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COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES
COMMITTEE ON JUDICIARY

In re: House Bill 15

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Stenographic report of hearing held
in Room 140, Majority Caucus Room,
Main Capitol Building, Harrisburg, PA

Monday,
September 16, 1991
11:00 a.m.

HON. THOMAS R. CALTAGIRONE, CHAIRMAN

MEMBERS OF COMMITTEE ON JUDICIARY

Hon. Jerry Birmelin	Hon. Kenneth E. Kruszewski
Hon. Gregory C. Fajt	Hon. Frank LaGrotta
Hon. James Gerlach	Hon. Robert D. Reber
Hon. Lois S. Hagarty	Hon. Michael R. Veon

Also Present:

David Krantz, Executive Director
Mary Beth Marschik, Republican Research Analyst

Reported by:
Ann-Marie P. Sweeney, Reporter

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1 CHAIRMAN CALTAGIRONE: This is the public
2 hearing on House Bill 15 by the House Judiciary
3 Committee. I'm Tom Caltagirone, Chairman of the
4 committee, and I'd like the members and staff that are
5 present if they would please introduce themselves for
6 the record.

7 REPRESENTATIVE KRUSZEWSKI: Kenneth
8 Kruszewski.

9 REPRESENTATIVE LaGROTTA: I'm Frank
10 LaGrotta from Beaver and Lawrence Counties and Mercer
11 County.

12 REPRESENTATIVE REBER: Representative
13 Reber, Montgomery County.

14 MS. MARSCHIK: Mary Beth Marschik,
15 Research Analyst.

16 REPRESENTATIVE GERLACH: Jim Gerlach,
17 Chester County.

18 REPRESENTATIVE BIRMELIN: Jerry Birmelin,
19 Wayne County.

20 CHAIRMAN CALTAGIRONE: There probably
21 will be some other members joining us as we go on and
22 some other staff, but if you would like to introduce
23 yourself for the record, both of you, and then we'll
24 get on with your testimony and then we'll have some
25 questions.

1 MR. WAGNER: George Wagner. I'm Warden
2 of the Berks County Prison.

3 MS. KROHN: And I'm Mary Krohn. The
4 roster here says Karen Krohn, but I'm Mary Krohn, and
5 I'm Director of Treatment Services, Berks County
6 Prison.

7 MR. WAGNER: Would you like me to begin?

8 CHAIRMAN CALTAGIRONE: Yes, sir.

9 MR. WAGNER: Well, good morning, first of
10 all, and you thank you, Mr. Chairman, for the
11 invitation. I appreciate the opportunity to give some
12 input into the legislation at hand.

13 As I wrote to you, and I'll be quite
14 brief, I have only several things that I would like to
15 contribute for your consideration.

16 The first is the possibility that you may
17 wish to include some type of mandatory testing for
18 communicable diseases as part of the bill, the
19 legislation. I mention that for several reasons. The
20 first and primary one is to protect the public, and
21 also a secondary to help the inmate who may have a
22 disease or a problem with their help. But I'm also
23 concerned about the transmission of diseases,
24 especially AIDS, among people who practice
25 prostitution.

1 I wonder further along those lines if it
2 would not be a good idea to have a more severe penalty
3 included in the legislation for someone who knowingly
4 engages in prostitution as a carrier of a communicable
5 disease, someone who's been assessed as having a
6 disease of one kind or another and then knowingly goes
7 back on to the streets and practices prostitution.

8 My other major concern is one that is not
9 personal, it's one that I would like to communicate to
10 you on behalf of wardens throughout the State.
11 Although I'm taking the liberty of speaking for my
12 colleagues, one of the things that concerns me is the
13 possibility that in smaller jurisdictions where we have
14 small county jails it may be difficult or virtually
15 impossible for funding or for the structuring of
16 halfway houses or treatment programs of the kind that
17 would make the best benefit for an inmate simply
18 because of the size and sophistication of the county,
19 and I think that's something that would behoove you to
20 consider that.

21 The other thing that I'm wondering is if
22 it would not be sensible for there to be an aggravated
23 sentencing type of structure included for the judge at
24 the time of sentencing, after a pre-sentence
25 investigation and background check, if a judge may not

1 wish to aggravate the sentence and indeed confine
2 someone to a prison or a jail for perhaps a latter
3 offense in the categories that you mentioned.

4 And finally, my personal wish is that
5 there be some mention at least in the rehabilitation
6 programs for inmates of vocational or educational
7 training. My personal belief, and this is strictly
8 George Wagner from Berks County, I believe that we
9 don't do nearly half of what we should do in the way of
10 educating people once they are institutionalized,
11 instead of giving them a better option when they get
12 out in the community to be successful participants in
13 society.

14 That's about all I have. Thank you for
15 the time.

16 CHAIRMAN CALTAGIRONE: Thank you.

17 MS. KROHN: Thank you.

18 Good morning. I think I'll read the
19 statement that I have written because it is the most
20 concise way I know of giving some of my views, and I
21 would be happy to discuss them more informally if you
22 choose.

23 But I reviewed HB 15 in light of my
24 experience counseling women in Berks County Prison. My
25 observations refer to streetwalkers because I have no

1 real experience with call girls and they don't seem to
2 end up in prison.

3 First, I'm really pleased to see that
4 under this bill those who patronize a prostitute will
5 be subject for the first time to penalties which may
6 prove to be a real deterrent to them. I think both the
7 fines and the community service are likely to have an
8 impact on the John than is greater than the impact on
9 the prostitute. Perhaps with these we can look to a
10 noticeable reduction in demands for prostitution
11 services, an approach not tried before, to my
12 knowledge.

13 A concern I have is that the bill does
14 not address the drug problem, which for female
15 prostitutes at least is the single constant factor in
16 their prostitution. I have yet to meet a female
17 prostitute who is not also an addict. She is on the
18 stroll to support her habit, and frequently her man's
19 habit as well. If you hear, as you will, that an
20 individual claims to be prostituting to buy things for
21 her children or whatever, you will also learn that
22 regardless of what she says, she is drug dependent.
23 I'm told by old timers from the stroll that this was
24 not always true, but today it's very simple:
25 Prostitutes are junkies.

1 I asked several women who are currently
2 incarcerated and who had previously discussed their
3 histories with me if they had any suggestions as to
4 what might have deterred them about prostitution. The
5 suggestion of one in which the other strongly concurred
6 was that the critical moment was that first offense,
7 and that mandatory addictions treatment at that time
8 had the best chance of successfully averting the
9 establishment of prostitution as a lifestyle, which it
10 had become for all of the women I spoke with. I would
11 add that mandatory AIDS education would be a great
12 thing at that point, too.

13 While I stated earlier that I believe
14 substantial fines can be a successful deterrent for
15 Johns, I think they're less effective for individuals
16 selling the service. I'll leave it to your imagination
17 why it might be. But what if a bill that fines be
18 earned in an on-the-job training situation? Failure to
19 work in the assigned program as well as failure to
20 provide the community service you speak of could then
21 be a violation which would lead to more restrictive
22 resentencing.

23 I think it is essential that all
24 provisions in this bill take into account the
25 addictions which underlie prostitution, because without

1 remitting the addiction, the consequences are
2 forgotten. One of my interviewees stated it quite
3 plainly: When you're using or drinking, that
4 responsibility stuff goes out the window. She was
5 speaking very honestly from her own experience because
6 she had a period of clean time and a respectable job
7 and all the things that we consider normal, healthy
8 living, but she picked up and she was back on the
9 stroll again and she was forgetting that she was in
10 fact carrying a communicable disease.

11 She was speaking then primarily of safer
12 sex practices, but the observation applies to all
13 aspects of this issue. If we can help them get clean
14 and sober, those who prostitute will likely be equally
15 deterred as those who patronize them by the penalties
16 outlined in this bill. The predictability and
17 increasing severity of mandatory sentences, along with
18 the educational value of well-chosen community service,
19 have a real promise for deterrence, providing the brain
20 is clear enough to retain the information and assess
21 the consequences.

22 Yes, I guess I want also to tell you
23 about a recent experience with a safe house program
24 that has opened in Reading. There are several safe
25 houses which basically are specialized halfway houses

1 for men and women who either are coming out of prison
2 or avert prison by accepting that for a parole
3 violation instead, and I have personal experience with
4 the women who are in the women's safe house program
5 which has already been opened. I know of four women
6 living there - one had not been in prison immediately
7 prior to the time she came, the other three left prison
8 in order to enter the safe house program. All three
9 had previously prostituted themselves - two of them as
10 a lifestyle, one occasionally. All three of them are
11 clean and sober today. They are incredibly excited
12 about where they live and learning a whole new
13 lifestyle. I have spoken with them a number of times
14 since they've been in the program. They are learning
15 every day middle class life, living arrangements that
16 they had never known in their life before, and I
17 believe that program is remarkably successful. I don't
18 know that we can believe that none of them will ever
19 have a relapse, but certainly at this time it has more
20 success than any program I have seen previously.

21 That's all.

22 CHAIRMAN CALTAGIRONE: Reverend Rush,
23 would you like to come over and join them and if you
24 can give us your testimony and then we can open it up
25 to questions. And we have one other testifant then.

1 REV. RUSH: Good morning.

2 My biggest concern would be the persons
3 that I call merchants of death out on our streets. I
4 think at the time I wrote a letter to you, Mr.
5 Caltagirone, as well as I did with the mayor of
6 Reading, I knew four prostitutes who were actively
7 walking the street at that time a month ago who had
8 AIDS and who were selling their bodies, obviously
9 spreading the disease rapidly. They report to me that
10 the majority of users of their bodies do not use
11 condoms, they prefer the full use of pleasure in the
12 roughshod times when passion pursues, and I'm greatly
13 concerned that these persons aren't quarantined and
14 they aren't imprisoned for longer periods of time.

15 I want to concur with what Mary Krohn
16 said, that many of the prostitutes have told me over
17 the years, and I have been going in to prison every
18 week for 25 years. I am the Chaplain of Berks County
19 Prison for the last three years in a full-time
20 capacity, but I'm also director of a couple halfway
21 houses in Reading for the last 15 years for men and for
22 women, and I've been told by numerous of our residents,
23 female residents in particular, that if they would have
24 been punished more severely after their first offense,
25 one woman who is currently a resident in our program

1 who has been in prison 12 times told me that she wishes
2 her first offense would have been punished more
3 severely than a slap on the fingers, and she believes
4 she would have got the message. But I see many of
5 these girls who over the last 20 years coming in and
6 out, money is available to help them get bailed out and
7 they just go right back to the street. And I suggested
8 to this woman who told me that that maybe not the first
9 offense because we can all make mistakes in a weak
10 moment in life, but if we can't learn from the first
11 incident, then somebody needs to get our attention. I
12 suggest that maybe the second offense would have a much
13 more severe punishment, and she thought that that would
14 really be a good idea for many of the people that she
15 knows.

