

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES  
COMMITTEE ON JUDICIARY

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In re: Public Hearing concerning drug and alcohol crimes in the 180th Legislative District

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

Thursday,  
November 14, 1991  
10:00 a.m.

HON. THOMAS R. CALTAGIRONE, CHAIRMAN

MEMBERS OF COMMITTEE ON JUDICIARY

Hon. Gregory Fajt	Hon. Robert Reber
Hon. James Gerlach	Hon. Michael Veon

Also Present:

Hon. Ralph Acosia  
Hon. Harold James  
David Krantz, Executive Director  
Galina Milahov, Research Analyst  
Mary Beth Marschik, Republican Research Analyst

Reported by:  
Ann-Marie P. Sweeney, Reporter

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1           CHAIRMAN CALTAGIRONE: Okay, if we can  
2 get started. I'm Tom Caltagirone of the Judiciary  
3 committee. If members of the panel who are present  
4 would introduce themselves.

5           REPRESENTATIVE REBER: Representative  
6 Reber from Montgomery County.

7           MS. MARSCHIK: Mary Beth Marschik, staff  
8 on the committee.

9           REPRESENTATIVE ACOSTA: Representative  
10 Acosta, Philadelphia.

11          REPRESENTATIVE GERLACH: Representative  
12 Jim Gerlach from Chester County.

13          MS. MILAHOV: Galina Milahov, staff for  
14 the committee.

15          CHAIRMAN CALTAGIRONE: We probably will  
16 have other members and some other staffers joining us,  
17 but I would like to get started on the hearing, and if  
18 Mark would please come up to start the testimony. I do  
19 have to leave at 1:30 because I have another emergency  
20 meeting back in Reading at 3:00 o'clock and I'll turn  
21 the hearing over to Representative Acosta to take the  
22 testimony for the remainder of the day.

23                   Please start.

24          MR. BENCIVENGO: Good afternoon. Good  
25 afternoon. My name is Mark Bencivengo. I'm Assistant

1 Health Commissioner for the City of Philadelphia in  
2 charge of the Coordinating Office for Drug and Alcohol  
3 Abuse Programs, also known as CODAAP. I want to thank  
4 you for the opportunity to present testimony today.

5 Before going into programmatic detail,  
6 however, I want to present background information which  
7 provides a context in which my testimony needs to be  
8 heard. As I offer you various information today, it  
9 must be understood that in the last several years, the  
10 prevention and treatment of drug and alcohol abuse has  
11 gone from a rather straightforward effort of dealing  
12 with an individual's substance abuse to a more complex  
13 set of issues dealing with a multiplicity of problems.  
14 This is true in Representative Acosta's district and  
15 throughout Philadelphia. More than a decade ago, our  
16 major focus was on heroin addiction. Today, the  
17 primary drug we must deal with is cocaine. And with  
18 cocaine comes a whole host of problems. The advent of  
19 crack has necessitated our having to face addicts who  
20 are child abusers, addicts who are intravenous drug  
21 users shooting a mixture of cocaine and heroin and who  
22 have AIDS or are at risk for AIDS, addicts who are  
23 homeless, pregnant addicts who shun prenatal care,  
24 addicts who are caught up in the criminal justice  
25 system, addicts who come from dysfunctional families.

1 The list goes on and on.

2 We no longer have clients who just need  
3 counseling. Their needs are far more complex and  
4 overwhelming. In general, greater numbers are in need  
5 of more costly residential services. As a result, we  
6 tend to treat fewer individuals and for longer periods  
7 of time than we did in the past. And despite reports  
8 you may see in the national press to the contrary, we  
9 see no end in sight to these disturbing trends in  
10 Representative Acosta's district or throughout  
11 Philadelphia.

12 In that context, I would like to describe  
13 the current substance abuse system funded by CODAAP.  
14 While I do this, please keep in mind that these generic  
15 program types must be accessible, appropriate to the  
16 unique needs of the target population groups, and  
17 acceptable to those groups. That's particularly  
18 relevant in Representative Acosta's district because  
19 many of the residents are Latino and require bilingual  
20 and bicultural services. CODAAP funds the following  
21 services, and I'm just going to cover the generic  
22 titles:

23 Inpatient Drug Free Non-Hospital  
24 Services. Inpatient Drug Free Hospital Based Services.  
25 Non- Hospital Detoxification Services. Outpatient

1 Methadone Maintenance Services. Outpatient Drug Free  
2 Services. And Prevention Services. I would be glad to  
3 answer any questions at the end about these specific  
4 services and what they mean.

5 To provide these services, CODAAP has  
6 established and maintained a system of substance abuse  
7 prevention and treatment services by contracting with  
8 voluntary, non-profit provider agencies. The system  
9 citywide is comprised of approximately 45 agencies  
10 which provide the range of services previously  
11 described.

12 During this fiscal year, CODAAP will  
13 spend almost \$25 million for these services. This is  
14 broken down to approximately \$3 1/2 million in city  
15 funds, \$9 1/2 million in Federal funds, and \$11 3/4  
16 million in State funds coming from the State Department  
17 of Health and the State Department of Welfare. The  
18 Federal funds come to Philadelphia through the State.  
19 Over the past several years, the funds we receive from  
20 the State have become increasingly categorical, meaning  
21 we are limited to what services we may purchase with  
22 the funds that we receive.

23 Within the Philadelphia Department of  
24 Public Health, CODAAP works closely with several other  
25 components to provide services. We collaborate with

1 the AIDS Activities Coordinating Office, AACO, whose  
2 role is to address the range of education, social and  
3 health services for persons at risk for HIV, those with  
4 HIV, and those with AIDS. CODAAP also works with the  
5 Office of Maternal and Infant Health, the Office of  
6 Mental Health and Mental Retardation, and the Division  
7 of Ambulatory Health Services, which operates the  
8 city's District Health Centers.

9 With this background, I now want to focus  
10 more specifically on Representative Acosta's district  
11 to discuss those issues which impact most directly on  
12 the residents of this area. I would like to begin in  
13 the area of AIDS.

14 Since the beginning of the AIDS epidemic  
15 in 1981, through October of 1989, 10.8 percent of AIDS  
16 cases in Philadelphia were residents of the 180th House  
17 District. In the past two years, this percentage has  
18 increased to more than 14 percent. Now, remember,  
19 these are AIDS cases. These are not HIV-positive  
20 individuals. The number of HIV-positive individuals  
21 who have not yet developed AIDS is considerably larger.  
22 This tends to follow what we are seeing on a citywide  
23 basis; that is, that there has been a significant  
24 increase in the incidence of AIDS in minority  
25 communities. Since the disease was first reported in

1 Philadelphia 10 years ago, 64 percent of cases have  
2 occurred in minority individuals. However, since the  
3 beginning of this year, that percentage is 76 percent.  
4 Breaking this down further, Latino cases have been  
5 relatively consistent in the 6 to 7 percent range,  
6 while cases in the African-American community have gone  
7 from 57 to 70 percent during this current year.

8 Substance abuse is more difficult to  
9 quantify, but we do know informally that it is a major  
10 problem in the area. Treatment programs serving the  
11 district and outreach workers who are on the streets  
12 describe cocaine and heroin usage as being especially  
13 severe problems. In fact, at this point in time the  
14 most significant heroin problem in Philadelphia is in  
15 that particular area.

16 In an effort to address these problems,  
17 there are a number of programs providing services in  
18 this area. These programs that you are about to hear,  
19 please keep in mind that these programs are literally  
20 bursting at the seams. Every one of these programs  
21 that I mention deserves to be expanded. We've made an  
22 effort because of the Omnibus Drug Bill of 1986, the  
23 Omnibus Drug Bill of 1988, the Governor's PennFree  
24 project to expand search visions, but what we have been  
25 able to expand has now reached the point where it needs



1 to be expanded again or we need new programs. Again, I  
2 won't describe the programs but I would like to go to  
3 what is up there.

4 Centro Primavera, which is a  
5 community-based prevention program which focuses on one  
6 speak. Asociacion de Puertorriquenos en Marcha,  
7 Incorporated, APM. CODAAP funds the drug component of  
8 this particular program. Congreso de Latino Unidos-  
9 Hunting Park. The Hunting Park program, which is an  
10 intervention program for parents and young people.  
11 Congreso de Latino Unidos-Outpatient program, a Latino  
12 counseling program servicing substance abusers in the  
13 area. The John F. Kennedy Community MH/MR Center-  
14 Centro Servicios Hispanos, again a program which  
15 targets largely the Latino population, and I would  
16 reiterate these programs are full. They have no  
17 capacity. We fund them to serve a certain number of  
18 people, and that capacity has been reached. Act II-  
19 Methadone Maintenance program where there are 65 Latino  
20 clients primarily from the 180th House District. And  
21 that program has found it necessary to hire bilingual  
22 and bicultural staff to work with this population.  
23 North Philadelphia Health System-Methadone Maintenance  
24 program. Again, because of the number of Latinos  
25 coming into this program, the program has found it

1 necessary to address the Latino client. The EHCOS  
2 Program - Episcopal Hospital Cocaine Outreach Service  
3 program, which you will hear more about later. Shalom,  
4 Incorporated a prevention program that worked in the  
5 parochial schools. I hear from Sister Madelyn Boyd,  
6 the director of that program, at least once a week  
7 telling me that she has requests from more schools than  
8 she can possibly deal with. The School District of  
9 Philadelphia. The public school system where we also  
10 fund programs and there are a number of schools in that  
11 particular district where we have programs but not in  
12 every school. It has been our goal for some time to  
13 try to get prevention programs in every school. We  
14 have not been able to do this. The Episcopal Hospital  
15 Residential Program for Pregnant Addicted Women  
16 program. You will hear more about that from a speaker  
17 a little bit later.

18 Services for individuals with or at risk  
19 for HIV and AIDS include: The Congreso de Latino  
20 Unidos program, which has a specific component for HIV  
21 education and intervention. The APM program, which  
22 does outreach and in-home education, much of it  
23 targeted to Latino women; a population that is very,  
24 very difficult to reach. The Circle of Care at Saint  
25 Christopher's Hospital for Children, which provides a

1 wide range of health services for women and families  
2 affected by HIV disease. Philadelphia Health  
3 Management Corporation Street Outreach program, a  
4 program that has been funded for several years which  
5 began with some controversy because it does instruct  
6 individuals how to clean needles if they are going to  
7 shoot drugs. We do not want to see dirty needles  
8 shared among drug users on the street simply because of  
9 the fact that our programs may be full or they refuse,  
10 to come in for treatment. HIV Counseling and Testing  
11 which is done at three arc sites funded by the  
12 coordinating office around the 180th District - Act II,  
13 North Philadelphia Health Systems, and Congreso.

14 Additional services are provided to  
15 residents in the area by District Health Center #6, and  
16 mental health and mental retardation services are  
17 offered by JFK, Charles R. Drew, and COMHAR.

18 Now, while I describe this extensive list  
19 of services to the residents of Representative Acosta's  
20 district, I want to be very clear that many gaps in  
21 service remain. There are service needs which must  
22 still be addressed and others which are being addressed  
23 but not sufficiently to meet the demand for services.  
24 Among the gaps are:

25 In the area of drug and alcohol abuse, a

1 significant number of culturally appropriate programs  
2 are needed, including:

3 Residential programs targeting Latinos.  
4 There is no residential program in Philadelphia which  
5 is specifically dedicated to the Latino population.

6 Day programs which emphasize family  
7 therapy and have the capability to do home visits,  
8 something that we found very important in dealing  
9 specifically with the Latino population.

10 Neighborhood prevention programs working  
11 with community groups. There are an overwhelming  
12 number of community groups in Philadelphia and in the  
13 180th District that want to do something to improve the  
14 quality of life within their neighborhoods. We need  
15 the ability to bring these community organizations in  
16 and work with them to implement their programs or their  
17 ideas.

18 Programs which foster linkages between  
19 substance abuse services and HIV primary health care.  
20 In fact, two such programs are about to be initiated in  
21 the area at Act II and North Philadelphia health  
22 System. This linkage of primary health care and HIV  
23 and drug programs is very important. Many of the  
24 people in drug programs don't go elsewhere for  
25 services, they come to the drug programs, and that's

1 where we need to put in primary health care.

2 In the area of HIV and AIDS, service needs  
3 include:

4 Additional outreach and education. While  
5 a cure is not available, there are medications which  
6 can extend and impact upon the quality of life. We've  
7 heard a lot about that over the last week. We must  
8 make every effort to get people into the system so that  
9 they can take advantage of these medications. That  
10 means having enough counseling and testing available so  
11 that people will come in, be identified if they are  
12 HIV-positive and we can get them on clinical trials.

13 Drop-in centers with hours which go  
14 beyond the traditional work day. Such a place would be  
15 where people with AIDS or HIV-positive individuals can  
16 go for support, information, food and other basic  
17 needs.

18 Home visiting capability, which is vital  
19 for many individuals with AIDS.

20 Housing for persons with AIDS. This  
21 should provide linkages to necessary support services.  
22 I can't emphasize the housing need enough.

23 Hospice services for people who are  
24 terminal, unable to take care of themselves, and we  
25 certainly need to have an expansion of the

1 hospice-based services.

2 In addressing you here today, I want to  
3 sum up by emphasizing the degree to which we must focus  
4 on the human element. My point is that HIV and AIDS  
5 and drug abuse are responsible for a great deal of  
6 human suffering. Many people are denied access to the  
7 services and support they need. All of us must be  
8 sensitive to this, from lawmakers like yourselves, to  
9 government administrators like myself at the local  
10 level and my counterparts at the State, to program  
11 administrators and staff who deliver the services. We  
12 are aware that unmet needs exist. In Representative  
13 Acosta's district and throughout Philadelphia, the  
14 funds do not exist to do all that we need to do. My  
15 job is to assure that the funds we receive are spent  
16 efficiently and to assure that the programs receiving  
17 those funds utilize them effectively and humanely.

