathieu  
5 Eugene.

6 COUNCIL MEMBER DROMM: Thank you, Madam  
7 Chair. Just a little bit of a follow-up to my  
8 question about visitation. I've been speaking with  
9 some former detainees, in particular women who were  
10 being detained on Rikers. And the process by which  
11 their children get in to visit them, and that is a--  
12 an issue of major concern for me. Because, you know,  
13 separating children from their mothers for extended  
14 periods of time is very detrimental to them as well  
15 as to the parents. So I really again urge you to go  
16 back and look at this issue of visitation. It's not  
17 a small issue. It's a very important issue, and I--  
18 and I just can't urge not enough. I do have one  
19 question, or just some discussion about our  
20 Preconsidered Intro by Council Member Crowley, by  
21 Chair Crowley and myself regarding the creation of an  
22 inmate bill of rights. I think that's a very  
23 important piece of legislation, and I support it  
24 obviously as a--as a co-sponsor of it. But I also  
25 want to say that I have spoken to a number of

1  
2 detainees who have come to me and said that they do  
3 not get the handbook when they are initially admitted  
4 onto Rikers Island. Nor do they get a copy of  
5 *Connections*, and they have to me and said to me that  
6 the *Connections* book in particular is vitally  
7 important to them. This is a free book that's  
8 published by the New York Public Library, I believe.

9 COMMISSIONER PONTE: Yeah.

10 COUNCIL MEMBER DROMM: And it contains  
11 numerous resources that are available throughout the  
12 city that they connect with. In particular substance  
13 abuse and alcoholism services. And, I'm just  
14 wondering what the process is, how we can improve the  
15 process? Is there a sign-off for receipt of the--the  
16 booklets that they get. And what does that sign off  
17 look like if that, in fact, exists. And, I would  
18 also like to say I'm working with Council Member  
19 Crowley on making sure that the same type of  
20 enforcement in making sure prisoners are given the  
21 bill of rights also that we're proposing to install.  
22 So can you just walk me through that a little bit?

23 COMMISSIONER PONTE: Well, the--I know  
24 the *Connections* book is not a book we give out, but  
25

2 it has a lot of references to it. To every inmate?

3 You can take that.

4 COUNCIL MEMBER DROMM: That's the--that's  
5 the point I'm trying to make?

6 DEPUTY COMMISSIONER BERLINER: There is--  
7 so there--

8 COUNCIL MEMBER DROMM: [interposing] So,  
9 just before you start, my understanding is that  
10 they're in the section area that behind or in a  
11 closet somewhere and it's up to the discretion of the  
12 correction officer to make sure that they get it.  
13 But I can't emphasize it enough that they actually  
14 get it. And the fact that our Commissioner didn't  
15 know that, is telling to me, and I--I really want to  
16 emphasize this.

17 DEPUTY COMMISSIONER BERLINER: [bell] So  
18 just to separate the two things, the inmate handbook  
19 is provided to all inmates. There's a serial number  
20 on it, and that number goes on their arraignment and  
21 classification form so that we can ensure that they  
22 got.

23 COMMISSIONER PONTE: [off mic] The  
24 inmate signs the form.

25

1  
2 DEPUTY COMMISSIONER BERLINER: Yeah, the  
3 inmate signs that form as well. The Connections  
4 books are not tracked in the same way. They are--the  
5 things that you said are true, but up until the part  
6 where it's discretionary to provide it. It's not.  
7 Everybody is supposed to get one when they come in.  
8 So if there are people who haven't gotten them we  
9 certainly will look at that.

10 COUNCIL MEMBER DROMM: There are many,  
11 many, many people who have not gotten them. I have  
12 heard this repeatedly, and this is a vital source of  
13 information to them. They have come to me simply  
14 asking for this book. How do we get this book? I  
15 actually have a copy of the book on my desk upstairs  
16 in my office. And since it's free, and it's such a  
17 valuable resource to them, I wish and hope and maybe  
18 we can talk about it first--

19 CHAIRPERSON CROWLEY: Yes, thank you.

20 COUNCIL MEMBER DROMM: --to have a serial  
21 number put on those, and assigned just as we do with  
22 the handbook that goes in--

23 CHAIRPERSON CROWLEY: Okay.

24 COUNCIL MEMBER DROMM: --into the inmates.  
25

1  
2                   CHAIRPERSON CROWLEY: And so,  
3 Commissioner, if you could give proper attention to  
4 make sure that every inmate gets one of those  
5 booklets, both Council Members Dromm and myself and  
6 entire committee Council would like to see oversight  
7 on that. If we could involve the Board of Correction  
8 as well. The reason we have the bill to introduce  
9 the bill of rights is to simplify it because it is--  
10 we don't know the reading level of your inmates.

11                   COMMISSIONER PONTE: Sure.

12                   CHAIRPERSON CROWLEY: And we want them to  
13 be read out loud, the simple bill of rights, as well  
14 as the Code of Conduct Bill. Now--

15                   COUNCIL MEMBER DROMM: [interposing]  
16 Council Member Crowley.

17                   CHAIRPERSON CROWLEY: You have to go  
18 soon. Yes.

19                   COUNCIL MEMBER DROMM: Can I say just one  
20 more thing?

21                   CHAIRPERSON CROWLEY: Yes.

22                   COUNCIL MEMBER DROMM: In relation to  
23 what you're talking about as well.

24                   CHAIRPERSON CROWLEY: Yes.

2 COUNCIL MEMBER DROMM: When I visited  
3 Rikers in the Solitary Confinement Unit, there were  
4 corrections officers who I asked what infractions get  
5 somebody into solitary confinement, and they told me  
6 there were over a hundred rules that could get you  
7 into solitary confinement. I think that's why this  
8 issue is so important to us that we have this in  
9 language that our detainees can understand.

10 CHAIRPERSON CROWLEY: Noted.

11 Commissioner, before you have to depart, just  
12 quickly, do you support all these 12 bills? Yes or  
13 no.

14 COMMISSIONER PONTE: I think we support  
15 clearly the notion of all 12 bills, and I think we  
16 can work together on defining what you want to  
17 measure in a way that we--may already be captured.  
18 But, I don't think there is anything in any of these  
19 bills that we'd say we just don't support.

20 CHAIRPERSON CROWLEY: Okay.

21 COMMISSIONER PONTE: I think in the  
22 modification as we talk about them over--over the  
23 next few months we--we can get to supporting all of  
24 them.

2 CHAIRPERSON CROWLEY: And I appreciate  
3 the 14-Point Plan. It totally makes sense. It is to  
4 be a serious plan, and you need a serious place to  
5 train.

6 COMMISSIONER PONTE: Yes.

7 CHAIRPERSON CROWLEY: And if you could  
8 take that message back to the Mayor that would be  
9 good, as well as the area where you decrease  
10 violation. There's certainly correlation to increase  
11 that. And if you could also show that we need to  
12 decrease violence across the board, not only in one  
13 small population, but in the entire population.

14 COMMISSIONER PONTE: That would be great.  
15 Absolutely.

16 CHAIRPERSON CROWLEY: Okay.

17 COMMISSIONER PONTE: Yeah.

18 CHAIRPERSON CROWLEY: Thank you for your  
19 time.

20 COMMISSIONER PONTE: Thank you.

21 [background comments, pause]

22 CHAIRPERSON CROWLEY: Okay. Now, we're  
23 going to call up the next panel to testify.

24 [background comments, pause]



CHAIRPERSON CROWLEY: Next up we're going to have the Doctors Council of SEIU. Dr. Frank Proscia.

[pause]

DR. FRANK PROSCIA: Thank you very much. Good afternoon, Chair Crowley and members of the Criminal Justice and Fire Committee. My name is Dr. Frank Proscia and I am President of Doctors Council at SEIU, which represents thousands of doctors in the metropolitan area including in every HHC facility, the New York City Department of Health and Mental Hygiene, New York City School Health Program, and the New York City jails including Rikers and Vernon C. Bain's Correctional Barge. Thank you for the opportunity to testify today.

Doctor's Council SEIU is here today to voice support for the pack--for the package of bills they seek to examine: Violence in New York City's jails and the city's response. The collection and reporting of data offers greater transparency in examining the root causes of violence and can provide concrete information to foster potential solutions that are sorely needed. Our doctors are doing exceptional work providing patient care on Rikers

1  
2 Island in a challenging setting. Detainees deserve  
3 the fundamental right of access to quality  
4 healthcare, and as such, we believe that certain  
5 measure could increase access to that care.

6           The environment in which doctors, nurses  
7 and other healthcare staff operate has clear  
8 implications for patient care. Our partnership with  
9 DOC and its role in connecting the detainees with  
10 clinics is critically important. I apologize. I'm  
11 switching. Every time I wrote inmate, I'm changing  
12 it to detainees. To that end, we would like to weigh  
13 in on four bills in particular, which we feel are  
14 important in promoting a secure work setting and  
15 increasing detainee's access to healthcare.

16           First, Doctors Council supports Intro 643  
17 requiring that the DOC provide a monthly report  
18 regarding the number of detainees who are on a  
19 waiting list for restrictive housing and clinical  
20 alternative to punitive segregation units. Our  
21 clinicians believe that programs like CAPS and PACE  
22 are promising, but the demand for these programs is  
23 much greater than current availability, leaving too  
24 many inside Rikers underserved. Everyday events both  
25 inside and outside Rikers underscore the fact that

3 our correction facilities need more space and  
4 staffing for mental health intervention. That should  
5 be a priority.

6 Second, we support Intro 768, which would  
7 require the DOC to report on enhanced supervision of  
8 housing. As this is a new housing unit, we want to  
9 make sure that appropriate health services and  
10 physical plant conditions are in place. Medical  
11 rounds must be conducted safely and confidentially.  
12 We believe there are protocols that still need to be  
13 ironed out. Doctors Council also supports efforts  
14 described in Intro 759 to report on cases of injuries  
15 of detainees and staff in the city jails. Staff  
16 injuries have been on the rise in recent years, and  
17 Doctors Council is committed to improving safety  
18 protocols and physical infrastructure to ensure that  
19 all healthcare professionals can do their jobs safely  
20 and provide the best care possible.

