

NEW YORK CITY  
BOARD OF CORRECTION

September 16, 1998

MEMBERS PRESENT

John R. Horan, Acting Chair  
Louis A. Cruz  
David Lenefsky  
Barbara Margolis  
Richard M. Nahman, O.S.A.

Excused absences were noted for Members Canute C. Bernard, M.D., Stanley Kreitman and David A. Schulte.

DEPARTMENT OF CORRECTION

Bernard Kerik, Commissioner  
Gary Lanigan, First Deputy Commissioner  
Tom Antenen, Deputy Commissioner  
Roger Jefferies, Deputy Commissioner  
Roger Parris, Assistant Commissioner  
Elizabeth Loconsolo, General Counsel  
Christy Sanchez, Assistant Chief  
Captain McLaughlin

HEALTH AND HOSPITALS CORPORATION - CORRECTIONAL HEALTH SERVICES

Joseph Erazo, Executive Director  
Arthur Lynch, Dir., Mental Health  
Patricia Harrison, Dir., LINK Program  
Jane Zimmerman

OTHERS IN ATTENDANCE

Chris Drew, *New York Times*  
Katherine E. Finkelstein, *New York Observer*  
Ronald Gade, M.D., President, St. Barnabas Hospital  
Dan Janison, *Newsday*  
Kevin McAuliffe, Geto & Demilly, Inc.  
Gregory Pace, Legal Aid Society  
David Rohde, *New York Times*  
Amy Webber, City Council  
Dale Wilker, Prisoners' Rights Project, LAS  
Milton Zelermyer, Prisoners' Rights Project, LAS

Acting Chair John Horan called the meeting to order at 1:05 p.m.. A motion to approve the minutes of the July 8, 1998 Board meeting was approved without opposition.

The Acting Chair presented his report, noting that he had attended a recent DOC promotion ceremony at the Manhattan Detention Complex (MDC). He said that Commissioner Kerik informed him that there had been only seven reported stabbing/slashing incidents in August, for which he commended the Commissioner and his staff. Executive Director Richard Wolf described the low number of reported incidents as an extraordinary achievement, noting that in August 1990 there were 125 reported incidents; in 1994 there were 92 incidents. Acting Chair Horan noted that fluctuations in the census did not account for the reduction. Commissioner Kerik said that he was very pleased because new admissions to the system had actually increased during the period, to last year's high of approximately 140,000.

Mr. Wolf presented the staff report. He said that the Department of Juvenile Justice (DJJ) continues to occupy the Vernon C. Bain Barge (VCBC) but that DOC had alerted DJJ that it might have to vacate the VCBC in the near future. Mr. Wolf added that the Department recently had sought and obtained variances from the Board to enable DOC to house inmates on the ferries at variance levels. Commissioner Kerik said he had discussed with DJJ the possibility that DOC would co-occupy the VCBC, using 600 beds. DJJ would require a variance from the State to do this. He said that the ferry variances were sought in case additional beds are needed. Mr. Wolf said that today's population was just under 18,100 and asked for DOC's population predictions. First Deputy Commissioner Gary Lanigan said that the census is approximately 400 inmates higher than last year, primarily because of additional parole violators in the system. He said DOC was talking with State Parole about its violations processing because it is too slow. Mr. Lanigan said DOC projects that for the remainder of the calendar year, the population will fluctuate between 18,000 and 19,000. Mr. Wolf said that if the ferry variance was not utilized within one month from the date of approval, it would lapse and DOC would have to reapply to the Board, a process that presumably would be *pro forma*. Mr. Wolf asked about plans for the Brooklyn Correctional Facility (BCF). Mr. Lanigan said DOC plans to use it in 1999, and that by December 31, 1998, on-going construction should be sufficiently completed to make available approximately two-thirds of BCF's capacity. Mr. Wolf asked whether co-occupying the VCBC with DJJ would require DOC to modify its operations in any way that would require a variance from BOC Minimum Standards. The Commissioner said he did not expect that DOC would need BOC variances.