18 I thank you again for the opportunity to  
19 present testimony here today. I would be pleased to  
20 respond to any questions you might have.

21 CHAIRMAN CALTAGIRONE: Thank you.

22 Questions?

23 Representative Acosta.

24 BY REPRESENTATIVE ACOSTA: (Of Mr. Bencivengo)

25 Q. I was hoping that this meeting may

1 attract the State government to really get involved in  
2 helping some of the problems that we have in my  
3 district, the 180th district, which I am sad to say is  
4 a disgraceful part of the State that we have to live in  
5 day after day after day, and despite the problems that  
6 I have presented here in the House and in the press  
7 conferences that I have made over the years trying to  
8 address the problem and trying to get someone's  
9 attention to the problem, it seems to me that this is  
10 the one and good opportunity for people representing  
11 the State and people representing different agencies  
12 would have a better understanding as to what it is that  
13 we have to do together to solve some of the problems.

14 Now my question to you, we understand  
15 that your programs do not have any facilities to house  
16 some of the people that we have in the streets - some  
17 of them with the HIV problems, some of them with the  
18 drug problems. Again, do you have facilities to  
19 accommodate those people that need the help?

20 A. There are insufficient residential  
21 facilities to target the people in the 180th district.  
22 There is no residential program in Philadelphia which  
23 houses Latinos. That is something that we've  
24 identified in our county plan that we sent to the State  
25 Health Department for the last several years. It's my

1 understanding now that the State Health Department is  
2 preparing a request for proposals for a residential  
3 program for Latinos. It will target the southeast  
4 region. The dollars for that RFP, request for  
5 proposals, are going to be operating fund dollars.  
6 They are going to fund the program. There are no  
7 dollars for program renovations, and that is a  
8 critically important area. It is virtually impossible  
9 to find a facility within Philadelphia or other areas  
10 of the State which does not require extensive  
11 renovations before you can put a program in. The  
12 moneys that are going to be used to fund this  
13 residential program that is going to be issued on RFP  
14 are alcohol, drug and mental health block grant moneys.  
15 They are federal dollars. They cannot be used for  
16 renovations. So in order to make this program a  
17 success, we are going to have to find a way to find  
18 renovation moneys for whatever building we locate, and  
19 right now those renovation moneys are not there and  
20 they are critical.

21 Q. Why do you think that those dollars are  
22 not there, or if they are there, why those dollars  
23 don't come to our district, at least to those portions  
24 of the city?

25 A. In the last couple of years the federal



1 government has expanded its drug abuse role  
2 dramatically with the Omnibus Drug Bill of 1986 and the  
3 Omnibus Drug Bill of 1988. Unfortunately, those  
4 federal funds cannot be used for extensive renovations  
5 or new construction, and that has really put a hold on  
6 us in terms of developing new programs. That need has  
7 been expressed to the State and to the Federal  
8 government on numerous occasions and they don't seem to  
9 want to really back off of that position. But without  
10 a funding stream which will provide the money for  
11 renovations for these sites, and you know what the  
12 housing stock is up in your district, we wouldn't be  
13 able to go in and start a program if someone gave us a  
14 half a million dollars in operating money tomorrow  
15 because first we would have to find the money to do  
16 renovations. Now, whether that would come through the  
17 Department of Community Affairs or some other State  
18 agency, the various State organizations, State offices  
19 have to work together in order to put together a  
20 comprehensive program package. One providing operating  
21 moneys may be considered in the State Health Department  
22 and another providing the renovation money, maybe the  
23 Department of Community Affairs, but they must work  
24 together in order to be able to do that.

25 Q. What could this committee do to help this

1 situation out, what is there that you could work with  
2 us together to try to solve some of these problems that  
3 you are encountering with the money?

4 A. I suppose there are several areas. One  
5 is for the committee to be sensitive to the fact that  
6 while more moneys may be available for substance abuse  
7 advisors, that's only half the battle. The committee  
8 has to ask the questions about well, now, that you've  
9 got the money available for the program, what are you  
10 going to do about finding the money to renovate the  
11 sites? It's not enough simply because the Federal  
12 government has put more program money in to say, fine,  
13 we've had such and such an increase over the last  
14 several years. I mean, this committee needs to ask the  
15 additional questions and to work with local authorities  
16 to find revenue sources to handle the other half. And  
17 that is really critically important.

18 Q. Okay, my last question, Act 152, what do  
19 you know about it?

20 A. A couple of years ago the Governor signed  
21 what has come to be known as Act 152. This was a  
22 critically important piece of legislation which moved  
23 through in Pennsylvania. Act 152 provides Medicaid  
24 funds for residential drug treatment services and  
25 residential detoxification services, non-hospital

1 services. Up until the time the Governor signed that  
2 act, residential services were not covered under  
3 Medicaid. Medicaid covered out-patient advisers, so  
4 that anyone going into any residential program, the  
5 county had to support that. When Act 152 was funded,  
6 it opened up a new funding stream to provide dollars  
7 for residential services. Now, unfortunately, although  
8 the Act was signed, I believe, in the fall of 1988,  
9 there are only five counties in the Commonwealth, or  
10 five single county authorities in the Commonwealth,  
11 that are participating in the Act 152 program. A  
12 portion of Allegheny County, all of Chester County, all  
13 of Bucks County, the joinder of Armstrong/Indiana  
14 County, and five county assistance offices in  
15 Philadelphia County. In other words, all Medical  
16 Assistance people in Philadelphia are not currently  
17 covered by this program. CODAAP puts in over \$2  
18 million into residential services. Almost everyone in  
19 those residential services is MA eligible. If we  
20 could, if Act 152 covered all MA eligible people in  
21 Philadelphia, CODAAP, my office, could back, I'm  
22 assuming somebody would take it from us, but we could  
23 back that \$2-plus million out and fund some of those  
24 other services that I've listed here or we could fund  
25 some ancillary services like parenting training. So we

1 have pressured, the Reps of the counties, have  
2 pressured very hard for Act 152 to go statewide. It is  
3 a law and we think it ought to go statewide.

4 Q. Thank you.

5 REPRESENTATIVE ACOSTA: Thank you, Mr.  
6 Chairman.

7 CHAIRMAN CALTAGIRONE: Greg Fajt.

8 BY REPRESENTATIVE FAJT: (Of Mr. Bencivengo)

9 Q. Thanks, Mark. My name is Greg Fajt. I  
10 am a Representative from the Allegheny County area, and  
11 I appreciate you taking time to be here today. I have  
12 a couple of questions, but I appreciate your input.

13 How much money, State money, is spent on  
14 those programs that you enumerated in your testimony  
15 today? You went through a number of programs that are  
16 in effect in Representative Acosta's area and I guess  
17 in the Philadelphia area. Any idea on the amount of  
18 State money spent today on those programs?

19 A. It's a combination of dollars, but the  
20 State General Fund dollars going to the Office of Drug  
21 and Alcohol Programs is something in the neighborhood  
22 of \$33 million.

23 Q. So you're saying that all those programs  
24 generally are funded through the State D&A program.  
25 They are not a separate line item in the General Fund?

1           A. No, they are in the State Department of  
2 Health Office of Drug and Alcohol Programs.

3           Q. Okay.

4           A. You'd see a line for General Fund, and  
5 it's about \$33 million, and I guess you would see a  
6 line for grant funds if you do the budget the same way  
7 we do ours in Philadelphia in that the Federal dollars  
8 going to the Office of Drug and Alcohol Programs would  
9 be under the grant funds. So there are two sources  
10 funding these programs, basically - general fund State  
11 dollars, and alcohol, drug and mental health block  
12 grant dollars which come to the State Department of  
13 Health.

14           Q. Why do you feel it's necessary to  
15 segregate funds specifically for Latino programs? I  
16 mean, do we currently, in the drug and alcohol area,  
17 segregate funds for blacks, for Indians, for whites? I  
18 just was curious as to why you felt there were specific  
19 programs needed to target Latinos in Pennsylvania.

20           A. In my testimony I alluded to the fact  
21 that over the past several years funding has become  
22 increasingly categorical, meaning that the local areas  
23 don't have discretion to fund the money in the areas  
24 where they see fit based upon needs that they  
25 determine. While I am opposed to categorical funding

1 because it handcuffs us in addressing needs, we've  
2 identified over a number of years the Latino population  
3 is an underserved population, that the prevalence of  
4 substance abuse and HIV with the Latino population  
5 merits greater attention under terms of services.  
6 We've identified that in our plan, I believe, maybe a  
7 couple of other counties have, that we have urged that  
8 categorical funds be set aside because there are some  
9 unique needs within that population. We have to make  
10 sure that the programs are culturally sensitive and  
11 they may cost a little more in order to do this, so  
12 based upon the relevance pool which we think exceeds  
13 the amount of programming, we do feel it is necessary  
14 to identify categorical funds for this population.

15 Q. And finally, Mark, this may be trying to  
16 oversimplify a very significant problem, but, you know,  
17 I sit here and listen to people such as yourself talk  
18 about the drug and alcohol programs and problems in  
19 Pennsylvania. We've heard many, many people this year  
20 testify about those problems, and you just, I really  
21 sit here and wonder if we can ever overcome this great  
22 cancer that strikes our Commonwealth. Is there any  
23 easy solution? If you had to pick one thing that we as  
24 a Commonwealth could do, one program to fund, one area  
25 that we could really intensify our efforts on, you

1 know, would it be early education, for instance, to try  
2 to get these people when they are two, three, four,  
3 five, six, seven years old, teach them the problems  
4 with drugs and teach them the value of an education?  
5 Is it affordable housing? Is it adequate jobs? If you  
6 had to pick one of these areas, and I hate to pinpoint  
7 you like that, but which one of those areas, or another  
8 area which you think is a significant way to combat  
9 this ever-increasing drug and alcohol problem? Because  
10 I really think that we as elected officials need to  
11 start to do something about it. I'm concerned about  
12 throwing money at problems in ten different directions  
13 and there may be, you know, great causes or great  
14 reasons to fund ten different programs but, you know,  
15 we don't seem to be winning the battle, quite frankly  
16 and are we missing something?

17 A. It really is impossible to pick  
18 prevention over treatment, over housing, over jobs,  
19 because early in my testimony I said that unlike 14 or  
20 15 years ago when it was primarily heroin and we had a  
21 drugs and crime issue, now we have the child abuse, the  
22 prenatal problems, the homeless problems. So what  
23 we're really trying to move toward down in Philadelphia  
24 County, and in many of the other counties in the State,  
25 is a continuum of services. There are too many

1 children growing up in dysfunctional homes. So if we  
2 have prevention and the youngster walks into a  
3 household, we defeat the purpose. I mean, this child  
4 is terribly confused and conflicted. So we're looking  
5 for a comprehensive, a range of programs which deal  
6 with families which provide housing, provide parenting  
7 skills. And we used to call these ancillary services.  
8 I don't call them ancillary services anymore. I call  
9 them core services. If we have a residential program  
10 for parenting and we don't have a component for the  
11 kids and we don't have all the parenting component,  
12 that program is not a complete program.

13 So it's so difficult to pick out one  
14 area, but if I were to move in an area I would said we  
15 need more residential services, comprehensive  
16 residential services with the parents and child care  
17 and all that, followed by what we call clean and sober  
18 housing, supportive housing where at least there are  
19 social workers available to work with the residents who  
20 are graduating from our therapeutic communities and  
21 going into housing. It's a tragedy and they tell us, I  
22 don't want to leave because if I leave and go back to  
23 such and such a place, it's so loaded with drugs, I am  
24 going to be in difficulty, and then 14 months, 12  
25 months worth of work may be down the drain.



1                   **REPRESENTATIVE ACOSTA:** Maybe in response  
2 to some of these questions, and I live in that  
3 community 20 years and I seen that community  
4 deteriorating year after year after year, and that was  
5 a motive myself to get involved in the politics,  
6 trying, probably hoping that getting inside the system  
7 I was able to bring some of those problems into the key  
8 individuals within the system so we could probably do  
9 some things about it. One of the problems that we have  
10 there, we have been left out, neglected, and I'm  
11 talking about a district that is not only Latino.  
12 Within the district we have poor whites, poor blacks  
13 and the problem goes around for everyone that lives  
14 within the district. The biggest problem that we have  
15 there is housing. The housing has been with us at  
16 least 25 years of neglect. And then having broken  
17 families, no place to live, no place to sleep, no home  
18 to be, that creates a problem of crime. And then  
19 following, I guess, education has been one of the most  
20 problems within that district, and I've been fighting 3  
21 1/2 years with a school district, trying to get one  
22 school, the Potter Thomas School, fixed up, cleaned up.  
23 We have sewer line problems, we had inlet problems, we  
24 had grafitti, we had non-working water fountains. We  
25 had non-working toilets inside the school. So the

1 problem here has been neglected by State government,  
2 Federal government, city government. So those problems  
3 now are coming up in a way that they are not controlled  
4 anymore. So now it takes a lot of effort, a lot of  
5 hard work, a lot of money to correct something that  
6 should be corrected. So actually, that should answer  
7 some of your questions.

8 MR. BENCIVENGO: I think maintenance is a  
9 lot easier than to go back in and try to catch up, and  
10 right now it's a terrible catch-up game.

