



**CORRECTION OFFICERS' BENEVOLENT ASSOCIATION, INC.**  
"PATROLLING THE TOUGHEST PRECINCTS IN NEW YORK"

June 19, 2019

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VIA Email

Martha W. King  
Outgoing Executive Director  
NYC Board of Correction  
1 Centre Street - 2213  
New York, New York 10007

Jacqueline Sherman, Esq.  
Interim Chairwoman

**Re: Rulemaking**

Dear Ms. King and Ms. Sherman and members of the Board:

I write on behalf the 11,000 member Correction Officers' Benevolent Association. The proposed rule-making purportedly directed at Health Care Minimum Standards adversely impacts the terms and conditions of employment of Correction Officers. As often happens, the Board has not considered part of the mandate placed upon it to deal with the care of staff. Many of the terms of the proposed rule making actually **do harm** whereas the Hippocratic Oath calls for the contrary. Moreover, the actual proposed changes are not in concert with purported purpose. Viz:

*The proposed rules seek to:*

*(1) expressly allow CHS to share with DOC specific diagnoses related to injuries sustained by people while in DOC custody; and*

*(2) address the deficiencies identified in the Serious Injury Report by requiring DOC and CHS to comply with mutual data collection and reporting requirements concerning injuries to people while incarcerated in the City's jails.*

Current procedures within the Department of Correction, and indeed in New York City Health and Hospitals Corporation facilities, often place city health employees in what the Board now terms "dual loyalty." If a gunshot victim and alleged perpetrator are admitted to a City hospital, the health care professionals are obliged to report matters for "forensic evaluations for criminal prosecution or investigatory purposes." Why this should be different with those in the custody of the Department?

The proposed rule change not only alters decades of pattern and practice, but likely violates laws regulations and straight-forward medical obligations owed by those medical professionals to serve all citizens of the

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city -- including law enforcement officials & their assailants and victimizers who are inmates and detainees.

The proposed rule change directly harms Correction Officers by barring CHS staff from treating Officers which may result in admissible reports for purposes of aiding in a criminal prosecution. Not only does it disregard the health of the Officer, but valuable forensic evidence may also be lost. If this becomes a BOC "Rule" that CHS/ DOC must enforce, [again – contrary to policies and other superseding laws] it will open a very significant avenue of litigation for victimized workers. Additionally it introduces a massive cost, as the City must presumably institute duplicate CHS services for staff.

Were this ill-conceived rule to pass, the City would have a moral and a legal obligation to set up separate "wards" both on and off Island to treat Correction Officers who are injured at work. Injuries occur frequently and daily as a result of inmate assaults. This, without regard to assumptions about criminal culpability or prospective prosecution of that inmate as health care comes first – prosecution being a potential byproduct of inmate activity. (I.E. As medical professionals are ignorant of whether injuries may lead to criminal culpability, negativity bias will lead medical professionals to avoid helping Correction Officers rather than face repercussions for doing their job – thus the "dual loyalty" problem is extended and expanded). Ironically, in conjunction with your Rule change the DOC could use information provided by CHS to prosecute COs internally or through the criminal justice system, but not to prosecute inmates. This is heinously unfair and disparate treatment especially given that inmates create the greatest physical threat to other inmates and to staff.

As written, the proposed BOC rule must be evaluated by Corporation Counsel's office, the Office Management and Budget and the Office of Labor Relations (not to mention the State Commission on Correction and State Attorney General). Indeed, a copy of this and the attendant rule will also be forwarded to the *Nunez* Monitor for possible violations as concerns inmate on inmate violence.

The other problems in the proposed rule include the linguistic tinkering with terms of art concerning detainees/ inmates, and more crucially the continued deprivation of information to front line staff of mental health indicators which could obviate such assaults as that which occurred just today. See annexed articles on this glaring deficiency. We believe that the New York City Council, to which this Board answers, may have further objection.

Sincerely yours,

Elias Husamudeen,  
President

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# City Council Looks at Reducing Recidivism for People with Mental Illness

June 19, 2019 | by [Truman Stephens](#)

Elizabeth Ford of Health + Hospitals, left, & Becky Scott of DOC (photo: John McCarten/City Council)

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City Council members on Monday held an oversight hearing to examine how New York prevents formerly incarcerated mentally ill persons from returning to jail. The hearing made clear that the de Blasio administration, Health + Hospitals public hospital system, and City Council members all want to reduce the number of mentally ill persons who rely on the jail system for their mental health care and keep those with serious mental illness out of jail altogether.

But, it was evident at the hearing that there is much more emphasis on services for the imprisoned mentally ill than on keeping those with serious mental illness out of jail, whether for the first time or in all-too-common recidivism.

The psychiatric services offered in city jails -- like nurse and doctor staff, therapeutic groups, and medicine -- are robust but someone with a serious mental illness often loses the best care upon leaving jail. This then contributes to high recidivism rates.

The hearing centered several key data points: roughly 43% of those held in city jails are suffering from mental illness (14% have serious mental illness); the recidivism rate in New York City is 20%, but for those with mental illness it's 47%.