Board Member David Lenefsky asked about an incident discussed at earlier BOC meetings regarding an incident observed by a BOC field representative who reported that an inmate, shackled and clad in a sheet, had been kicked by an officer while lying on the floor of the receiving room. Commissioner Kerik said that DOC's Investigation Division had concluded that the inmate was not kicked. Rather, a videotape of the incident showed someone stepping over the inmate. No charges were filed. The Commissioner added that he believed this was "to the satisfaction" of Mr. Niles, the BOC field representative's supervisor. Carl Niles, BOC's Director of Field Operations, disagreed. He said he had met with investigators and was told there would

be additional investigation. Mr. Lenefsky asked that the issue be carried to next month's agenda.

Mr. Wolf asked about DOC's stun shield training efforts, and about recent incidents in which it was used by facility personnel. Commissioner Kerik said the stun shield had been used four or five times. He said Emergency Services Unit (ESU) personnel have the shield, and it is being made available to facilities as well. He watched two extractions with the stun shield at OBCC on August 22<sup>nd</sup>, noting that each inmate was incapacitated, fell to the floor, and was promptly handcuffed and escorted from the cell. He said he was satisfied that the electronic stun shield is effective, eliminating most physical confrontations. The Commissioner added that each use must be videotaped.

Mr. Lenefsky asked about medical contraindications to use of the stun shield. Commissioner Kerik responded that the St. Barnabas contract provides for an intake medical screening process to identify inmates against whom the shield and chemical agents should not be used. He added that DOC is sending a letter to HHC and to St. Barnabas reminding them that all inmates, including those who have been in the system since before January 1, 1998, must be screened. The Commissioner noted that regardless of whether a contraindication form is found in an inmate's medical folder, provider staff will be expected to review the folder to determine whether a contraindication exists. Mr. Wolf said the Board has often raised the question of medical conditions that arise or are detected subsequent to intake. He said that the concern is that the form will not be updated, the practitioner will rely upon it, and an inmate with a contraindicated condition will be "stunned", leading to serious injury and subsequent liability. Mr. Lanigan said that the form must be updated whenever the inmate's condition changes. Mr. Wolf said that the large number of per diem providers obliges the system to provide ongoing reminders to providers about their responsibilities to update the inmate's status. Mr. Lanigan agreed. He added that the stun shield has been shown to reduce injuries. Mr. Wolf said that some borough facilities reported that a survey of medical charts was being conducted by DOC personnel to determine whether a contraindication form had been completed for each inmate. He reminded DOC that confidentiality requirements prohibit its staff from reviewing inmate medical records.

Assistant Chief Christy Sanchez requested a renewal of existing variances. A motion was unanimously approved.

Acting Chair Horan introduced the next agenda item, correctional health. He reminded those present that the Board had a longstanding involvement in correctional health issues, promulgating Mental Health Standards in 1985 with the cooperation of DOC. He noted that these Standards had been very effective in helping to reduce inmate suicides. In 1991, Health Care Standards were introduced, upon the premise that inmates are entitled to a standard of care equivalent to that available to them as free citizens. Acting Chair Horan added that the Health Standards had been effective, and that the Board had allocated substantial resources to monitoring compliance and addressing correctional health issues.

Acting Chair Horan reported that Dr. Audrey Compton had resigned. He described Dr. Compton as a "first-class responder to our inquiries" who "has done her job in exemplary fashion". In response to a question from Mr. Lenefsky, CHS Executive Director Joseph Erazo said that Dr. Compton's resignation was effective on Friday. Mr. Lenefsky added that Dr. Compton had been "enormously helpful" and that she "cares a great deal about providing services to inmates". Mr. Lenefsky introduced a resolution commending Dr. Compton. Acting Chair Horan said the resolution would be to commend Dr. Compton for her service to HHC, to the system in general, to the Board of Correction and to the public, and he wished her well.