11 REPRESENTATIVE JAMES: Thank you.

12 BY REPRESENTATIVE JAMES: (Of Mr. Bencivengo)

13 Q. And thanks for being here. I just want  
14 to add, and it might have been asked because I came  
15 late, and what continues to bother me in my district is  
16 the fact that often people come in on the weekend that  
17 need to go to detox, or drug rehab, and I want to know  
18 if, in fact, I know that you have addressed a lot of  
19 those concerns, but is there currently some program  
20 where people that need this kind of attention that is  
21 not, number one, on Medical Assistance or have any kind  
22 of insurance, what can you do or what is happening with  
23 those people?

24 A. Oh, I wish you didn't ask that question.  
25 Aside from the hospital-based detoxification programs,

1       which, and one of the inquires, every first question  
2       they're going to ask is there Medical Assistance, there  
3       really is not a 24-hour kind of walk-in capability for  
4       people to go who may need detox or other services. And  
5       I identify in here that we have to have a 24-hour kind  
6       of a service. It's a real gap in services, and there's  
7       absolutely no question about it. I mean, if a poor  
8       person needs service, generally a hospital can do  
9       what's known as presumptive eligibility. If the person  
10      is eligible for MA, the hospital can make that  
11      determination. And sometimes they do that. Another  
12      time maybe they don't, but there really is no adequate  
13      service, and I know because I don't know if you recall  
14      a couple years ago, I think you got to me about 11:00  
15      o'clock on a Friday night and I started making phone  
16      calls and we did get the person in. But that was  
17      because I started making phone calls. There should be  
18      a routine way of doing that.

19                Q.    Okay. So just hopefully, that since that  
20      is a gap and it has been there for some time, I just  
21      thought that maybe there had been some movement in  
22      terms of addressing that and seemingly it hasn't been  
23      to the degree that it's maybe even halfway necessary?

24                A.    The movement was that we apply for very  
25      large Federal grants on an RFP. Unfortunately, we

1 didn't get that Federal grant. We were a final list  
2 for that grant and we did not get it. And that would  
3 have given us central intake and 24-hour capability,  
4 and we didn't get it.

5 Q. Is it possible that that can be re-  
6 applied or someone else is doing it in the city?

7 A. No one is doing it in the city. That was  
8 a one-time RFP, although Dr. Benny Prim from the Office  
9 of Treatment and Improvement has expressed some  
10 interest in Philadelphia to a couple of people and he  
11 may be coming to visit Philadelphia and that would be  
12 one of the things that we could say to them that we  
13 want an input unit that is working on a 24-hour basis.

14 REPRESENTATIVE JAMES: All right, thank  
15 you.

16 CHAIRMAN CALTAGIRONE: If there's any  
17 more questions?

18 (No response.)

19 CHAIRMAN CALTAGIRONE: Thank you very  
20 much.

21 (Whereupon, Representative Acosta assumed  
22 the Chair.)

23 ACTING CHAIRMAN ACOSTA: Thank you very  
24 much.

25 Shirley Gray from the Housing Authority,

1 Rhonda Kutzik--

2 MS. GRAY: And also Captain Skinner from  
3 the Housing Authority Police.

4 ACTING CHAIRMAN ACOSTA: Okay. Do you  
5 have any statements?

6 MS. GRAY: Yes, I've passed out one and I  
7 am prepared to read one into the record.

8 Good afternoon. Philadelphia Housing  
9 Authority is a nonprofit agency responsible for housing  
10 provisions to over 72,095 very low income residents and  
11 dependents in conventional sites, scattered sites, and  
12 Section 8 housing programs. Conventional site housing  
13 currently consists of 14,698 units, and scattered site  
14 housing consists of 7,432 units. There are 8,827  
15 Section 8 housing certificates in circulation. The  
16 total number of PHA-owned housing units is 22,130.  
17 Currently, in excess of 4,300 scattered site units and  
18 conventional units are not occupied due to renovations,  
19 abandonment, demolition plans, and other factors.  
20 There are 12,000 families with applications pending for  
21 conventional and scattered sites. Presently there is a  
22 three-plus waiting period for housing.

23 PHA is the single largest landlord in the  
24 city of Philadelphia. It is estimated that the actual  
25 number of residents in PHA housing is over 100,000,

1 well in excess of the number reported on PHA leases.  
2 The reason for this situation ranges from a reluctance  
3 of tenants to report individuals residing in a unit  
4 over the age of 18, to the presence of individuals who  
5 do not qualify for public housing. PHA tenants, as  
6 noted above, represent the poorest segment of  
7 Philadelphia residents in housing. Over 50 percent of  
8 PHA conventional site residents are under the age of  
9 18. PHA conventional site represents an intensive  
10 microcosm of the neighborhoods in which they are  
11 located where crime rates are high, as in north central  
12 Philadelphia, south Philadelphia, and southwest. They  
13 are reflected in the crime activity, if not the arrest  
14 statistics of the respective conventional housing  
15 sites.

16 The typical PHA conventional site family,  
17 as well as scattered sites, is headed by a single  
18 female, who is not always the biological mother, with  
19 three children aged 3 to 18 years. In addition, it is  
20 a family which is at risk due to health care  
21 deficiencies, subject to life threatening, clinically  
22 defined stress, a leading killer of Afro-Americans.  
23 They are under-educated. They are consequently without  
24 a real opportunity for meaningful employment.  
25 Frequently, they're involved with Family Court. They

1 are beset with the highest incident of death by  
2 violence of any segment of the American population.

3           The most serious problem for tenants of  
4 public housing and the surrounding communities include  
5 teen pregnancy, drug and alcohol abuse, drug  
6 trafficking, youth drug gang, school truancy. Our  
7 unemployment is at 87 percent, and the illiteracy rate  
8 is over 67 percent. The PHA family unit is a body in  
9 crisis. With an increase in younger single heads of  
10 the household and a mother who is ill-prepared for  
11 child raising, they are very under-resourced. It is a  
12 family inclined toward despair. The drug problem in  
13 public housing is largely fueled by the younger segment  
14 of the population. While drug use is present in  
15 virtually every segment of the population in  
16 Philadelphia, special emphasis should be placed on drug  
17 abusing females, especially in child bearing years, and  
18 her at-risk children. Frequently, the prevention, the  
19 intervention and the treatment networks provide service  
20 to the heavy users. And users who present themselves  
21 for treatment either through self-referral or through  
22 court adjudication. The increasing treatment needed  
23 has reached a high demand for this service. The needs  
24 for these clients far outweigh the needs of other  
25 populations associated with drug war.

1           In Philadelphia, subscription to the drug  
2 and alcohol service system has threatened to swamp  
3 services to the needy population, and certainly  
4 excludes effective intervention service for a growing  
5 population associated with what are considered to be  
6 marginalized facets of addiction. With crack, most  
7 prevalent in the Afro-American and other minority  
8 communities, the availability of treatment centers have  
9 become a paramount issue. Although admission to drug  
10 and alcohol treatment programs has grown exponentially,  
11 the availability of treatment facilities for substance  
12 abuse women and children and/or pregnant women is very  
13 limited. A significant majority of these admissions  
14 have been to outpatient facilities.

15           There are over 60 agencies in  
16 Philadelphia providing treatment service for drug  
17 addiction. Some of these facilities provide service to  
18 women and children. Of these facilities, 35 are  
19 residential facilities offering 54 licensed and 21  
20 unlicensed beds available for the population. There  
21 are 72 licensed beds available for children. The  
22 combined waiting lists for these facilities range from  
23 20 to 200. The service system in PSSA is already  
24 beyond serving the heretofore known population of  
25 people who are not benefiting from the provision of a



1 substance abuse program.

2 As mentioned, the scattered sites program  
3 represents a major component of the Philadelphia  
4 Housing Authority and includes 7,452 units of housing  
5 scattered throughout the entire city of Philadelphia.  
6 Of these, 5,855 are currently occupied and 1,577 are  
7 vacant. The vacancy breakout includes 515 which are in  
8 need of minimal repairs, 1,005 needing major contract  
9 repairs, and 57 are pending suspension. Specific  
10 information has been requested concerning those  
11 scattered site units bounded by Front Street on the  
12 east, Sixth Street on the west, Diamond Street on the  
13 south, and Glennwood Avenue on the north. And this  
14 area can be further identified as census tract 162,  
15 163, and a part of 164.

16 Within these census tracts, the  
17 Philadelphia Housing Authority owns 382 scattered site  
18 units. Of these, 252 are occupied, 64 are vacant, and  
19 59 have been demolished. Of the 64 that are vacant, 53  
20 have been categorized as long-term, requiring major  
21 contract work. Sixteen of the 53 are structurally  
22 unsound. Eleven of these vacant units are categorized  
23 as short-term units that the site maintenance staff can  
24 repair in-house. Our lease requires that a tenant give  
25 management advance notice of their intent to vacate a

1 unit. However, tenants often fail to notify management  
2 when they are vacating. Because these units are  
3 scattered throughout the city, management is often  
4 unaware of a vacancy for several weeks unless notified  
5 by a community group or an interested neighbor. At  
6 times vacancies are vandalized and/or occupied by  
7 unauthorized persons before the vacancy is known to the  
8 Philadelphia Housing Authority. Vacant units are  
9 sealed by site maintenance staff with plywood. This  
10 procedure is used in order to preserve the property  
11 until site staff can be assigned to make the vacancy  
12 turn over repair.

13 Vacant and sealed units are often broken  
14 into by vandals or by persons who desire to utilize the  
15 building for unauthorized activities. Vacancies  
16 requiring more than minimal repair are sealed awaiting  
17 funds for rehab. A request for proposal will be issued  
18 shortly for a planning firm to conduct a comprehensive  
19 study of our scattered site program. The selected firm  
20 will be expected to recommend a strategy that will  
21 include treatment of our entire scattered sites  
22 inventory over the next 5 to 7 years. During 1988,  
23 under special funding, 178 vacant scattered sites  
24 buildings were cleaned and sealed by outside  
25 contractors at a total cost of \$271,500. The method of

1 sealing under this program was cinderblocking of the  
2 basement openings and the first floor openings and tin  
3 on the second and third floor openings. This program  
4 was very successful. Of the 178 buildings that were  
5 sealed in this fashion, only two were re-opened by  
6 vandals and/or unauthorized persons.

7 In the particular census tracts that I  
8 named earlier, we sealed eight vacant buildings in this  
9 fashion at a cost of \$13,040.

10 PHA has not demolished any structurally  
11 unsound units. The Philadelphia Housing Authority  
12 cannot demolish any unit without HUD approval and  
13 without approved funds for one replacement. Dwellings  
14 suffering serious structural defects are classified  
15 imminently dangerous by the city's License and  
16 Inspection Department. These Philadelphia Housing  
17 Authority units are demolished by the city's Department  
18 of L&I. Houses that are originally intended as row  
19 houses do not fare well structurally when the adjoining  
20 property has been demolished. It is in the best  
21 interest of the city and the Philadelphia Housing  
22 Authority to avoid demolition. And this can be done if  
23 adequate resources can be made available to renovate  
24 those properties for reoccupancy.

25 Philadelphia Housing Authority has

1 entered, has been approved to sell up to 300 of its  
2 scattered site units to tenants that are currently  
3 occupying them. We are in phase 1 of that project.  
4 There are seven families involved in phase 1. Three of  
5 the seven families live east of Broad. One in Mr.  
6 Acosta's direct area, two others in Ludlow, and we are  
7 having our first settlements of the homeownership  
8 demonstration program 2:00 o'clock this afternoon. The  
9 Housing Authority intends to dispose of the lots  
10 created by the demolition of the structurally unsound  
11 dwellings. RFPs have been provided by community  
12 groups, residents living next to and from other  
13 nonprofits who have an interest in acquiring one of  
14 these lots. PHA recently received \$12 million Federal  
15 funds from HUD to be spent on returning vacant units to  
16 the rent roll. Approximately 240 units will be  
17 rehabbed under this program. The number of units  
18 rehabbed is lessened by our requirement to test for and  
19 abate lead paint from all units being rehabbed with  
20 CIAP funds.

21                   The Philadelphia Housing Police are  
22 utilized within scattered sites to provide escort  
23 service to management when investigating questionable  
24 situations and to be present at all evictions, to  
25 investigate alleged illegal activities. Our police

1 persons are without bullet-proof vests. Currently in  
2 house we are undergoing a fundraising where employees  
3 are making contributions so that we can provide and  
4 purchase for our housing authority policemen the vests.

5 We feel that additional funding is needed  
6 to allow the Philadelphia Housing Authority to masonry  
7 seal vacant units until resources are available to  
8 renovate them, and funding is also needed for  
9 additional programs for young people in the community  
10 to alert them to the dangers and negative impact that  
11 crack and crime have on their living environment,  
12 including the homes in which they live.

13 Thank you.

14 ACTING CHAIRMAN ACOSTA: Thank you, Mrs.  
15 Gray.

16 Any questions, Harold?

17 I am going to let you go first because I  
18 got a bundle of questions.

19 BY REPRESENTATIVE JAMES: (Of Ms. Gray)

20 Q. Ms. Gray, it looks like you're not going  
21 to be able to make that first settlement today. Sorry  
22 about that. But I'm just glad to hear about that  
23 program. I think that's good where people that have  
24 been living in the scattered site can be able to  
25 purchase. I think that's a great program. I just hope

1 that it will be expanded.