21 In addition to collecting stats on  
22 incidents, it is critical that these matters [bell]  
23 are indeed treated as serious crimes, and referred to  
24 the appropriate DA's office so as to serve as  
25 deterrent. Recently, during--during the monthly  
safety meetings among agencies at Rikers, there were

3 discussions that the GMDC lacks appropriate egress in  
4 the mental health treatment area in case of an  
5 emergency. This is an important physical plant issue  
6 that remains unaddressed and could potentially lead  
7 to a violent incident.

8           Lastly, we are encouraged by Intro 770  
9 and the proposal requiring that the DOC establish a  
10 crisis intervention program. Our doctors are ready,  
11 willing and able to weigh in on the protocols to  
12 improve responses to crises. We recommend that the  
13 doctors of Rikers Island, especially the  
14 psychiatrists be included in the course of planning  
15 and training for the crisis intervention teams.  
16 Thank you for the opportunity to testify today.

17           CHAIRPERSON CROWLEY: Thank you, doctor.  
18 Thank you for your testimony that--what you said in  
19 your testimony that your colleagues are getting  
20 seriously hurt more often. Can you speak to that a  
21 little bit more?

22           DR. FRANK PROSCIA: There--they are put  
23 in situations where there's a dentist that has to be  
24 treating a patient. There are doctors that need to  
25 go see clients in their cells, or in a clinic  
setting. And, the view to a correction officer is

2 not necessarily clear often. They feel alone. They  
3 feel at the whim of, you know, patients that have  
4 been waiting sometimes for hours to be seen. And,  
5 this just swells up a hostility. I get frustrated  
6 just waiting in my doctor's office, and just imagine  
7 being in a situation where there's a high percentage  
8 of clientele that are in the same waiting room  
9 waiting to be treated. Especially with the  
10 reoccurrence of patients being sent away from the  
11 doctors because there's issues that arise that they  
12 have to shut the clinics down. And now it just  
13 compounds the problem. When the patients come back,  
14 there's even more, you know patients to be seen.

15 CHAIRPERSON CROWLEY: Does the clinical  
16 staff see inmates without the inmates being escorted  
17 by a correction officer?

18 DR. FRANK PROSCIA: Well, the correction  
19 officer--not that I'm aware of. They go to the  
20 clinic. There's an officer available. There is an  
21 officer there.

22 CHAIRPERSON CROWLEY: Is the officer  
23 always beside the inmate when the inmate is in the  
24 care of the doctor of the clinician?

3 DR. FRANK PROSCIA: Not that I'm aware of  
4 no.

5 CHAIRPERSON CROWLEY: Do you think that  
6 if an officer was beside the clinical staff person  
7 while they're treating an inmate that there would be  
8 less likelihood of an incident where an inmate could  
9 harm clinical staff?

10 DR. FRANK PROSCIA: It would seem to make  
11 sense, but there's also issues of confidentiality  
12 there where a doctor needs to not discuss, you know,  
13 personal issues with the patient.

14 CHAIRPERSON CROWLEY: Well, there are  
15 headphones that people could wear. I mean as long as  
16 there are ways that there could be--

17 DR. FRANK PROSCIA: [interposing] There  
18 could be a compromise and figure out a way, you know,  
19 to solve the problem. Yes.

20 CHAIRPERSON CROWLEY: I don't see any  
21 other way to solve it right now unless an inmate is  
22 being watched by a correction officer while they're  
23 receiving care. That's to me the only way to keep an  
24 incident, a violent incident from happening, or to  
25 intervene the second it happens.

3 DR. FRANK PROSCIA: Staffing of, you  
4 know, correction officers would definitely, if they  
5 were increased that would certainly help the problem  
6 be solved.

7 CHAIRPERSON CROWLEY: Do you have an  
8 opinion about--

9 LAURIE DAVIDSON: [off mic] Do you mind  
10 if I add something? [sic]

11 CHAIRPERSON CROWLEY: Sure. I just need  
12 for you to identify yourself for the record.

13 LAURIE DAVIDSON: [on mic] Sure. Good  
14 afternoon. I'm Laurie Davidson. I'm a Contract  
15 Administrator with Doctors Council. So I think some  
16 of the issues in terms of safety come from lack of  
17 visibility from correction officers. One example  
18 AMKC, which was a large new clinic that was built,  
19 one whole side of it there's not good sightline. And  
20 that's been pointed out on numerous walk-throughs and  
21 has not been addressed. At GMDC the mental health  
22 treatment area through numerous visits and through  
23 the safety meetings, DOC determined that that--the  
24 mental health treatment areas have no egress and was  
25 an unsafe working environment that has not been  
addressed. And there's no end date timeline or plan

1  
2 to address that issue. RNDC mental treatment, mental  
3 health treatment area is similar where one of the  
4 psychiatrists told me that he takes the first office  
5 because that's the only area that's safe with a  
6 sightline. Whereas the other three are not. There  
7 could be more roving officers, which wouldn't be a--  
8 wouldn't interfere with the confidentiality.

9 CHAIRPERSON CROWLEY: So what you're  
10 saying is that you don't need to have one-to-one, but  
11 you need to have a good sightline where a correction  
12 officer can see--

13 LAURIE DAVIDSON: [interposing] Uh-huh.

14 CHAIRPERSON CROWLEY: --two or three or  
15 whoever is in-- At no point should an inmate be with  
16 clinical staff and not be able to be seen or in the  
17 sightline.

18 LAURIE DAVIDSON: [interposing] Right,  
19 and another recommendation we made was having  
20 personal alarms versus alarms on a desk go in a  
21 treatment areas. That was turned down by the DOC as--  
22 --as not possible. We feel that that would enhance  
23 safety.

24 CHAIRPERSON CROWLEY: It would still take  
25 time.



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LAURIE DAVIDSON: I know. Uh-huh.

CHAIRPERSON CROWLEY: When you see something happening and you have to act quicker than just responding to--to an alarm--

LAURIE DAVIDSON: [interposing] Right.

CHAIRPERSON CROWLEY: --than figuring out where it's happening, right.

LAURIE DAVIDSON: We've made numerous recommendations. We've also recommended that there be more team training. So, whereas the correction officer staff is being trained, it's not conjunction with the clinical staff. We feel that there should be training done together that would clarify expectations of what the correction officer's response should be in different scenarios, and what the medical staff can expect from the correction officers. Because there's no clear protocols on different scenarios and safety. For example, if you have somebody who is a heightened risk and is flagged in your computer as being a risk, it's not really clear then what you do. So you know that this person is potentially dangerous, but you're still seeing them and treating them, and there's not really a system in place to address that. So you just know

2 that they may be violent, but there's nothing to  
3 protect you. But there has been, you know, a lot of  
4 issues--incidents where there had been roving  
5 officers and they have been removed or doing other  
6 duties, or the COs are performing multiple tasks at  
7 the same time, and not having eyes directly on the  
8 medical staff.

9 CHAIRPERSON CROWLEY: Council Member  
10 Rosenthal for a question.

11 COUNCIL MEMBER ROSENTHAL: Thank you.  
12 Could you stay here? So, I--is there any reason  
13 those reports--something it's disturbing to hear that  
14 in a safety meeting a recommendation is made and  
15 agreed to. And then, no steps for correct--  
16 implementing the corrective action. Is there a  
17 mechanism--would it be inappropriate for the  
18 information at those safety meetings to be made  
19 public? Or, would it be inappropriate that the  
20 recommendations that are approved out of those safety  
21 meetings become public information?

22 LAURIE DAVIDSON: My guess would be that  
23 it's something that should be widely, you know, just  
24 shared internally, but I--I mean just thinking off  
25 the top of my head there may be issues to point out,

2 safety, you know, safety problems that could be  
3 shared with inmates. You know, where their lives are  
4 at stake.

5 COUNCIL MEMBER ROSENTHAL: I see what  
6 you're saying. I see what you're saying.

7 LAURIE DAVIDSON: That would just--that  
8 just strikes me as--

9 COUNCIL MEMBER ROSENTHAL: [interposing]  
10 Of course.

11 LAURIE DAVIDSON: --a potential hazard if  
12 telling--

13 COUNCIL MEMBER ROSENTHAL: [interposing]  
14 It just strikes--

15 LAURIE DAVIDSON: --publicly where the--

16 COUNCIL MEMBER ROSENTHAL: [interposing]  
17 Absolutely. Do you have another idea for how--you  
18 know, I'm hearing this one story, and it's, of  
19 course, disturbing. And, how do we set up a  
20 mechanism for that information to get to the  
21 Commissioner? Well, the Commissioner would have it,  
22 but to get to someone who could issue consequences if  
23 those remedies are not made within a reasonable  
24 amount of time.

2           LAURIE DAVIDSON: Yeah, I think that that  
3 would be a great suggestion. We do receive the  
4 reports from the safety committee meetings, and the  
5 wardens are aware there are supposed to be monthly  
6 meetings. And there, you know, I get copies usually  
7 a couple months past that have, you know, what was  
8 discussed at the meeting, the recommendations that  
9 are made. I also requested that I be given a list  
10 that just--just showed the ones that were open  
11 issues. So I do have that information. How to  
12 enforce getting it done, I think trying to find some-  
13 -some way to put some enforcement on that would be a  
14 strong step forward.

