

**NEW YORK CITY
BOARD OF CORRECTION**

September 10, 2009

MEMBERS PRESENT

Hildy J. Simmons, Chair
Catherine M. Abate, Esq.
Robert L. Cohen, M.D.
Stanley Kreitman
Rosemary Maldonado, Esq.
Alexander Rovt
Milton L. Williams, Jr., Esq.

Excused absence was noted for Vice Chair Michael J. Regan and Member Pamela S. Brier.

DEPARTMENT OF CORRECTION

John J. Antonelli, Acting Commissioner
Carolyn Thomas, Chief of Department
Florence Hutner, Esq., Deputy Commissioner for Legal Matters
Stephen J. Morello, Deputy Commissioner, Public Information
Mark Cranston, Dep. Chief of Staff
Harry Ahl, Deputy Warden, Office of Policy and Compliance (OPC)
Ronald Greenberg, Director of Inspections, OPC

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Louise Cohen, MPH, Deputy Commissioner, Health Care Access and Improvement
Suzette Gordon, Esq., Counsel, Division of Health Care Access and Improvement
Jason Hershberger, M.D., Assistant Commissioner, Correctional Health Services (CHS)
Charles Luther, M.D., Executive Director for Mental Health, CHS
George Axelrod, Esq., Director, Risk Management, CHS

OTHERS IN ATTENDANCE

Alia Al-Khatib, New York Civil Liberties Union
Harold Appel, MD, Doctors' Council, Service Employees International Union (SEIU)
Lisa Freeman, Esq., Legal Aid Society, Prisoners Rights Project (PRP)
Christian Salazar, Associated Press
Michela Bowman, Vera Institute of Justice
Jenna Libersky, Independent Budget Office (IBO)
Jennifer Parish, Esq., Mental Health Project, Urban Justice Center
Timothy Rudd, Analyst, Office of Management and Budget (OMB)
Kerry Spitzer, Budget and Policy Analyst, IBO
Dale Wilker, Esq., PRP
Eisha Williams Wright, Legislative Financial Analyst, Finance Division, City Council
Milton Zelermyer, Esq., PRP

Chair Hildy Simmons called the meeting to order at 9:01 a.m. Minutes of the June 18, 2009 Board meeting were approved without opposition.

Chair Simmons reported that Mayor Bloomberg appointed a new Department of Correction (DOC) Commissioner, Dr. Dora Schriro. Chair Simmons said that Dr. Schriro now directs the Washington-based Office of Detention Policy and Planning for the Department of Homeland Security and, previously, led prison and jail systems for St. Louis, Missouri, and Arizona. She added that Dr. Schriro, originally a Staten Island resident, served as DOC Assistant Commission for Special Programs from 1985 to 1989 after serving in the Office of the NYC Criminal Justice Coordinator. DOC Acting Commissioner John Antonelli announced that Dr. Schriro will assume her new position on September 21. Chair Simmons said she hopes the Board will be able to welcome Dr. Schriro officially at its November meeting, as well as the new DOHMH Commissioner.

Chair Simmons reminded the Members that, at the June meeting, the Board decided to consider selection of a new meeting day. Noting that BOC Deputy Executive Director Cathy Potler had contacted each Member about alternative days, she reported that every day proved problematic for at least one Member. Exercising the prerogative of the Chair, she announced that going forward Board meetings would be held on Wednesdays at 9:00 a.m. Noting that one Member cited Wednesday as problematic, Chair Simmons said she thought this could be resolved.

Chair Simmons said that, in mid-July, she toured Horticultural Society of New York's (HSNY) sites on Rikers Island with Chief Carolyn Thomas, Deputy Commissioner Cathy Coughlin and Jamie Bennett, Chief of Staff to Department of Cultural Affairs Commissioner Kate Levin. She reported that Mr. Bennett addressed several matters long plaguing City jails: lack of constructive programs and materials for adolescents during detention and re-entry, and lack of program funds and dedicated staff. Noting that HSNY has a longstanding program for City-sentenced men to plant and manage vegetable gardens, Chair Simmons said that HSNY partnered from July 13th through September 8th with officials at the Robert N. Davoren Center (RNDC) who run the violence-reduction program for adolescent detainees, the Institute for Inner Development (IID). She said that Mr. Bennett described the Adolescent Garden Initiative to other City officials who suggested that he submit a proposal, which Ms. Coughlin immediately prepared. Chair Simmons said that First Deputy Mayor Patricia Harris recently signed-off on the inclusion of this proposal in the City's application for Federal funds, about which a funding decision would be made in two to three months. She said that the \$4 million proposal for adolescents includes funds for three correction officers and a civilian Farm Manager. She noted that additional funds were requested to expand the City-sentenced greenhouse program. Chair Simmons explained that Mr. Bennett also posted on his Facebook page a request for his friends to purchase from Amazon.com books requested by RNDC Warden Duffy, and that within ten days forty copies of each book arrived at Chair Simmons' office. She then arranged for the books to be delivered to RNDC. She asked Members to continue their own pursuit of book purchases for the adolescent jail.