2 How does the Housing Authority know --  
3 there's been some discussion as to whether or not there  
4 was a project where the rent, people can volunteer to  
5 have their rent deducted out of the checks, out--

6 A. State vendor program.

7 Q. Right. Where is that in the process or  
8 how is that working? You know, so therefore if people  
9 choose to have problems with paying their rents they  
10 can sign some kind of voluntary deduction. Has that  
11 been implemented?

12 A. Only in the south Philadelphia area  
13 Federal district. We have had classes about it and we  
14 plan to implement it in south Philadelphia Federal  
15 district next month, November. It's entirely  
16 voluntary. It's for current rent only. It's not for  
17 any arrearages that a tenant may have.

18 Q. Okay.

19 A. And it's only for individuals who receive  
20 ADC grant, Aid to Dependent Children, and where there  
21 is only that one income in the household.

22 Q. Okay. All right. That's good. I just  
23 want to know, I'm glad to hear it's starting in south  
24 Philly since I represent south Philly. Going back to,  
25 going over to the page, you don't have the page

1       numbered, but, oh, it would probably be page 4, where  
2       we talked about the number of the scattered site  
3       housing and the vacancies. When you talk about the 57  
4       that are pending inspection, does that mean that those  
5       57 are ready for someone to move in now?

6             A.    No, sir. I mean--

7             Q.    Well, how long is the inspection process  
8       and then how long is the process for needing minimal  
9       repairs, in your best estimation?

10            A.    It would vary. The scattered sites  
11       program is broken up into 18 sub-geographic areas. So  
12       we have the scattered sites program and then we have 18  
13       various areas. It would be -- the period of time that  
14       it would take to inspect a unit would depend upon how  
15       many units became vacant in that area at one time,  
16       okay? Are you with me? Do you want me to break it  
17       down further?

18            Q.    Yeah, you can break it down?

19            A.    Okay. Let me start. We have scattered  
20       sites, we have three major areas - Area 1, Area 2, Area  
21       3.

22            Q.    Is that for the whole city?

23            A.    Yes. Scattered sites. Then we have  
24       three major areas. The entire city is broken up into  
25       three major areas. That has their own -- each area has

1 its own management team and its own maintenance team.  
2 The three areas are further broken up into  
3 sub-geographic areas. The section of the city that's  
4 east of Broad is known as Scattered Sites Area 3.

5 REPRESENTATIVE JAMES: That's you.

6 ACTING CHAIRMAN ACOSTA: Yeah.

7 MS. GRAY: Yeah. Area 3 is further  
8 divided into five sub-geographic areas. So we would  
9 have a manager in Area 3 and we would have five  
10 different sub-area managers, one being responsible for  
11 each one of those sub-areas. However, Area 3 would  
12 have one maintenance department. That one maintenance  
13 department would be responsible for serving those five  
14 sub-geographic management persons.

15 When a vacancy occurs -- the management  
16 team is broken up into categories. Some of the  
17 management team would be on what we would call our  
18 plumbing truck, and they would have the big auggie,  
19 snake, things of that nature that would be required to  
20 take care of plumbing repairs. Other trucks may be  
21 equipped with what we would call our structural trucks  
22 with plywood to board up units. There is a structural  
23 truck in each area. So Area 3 would have one  
24 structural truck to service five sub-geographic areas.  
25 There would be as many as two individuals assigned to



1 that structural truck. If they had more than one  
2 vacancy, one would be addressed immediately and the  
3 other one would not. We would have this one truck. So  
4 then the jobs would have to be scheduled that the truck  
5 was going to take care of.

6 BY REPRESENTATIVE JAMES: (Of Ms. Gray)

7 Q. Okay. So I guess, you know, the answer  
8 to my question in terms of trying to see how long it  
9 takes for pending inspection, I just thought that maybe  
10 a pending inspection was where if that could be  
11 accelerated that people can get to move in quicker.  
12 But I guess the way you broke it down means that it  
13 depends on -- it depends on the individual sites in the  
14 areas. What area would be south Philadelphia area?

15 A. Area 1.

16 Q. And that would cover--

17 A. Area 1 in scattered sites covers from  
18 Jefferson Street northern boundaries down to the Navy  
19 Yard as a southern boundary, Broad Street is the  
20 eastern boundary, and City Line is the western  
21 boundary. So we're talking about--

22 Q. Hold it. Broad Street is the eastern  
23 boundary?

24 A. Yes.

25 Q. And City Line is the western boundary?

1           A.    That's correct.  So we're talking about  
2 everything in north Philadelphia that is west of Broad  
3 all the way out to 63, Baltimore Pike, Chester Pike,  
4 Lancaster Avenue, wherever.  And we're talking about  
5 City Line Avenue down to the Navy Yard.  That's Area 1.

6           Q.    Well, I'm a little confused.  Now, if we  
7 got Broad Street as the eastern and City Line is  
8 western.

9           A.    City Line is the western.  Okay.  City  
10 Line is the western.

11          Q.    Oh, okay.

12          A.    City Line.

13          Q.    Okay, like Cobb street or 63rd Street?

14          A.    Yeah.  City Line.

15          Q.    All right.  So that would cover  
16 everything then in southwest as well as in south  
17 Philly?

18          A.    That's correct.

19          Q.    Okay.  Thank you.

20                    The other thing I wanted to ask is, is it  
21 possible to get the information to the census tracts  
22 from Broad Street east to Schuylkill River west and  
23 South Street north to Passyunk Avenue south?  And with  
24 the information that you've provided in terms of the  
25 census tracts, is that possible?

1           A.    Yes.

2           Q.    Okay.  I would appreciate if you can, you  
3 know, send that to the Judiciary Committee or to my  
4 attention; provide that, you know, at some point.

5           A.    Okay.

6           Q.    I see on a couple of pages later you talk  
7 about a firm that's going to be selected to do a study  
8 of the scattered site program.  Just looking at just  
9 the information you have provided in your testimony, it  
10 seems to be a study in itself.  Why not use the money  
11 that's going to be used for that be channeled to deal  
12 with some of the repairs so that people can move into  
13 places?

14          A.    This comprehensive study that I'm  
15 speaking of is in response to a direct request from  
16 HUD, and it's special funding for this study.

17          Q.    Okay.

18          A.    They did not want this study provided by  
19 anyone in-house.  They wanted it from an outside firm.

20          Q.    Okay.  I think next to my last question,  
21 or maybe my last.  You said something about in your  
22 testimony about if adequate resources could be made  
23 available to renovate these properties for occupancy,  
24 it is in the best interests of the city and  
25 Philadelphia Housing Authority to avoid demolition if

1 adequate resources could be made available. Do you  
2 have any suggestions on the kind of resources that you  
3 think is necessary to help?

4 A. Okay. I think that in addition to  
5 dollars that we may get to house scattered site  
6 properties I'm talking about dollars to be used on the  
7 same blocks, in the same neighborhoods, on some of the  
8 vacant properties. Scattered sites doesn't present  
9 itself as one of our conventional developments would  
10 all compacted together. We're scattered and if you  
11 walk on any street, it's easy to recognize a scattered  
12 site unit sometimes because one is on a block with  
13 abandoned, boarded-up homes one assumes that all of  
14 them are PHA scattered site units. They are not. I  
15 would like to see a concerted effort and when we  
16 utilize some of the revenue that we have to go into an  
17 area to do rehab, that there's an effort on someone  
18 else's part to assist us so that we can make blocks  
19 whole.

20 A. Okay. Well, that's probably -- well, how  
21 do you, in terms when you talk about your vacant lot  
22 disposition and that you have RFPs going out, how are  
23 the community groups and organization made aware of  
24 your RFPs so that they can take advantage of maybe the  
25 lots and that kind of--

1           A.    Okay, Rhonda is working directly on our  
2 vacant lot disposition.

3           MS. KUTZIK: The notice was placed in the  
4 newspaper.

5 BY REPRESENTATIVE JAMES: (Of Ms. Kutzik)

6           Q.    In what newspaper?

7           A.    In the Philadelphia Inquirer, as well as  
8 a couple of other papers. I'm not quite sure.

9           Q.    Okay, my concern then is that a lot of  
10 folks in my community don't read the Inquirer.

11          A.    I understand that.

12          Q.    Okay.

13          A.    The notice was also sent to all the  
14 Representatives in the area.

15          Q.    They are?

16          A.    Yes, they are. Your office should have  
17 gotten a copy of that. It was sent to a vast array of  
18 community groups, to all NACs, for example, that were  
19 in the areas where there were vacant properties. So  
20 there was a general notice pretty much going to a  
21 variety of community groups, city council and  
22 Representatives.

23          Q.    Okay. That's important, because a lot of  
24 times, you know, it's good that I know that information  
25 is sent to my office or to our office because a lot of

1 times the people first meet their Representatives and,  
2 you know, complain to us with different problems, and I  
3 had never seen anything come from PHA in terms of the  
4 RFPs, so I was just looking at it and I appreciate  
5 that.

6 And my other concern is in reference to  
7 the housing police. You say they have to collect money  
8 or they don't have money for bullet-proof vests and  
9 they got to take up a collection. That's terrible.

10 MS. GRAY: Captain Skinner.

11 CAPTAIN SKINNER: Let me address that.  
12 Recently, we graduated a class of 109 from the academy  
13 and we put 109 people on the street. Fundings, the  
14 authority just didn't have funding to equip everyone  
15 with new vests. Presently, we've utilized 150 vests  
16 borrowed from the City of Philadelphia Police  
17 Department. Those vests, for the most part, have  
18 deteriorated to the point where they are useless. We  
19 are currently now in a fundraising program called  
20 Invest in Light where we're seeking sponsorship,  
21 selling tickets. We are having a fair this evening to  
22 help the authority raise funding for the new vests.  
23 BY REPRESENTATIVE JAMES: (Of Captain Skinner)

24 Q. Okay. I know that, and let's say, for  
25 example, in the area of Point Breeze and Dickerson

1 there is a senior citizen complex there--

2 A. That's correct.

3 Q. And I know that there's a security  
4 officer -- I'm sorry, there's housing police that's  
5 available only one shift.

6 A. Okay, let me explain that to you. That  
7 is now designated as a senior citizen complex. The  
8 housing police do not staff that anymore. We contract  
9 to a private security contract and they provide  
10 security for two shifts at that location, 4:00 to  
11 12:00, 12:00 to 8:00, and that's a one-man post. He is  
12 in contact with our radio room communications, he's in  
13 contact with city police by phone should a problem  
14 arise.

15 Q. Okay, that raises another question. So  
16 if the housing police, which criteria do you use to  
17 contract to private security as opposed to the housing  
18 police in a particular area?

19 A. That was done for a couple of reasons.  
20 One, naturally, is the cost involved. It's a lot  
21 cheaper for the Authority if you contract for your  
22 senior citizens. Number one, it's a less crime area.  
23 You don't get involved with the benefit package of  
24 in-house if you patrol it, and the process of selection  
25 is through bids.

1 Q. Okay. I understand that, but what my  
2 question tends to be more direct as to how do you  
3 decide which location that you're going to use the  
4 security officer as opposed to housing police?

5 A. Okay, all senior citizens building now  
6 are under private security, and that's eight sites.

7 Q. Okay, because I know you wouldn't want  
8 private security at Tasker.

9 A. Well, no. We came to that conclusion, as  
10 I said, number one, as far as specific in-house crime,  
11 it's a lot less in a senior citizen complex than a  
12 conventional site like Tasker. Now, the problem we  
13 have with crime in the city is, quite naturally, from  
14 the outside. Now, our higher crime areas like Point  
15 Breeze, we don't patrol that with a foot beat, but  
16 that's in our sector of mobile patrol, and if they have  
17 a problem we can respond and have responded.

18 Q. In the Point Breeze area?

19 A. Yes.

20 Q. And that's usually in particular around  
21 check days.

22 A. Check days especially. We've had  
23 problems at Point Breeze and Wilson Park, which is 25th  
24 and Jackson, which is in your area, on check day. And  
25 we tried to, like I said, we don't have a dedicated



1 foot patrol but we do have a mobile patrol in those  
2 areas and we work with the tenant councils and if they  
3 have problems -- we've given lectures to the senior  
4 citizens. We try to encourage a lot of the senior  
5 citizens to get direct deposit with the Social Security  
6 checks. That would help them.

7 Q. I understand. It's just sad that a lot  
8 of senior citizens, you know, really, it's a crime for  
9 me to see that they don't believe in those banks, you  
10 know, and they are really afraid of them. I really  
11 have been surprised by that myself.

12 The other thing is, is it possible in  
13 that area that I can get a list of the scattered sites?

14 A. Yes.

15 Q. Okay. I think if you would be able to  
16 provide a list of the scattered site locations to the  
17 Representative's office as well, I think that would be  
18 helpful in dealing with a lot of problems or  
19 situations, not that I want to put more work on you  
20 but, you know, I just think it would be helpful.

21 A. Okay.

22 Q. Thanks a lot.

23 REPRESENTATIVE JAMES: Thank you.

24 ACTING CHAIRMAN ACOSTA: Thank you, Mr.  
25 Representative.

1 BY ACTING CHAIRMAN ACOSTA: (Of Ms. Gray)

2 Q. Shirley -- Shirley and I go back a long  
3 time. We probably have been fighting 20 years over  
4 some of the problems and I would say sometimes neglect  
5 that we have of the Philadelphia Housing Authority, and  
6 I say that because you have 1,500 abandoned homes that  
7 are abandoned since I've been in Philadelphia 20 years  
8 ago. In 20 years PHA have not found funds to work on  
9 these homes, and every one of these homes, 1,500 of  
10 them, each one of them and I can take this group to  
11 look at these abandoned properties, every one is a  
12 crack house. What do you plan to do with that?