16 Again, returning to these merchants of
17 death, as I'm going to call them, I wrote in a letter
18 to the mayor of Reading a month ago that I knew four
19 girls on a first-name basis who were out selling their
20 bodies actively. Within a week and a half of my
21 writing that letter, three of them have come back to
22 prison, one has not. I was told the fourth one was
23 arrested last week in a raid that they had but she was
24 released almost immediately because she had given an
25 alias name. I know her real name and the alias that

1 she had given. To the best of my knowledge, she's on
2 the street selling herself today spreading AIDS.

3 These prostitutes call their success acts
4 tricks, and I would like to suggest that these are
5 really sick tricks on all of us in the community. We
6 are all experiencing a sick, grave joke. And I would
7 hope that somehow when a person is labeled as having
8 AIDS, that especially the policing forces in our
9 community could have access to that and when that
10 person is diagnosed with AIDS that they not be
11 permitted to the street, and that the severest kind of
12 quarantine be given them at least on a first time
13 warning and if they disregard that, rather than being
14 allowed to do their malicious aggression that they
15 would be treated like any other murderer. And one
16 inmate suggested to me that instead of calling
17 prostitution a Misdemeanor III or whatever it's called
18 in that category it should be called a felony after a
19 certain point, particularly if they know themselves to
20 have AIDS and continue to sell their wares.

21 Again, I just want to reiterate the
22 earlier comment by the warden of severe penalties and
23 mandatory testing. I believe the military does
24 mandatory testing, so I'm not sure why the rest of us
25 would need to be exempt from that. And again, to

1 reiterate the need for after the first offense, a
2 known, a very well-known, publicly made known stricter
3 punishment.

4 Thank you.

5 CHAIRMAN CALTAGIRONE: Warden, if you
6 would for us, for the benefit of those of us that are
7 not familiar with the prison system as it operates, can
8 you give us a walk-through of what happens when an
9 inmate is arrested, let's say, for prostitution and is
10 brought to the prison and just exactly what happens
11 once they're brought up there by it's either the police
12 or a constable and walk us through the procedure.

13 MR. WAGNER: Well, very basically, within
14 the first 48 hours of confinement that person is given
15 a physical examination, which includes some blood
16 testing but mainly blood testing for tuberculosis, I'm
17 trying to think of examples, things like that. We do
18 not test for AIDS. It is not mandatory. The only AIDS
19 testing that we do is for people who request it or who
20 have what we consider to be indications of active
21 HIV-positive health problems.

22 Within that 48 hours, as I said, the
23 inmate is quarantined anywhere from two days to five
24 days. During that quarantine period we have the
25 physical examination I mentioned. There's also an

1 intake interview done by a counselor at our department
2 who tries to determine classification levels and things
3 like that, and shortly after that should all things
4 work out well and the person not be found positive for
5 tuberculosis or in need of medical treatment
6 immediately, they will be released to the general
7 population of the institution.

8 At that point, they are simply held as an
9 inmate awaiting trial and they have the opportunity to
10 participate in any programs that we might have that are
11 available to them prior to sentencing. I mention that
12 simply because there are programs in every institution
13 that are not available to unsentenced inmates. Work
14 release is a good example which most people would be
15 familiar with.

16 CHAIRMAN CALTAGIRONE: Since you're a
17 member of the State organization of prison wardens, is
18 this a concern that's shared by other wardens across
19 the State and has this subject been brought up at any
20 of the meetings?

21 MR. WAGNER: I first would like to just
22 state for the record that I'm not speaking on behalf of
23 the association today.

24 CHAIRMAN CALTAGIRONE: I understand.

25 MR. WAGNER: But one of our concerns is

1 the AIDS problem. Certainly, if you haven't heard you
2 will hear from us our concerns that with the
3 restriction on the notification of people about who has
4 AIDS, specifically we have a confidentiality law in
5 Pennsylvania now for AIDS, and members of the Wardens
6 Association as well as the people that work for us, the
7 people that work in jails, are not happy that we are
8 restricted from knowing who is an AIDS carrier in our
9 institutions. If you're not aware of it, and I assume
10 you are but I'm taking my chance to make a plug, even
11 the warden of an institution, even myself, I am not
12 privy to the information of who tests positive for
13 AIDS. My medical people are forbidden by law to tell
14 me that. And I think that is a grave concern that we
15 have, but speaking to the topic at hand, and that's one
16 of the things we would like to hope that you would
17 consider and not continue that type of trend,
18 especially in a bill of this type.

19 CHAIRMAN CALTAGIRONE: The number of
20 counties that have experienced problems similar that we
21 have in Berks, how many counties out of the 67, let's
22 say, have problems as addressed with House Bill 15 with
23 the number of women that continue to practice their
24 trade?

25 MR. WAGNER: I wouldn't know exactly. I

1 would give you an educated guess in talking to
2 colleagues and the types of populations that they have
3 that it would approach probably half the counties in
4 the State. Certainly counties that have large
5 metropolitan areas are going to have the problem.

6 CHAIRMAN CALTAGIRONE: The other area
7 that I was curious about, warden, was the number of
8 women, and some men as a matter of fact, that pose as
9 prostitutes, that have been incarcerated let's say in
10 any given year, does that remain current status or the
11 current figure is it going up or down or do you have
12 any--

13 MR. WAGNER: In Berks County it's grown
14 slightly over the years, pretty much commensurate with
15 the general increase in the prison population. So
16 we've seen about a 30 or 40 percent increase in the
17 last eight years, I would estimate.

18 CHAIRMAN CALTAGIRONE: And how many known
19 prostitutes do you think have been practicing their
20 wares?

21 MR. WAGNER: Well, the fact of the matter
22 is that we see a very high recidivism rate in general,
23 and in this particular area of prostitution it's as
24 high as any particular crime. The people that we have
25 coming to jail for prostitution we see time after time

1 after time. It's not unusual to see people, as Ms.
2 Krohn has mentioned, for eight to a dozen
3 incarcerations over a 10-year period. That's not
4 unusual at all. What is unusual is when you see
5 someone come to prison for being arrested for
6 prostitution that you don't recognize from being there
7 before.

8 CHAIRMAN CALTAGIRONE: Are there new
9 women entering prison that you haven't seen recently?

10 MR. WAGNER: Yes, but again, not that
11 many.

12 CHAIRMAN CALTAGIRONE: How many would you
13 say would be the rough total of those that are
14 practicing in Berks County?

15 MR. WAGNER: Of the new women?

16 CHAIRMAN CALTAGIRONE: All told.

17 MR. WAGNER: Oh, all told.

18 Mary?

19 MS. KROHN: If I may.

20 MR. WAGNER: Yes.

21 MS. KROHN: I asked one of the women who
22 I interviewed just how many women are we talking about,
23 and I remind you, I am talking only about
24 streetwalkers, those women who frequent what we call in
25 Reading the stroll, and in that area they tell me right

1 now it's about 25 women. That doesn't sound like a
2 large number, but it's 25 women who are very busy.

3 They also said, one said to the other
4 while I was doing this group interview that there were
5 two or three new ones since the one had come to prison,
6 which means about a six-month period of time this woman
7 who came in more recently said to the second, the first
8 who made the estimate, that there are two or three new
9 women. So it's a very rough lifestyle and it's not
10 particularly attractive to anyone. Nevertheless, the
11 number does grow, yes.

12 CHAIRMAN CALTAGIRONE: The other thing
13 that concerns me, and I know it's been a concern of a
14 number of the members of this panel, was the number of
15 people that they are infecting with the AIDS virus and
16 the ripple effect that that could have on society at
17 large. As all of you know testifying here today, when
18 they run a John detail, they have arrested people from
19 just about every county of this State at one time or
20 another in Reading when they run those raids. They
21 stretch every possible occupation, including the
22 clergy, police, business people, all types; reporters,
23 and others. It cuts right across society at large.
24 How many people do you think are being infected by
25 these known carriers? Does anybody conjure up any

1 thoughts about what is taking place out there?

2 MR. WAGNER: Well, we know that the
3 infection isn't a sure thing from someone. I mean,
4 it's not always passed 100 percent of the time, we
5 realize that, but, you know, even that being the case,
6 probably hundreds of people. We have had people
7 arrested for prostitution that have been brought to the
8 institution in Berks County that were so critically ill
9 from the disease of AIDS that they had to be
10 hospitalized within hours of commitment to the
11 institution. So I couldn't tell you the number, but
12 however many it is I'm certainly -- I'm sure it's an
13 extreme number more than people would be willing to
14 believe.

15 CHAIRMAN CALTAGIRONE: And in the bigger
16 counties it's got to be even worse, let's say
17 Philadelphia or Allegheny, or some of the other larger
18 metropolitan counties around Berks.

19 MR. WAGNER: It probably would be because
20 simply because of the size and the number of people
21 involved.

22 CHAIRMAN CALTAGIRONE: So you think that
23 it's somewhat of an epidemic that's going untreated and
24 unaddressed?

25 MR. WAGNER: I'd go out on the limb and

1 say that, yes.

2 CHAIRMAN CALTAGIRONE: I'll open it up to
3 the panel for questions.

4 REPRESENTATIVE KRUSZEWSKI: Mr. Chairman,
5 can I ask the warden, I'm from Erie and I worked drugs,
6 I ran the drug and vice squad for nine years and I
7 talked to the Chairman in regard to the severity of the
8 communicable diseases, especially AIDS, and look for an
9 M-I, a Misdemeanor I, some kind of penalty like that.
10 Mary mentioned possibly a felony, or the Reverend did.
11 Do you think that the stiffer the penalty even for the
12 first or second timers for prostitution, both male and
13 female, is better, or talking about the Chairman's
14 bill in regard to putting these people back in and try
15 to wake them up to see how bad the disease that they're
16 carrying are affecting these people?

17 MR. WAGNER: No, I don't believe that a
18 stiffer penalty is necessarily the answer. Contrary to
19 the reputation that many of us have as administrators
20 of institutions, I am conservative but I can see what
21 works, and simply throwing the book at somebody isn't
22 always the answer. It doesn't work. That should be
23 pretty obvious if you look at our institutions,
24 especially in light of mandatory sentencing over the
25 last several years.