Chair Simmons asked BOC Executive Director Richard Wolf to inform Members about the status of Close Custody prisoners and the litigation brought by the Prisoners' Rights Project. Mr. Wolf said that Jackson v. Horn was argued on July 23 and the parties now are awaiting a decision by State Supreme Court Justice Marcy Friedman. He reported that, as of September 9,

DOC housed a total of 67 Closed Custody (CC) prisoners: 23 in non-Protective Custody status in the Manhattan Detention Center (MDC) and forty-four (44) in Protective Custody (PC) status: 43 male prisoners in RNDC and one female prisoner in the Rose M. Singer Center (RMSC). Member Catherine Abate asked about the criteria for admission into CC PC status. Mr. Wolf suggested that DOC describe its policy and procedures. Acting Commissioner Antonelli explained that an inmate is reviewed for PC classification upon an inmate's request, or upon DOC's determination that the inmate is vulnerable, and that the latter may result in involuntary placement. He added that non-PC CC status is based on comprehensive review of the inmate's history to determine if the inmate is predatory and therefore necessitates removal from general population housing. Responding to Mr. Wolf's inquiry about the ratio of voluntary PC to involuntary, Deputy Chief of Staff Mark Cranston said that 90% of the PC inmates are in that status voluntarily.

Noting that BOC staff regularly reviews the daily operations of CC housing areas, Mr. Wolf reported that each operated somewhat differently. He said that at RNDC, prisoners are offered one hour of recreation in one of eight outdoor expanded-metal pens and up to two hours of television viewing in an individual Plexiglas cubicle in the dayroom. He noted that when DOC determine that certain CC PC prisoners can commingle safely, they now are allowed to do so at the rear of the two CC housing corridors, behind a breaker gate, in the equivalent of two small dayrooms, each of which contains a TV, fan, table and chairs. Mr. Wolf said that presently, four prisoners have access to one area and two to the other during all facility lock-out periods. He reminded Members that, in housing areas formerly termed "Administrative Segregation" and "Protective Custody", DOC permitted all inmates access to a dayroom. Chief of Department Carolyn Thomas said that the six prisoners also are able to commingle in the five outdoor pens that now contain a basketball hoop, but Mr. Wolf said BOC field representatives reported that this is not permitted. He said DOC records reveal that the six prisoners in the "Dayroom Pilot Project" have been housed longest in CC. Acting Commissioner Antonelli noted that, from the inception of Closed Custody, DOC's intention was to try to facilitate social interaction among inmates determined by DOC to be compatible with each other. As to Closed Custody housing in RMSC, Mr. Wolf reported that the one CC/PC inmate has a TV in her cell, and is afforded the daily opportunity for recreation in an outdoor pen, which she rarely accepts, and one-hour access to a dayroom, which she sometimes accepts. He reported that in MDC, each non-PC/CC prisoner has a TV in his cell over which he has control, and access to other services at the cell or in a mini-service center on the same floor, where services such as haircuts are provided. He reported a Minimum Standards violation in that, among the cages constructed on the ninth floor roof for prisoners' one hour outdoor recreation, two do not have direct access to sunlight. Chair Simmons told Members that, beyond this outline of basic procedures, if interested in more detailed information about Closed Custody prisoners, they should notify Mr. Wolf to share with them the remainder of his research.