13 A. What we would like to do, and I guess  
14 what would be most beneficial, would be to seal all  
15 vacant, open scattered site units until we were ready  
16 or had funds to rehab them and reoccupy them. It  
17 doesn't -- the plywood just doesn't work.

18 Q. But if you're going to spend \$10 sealing  
19 and cleaning a property, why don't you spend that money  
20 fixing the property so you reduce the 14,000 people  
21 that you have on the waiting list to get a house?

22 A. I don't understand your question.

23 Q. My question is, you have a long list of  
24 people waiting to get into PHA houses and you say that  
25 it's about 14,000. PHA is saying to everybody we have

1 14,000 people on a waiting list. I cannot get any more  
2 applications because we just have too many people  
3 waiting. In the meantime, you own all these properties  
4 that are sitting there. So instead of spending the  
5 money sealing these properties and having those  
6 properties for crack use, why don't we fix some? If  
7 you cannot fix 1,500, fix 500 or 200.

8 A. Okay. The numbers that I gave you, we  
9 feel that we can realistically fix 500 of them. Why do  
10 we want to seal them rather than repair them? It's not  
11 what we want to do but the real world is that it takes  
12 a whole lot more money to rehab them than it would to  
13 seal them. If we were able to seal them while we were  
14 waiting to rehab them, we would have a house then that  
15 we had moth-balled. We would preserve the condition of  
16 that unit. We would have a unit then that individuals  
17 from the neighborhood would not be able to deposit  
18 their trash in. We would have a unit then that our  
19 younger generation would not be able to go into to  
20 carry out their illegal activities, to use drugs, to  
21 rape people, to snatch somebody's pocketbook and run  
22 into. Yes, we want to rehab them, but we need to seal  
23 them until we can get to the rehab point.

24 Q. Okay, let me get to another question  
25 then, and I notice in my district you spend \$40,000 and

1       \$50,000 and \$60,000 rehabbing a property and then you  
2       seal it after this rehab and you leave it alone, you  
3       don't put no one in that property and it becomes vacant  
4       and vandalized again. Why?

5               A.    When -- approximately a month ago the  
6       Philadelphia Housing Authority was undergoing a program  
7       where it was necessary to provide emergency transfers  
8       for individuals out of Raymond Rosen. To gear up for  
9       the massive transfers, all vacancies, all leases  
10      throughout the entire city were put on hold. We had a  
11      need to get the people out of the deteriorated  
12      conditions of those towers at 23rd and Diamond Street.  
13      The unit at 1719 Marshall Street was one of those put  
14      on hold waiting for someone to be transferred into from  
15      Rosen. That unit was broken into by vandals and caused  
16      -- we have a substantial loss that we have to repay.

17              Q.    How about 2354 North Third Street? It  
18      was rehabbed, it was left vacant and was vandalized,  
19      and the same thing with 2327 North Third Street, and I  
20      can go on and on.

21              A.    All of those units did not have rehab.  
22      Some of those units were vacated and then vandalized.  
23      We did not get to them to seal them up and they were  
24      vandalized. Or we sealed up the front and the vandals  
25      came in the back, vandalized. When site staff makes

1 routine visits through the street, the front is sealed  
2 up, they feel the house is okay when, at the same time,  
3 vandals are utilizing the back of the house to carry  
4 out whatever activities they desire.

5 Q. Okay. We know, and for the last 20 years  
6 that I've been trying to get the Housing Authority to  
7 be responsive, because they got the money to be  
8 responsive and to work with, the Philadelphia Housing  
9 Authority is known to be the worst slum lord in this  
10 country, despite the fact that you spend \$90 million to  
11 do housing in Philadelphia. And most of the crime and  
12 most of the problems in Philadelphia is created by the  
13 negligence of the Housing Authority.

14 A. I would not necessarily agree with you,  
15 Ralph. A lot of the crime is created because someone  
16 has undone what the Philadelphia Housing Authority has  
17 attempted to do. If we seal up a property, if that  
18 property were left alone, okay, we have sealed it up,  
19 crime occurs because someone breaks into, illegal  
20 trespasses on the Housing Authority's property. A lot  
21 of the other problems that we have that cause you to  
22 categorize us as such result from a lack of education  
23 program, I feel, for our tenants. A lot of the tenants  
24 that we have, we lease to, this is the first house that  
25 they have ever occupied. They become head of the

1 household for the first time. At present and for the  
2 last 10, 15 years, we don't have a social service staff  
3 to work with our tenants.

4 Q. Despite the fact that you have jobs open  
5 within your department that you don't want to fill? I  
6 know right now you got two jobs under you, under your  
7 command, and you don't want to fill them.

8 A. I am not Human Resources.

9 Q. One more, because we've got more people  
10 to testify. Last year I had a problem with a family of  
11 11 and we contacted your office and we asked for help  
12 for this family. You were not able to find a house.  
13 You claimed that you did not have a house. I went out  
14 with the family and I found a unit with running water,  
15 electricity on and gas on, and the unit was vacant for  
16 2 1/2 years, and I escorted the family into the  
17 property. There was news all over the place about  
18 that, and then, of course, I was taken to court because  
19 I had no business doing that. But in the meantime, you  
20 didn't do it. You didn't find the house or the home  
21 for these 11 family members.

22 A. As I remember those circumstances, Ralph,  
23 the unit that you broke into was a unit that was  
24 categorized as structurally unsound, okay, that had  
25 structural defects to the exterior wall.

1 Q. That was documented after I escorted them  
2 into the property with this particular family. You  
3 have tenants in my district that live in houses that  
4 the walls are buckling, cracked, falling apart, and  
5 those houses are not declared unfit and not declared  
6 unsound.

7 A. As soon as the conditions are made known  
8 to the Philadelphia Housing Authority, we do act to get  
9 the tenants out, whether it is in alternate housing,  
10 whether it's in a hotel on a temporary basis or  
11 whatever.

12 Q. Thank you, Shirley.

13 A. Okay.

14 ACTING CHAIRMAN ACOSTA: Any more  
15 questions?

16 REPRESENTATIVE JAMES: Yeah, I just  
17 thought of something.

18 BY REPRESENTATIVE JAMES: (Of Ms. Gray)

19 Q. In terms of your sealing the different  
20 properties within the housing complexes, is it possible  
21 that in the sealing, that you could work with the  
22 Tenant Action Councils and groups in those areas in  
23 terms of maybe getting them involved in helping or  
24 employment, or some kind of way involving them in  
25 sealing the properties within the respective housing

1 areas?

2 A. It's possible. I can take that idea  
3 back.

4 Q. I think that would be a good idea,  
5 because then you would get those folks that's involved  
6 in there and maybe preserving or be willing to preserve  
7 those kind of properties within their respective areas.  
8 If they're involved in sealing, then they know soon that  
9 they can be reoccupied.

10 ACTING CHAIRMAN ACOSTA: Shirley--

11 CAPTAIN SKINNER: I want to address that  
12 a little further. In the last 11 months the housing  
13 police have been undergoing certain training. We  
14 graduated 28 people from the Bureau of Narcotics  
15 Investigation, and what that has helped us to do --  
16 when we receive a complaint from a tenant that a  
17 property becomes vacant and it's not reported to the  
18 authority, a crack house is set up, we respond to that  
19 house now. We've been able to catch people in the act,  
20 make the arrests, confiscate moneys, vehicles, and  
21 we've got a good working relationship with several  
22 neighborhood groups. Maybe through this hearing and  
23 all we can expand that, because that's half the  
24 problems.

25 BY REPRESENTATIVE JAMES: (Of Captain Skinner)



1 Q. That's right.

2 A. It's the next door neighbor that knows an  
3 illegal activity is going on and won't pick that phone  
4 up and call.

5 Q. Well, we both know why, and the thing is  
6 that you have to get more cooperation from the  
7 community because there's only certain people that they  
8 can talk to and they can tell—

9 A. Understood.

10 Q. And I know that Captain Bennett knows  
11 that very well and also your director, what is he,  
12 Chief of Police Cannon?

13 A. Yeah.

14 Q. And I think more cooperation. Do you  
15 work with the police mini-stations that are in your  
16 area?

17 A. Okay, we have five mini-stations that are  
18 on our property or adjacent to PHA properties. That's  
19 good working relationship—

20 Q. With the housing police?

21 A. Yes.

22 Q. Okay, because that's important because I  
23 know you do have a good police mini-station at Tasker,  
24 and I'm not sure -- plus your headquarters is down  
25 there.

1           A. Right. Well, in addition to the BNI unit  
2 we also have a Tac unit that was formed. That Tac unit  
3 is responsible, if Mr. Acosta or yourself or anybody  
4 from your districts, if you call and you identify the  
5 property and you know that property is vacant and some  
6 squatter has moved in and they set up illegal  
7 activities, if you call we have response now, we can  
8 send somebody out there immediately.

9           Q. And you call it what?

10          A. It's our tactical response unit.

11          Q. And who's in charge?

12          A. I'm the commander, and I have Lieutenant  
13 Hughes--

14          Q. So we call you then?

15          A. That's correct, sir.

16          Q. Hear that Ralph?

17                   ACTING CHAIRMAN ACOSTA: Yeah.

18                   CAPTAIN SKINNER: Me and Mr. Acosta, we  
19 go back 20 years, too.

20           BY REPRESENTATIVE JAMES: (Of Captain Skinner)

21           Q. The other thing, you said something about  
22 forfeiture, and Representative Acosta has a bill in  
23 terms of trying to get forfeiture dollars back into  
24 community groups, not all of it but some. The problem  
25 we've had in the past is that the District Attorney's

1 Association has been against that, and we now are  
2 trying to work with them in terms of where there's  
3 something that goes back to the community, particularly  
4 those community groups that are involved in anti-drug  
5 activities. What do you do with your forfeiture moneys  
6 and material?

7 A. Well, we're working now for percentages.

8 Q. With the police, District Attorney's  
9 office?

10 A. The District Attorney has a certain  
11 percentage that would come back to our department.  
12 Now, under the guidelines of that, the money, it has to  
13 go back into drug elimination.

14 Q. Right.

15 A. Okay. Now, as far as a split for social  
16 project, I don't know--

17 Q. No, I know that you don't get in there.  
18 But I'm just wondering, do your forfeiture percentages  
19 come from the police of the District Attorney or a  
20 combination?

21 A. District Attorney, and it may come from  
22 the federal magistrate, U.S. Marshals, if that's  
23 involved.

24 Q. Okay, thank you.

25 ACTING CHAIRMAN ACOSTA: Thank you, thank

1 you all. Thank you very much.

2 Shirley, I didn't want to beat up on you.

3 MS. GRAY: That's okay. All in a day's  
4 work, Ralph.

5 ACTING CHAIRMAN ACOSTA: Mr. Goodman,  
6 Liquor Control.

7 MR. GOODMAN: I'm Jim Goodman, Chairman  
8 of the Pennsylvania Liquor Control Board. Board Member  
9 Slinker is here with me, and also here with me is Major  
10 William Mericle, the Director of Liquor Code  
11 Enforcement of the Pennsylvania State Police. As you  
12 know, Major Mericle and his bureau are responsible for  
13 handling the enforcement of the liquor laws and their  
14 investigations are confined to violations of the  
15 Pennsylvania Liquor Code.

16 Act 14 of 1987 empowers the board to decide  
17 the fate of licenses found to be a problem in their  
18 communities or who have other demonstrated blatant  
19 disregard for Commonwealth liquor laws. This authority  
20 to refuse renewal of licenses is limited to the abuse  
21 of license privilege and also for non-compliance, which  
22 is insufficient seating, food, lack of health  
23 certificate, and so forth.

24 When considering refusal because of abuse of  
25 licensed privilege, we use a norm of three significant

1 citations within 24 months, local police department  
2 reports, and of course reports with Major Mericle's  
3 Bureau of Liquor Code Enforcement. As far as denying  
4 renewal for non-compliance, Pennsylvania law states  
5 that restaurant liquor licenses are habitually and  
6 principally used for the purpose of providing food for  
7 the public. Restaurant licenses, along with hotel and  
8 eating place licenses, must meet room and seating  
9 requirements.

10 During the 1990 license year, 458 renewals  
11 were closely reviewed by the board, and 70 of that  
12 number were initially refused. Forty of those licenses  
13 have either been closed or removed from business. In  
14 1991, 313 renewals were closely reviewed for abuse of  
15 discretion, in addition to 150 reviews for non-  
16 compliance. To date, 16 have been closed or removed  
17 from business. These are statewide figures, many of  
18 the licenses are in the City of Philadelphia. 1990  
19 showed 13 licenses refused or removed from business in  
20 Philadelphia, and to date in 1991, 78 refusals or non-  
21 renewals.

22 The successful development and implementation  
23 of the nuisance bar program demonstrates the PLCB can  
24 and will provide leadership by not renewing the license  
25 of an establishment that has proven to be a problem in

1 their neighborhood. The new program has made a  
2 positive difference in the lives of many Pennsylvanians  
3 and their communities. By working together, our goal  
4 is to improve upon the quality of every neighborhood  
5 affected by an irresponsible license.

6 I'll be happy to answer any questions you  
7 might have, and Major Mericle has specific statistics  
8 for Representative Acosta's district.