BOC's Deputy Executive Director Cathy Potler reported, on behalf of Board Member Dr. Canute C. Bernard, on his recent visit with Ms. Potler and Mr. Wolf to several facilities at Rikers Island. Ms. Potler reported as follows:

Dr. Bernard visited with some dental providers on Rikers Island, who told him that they were able to see only one-half of the inmates who had signed up for dental services. They said they could only provide emergency dental care. They said they lacked time and equipment to provide more specialized care for which they were trained, such as root canals and treating gum disease. Providers said there are no protocols in place for them to refer inmates to dental specialists at HHC hospitals. They said inmate/patients must choose between not receiving treatment or having a tooth extracted. Oral surgery services on Rikers Island are available for extractions - not for root canal or gum disease treatment.

Dr. Bernard visited the specialty clinic area at JATC, and was concerned that the Neurology Clinic had been canceled for four consecutive weeks because the neurologist was on vacation and no replacement was provided.

Dr. Bernard also visited the Rose M. Singer Center, where he learned that recently more physicians and physician's assistants had been added to the staff. Dr. Bernard was concerned that most were recent graduates with little or no experience. This means that the Senior Physician must spend considerable time training and providing clinical supervision, leaving little time for chart reviews and lab results. Dr. Bernard visited Dorm 18B, the "step down" dorm next to the Infirmary, where he was bombarded with complaints from inmates. Dr. Bernard presented the complaints he received to the Senior Physician. These included:

- An inmate said she was no longer receiving psychotropic medication. This was confirmed by clinic staff, who said a prescription had been written. The problem was corrected promptly.
- An inmate said she had serious seizure problems. Dr. Bernard noted bruises numerous facial bruises, apparently from seizure-related falls. This was confirmed by the correction officers in the dorm. Clinic staff investigated and learned that the inmate was not taking her seizure medication. She was referred to mental health who transferred her to a mental observation unit.

- Dr. Bernard told the Senior Physician that an inmate who had been released from the Contagious Disease Unit (CDU) with a prescription for HIV medications had not received them during her almost two weeks at RMSC. Clinic staff told Dr. Bernard that the inmate's chart was missing. They made up a duplicate chart. The inmate/patient is now receiving her medication.

Mr. Wolf said that the St. Barnabas contract requires that 100% of the medical records be available for sick call. He asked Mr. Erazo what CHS had learned from St. Barnabas' reports on contract compliance regarding the availability of charts. Mr. Erazo said that with 50,000 or 60,000 visits per week, he suspected that on some occasions a chart might not be available. He said these are issues that exist in any large institution, but he said he did not believe that chart availability was a systemic problem.

Ms. Potler concluded Dr. Bernard's report by noting the case of an inmate who suffers vascular problems from Berger's Disease who was a smoker who was trying to quit. The inmate told Dr. Bernard that a patch was to have been ordered for her two weeks ago, but that she had not received it. Clinic staff confirmed that the patch had been ordered. Ms. Potler said that the inmate since had been sent to State prison, and clinic staff could not determine whether she had received the patch before her transfer. Ms. Potler added that Dr. Bernard's longstanding concern about the deleterious effects of smoking and of second-hand smoke, particularly in poorly-ventilated areas such as dormitories, surfaced when Dr. Bernard saw several inmates in Dorm 18B smoking cigarettes. Dr. Bernard had asked Ms. Potler to voice his concern again for the record, particularly given the medical conditions of many of the inmates in Dorm 18B.