Member Dr. Robert Cohen suggested that further research about Close Custody is needed because PRP's Article 78 litigation raises questions about the Department's compliance with the Board's Lock-in Standard. He proposed that, during the next month, BOC staff investigate, and make a finding to the Board, about whether or not the current management of Close Custody prisoners violates BOC Standard 1-05. Dr. Cohen said that the Board has a clear interest in deciding this matter because its Standards are involved. Acting Commissioner Antonelli noted that the issue currently is before the Court, and really is a legal question now. Dr. Cohen responded that this is a legal question for the Board as well since BOC's Standards have the

force of law. He added that the Standards as well as other regulations under which BOC oversees DOC are not trumped by the litigation. Dr. Cohen said that Board's evaluation would not interfere with the Court process. He said that the Board would be remiss if it did not take into account a serious violation of its Standards alleged in Court papers. Chair Simmons said this was Dr. Cohen's opinion.

Chair Simmons said that, if Dr. Cohen wanted to ask BOC staff to investigate, she would entertain that proposal. She said that since a decision is expected soon, it might behoove the Board to wait to see how the Court rules and then, based on that ruling or regardless of the ruling, determine whether the situation warrants a further look by the Board. Dr. Cohen responded that, since the Board meets so infrequently, it would be appropriate to have BOC staff begin an investigation now, given that the issues and the Standards will remain the same, independent of the Court's action. He therefore proposed that BOC staff investigate and report back to Members in four weeks on whether or not it finds a conflict between BOC's Lock-in Standard and DOC's current practices and procedures for Close Custody. In response to Chair Simmons call for a second to this proposal, Ms. Abate asked to rephrase the motion. Ms. Abate stressed that Members would not want their discussion to affect the litigation. She said that, going forward, the Board should obtain clarification of DOC policies and practices now, including how classification decisions are made and reviewed, and the extent to which Close Custody is involuntary given that prisoners are housed there for a long time. Member Rosemary Maldonado said that she agreed with the distinction drawn by Ms. Abate between BOC staff investigating DOC's policies and practices for past Standards' violations, and staff research for the purpose of the Board's understanding and monitoring of the Department's performance. Ms. Maldonado said that she was willing to second Ms. Abate's motion. Ms. Abate noted that the Close Custody practices described earlier by Mr. Wolf sounded like some of the prisoners mentioned were in punitive segregation. Mr. Wolf responded that none were in punitive segregation but that the restrictive conditions under which they are housed, such as lock-in, conjure up an image of punitive segregation. He said that Members need clarification on how Close Custody and punitive segregation are similar and are different. He proposed reviewing this issue in a primer on all aspects of Close Custody. Dr. Cohen contended that the Court situation will not be resolved soon because, if DOC wins, PRP might appeal and if PRP wins, DOC might appeal.

Chair Simmons asked if it was a sense of Board to ask BOC staff to prepare a primer on Close Custody, to assemble detailed information so Members will be well-informed for a discussion that, ultimately, is their responsibility about whether or not they think there is a violation of the Standard. Dr. Cohen suggested that staff interview some Close Custody prisoners. Chair Simmons urged Members who never have visited these housing areas to do so after reviewing the primer. She noted that, several years ago, Members raised a series of questions about Close Custody practices and DOC made some adjustments in response. She asked BOC staff to prepare a primer before the November meeting so that Members will have an opportunity to review the information and then discuss it at the meeting to determine how to proceed. Ms. Abate suggested that, even if Close Custody does not violate any BOC Standards, BOC still may determine that DOC could use better procedures to manage this population.

Acting Commissioner Antonelli suggested that the Board evaluate Close Custody in the context of the practices that existed before, and consider what would happen in the absence of the current DOC policy. As to the past DOC policy referenced, Mr. Wolf noted that, after the

decision in 2005 by State Supreme Court Justice Phyllis Skloot-Bamberger about DOC's pre-hearing detention policy, he wrote a memo to the Board explaining the policy background along with past procedures and the then current procedures criticized by the Court. Noting that this Court decision ultimately led DOC to create Close Custody, Mr. Wolf said that he would again forward that memo to the Members.