1 What I think is very critically important
2 is that we make an attempt to do something that will
3 impact an individual, especially in this field, and I
4 probably shouldn't call it a field of endeavor, but in
5 any case, what I believe is that if you're going to
6 have a program, it has to be very rigidly structured.
7 Okay. That's the conservative in me. But I think that
8 our safe house has demonstrated that we're not talking
9 about sending somebody to, you know, in lieu of
10 incarceration simply sending someone to a nice, clean
11 place to live and letting them pretty much continue
12 with the same bad habits. What we're talking about, or
13 at least what I'm advocating, is that if you have a
14 very structured halfway house approach, safe way house
15 approach, whatever you want to call it, that is
16 includes education and supervision, probably more
17 intense than they would get in an institutional
18 setting. By that I mean an institutional supervision
19 setting might include staff-to-inmate ratios of 1 to 60
20 or 1 to 100.

21 What I'm advocating here is treatment
22 supervision of 1 to 2 or 3 people, where someone takes
23 an active interest, takes a person in the community in
24 search of a job, supervises them, whatever the types of
25 things that eventually end up being part of this

1 legislation, should it pass, but they must be extremely
2 structured, and I don't mean by that that you set down
3 a list of things that you're going to do and we're
4 going to apply them to everyone equally. We have to
5 have a treatment program where we assess what someone
6 needs. I'll argue for the moment not that people don't
7 need drug treatment, but that perhaps there is one or
8 two prostitutes in our area who are not addicted to
9 drugs. I would say they should be educated as to the
10 danger of drugs, but they probably certainly don't need
11 to be in a detox program like the others would. We
12 should individualize the treatment, but it should be
13 very structured for the individual. It should be about
14 as structured as we can make it because in many cases,
15 that is what's been most lacking in these people's
16 lives is structure.

17 REPRESENTATIVE KRUSZEWSKI: Warden,
18 you're probably talking about someone that's not a
19 carrier then of the AIDS, of the HIV virus then, right?
20 You're talking about more of a junkie type prostitute.

21 MR. WAGNER: Initially, I'm talking about
22 everyone. I'm not telling you that I believe then at
23 successful completion of the program that there
24 shouldn't be some further type of follow-up or even
25 further programming for someone who is AIDS-positive.

1 I do believe that. We don't simply treat them and let
2 them go if they have AIDS. There has to certainly be
3 follow-up, but I think initially everybody should be
4 exposed to the same type of rigid and very structured
5 treatment, if that's indeed your wish.

6 REPRESENTATIVE KRUSZEWSKI: Do you
7 believe in confidentiality, our law now, I guess it was
8 Senator Peterson, we were talking about that law to
9 maybe try to do something with that, and myself and the
10 Chairman talked to Commissioner Lehman, there's a block
11 that they have and it's going to be in the SCI system
12 that will just say communicable disease, and when they
13 check that they will know everybody that comes in
14 contact, you know, you treat that person like they do
15 have the virus.

16 MR. WAGNER: Certainly. And that's what
17 we do in jail systems also. The difficulty we have
18 isn't so much in the fact that we want to publish who
19 has AIDS. I never advocated that and we never did it
20 in my institution in the first place. But what we did
21 do is we kept an active list, it was highly
22 confidential, it was only given to myself and the
23 Deputy Warden for Treatment Services, of people who
24 actively had AIDS or were HIV-positive and it was
25 medically confirmed by our department. In the event

1 that there was an incident inside the jail, we could
2 then determine whether we needed to worry about medical
3 treatment or whatever for a staff member. At this
4 point, I'm deprived even of that knowledge.

5 REPRESENTATIVE KRUSZEWSKI: I have
6 nothing further, Mr. Chairman.

7 CHAIRMAN CALTAGIRONE: Other questions?

8 REPRESENTATIVE GERLACH: I have one.

9 Warden, the issue you just mentioned is
10 one that's been raised to me from the district attorney
11 in Chester County, and that is amending the
12 confidentiality act to allow an extension of the access
13 to that kind of information to police personnel and
14 prison people such as you're just describing. I wrote
15 myself to Commissioner Lehman as well to follow up on
16 it and he did indicate that most prison officials
17 utilize techniques or ways of dealing with prisoners to
18 almost assume that there's the possibility of that sort
19 of disease being there and that's how you deal with the
20 prisoners. Is that something that's workable for you
21 and you just mentioning from the prison standpoint, you
22 were just mentioning also that just knowing that
23 information may be helpful in some sort of
24 extraordinary circumstances within the prison
25 population and that that would be able to be dealt with

1 and if you have that information, could you expand upon
2 that a little more?

3 MR. WAGNER: Yeah. I think it would be
4 -- again, please understand, I'm speaking from my
5 particular county's perspective on this issue, not as a
6 representative of the Warden's Association, but I
7 believe that at least in my institution that we can
8 easily deal with the HIV and AIDS problem by doing what
9 we did in the past, treating inmates who we know are
10 communicable as having a communicable disease and
11 basically treating all inmates as if they could be a
12 risk to infection in the case of an assault or
13 something like that. Yeah, we can live with that, and
14 surprisingly, our staff, my assessment is that there
15 was very little problem with our staff. When we first
16 confronted the AIDS issue we educated our staff and
17 they've dealt fairly well with that all along.

18 I guess what I'm saying is I haven't had
19 a personal complaint or a union grievance about this.
20 It's not like the staff is up in arms about it. We can
21 handle that. But we do believe that someone at the
22 institution, from a security point of view, other than
23 the medical people, should be aware of who is infected
24 in the case of an extraordinary occurrence, as you
25 mentioned. We can get that information. As you're

1 aware, through the law we can petition the court and we
2 can get the information, but in many cases you need to
3 know it at the spur of the moment. What I further
4 propose is that in our field, our employees, especially
5 management employees, deal with extraordinary amounts
6 of confidential information and they do so
7 professionally, they've done so for years, and I don't
8 see why we can't be trusted with just one more area of
9 confidentiality.

10 REPRESENTATIVE GERLACH: Are inmates who
11 presently are housed in a county facility who have
12 tested positive for some communicable disease, be it
13 AIDS or any other communicable disease, are they
14 treated differently in how they are housed and how they
15 walk through the prison system on a daily basis?

16 MR. WAGNER: No. In most cases when the
17 medical people assess that a person is communicable for
18 one disease or another, if that assessment requires a
19 quarantine for the particular disease, hepatitis is the
20 best example, then the person is quarantined until the
21 medical threat is passed. But in most institutions
22 that I'm familiar with do not isolate nor treat inmates
23 who are positive for HIV or AIDS any differently than
24 any other inmates. We mainstream them. Certainly, in
25 the case of double celling, when it's necessary, if you

1 know that someone is HIV-positive you attempt to cell
2 them with someone else who is. At the very, very
3 outside chance that your assessment for classification
4 was wrong and that some type of assault might possibly
5 occur, okay, I get back now to the need for
6 confidential information, I can no longer do that.

7 REPRESENTATIVE GERLACH: So you're saying
8 there can be instances where someone does test positive
9 for HIV and is still housed with a non-HIV inmate--

10 MR. WAGNER: In a double cell.

11 REPRESENTATIVE GERLACH: --in the prison
12 system.

13 MR. WAGNER: Berks County Prison is
14 double celled in every area except maximum security.
15 We double cell approximately at one time or another 450
16 to 500 inmates. We have had remarkably few assaults of
17 any kind because we take great pains to classify people
18 that they are going to be compatible, but at this point
19 there is no classification for HIV or AIDS as there was
20 in the past.

21 On the other side of the coin you have to
22 realize that we know most of the people in our
23 institutions who are HIV-positive or AIDS sufferers,
24 and that's simply because I understand the need for
25 confidentiality, but I'm telling you that we know most

1 of the inmates because they tell us. I mean, the
2 inmate will tell the staff that they have AIDS.

3 REPRESENTATIVE GERLACH: Does the non-HIV
4 inmate or the inmate with the person who has a
5 communicable disease, is that person advised of the
6 other inmate's disease?

7 MR. WAGNER: Absolutely not. No. When a
8 staff member is told by an inmate, if an inmate comes
9 up to you and talks to you and tells you that they are
10 HIV-positive, that's what I was getting at about the
11 kind of confidential information that our staff
12 routinely deals with. He told me, I'm not going to
13 tell anyone else, nor would I tell another inmate, and
14 I won't even mention it to other staff unless there's a
15 need to, but at that point I'm free to do so, since the
16 inmate has communicated it to me personally. But the
17 staff generally doesn't -- we have senior staff
18 meetings on a weekly basis in our institution and
19 during our discussions there's remarkably little
20 mention of people who are HIV-positive or AIDS carriers
21 unless it has to do with a particular situation and
22 that there's a medical need for other staff members to
23 know it.

24 REPRESENTATIVE GERLACH: I think you,
25 mentioned at the outset or during your testimony that

1 you favored some mandatory testing of prostitution--

2 MR. WAGNER: Yes.

3 REPRESENTATIVE GERLACH: --offenders.

4 MR. WAGNER: Yes.

5 REPRESENTATIVE GERLACH: For all

6 communicable diseases. Is that correct?

7 MR. WAGNER: Yes.

8 REPRESENTATIVE GERLACH: Is that a fair
9 assessment?

10 MR. WAGNER: Yes.

11 REPRESENTATIVE GERLACH: What would be
12 your thought on expanding the mandatory testing to any
13 offender of any sexual offense, such as rape? Should
14 that be a mandatory test?

15 MR. WAGNER: I believe it should, yes.

16 REPRESENTATIVE GERLACH: Thank you.

17 That's all I have.

18 MR. WAGNER: You're welcome.

19 CHAIRMAN CALTAGIRONE: Any other
20 questions?

21 REPRESENTATIVE KRUSZEWSKI: Let me ask
22 the warden something.

23 Warden, you mentioned hepatitis and I
24 wrote that down right before you said that. Do you see
25 now, you or Mary, in the institution that probably the

1 hepatitis is almost the same as the AIDS virus, that it
2 may be the old commune days that this is coming back or
3 the shared needles also?

4 MS. KROHN: I don't see many active cases
5 of hepatitis among the women in prison, and because
6 before my current position I was women's counselor, I
7 have a lot more familiarity with the women's
8 situations. I believe that in the year and a half that
9 I was women's counselor we had one active case of
10 hepatitis, we had one suspected case who was
11 quarantined and later we learned she didn't have
12 hepatitis. But no, I don't think I see any. That they
13 are carriers, that they may have a case of hepatitis in
14 remission, I'm quite certain a high percentage do, and
15 that's true of any junkie. I mean, that's not
16 necessarily prostitutes. That's junkies.