Held by the Council's Committee on Justice System, Committee on Criminal Justice, and Committee on Mental Health, Disabilities and Addiction, the hearing looked at the different ways the city Department of Correction and Correctional Health Services, a part of New York's public health care system, New York City Health + Hospitals, provide care for the mentally ill in prison and once they leave. Two pieces of legislation dealing with notifying defense attorneys of their detained clients' mental health and returning unused commissary money to recently released inmates were also discussed with various stakeholders who testified.

As the overall jail population has declined significantly, the proportion of New Yorkers with mental illness in city jails has risen in recent years: the overall average daily population of city jails decreased from around 11,500 in 2014 to around 8,900 in 2018, and the percentage of people with mental illness increased from 38% to 43%.

The percentage of those with a serious mental illness, defined by Correctional Health Services as anyone with schizophrenia, bipolar disorder, major depressive disorder, or post-traumatic stress disorder, has increased from 10.2% to 14.3% in that same time frame.

Council Member Keith Powers, a Manhattan Democrat and chair of the Committee on Criminal Justice, asserted that the City Council and the different city agencies in attendance all agree that jail is not the place to help seriously mentally ill people. However, jail is often where people with serious mental illness wind

up, and jails often offer medical services – city jails have many psychiatric services located in one place (in fact, Rikers Island is the third-biggest provider of psychiatric care in the United States behind jails in Los Angeles and Chicago).

Currently, city jails put inmates diagnosed with mental illness in “mental observation houses” (MOs), where there are advanced levels of service and psychiatric nurses available, or the more intensive option, PACE (Program to Accelerate Clinical Effectiveness) units where there’s 24/7 embedded staff and more therapeutic groups, according to Dr. Elizabeth Ford, who testified for Correctional Health Services.

However, through questioning from Powers, Ford admitted right now there are people who qualify for PACE but due to spacing issues are only in MOs. [THE CITY reported in April](#) that the de Blasio administration is well behind on its planned 12 PACE units by 2020 (currently there are six).

Council member questions made clear that there are many mental health services available in prison, but the key organizing question of the hearing was: what happens when an inmate/patient is released? Ford said CHS gives inmates seven days of their medicine so they don’t drop off too precipitously after leaving jail, a 30-day prescription which can be fulfilled at a pharmacy of their convenience, and many referrals to outpatient treatment programs.

Outpatient treatment is the primary way people with mental illness are treated in New York, most of which are run by New York City Health + Hospitals. Outpatient care requires patients to appear at appointments, as opposed to inpatient care or state institutionalization – mental health care nationwide over the past 60 years has transitioned away from state-run facilities once known as “insane asylums” or “psychiatric hospitals” and towards outpatient care.

When asked how CHS can make sure recently-released inmates follow through on getting care, Ford mentioned they are hiring more social workers and focusing on making sure existing services, like existing mobile care teams, work well rather than accepting “new mandates.”

In terms of keeping mentally ill people out of prison in the first place, Ford brought up the new plan from the administration of Mayor Bill de Blasio of helping mentally ill people go to the Health + Hospitals system, instead of prison.

Furthermore, two diversion centers -- in East Harlem and South Bronx -- will offer police officers a place to bring emotionally disturbed people who exhibit signs of mental illness instead of arresting them. They’re not open yet, but are supposed to open later this year.

Ford hopes the community-based aspect of the diversion centers will be especially useful as the centers will be located to existing outpatient care.

Supportive housing is another way to prevent recidivism, according to Ford. Supportive housing offers mental health services to people struggling to find housing. The de Blasio administration plans to build 15,000 supportive housing units over 15 years.

If the roughly 1,200 city jail detainees diagnosed with serious mental illness were to be released tomorrow, the relatively minor supportive housing options and short-term diversion centers combined with New York’s disinclination towards inpatient care throw doubt on how the seriously mentally ill would be treated without jail-based services.

The city has created what they call Community Re-Entry Assistance Network (CRAN) teams, which are six-month transitional teams to help those with serious mental illness re-enter the community after release.

On the two pieces of proposed legislation being considered at the hearing, the lead sponsor of the defense attorney notification bill is Manhattan Council Member Margaret Chin, while Queens Council Member Donovan Richards is the lead sponsor of the commissary bill.

Chin's bill, Intro. 1590, would require the Department of Health and Mental Hygiene to notify the defense attorney of a person who is in the custody of the Department of Correction and who has been diagnosed with a serious mental illness.

The bill, co-sponsored by City Council Speaker Corey Johnson and six other Council members, is not supported by Correctional Health Services in its current language. Although Dr. Ford chose to keep some reservations of Correctional Health Services private, she did mention that the agency has a newly-created court liaison program intended to act as a go-between for defense attorneys and medical officers.

The current process for notifying the defense attorney of a seriously mentally ill person who is accused of a crime is the patient must give consent to Correctional Health Services and CHS gives information relevant to the mental illness diagnosis to the defense attorney.

The bill "attempts to break the cycle of imprisonment," said Chin, as ideally more cases could take mental illness into account.