Mr. Wolf reported that BOC staff have received complaints about delays in access to off-Island specialty clinics. He said this is not a new problem; it existed under Montefiore as well as now under St. Barnabas. He said that scheduling and producing inmates off-Island was tracked by DOC's Office of Health Affairs, which noted that from July through September, 1997, no more than 50% of inmates scheduled for clinics were actually produced at Bellevue, Elmhurst and Kings County Hospitals. Mr. Wolf said that Montefiore used to "double-book" for each appointment slot because it knew that the production rate was so low; St. Barnabas is not doing this. As a result, fewer inmates are going to off-Island clinics. Mr. Wolf added that this was not because more services were being provided on Rikers Island. He said Board staff's preliminary investigation compared rosters of inmates scheduled for off-Island clinics with DOC records of which inmates were produced at the hospitals, and that only 30% of the scheduled inmates on the rosters obtained for review were actually produced. Mr. Wolf said the review process was slow and labor-intensive. Staff first must determine, using DOC computerized information, whether an unproduced inmate was still incarcerated on the clinic appointment date - several inmates were no longer in the system, including one who had left more than 1 ½ months before the appointment date; others were "phantoms" about which neither DOC's computers nor its knowledgeable facility General Office personnel had any information. Inmates who were in the system, but who were not produced, were interviewed by BOC staff. Inmates were asked

whether they had refused treatment at an off-Island specialty clinic for any reason. Medical releases were obtained from the inmate, whose chart was then reviewed to establish the accuracy of his information. Consultation requests, in particular, were reviewed. Mr. Wolf explained that these record a clinic practitioner's observations about the inmate's symptoms and request that a specialist examine the inmate. The results of the specialist's examination are noted on the second half of the form, along with a planned course of action. When the latter reads, "schedule for hospital-based clinic", Board staff look for an indication in the chart that the clinic visit subsequently occurred. DOC's record indicating that the inmate was not produced for clinic was corroborated in each case by the inmate's chart, which noted the need for a clinic visit, but no notation that the visit ever occurred. Mr. Wolf said Board staff checks the date of the consult to assess the length of delay since the request for treatment at an off-Island specialty clinic was first made by a St. Barnabas practitioner. Mr. Wolf described an inmate who had difficulty walking down a cell block in JATC, even with the assistance of a cane. The inmate had been diagnosed as having a damaged nerve and an infection in his scrotal area. He said he always appeared for appointments, and went to sick call as necessary. He last had been treated off-Island in July and had been told he would be scheduled for treatment two weeks thereafter. The information he provided was confirmed through review of his chart. Although his name was on the clinic appointment list, he was not produced. Mr. Wolf said other inmates BOC staff interviewed had growths bulging from their necks, masses, and painful hernias. All were on "produce-for-clinic" lists, but had not been produced for treatment at off-Island clinics. Mr. Wolf stated that BOC staff will conduct as comprehensive a study as resources will allow. He noted that preliminary results are consistent with Dr. Gade's comment, reported in the *New York Times*, that hospital visits are down substantially. Mr. Wolf said BOC will ask CHS for information St. Barnabas is contractually required to produce detailing off-Island clinic utilization, and inquire as to whether CHS has identified the causes for low production and utilization rates, including the possibility that DOC's Transportation Division or special security searches were contributing to the low rates. He invited CHS to participate in a joint analysis of utilization with BOC.

Mr. Erazo said that much of what Mr. Wolf reported had been stated in 1988, under Montefiore. He said that for 23 years, no one looked at Montefiore, but that he is pleased BOC is now looking at systemic issues. He agreed to Mr. Wolf's suggestion that a joint review should occur, and noted that BOC is participating in joint committees established by CHS. Mr. Erazo said that in his visits to Rikers Island, he too has learned of names that are not in DOC's inmate data base. He said there are plans to merge CHS's MIS system with DOC's Inmate Information System to provide for better tracking of inmate/patients.

Mr. Erazo added that "27% more mental health work" is being performed by St. Barnabas than occurred under Montefiore. He said that he is looking to compare performance by St. Barnabas to performance by Montefiore. Mr. Erazo said he had been at CHS for three months, and that it is not possible to fix all longstanding problems in that time. He did note some immediate improvements, including new CT-SCAN equipment and St. Barnabas' self-funding of some services not funded by the OMB and the City Council. He said more improvements are needed, but he expects that by the end of the year, the issues raised thus far will be resolved. Mr.