17 MR. WAGNER: I would have to check for
18 you, you know, statistically, but I believe I'm safe in
19 saying just from my memory in the past in the 17 or so
20 odd years that I've been there I haven't seen a great
21 increase in hepatitis. It wasn't uncommon for us to
22 have one or two or three people at a time occasionally
23 15 years ago who were quarantined for hepatitis and I
24 don't believe that we have any more than that at any
25 given time now. So no, I don't see that as being a

1 real problem.

2 REPRESENTATIVE KRUSZEWSKI: Warden, also
3 Representative Gerlach mentioned about the
4 confidentiality act and, you know, the police, the
5 constables I know they come into your institution, take
6 people out for hearings or whatever, for their
7 preliminary hearings, and I think along with your
8 correctional officers that they would be included or
9 should be included along with all your correctional
10 officers as soon as someone does test positive for the
11 HIV virus, and I think you'll agree with that.

12 MR. WAGNER: Well, I'm kind of
13 ambivalent. I certainly wouldn't disagree with it. I
14 wonder if we're going to be letting all police and
15 transport agencies as well as all correctional staff
16 know who's AIDS-positive or HIV-positive if we wouldn't
17 stigmatizing inmates and we might not see problems
18 later. And I'm not saying that's the case, but what I
19 advocated wasn't for a general announcement to my staff
20 at roll call about who was AIDS-positive or
21 HIV-positive, simply that that knowledge be accessible
22 to custody supervision and that we can use it as we
23 deem necessary and still try to have some
24 confidentiality remain intact. I'm not telling you I'm
25 against that. I'm simply not sure that that's the

1 answer.

2 REPRESENTATIVE KRUSZEWSKI: I have
3 nothing further, Mr. Chairman.

4 CHAIRMAN CALTAGIRONE: Reverend, you've
5 had I think you said like 25 years of experience in
6 dealing with these issues, particularly the women that
7 are in and out of there like a turnstile. Do you think
8 it's possible, and Mary had testified too that, or I'm
9 sorry, Karen.

10 MS. KROHN: It is Mary. It says Karen.

11 CHAIRMAN CALTAGIRONE: Oh, they have the
12 wrong name down.

13 That the safe house evidently is having
14 some impact on turning their lifestyles around.

15 REV. RUSH: Well, the safe house only
16 opened two weeks ago, so most of that history has yet
17 to be told.

18 CHAIRMAN CALTAGIRONE: Were there other
19 experiences in other States though with halfway houses?

20 REV. RUSH: I'm all in favor of halfway
21 houses, very clearly, and the regimented schedule and
22 supervision is real important, as was said by both Mary
23 and the warden. I really believe in that. Even though
24 I say that I would like to see stronger sentencing for
25 those on a second offense, that doesn't complete the

1 story. I think the warden has pointed out that there
2 are many people that go to prison and most of them get
3 caught up in the recidivism whirlpool.

4 So along with that punishment, maybe
5 instead of going to Berks County Prison for two, three
6 months, which is little more than a vacation and time
7 to get caught up on your dietary needs -- as weak as
8 some prison food can tend to be it's a lot better than
9 a lot of them have on the street in their addictions --
10 maybe to go to Muncy for a year and be forced into
11 certain kind of trade and educational programs for that
12 year, taking them off the streets so that by the time
13 they return to the street a year later they have lost
14 some of their street connections. That's kind of what
15 I was talking about.

16 But I'm not sure that the halfway house
17 is the answer, and yet it takes great supervision. I
18 just want to emphasize what she said about that. It
19 takes good supervision. By hopefully positive role
20 models who have gone down that path, so that they can
21 show these by life as well as by teaching, so that they
22 can show these persons that hope is possible for them.
23 That's -- I would like to emphasize that.

24 I would like to make a comment, if I may,
25 on an earlier comment. Sometimes this confidentiality

1 law is protected by so-called civil rights, and here in
2 our prison, and the warden may want to respond to this,
3 I believe in our prison in Berks County an inmate may
4 not house with another inmate of a different race, and
5 yet you are forced to house with a chain smoker, in
6 spite of what health officials have proven is harmful
7 to the secondary person who intakes that smoke. And
8 also, you are forced to live with an AIDS person.

9 Inmates -- I'd like to elaborate on a
10 comment earlier here. Even though many of the staff
11 don't know who is HIV, quite a few of the inmates do.
12 They pick up with their antennas little signals like
13 medication calls, patterns, when the nurses come to
14 them, when they go for medication, and word gets
15 around. And there are physical sights which are signs
16 of having AIDS. So in essence, we're really defeating
17 our own purposes. The inmates who are the inmates tend
18 to find out in many cases, and the staff, who are the
19 professionals, are kept by their own government from
20 communicating and dialoguing and trying to treat. That
21 issue concerns me.

22 I'd also like to give an example of a
23 young suburban man about 22 years old who came to me
24 really downhearted some time ago saying that in a weak
25 moment he never did it before in his life and he'll

1 never do it again, but in a weak moment he had anal sex
2 with another inmate in a depressing moment of one day,
3 and within 24 hours he learned not only did he do
4 something he was extremely ashamed of, but he learned
5 that that person has AIDS. So again, we have a case
6 where by keeping this deadly disease confidential,
7 extremely confidential, and treating it almost as a
8 sacred cow, there are a lot of people falling by the
9 road as an end result.

10 MS. KROHN: Excuse me, would you mind if
11 I just add something to this?

12 I certainly sympathize with this
13 incredible concern about what I believe is an epidemic
14 in the general population. I don't know, we asked
15 about is it an epidemic among prostitutes? My
16 experience tells me it's an epidemic in the general
17 population. I have worked in other settings and I have
18 worked with people who have AIDS, and my experience
19 tells me that the more we rely on knowing whether or
20 not an individual is HIV-positive, the more we open
21 ourselves to an incredible risk among those whom we
22 don't know about it because they don't know about it,
23 because they have the virus in the system for as many
24 as 11 years prior to any symptoms whatsoever, and if we
25 don't all begin to learn that we are all vulnerable in

1 any sexual encounter or any blood transfer through
2 needles or whatever, we are missing the boat. I can,
3 you know, it's wonderful to know that this individual
4 is HIV-positive and I will keep a distance from him,
5 but I may then choose to have activities with six
6 others who are positive and don't even know it. I'm
7 not safe when I rely entirely on tested information.

8 I'm saying this because I listened to the
9 histories that people eventually learn and how long
10 they discover they were positive and how many
11 encounters they had prior to the time they find out
12 they were positive, or I listen, for instance, to a
13 wife who has been entirely faithful in her marriage and
14 discovers she's HIV-positive and eventually learns that
15 in fact it came from the husband. This is in fact a
16 plague on us, but this is not the protection. You
17 know, this is insufficient protection.

18 REPRESENTATIVE BIRMELIN: Mr. Chairman.
19 I have a question.

20 CHAIRMAN CALTAGIRONE: Sure, Jerry.
21 Representative Birmelin.

22 REPRESENTATIVE BIRMELIN: Mary -- it is
23 Mary?

24 MS. KROHN: That's right, it's Mary.

25 REPRESENTATIVE BIRMELIN: The Chairman

1 keeps confusing us.

2 One of the statements you made early on
3 in your testimony was one that I found to be very
4 interesting and that I don't really think I've heard
5 anybody really say it, and that is that virtually all
6 prostitutes are drug addicts. Do you include in that
7 definition of drug addict, alcoholics, or is that a
8 separate category that you would not include in that?
9 You say drug addicts. Are you talking specifically
10 about heroin and cocaine?

11 MS. KROHN: Normally, I believe a drug is
12 a drug is a drug, and I include alcohol, but in this
13 case it is primarily needle users.

14 REPRESENTATIVE KRUSZEWSKI: A poly drug
15 problem, too. More than one drug.

16 MS. KROHN: Yes. Garbage heads,
17 frequently.

18 REPRESENTATIVE BIRMELIN: One other
19 question for you, and that is you had mentioned that
20 most of the people that you have talked to feel that
21 the critical moments for them in their lives is that
22 when they were caught for the first time, the first
23 offense that they were arrested for and punished for
24 was not severe enough?

25 MS. KROHN: Um-hum.

1 REPRESENTATIVE BIRMELIN: And I don't
2 know if you said it but I just mentioned it and I don't
3 know what your answer would be to those women to what
4 you would have done to them to help them at that point.
5 Would you share that with us?

6 MS. KROHN: Yes. I don't always give
7 people what they ask for but in this case the women
8 said what they believe they needed was treatment for
9 their addictions, and I concur in that. At the present
10 time, no streetwalker I have met or talked about is not
11 walking the street as a junkie and they do not go there
12 without being a junkie. They go there because they
13 have run out of ways to support their habit. If we do
14 not address that addiction, nothing else has a chance
15 for success. So many of the things I hear today are
16 important, but a brain that's all addled either because
17 it's desperate for the next fix, he's jonesing or she's
18 jonesing and she needs that fix or she's high, that
19 brain doesn't assess consequences and it can't benefit
20 from any of these provisions because it does not
21 remember consequences. That's what the one gal said to
22 me. She had talked about how in this case how truly
23 remorseful she was because she did not always, in her
24 case she had sometimes, many times attempted to
25 practice safer sex practices while on the stroll. In

1 other words, she tried to insist that a trick use a
2 condom, but if he refused, she didn't push it. And
3 when I asked her why that was true, because she had a
4 fairly responsible attitude generally about that, she
5 said, "Because when you use or drink," that was the
6 quote I used, "that responsibility shit goes out the
7 window." And she didn't say that with anything other
8 than true remorse and confession that she sees herself
9 helpless.

10 I don't believe we have any success of
11 cleaning up the streets unless we manage to get people
12 drug-free. And we won't always manage that but we
13 ought to be at least offering that.

14 REPRESENTATIVE BIRMELIN: That brings me
15 to my next question that maybe you just answered. What
16 success rate do these treatment programs have for those
17 who are enrolled in them, hopefully after their first
18 offenses?

19 MS. KROHN: I can't answer that. I often
20 hear a 35-percent success rate generally.

21 REPRESENTATIVE BIRMELIN: Does Berks
22 County have that type of program or anything available
23 for first-time offenders who are prostitutes who are
24 also users?

25 MS. KROHN: Not specifically geared for

1 that situation. I know that the women I was talking to
2 said they weren't even offered, nobody even discussed
3 whether or not it would be a good idea to try to get
4 off drugs at the time they were first arrested. It
5 just was never even brought up. Now, I was also
6 talking to women who have been out there for a number
7 of years, so it might be in a less enlightened area
8 about the drug problem, but nevertheless, they never
9 heard about treatment at that time.