15           COUNCIL MEMBER ROSENTHAL: Thank you very  
16 much. This is very powerful testimony.

17           DR. FRANK PROSCIA: Could I add one other  
18 thing? I come out of the Health and Hospital  
19 Corporation from Queens Hospital Center. I'm a  
20 psychiatrist myself, and what I've noticed in  
21 hospital systems just a couple of decades ago in  
22 psychiatry I dealt with inpatient psychiatry, the  
23 most violent of patients. And, it was quite normal  
24 to seclude patients, put them in restraints, have  
25 them on one-to-one, really corral patients. You

1 know, restrict what they're allowed to do or go.  
2 But, in the '90s, in the later '90s, I saw it in HHC.  
3 There was a culture change. The administration, the  
4 inner hospital system was well aware that that's not  
5 the way to treat patients. And they evolved, changed  
6 the staffing, did the crisis intervention teams.  
7 Everybody, every discipline was involved, even the  
8 police officers within the hospital system.  
9 Everybody was trained. It was the--the management  
10 and the healthcare staff who realized that things  
11 needed to change, but it was difficult to make.  
12 Doctors, nurses, everyone said to themselves this is  
13 the way we've always done it. Whenever you take  
14 those first few steps in the right direction,  
15 everyone doesn't realize that's the right direction  
16 yet, unfortunately.

17  
18 COUNCIL MEMBER ROSENTHAL: But, may I ask  
19 was the change implemented at Queens--

20 DR. FRANK PROSCIA: [interposing] It was,  
21 definitely--

22 COUNCIL MEMBER ROSENTHAL: --Hospital in  
23 the '90s?

24 DR. FRANK PROSCIA: --and now I think  
25 it's down to zero restraints, zero seclusion.

1  
2 People--if anything, a patient chooses to go into a  
3 room, and closes the door partly so they could be  
4 left alone, if they so choose. But, nothing is  
5 forced upon a patient.

6 COUNCIL MEMBER ROSENTHAL: What's  
7 interesting to me about that, Chair, is that at that  
8 time in the '90s, I'm pretty sure Montefiore had the  
9 contract with the city to provide healthcare services  
10 on Rikers. And, you know, if it couldn't get  
11 communicated then, you know, when it's basically an  
12 HHC or an affiliate HHC hospital that's providing the  
13 service, you know, the notion of doing it now with  
14 Corizon, which is totally a private entity, that  
15 would seem impossible. I mean it's sort of another  
16 argument for using HHC and an HHC affiliate for the  
17 health services, the mental health services on  
18 Rikers, no?

19 DR. FRANK PROSCIA: Well, the Health and  
20 Hospital Corporation was able to do it because they  
21 just had to deal with themselves. It was HHC  
22 employees. Possibly there were affiliate employees  
23 there. There was, you know, Mount Sinai there at the  
24 time. But, they were the employer. They decided on  
25 what--they were the in-house manager of everybody.

1  
2 So they said this had to be done, and everybody  
3 listened to it. Unfortunately, this is a situation  
4 where just getting any--any other subcontractor to  
5 come in, unless they have lutes in the facility, it's  
6 going to be quite difficult to accomplish the tasks.  
7 If the DOC and HHC let's say don't see hand-in-hand  
8 on what needs to be accomplished, you're not going to  
9 be able to do it. If, you know, DOH, you know,  
10 decides to get another subcontractor, that doesn't  
11 solve the problem if DOC and this other subcontractor  
12 doesn't understand. As far as I'm concerned, the  
13 bottom line is DOC needs to understand, and if they  
14 understand whoever comes in as a subcontractor will  
15 probably work with them if they're a healthcare, you  
16 know, manager.

17 COUNCIL MEMBER ROSENTHAL: [off mic]  
18 Thank you very much.

19 DR. FRANK PROSCIA: Okay. Thank you.

20 CHAIRPERSON CROWLEY: Thank you. The  
21 next up we have Aida Morales who is representing 1199  
22 workers. I'm going to stay on healthcare and  
23 representing workers at-- And we do have a nurse,  
24 too. Maria?

25 MARCIA TULEA: [off mic] Marcia.

3 CHAIRPERSON CROWLEY: Sorry. Marcia  
4 Tulea.

5 MARCIA TULEA: [off mic] Yes.

6 CHAIRPERSON CROWLEY: Your handwriting is  
7 almost as good as mine.

8 [pause]

9 AIDA MORALES: Good afternoon, Madam  
10 Chair Crowley. My name is Aida Morales. I'm the  
11 Vice President of Local 1199, who represents the  
12 healthcare workers at the correctional facility under  
13 the health and mental health contract with Corizon  
14 Health. Thank you for this opportunity to testify on  
15 this building bills. As with Intro 440, 1199  
16 expresses its ongoing support for all to quantify  
17 data, serve to better inform planning for the needs  
18 of the staff, and inmates in correction facilities.  
19 Additional data will assist to better assess staffing  
20 needs, and to allow agencies to identify problems,  
21 develop and implement programs to address those  
22 problems. And improve conditions of the staff,  
23 inmates and their visitors. But, as we testified to  
24 earlier, we do not believe reports alone will solve--  
25 resolve the problems that exist in the prison system.  
There must be increased interagency collaboration,



3 cooperation and coordination, which is currently  
4 lacking. We also feel strongly that in the interest  
5 of transparency such data must be posted on the  
6 agency website.

7 There are two intros that warrant  
8 additional comments. The first is Intro 770, would  
9 require the Department of Correction to develop a  
10 crisis intervention program. We support and very  
11 much need such an initiative, but we must be clear  
12 such programs will be less effective without the much  
13 needed cross-training needed with uniform and  
14 civilian personnel. Workers have requested cross-  
15 training to no avail. A team approach to identify  
16 potential problems before they escalate would go a  
17 long way towards minimizing chaos. Simply, solutions  
18 such as posting correction officers inside the  
19 clinics and in blind spots, providing escorts in a  
20 more organized manner, increase staffing and  
21 utilizing crossbars for aggressive inmates. And  
22 having on-person panic buttons are other preventive  
23 measures that can be used to maintain order.

24 While I personally have found Corizon to  
25 be cooperative and willing to take the necessary  
steps, all persons physically located within the

1  
2 prisons are in their custody, and care of the  
3 Department of Correction, the agency responsible for  
4 the day-to-day management of the facility. Safety  
5 meetings [bell] were proposed and discussed with  
6 workers' representatives are attended by DOC, but to-  
7 -but to be effective their recommendation must be  
8 acted upon. Without DOC's cooperation, not much can  
9 be resolved. We look forward to continue working  
10 with agencies, with Corizon and to actively engage  
11 all interested parties in identifying solutions and  
12 their implementation. I know that Intro 759 requires  
13 both the inquiries sustained by the staff and  
14 inmates. We believe that these reports are compiled,  
15 but this information must be made readily available  
16 to the workers over the years. We have had  
17 difficulties in accessing this information. In  
18 closing, I must reiterate that problems that exist in  
19 very serious, absent interagency cooperation, any  
20 contractor will face the same obstacles. We thank  
21 you for allowing us to testify this afternoon.

22 CHAIRPERSON CROWLEY: Thank you. Do your  
23 members feel safer in that work?

24 AIDA MORALES: Excuse me?  
25

2 CHAIRPERSON CROWLEY: Do the members of  
3 1199, the clinical staff working on Rikers Island and  
4 in the various other jails, do they feel safe? Safe.  
5 Do they feel that--do they feel that they're going to  
6 get harmed when they're at work?

7 AIDA MORALES: When our workers are there  
8 providing care, they don't feel safe without the  
9 presence of a correction officer.

10 CHAIRPERSON CROWLEY: And how often is  
11 there a correction officer in their sightline?

12 AIDA MORALES: Not all the time. Very  
13 rare. I think there's one that's posted at the  
14 doorway at a distance from where they are. And the  
15 panic buttons are at--when you first enter the place,  
16 and the desk of the healthcare provider is at the  
17 other extreme end where if they are being attacked,  
18 they have no way of getting to where the panic  
19 buttons are located.

20 CHAIRPERSON CROWLEY: Do you feel like  
21 the Administration, the Mayor's Office or the  
22 Commissioner for the Department of Corrections  
23 understand that your colleagues, the healthcare  
24 workers who are going to Rikers to the dangerous  
25 jail, that they are worried about their own safety?

3 Does the Administration know that? Do they know that  
4 you have these concerns?

5 AIDA MORALES: The concern has been  
6 brought forward, but apparently they haven't been  
7 heard. Nothing has happened. No.

8 CHAIRPERSON CROWLEY: So, if we made sure  
9 that whenever clinical staff was in the presence of  
10 an inmate that there was also the presence of a  
11 correction officer that would change things? Your--  
12 your colleagues would be safer?

13 AIDA MORALES: That would be the ideal.  
14 Absolutely, they would feel safe.

15 CHAIRPERSON CROWLEY: What about it if  
16 they say, oh, you know, the correction officers are  
17 not allowed to hear the health concerns, it's privacy  
18 issue? Is there a way you think that we could--?

19 AIDA MORALES: Well, decisions are being  
20 made by a non-political people, and not taking into  
21 consideration the health of the clinical person  
22 providing the service.

23 CHAIRPERSON CROWLEY: Right, and I  
24 understand that there are a lot of positions that  
25 going unfilled, that your colleagues are stretched  
very thin. Because they're just not hiring. Corizon

1  
2 is not hiring the amount needed to take care of the  
3 inmates that are looking for critical help.

4           AIDA MORALES: That is correct, but  
5 sometimes it's not always the amount of people, but  
6 how the personnel is being spread around.

7           CHAIRPERSON CROWLEY: Right. I couldn't  
8 imagine that having to deal with those types of  
9 situations going to work afraid of your own safety,  
10 knowing that many people could have the job you do,  
11 if they were willing to take it. So many jobs go  
12 unfilled and, therefore, you're spread thin and have  
13 to see more. We--we are going to put pressure on the  
14 Administration over the next couple of months to  
15 makes sure if they hire again Corizon to do any  
16 medical work at that the standards are much more  
17 improved. And that at minimum that there are enough  
18 correction officers to keep your members safe. I  
19 understand, and if we can't get them to do it, then  
20 we'll legislate it.

