



**NEW YORK CITY  
BOARD OF CORRECTION**

**July 12, 2022 PUBLIC MEETING<sup>1</sup> MINUTES**

**ATTENDEES**

**MEMBERS PRESENT**

Julio Medina, Acting Chair  
Robert L. Cohen, M.D., Member  
Felipe Franco, Member  
Jacqueline Pitts, Member  
Joseph Ramos, Member  
Steven M. Safyer, M.D., Member  
Jacqueline Sherman, Esq., Member

Amanda Masters, Esq., Executive Director

**DEPARTMENT OF CORRECTION (DOC)**

Louis Molina, Commissioner  
Melissa Guillaume, Deputy General Counsel  
Francis Torres, Deputy Commissioner for Programs and Community Partnerships  
Maureen Danko, Deputy Commissioner  
Steven Kaiser, Executive Director of Policy and Intergovernmental Affairs  
Marshall Volk, Assistant Commissioner of the Nunez Compliance Unit  
Allie Robertson, Senior Policy Analyst of Special Projects  
Nell McCarty, Executive Director of Counseling and Social Services

**NYC HEALTH + HOSPITALS - CORRECTIONAL HEALTH SERVICES (CHS)**

Patsy Yang, DrPH, Senior Vice President  
Jeanette Merrill, MPH, Director of Communications and Intergovernmental Affairs  
Carlos Castellanos, Chief Operations Officer/Deputy Executive Director  
Nancy Arias, RN, Chief Nursing Officer/Deputy Executive Director  
Zachary Rosner, MD, Chief of Service, Medicine  
Bipin Subedi, MD, Co-Chief of Mental Health

**OTHERS IN ATTENDANCE**

Lateesha Harris, NYC Department of Correction  
Sarita Daftary, Freedom Agenda

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<sup>1</sup> Due to the extension of the governor's emergency disaster declaration allowing remote public meetings due to the COVIC-19 pandemic, this meeting was conducted virtually via WebEx.

Chaplain Dr. Victoria A Phillips of Visionary V Ministries, Jails Action Coalition, Justice for Women Taskforce and the Mental Health Project, Urban Justice Center  
Kayla Simpson, Legal Aid Society  
Natasha Mangham, Bronx Defenders  
Emily Burk, Urban Justice Center  
Lindsey Campbell, Urban Justice Center  
Daniele Gerard, Children's Rights  
Ashaki Antoine, COBA  
Roger Clark, Halt Solitary Campaign  
Kelly Grace Price, Close Rosie's

### **Approval of June 14, 2022 Minutes**

Acting Chair Julio Medina (AC Medina) asked for a motion to approve the draft minutes of the Board's June 14, 2022 meeting. Board Member Jackie Sherman (Member Sherman) moved to approve the minutes, seconded by Board Member Jacqueline Pitts (Member Pitts). Board Member Robert Cohen (Member Cohen) requested an edit of the previous minutes by adding Board Member Freya Rigterink's (Member Rigterink) response to one of Commissioner Louis Molina's (Commissioner Molina) quoted remarks. The minutes were unanimously approved with Member Cohen's edits. Watch this portion of the meeting [here](#).

### **Opening Remarks/ Announcements**

Executive Director Amanda Masters (ED Masters) noted four new deaths since the last Board meeting, bringing the total to ten so far for the year 2022. The new deaths are Antonio Bradley, Anibal Carrasquillo, Albert Drye, and Elijah Muhammad. ED Masters also highlighted deaths among DOC staff since the last Board meeting and expressed condolences.

BOC is working on a report on 2021's deaths, which will focus on patterns among overdose deaths and suicides. Since January 2021, there have been eight known completed suicides. Drugs involved in overdose deaths in Rikers included synthetic marijuana, combinations of fentanyl and heroin, combinations of PCP with heroin and fentanyl, and acute methadone intoxication. For those who have died from drug overdoses, the lengths of their incarceration ranged from three days to more than two years. As far as BOC is aware, neither DOC nor CHS is tracking non-fatal overdoses at Rikers. Watch this portion of the video [here](#).