10 I have seen programs that are in fact
11 successful. I happen to live right in Reading, right
12 in center city Reading, and I am acquainted with a lot
13 of people who once spent time in jail. Those who are
14 in recovery from addictions came from the kind of
15 structured programs that the warden was talking about
16 earlier. The junkie lifestyle is just that, it's a
17 lifestyle, it's not just a habit. And some people
18 sometimes talk about habilitation because
19 rehabilitation is almost a misnomer. Often they have
20 come from a childhood in which there was no structure
21 and their whole life has never had the structure that
22 we need in order to live a legal lifestyle. So you do
23 in fact need a highly structured program where they are
24 given opportunities to learn a way of life they
25 probably have never known before. I know people who

1 will say in their 30's and 40's they've never held a
2 straight job and that they don't know that experience.

3 REPRESENTATIVE BIRMELIN: Reverend Rush,
4 I would like to follow up a little bit on what Mary
5 said, trying to get your perspective on the problem,
6 especially in the area of treatment. It's been my
7 observation, and I've been in several of our State
8 prisons, particularly I live near Farview State Prison,
9 and that it's concentrating, if I can use that word, on
10 drug offenders right now. It's a medium security
11 prison, currently has 600-some prisoners and ultimately
12 will have 1,000, and all will be basically of the same
13 type, those who are drug offenders. I would like to
14 ask you two questions, basically.

15 Number one, how familiar are you with
16 drug treatment programs and what do you recommend as
17 the best? And secondly, do you feel, and in particular
18 as a chaplain, that there is enough emphasis on values
19 and telling people what's right and what's wrong and
20 what's good and what's evil as opposed to what many of
21 our young people are getting today which is values
22 clarification where they decide for themselves what's
23 right and what's wrong, which I think is a gross
24 injustice to our young people? And just share with us,
25 if you would, from your perspective as a chaplain how

1 you deal with these people.

2 REV. RUSH: Okay. Well, first of all, I
3 don't have the background like Mary would have in
4 treatment training and formal education, life's
5 experience like she has. Other than having run the
6 halfway houses which I do for the last 15 years, we
7 have worked a lot with probation officers in receiving
8 and sending to various treatment programs across the
9 State persons who live with us before and/or after they
10 go to such treatment programs.

11 I have respect for all of the programs in
12 so much as every one of them I believe are attempting
13 to do the very best job that they can. In candid
14 answer to your question, I need to combine your first
15 and second question and say the greatest drug program
16 that I respect is the Teen Challenge Training Program,
17 which has like an 85-percent success rate, quote,
18 unquote, the Federal government study that was done,
19 and we're fortunate in Berks County to have the
20 original Teen Challenge Training Center in northern
21 Berks County. Now they're in I guess every State
22 across the nation, but they are quite successful and
23 it's a very regimented program for a year, it is a
24 religious program, and it tries to take in the medical,
25 mental health, social, religious, all of the parts of

1 life into one unit.

2 Of course, a person has to be willing to
3 choose that kind of program. It's a perspective to go
4 in and do well in that program, as many of them do.
5 There's a waiting list in every Teen Challenge Program
6 that exists. We have a couple of people in our halfway
7 house right now in Reading who are waiting to get into
8 Michigan, one to get into Harrisburg, one to get into
9 Baltimore, so they have waiting lists that I've known
10 for the last 15 years.

11 One of the reasons for their success is
12 because they do not purposefully avoid the place that
13 God has in our lives. The book of Proverbs, Chapter
14 14, says that "Righteousness exalts a nation but
15 foolishness as sin is a reproach to any people," and we
16 are certainly experiencing a lot of the scars from that
17 in our land and in this State.

18 Secondly, as a chaplain, and we do hold
19 and I've being going to chaplains and warden's
20 conferences for about 15 years now and I've been the
21 president of the State Chaplain's Association in the
22 past and I'm actively a part of it currently. We
23 chaplains across the State want to have an impact on
24 the drug problem by virtue of our primary
25 responsibility to do Bible teaching and to facilitate

1 various religious groups from coming into the prison to
2 conduct meetings. I'm grateful for the liberty that I
3 have in Berks County Prison to help initiate some other
4 programs that have to do with family issues in
5 parenting. I believe that sometimes we overstate the
6 drug problem. We know that 80 percent of the
7 population does have drug problems, but sometimes it's
8 the symptom rather than the cure, and I believe that
9 many of us chaplains want to go upstream and look at
10 some of the sources of the poisons that are coming
11 downstream and not just treat it downstream where we
12 are often facing it at the entrance to the lake.

13 I don't see it as an either/or, I see it
14 as both, but I really concur with your comment, what I
15 believe I heard you saying in terms of a so-called
16 values clarification or value-free education. I think
17 it's bankrupting our society, and children need to be
18 taught that there is right and there is wrong, and when
19 they read in the newspapers that certain judges or
20 certain district attorneys or certain ministers or
21 certain legislators and certain school teachers, et
22 cetera, like you pointed out, everybody falls. And I
23 like the comment of Commissioner Owens while he was in
24 that post a couple years ago, he said in a meeting that
25 I was at once he said, "There but for the grace of God

1 go I." So as the great Commissioner of the Department
2 of Corrections making such a statement, I believe if
3 every warden and every treatment counselor and every
4 chaplain and all of us would take that humble attitude,
5 and then with that attitude do the very darndest that
6 we can, do the very best that we can to fight and to
7 struggle with these problems, I think we would be doing
8 the general community a great favor. I certainly want
9 to do my best as a chaplain, and as we work together I
10 think we can make great strides.

11 But there are obstacles in the way and
12 this confidentiality business is one of them, without a
13 doubt in my mind, and there are things we can do. It's
14 not a hopeless situation, but it is an epidemic and it
15 is a plague similar to the influenza epidemic of 1918
16 or right after World War II when the government
17 quarantined 18,000 prostitutes and had them transported
18 elsewhere. There are measures that the government can
19 and must take, I believe, as a social mandate because
20 we're on the eve of a major plague, I'm convinced.

21 MR. WAGNER: If I could just make a
22 comment on your remarks about programming and what's
23 successful. I believe that many times, in fact much
24 too often we try to decide what the successful program
25 will be at the expense of ruling out other programs

1 that could benefit particular individuals. What I
2 propose to you is that the most important thing about a
3 program is that it be -- that there be critical
4 assessment of the needs of the people that are going to
5 be in the program and then you assign them what's going
6 to benefit them the best. In other words, there
7 probably isn't one drug program. In fact, I would
8 personally believe that there's not one drug program
9 that can help everybody. What I'm telling you is that
10 a good assessment can tell you which inmates would best
11 be served by a psychological approach or a disease
12 model approach or a religious approach and that we then
13 apply the approach that we think will be the most
14 successful with that particular inmate.

15 REPRESENTATIVE BIRMELIN: I wanted to ask
16 Reverend Rush one more question, if I could.

17 The sheriff who is also in Wayne County
18 Prison, who I happen to know personally and my office
19 is located about a block away from, has shared with me
20 and in the public several occasions a conclusion that
21 he's come to and I would just ask you if you would
22 concur with that, and ask you, number two, if you feel
23 that you can have any impact on correcting that
24 problem. He said most of his inmates lack two things:
25 Education and religion. Most of them never graduated

1 from high school. Many of them barely get out of
2 elementary school let alone into junior high or senior
3 high. But he also said that, you know, he screens them
4 I guess when they come in and ask them what their
5 religious affiliation is and things of that sort. He
6 is finding that most of them are saying none, and that
7 he feels that a large part of the problem is that there
8 is absolutely little if any understanding or
9 appreciation for or conviction in their own lives as to
10 what constitutes right and wrong. Is that your
11 observation? And if that is your observation, how do
12 you feel as a chaplain you can do something about that
13 to correct that if it needs to be corrected? I'm
14 assuming you would, being a chaplain.

15 REV. RUSH: You threw a hard ball. Great
16 question. I'd like to think about that kind of for a
17 long time. I guess on the one hand it's a very obvious
18 answer and yet it's big and complex.

19 Yes, education, all that can be done by
20 way of helping people get their GED and bringing tutors
21 into the prison without using excuses of overcrowding
22 and whatever, yes, yes, yes. Welcoming great positive
23 role models from the community, both former prisoners
24 and persons that have never been in prison both, not
25 either/or, so that inmates can have some people to look

1 up to and can feel the magnetic pull toward those
2 individuals and what they have turned their lifestyles
3 into. And yes, and our local prison in Berks County is
4 not deficient in this area, providing numerous,
5 providing a smorgasbord of religious options for the
6 inmates. As far as I'm concerned, there's no prison in
7 the State that has it better than us. Better
8 chaplains, but not a religious program; better options.
9 We do. Every day there are some options that inmates
10 have and if they don't take advantage of them it's
11 their own excuse or it's their own problem. They are
12 without excuse. So what you're saying is really
13 obvious, and as both Mary and the warden can testify, I
14 have been a thorn in their sides sometimes in trying to
15 initiate some new programs, and they have to deal with
16 security and with limited space, but the beat goes on.

17 REPRESENTATIVE BIRMELIN: Thank you.

18 Thank you, Mr. Chairman.

19 CHAIRMAN CALTAGIRONE: Ken.

20 REPRESENTATIVE KRUSZEWSKI: Thanks, Mr.
21 Chairman.

22 Reverend Rush, earlier you said, and I
23 put the quotes by it, "merchants of death" in regard to
24 this prostitution. I believe the same way, but, you
25 know, you bring this up and say incarcerate them, make

1 it a felony, make it a Misdemeanor I for somebody that
2 tests positive for the virus, goes back out there and
3 still they ply their trade. Well, if you take them off
4 say a Misdemeanor I for five years and people say,
5 well, why? They are going to die anyway. But I feel,
6 and you said merchants of death, why should they take
7 40 or 50 or 100 people with them? So I believe in that
8 type of penalty and, you know, when you said that I
9 made the quotes on it because that's just what it is.
10 I love that.

11 REV. RUSH: The lady who was released a
12 week ago under an alias name, reportedly, has made the
13 comment and was heard by numerous people that told me
14 that she knows she's going down and she's going to take
15 as many of us with her as she can on the way. There
16 are those that have that attitude, and all of us are
17 going to pay not only with loss of life but by spiral
18 rising insurance costs and a lot of other things.