Chair Simmons asked Mr. Wolf to provide updated information on DOC's visit operations. She reminded Members that at the June Board meeting, Vice Chair Michael Regan voiced concerns about visiting conditions observed by Members during their Rikers Island tours, as well as what he termed the inappropriate treatment of visitors recounted in testimony during the Board's June 5th public hearing on DOC's request to reduce the number of weekly visit and recreation days. Mr. Wolf said that he reviewed with DOC officials deficiencies identified in his April 2009 report to the Board, and offered suggestions from both Members and Board staff. He said that recent field observations revealed little improvement. He reported that inconsistencies remain in DOC notices to potential visitors about identification documents they must provide at the Rikers Island Central Visit Control Building (CVCB). He said failure to provide satisfactory documentation causes visitors to be turned away, often after lengthy, expensive travel. Mr. Wolf noted inconsistencies between language on DOC's web site, in the Visitors Guide, on signs – many of which are not posted in Spanish – outside and inside the Central Visit Control Building (CVCB), and on the audiotape running outside CVCB. He said, however, that resolving inconsistencies still would not address BOC concerns about DOC's definitions of "valid" identification documents, such as requiring a current school program schedule to accompany a school ID, or a current pay stub with an employment identification card.

Mr. Wolf reported that, after almost one year of documentation and discussion by DOC and BOC on delays in visitor processing at CVCB and in jails, DOC achieved little time reduction except for Close Custody prisoners in RNDC. Noting the considerable attention and expense DOC is devoting to a Visitor Express system being piloted in AMKC, he asked if DOC still views this as a pilot, to which Acting Commissioner Antonelli responded in the affirmative. Mr. Wolf described Visitor Express as a technology-based system for expediting the registration and processing of people who visit more than once by using the following method: on a first attempt to register in CVCB for an AMKC visit, the person submits fingerprints and identification for electronic scanning; on subsequent visits, the computer is supposed to "recognize" the person from his/her fingerprints. Mr. Wolf reported that BOC staff conducted extensive field investigation in CVCB and AMKC including hours of observation and interviews with officials responsible for creating and managing Visitor Express, staff implementing it, and visitors involved with it. He explained that, although DOC changed the biometric fingerprint scanner and frequently updates or changes software, on subsequent visits for most printed persons, a slow method similar to the old system remains in effect because the biometric scanner does not "capture" fingerprints, either at all or quickly, and the ID scanner is not the correct size for most types of identifying documents presented by prospective visitors. He reported further that computer "glitches" at the beginning of the CVCB visit day, and throughout the AMKC visit day, often delay visitor processing. He said that officials report a daily slowdown during the last two hours of CVCB registration which they attribute to the system's inability to handle the newly-inputted data. Mr. Wolf noted that technology repair staff are on-call, but insufficient training and training materials have been provided for DOC uniformed visit staff. He acknowledged that DOC's visit operation is massive, entailing the processing of from 400,000 to 500,000 visitors yearly, but speculated that, after almost nine months, Visitor Express should be

achieving some success rather than oftentimes contributing to slow processing. He recounted an August 26th BOC staff observation in CVCB on a day when visits should have begun in AMKC at 1:00: a computer glitch and then the system's failure to capture any fingerprints caused late registration in CVCB to the degree that, at 1:05, only nine of the 32 people on line were registered and a busload of visitors did not depart until 1:53 for AMKC, where they encountered further Visitor Express delays at AMKC's Visit House entrance and thereafter. Mr. Wolf noted that, over time, in response to Court mandates and both financial and public pressure, DOC has conducted many studies of the time frames for visitor processing, tracking time stamps on visitor cards and other DOC documents. He said that, if Visitor Express data enables DOC to perform a more precise analysis, then Express may become a valuable research tool. He also expressed hope that the goal of using automation to speed visitor processing will be achieved soon. Acting Commissioner Antonelli said that an evaluation of Visitor Express' "success" must be put in context. He explained that, although the pilot originally was conceived to expedite visit registration by automating it, experience revealed that the entire process must be automated, in CVCB and AMKC, and that such complex automation cannot happen without in-depth understanding of every aspect of the process and everything that impacts it. Noting that no readymade technology exists suitable for DOC conditions, he said that DOC staff are building technology themselves based on daily experience with Express, and DOC is trying a lot of different technology. He cited biometric fingerprint equipment as "very sensitive to cold, heat and all kinds of things". Referencing the length of the pilot, he explained that, with staff having so much data to analyze and spending more time in visit-related sites – CVCB, AMKC, and potential next sites for Express installation – visit-related problems beyond registration became apparent and warranted attention, such as bathroom sanitation, disputes between officers and visitors, and bottlenecks caused by operable locker and visit-bus shortage and a chaotic package process. He added that, while scouting for the next pilot site, staff learned the unique nature of each jail's visit process, which he said will affect how automation can be implemented in each jail.