ED Masters noted that on June 30<sup>th</sup>, DOC issued a directive regarding officers using Narcan; the directive makes clear that DOC staff will be trained in administering Narcan.

On June 24, 2022, DOC issued a new teletype on the use of body-worn cameras. The following interactions between officers and PIC must be recorded on body cameras: people in custody's refusals to participate in daily services or daily lockout time, to attend disciplinary hearings, to sign a notice of infraction, and of legal representation when receiving notices of infraction.

Finally, ED Masters shared census data, up to date as of July of this year: AMKC, 2,080; RNDC, 821; VCBC, 708; EMTC, 659; GRVC, 588; RMSC, 309; North Infirmary Command, 362; West Facility, 86; Bellevue Hospital Prison Ward, 43. Watch this portion of the video [here](#).

### **Discussion of Heat Plan**

Deputy Commissioner of Quality Assurance and Integrity, Patricia Feeney (DC Feeney) discussed the heat plan. DOC implemented a heat plan once temperatures changed at the end of May. Temperatures in any air-conditioned area that exceed 80°F are reported to leadership and the Central Operations Desk. Further protocol is followed by maintenance staff. Leadership

will take stock of any heat-sensitive individuals that are housed in those areas and assess if they should be moved to cooler areas. Those heat-sensitive individuals would be temporarily placed in an air-conditioned area not exceeding 80°F. If an individual wishes to refuse heat-sensitive status, that refusal must be done in front of a medical provider.

In non-air-conditioned areas, fans and cool showers will be available in any area below 100 °F, and ice will be delivered between 1200 hours and 1600 hours, separate and apart from mealtimes. Shorts have been issued to people in custody. As of July 5<sup>th</sup>, there were 113 refusals, 9 overrides, and 57 individuals who were not yet housed in air-conditioned housing that didn't meet the other two categories. The third category could be new admissions. DC Feeney will get back to BOC on what the situations of these 57 individuals are.

Commissioner Molina reported that since air-conditioned areas inside RMSC would not create the sight and sound separation required by regulation between men and women, men would not be able to be put in those currently unoccupied, though air-conditioned, dormitories.

Watch DOC's updates and their exchanges with Board members [here](#).

### **Enhanced Supervision Housing (ESH) Reset**

On June 30, the federal monitor filed a status report with the court to provide an update on the current state of affairs in the jails. The Federal Monitor did not approve the implementation of the Risk Management Accountability System (RMAS) on July 1<sup>st</sup>, requiring that DOC work with Dr. James Austin, a classification consultant, to develop a "Monitor Approved Housing Model for Restrictive Housing." Based on this information from the monitor, DOC will not be able to move forward with RMAS since it will be in violation of the court order.

DOC appointed a new Deputy Warden in Command of ESH, Deputy Warden Cort. DOC has begun operating ESH in the spirit of RMAS. According to DOC, individuals are locked out and engaging in programming with minimal incidents. Restraint desks are no longer in use in any of the restrictive housing units.

According to DOC, they will not be using ESH for young adults due to the success of the violence reduction plan. ESH operations will be shifted to units previously allocated for RMAS. Three Level-1 and three Level-2 units of ESH are operational. Staffing levels in these units match those levels planned for RMAS, with those trained on RMAS assigned to ESH.

In ESH Level-1, there are two tiers of seven-hour lockout. The maximum head count is twenty; ten individuals per tier. Commissary and hygiene products are limited to \$25. There are five hours of programming for targeted behavior and one hour of TV time during non-programming time. There will be a seven-day review by a multi-disciplinary team to determine what advances can be made in consideration of behavior, programming, and engagement.

In ESH Level-2, there are two tiers of seven-hour lockout. The census population will max out at forty, allowing for alternate lockout of twenty at a time. Commissary items are limited to \$40. There are at least five hours of programming and two hours of TV time. Individuals in level-2 will have the same seven-day review as those in level-1.