Erazo said that CHS monitoring needs to be improved, and that computerization will enable it to better identify and to locate inmate/patients. Mr. Erazo mentioned the issue of profit under the contract. Mr. Lenefsky said that the Board had not raised the issue. Mr. Erazo said St. Barnabas has supplied funds where the City has not done so.

Mr. Lenefsky described today's meeting as an "issue-raising session". He said he intended to raise three issues. The first he described as a "systemic failure" on the part of CHS to respond to BOC inquiries in recent months. Mr. Lenefsky cited ten examples:

- On July 16<sup>th</sup>, BOC asked for an explanation as to how confidential medical records were found in the possession of DOC. Mr. Lenefsky said this raised issues of confidentiality and of whether medical services were being delayed or denied.
- On July 17<sup>th</sup>, BOC inquired about the cases of two inmates for whom medical services were delayed.
- On July 21<sup>st</sup>, BOC asked about the availability of medical supplies, and included letters from St. Barnabas providers asking permission for family and friends to bring medical supplies - including a wheelchair and a catheter - to an inmate.
- Also on July 21<sup>st</sup>, BOC raised the issue of injury reports no longer being filed in medical charts.
- On July 27<sup>th</sup>, Mr. Lenefsky asked, in a telephone conversation with Mr. Erazo, why Dr. Choudri had been fired.
- On August 4<sup>th</sup>, BOC wrote and asked about the death of an inmate, and about the medical care he received.
- On August 5<sup>th</sup>, BOC asked why there was no ophthalmologist on Rikers Island, as there had been under past providers, even though there was an "Optometry/Ophthalmology" clinic.
- Also on August 5<sup>th</sup>, BOC requested data on attempted suicides for June and July.
- On August 24<sup>th</sup>, BOC inquired about 20 inmates who were produced for, but not seen at, on-Island specialty clinics.
- On August 26<sup>th</sup>, BOC wrote to inform CHS that for an extended period, the temperature in the mental health punitive segregation area exceeded 80 degrees.

Mr. Lenefsky said that he was entitled to draw an inference from the lack of responses from CHS to each of the ten communications that the questions were appropriate, and that the responses would be embarrassing to St. Barnabas and to CHS.

Board Member Louis Cruz objected to the tenor of Mr. Lenefsky's presentation. He said that if these issues were so important, the Board should have met in August. Mr. Cruz asked why the rest of the Board was not advised of these problems, and said that as a member of the Board he had a right to know about them. Acting Chair Horan responded that there was nothing mentioned by Mr. Lenefsky that Mr. Cruz was not charged with knowing, as all have been addressed previously in BOC minutes and reports.

Mr. Lenefsky said that his second issue pertained to the quality of medical services being provided by St. Barnabas. He said that at most Board meetings, he has asked for a description of the St. Barnabas staffing patterns compared to Montefiore. Mr. Lenefsky reminded those present that he had sought from Mr Kaladjian, Mr. Erazo's predecessor, staffing data for any week in March 1998 and the same week in March 1997. Mr. Lenefsky had asked for a list of all providers, by level of training and by facility, for all tours, and the hours that each person actually worked during the subject week. When Mr. Kaladjian responded that differences in the structure of each contract made comparison difficult, Mr. Lenefsky asked only for the data and said that *he* would draw conclusions and Mr. Kaladjian could critique Mr. Lenefsky's conclusions. He noted that the data must be available, because St. Barnabas is required to submit monthly staffing schedules by the 15<sup>th</sup> day of the preceding month. Mr. Lenefsky asked for the staffing schedules that St. Barnabas should have provided. He added that if the schedules were not provided, he would like an explanation. Mr. Lenefsky said that he would like CHS to indicate whether or not the planned schedules were in fact implemented. Citing the closing of the Neurology Clinic mentioned in the report of Dr. Bernard's tour, he asked to be provided with CHS's scheduling verification paper work.