As to Visitor Express fingerprint registration itself, Acting Commissioner Antonelli reported that it surprisingly is well-received by prospective visitors who DOC anticipated would be reluctant to provide fingerprints. He reported that almost 80% of people seeking a visit at AMKC agree to pre-register by having prints scanned. Mr. Wolf questioned whether visitor participation is a sign of responsiveness to Express or due to visitors not being offered the choice of opting out. Dr. Cohen said that he observed the AMKC section of CVCB several times, and saw no evidence that DOC staff give prospective visitors a choice. He said the only way to get to AMKC is to go through the Express process. DOC Chief of Department Carolyn Thomas asserted that visitors are given a choice by there being separate registration areas within the CVCB "bay" designated for AMKC, one to register by means of fingerprints and one to register the old-fashioned way. Mr. Wolf responded that, as of last week, and for many weeks, BOC observed only one registration line in the AMKC bay and no signs to alert new visitors to the fact that they can register for a visit even if they do not submit fingerprints. Acting Commissioner Antonelli stated that he would look into the discrepancy in information, and Chief Thomas said that she would ensure posting of signs announcing that fingerprint-registration is voluntary.

Ms. Abate commented that the public will accept a new procedure, and quickly, if no stigma is attached and a value is evident, such as a consistent time-saving. She asked how much faster Visitor Express is than other methods, and if DOC has prepared flow charts tracking visitor processing, both with and without Visitor Express. Acting Commissioner Antonelli

responded that DOC does not have such numbers. Mr. Wolf added that, given the quantity of technological glitches and delays and the fact that, therefore, DOC processing staff often resort to using non-Express methods, DOC would have difficulty compiling data to document quicker processing for AMKC's Express visitors. Acting Commissioner Antonelli expressed confidence that, when the technology works consistently, Visitor Express will save time.

Chair Simmons asked that BOC staff continue to monitor and report to the Members on visit operations. She asked DOC officials to make sure that visitors receive consistent information before they arrive for visits. Both she and Ms. Abate urged DOC to maintain clean and properly supplied bathrooms for visitors. Acting Commissioner Antonelli responded that bathroom sanitation was identified as an ongoing problem during DOC overall review of visit operations. Noting that BOC will continue to evaluate closely all aspects of visiting, Chair Simmons encouraged all Members to spend time observing the CVCB process as well as jail visit areas.

Mr. Wolf explained that BOC staff pursued other visit-related issues raised at the June meeting, including the suggestion in his April report about DOC changing the configuration of locker areas in jail visit house entrances. He reported that no changes have been made. He added that in at least one jail the locker locks were changed from padlock to coin-operated, but no change machines had been installed.

Mr. Wolf reminded Members that at the June meeting, Mr. Regan asked that BOC continue its evaluation of the visiting process with special attention to information heard in public testimony at the Board's June 5th hearing, which he described as "troubling", about the treatment of visitors by DOC staff. Mr. Wolf explained that this testimony was in line with the many complaints received in the BOC office about DOC staff interaction with visitors, complaints ranging from suggestive or denigrating comments about visitors' clothing to intrusive searching. He explained that, although not entirely precise, DOC regulations are pretty clear about how searches are to be conducted: as to the circumstances under which visitors may be requested to submit to special searches, the manner of searching, the gender of searchers, the formal consent required for such a search or usual provision of a booth visit when consent is not given. Mr. Wolf said that much work remains to be done on the "service side" of DOC staff interaction with visitors. He noted, however, that DOC has developed some "Best Practices". He asked how DOC plans to implement these practices given that, in some respects, this will involve a change in culture, given that DOC staff often interact with prisoners and visitors in a similar fashion. Acting Commissioner Antonelli responded that, as to two of the Best Practices, DOC will conduct sensitivity training, and will address sanitation problems by having dedicated staff for monitoring.