19 If I can give an illustration, my
20 brother-in-law and sister-in-law keep babies out of
21 Philadelphia, little infants that right out of the
22 hospital don't have a place to go, and this is about
23 their eighth one. Last week they took their little
24 four-week-old little girl from out of Philadelphia to
25 Community General Hospital in Reading because she was

1 very sickly losing weight and they did every test
2 possible but they could not do the AIDS test legally.
3 This child needed diagnosis quick, quickly, but they
4 could not give this baby an AIDS test. And my
5 brother-in-law and sister-in-law felt very helpless and
6 hopeless.

7 Took apparently two days to get the
8 proper public Department of Health officials because of
9 over the weekend and signatures until they hunted down
10 the father and mother in Philadelphia, finally some
11 days later they gave this baby an AIDS test and they
12 tested negative, fortunately. But my sister-in-law has
13 the obligation and duty to change these diarrhea
14 diapers eight times a day with all these bodily fluids
15 and everything and can't have the opportunity to know,
16 number one, for the baby's welfare and future life
17 whether or not it has AIDS, that they are loving in
18 every other way, and number two, she can't know for her
19 own benefit whether she, being the primary caretaker of
20 this child, is caring for a baby with AIDS. To me
21 that's real sad, real unfortunate. It's a sign of a
22 sickness of our time.

23 CHAIRMAN CALTAGIRONE: I have one final
24 question, and if the three of you would care to answer
25 it separately. You know, we get these reports and we

1 just as a matter of fact received them in our packets
2 in the mail in the House up here from I guess it's the
3 Department of Health that puts it out about the numbers
4 of AIDS cases that are active cases and they give
5 usually a county-by-county breakdown, and I oftentimes
6 wonder whether or not any of that information is really
7 correct because from health officials that I've talked
8 to in Philadelphia and in Pittsburgh they've indicated
9 that it's much more widespread and more a threat to
10 society than anybody can realize at this point in time.
11 And if the real numbers were actually known and given
12 to the public, that it would be almost like creating
13 hysteria about what's really going on in our society,
14 that for whatever reason we're not being told.

15 Would you care to comment on that? And I
16 mean, prison is just one stopping point, because it
17 certainly isn't restricted to just prostitutes, as
18 we're talking about in this bill. I'm sure there are
19 many other people, and if it's true, close to 80
20 percent of those that are being incarcerated not only
21 in the State but in the Federal and the local systems,
22 you begin to wonder what the heck is going on in our
23 society.

24 MR. WAGNER: I think it's most certainly
25 underreported, and my only observation is one that I'll

1 share with you. Speaking with wardens from throughout
2 the State and through other localities at national
3 conferences, one of the types of answers or things that
4 we discussed, and I'm talking about an informal
5 discussion after a long day of seminars and you're
6 talking about the AIDS problems, sadly, one of the
7 things that many wardens say is the primary reason that
8 they do not want to have mandatory AIDS testing in
9 prisons is because they are afraid to find out how many
10 people are going to be positive, and then what the hell
11 are they going to do with them? A lot of people, I
12 don't know that I'd say it specifically that way but I
13 wouldn't be overly happy about that first day of
14 mandatory testing when I found out exactly how many
15 people were there with AIDS that showed no symptoms,
16 had no history or whatever. And it's because then you
17 wonder what's my obligation now as a professional in
18 this field to these people with the 50 or 60 that we
19 didn't know about.

20 MS. KROHN: I'm thinking about the fact
21 that Berks County has the highest per capita reported
22 rate of AIDS in the State.

23 CHAIRMAN CALTAGIRONE: What's that mean?

24 MS. KROHN: And I don't know what that
25 means.

1 CHAIRMAN CALTAGIRONE: What is the
2 number? Do you know offhand?

3 MS. KROHN: I've seen it. I guess I have
4 an emotional kind of defense against wanting to
5 remember it. I know that it means third in flat
6 numbers, it is third in the State behind counties like
7 Philadelphia. I mean, communities incredibly larger
8 than Reading or Berks County, and on a per capita rate
9 we are highest in reported cases. Now, I'm not sure
10 what that means, but I think the emphasis on the word
11 "reported" is important. I think in fact that we have
12 a higher reported rate because we have a better system
13 apparently of having these things reported. I'm not
14 sure. I do know that the rate is certainly very much
15 higher. See, now, I'm not talking about statistics and
16 numbers, I'm talking about the unknown cases who for
17 one reason or another have declared themselves to me.
18 And all those others who are known to have the disease
19 and who tell me about their past and how long they now
20 know they had it before they knew they had it. There's
21 no question about the numbers being skewed by that kind
22 of thing. There's no question.

23 I think it's important though that we
24 keep remembering we're not just talking about
25 prostitutes. Twenty-five full-time and a few part-time

1 prostitutes in Reading haven't spread, you know,
2 they're not responsible for all those cases. In fact,
3 they are one of the victims, you know. They, too,
4 picked it up from someone. I don't have a lot of
5 answers for that.

6 I really need to tell you that I felt
7 like an important new approach to all of this is
8 contained in your bill, namely that we begin to work on
9 the demand side of the picture instead of only on the
10 supply side. You know, that we have ignored that
11 totally, and that the average individual who is willing
12 to pay for sex has a more stable lifestyle and can
13 assess consequences more easily than the prostitute
14 does, the junkie does, and that we therefore have a,
15 much, you know, that these consequences, these
16 deterrents are more likely to have a real effect in
17 their lives than in the life of the prostitute. And,
18 you know, wouldn't it be wonderful if we would dry the
19 whole thing up because there was no longer any demand?
20 It's never been tried. I think we ought to give it a
21 try.

22 REV. RUSH: I appreciate those last
23 comments. The warden will remember me reporting to the
24 prison board a couple years ago about a man who was
25 bleeding on his pillow on a daily basis with bad gums.

1 That man is currently in the AIDS hospice in Berks
2 County, and I, for one, who was trying to be a friend
3 to this man over the last couple years with his scaly
4 skin and bleeding gums and everything else would have
5 kind of appreciated if I could have at least
6 confidentially known he had AIDS, because the man was
7 complaining very, very much about lack of medical
8 treatment. I'm not saying whether or not he got it or
9 whether he didn't, I'm just saying what he was
10 complaining about, and I as the chaplain wanted to
11 stand alongside of him and give him some moral support
12 to the point of patting him on the shoulder and giving
13 some physical contact to him, and I didn't even guess
14 at that time he had AIDS, I don't go around trying to
15 guess that, but I as a quote, unquote, "professional"
16 would have appreciated knowing that he had AIDS at the
17 time so I could just be a bit more cautious, you know,
18 than I perhaps was.

19 My concluding comment might be that I
20 hope the general public is given the opportunity to
21 hear the full truth of what can be known and not half
22 truths or what I would better call half lies, to assume
23 that the public would panic if they would really know
24 the truth, and then not tell them the truth I think is
25 unfortunate, and the media and politicians would do us

1 all a great dishonor to do that. When Three-Mile
2 Island was about to do all of us in this area a great
3 disfavor and we are now watching the Chernobyl, the
4 results of the fallout of Chernobyl, which is horrible,
5 I think if it's bad news then let us hear it and act
6 accordingly and do the best with it that we can at the
7 moment. That's the way I want it to be.

8 My mother, who died when I was 9 after
9 suffering from cancer, tremendously switched doctors, I
10 recall as a young boy, because the doctor was playing
11 little head games with her. She switched to a doctor
12 who would tell her the full truth so she would know how
13 to respond to her four small children at that time.
14 And I hope that medical people and politicians and the
15 media, you know, just calls a spade a spade and that we
16 get on with the job before us, and if it looks like
17 disaster, then that's all the more reason for urgency
18 that we all do whatever we can to respond with some
19 urgency, to save ourselves from annihilation to some
20 extent and the spiraling costs where maybe the year
21 2000 the government will have to end up paying all of
22 the hospital bills and the halfway houses, et cetera,
23 that are going to be housing all these people and the
24 hostels and whatever. I think it's definitely serious.

25 Thank you.

1 CHAIRMAN CALTAGIRONE: Thank you.

2 Are there any other questions?

3 (No response.)

4 CHAIRMAN CALTAGIRONE: Thank you.

5 MR. WAGNER: We'd like to thank you for
6 the opportunity to comment. Thanks again.

7 CHAIRMAN CALTAGIRONE: Thank you.

8 We'll here next from Kevin Murray, the
9 Deputy Court Administrator from the Philadelphia
10 Municipal Court.

11 MR. MURRAY: Good afternoon. I'm Kevin
12 Murray from Philadelphia Municipal Court.

13 I'm a little bit confused as to why I'm
14 here. I was handed a copy of the bill at 5:10 on
15 Friday afternoon and said, "You're going to be in
16 Harrisburg." I did have the opportunity to read the
17 bill and I have some experience with the handling of
18 prostitution cases.

19 Philadelphia Municipal Court currently
20 handles about 67,000 criminal cases a year; about
21 25,000 felonies, we do the preliminary hearings on
22 them; 17,000 trials; and about 25,000 summaries. We
23 handle about 5,000 prostitutes a year generally charged
24 with obstructing the highway. They are not usually
25 charged with prostitution. The reason for this is a

1 decision by the district attorney that it is easier to
2 prosecute them under this statute than it is under the
3 prostitution. We handle about 138 people charged with
4 prostitution a year. That's the extent of it.

5 I do see a lot of prostitutes. We see a
6 corps of about 300 that pass through our system day
7 after day. And the way we handle them is a little bit
8 different from what I've heard from the warden. In
9 Philadelphia they are generally arrested, they are
10 brought to the Police Administration Building and they
11 are released. From that point on, the hearing is
12 scheduled, which they fail to appear at, and they go
13 onto bench warrant status. As we speak, Tammy White is
14 having a hearing on contempt of court. She had 54
15 summary violations for obstructing the highway with
16 which she failed to appear. The only way we can get
17 her into our jail, into our detention center is by
18 conducting a hearing for contempt. We are limited by a
19 Federal judge's ruling in Harris v. Reeves as to who
20 can be incarcerated. Prostitution is not an offense
21 for which you can be incarcerated.

22 I have a printout with me which anyone is
23 welcome to see, it's rather lengthy, it has to do with
24 all defendants who have five or more bench warrant
25 status cases. It's frightening. The vast majority of

1 them are women charged with prostitution.

2 I read the bill and was concerned about
3 one portion of it. I agree totally with the intent of
4 the bill. It's about time we take it more serious. It
5 is a serious offense, and many of the prostitutes in
6 Philadelphia are afflicted with AIDS and other sexual
7 communicable diseases.