21           AIDA MORALES: Thank you so much.

22           CHAIRPERSON CROWLEY: Okay, and now  
23 you're next. You didn't state your--yeah, Marcia.

24           MARCIA TULEA: [off mic] I am Marcia  
25 Tulea.

1  
2 SERGEANT-A-ARMS: Press the bottom,  
3 please.

4 MARCIA TULEA: I'm pressing it. I am  
5 Marcia Tulea. I'm an RN I am the previous chair of  
6 NYCD [sic]. I didn't get access to the bills that  
7 are here, but I'm speaking to the information that I  
8 heard on the television in the other room. I came on  
9 this island, Rikers Island May 26th of 1986 when  
10 there was a small population of mental health  
11 patients. I was hired by DOH. I moved into my field  
12 where our weekend staff is now our weekday staff.  
13 There was an excess of ready nurses at one time  
14 standing at the station waiting to be relieved and  
15 cross-relieved at those times. Then we came into  
16 Saint Barnabas, and then we came into Corizon. I  
17 understand that conditions have changed, and I  
18 understand the staffing is an issue for me. Staffing  
19 on both sides is an issue. I understand in the  
20 clinic there's an officer, there's an A officer and a  
21 B officer. I understand Corrections. There was a C  
22 officer that ruined the clinic in my Montessori days.  
23 Actually, ruined the clinic because there's many  
24 booths there. So we had more access to an officer  
25 that's hearing us that actually worked, that was in

1  
2 tune to changes in voices, changes in my voice, and  
3 also the patient's voice. I speak patient. I don't  
4 know how to speak any other thing but I nurse. Okay,  
5 but my problem now is we have identified aggressive  
6 patients, and these patients are not--we just have an  
7 identification. There's over 300 patients that come  
8 to us on a daily basis. I actually have a list. I  
9 can't give it to you because I have to redact it in  
10 order to show you. These facilities have no  
11 aggressive patients, and as a healthcare worker, I  
12 can't tell an officer to handcuff a patient.  
13 Whereas, if the patient comes handcuffed, and then I  
14 say you can take the handcuffs off, our communication  
15 becomes different. I become the person who is the  
16 bad guy if we restrain your patient. And, then if we  
17 have identified these patients, I don't understand  
18 why we don't do anything with this list. This list  
19 is given to every Corizon worker. When I log into  
20 the computer on a email I have a daily aggressive  
21 patient list. The other problem I want to address is  
22 I've noted that we have all these CAPS programs, PACE  
23 programs that supposedly have been identified as  
24 models. But yet, my nurses are telling me that in  
25 these programs there's no continuity. There is not a

1  
2 site there that definitely sees particular patients.  
3 There are sites that are floated in. So when we  
4 address issues of these patients or these patients  
5 come with an issue, it's like yeah, I know you--

6 CHAIRPERSON CROWLEY: [interposing] There  
7 are not enough psychiatrists.

8 MARCIA TULEA: Yeah. Let me review his  
9 record.

10 CHAIRPERSON CROWLEY: So when you started  
11 [bell] nearly 30 years ago--

12 MARCIA TULEA: [interposing] Yes.

13 CHAIRPERSON CROWLEY: --congratulations  
14 on working--

15 MARCIA TULEA: [interposing] Yes.

16 CHAIRPERSON CROWLEY: --that many years.

17 MARCIA TULEA: And at that time I was  
18 hired by HHC.

19 CHAIRPERSON CROWLEY: [interposing] All  
20 the while--

21 MARCIA TULEA: HHC still--

22 CHAIRPERSON CROWLEY: --all the while on  
23 the same Island?

24 MARCIA TULEA: On the island, the same  
25 island and I was in mental health up until 2001.



1  
2 CHAIRPERSON CROWLEY: For most of your  
3 career you've been in mental health?

4 MARCIA TULEA: Yep.

5 CHAIRPERSON CROWLEY: But now you're not?

6 MARCIA TULEA: No, I'm in--I'm in O--I'm  
7 in OBCC where we've had Five North. We've got--we  
8 are--we are the Bing area and it's between the fire  
9 starting and the jail being shut down half the time--

10 CHAIRPERSON CROWLEY: [interposing] It's  
11 very violent.

12 MARCIA TULEA: --things are not happening  
13 right.

14 CHAIRPERSON CROWLEY: They're not--

15 MARCIA TULEA: We're a member of 5 North  
16 that you hardly see. [sic]

17 CHAIRPERSON CROWLEY: --and they're not  
18 under mental health observation?

19 MARCIA TULEA: No.

20 CHAIRPERSON CROWLEY: So they are regular  
21 inmates?

22 MARCIA TULEA: Yes.

23 CHAIRPERSON CROWLEY: And they're very  
24 mischievous or--

25

2 MARCIA TULEA: [interposing] Yes, and we  
3 at one point thought that Mental Health would house  
4 those patients--

5 CHAIRPERSON CROWLEY: [interposing] Yeah.

6 MARCIA TULEA: --but no. DOC puts  
7 patients there.

8 CHAIRPERSON CROWLEY: Yeah.

9 MARCIA TULEA: So, they have mental  
10 visits--

11 CHAIRPERSON CROWLEY: [interposing] So  
12 they have to go into punitive segregation?

13 MARCIA TULEA: Yes. It was supposed to  
14 be patients with a high identifier.

15 CHAIRPERSON CROWLEY: [interposing] And  
16 they're actually starting fires?

17 MARCIA TULEA: Yeah, we had the fire,  
18 yeah.

19 CHAIRPERSON CROWLEY: But your alarms are  
20 going off all the time?

21 MARCIA TULEA: All day for fire starters,  
22 but--

23 MALE SPEAKER: [off mic] They shut the  
24 whole jail down?

1  
2           MARCIA TULEA: Yeah, they do shut the  
3 whole jail down. They have to shut the whole jail  
4 down to do it.

5           CHAIRPERSON CROWLEY: Yeah, it's hard to  
6 do that.

7           MARCIA TULEA: [interposing] But I feel a  
8 lot of times a lot of things happen also once the  
9 patients do get to the clinic, we have our problems  
10 because our staffing is an issue because it's on both  
11 sides. We can't meet their needs and we are feeling  
12 a certain way, too, once you come with all these  
13 needs. So, therefore, we need to calm things down.

14          CHAIRPERSON CROWLEY: [interposing] But  
15 how is--is Corizon better than HHC, worse in your  
16 years like as a provider?

17          MARCIA TULEA: Well, you know, HHC it was  
18 smaller. HHC had Brooklyn House, Queens House,  
19 Manhattan House. We had the external houses, but  
20 Montefiore actually had the bigger women's house,  
21 which at that time was a small jail a C73, and then  
22 they moved to a GMDC and then they built Rose Encina.  
23 [sic] So, I was there since that time because the  
24 women's population got bigger. But Montefiore took  
25 care of all the other jails, HDM, OBCC and all the

2 others. And the staffing was different, our  
3 protocols were different. We have policy and  
4 procedure meetings with the staff and with  
5 Montefiore's own supervisors. We don't do that now.  
6 The input of the staff is not heard.

7 CHAIRPERSON CROWLEY: I am hearing that.  
8 Council Member Rosenthal.

9 COUNCIL MEMBER ROSENTHAL: [off mic]  
10 Again. [on mic] Do you feel that--so when  
11 Montefiore had the contract, you were part of those  
12 meetings?

13 MARCIA TULEA: Yes, we had to have  
14 pharmacy meetings. Anything--we had meetings. We  
15 had--we didn't have to have safety meetings because  
16 safety meetings were not that big, but we did have  
17 meetings with the warden. And anytime my supervisor  
18 wasn't there, the Nursing Department had to be  
19 represented. So I went as a staff nurse on occasion  
20 to the warden meetings within our buildings.

21 COUNCIL MEMBER ROSENTHAL: Warden  
22 meetings.

23 MARCIA TULEA: Yeah, we had warden  
24 meetings.

25

1  
2 COUNCIL MEMBER ROSENTHAL: And they don't  
3 happen any more?

4 MARCIA TULEA: They happen, but we had to  
5 inform them that staffing had--the other staff had to  
6 go to the meetings. You didn't--you didn't have to  
7 inform them before, but when my supervisor wasn't  
8 there she informed us whoever was in charge that they  
9 had to go to the meeting. And this is wanted.

10 COUNCIL MEMBER ROSENTHAL: Right.

11 MARCIA TULEA: You don't have to require  
12 it.

13 COUNCIL MEMBER ROSENTHAL: So now,  
14 there's no real line of communication?

15 MARCIA TULEA: No. No, after we had a  
16 couple of safety issues--incidents, they started to  
17 start to request that we go there, and then after  
18 that it died down.

19 COUNCIL MEMBER ROSENTHAL: Right. So  
20 they're only reactive to a specific situation?

21 MARCIA TULEA: Yes.

22 COUNCIL MEMBER ROSENTHAL: And do you  
23 think--I wonder--

24 MARCIA TULEA: Okay.  
25

1  
2 COUNCIL MEMBER ROSENTHAL: --I wonder if  
3 you could make that part of a contract to require  
4 those meetings.

5 MARCIA TULEA: I think it should be a  
6 requirement because we're in the line--we're in--sort  
7 of called we're in the trenches--

8 COUNCIL MEMBER ROSENTHAL: [interposing]  
9 Yeah.

10 MARCIA TULEA: --and we need to talk to  
11 you about the things that are occurring there.

12 COUNCIL MEMBER ROSENTHAL: Thank you so  
13 much for coming today.

14 MARCIA TULEA: All right. Thank you.

15 CHAIRPERSON CROWLEY: All right, and then  
16 we're going to have these meetings. You know, it  
17 doesn't have to be a public hearing, but my office is  
18 always there for your members. You could bring it  
19 back to your colleagues and your union  
20 representatives. When you don't feel like you're  
21 getting any answers or any help from the  
22 Administration from the Department of Corrections or  
23 the Department of Health and Mental Hygiene, the  
24 Department of Health in the City, then we can hold  
25

1  
2 them to task. So, stay in touch. You know where to  
3 find me, and thank you for testifying today.