DOC will be reviewing the "awareness list", a list that includes individuals with known medical conditions, daily. CHS will send DOC an exclusion list of individuals who cannot be placed in ESH. DOC has included BOC on ESH daily tracking emails. DOC will review placement

documentation on a weekly basis with BOC and share body-worn camera footage with BOC upon request. Watch the Department of Correction's update [here](#).

Board Member Felipe Franco (Member Franco) brought attention to the situation in NIC. During Member Franco's last visit to NIC units 3B and 3C with other Board members, he noted that no DOC staff seemed to know how young adults finish their time in the "awful space" - without human contact, programming, nor clarity of how they can get out of the punitive segregation space. Commissioner Molina shared that programming staff will be engaging with those young adults in 3C and complete a 21-day review. Member Franco was also concerned that people in custody only leave their cell space for one hour a day.

DOC responded that those in ESH are problematic young adults. DOC is reevaluating their placement and incorporating them into general population, but it is an ongoing and complicated process. DOC's programming partners are assisting in coordination. The twenty-one individuals are a combination of adults and young adults in separate housing units. There is a smaller population of young adults located at 3C and 3B in NIC. Most programming is cell side. DOC has had some ability to bring individuals into an office space, but it does not happen daily for every individual located in 3C. Watch Member Franco's exchange with DOC [here](#).

ED Masters asked if those twenty-one individuals had a due process hearing and if the area with 23-hour a day isolation is considered punitive segregation. Commissioner Molina responded that he will follow up regarding those individuals and how DOC will move forward with NIC. They do have an extended cell area, which was originally going to be part of RMAS. According to DOC, they have limited space and some of the individuals at West Facility are there because of protective issues relating to their behavior and/or their behavior with others in protective custody. Commissioner Molina will follow up with BOC regarding West Facility concerns. DOC confirmed young adult and adult units are being dismantled at NIC, and that DOC has discontinued placing new individuals in those units. Watch further NIC-related exchange [here](#).

Acting General Counsel Melissa Guillaume confirmed that DOC "provides due process hearings with individuals who are charged with having committing an infraction within the DOC. They are provided with a notice of the infraction, and then they do appear before the adjudication captain who will review the evidence to make the determination for whether or not that individual has actually violated departmental rule. The individual has the opportunity to present any information evidence that they wish during that due process hearing, and then an adjudication is made by the adjudication captain."

Acting General Counsel Guillaume also noted that if individuals are found guilty, they are placed in ESH, which complies with the HALT Act. The possibility for them to advance through the levels is based on their participation in programming, which is something the federal monitor is very keen on. If a person is being charged with a violent grade 1, they are eligible for a pre-hearing detention and will be housed in ESH. As individuals are receiving seven hours of out of cell time pursuant to HALT, there is no requirement for legal representation, therefore legal representatives are not informed. Regarding representation, it remains an open question as DOC continues to engage with the federal monitor's designated expert on custody management. Watch Acting General Counsel Guillaume update [here](#).

Member Cohen noted that the ESH model was designed for people with repeated episodes of slashing and stabbings, *not* for those who had just committed an infraction and enter right into punitive segregation. Member Cohen further pressed the Commissioner: "So the monitor and

James Austin has replaced the Board, RMAS, and you're not interested in it anymore, and you're going to develop a new plan independent of that? And maintain EEOs until you do that?"

The Commissioner argued that DOC is complying with the judicial order, with Commissioner Molina stating: "I think for you to categorize that I don't take interest in the Board's position is not really a fair one. When I think I've done a lot over the last six months of me being here, of not only engaging with the Board in these public forums, but as well as private ones...and I've also tried to embed a lot of the spirit of RMAS into ESH." Member Cohen acknowledged the Commissioner's work. Watch these exchanges [here](#).