8 I was concerned that it mandates
9 alternative sentencing. Alternative sentencing isn't
10 always the right thing. Certain people should be
11 incarcerated. Tammy White, with 54 cases, by requiring
12 that she go through community service is probably going
13 to do little. One, it's not going to rehabilitate her.
14 She has a drug addiction, as do most of the prostitutes
15 in Philadelphia. The legislation suggests that the
16 community service be performed in hospices. Well, I'm
17 unfamiliar how many hospices there are in Philadelphia,
18 but it also suggests hospitals, so I turned to my wife.
19 My wife was the evening supervisor at Germantown
20 Hospital. It's an intercity hospital with a largely
21 indigent clientele, and I asked my wife, I said, how
22 would you feel if we mandate that prostitutes performed
23 community service in your hospital? She was very
24 concerned. Who would supervise them? Who would deny
25 access to the drug cart? Many of them come in with

1 addictions. It's kind of like leading them to a candy
2 store by forcing them to work in a hospital. My wife
3 was also concerned, would the patients in the hospital
4 appreciate being taken care of? Well, the prostitutes
5 we see in Philadelphia are the lowest form of
6 streetwalker. The police don't go after the call
7 girls, they have enough to do with getting this corps
8 of 300.

9 When I say they're the lowest level, the
10 offers that we see to police officers are generally \$5
11 for acts. I have seen them as low as an offer for a
12 piece of chicken. That is frightening. When you see a
13 car pull into a McDonald's and have a girl jump in the
14 back with five people in the car and come out waving a
15 \$5 bill, that's frightening. They are also not very
16 healthy. I haven't seen Tammy White. I saw one we had
17 last week. She could not have weighed more than 70
18 pounds. She was about 5 foot 2. She had 78 open
19 cases, was out every night, every night was picked up
20 by the citywide vice and every night she was released.
21 Mandating community service isn't going to help her,
22 and I'm not sure it's going to help the community. She
23 needs treatment. She may need to be incarcerated. She
24 may need both. But putting her to work in a hospital
25 or in an AIDS hospice I'm not convinced would be the

1 best thing for her or the community.

2 That's pretty much it. I was asked to
3 come here by the Administrative Office of the
4 Pennsylvania Courts. They did not tell me what to
5 testify to.

6 CHAIRMAN CALTAGIRONE: Kevin.

7 MR. MURRAY: Yes.

8 CHAIRMAN CALTAGIRONE: The reason for the
9 legislation, and of course there are going to be a
10 number of amendments that are going to be crafted to
11 this, especially with your testimony today, was to
12 develop alternative type punishments instead of
13 incarcerating people in an already overburdened system,
14 to see if something could be done to break that
15 lifestyle, break that chain. We have given some
16 serious thought to treatment counseling and job
17 training, and as you heard, you were here when the
18 others were testifying, about the halfway houses or the
19 safe houses, about the mandated testing for
20 communicable diseases. I'm curious as to what your
21 response would be to what some of those remarks were
22 because we're hearing more and more from the law
23 enforcement community and the wardens from both the
24 State and local jails and county systems that they feel
25 that they have a right to know, especially in dealing

1 with potential carriers of the AIDS.

2 MR. MURRAY: I understand their concern
3 and I really don't know what my position is on it. I'm
4 a little bit confused. If we have mandatory testing
5 for prostitutes, what do we do with the knowledge once
6 we have the answer that prostitute X is determined to
7 be carrying the HIV virus?

8 CHAIRMAN CALTAGIRONE: Well, did you hear
9 what the warden said? In an altercation let's say that
10 would take place and you happen to be a guard and body
11 fluids are pouring out, blood for example, what
12 precautions do you take? And if you're a guard and you
13 have to get in there and stop them from fighting, and
14 that happens constantly in any jail across this State,
15 what protections--

16 MR. MURRAY: I think the guards should
17 have the right to know, the same way as I believe that
18 health care professionals should have the right to
19 know. My wife gowns and goggles for every patient she
20 takes care of, yet there is no mandatory testing there.
21 Her reaction is to treat everyone as if they are a
22 carrier.

23 CHAIRMAN CALTAGIRONE: True. But in a
24 prison setting as opposed to a hospital setting, you
25 know that those people are in there for some type of

1 offense and you're not really sure what you're dealing
2 with, and I'm not sure if we shouldn't just make it
3 mandatory for everybody that's going to prison. It's
4 my belief personally that you forfeit your rights as a
5 citizen of this Commonwealth when you violate the law
6 and end up going to prison. You're not there for a
7 cozy little stay in a hotel, you're there because you
8 broke the law. And I think it's about time we start
9 getting a little bit more sensible in our dealing with
10 situations like this and stop coddling people or
11 reacting to some lunatic fringe groups out there that
12 feel that their rights are being tread upon when I
13 think the majority of the law-abiding citizens, the
14 overwhelming majority of law-abiding citizens of this
15 Commonwealth are having their rights tread upon by
16 these idiot groups that keep posing points of law that
17 their constitutional rights are being violated. You
18 know, to me I think it's so lopsided today that it
19 doesn't make sense anymore.

20 MR. MURRAY: I would have no opposition
21 to testing when they are being sentenced to prison
22 whatsoever.

23 If I can, one of the ways we handle
24 summary offenders charged with patronizing a prostitute
25 is in Philadelphia we offer them a diversion program

1 run by the Philadelphia Service Institute, a private
2 nonprofit group. The district attorney will withdraw
3 the complaint against them if they participate in this.
4 It has both an educational component where they bring
5 in some doctors and some lawyers to talk to them about
6 the consequences of violating the statute, and it also
7 has a medical component where they do do testing for
8 AIDS and all other sexually communicable diseases. It
9 is paid for by the Johns. The Johns are one of the few
10 groups that do show up to court in Philadelphia. We
11 have about 2,000 to 3,000 arrests a year there and they
12 are religious about coming to court. Our gut reaction
13 is they're religious because they feel if they don't
14 come to court then a letter is going to come to their
15 house, which would, stating you failed to appear,
16 you're charged with patronizing a prostitute, and they
17 are worried that they wouldn't be there to get the
18 mail. But by and large they show up in court and pay
19 their fines and costs.

20 REPRESENTATIVE KRUSZEWSKI: And publish
21 their names, too.

22 MR. MURRAY: We don't publish their
23 names.

24 REPRESENTATIVE KRUSZEWSKI: Yeah, but
25 they would be afraid of that, too.

1 MR. MURRAY: That's a possibility also.

2 CHAIRMAN CALTAGIRONE: See, this is --
3 counties like Philadelphia, Allegheny, and some of the
4 larger third class counties and second class A counties
5 that we have around the State, when you look at the
6 reports, and they come out every month about the AIDS
7 incident and how it's growing and it continues to grow
8 at a very alarming rate, and not to be serious about
9 this offense, and it is a crime, and I understand how
10 you have to deal with it in Philadelphia because of the
11 situation that you're mandated under by the Federal
12 court order with the overcrowding of the prison, just
13 begs the issue though as to what price do we pay for
14 looking the other way and not trying to get the proper
15 kind of treatment, help or incarceration for these
16 people to get them off the street?

17 If you figure there are 300 active
18 prostitutes and let's say 80 or 90 percent of them may
19 have some type of communicable disease, let's say half
20 of them have AIDS or are carrying the AIDS virus and
21 infecting what percentage of the population that they
22 deal with and how many of those people that are
23 infecting other people once they've acquired the
24 disease, and all of a sudden, you know, those numbers
25 start to triple and quadruple before your very eyes.

1 We don't take this serious enough because it's bad
2 enough with the drug users and the IV and the sharing
3 of the needles, but with the number of prostitutes that
4 we have operating in the State, passing that disease
5 along and how many other people are then being infected
6 by that virus, I mean, where do you start to draw the
7 line and say, you know, we've got to try to control it,
8 contain it, or put an end to it? I mean, we've got to
9 come up with some type of answers to that.

10 MR. MURRAY: I agree totally. I think
11 we're paying a very high price. I think we're going to
12 continue to pay a very high price.

13 CHAIRMAN CALTAGIRONE: Oh, I agree with
14 you. I think too many people duck the issue and say,
15 well, you know, this is the oldest profession to
16 mankind. You're not going to stop it. I don't think
17 we're ever going to stop it. I think contain it,
18 control it, do whatever we have to as far as the spread
19 of the disease and what it's doing to our society
20 because I know what's happened in Reading and the
21 incidents that we've seen and it continues to grow, and
22 they just testified this morning that they continue to
23 ply that trade and the number of people that are
24 infected, and then there's a lot of incidents if a guy
25 goes home and has relationships with his wife or

1 girlfriend or whatever and then all of a sudden it
2 continues to mushroom.

3 You know, we in society will all pay the
4 price, and it's not only just with that girl that has
5 the disease and the hospice centers and running those,
6 but the labor pool of people and you start eliminating
7 mothers or fathers from homes because they're dying of
8 the disease and what's happening to that family and who
9 is going to care and take care of those people, I mean,
10 the cost of society and the State and Federal
11 government is going to start to skyrocket. I mean,
12 there's a lot of other things that are attached to this
13 that people aren't looking at.

14 I don't know if we're going to come up
15 with any solutions particularly for Philadelphia or
16 even Allegheny because of the court orders that they
17 are under, but that's why I'm saying if we could
18 develop other possible alternatives to incarceration
19 where it would be meaningful and hopefully you could
20 maybe turn some of the people around in their
21 lifestyles, maybe that's what we should be about.

22 MR. MURRAY: I don't disagree with you on
23 developing the alternatives I think is part of the
24 solution. I don't think, at the same time, we
25 eliminate the ability to incarcerate them.

1 CHAIRMAN CALTAGIRONE: Oh, I agree.

2 MR. MURRAY: Okay.

3 CHAIRMAN CALTAGIRONE: Oh, I agree with
4 you absolutely.

5 MR. MURRAY: The way I read the
6 legislation it said mandatory community service and
7 remained silent on the incarceration, so I assumed that
8 was limiting. Maybe I misread it.

9 CHAIRMAN CALTAGIRONE: Well, we've
10 already changed the bill once, so you understand.

11 MR. MURRAY: Oh, okay.

12 CHAIRMAN CALTAGIRONE: If you look at the
13 lines that went through some of the original parts of
14 that.

15 MR. MURRAY: Yes.

16 REPRESENTATIVE GERLACH: And one of the
17 reasons for this hearing today was as an outbirth, I
18 think, of a concern that some of the members have
19 expressed in committee when we discussed this issue, I
20 guess it was -- no, it was in early March, yeah, that
21 we try to develop some other possible accommodations to
22 incarceration so that we don't overcrowd the prison
23 systems again. And I know that in Philadelphia you
24 have a particularly bad situation down there.