4 MARCIA TULEA: All right, thank you.

5 CHAIRPERSON CROWLEY: Okay, next up we  
6 have the Legal Aid Society. Cynthia Cook, Sarah  
7 Keer--Kerr?

8 SARAH KERR: [off mic] Kerr.

9 CHAIRPERSON CROWLEY: Sarah Kerr and then  
10 the Legal Aid Society, we'll hear from both the Bronx  
11 Defenders and the Brooklyn Defenders.

12 [pause]

13 SARAH KERR: Thank you. My name is Sarah  
14 Kerr. I'm a staff attorney with the Prisoners'  
15 Rights Project of the Legal Aid Society. Thank you,  
16 Chair Crowley and members of the Council for  
17 continuing to focus on violence in the city jails,  
18 and for giving us this opportunity to testify. Our  
19 city jails remain extraordinarily violent.  
20 Complaints received by the Prisoners' Rights Product-  
21 -Project remains as frequent and severe as ever. I  
22 believe you've brought up the statistics yourself.  
23 We are currently involved in the settlement of our  
24 litigation joined by the Department of Justice, the  
25 Nunez case, which will provide remedies, and is

1  
2 expected to be completed near Memorial Day. I'm not  
3 involved in this--that litigation, which is part of  
4 why I was sent here today because I can't talk about  
5 the settlement negotiations because actually I know  
6 nothing about them. The City's 14-Point Plan we are  
7 really delighted to see that it was handed to you  
8 since we've been trying to get it, and we're hoping  
9 that you will release it to us.

10 CHAIRPERSON CROWLEY: [off mic] You can  
11 have it. [sic]

12 SARAH KERR: Thank you. But it's been  
13 difficult to address it with specificity since it was  
14 not released, and all we had was the press release.  
15 Many of the initiatives that were identified in the  
16 press release are sensible and valuable. Camera  
17 coverage has been part of our settlements of use of  
18 force suits for a long time. It's important for  
19 protection both of incarcerated people and for the  
20 staff. Reducing idle time and providing educational  
21 and vocational programs will reduce violence and  
22 recidivism as well. Crisis intervention teams  
23 adapted for jails is an important initiative that  
24 came out of the Mayor's Task Force on Behavioral  
25 Health and Criminal Justice.



1  
2           And with 40% of the individuals in our  
3 jails are identified as having mental health needs,  
4 the crisis intervention teams are going to be a huge  
5 reduction in violence and I think in injury. If we  
6 are not approaching people in crisis with a probe  
7 team, which is a frightening thing, and the cell  
8 extraction because someone is not following a rule.  
9 But instead, approaching them with the  
10 interdisciplinary team to try to talk and be patient  
11 and take time. I think we will see not just less  
12 violence, but less serious injury. Another part of  
13 the press release is about improving the physical  
14 plants at the jails including the entrance areas and  
15 the search capabilities. And obviously that will be  
16 helpful in reducing contraband.

17           However, we are very concerned that some  
18 of the 14 points are not measures that will reduce  
19 violence, and may harm efforts to reduce recidivism,  
20 and improve re-entry outcomes. The promised new  
21 rules for visiting appear to be intended to burden  
22 that process unnecessarily. The process is already  
23 very time consuming, and already includes multiple  
24 searches. And visits can already be limited based on  
25 individualized reasons to do so. But it appears that

2 there will be push for changes that would be broadly  
3 [bell] applied to everyone.

4 CHAIRPERSON CROWLEY: [off mic] You can  
5 go one. [sic]

6 SARAH KERR: May I quickly say that we  
7 are in favor of the proposed legislations in  
8 particular the bill of rights we think is an  
9 excellent idea. Plain language that helps people  
10 understand their rights, and also understand where to  
11 go if they have problem we think will also add to a  
12 reduction in violence. So our testimony includes  
13 some suggestions, some alternative language, and you  
14 know where we are. We'd be happy to help with  
15 drafting or thinking about the language.

16 CHAIRPERSON CROWLEY: [off mic] Thank  
17 you.

18 CYNTHIA CONTI-COOK: Good afternoon. I'm  
19 Cynthia Conti-Cook from the Legal Aid Society  
20 Criminal Defense Practice and Special Litigation  
21 Unit. I'm here to just briefly speak about our  
22 support of the reporting as to the bail statistics.  
23 The Legal Aid Society supports the passage of Intro  
24 553--753. Sorry. Which requires the Department of  
25 Information Technology to post the quarterly report.

1  
2 We would only add that the bill should also require  
3 each report remain on the website for comparison so  
4 that trends may be identified. We believe that  
5 reporting will show that current bail practices  
6 creates needless suffering for the people of New York  
7 and causes tremendous economic waste for our city.  
8 That it will show the ability to post bail can make a  
9 huge difference in a criminal case, but our bail  
10 system currently operates under the false presumption  
11 that people are more likely to appear for trial when  
12 money is posted. And we need to find a better way  
13 simply. Going back to Judge Lippman's 2013  
14 recommendations unfortunately very little has been  
15 done in the day-to-day operations of arraignments.  
16 And while there's nine ways to post bail that are  
17 available currently, most judges are still giving  
18 defendants only two options, either cash or an  
19 insurance company bond. Other bail alternatives such  
20 as the recently adopted credit card option are  
21 grossly under-utilized. And the current situation  
22 presents an insurmountable problem for thousands of  
23 our indigent clients who cannot afford the hefty  
24 financial costs of freedom. We certainly hope that  
25 this--that consistent reporting will help push more

1  
2 rapid reform with how bail is set in New York City.  
3 I'll be happy to take more questions about any of  
4 that.

5 CHAIRPERSON CROWLEY: Council Member  
6 Rosenthal.

7 COUNCIL MEMBER ROSENTHAL: [off mic]  
8 Thank you [on mic] and thank you for your testimony.  
9 Can we explore the bill with you just a little bit.  
10 I'm wondering could you come up with a category of  
11 the pre-trial detainees where you would feel  
12 comfortable switching over to a new bail system? For  
13 example, could there be a category of misdemeanors  
14 where the--you're either in--you're either going to  
15 be detained because there's risk of flight, or you're  
16 not detained, but expected to come back for your  
17 court hearing. Have you studied any of those  
18 programs? I think they do that in Washington, D.C.

19 CYNTHIA CONTI-COOK: I have not studied  
20 those programs, although I would say it should be  
21 rare that a misdemeanor has bail set on it.

22 SARAH KERR: [off mic] There are models.  
23 [on mic] Sorry. There are models to look at in  
24 other places. In Philadelphia there's something  
25 called the People's Bail Fund that has always posted

1  
2 bail for under a certain amount. And it has never  
3 resulted in an increase in failures to appear out of  
4 that group. There--there was somewhere else I was  
5 thinking of. But OM--Actually--

6 COUNCIL MEMBER ROSENTHAL: How many--

7 SARAH KERR: Mayor Bloomberg--I'm sorry,  
8 go ahead.

9 COUNCIL MEMBER ROSENTHAL: No, you go  
10 ahead.

11 SARAH KERR: And Mayor Bloomberg's study  
12 of New York's system identified a huge number of  
13 people who weren't risk flights who were in custody,  
14 and nothing was ever done with that. So we ourselves  
15 looked at our system and figure out a set of metrics  
16 to identify people who were not a risk of flight who  
17 got bail set anyhow. And that information is--I  
18 forget the name of that task force. I'm sorry. But  
19 that was under the Bloomberg Administration and  
20 nothing was ever done with those results.

21 COUNCIL MEMBER ROSENTHAL: How many  
22 people do you think we're talking about in those  
23 categories in the category of--in the bail?

24 SARAH KERR: I don't recall the exact  
25 number, but--

1  
2 COUNCIL MEMBER ROSENTHAL: [interposing]  
3 Well, I want to see that report.

4 SARAH KERR: Yes, I can--I can forward  
5 that report to you. No problem and it did have a  
6 number. I believe it was around 1,300, but I could  
7 be remembering that number from something else.

8 COUNCIL MEMBER ROSENTHAL: And are there  
9 other types of non-bail release things like an ankle  
10 bracelet or some type of supervision that you think  
11 is as effective as to--to people--keep people out of  
12 jail?

13 SARAH KERR: As effective and probably  
14 providing services that are needed that would have  
15 kept the person from having Criminal Justice contact  
16 in the first place. And I think that those--some of  
17 those you probably can hear about next week when the--  
18 -there's the hearing on the Mayor's Task Force on  
19 Behavioral Health and Criminal Justice. Because some  
20 of those steps are being taken by other portions of  
21 the Legal Aid Society, and they're much more  
22 knowledgeable on this than I am on this.

23 COUNCIL MEMBER ROSENTHAL: But do you see  
24 the city going in that direction, a no bail, and what  
25 would the hurdles be?

3 SARAH KERR: I don't know that I can see  
4 no bail for anyone, but I can certainly see a  
5 decrease in the use of bail, and an increase in the  
6 use of alternatives.

7 COUNCIL MEMBER ROSENTHAL: Yeah, the  
8 lawyer for the committee is reminding us of state  
9 law. Pesky state law. [laughter] All right, thank  
10 you so much.

11 SARAH KERR: Thank you.

12 CHAIRPERSON CROWLEY: And Council Member  
13 Rosenthal, in probation a few years ago we allowed  
14 for people convicted of driving while intoxicated,  
15 and I believe that was to allow them to wear  
16 bracelets, and be like under home arrest. But they  
17 would have to pay for it. But it's like the other  
18 thing is like if you can't post bail, you might not  
19 be able to afford the--those bracelets either. So  
20 next up we have from the Bronx Defenders, Yosenia  
21 Vega. I'm sorry, she's from the Brooklyn Defenders.  
22 Riley Doyle Evans also from the Brooklyn Defenders,  
23 and from the Bronx Defenders Sharee?