Commissioner Molina shared there are 45 persons in Level-1 and 41 in Level-2, and that DOC is not using punitive segregation. Some of the housing units designated as such has been retrofitted to roll out ESH with RMAS rules. Moving forward DOC will be doing randomized reviews of body-worn cameras. Watch the exchanges with Board Members [here](#).

Board members and DOC leadership discussed a range of topics, including decrease in slashings, stabbings, and Use of Force; the violence reduction plan in RNDC; mandated educational services and College Level Examination Program offerings; computerized GED administration; summer employment enrollment; recreational and evidence-based programming; and fixing cell doors throughout the facilities. Watch these exchanges [here](#).

Member Cohen recounted his visit to GRVC 17A on July 5, where people were not being locked out. Member Cohen also visited GRVC 2B, the de-escalation unit, where he met three men who had been there for over thirty hours. Those individuals had not been out of their cells at all and were not receiving medication. One of them was Elijah Muhammad, who died a few days later.

Commissioner Molina stated that staff have been trained regarding de-escalation housing units and disciplinary action has been brought against staff not following training procedures. The Commissioner will follow up with Member Cohen to figure out why those three men would have been in de-escalation for so long. Watch the exchange [here](#).

### **EMTC Central Intake Updates**

AC Medina reiterated that the violence has been happening for the last twenty to thirty years and there has to be a fix at some point. AC Medina provided the following updates regarding EMTC:

- People have stayed in intake for long periods of time without proper housing.
- EMTC's head count has risen and is now the second most populated facility on the island.
- Staff shortages and overtaxed staff remains an issue.
- Body scanners have been used over 300 times since the last Board meeting.

Watch AC Medina's update [here](#).

Member Ramos recounted a visit to EMTC on July 8 with Member Pitts and Board staff, noting that the facility was very busy, well organized, and clean. Member Pitts mentioned that EMTC has twenty-two suicide prevention aides and commended Warden Harvey for implementing an essay workshop. Watch Member Ramos and Pitts' comments and updates [here](#).

Commissioner Molina reported that with OBCC's closing, its staff can be transferred to EMTC and the rates of staff that are on indefinite sick leave has lowered. EMTC continues to improve and the Commissioner will address the issues raised by Member Ramos. Based on CDC guidelines, one central facility for intake is needed due to COVID-19 and concerns for potential variants. Commissioner Molina also reported that the incident of a person who was in a decontamination shower for an extended period is under investigation.

ED Masters asked why certain heat sensitive people are not in air-conditioned housing. DC Feeney agreed to follow up. ED Masters also asked if anyone has been identified or reprimanded for manipulating the tracker following how long people are waiting in intake. The Commissioner responded by assuring that the Investigations Division is looking into the case and ED Masters will be briefed on that issue when new information surfaces. Watch these exchanges [here](#).

### **Correctional Health Services Presentation on New Admission Screening, Treatment, and Monitoring**

Once patients complete the DOC intake process, they are transported to CHS, where they are screened for medical, physical, and mental issues. Housing recommendations are made based on that assessment. All newly-admitted individuals are quarantined for ten days. COVID positive patients are placed in isolation for those ten days. After ten days, CHS clears the individual for housing placement and notifies DOC.

There are advantages to centralized intake facilities at EMTC, according to CHS. It supports timely identification of medical and mental health needs, facilitates timely and organized movement of patients into clinically appropriate housing, reduces movement of patients and viruses among facilities, and provides greater access to clinical monitoring. CHS lists several other benefits [here](#).

CHS proposes expanded hours, services, and stratified production scheduling at the New Clinic (post-intake interventions) while continuing to separately process new admission intakes in the Old Clinic. Watch CHS' entire update [here](#).