Mr. Lenefsky expressed his concern about the reduced availability of orthopedic services. He said that orthopedic hours had been reduced to half of what it used to be. Mr. Lenefsky said that he is informed that St. Barnabas had no Infectious Disease physician-specialist until July 1<sup>st</sup>, and that since then the physician has yet to visit the jail clinics and make rounds. He said that the Board has received many more complaints than it had under Montefiore, and that the complaints were more serious than before. Mr. Lenefsky said the complaints came from inmates, DOC uniformed staff, and from St. Barnabas employees on Rikers Island.

Mr. Lenefsky then raised a third issue, Dr. Choudri. Mr. Erazo questioned whether it was appropriate to mention the name, and Mr. Lenefsky said he had been given permission to do so by Dr. Choudri. Mr. Lenefsky reported the following : He first met Dr. Choudri in April, 1998 during a tour of NIC's Dorm 4. Dr. Choudri, who previously had worked for Montefiore, told him that under St. Barnabas there were drastic shortages of medical personnel and supplies. A few weeks later, Commissioner Kerik invited Mr. Lenefsky to tour Rikers Island facilities with him and to express his concerns about medical care. During the ensuing tour on May 6<sup>th</sup>, Dr. Choudri repeated his concerns to the Commissioner. Within a few days, Mr. Lenefsky was informed of a rumor that Dr. Choudri was about to be fired. He called Commissioner Kerik, who had someone call to save the doctor's job. Sometime later, Mr. Lenefsky learned that on or about June 24<sup>th</sup> or 25<sup>th</sup>, Dr. Choudri was abruptly transferred to RMSC, apparently because of a problem with his treatment of one inmate/patient. Mr. Lenefsky said he found this very strange, because RMSC houses some of the sickest inmates - physically and mentally - in the system, and one would assume that only the very best practitioners would be assigned to work there. On or about July 8<sup>th</sup>, Dr. Choudri was summoned to an office and fired. There were no "black marks" on his record at RMSC. Dr. Choudri asked why he was being fired, and he was told it was because of the case he handled at NIC - before his transfer to RMSC. Dr. Choudri had brought



the NIC case to the Board's attention before the May 6<sup>th</sup> tour, and an independent physician told Mr. Lenefsky that although Dr. Choudri could have been more aggressive in taking lab tests in that case, but it was no reason to fire him. Dr. Choudri asked for an opportunity to review the chart to respond. The doctor who fired him had only two pages of the chart. Dr. Choudri's superior was involved in the case as well, but the superior was not fired. Mr. Lenefsky said this matter violated procedural due process. Dr. Choudri was not permitted to retrieve his own medical books and stethoscope, and was escorted off the Island immediately. Mr. Lenefsky said that there was no procedural due process because there was no substantive violation: Dr. Choudri was a "whistle blower".

Mr. Cruz said that the implications of Mr. Lenefsky's comments are extraordinarily sensitive for City agencies which may or may not incur liability, and that a discussion of personnel matters should be conducted in Executive Session. Mr. Cruz requested that the Board go into Executive Session. Mr. Horan asked if CHS wished to respond. Mr. Erazo said that he is responsible for whatever goes on at CHS. He said he agreed with Mr. Cruz, and said he would be pleased to discuss the matter in a more appropriate forum. Mr. Erazo said he had looked into the matter, and that a BOC meeting was not the appropriate forum at which to discuss it.

Mr. Erazo suggested that the discussion proceed to the other issues raised today, and he asked Dr. Gade to respond to the medical issues raised by the Board. Mr. Erazo said that Mr. Lenefsky was sincere and dedicated, and that he understood Mr. Lenefsky was trying "to do the best" for the system.

Dr. Ronald Gade, President of St. Barnabas, said that communications between providers and regulatory agencies should be changed. He said that the conclusion drawn by Mr. Lenefsky concerning the termination of Dr. Choudri was completely erroneous.