9 ACTING CHAIRMAN ACOSTA: Thank you very  
10 much.

11 Representative James.

12 REPRESENTATIVE JAMES: Yeah. Thank you, Representative  
13 Acosta.

14 BY REPRESENTATIVE JAMES: (Of Major Mericle)

15 Q. Major Mericle, I had an opportunity to  
16 meet with you at a meeting at the Municipal Services  
17 Building in Philadelphia when all of the city agencies  
18 and the District Attorney's office was represented and  
19 quite a number of Representatives, and a question was  
20 put to you in reference to minorities and law  
21 enforcement in the city, and I thought that you did not  
22 handle that too professionally and that you were  
23 insensitive in terms of your response when  
24 Representative Carn raised with you that with three  
25 minority officers, I think that's what you had at the

1 time.

2 A. Yes, sir.

3 Q. That they would not be able to do the  
4 kind of enforcement that was necessary because they  
5 didn't have -- because you only had three minorities  
6 and it would be hard to do that kind of enforcement. I  
7 just thought that your response was, you over-reacted  
8 in terms that because you thought that he was attacking  
9 you as opposed to just trying to address that concern  
10 and hope that you would address that in terms of trying  
11 to increase minority representation in enforcement and  
12 that's the spirit that I thought that he meant it and I  
13 just didn't think that you took it as that or you  
14 misunderstood it.

15 A. No, that's not correct. I feel that's  
16 what he meant. That problem is trying to be addressed.  
17 It has been trying to be addressed from day one. We  
18 have provided, since that meeting, the application  
19 forms to Mr. Jack Wells, the sergeant in Philadelphia--

20 Q. That's Jack from the Philadelphia--

21 ACTING CHAIRMAN ACOSTA: Larry Jack.

22 REPRESENTATIVE JAMES: Yeah, Larry Jack,  
23 okay.

24 MAJOR MERICLE: The sergeant in  
25 Philadelphia has also been introduced to one of the

1       Representatives down there, the lady, I forgot her  
2       name, and advised -- she advised me that if she was  
3       aware when these tests were being given, she would  
4       provide us applicants for it. She has been introduced  
5       to the sergeant. She will personally be contacted when  
6       we give our tests.

7       BY REPRESENTATIVE JAMES: (Of Major Mericle)

8               Q.     Okay, thank you. I appreciate that. I  
9       think that's a good movement towards addressing that.

10              A.     We are at the present, hopefully, trying  
11       to get a 100-percent minority and female class in. The  
12       problem is we cannot give another class to the academy  
13       until we have 10 vacancies.

14              Q.     So in other words, you can't start a  
15       class unless you have 10 vacancies?

16              A.     That's correct. They won't take anything  
17       under 10. We are held restricted to 248 positions  
18       within the Bureau. That includes attorneys, it  
19       includes clerks, it includes State Policemen, and it  
20       includes enforcement officers. We cannot begin another  
21       class in the academy until we have a minimum of 10  
22       vacancies within the Bureau.

23              Q.     Is that policy?

24              A.     I'm sorry?

25              Q.     Is that policy?



1           A.    Policy of the academy.  In other words,  
2   in order to provide a class they have to set a  
3   curriculum down and teachers and so on and so forth.  
4   At the present time, as I'm sure you're well aware, our  
5   academy is full, Southwest Training Center is full,  
6   Indiantown Gap is full of State Police cadets because  
7   of the amount of people we've had retire in the last  
8   two years and again come January.  So right now would  
9   be a problem even of space.

10           Q.    Okay.

11           A.    We anticipate by January 18 having six  
12   vacancies, six enforcement officer vacancies in the  
13   Bureau.  Once we have 10, we will begin again with  
14   another class.

15           Q.    Okay, thank you.

16           MR. GOODMAN:  Harold, I might say on  
17   that, I guess for the most part, the Major probably  
18   inherited this force.

19           REPRESENTATIVE JAMES:  Oh, no doubt.

20           MR. GOODMAN:  They haven't had too many  
21   classes since they have taken over enforcement, so  
22   really most of the enforcement officers are former LCB  
23   employees that transferred to the State Police in July  
24   of 1987.

25   BY REPRESENTATIVE JAMES:  (Of Mr. Goodman)

1           Q.    I just wanted to say to you, Mr. Goodman,  
2    I just want to commend you on the nuisance bar activity  
3    role that you've taken in increasing those numbers in  
4    terms of being able to deal with that and hopefully  
5    next year we will have it a little bit more together in  
6    terms of being able to close down some more nuisance  
7    establishments.  I was at a community meeting last week  
8    and the community was trying to get this bar to close  
9    on Sunday because there were two bars in the  
10   neighborhood where it was causing some problems and one  
11   bar said that they would close on Sunday, the other one  
12   said that Sunday was his best business and he didn't  
13   want to close.  But he raised the issue and I wanted  
14   to, while you're here, just ask.  He said that he was  
15   only required to produce 40 percent of sales in the  
16   restaurant and that it wasn't regulated to just Sunday,  
17   that it can be 40 percent Monday, Tuesday, and  
18   Wednesday and no sales on Sunday in the restaurant--

19           A.    No.

20           Q.    --and he still can be opened on Sunday,  
21   and I would just like you to address that.  What is the  
22   rule?

23           A.    I hope one of our staff members will  
24   correct me if I am wrong, but it is my understanding  
25   that it is 40 percent of non-alcoholic sales on

1       Sundays. Right? Am I right on that? On the Sunday  
2       sales it must be 40 percent of non-alcoholic sales.

3               MAJOR MERICLE: That's not correct.

4               REPRESENTATIVE JAMES: Now, if you're not  
5       sure, can we get the information? There seems to be a  
6       question.

7               MR. GOODMAN: Okay, I'm wrong.

8               MAJOR MERICLE: The area of concern is,  
9       in order for them to establish they have 40 percent  
10      non-alcoholic sales includes soda, pretzels, whatever.  
11      Anything non-alcoholic. That would be overall. Not  
12      just Sunday. The problem is when they applied for this  
13      permit, they are only required to have a form signed by  
14      an accountant. This form is sent into licensing and  
15      licensing goes by that form. What the problem is, once  
16      the complaint for a non — for sales on a Sunday where  
17      someone doesn't feel they meet that 40 percent, that is  
18      not the board then. That goes to our enforcement  
19      office and we will send out an auditor to do an audit  
20      of those books to establish 40 percent of his total  
21      business non-alcoholic.

22              REPRESENTATIVE JAMES: Okay.

23              MAJOR MERICLE: If it is not, then the  
24      Sunday sales is revoked.

25              REPRESENTATIVE JAMES: Okay, so he was

1 correct then in terms that he don't have to have no  
2 restaurant sales on Sunday, just as long as he can  
3 produce 40 percent of his total business?

4 MAJOR MERTICLE: Forty percent of his  
5 total business, that's correct, yes sir, in order to  
6 get the permit.

7 REPRESENTATIVE JAMES: Okay, so that may  
8 be something that we would have to address. Okay,  
9 thank you.

10 ACTING CHAIRMAN ACOSTA: Thank you. I  
11 think you guys have been working pretty hard with the  
12 Philadelphia delegation and the Philadelphia Black  
13 Caucus and some progress has taken place. But I want  
14 to address and I want to go on record to say that the  
15 two worst departments that create the most difficulties  
16 for the citizens of the city of Philadelphia is the  
17 Liquor Control Board and the Department of  
18 Transportation. At least you guys have been working  
19 with us trying to correct some of those problems. We  
20 could not get the Department of Transportation to come  
21 here before us today, which we will have to do other  
22 things to force them to listen to what we got to say.

23 And to probably mention some of the  
24 problems that we have with the Department of  
25 Transportation. We see in Philadelphia children 14, 15

1 years of age driving a car, sometimes with not even a  
2 tag in the back of the car, and the problem there is  
3 the auto tags that the Department of Transportation  
4 allows these people to function and break the law every  
5 hour of the day. So that Department did not cooperate  
6 with us, so therefore we feel that we're going to get  
7 to them. But in the meantime, the Liquor Control has  
8 done tremendously well in terms of helping us to  
9 correct some of the problems that we have in the city  
10 and I got to say that Lieutenant McGeehan has done a  
11 good job.

12 At this time I don't have anything else  
13 to say. Thank you, very much.

14 MR. GOODMAN: Well, Ralph, I must defend  
15 the agency somewhat as being responsible for the  
16 problems in your area, and I think I know where you're  
17 coming from. The problems in your area are a  
18 proliferation of bars and outlets and nuisance bars, et  
19 cetera. They were not created by the Liquor Control  
20 Board though I might add. As a matter of fact, they  
21 are somewhat controlled by the Liquor Control Board in  
22 accordance with the laws set by the legislature as to  
23 how many can be -- how many outlets you can have under  
24 the quota system. You have tightened up the quota  
25 system just as recent as last year to just 1 per 3,000,

1 but as you and I both know, there's much in excess of  
2 the quota in Philadelphia, and I think that's where the  
3 problem comes from. The Liquor Control Board, as long  
4 as the license applicant meets the requirements, it  
5 must issue the license. I think absent the Liquor  
6 Control Board where you may have chain supermarkets and  
7 chain grocery stores and chain pharmacies and chain  
8 convenience stores, you wouldn't have the opportunity  
9 to beat on them like you do on us and stop Rite Aid  
10 from opening up stores all over your community and will  
11 compound it. So, I think the legislature as well as  
12 the Liquor Control Board along with the enforcement arm  
13 of the State Police can go a long way in helping solve  
14 your problem, and we want to offer that spirit of  
15 cooperation.

16 ACTING CHAIRMAN ACOSTA: Thank you very  
17 much.

18 MR. GOODMAN: Thank you.

19 ACTING CHAIRMAN ACOSTA: This hearing has  
20 taken a little more time than expected. As a  
21 consequence, our testimony and questioning period has  
22 taken longer than originally planned. I have been  
23 asked to change the order of the agenda again in  
24 response to special needs, so I'm calling Rachel Landi.  
25 I'm sorry that anybody I guess wants to do the

1 testimony and get it over with.

2 MS. LANDI: Good afternoon,  
3 Representative Acosta. Thank you very much for  
4 inviting me to speak today. I'm here primarily to  
5 address the programs that are offered at Episcopal  
6 Hospital, which is, I suppose, right in the middle of  
7 your district. And the programs that we have been  
8 concentrating on most recently have been in response to  
9 what we see is happening because of the issues of crime  
10 and the use of cocaine. The packet that you have has  
11 some information in there regarding the list of  
12 contracts that Episcopal Hospital has with the city of  
13 Philadelphia and also with the Commonwealth of  
14 Pennsylvania to provide some of these services, and  
15 that's done in an attempt to show you that there is  
16 some funding, but we're not saying that all the funding  
17 that we've received up to this point has been  
18 sufficient for the kinds of things that we need to do.

19 Episcopal was founded in 1851. It's an  
20 accredited, nonprofit, nonsectarian teaching hospital  
21 located in northcentral Philadelphia, and our primary  
22 purpose is to serve the health care needs of  
23 northcentral and lower northeast Philadelphia, and to  
24 that end the hospital maintains an acute care facility,  
25 ambulatory care services, and a skilled nursing care

1 facility. The hospital occupies a 12.5-acre campus at  
2 Front Street and Lehigh Avenue in a socioeconomically  
3 deprived, densely populated, racially mixed area that  
4 includes over 50 percent of Philadelphia's residents of  
5 Hispanic origin.

6 Episcopal's primary service area is the  
7 neighborhoods located within 3.5 miles of the hospital.  
8 This is an area of chronic high unemployment. Census  
9 figures most recently show 21 percent of this  
10 population to be unemployed, and suggests a low  
11 literacy rate - among the Spanish speaking population,  
12 only 20 percent of the adults had completed high  
13 school. There is also a high live birth rate within  
14 the service area, as well as a high rate of teenage  
15 pregnancy. Over two-thirds of the births are to  
16 unmarried women compared to one-half of the births  
17 citywide. Many pregnant women, about 15 percent,  
18 receive late or no prenatal care, and 11.3 percent of  
19 our infants in the immediate area are considered to be  
20 of low birth weight, under 5 1/2 pounds. Low  
21 socioeconomic status and high birth rate combined with  
22 significant adolescent pregnancy, out-of-wedlock births  
23 and higher than average number of pregnant women who  
24 receive little or no care result in rates of high risk  
25 births among the highest in the city.



1                   These conditions present Episcopal  
2 Hospital with a unique challenge for meeting the  
3 special needs of the population. In fiscal year 1988,  
4 the hospital provided \$4.3 million in uncompensated  
5 care, and that figure continues to rise annually.  
6 Beyond purely fiscal consideration, Episcopal believes  
7 it cannot truly serve as a community hospital without a  
8 deep commitment to the community involvement. To that  
9 end, significant efforts have been made to identify  
10 programs which strengthen the hospital's neighborhood  
11 ties, ties that reach well beyond the confines of  
12 traditional patient services. Since 1986, one of our  
13 focuses has been to address the problem of substance  
14 abuse in the prenatal setting.

15                   Until the late '70s, cocaine was thought  
16 to be relatively harmless and non-addictive. Perhaps  
17 due to its perceived safety, millions of Americans  
18 tried cocaine. By 1986, the National Institute on Drug  
19 Abuse estimated that 3 million people use cocaine  
20 regularly, more than five times the number addicted to  
21 heroin. With the dramatic increase in usage, the  
22 medical and social problems related to cocaine abuse  
23 became apparent. Between 1976 and 1986 the number of  
24 emergency room visits, cocaine-related deaths, and  
25 admissions to public treatment programs for cocaine

1 increased more than 15 times nationally.

2 Cocaine abuse in Philadelphia has  
3 followed national trends. In Philadelphia, the latest  
4 Department of Health figures showed us that admissions  
5 for treatment of cocaine use has increased over 120  
6 times from 87 admissions in 1979 to 10,480 admissions  
7 in 1989.