The most intense exchanges of the hearing occurred in regard to the other piece of legislation discussed Monday. Intro. 0903, Council Member Richards' bill, would require the Department of Correction to notify all recently-released former inmates if there is money in their individual jail commissary account as well as return that money within 60 days of release.

A commissary account, which can be deposited into by an inmate's family, is essentially a bank account that the inmate can use to purchase snacks or personal products while in jail. Currently, the Department of Correction is holding \$3.7 million from as far back as 2012 in unclaimed commissary money for the over 140,000 individuals who have not claimed it.

Richards, indignant, heavily implied DOC wasn't making any effort to return the money, while DOC testifiers stated multiple times they don't use the unclaimed money for their own purposes.

According to those who testified for the Department of Correction, the only outreach done by the DOC has been to put posters -- only in English -- in the jails. DOC representatives said the often unpredictable nature of inmates' release schedules as well as the general difficulty in remaining in contact with released inmates makes returning the money difficult. DOC does not support the bill, citing difficult logistics.

In a fitting summary of the hearing, Council Member Diana Ayala of Harlem and the Bronx said if the Department of Correction cannot find people leaving prison to give them their money back, how can they ensure the mentally ill leaving prison get the mental services they need?

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by Truman Stephens, Gotham Gazette

[Read more by this writer.](#)

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## Rikers inmates stop fellow prisoner who attacked female guard

By [Larry Celona](#), [Craig McCarthy](#) and [Alex Taylor](#)

June 19, 2019 | 5:15pm | [Updated](#)

[Enlarge Image](#)



Reuters

A Rikers correctional officer was locked in a pantry and attacked by an inmate Wednesday morning — but other prisoners rushed to the woman's aid, law enforcement sources told The Post on Wednesday.

Raphael Davlos allegedly lured the woman into the closet in a dorm at the Anna M. Cross Center and locked the door behind the pair before wrapping his shirt around the officer and strangling her.

Davlos, who is awaiting trial after being arrested in August 2018 on robbery and forcible touching charges, allegedly told the woman another officer left pepper spray in the pantry.

When the officer went to check, Davlos allegedly put a sweatshirt around her neck and strangled her and dragged her with it, before several inmates busted into the room and saved her, the sources said.

Correction Officers' Benevolent Association president Elias Husamudeen on Wednesday confirmed the man had been charged by the Bronx DA in the new assault — but the specifics were not immediately available.

“Thank God for the officers who were there and the inmates that were there because they kicked open that door and came to her side,” said Husamudeen. “She’s OK, thank God. It could have been worse.”

“[He] was really choking her,” Husamudeen said of the attack. “Threw her on the ground. She hit her face on the floor.”

The woman was taken to the hospital but has since been released.

The assault comes less than 12 hours after another [Rikers officer's shoulder was dislocated](#) — allegedly by one of the gangbangers facing life in prison for the [murder of Lesandro “Junior” Guzman-Feliz](#).

Jose Muniz, a member of the notorious Trinitarios gang, sent the guard to the hospital on Tuesday night.

### **[One of 'Junior' Guzman-Feliz's killers allegedly attacks Rikers guard](#)**

Husamudeen said Muniz punched the guard in the face, “attacking him and kicking him and dislocating his shoulder and fracturing his back” — and claimed Muniz bragged, “I have nothing to lose” during the attack.

The union called for better safety measures to increase security in the city’s jails.

Muniz is [facing life in prison](#) after a jury on Friday found he and four other gang members guilty of first-degree murder, second-degree murder, second-degree gang assault and second-degree conspiracy.

They are being held at Rikers while they await sentencing.

He showed no remorse on Friday, yelling “Popote!” and “Hasta la muerte” — meaning “Trinitarios until death” — as he and his fellow thugs were led from the courtroom in chains.

## **Convicted killer of Lesandro 'Junior' Guzman-Feliz accused of attacking correction officer**

By [Graham Rayman](#)

| New York Daily News |

Jun 19, 2019 | 2:18 PM

Jose Muniz is pictured at his arraignment on July 2, 2018. (John Roca / NEW YORK DAILY NEWS)

One of the five men convicted in the murder of 15-year-old Lesandro “Junior” Guzman-Feliz jumped a correction officer, dislocating the officer’s shoulder, union officials said Wednesday.

Jose Muniz, 22, allegedly attacked the officer Tuesday evening at Manhattan Detention Complex, where the convict was awaiting sentencing for the mistaken identity machete slaying in the Bronx that shocked the city.

The incident is one of a recent rash of assaults on city correction officers, including an officer whose head was split open in the jail ward at Bellevue Hospital and an officer who was punched in the face, sources said. **Timeline of Lesandro 'Junior' Guzman-Feliz's murder and the aftermath**

On Wednesday morning, inmate Raphael Davlos allegedly choked a female correction officer at the Anna M. Kross Center on Rikers Island and may have been trying to rape her, officials said. Davlos, 29, is being held on robbery and forcible touching charges. The female officer was treated and released.



“Our officers are brave public servants who make our jails safer,” said Department of Correction Deputy Commissioner of Public Information Peter Thorne. “These attacks are deplorable and we take assaults on our officers very seriously. We are pursuing the re-arrest of those responsible.”