Dr. Gade said that BOC performs its oversight function by asking HHC about complaints made by inmates, which refers the questions to St. Barnabas. He said that he had encouraged Ms. Potler to call him with any important problems, and that she had done so earlier. He added that Ms. Potler also had had conversations with Dr. Daines. Dr. Gade said that 95-96% of inmate complaints are unsubstantiated: the inmate is either misinterpreting the care he is supposed to receive or refusing treatment, and this information is communicated through HHC to BOC. Dr. Gade said that the statements made today were allegations which, in many instances, never were substantiated and should not be accepted as fact.

Dr. Gade responded to issues raised by Dr. Bernard (through Ms. Potler), Mr. Lenefsky, and Mr. Wolf, as follows:

Dental services - When St. Barnabas began providing services, five of the eight dental clinics had to be rebuilt. DOC has just finished rebuilding the final dental area. St. Barnabas will enhance dental services beyond what is contractually required. It is installing in state-of-the-art dental equipment, and has a "full array" of dental specialists. Complete dental services had

not been provided because St. Barnabas did not have the facilities to do so.

Specialty clinics - St. Barnabas is providing more and more specialists on Rikers Island. It is awaiting construction of additional examining areas so the specialists have a place to work, and so that specialists can see, during evening hours, inmates who must leave Rikers Island for other reasons. It is St. Barnabas' intention to deliver as close to 100% as is possible of specialty services on Rikers. Whenever St. Barnabas adds a specialty on-Island, it is more expensive than using an HHC facility, because utilization is low and costs are high. As of Monday, four orthopedics sessions per week will be added, which will result in decreased orthopedics referrals. Anecdotal information is "dangerous". An inmate had a cane because, unlike Montefiore, St. Barnabas is providing a full range of rehabilitation medicine services on the Island. Dr. Gade's personal rehabilitation therapist was hired by St. Barnabas, and she has been going to Rikers Island as Director of Rehabilitation Services to establish a "complicated system".

Staffing - Fourteen or fifteen primary care providers have been added very recently, and these are the new graduates. They are well trained, and are "not infrequently" better than more senior physicians because their training includes modern primary care. St. Barnabas' physicians are "better" than Montefiore's, because St. Barnabas sends only "A"-track physicians to Rikers Island.

Supplies - The medical chart shows that the inmate wanted to use his own brand of wheelchair and catheters. St. Barnabas would have provided a wheelchair of the same width and quality, but it respected the inmate's wishes.

Pulmonary services - St. Barnabas has just begun an enhanced pulmonary clinic. The new CT-Scanner will enable St. Barnabas to do a complete pulmonary work-up. A pulmonologist will come from St. Barnabas Hospital to run the pulmonary clinic and do teaching rounds - another enhancement to contract services.

Infectious disease services - St. Barnabas Hospital's Infectious Diseases program trains residents for New York Hospital, and they have been involved "since Day One". There have been thirteen medically-related deaths on Rikers Island and the Manhattan Detention Complex in the first nine months of the year. Montefiore, in its best year, had 43 deaths last year, and in most years had 80 to 100 deaths. The reduction is not due to HIV triple-therapy "curing" AIDS patients because they come into the jails off the therapy, and it does not work within a few days - it takes months for the therapy to regain its ability to save AIDS patients. Rather, the reduction in mortality rates is due to improved quality of care.

Mr. Lenefsky asked if Dr. Gade would share the data he was discussing. Dr. Gade said he would do so. He added that the data was not self-serving, as it was collected by DOC.

Dr. Gade said he had reviewed the "bulk" of the medical charts of the inmates who have died, and that most had died of the natural causes of their disease and were not related to

malpractice or poor treatment. In fact, Dr. Gade added, the treatment they received was "very good". He said the deaths were reviewed with HHC as well, which has been vigorously monitoring the contract. He described complaints as a series of "anecdotal stories" regarding longstanding issues that St. Barnabas is solving - issues that existed for years under Montefiore.