Co-Chief of Mental Health, Dr. Subedi, expands on screening protocols. There is a mental health screening tool embedded into intake, which focuses on historical and current treatment and risk factors. This informs acute or subacute referral. Mental health screening occurs at the time of the medical assessment, within 24 hours. CHS confirmed that every person is screened and completes the process within 24 hours. Chief of Service, Medicine, Dr. Zachary Rosner, reminded the Board that there are screenings that happen before the one started by CHS. Watch CHS' update and exchanges with Member Franco [here](#).

### **Use of Emergency Executive Orders, Staff Absenteeism Crisis, and Staffing Data Production**

ED Masters noted that this item has been on every agenda since February. Lack of correctional officer staffing affects every one of BOC's minimum standards. BOC has requested granular staffing data since February 1, 2022 and is entitled to that information. Thus far, BOC has only been provided with summary numbers and some aggregate numbers at the facility levels; neither is responsive to the original request.

The EEOs impair BOC's ability to enforce its charter-mandated duties. The Board negotiated the RMAS rules for three years and it is still not implemented. Board monitors have over a



hundred years of cumulative experience on Rikers; their work is meaningful, their expertise is invaluable and should be used. Watch ED Masters' statement [here](#).

Commissioner Molina responded that DOC is in a transitional period. Per the action plan, DOC is increasing security operations. New executive leadership is being hired to infuse talent and DOC is consulting with the monitor to address new restrictive housing units. The Commissioner appreciated BOC monitors' work but called attention that the federal monitor, in addition to Dr. James Austin, "bring probably over 100 years themselves of understanding sound correctional practices on a national scale." Watch Commissioner Molina's response [here](#).

Member Cohen noted that "it's not just about management, it's about structural racism. In the meantime, the Department should discharge them because they cannot provide care for them at this moment." Watch his response [here](#).

### **Violence Indicators**

Serious acts of violence still persist. At EMTC, BOC observed many acts of violence in unstaffed intake areas. At AMKC, there have been six slashings and stabbings in the first eleven days of July. AMKC is on path to have the most slashings and stabbings in a single month since the pandemic. At GRVC, there were nineteen slashing and stabbings in June, and seven so far as of the time of the meeting.

There were 183 slashings and stabbings from January to June 2021. From January to June 2022, the total was 255, an almost 40% increase. Watch ED Masters' update [here](#).

Commissioner Molina stated that there is a proof of concept at RNDC, where the violence reduction plan continues to be implemented. DOC is evolving the violence reduction plan with the federal monitor to focus on other facilities. The process of going through posts, filling them with available officers, and reviewing which shifts are non-priority goes on at every shift. Watch Commissioner Molina's response and his exchange with Board Members [here](#).

### **Presentation, Public Comment and Votes – Limited Variance Request to BOC Minimum Standards §§ 2-05(b)(2)(i-ii) (Psychotropic medication) and 3-04(b)(2)(i-ii) (Tuberculosis screening process)**

CHS is requesting renewal of two longstanding variances. The psychotropic medication variance allows psychiatrists to see and evaluate stable adult patients on psychotropic medication in general population at least every 28 days, rather than 14 days.

The tuberculosis screening process variance allows CHS the use of two techniques for tuberculosis screening. People who have a documented negative result from at the most six months ago can avoid complete screening. Watch the presentations from ED Masters and CHS [here](#).

Public comment was provided by Lateesha Harris and Dr. Victoria Phillips. Watch their comments [here](#).

Member Cohen moved to vote on the psychotropic medication variance. Member Franco seconded. Five voted in favor except Member Pitts, who abstained. Variance was approved.

Member Cohen moved to vote on the tuberculosis screen process variance. Member Franco seconded. All voted in favor. Variance was approved unanimously. See this portion of the video [here](#).

**Public Comment Period**

Lateesha Harris of the NYC Department of Correction

Watch this portion of the video [here](#).

Sarita Daftary of the Freedom Agenda

Watch this portion of the video [here](#).

Chaplain Dr. Victoria A Phillips of Visionary V Ministries, Jails Action Coalition, Justice for Women Taskforce and the Mental Health Project, Urban Justice Center

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