24 SHANE CASTORONI: Shane.

25 CHAIRPERSON CROWLEY: Shane Castoroni.

[pause]

1  
2 RILEY DOYLE EVANS: Good afternoon. My  
3 name is Riley Doyle Evans, and I speak before you  
4 today on behalf of Brooklyn Defender Services, where  
5 I am the Jail Services Coordinator. Thank you for  
6 the opportunity to address the Council. We support  
7 the efforts of the Council to improve transparency in  
8 our city's jails through legislation and requiring  
9 reporting by the Department of Corrections and  
10 Department of Health and Mental Hygiene.

11 Transparency is an important step toward addressing  
12 decades of neglect in our city's jails, which we hope  
13 will be followed by the more important step of  
14 accountability and enforcement of BOA. [sic]

15 I would like to take this opportunity to  
16 address an urgent issue, which is not addressed in  
17 the proposed bills, but which demands our attention.  
18 People with development disabilities and intellectual  
19 disabilities are one of the most vulnerable  
20 populations in prison and jail settings. They are  
21 frequently targets of violence, sexual violence and  
22 extortion and abuse from staff and other incarcerated  
23 people. However, in New York City when these  
24 individuals enter the Criminal Justice System, there  
25 is no meaningful mechanism to keep them safe, provide



1 accommodations or direct them to necessary services.  
2  
3 Neither the Department of Corrections nor the  
4 Department of Health and Mental Hygiene includes an  
5 identification of developmental and intellectual  
6 disabilities as part of their intake screening  
7 process.

8           Very often, individuals with such needs  
9 have massive disabilities during the course of their  
10 lives and may not feel safe or able to affirmatively  
11 offer up information about their needs. Even worse,  
12 they may have an impairment that has not been  
13 identified in the community, but which nonetheless  
14 necessitates accommodations and services. Because  
15 there is no meaningful screening process, it is  
16 typically up to our office to identify for the  
17 departments our clients who need accommodations for  
18 their kind of deficits. Of course, lawyers are not  
19 often clinically trained to identify such conditions  
20 and an arraignment interview is not the proper  
21 setting to do so. Therefore, we can only assume many  
22 of our clients with developmental disabilities pass  
23 through the system and are victimized not only by  
24 other individuals, but by the system at large.

1  
2                   Currently, people with cognitive deficits  
3 are posted in general population housing units, or  
4 mental observation housing units with people who do  
5 not have the same needs. Almost without exception  
6 our clients with development and intellectual  
7 impairments are victimized while in these settings.  
8 Additionally, because certain disabilities make it  
9 difficult for them to follow jail instructions or  
10 jail rules, people with cognitive impairments may be  
11 more likely to have altercations with staff or suffer  
12 placement in solitary confinement. While we  
13 emphasize the vast majority of people held in city  
14 jails are there unnecessarily, people with severe  
15 developmental and intellectual disabilities are a  
16 particularly egregious case. Once incarcerated, the  
17 lethargy of institutions charged with placing  
18 individuals into services in the community or to  
19 restore them to competence can leave people  
20 incarcerated for weeks and months for no good reason.

21                   We would like to share the experiences of  
22 our clients, which illustrate and all too common set  
23 of outcomes for individuals with cognitive  
24 impairments in the Criminal Justice System. Mr.  
25 Spaulding, name changed, suffers from moderate to

1  
2 severe mental retardation as well as mental illness.  
3 Despite multiple requests to the Department of  
4 Corrections for protective custody for my office, Mr.  
5 Spaulding bounced between several mental observation  
6 units and general population settings. He is the  
7 victim of several beatings including a slashing  
8 attack to his stomach. After this attack, our office  
9 continued to request safe housing for Mr. Spaulding,  
10 but he continued to be victimized. He was again  
11 severely beaten. This time necessitating surgery to  
12 his face and leaving his arm in a sling for several  
13 months.

14           When he returned to the population after  
15 hospitalization, his disability caused him to have  
16 trouble with jail rules. He did not understand why  
17 he was required to be strip-searched and refused this  
18 traumatizing practice. In response, he was placed in  
19 solitary confinement--in solitary confinement in the  
20 contraband locked cell where his toilet did not  
21 flush, and he remained there for several days, an  
22 missed a counsel visit with me. In order to have him  
23 removed from these harmful conditions, our office  
24 provided DOHMH with records regarding his intellect--  
25 his intellectual disability. A five-minute

1  
2 conversation with him is enough to raise serious red  
3 flags about his cognitive abilities. A meaningful  
4 intake process could have prevented repeated  
5 brutalization, and the pain in the hospital, and the  
6 suffering he endured in solitary confinement. I  
7 would just like to share one more story if that's  
8 okay.

9 CHAIRPERSON CROWLEY: [sic] Okay.

10 RILEY DOYLE EVANS: Mr. Williams, again  
11 name changed, suffers from a severe intellectual  
12 impairment and was charged with a misdemeanor. Mr.  
13 Williams was initially released on bail. However,  
14 when he was found to be too intellectually disabled  
15 to participate in his defense, the judge over  
16 vociferous objections, remanded him to city jail  
17 pending placement with the Office for People with  
18 Developmental Disabilities OPWDD. It took OPWDD  
19 approximately two months to have Mr. Williams  
20 released from jail. At which time [coughs] OPWDD  
21 only referred him for outpatient services at the very  
22 same facility at which he had received services in  
23 the past.

24 Because his charge was a misdemeanor, it  
25 was dismissed upon his placement in OPWDD.

1  
2 Effectively, Mr. Williams was incarcerated for two  
3 months on no charges during which time he was  
4 assaulted in his housing unit suffering blows to his  
5 head and eye. Mr. Williams was determined to be safe  
6 to live in the community by OPWDD, but our Criminal  
7 Justice System found him so dangerous that he was  
8 forced to live in jail, in a jail that cannot keep  
9 him safe. The city has a responsibility to those  
10 people that I have just described. We have a  
11 responsibility to ensure that police officers are  
12 trained to engage these individuals safely and with  
13 care. That there are facilities in the community to  
14 address their needs before, during, and after police  
15 contact. That our judges release these individuals  
16 to services rather than incarcerate them from a  
17 position of misguided fear and misunderstanding. And  
18 that our jails provided targeted services and  
19 meaningful safety and programming should they be held  
20 despite interventions along the way. BDS is eager to  
21 work with the Council and City and State agencies  
22 toward a caring and just approach to serve our most  
23 vulnerable neighbors. Thank you.

24 [pause]

25

1  
2 CHAIRPERSON CROWLEY: One of the inmates  
3 or detainees that you mentioned was detained because  
4 they couldn't cooperate? Like they were too--

5 RILEY DOYLE EVANS: [interposing] No,  
6 so--

7 CHAIRPERSON CROWLEY: --disturbed?

8 RILEY DOYLE EVANS: So because of their  
9 intellectual impairment, it was determined by a  
10 mental health practitioner that they were incompetent  
11 to participate in their own defense during a 730, I  
12 think, evaluation. Which means that, you know,  
13 people can be out of there--

14 CHAIRPERSON CROWLEY: [interposing] Like  
15 what point is this after the particular person was  
16 remanded?

17 RILEY DOYLE EVANS: So the person after  
18 arrest a low bail is set. They're released on the  
19 bail, and they were out during the majority of the  
20 pendency of their case. They're evaluated. In  
21 misdemeanor proceedings if you're found to be unfit  
22 to participate in your own defense, the charges  
23 against you are dropped as soon as you're placed with  
24 the agency in charge of restoring you to a place of  
25 fitness. Either the Office of Mental Health, which

1  
2 is the State Office of Mental Health or the Office of  
3 People with Development Disabilities. In this case,  
4 you know, the--the evaluation was ordered while the  
5 person was out. The client was out on bail, and they  
6 were found to be unfit to proceed with their case and  
7 referred to OPWDD. And, the judge decided at that  
8 point that because he was found unfit that it was  
9 appropriate to place that person, who had been out on  
10 bail and him not having any issues coming to court,  
11 or any further contacts with law enforcement, back  
12 into a punitive jail setting that they couldn't keep  
13 him safe. And he was stuck there for two months  
14 until OPWDD and their recommendations finally worked  
15 out to just return him back to the same facility that  
16 referred him for outpatient services before in the  
17 community. So why wasn't that person just referred  
18 back to services immediately?

19 CHAIRPERSON CROWLEY: And that's a good  
20 example for next week's hearing, too.

21 RILEY DOYLE EVANS: Yeah.

22 CHAIRPERSON CROWLEY: Okay, we're going  
23 to hear from the other two. Thank you for your  
24 testimony.

25 RILEY DOYLE EVANS: Thank you.

1  
2                   YOSENI VEGA: Good afternoon. My name is  
3 Yoseni Vega. I am here in regards to Councilman  
4 Dromm's Bill, the bill of rights, and this has to do  
5 with connections. Unfortunately, I was there not  
6 once but twice. And had I had this book with so many  
7 different available resources, I guarantee you there  
8 wouldn't have been a second time. Mine were more  
9 like a back against the wall kind of thing where I  
10 have spoken to a lot of women there. And if, in  
11 fact, this does get passed and it does become  
12 mandatory, it would help with the re-entry. You  
13 would see that decrease a lot. I so happened to get  
14 my hands on the book because I was just all over that  
15 jail.

16                   CHAIRPERSON CROWLEY: What book are you  
17 referring to?

18                   YOSENI VEGA: The *Connections* book, which  
19 I have a copy here for you, and it--it is kept under  
20 lock. It's the best kept secret on Rikers Island.  
21 Not a lot of people know, and when I did find out  
22 about the book, it was on a hunt for the book. It's,  
23 you know, they send you from Social Services to the  
24 library and this place and that place and no one  
25 knows. They are kept in a back cell where an inmate



1  
2 if you're not with an officer, you're never going to  
3 see it. And I've spoken to still--I keep in contact  
4 with the women that are still on Rikers, and it's  
5 still the same situation. Nothing is being done  
6 about it, and unfortunately if nothing changes, the  
7 population of women going into Rikers Island and I'm  
8 pretty sure the men will only increase. And if they  
9 can get this book out, and even have some sort of  
10 education and class to go with it to break down the  
11 book, it would help the system and the re-entry of so  
12 many different detainees.