Chair Simmons asked DOC to provide a summary of what was learned from the overall review of the visiting process, including but not limited to steps already being taken to improve the process and an implementation schedule for other steps. She explained that Members would review DOC's summary before the November Board meeting, and said that the Board will address visiting at every Board meeting, considering it a permanent item on the agenda until Members all feel comfortable that improvements have been made. She asked Mr. Wolf to share with DOC the complete BOC staff findings which he summarized at this meeting. She advised Acting Commissioner Antonelli to inform the new commissioner that one of the things that

Members are looking for her to demonstrate to them is that lessons being learned from this lengthy evaluation of the visiting process actually are being applied in positive ways.

Chair Simmons suggested that the Board next consider requests for renewals of variances. She said that three requests are pending, two from DOHMH and one from DOC. LAS attorney Dale Wilker asked if the variance requests were circulated to all interested parties pursuant to BOC Variance Standard requirements. Mr. Wolf responded that circulation was not necessary because these requests are for renewal of non-controversial variances. Mr. Wilker asked that the Board postpone its vote on renewals until it circulates the requests. Chair Simmons responded that the Executive Director already advised that circulation was not required under these circumstances.

Ms. Cohen requested renewal of two Continuing Variances from the Board's Health Care Standards for which the Board voted six month renewals at the March 12, 2009 meeting. She said that the first variance authorizes providers to prescribe psychotropic medication for 28-day periods for stable inmates housed in General Population. A motion to renew this variance was adopted without opposition. Ms. Cohen next requested renewal of a variance facilitating implementation of the electronic health record system (EHR), by authorizing DOHMH to maintain two records for each inmate/patient – an electronic record and also a traditional paper for those medical records for which electronic modules have not yet been implemented. Dr. Cohen asked when the Board could expect that a variance would not be necessary due to full implementation of the EHR. Ms. Cohen responded that she was reluctant to offer a firm date. The Members unanimously approved a motion to renew this variance.

Mr. Wolf described DOC's request, to facilitate the medical response the H1N1, to renew a variance from the Classification Standard, authorizing DOC to mix in one housing area in RMSC all categories of uninfected pregnant prisoners. He explained that the original request, first approved by BOC on May 22nd, and renewed at the June 18th meeting until the September meeting, arose from DOC's practical need to locate such inmates in one area where their medical conditions could be monitored closely for H1N1 symptoms. The Members unanimously approved a motion to renew this variance.

Mr. Cranston submitted a letter from DOC requesting Board renewal of other existing variances. A motion to renew existing variances was approved without opposition.

Ms. Cohen reported on NYC's plans to address both seasonal flu and H1N1. She explained that, worldwide, particularly in the southern hemisphere, H1N1 is maintaining a stable level of severity and is remaining fairly widespread. She said that, therefore, DOHMH expects H1N1 to be widespread but of relatively low severity, with the same mild influenza-like symptoms with which the epidemic originally revealed itself in the United States and in New York: fever, cough, sore throat and, for 30% of patients, gastroenterological problems. She added that, different from seasonal flu, H1N1 most affects children under age 18. She reported the DOHMH expectation that NYC will see a large spike in cases pretty quickly because the school year just began, and that DOHMH is likely to recommend that all New Yorkers be vaccinated against both seasonal flu and H1N1. Ms. Cohen said that DOHMH now is looking to the Federal government for the H1N1 vaccine, which is being produced slowly. She reported requesting for the jails sufficient vaccine to offer it to all health care providers including per diem health care workers, all DOC staff, and all prisoner-patients in the "most vulnerable"

categories. She explained that, based on the unusual worldwide finding that people under age 18 are the most vulnerable, vaccination will be offered first to adolescent prisoners, then to pregnant females and anyone with a known health condition housed in an infirmary or elsewhere, then to all other female prisoners. She said that H1N1 immunizations are administered in two doses, three weeks apart, and many prisoner-patients who accept the first half of the H1N1 vaccine will not be in DOC custody three weeks later to receive the second half. Ms. Cohen said that those who receive the first dose will receive a written immunization-history record that staff also will upload into NYC's Immunization Registry so that, if the discharged prisoner goes to a medical facility seeking the second dose, staff there will know what s/he needs.

Ms. Cohen said that DOC has sufficient housing space available to be able quickly to transfer both symptomatic and sick inmates who must be separated from those who are not ill. She said that medical staff will be alert to influenza-like symptoms apparent in any jail-based staff, and address them accordingly. She reported that notices to prisoners and visitors, and posters and hand-outs are being refreshed and made available in multiple languages to promote simple steps such as hand-washing and covering one's nose/mouth when sneezing or coughing and, for visitors, avoiding visits if symptomatic or if children are sick.