Mr. Lenefsky said that the letters he had reviewed requesting a wheelchair for an inmate said nothing about "special" wheelchairs. In fact, one letter requests permission for the family to bring a wheelchair to "prevent the duplication of purchases". Mr. Lenefsky asked Dr. Gade to revisit the issue. Mr. Erazo said that he had spoken to the inmate who was in a wheelchair he did not like. Mr. Erazo added that the inmate may have had a legitimate concern - he was using an expanding wheelchair and perhaps wanted one with a stiff back.

Mr. Erazo discussed optometry. He said that in New York State, optometrists must test for glaucoma/diabetes, "so if you are an administrator you would" have everyone tested and refer those requiring treatment to an ophthalmologist. Dr. Gade said this is the system used at St. Barnabas, at Lincoln, and that it is the "state of care in the State". Dr. Gade noted that the case that led to the allegation that there is no ophthalmologist is an individual who had a problem, was seen by the optometrist, who knew the inmate had to be seen by an ophthalmologist. The inmate was transferred to another building on Rikers Island, and was again sent to the optometrist by the primary care provider at the new building. The optometrist asked the inmate why he had returned to the optometrist, noting that he had made an appointment for the inmate to see the ophthalmologist "two days later". This led to the allegation that there was no ophthalmologist on the Island.

Mr. Lenefsky asked if Dr. Gade was saying that there was an ophthalmologist on Rikers. Dr. Gade responded that the ophthalmologist has been on Rikers Island since "Day One". Ms. Potler asked if the ophthalmologist provides direct services on Rikers Island. Dr. Gade said that this was the case. Ms. Potler asked if this had been occurring at the JATC specialty clinic. Dr. Gade said he did not know where the services were being provided, but he knows who he is and who backs him up.

Dr. Gade said the neurologist who went on vacation did not tell anyone he was going on vacation, so St. Barnabas had to find someone to fill in for him. He added that St. Barnabas "inherited" the neurologist from Montefiore.

Mr. Horan said that the level of detail of the discussion would be better suited for a staff-to-staff meeting. Dr. Gade said that the only reason he went into this level of detail was to demonstrate that St. Barnabas was watching this process very closely.

Mr. Erazo said CHS will provide staffing levels to the Board. He added that CHS will give the Board much more information, and will cooperate with the Board, providing it "everything you need". Mr. Erazo said it is his job to monitor the contract, and St. Barnabas will attest that he is very demanding. He said that when one deals with "50,000 to 60,000 visits

per week”, there are bound to be some problems.

Commissioner Kerik said that a revised form, by which medical and mental health information is transmitted from NYPD to DOC, is almost completed.

Mr. Wolf responded to Dr. Gade’s comments by noting that the Board’s field staff act as ombudspeople in the jails, attempting to solve problems at the lowest possible levels so that problems do not escalate. In the past, BOC staff brought problems directly to Montefiore. Mr. Wolf said that attempts to communicate directly with St. Barnabas were cut off by St. Barnabas, but that Dr. Gade’s invitation to resume was appreciated. Mr. Wolf said that as to Dr. Gade’s assertion that BOC’s information was “anecdotal”, Board staff always attempts to resolve problems at the facility level. When this effort is unsuccessful, BOC staff were asked in a letter from Mr. Erazo to communicate directly with Drs. Compton and Shuman for emergencies, and for other issues to communicate directly with Mr. Erazo. Mr. Wolf said that BOC staff followed these procedures and received no responses. He said he was encouraged that communications would resume, and noted that the Board was working to improve the delivery of correctional health services. Dr. Gade said that the Board helped to do so by identifying problems, and noted that St. Barnabas wanted to hear about all problems.

Mr. Horan then adjourned the public meeting at 2:10 p.m.. The Board went into Executive Session until 2:20 p.m..