13 CHAIRPERSON CROWLEY: We're going to hold  
14 the Administration accountable as to somehow get a  
15 signature or approved, but every inmate gets that  
16 book.

17 YOSENI VEGA: But the problem is as well  
18 with the handbook, the inmate handbook, what they do  
19 is yes that handbook a serial number on it. They  
20 will make you sign for it and write that serial  
21 number down, but they never hand you the book. So  
22 that's an issue within itself.

23 CHAIRPERSON CROWLEY: We will also bring  
24 that issue to the attention of the Board of  
25 Correction that has full-time staff working in the

1  
2 various different jail facilities, and make sure that  
3 this is a priority for them to review. And make sure  
4 that every inmate is given these books as well.

5 YOSENI VEGA: Thank you.

6 CHAIRPERSON CROWLEY: Thank you.

7 SHANE CASTORONI: Good afternoon. My  
8 name is Shane Castoroni [sp?], and I'm a Criminal  
9 Defense Social Worker at the Bronx Defenders. Thank  
10 you so much for allowing me the opportunity to  
11 testify today. In my capacity as a social worker  
12 with--at the Bronx Defenders, I work primarily with  
13 clients charged with criminal offenses on issues  
14 relating to substance abuse, domestic violence,  
15 trauma and mental illness. I've worked within the  
16 field for six years, and my background includes a  
17 wide diversity of experiences as a mental health  
18 practitioner. And in that time, I've employed  
19 various therapeutic interventions and modalities that  
20 range from cognitive behavioral therapy to crisis  
21 intervention. As a Certified Crisis Interventionist,  
22 I've come to learn the value and utility of the skill  
23 set, which I employ on a daily basis. I've used  
24 crisis intervention to de-escalate a 16-year-old

1  
2 client who was actively contemplating suicide after  
3 spending his first week inside Rikers Island.

4           I've used it to help a frustrated young  
5 female client process her grief after the unexpected  
6 loss of a loved one. And I've used it to help  
7 stabilize countless clients whose incarceration has  
8 only served to aggravate symptoms of undetected and  
9 untreated mental illness. In each of these  
10 situations and many others, my crisis intervention  
11 training has provided me with the ability to connect,  
12 and effectively assist those in need. It's given me  
13 a framework to better recognize and understand the  
14 symptoms, needs, and experiences of each client that  
15 I--that I serve. And, it's equipped me with the  
16 techniques and communication skills that I use to  
17 safely and effectively work with clients in crisis.  
18 At the Bronx Defenders, I have worked with dozens of  
19 clients incarcerated at Rikers Island. Their  
20 experiences clearly demonstrate DOC staff is  
21 currently unequipped to meet the demands placed on  
22 them by people with mental illness, a group whose  
23 incarceration rates continue to rise.

24           Correctional staff with training,  
25 supervision, and clear policies in order to respond

1  
2 appropriately to issues, crises and other needs  
3 presented by all specialized populations in custody.  
4 But especially for those with untreated mental  
5 illness. The unfortunate truth is that correctional  
6 staff because of lack of adequate training often  
7 misinterpret symptoms of untreated mental illness  
8 simply as acting out, and as a disciplinary problem.  
9 Misunderstood and perceived as dangerous, bizarre and  
10 annoying goes with untreated mental illness  
11 experience higher rates of disciplinary infractions,  
12 incidents involving use and force and solitary  
13 confinement. Which are simply ineffective ploys to  
14 manage this population and typically make matters  
15 worse.

16           But we support all of the reporting bills  
17 before the Council today, but wish to lend our most  
18 empathetic--emphatic. Excuse me. Emphatic support  
19 to Intro 700. Which will create crisis intervention  
20 teams and provide correctional staff [bell] with a  
21 better understanding of mental illness and ways to  
22 de-escalate situations that could--could become  
23 quickly volatile if not handled appropriately.  
24 Crisis intervention offers an immediate calming  
25 approach that reduces the likelihood of physical

1  
2 confrontations, and allows for better patient care.

3 Intro 770 is a small but important step towards

4 improving our mental health system, and most of all,

5 an opportunity to work toward the creation of a much

6 safer and ultimately much more secure environment for

7 incarcerated persons and correctional staff. Thank

8 you for your time and your consideration.

9 CHAIRPERSON CROWLEY: Thank you and you  
10 support all the bills today?

11 SHANE CASTORONI: Yes, we do.

12 CHAIRPERSON CROWLEY: And both of the  
13 other witnesses support all the bills today? Okay,  
14 thank you for your time. Thank you for testifying.

15 Two more here to testify. We have Jane Stanicki from  
16 Hour Children, Tanya Krupat from the Initiative for  
17 Children of Incarcerated Parents.

18 [pause]

19 JANE STANICKI: I'm Jean Stanicki.  
20 Thank you, Councilwoman Crowley. I'm Jane Stanicki  
21 and I'm an advocate with Hour Children, an  
22 organization that for 28 years has worked with  
23 incarcerated and formerly incarcerated women and  
24 their children. For almost 10 years I've gone weekly  
25 to Rosen M. Singer Center. Today, I confine my

1  
2 comments to the proposed visitation policy, which I  
3 find one of the most--bless his help--anti-family  
4 policies that could possibly be devised. DOC's own  
5 data indicates that 65% of the women held at Riker's  
6 are mothers, many with small children. Here's an  
7 example of a visit last fall. The 5-year-old boy is  
8 brought by his grandmother to visit his mother. The  
9 wait at the front visit house was three hours.  
10 Again, at Singer there's a wait. Shorter to be sure,  
11 but a wait. He's then told to sit at a table and  
12 behave while his mother is cleared. Under this new  
13 proposed policy that child now a basket case and  
14 irritable beyond words might receive a quick hug, and  
15 then not touch his mother again until the visit is  
16 over. Instituting this policy, in fact, the visit  
17 would be ruined before it's started given the--given  
18 the unreasonable demands made of the 5-year-old.

19           Every single bit of research we know  
20 about building and maintaining a family relationship  
21 is that warmth and the ability to express feelings is  
22 critical. Take the example of a teen-age daughter  
23 who is 14. Already upset because her mother is going  
24 to miss her birthday and the last day of school.  
25 Imagine the guilt the mother feels when she cannot

1 sit and hold hands and hug her daughter during the  
2 visit. If we want to make the incarceration  
3 experience even more destructive and to put  
4 additional pressure on already strained families,  
5 this would certainly do it. The proposed no contact  
6 visit policy is so ill-conceived it should never have  
7 been articulated and should certainly be laid to rest  
8 forthwith. Thank you.

10 CHAIRPERSON CROWLEY: Thank you, and do  
11 you have any opinion on the various--you mostly work  
12 with the Rose M. Singer Center?

13 JANE STANICKI: Yes. We also run the  
14 Children's Center at Bedford and a--and a re-entry  
15 program at Taconic. So we have a pretty sweeping  
16 view of--

17 CHAIRPERSON CROWLEY: [interposing]  
18 Right.

19 JANE STANICKI: --what women face. `

20 CHAIRPERSON CROWLEY: And--

21 JANE STANICKI: [interposing] But at  
22 Rikers it's Singer. Yes.

23 CHAIRPERSON CROWLEY: Right. I know  
24 there are other jails that could be utilized or could  
25 be closer to home to even decrease the timeline.

1  
2 Although, New York City has always put women in one  
3 facility.

4 JANE STANICKI: The sentence I didn't--I  
5 didn't read but is in my statement is that not for  
6 today's discussion, but a concomitant fact is that  
7 the vast majority of women are there for non-violent  
8 offenses. And on another occasion would love to give  
9 testimony about the fact that--that the ideal thing  
10 would be to remove the women from Rikers and have  
11 them located-- Just today, we heard Queens is under-  
12 utilized. Brooklyn is under-utilized. There are  
13 excellent community services well beyond our own--we  
14 are among them--to handle what should be a very, very  
15 much smaller population at Singer. But I know that  
16 I'm not--I'm not supposed to that--

17 CHAIRPERSON CROWLEY: [interposing] No,  
18 it's so important.

19 JANE STANICKI: --today, but we'd love to  
20 do.

21 CHAIRPERSON CROWLEY: In the point of 14-  
22 Point Plan is for the Department of Correction to  
23 take care of their facilities. And on Rikers Island  
24 Rose M. Singer is probably in the best shape, the  
25 building. However, it is probably under-utilized,



1  
2 and could better be utilized with the male population  
3 who need to be better detained. And you could move  
4 women to a borough that could be easier to get do.

5 JANE STANICKI: The adolescents because  
6 there's been, you know, much discussion about moving  
7 adolescents off Rikers, that would be a possibility  
8 for Singer. But the--we would make several points.  
9 One is there are too many women at Singer who are  
10 there on non-violent offenses--the bail issue is  
11 another one--who shouldn't even be detained. They  
12 could well benefit from community services--

13 CHAIRPERSON CROWLEY: [interposing]  
14 Right.

15 JANE STANICKI: --that are available.

16 CHAIRPERSON CROWLEY: I think what we saw  
17 and heard in the hearing earlier with the  
18 Commissioner here is that resources have been given  
19 to the juvenile population partly because of the  
20 United States District Attorney's Report--

21 JANE STANICKI: [interposing] Yes.

22 CHAIRPERSON CROWLEY: --on what's  
23 happening with that population. And--but we need to  
24 look at the entire population, and that's what I was  
25 communicating. And so, we will take a closer look at

1  
2 what the women are being charged with, and how many  
3 are violent and non-violent offenses. And, of  
4 course, when these bills get passed we'll have that  
5 information.