8 For women, the increase has been even  
9 greater. Admissions among women in Philadelphia have  
10 increased almost 300 times from 12 in 1979 to 3,599 in  
11 1989. Not only are more women seeking treatment, they  
12 make up a higher proportion of the patients seen in the  
13 treatment facilities. In 1988 women made up 34 percent  
14 of those treated, compared to 13.8 percent in '79.  
15 While these statistics are useful in illustrating the  
16 trends in cocaine use, they only report those  
17 individuals who seek out treatment in city-funded  
18 programs. The actual number of individuals addicted to  
19 cocaine is likely to be much higher.

20 Cocaine use is a serious risk factor for  
21 the prenatal outcomes in both the mother and the  
22 infant. The most frequent obstetrical complications of  
23 prenatal cocaine use are spontaneous abortions and  
24 premature separation of the placenta. Premature  
25 separation of the placenta decreases the supply of

1 oxygen to the fetus and can be life-threatening to both  
2 mother and infant. Cocaine also increases the  
3 incidents of intra-uterine growth retardation,  
4 premature birth, congenital malformations, and fetal  
5 distress on delivery. Babies exposed to cocaine in  
6 utero often exhibit neurological behavior changes  
7 including sleep pattern disturbances, tremor, and  
8 feeding difficulties. Sleeping and feeding problems  
9 may result in failure to gain weight. Some of these  
10 symptoms may persist for up to many years, and the  
11 long-term effects are not yet understood.

12 This translates into an agitated, hard to  
13 comfort, hard to care for baby who may or may not have  
14 long-term developmental problems requiring additional  
15 medical and educational services. Only recently are  
16 preschool and early elementary teachers beginning to  
17 see differences in children born of cocaine addicted  
18 mothers, and this is another whole problem that needs  
19 to be addressed at some time. Many of the mothers of  
20 these have come from dysfunctional families themselves.  
21 They have low self-esteem and are ill-equipped to  
22 provide the high level of care and seek out the  
23 services necessary for infants at risk for long-term  
24 neuro-behavioral deficits. Even if these infants have  
25 not been obviously affected by prenatal exposure to

1 cocaine, they are at risk for abuse and neglect due to  
2 their mother's cocaine habit. Cocaine use enhances  
3 social disorganization, which in pregnancy leads to  
4 ignoring medical care, and nutrition and in parenting  
5 leads to abuse and neglect.

6           This prenatal population is also at a  
7 high risk for contracting the HIV virus. The AIDS  
8 Activities Coordinating Office in the Department of  
9 Health, Philadelphia, has maintained a contract with  
10 Episcopal hospital since 1989 for the purpose of  
11 counseling and testing prenatal patients for HIV. In  
12 calendar year '90 and '91, our records show as follows:  
13 we pre-test counseled 209 women in 1990, 173 of those  
14 women agreed to testing; 131 agreed to come back to  
15 hear what their test results were and to get further  
16 counseling; 8 of those were positive. In 1991, you can  
17 see the difference, 697 women were pre-counseled, 490  
18 agreed to testing, and 392 came back for the  
19 post-testing counseling and to find their results. Out  
20 of that number, 5 were positive, 2 of whom aborted.

21           In response to prenatal cocaine use,  
22 Episcopal Hospital now provides a program of addiction  
23 services linked to the prenatal care program. The  
24 hospital has participated for many years with the  
25 Maternity Services Program through the Department of

1 Health. We do case management and outpatient obstetric  
2 services, and they are provided to low-income pregnant  
3 women. More recently, in the fall of 1990 Episcopal  
4 Hospital was approved as a Healthy Beginnings Plus  
5 site. In 1989 though, an additional contract was  
6 initiated between Episcopal Hospital and the Department  
7 of Health through Maternal Services Program to do a  
8 program called Episcopal Hospital Cocaine Outreach  
9 Service. This is the program that we call EHCOS and  
10 the one that Mark Bencivengo referred to in his  
11 testimony. This program is for case finding and  
12 treatment of cocaine-addicted women in the prenatal  
13 care services that we already offer. The EHCOS program  
14 report for fiscal year 1991 is included in your  
15 appendix A, and I think you should take a look at that  
16 and I don't -- I'm not looking at the numbers right  
17 now, but we are looking at and seeing over 400 women  
18 annually who are coming in for prenatal care but whom  
19 we are able to reach in that outpatient setting to  
20 discuss their real or potential drug addiction  
21 problems.

22 Substance abusing patients identified by  
23 the MSP staff are referred to the EHCOS addictions  
24 counselor and the addiction counselor develops a  
25 treatment plan for the patient which may include

1 admission to the Drug and Alcohol Detox Unit which we  
2 maintain at the hospital or follow-up outpatient  
3 rehabilitation, participation in Alcoholics Anonymous  
4 or Narcotics Anonymous groups.

5 In the 12-month period ending September  
6 30, 1990, 410 women were referred to the EHCOS program.  
7 Approximately 54 percent of these women were identified  
8 in the prenatal care clinic, and the other 46 percent  
9 were identified when they were admitted to the hospital  
10 to deliver their infants. Many of the women who are  
11 identified at delivery had received no prenatal care.  
12 While the EHCOS program was intended to decrease the  
13 drug use during pregnancy in an effort to avoid  
14 complications associated with cocaine use, women are  
15 more often receptive to drug abuse counseling when  
16 their babies are born. Participation in the EHCOS  
17 program also helps our mothers to learn to care for  
18 their infants, especially those exhibiting the  
19 neurological symptoms, particularly when they have been  
20 exposed to cocaine in utero. Furthermore, it is our  
21 hope that postpartum intervention may affect the  
22 woman's drug use in subsequent pregnancies.

23 And what I'm saying there is we would  
24 like to identify these women prenatally, get them into  
25 our EHCOS program and keep following them because we

1 can teach them what to do and how to care for their  
2 children before they are even born. However, if we  
3 cannot link in with them then, we then try to reach  
4 them and link them in after they have delivered if they  
5 have had no prenatal care.

6           The type of outpatient treatment offered  
7 in the EHCOS program is effective for many women. In a  
8 recent review of cocaine treatment methodologies,  
9 outpatient treatment using a variety of  
10 psychotherapeutic orientations has been reported  
11 successful in 30 to 90 percent of the abusers who  
12 remained in the programs. Because the outpatient  
13 treatment is regularly successful and there are no  
14 medically dangerous withdrawal symptoms with cocaine,  
15 hospitalization is not usually considered as a first  
16 treatment option for the cocaine abuser. However, our  
17 patients are just a little bit different. Inpatient is  
18 considered appropriate if a patient lacks the  
19 therapeutic support network, is confronted with easy  
20 access to cocaine, uses cocaine intravenously or in the  
21 crack form, or has severe abstinence symptoms and  
22 intense cravings.

23           Unfortunately, many of the women that are  
24 referred to our EHCOS counselor meet these criteria.  
25 They frequently do not have a supportive drug-free

1 environment to live in during the first months of  
2 rehabilitation. Many of the women in our program live  
3 in drug oriented houses surrounded by other addicts and  
4 drug dealers. Some women are homeless as a result of  
5 their addiction and take shelter in crack houses where  
6 they prostitute themselves for their next fix.

7           Once a residential program is determined  
8 to be the most appropriate treatment for a woman,  
9 additional barriers are encountered. The placement of  
10 children during a mother's treatment is frequently  
11 identified as a reason for not accepting drug  
12 treatment, inpatient or outpatient. The women are  
13 afraid to leave those children behind. Additionally,  
14 many referrals are made to residential programs in  
15 other areas of the city, and the women frequently do  
16 not keep those appointments for admissions because they  
17 are away from our facility. This is in sharp contrast  
18 to the referrals made to our own inpatient detox unit  
19 on the hospital campus. From July through September of  
20 this year, 85 percent of the women referred to our  
21 detox unit reported for their appointments, while only  
22 23 percent of the residential treatment referrals  
23 off-campus met their appointments. We believe that a  
24 facility on the hospital campus would increase  
25 admission rates from our EHCOS referrals.



1           To provide this missing link in the  
2 comprehensive programs now offered to drug-addicted  
3 pregnant women, Episcopal Hospital is now developing a  
4 residential safe house for women who have completed  
5 inpatient detoxification and/or are attending an  
6 outpatient drug rehabilitation program.

7           A concept paper was submitted by my staff to  
8 the Governor's PennFree Council in October of 1989.  
9 That concept paper led to the development of a Request  
10 for Proposal from the Office of Drug and Alcohol  
11 Prevention. Episcopal Hospital responded to that RFP  
12 with the support of the Philadelphia Department of  
13 Health and Mark Bencivengo's staff and was informed by  
14 Jeannine Peterson here in ODAP in a letter of March 1,  
15 1990 that the proposal was being considered for  
16 funding. But after almost two years, we finally  
17 received a signed contract on July 15th of this year,  
18 1991. Most of the funding was to have been utilized  
19 and spent prior to June 30, 1991. That's an issue I  
20 would like to discuss after reading this.

21           The Commonwealth of Pennsylvania, through  
22 ODAP, has awarded Episcopal Hospital \$600,666 toward  
23 \$942,000 required to renovate an old dormitory building  
24 that's on our campus and an operating budget of  
25 \$914,199 for 15 months, which annualizes to about

1 \$700,000 in round figures. And during that first year  
2 of operation, it will be necessary for our facility to  
3 apply to the local ODAP for a per diem rate which we  
4 will need to have in order to continue the program and  
5 to keep it viable, because we are only funded for 15  
6 months of operations.

7 The building renovations are currently in  
8 progress and we're targeting a date of December 30 for  
9 completion of the renovations. The newly appointed  
10 program director is working with ODAP staff to complete  
11 the licensing requirements and the detailed program  
12 design. We are anticipating a program start date  
13 sometime in January of '92.

14 Because of its residential nature and its  
15 location on the Hospital campus, the facility will  
16 provide a supportive, drug-free environment necessary  
17 to achieve the first step in recovery and cocaine  
18 abstinence. The program will not be a traditional  
19 inpatient rehabilitation facility completely removed  
20 from the realities of the residents' normal lives.  
21 These women will participate in a rehabilitation  
22 program while continuing to have responsibility for  
23 caring for their children. This facility will house 24  
24 women, each of who will be permitted to have two  
25 children with her. However, they will be removed from

1 the drug-oriented environment that reinforces their  
2 addictive behavior. The facility will be primarily for  
3 women with children who choose to recover from their  
4 addiction but are temporarily homeless or whose home is  
5 in a drug-oriented environment. This sheltered  
6 residence would offer a therapeutic temporary home for  
7 a woman and her children to pursue the challenges of  
8 recovering with the support of other recovering women  
9 under the supervision of professional staff prepared to  
10 address their many physical, psychological, and  
11 spiritual needs.

12 This program will be linked to all the  
13 other services on our campus, and I have them listed  
14 here but in the essence of time I will just briefly  
15 mention some of them. Because the women will be on our  
16 campus, they will have access to all of our medical,  
17 surgical facilities, our prenatal facilities, all of  
18 our adult and dental facilities. Episcopal Hospital  
19 campus can provide just about any adult or child  
20 outpatient service that's needed in terms of their  
21 medical care along with some of the -- we are located  
22 within a distance to the child psychiatric center, who  
23 is going to be involved in the child testing.

24 The target population for referral into  
25 the proposed residential program will be prenatal

1 patients identified as cocaine addicted in the  
2 Maternity Services Program, as well as cocaine addicted  
3 women who present at the Hospital in labor and have not  
4 received prenatal care. Identified women will continue  
5 to be referred to the EHCOS addictions counselor. As a  
6 part of the development of the treatment plan,  
7 admission to the residential program will be  
8 considered. Criteria for admission will stipulate that  
9 prenatal or postnatal women must wish to recover from  
10 their addiction and commit to a drug-free environment,  
11 and not have a supportive, drug-free -- who do not have  
12 a supportive, drug-free home.

13 Admitted women will be assessed by the  
14 addictions counselor and the social service caseworker.  
15 A treatment plan will be developed in conjunction with  
16 the client, who will then agree to a written plan of  
17 care. The plan will be revised as necessary to meet  
18 the specific needs of the client as she progresses  
19 through the program. Group and individual addiction  
20 counseling will take place on a regular basis with AA  
21 and NA meetings available.

22 While overcoming her addiction, the women  
23 will be the main focus of the program. There are  
24 typically a host of other skills that are needed for  
25 these women, and this might answer some of the

1 questions that you had before. How do we stop this  
2 situation? What we've learned is, and I'm just going  
3 to paraphrase the rest of this. You can read that.  
4 What we feel that we really need to do is to create an  
5 entirely new life cycle for these women to break the  
6 cycle that they're in. These women that we see are  
7 young, they are victims of abuse, they are children of  
8 substance abusers. They do not know another way of  
9 life. Our purpose in this residential facility is to  
10 provide them with an environment in which they can  
11 learn some of the very basic skills, the skills that  
12 the average population takes for granted - how to  
13 prepare the food for their children, how to shop  
14 economically, how to do all those things. They will  
15 also be screened for educational needs, for vocational  
16 needs. Parenting programs will exist. They will have  
17 participative parenting programs as well as lecture and  
18 didactic. Hopefully, we'll be linking in with some of  
19 the programs that are existing for child care and the  
20 Office of Drug and Alcohol Prevention both here at the  
21 Commonwealth level and the city will be very much  
22 involved with working with us in the preventative  
23 programs for the children. The rest is  
24 self-explanatory.

25 And I once again say I'm very happy that

1 I've had the opportunity to be here today, and I would  
2 be happy to answer any questions that you might have  
3 for me.