25 MR. MURRAY: Yes.

1 CHAIRMAN CALTAGIRONE: And of course you
2 couldn't begin to comply with the law no matter how
3 well we did that as far as putting them in a prison
4 facility.

5 MR. MURRAY: Um-hum.

6 CHAIRMAN CALTAGIRONE: But that's why I'm
7 saying that alternatives, and of course you always have
8 the option if there's other aggravating circumstances
9 where they would have to be incarcerated, but I think
10 the overwhelming majority, maybe 60, 70 percent, maybe
11 even 80 percent that could be put in let's say halfway
12 houses with rigid structures in treatment counseling
13 and job training possibilities, put at the disposal of
14 these people that hopefully could turn them around. I
15 mean, the costs to society and what it's costing us
16 now, I mean, is it really going to make a difference?
17 You know, I think we need to try something because what
18 we're doing now isn't working.

19 MR. MURRAY: I agree with you.

20 CHAIRMAN CALTAGIRONE: I'm sorry, Ken,
21 did you have any questions?

22 REPRESENTATIVE KRUSZEWSKI: I just wanted
23 to ask Kevin one thing. First of all, what kind of
24 fine do you do when you do a summary on obstructing the
25 highways?

1 MR. MURRAY: If the defendant wishes to
2 plead guilty, the fine would be \$250 plus costs. Okay?
3 The problem is they never show up to court to plead
4 guilty.

5 REPRESENTATIVE KRUSZEWSKI: If they do
6 pay it, is that graduated then on the number of
7 offenses? Because when you say you have 5,000 and you
8 dispose of most of them that way.

9 MR. MURRAY: Actually, most of the
10 prostitution cases are disposed of after two years when
11 the district attorney withdraws on summary offenses not
12 having been able to bring them to trial and feeling
13 unlikely that he could try the case and get a
14 conviction. That's how most of them are withdrawn.

15 REPRESENTATIVE KRUSZEWSKI: One other
16 question. If there was a mandatory sentencing to SCI
17 systems, State correctional system, then would the
18 district attorneys prosecute them? Especially for the
19 prostitution that test positive for AIDS that we talked
20 about where they're actually killing people.

21 MR. MURRAY: If they were being sentenced
22 to the State institution, my gut feeling would be the
23 district attorney would prosecute them, yes.

24 REPRESENTATIVE KRUSZEWSKI: Especially if
25 there was a five-year cap or whatever they would go

1 after them?

2 MR. MURRAY: Yes. The problem right now
3 is for the district attorney to prosecute these cases
4 means that someone else will be let free. Right now we
5 can't put the burglar in jail. We can't put the
6 robbery at baseball bat in jail.

7 REPRESENTATIVE KRUSZEWSKI: Okay.

8 REPRESENTATIVE BIRMELIN: I just have one
9 question for you. When you do arrest a prostitute or
10 customer at the same time, apparently you give them
11 different citations.

12 MR. MURRAY: Yes. They do charge them
13 differently.

14 REPRESENTATIVE BIRMELIN: He gets one for
15 soliciting a prostitute and she gets one for
16 obstructing the highways?

17 MR. MURRAY: That's right. Generally,
18 the arrests aren't on both of them at the same time.
19 The promoting of prostitutes are generally made by a
20 decoy squad of the Philadelphia police force.

21 REPRESENTATIVE BIRMELIN: How
22 aggressively do the police go after them? It sounds to
23 me like it's one big joke. I mean, it reminds me of
24 the grocery store, you know, when the clerks are there
25 and there's 3,000 things going by them every night and

1 they sort of do what they have to and go through the
2 motions but it doesn't sound to me like -- there
3 probably is no real incentive for the vice squad or
4 whatever to do all this because they know the
5 prostitute is not going to get anything, period,
6 because she won't show up for a hearing, and the guy,
7 if they do catch the guy, he's going to pay maybe, but
8 it seems like it's -- it must seem like they're just
9 going through a treadmill or something.

10 MR. MURRAY: They probably feel like
11 they're on a treadmill. I don't think it's for any
12 negligence on their part. It's a process set up to
13 handle large volumes of people. There's a large number
14 of streetwalkers out there. They make arrests. 5,000
15 arrests is quite a few arrests.

16 REPRESENTATIVE BIRMELIN: In a year?

17 MR. MURRAY: That does not count the
18 people who have already been charged and are then
19 wanted on a bench warrant, which the same police
20 officers pick up night after night and then are forced
21 to release. They don't release them because of choice.

22 REPRESENTATIVE BIRMELIN: Is it 5,000 per
23 year?

24 MR. MURRAY: 5,000 per year.

25 REPRESENTATIVE BIRMELIN: And how many

1 individuals constitute that 5,000? How many different
2 people are there?

3 MR. MURRAY: A rough guess would be about
4 700.

5 REPRESENTATIVE BIRMELIN: 700?

6 MR. MURRAY: Yeah.

7 REPRESENTATIVE BIRMELIN: Obviously, it's
8 not working. It's not doing the job.

9 MR. MURRAY: I think that's very safe to
10 say.

11 REPRESENTATIVE BIRMELIN: It's not
12 cutting down on the incidents of the crime being
13 committed.

14 MR. MURRAY: No. The Philadelphia
15 Inquirer about two years ago had a very interesting
16 article where our traditional streetwalkers were being
17 forced out of business by the newer streetwalkers.
18 There was a -- the majority of the streetwalkers that
19 we're seeing now are Crack addicted. Crack is a
20 relatively inexpensive drug. To get that next fix
21 doesn't cost much money.

22 REPRESENTATIVE BIRMELIN: That was my
23 question. You sat here through the testimony of the
24 other group that was here and the one question that I
25 asked of the woman was is it true that virtually every

1 prostitute that they see is a drug addict? Is that the
2 case in Philadelphia?

3 MR. MURRAY: That's the case that I found
4 in Philadelphia, yes.

5 REPRESENTATIVE BIRMELIN: Another
6 observation that I would make, and maybe you could
7 agree or disagree with me, then as that drug addiction
8 forces women, or I shouldn't say forces them, but they
9 tend to support their drug addiction through
10 prostitution than through burglary, is that a fair
11 assumption?

12 MR. MURRAY: I think that's a fair
13 assumption. There's also in Philadelphia a large group
14 of men that support their drug habit through
15 prostitution.

16 REPRESENTATIVE BIRMELIN: In the
17 homosexual community?

18 MR. MURRAY: Yes.

19 REPRESENTATIVE BIRMELIN: Well, I don't
20 envy your job but I do appreciate your coming and
21 sharing us with your information.

22 MR. KRANTZ: I just want to say, the
23 reason your name was suggested and you were asked to
24 testify was that you were supposed to be the, I guess,
25 expert in this field in Philadelphia.

1 MR. MURRAY: I have no direct knowledge
2 of the subject matter.

3 MR. KRANTZ: No, I didn't say direct. I
4 didn't mean that. I meant through the court system and
5 through your job.

6 MR. MURRAY: Thank you. I do handle a
7 lot of these cases.

8 CHAIRMAN CALTAGIRONE: No, but if there's
9 any recommendations or changes that either you or
10 anybody from the office would suggest, we'll certainly
11 consider them. And we've been groping around with this
12 for the last two sessions not really knowing what to do
13 or how to contain it or control it. Like I said
14 previously, I'm not a fool. I realize we're never
15 going to eliminate it, but I think that compounding the
16 problem with the AIDS situation, I feel just as
17 strongly about putting the Johns in some type of
18 treatment or counseling, forced to mandate it and have
19 them pay for it, by the way, not the taxpayers. As a
20 matter of fact, maybe what we really ought to do is
21 have the Johns pay a little bit more for the treatment
22 and counseling that's given to the prostitutes once
23 they're arrested and make them pay for some of these
24 programs that we're going to have to set up. You know,
25 evidently you're doing a good job in arresting the

1 Johns and they are paying because they don't want to
2 have a letter going home to their wife to find out that
3 they've been fooling around.

4 REPRESENTATIVE BIRMELIN: What percentage
5 of those Johns are repeaters?

6 MR. MURRAY: A very small percent, from
7 our perspective. About 15 percent repeat. Now, I
8 don't know whether that's as a result of any of the
9 diversion programs efforts or that the police
10 department's only hitting a small tip of the iceberg in
11 the number of Johns that are out there. They have a
12 small decoy squad that makes these arrests. That's how
13 they get them. The Johns may have recognized those
14 same decoy officers and may continue to drive by.
15 Prostitution in Philadelphia is conducted generally on
16 the street with stopping of cars.

17 CHAIRMAN CALTAGIRONE: Um-hum. The
18 average fine of a John would you say would be what?

19 MR. MURRAY: The average fine of a John
20 would be \$400. Now, they offer them participation in a
21 diversion program for \$150.

22 CHAIRMAN CALTAGIRONE: Um-hum.

23 MR. MURRAY: They choose the diversion
24 program quite often as a first offense, and that
25 diversion program I think is very good at scaring these

1 people.

2 CHAIRMAN CALTAGIRONE: Um-hum.

3 MR. MURRAY: Not scaring them
4 fruitlessly, but showing them the hard facts and doing
5 the testing, and I think that's enough to dissuade them
6 from, at least some of them, from repeating.

7 CHAIRMAN CALTAGIRONE: Even with the
8 known incidents of AIDS--

9 MR. MURRAY: I can't fathom why anyone
10 would want to--

11 CHAIRMAN CALTAGIRONE: Would want to take
12 that chance.

13 MR. MURRAY: Yes.

14 CHAIRMAN CALTAGIRONE: And I'm sure
15 you've seen all walks of life, as we've seen it in
16 Berks and other counties around us, from all segments
17 of society, all educational levels, all occupations.
18 You know.

19 MR. MURRAY: It boggles the mind. It
20 really does.

21 CHAIRMAN CALTAGIRONE: Um-hum. And I'm
22 sure you've seen it there too in Philly.

23 MR. MURRAY: Yes, we have.

24 CHAIRMAN CALTAGIRONE: Any other
25 questions?

1 (No response.)

2 CHAIRMAN CALTAGIRONE: Thank you. We
3 appreciate it.

4 We will conclude the hearing and adjourn.

5 (Whereupon, the proceedings were
6 concluded at 12:50 p.m.)

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I hereby certify that the proceedings
and evidence are contained fully and accurately in the
notes taken by me during the hearing of the within
cause, and that this is a true and correct transcript
of the same.

Ann-Marie P. Sweeney
ANN-MARIE P. SWEENEY

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