6 JANE STANICKI: Right.

7 CHAIRPERSON CROWLEY: But we could get  
8 that information by earlier. And hopefully, if we  
9 have this process over the next couple of weeks,  
10 we're negotiating a budget and that is the capital  
11 budget. And there's been money in the capital budget  
12 for DOC that has gone unspent, and we really need to  
13 put a good plan together on how to spend that  
14 funding.

15 JANE STANICKI: If I may make one  
16 additional quick point that to remove the women from  
17 Rikers would enable us to do something else, and that  
18 is to have a dedicated staff who want to work with  
19 women. All too often what happens at Rikers is  
20 officers will be transferred from working with male  
21 gangs to the women's facility, and they're at a loss.  
22 And they don't even want to be there in many cases.  
23 One is--

24 CHAIRPERSON CROWLEY: [interposing] You're  
25 absolutely right. We need to do--what we did with

1  
2 the juvenile population, we need to do that for the  
3 female population.

4 JANE STANICKI: Thank you. We're ready  
5 any time you want to talk.

6 CHAIRPERSON CROWLEY: Thank you.

7 TANYA KRUPAT: Thank you. Just to add to  
8 that, I would encourage you to also the Brooklyn DA's  
9 Drew House, which is an alternative to incarceration  
10 for women actually charged with violent crimes. But  
11 it's a housing option that is again a way to keep  
12 them from incarceration on Rikers. But thank you for  
13 the opportunity to speak you.

14 CHAIRPERSON CROWLEY: [interposing] How  
15 many can be housed at the Drew House?

16 TANYA KRUPAT: It's very small. Yeah,  
17 very small. Thank you for the opportunity to speak  
18 with you today on the very important matter of  
19 reducing violence at Rikers Island. My name is Tanya  
20 Krupat. I'm the Program Director of the New York  
21 Initiative for Children of Incarcerated Parents of  
22 the Osborne Association. The New York initiative is  
23 a statewide policy reform effort to improve the lives  
24 of New York's children who have experienced arrest or  
25 incarceration of a parent. And my testimony like Ms.

1  
2 Stanicki's focuses on visiting, which the  
3 Commissioner really referred to very briefly in terms  
4 of change--possibly changing the minimum standards,  
5 but provided no detail. And I was grateful for  
6 Council Member Dromm to underscore the importance of  
7 visiting. Like Ms. Stanicki, for more than--I've  
8 been working with Children with Incarcerated Parents  
9 for the last 16 years. For more than 10 of those, I  
10 visited Rikers weekly as a service provider. My  
11 focus over these years has been on reducing the harm  
12 of separation for children and their parents. Mostly  
13 through visiting as a key intervention that has  
14 numerous positive outcomes for children, parents,  
15 correctional facilities, public safety, and re-entry.

16 In-person contact of visiting is largely  
17 misunderstood and underutilized as a positive  
18 intervention in correctional settings. My experience  
19 witnessing visits in multiple jail visiting rooms at  
20 Rikers, and for a time focusing on improving the  
21 visiting experience in the Central Visit House where  
22 all the visitors are processed. This convince me  
23 that even under the best of circumstances visiting  
24 Rikers is a stressful experience. But we did not  
25 have the best of circumstances. The process is not

1  
2 child sensitive and welcoming. In fact, it's  
3 typically grueling and often demeaning and  
4 frustrating for all visitors. For children it was  
5 long, tiring, boring, often mean and an unfriendly  
6 place. Here, they experience people in uniform so  
7 they're often referred to as the police. They're  
8 sometimes friendly but more often not. This  
9 contributed to an already often view of uniformed law  
10 enforcement personnel. Not the kind of impression we  
11 want for our young people. The fact that hundreds of  
12 thousands of family members can continue to visit  
13 tells you that people are willing to put up with a  
14 lot in order to support their loved ones who are  
15 experiencing the fear and trauma associated with  
16 detention and incarceration. I say all this because  
17 it's relevant to the proposals being considered  
18 today, and I, too, am glad that you got the 14-Point  
19 Plan. Addressing the violence at Rikers is of  
20 extreme and urgent importance, and we believe there  
21 are some important and promising points in propose  
22 plan. However, the restrictions on visiting are not  
23 among them, and should be abandoned in favor of  
24 visiting improvements. Attached to my testimony is a  
25 letter signed by 17 organizations, some of the

1 largest providers of services including our children  
2 and many of the organizations you heard from today.  
3 And we hope you will read the letter as we try to  
4 address some of our concerns as well as make  
5 recommendations that would improve visiting. So as  
6 we consider all this, it's important to remember the  
7 actual people and lives that are being affected by  
8 visiting policies.  
9

10 We received a letter from a young woman  
11 whose mother is incarcerated, and who wrote: "Coming  
12 from the perspective of a child, my mother is  
13 incarcerated and has been since I was four. All we  
14 have are visits to look forward to. Those visits  
15 where she can touch me and physically be there.  
16 [bell] When you're not able to be tucked in at night  
17 with the person who gave you life, it has an effect."

18 Visiting can also reduce and support the  
19 mental health and wellbeing of those incarcerated and  
20 can, in fact, be a violence deterrent. One of the  
21 young people in one of our programs told us how the  
22 visits from him and his brother kept his dad sane and  
23 calm during his incarceration. A grandmother in our  
24 program visited her daughter on Rikers frequently  
25 often bringing her two young grandchildren. If the

1  
2 visiting proposal that we think might be part of the  
3 14-Point Plan moved forward with preventing people  
4 with previously felony convictions, this grandmother  
5 would not have been able to visit her daughter and  
6 bring her grandchildren.

7           So in closing, we wanted to make the  
8 following recommendations. Instead of limiting  
9 visitors and visiting, we suggest the following  
10 steps: Training of correctional officers in  
11 interacting with the public and visitors, and being  
12 more sensitive to the experiences of children  
13 including teenagers who look like adults in visiting  
14 Rikers. Training should include shifting the culture  
15 to see visitors as helping to maintain safety and  
16 calm within the facilities. Recognizing and  
17 capitalizing on the important opportunity that DOC  
18 has in creating positive relationships, and  
19 associations between people in the community and  
20 those in uniforms. Create or better utilize existing  
21 children's areas within visiting rooms at various  
22 jails. Add more information for visitors to the DOC  
23 website.

24           These changes to improve visiting should  
25 be paired with strict efforts to prevent identifying

1  
2 and seizing contraband from all sources including  
3 uniformed and civilian staff. Keeping pressure to  
4 people connected to their children, their loved ones  
5 on the outside and to the community they will return  
6 to is an important correctional goal. It is a public  
7 safety goal, and a violence prevention strategy that  
8 the Department of Corrections and all of us should  
9 consider important. Thank you very much for your  
10 time.

11 CHAIRPERSON CROWLEY: I have a question  
12 as it relates to the visiting policy. It seems many  
13 women are there for non-violent crimes. Then would  
14 you agree with the policy if it was just for inmates  
15 who are there for violent offenses, or have been  
16 involved in acts of violence while incarcerated?

17 JANE STANICKI: That's a little bit  
18 complicated. For one thing, an arrest record is not  
19 always correct--

20 CHAIRPERSON CROWLEY: [interposing] Right.

21 JANE STANICKI: --as you know. So if we  
22 go by something like that, we may be inhibiting  
23 visitation in a situation where we're incorrect. So  
24 I don't think that's a good prospect.

25



1  
2 CHAIRPERSON CROWLEY: I know, but I think  
3 what they're trying to get at is reducing the number  
4 of contraband coming in. So those that are--

5 JANE STANICKI: [interposing] But I--I  
6 really have a question as to how accurate and valid  
7 some of the data are. Going into the facility as  
8 often as we do civilian staff and officers are--may  
9 be a much greater problem when it comes to  
10 contraband. So I don't--at least for the women's  
11 facility, I don't think that's a huge issue. I'll  
12 just leave it at that.

13 TANYA KRUPAT: If I could just piggyback  
14 to using the DOC's own data, which not many--much is  
15 available, they say that there was 60 instance of  
16 contraband in a nine-month period. When you do the  
17 math of how many visitors that came to about .002% of  
18 the visitors had visits involving contraband. So, to  
19 have these broad sweeping policies that affect all  
20 visitors because a little bit of contraband is  
21 coming. They also have very stringent policies  
22 around strip searching. So it's more also examining  
23 implementation of existing efforts, and then we feel  
24 strongly, as Ms. Stanicki said, not to ban people  
25 based on categories of conviction or charges. And

1  
2 that it should be discretionary, and again taking a  
3 child centered approach. These folks are people's  
4 moms and dads and we're punishing children by broadly  
5 denying them visits.

6 JANE STANICKI: But if it takes four  
7 hours to get in, one would think they could do  
8 something about the contraband situation.

9 CHAIRPERSON CROWLEY: I know. I've seen  
10 the machines. I don't know how people are getting in  
11 contraband but they say that still despite the  
12 various technologies that they have they're still  
13 sneaking in weapons. Okay. Thank you both.

14 JANE STANICKI: Thank you.

15 CHAIRPERSON CROWLEY: Have a good day.  
16 This concludes the Fire and Criminal Justice Hearing  
17 of May 6, 2015.

18 [gavel]

19  
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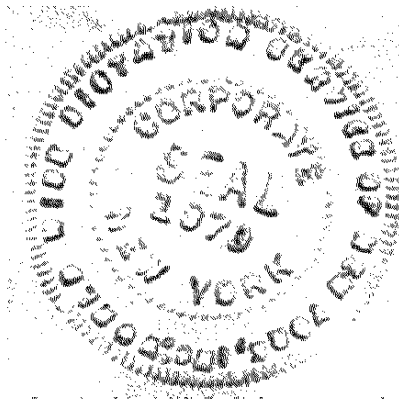
COMMITTEE ON FIRE AND  
CRIMINAL JUSTICE SERVICES

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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 May 14, 2015