Ms. Cohen said DOHMH long has asked all health care workers to be immunized. Ms. Abate asked if immunization now would be mandatory for jail-based health care workers, citing NY State law involving health care workers. Ms. Cohen responded that the law does not require workers in jails to be immunized. She explained that DOHMH will require staff to be vaccinated or to formally "opt out".

Ms. Cohen said that last spring, DOC jails did not have a very high rate of H1N1 transmission. She reported that DOC rates were well below the City surveillance rate of 7% of the population having experienced influenza-like symptoms. She said that, despite the many prisoners identified and listed as symptomatic, DOC did not experience a higher than usual number of inmates sent to a hospital, or admitted to hospital.

Dr. Cohen complimented DOHMH's management of the recent influenza period, both medically and in terms of keeping the jails relatively calm. Noting conversations with officials throughout the U.S. about approaches to such crises, he reported finding that NYC used an excellent model. Acknowledging that the model was used to manage a relatively mild disease, which simplified matters, he opined that skillful application of this model would be effective even if H1N1, or another disease, proved more serious in the future. Chair Simmons requested that, as in the past, DOHMH forward to BOC between the September and November Board meetings any updates, news, changes involving influenza and the planned response so as to enable Members to remain up-to-date on this serious matter.

Reminding Members that DOHMH's large contract with Prison Health Services expires in December, 2010, Ms. Cohen reported that DOHMH would issue a Concept Paper within a few weeks, and would forward a copy to Members who she strongly urged to comment and offer feedback on specific items for inclusion in the RFP to make it more comprehensive and appropriate. Speculating that DOHMH will issue the RFP in fall, 2010, she said this would provide sufficient time for vendor responses, and selection, so that a new contract could begin on January 1, 2011.

Ms. Cohen announced the resignation of Assistant Commissioner for Correctional Health Services Dr. Jason Hershberger, who left to become Chair of Psychiatry at Long Island College Hospital (LICH). Ms. Cohen said that she will assume direct responsibility for CHS, until a successor to Dr. Hershberger joins DOHMH. Ms. Cohen also announced the retirement of CHS counsel Vivian Toan, and introduced her replacement, Suzette Gordon.

Dr. Cohen reported that he visited Rikers Island on three occasions, and met with medical staff there. He explained that a postponed meeting with would be conducted soon with CHS Medical Director Dr. Maria Gbur and Deputy Director Dr. Homer Venters, as well as a meeting with the new Health Commissioner. As to his observations and findings, Dr. Cohen said that he would ask that his report be listed as an Agenda item at a future Board meeting.

Acknowledging that neither DOHMH nor DOC may be able to discuss publicly specific details surrounding the recent suicide, Chair Simmons asked that they share with the Board as much information as possible. Ms. Cohen said that she could not comment so would defer to DOC. Acting Commissioner Antonelli reported on the August 5th suicide of 34 year old detainee Jesse Ramirez, who he described as a Latin King charged with possession of a controlled substance and assault 3rd degree. He added that Mr. Ramirez, on \$35,000 bail, was in DOC custody since April 29, 2009, and was found hanging in his cell in AMKC Quad Upper 15. Acting Commissioner Antonelli said that DOC would await additional information in the upcoming report by the State Commission of Correction. Dr. Cohen asked that the Board receive promptly copies of Mr. Ramirez' medical and mental health records. Ms. Potler reported that BOC already received the records, which Dr. Cohen said that he wanted to review.

Dr. Charles Luther, CHS' Mental Health Director, announced that CHS scheduled a meeting with a national psychiatric expert, Dr. Robert Simon, who is widely published on the issue of suicide-risk assessment and is a past president of the American Association of Psychiatry and the Law. Announcing that Dr. Simon will make Grand Rounds in the George Motchan Detention Center (GMDC) at 10:30 on November 9th, Dr. Luther invited all present to attend. Chair Simmons requested that he forward final details to Mr. Wolf, who she asked to circulate that information to Members and make arrangements for anyone interested in attending this event.

Chair Simmons then adjourned the meeting at 10:07 a.m.