4 ACTING CHAIRMAN ACOSTA: Representative  
5 James?

6 REPRESENTATIVE JAMES: Thank you,  
7 Representative Acosta.

8 BY REPRESENTATIVE JAMES: (Of Ms. Landi)

9 Q. And thank you again for being here to  
10 testify. How do you feel about criminal charges being  
11 against an addicted mother?

12 A. I'm personally not in favor of that. The  
13 pregnant woman who has a criminal charge against her  
14 certainly is going to hide and not come forward even to  
15 seek prenatal care. Secondly, you then do the very  
16 thing that this program that we've designed is  
17 attempting to eliminate, and that is to break the  
18 family unit. You can penalize the mother, put her in  
19 jail or what have you and then what kind of a home  
20 situation have you provided for the live birth that she  
21 eventually has for that child? I think that there  
22 needs to be other kinds of methods for encouraging  
23 people to come into these kinds of programs, to be  
24 rehabilitated, but this isn't the end. If you read the  
25 last statement in my written testimony, you'll see that

1 I say that the next step is once we have these women in  
2 these programs and if we are successful in being able  
3 to rehabilitate them, we cannot send them back to that  
4 area where they came. We may spend a year's worth of  
5 time, money, energy, and whatever and a woman may feel  
6 good about herself and be beginning to change her own  
7 life cycle and that of her children and then she must  
8 go back to the same environment where she left. That's  
9 not good. We need low-income housing; safe, good  
10 low-income housing for these women. My next step as a  
11 program designer at Episcopal Hospital, Mr. Jowitt  
12 sitting next to me will be the director for this  
13 facility and he is in the process of getting things up  
14 and running, then I will sit back and try to figure out  
15 how we are going to find residential facilities for  
16 these women once they graduate from our program.

17 Another thing you'll see in here, it says  
18 they are going to be in for six months. My original  
19 design was for twelve months. There's not money for  
20 that. I have worked with the ODAP office here for over  
21 two years to get this program together. I'm sure that  
22 they would like us to have these patients for more than  
23 six months. Six months is not a long enough time to  
24 get a woman substance free, to get her GED if that's  
25 what's needed, to teach her life skills, to teach her

1 parenting and to get her a job and then into some kind  
2 of low-income housing. That's not enough. But if  
3 we're going to spend the money to help to break this  
4 cycle, then we need to follow through with it. We  
5 can't stop with one phase of the treatment program.

6 Q. So the six months, like you say, six  
7 months is really not enough time, so would they be  
8 finished with your program in six months?

9 A. No, our program is like the end program.  
10 When they come in, the whole objective is to look at  
11 the individual, design a program that she needs. If  
12 she needs to be educated, educate her, do all the  
13 substance abuse things, do the parenting and so forth  
14 and prepare her to go out for a job, and that all  
15 depend on the individual. They still need to continue  
16 contacts with AA groups, NA groups--

17 Q. Okay, but what I'm trying to find out is  
18 in your program are you going to keep them in  
19 residential for six months?

20 A. Um-hum.

21 Q. Right? Is that right?

22 A. Yes.

23 Q. Okay. And then after the six months then  
24 where are they going to go?

25 A. Well, my hope is that our staff is going



1 to find some way to link in with some low-income  
2 housing so that these women can go--

3 Q. Okay, that's where the housing comes in?

4 A. Yes, that's where I want the housing to  
5 come in. I really do believe though that it will take  
6 a minimum of a year for these women to feel comfortable  
7 enough and to feel assured enough of their abstinence  
8 from the substance to be able to go back on their own.  
9 But the program will gradually bring them back into the  
10 community. It will hopefully be re-educating,  
11 retraining, reteaching.

12 Q. Okay, another comment. In terms of --  
13 you made, I was interested in terms of saying that the  
14 people did not keep their appointments and I was  
15 noticing the large difference in the percentage. Why  
16 do you think they would not keep their appointments  
17 somewhere else but yet would keep it with you?

18 A. Well, because all they have to do is walk  
19 maybe 200 yards down the campus and one of our people  
20 will walk along with them. They are chatting and--

21 Q. So this would be part of a residential  
22 program?

23 A. Yes, this program is going into a  
24 building that's on our campus. I put a campus map in  
25 the folder so that you could see that. The building

1 was originally a building that was built as a dormitory  
2 for resident physicians back in the '20s. It's a good,  
3 solid building and it's right on our campus.

4 Q. Okay. So in making that comparison,  
5 you're comparing that with other programs that don't  
6 have residential. In other words, you say like--

7 A. No, all I'm saying is the reason why we  
8 thought it was a good idea for us to design a program  
9 and to petition ODAP for moneys was because when we saw  
10 that the patients that we referred to our own campus  
11 for detox, there was a high percentage of keeping the  
12 appointments. When we referred them out and we lost  
13 contact with them because we referred them out, then we  
14 discovered later on, weeks later, that they never kept  
15 those appointments because we had lost the contact with  
16 them. They were moving out of our system.

17 Q. Okay. And you also stated that in March  
18 1, '90, you were notified that your proposal was being  
19 considered for funding?

20 A. Um-hum.

21 Q. And it wasn't confirmed until July '91,  
22 and you say it's almost two years. Do you have any  
23 suggestions as to how that timeframe can be shortened?

24 A. Yeah. The reason why, let me explain  
25 why, and it was the very question that Representative

1 Acosta asked of Mark Bencivengo a while ago. We had a  
2 good, solid building but Episcopal is, I think, the  
3 second in the State of the disproportionate share  
4 hospitals, so you know what kind of financial situation  
5 we are in. We didn't have any money to renovate the  
6 building. We have the ideas, we have the staff, and we  
7 have the know-how. We think we can do a good program.  
8 So when our program design was being considered by ODAP  
9 we said to them, they said we have nothing but  
10 operational funds. We have program money but we can't  
11 give you any money to fix that building. And we said,  
12 well, it's ideal because it's a building that's not  
13 being used, it's on the campus, we will not have  
14 problems with neighbors saying we don't want that kind  
15 of a house next to us, and so on and so forth, but we  
16 just don't have money to fix it. They liked our  
17 program so much and they felt so sure that this kind of  
18 a program was needed, particularly there, Front and  
19 Lohigh, that they worked very, very hard to find funds.  
20 They got some Federal funds that they had had that  
21 weren't used for another program and they mixed and  
22 matched funds so that the \$942,000 that was needed for  
23 the renovations, \$600,000 roughly was given to us by  
24 the Commonwealth, but that was a combination of some  
25 Federal funds, some Commonwealth funds, and we have to

1 match with \$70,000 local funds. We still have a  
2 \$300,000 shortfall on that whole renovation program,  
3 but we're willing to do it because it's so desperately  
4 needed.

5 My feeling is that yes, there is lots of  
6 money for programs, and you say, well, somebody else  
7 asked the question about how many programs are we going  
8 to develop, everyone's got money for programs. Nobody  
9 has money for renovations or for building or whatever.  
10 You have a lot of facilities on hospital campuses that  
11 are not being utilized that if somebody would give them  
12 a little bit of money for renovations, we could have  
13 lots of different kinds of programs going on.

14 Q. Okay, so you see the problem or there is  
15 a problem in terms of renovation. I was -- I'm under  
16 the -- I'm gathering information now in terms to trying  
17 to put something, a check-off on our State income tax  
18 form for an area of drug prevention or rehab, and I'm  
19 tending to lean towards that money, which is not a  
20 whole lot of money that may come in from that, being  
21 used for capital improvements. So by you saying that  
22 tends to reinforce that necessity because there are  
23 moneys for other programs.

24 My final question is what happens when  
25 some of the participants of your program -- if somebody

1 drops out of the program, can they be replaced with  
2 someone else?

3 A. Yeah. Um-hum.

4 Q. Okay.

5 A. One of the rules is going to be that  
6 these women will have to be willing. There's such a  
7 need. There are so many women needing it that anybody  
8 who really doesn't want to work the program, so to  
9 speak, is just not going to survive in there and is  
10 going to leave and be replaced by somebody who really  
11 wants to.

12 Q. There's all kinds of different reasons  
13 for people to not to want to continue, and there's one  
14 thing I want to know, and probably in light of all of  
15 the news and information about AIDS, and particularly  
16 lately as a result of Magic Johnson's courageous  
17 announcement, I noticed that the statistics seem to be  
18 about the best we've seen.

19 A. Yeah.

20 Q. In terms of it. What do you attribute  
21 the fact that if numbers increase almost three times in  
22 terms of the people that you were seeing but yet it was  
23 reduced in terms of positive?

24 A. Okay, well, we're hoping that some of the  
25 education that we've been doing, that represents

1 something like maybe 800 or more women that we have  
2 educated just on that campus in the last three years.

3 Q. So these are just people that--

4 A. Our HIV program, which is a contract with  
5 BHCOS and the AIDS Activities Coordinating Office out  
6 of the Department of Health in Philadelphia is strictly  
7 for pregnant women. So you need to look at it that  
8 way. Most of the women, if they are positive, what  
9 we've found out is that they either themselves have  
10 been intravenous drug abusers or their partner is an IV  
11 drug abuser.

12 Q. Okay, thank you.

13 REPRESENTATIVE JAMES: Thank you, Ralph.

14 ACTING CHAIRMAN ACOSTA: Thank you.

15 BY ACTING CHAIRMAN ACOSTA: (Of Ms. Landi)

16 Q. What is the policy of finding employment  
17 for some of these people that graduate at the hospital?

18 A. Well, during the years that we were  
19 working with trying to get finalization on the  
20 contract, I've talked to a lot of the different groups.  
21 A lot of the service organizations in our area are  
22 willing to help us.

23 Q. Okay.

24 A. I also, believe it or not, made contracts  
25 with the Job Corps. They are extremely interested.

1 They would like very much to help. The major problem  
2 with that is, however, that they usually out-place  
3 their people for training in other areas and they have  
4 no provision for taking children with them, and the  
5 children are a very important aspect of this. If you  
6 take the women's children away, they do not either want  
7 to stay for the rehabilitation or the vocational  
8 training. They need to be able to keep those children  
9 with them.

10 Q. It seems to me that you're doing a  
11 wonderful job, but having these ladies finish the  
12 courses and then going back to the same environment and  
13 to the same street that they live on, you are just  
14 going to have them coming back to you again.

15 A. Well, that's the thing that we want to  
16 avoid. So within six months to a year if I'm back up  
17 here looking for more funds for developing at least a  
18 plan or a program for finding or developing or  
19 designing low-income housing for these women in a safer  
20 area than where they are presently living, I think we  
21 need to recognize that as a next step so that we don't  
22 waste the money and the time that we've spent in the  
23 changing of their existing cycles.

24 Q. Okay. My office is not far away from the  
25 hospital. If I could be of any help, I will do the

1 business and the most, and I know you're doing a good  
2 job. You're doing a good, good program, and last year  
3 I got involved in helping you to get funding.

4 A. Well, we still need that \$300,000. We  
5 have a \$300,000 shortfall and I would appreciate any  
6 help that we could get in finding that money, and  
7 that's toward the renovation.

8 ACTING CHAIRMAN ACOSTA: Thank you very  
9 much.

10 MS. LANDI: Thank you, Representative  
11 Acosta.

12 ACTING CHAIRMAN ACOSTA: I want to say  
13 that we should have every member of the committee here.  
14 Unfortunately, they have other assignments, other  
15 things that they've got to do, but whatever we say here  
16 is going to be on record so whatever we are saying,  
17 whether we have people sitting in those chairs or not,  
18 is going to be on record and that we will follow with  
19 that record as far as we have to go. Thank you.

20 I'm going to call Jose Rivera, who has  
21 been skipped a couple of times already.

22 MR. RIVERA: Good afternoon, members of  
23 the committee. I am Jose A. Rivera-Urrutia, Director  
24 of Community Relations Department of St. Christopher's  
25 Hospital for Children. I appreciate the opportunity to



1 testify before you today to share with you our  
2 experiences and the realities confronted in District  
3 180, represented by State Representative Ralph Acosta.  
4 Although at the present time St. Christopher's Hospital  
5 for Children is located outside of his district  
6 boundary, we were located at 5th and Lehigh Avenue in  
7 the heart of the 180 District for 100 years. During  
8 that time, the hospital had the opportunity to see the  
9 transformation and decline of the area. Although this  
10 is a racially mixed district, the former site was  
11 located in the heart of the Hispanic community, which  
12 was most affected by the problems which has been stated  
13 by Representative Acosta and which have brought us to  
14 these hearings today.

15 As one of the former and most important  
16 economic anchors of this district, we can certainly  
17 testify to the changes that have taken place in this  
18 area, particularly in the 5th Street neighborhood,  
19 within the last 15 years.

20 Since the 1970s, the area started to  
21 experience loss of industry, businesses, banking  
22 institutions, and other institutions that supported the  
23 socio-economic well-being of the residents of the area.  
24 The abandonment of industrial buildings, housing, and  
25 the increase in empty lots created by the accelerated

1 demolition process implemented by the city of  
2 Philadelphia have heavily influenced the isolation of  
3 this district. Added to these problems has been the  
4 lack of basic services that have damaged and threatened  
5 the viability of this neighborhood.

6 All of the previous mentioned programs have  
7 created the environment for illegal drug trafficking  
8 that exist in the neighborhood today. The drug  
9 trafficking have prompted other social problems such as  
10 crossfire, theft, mugging, graffiti, which has resulted  
11 in an unsafe environment for area residents. In  
12 addition, this also has accelerated the destruction and  
13 damage of private and public property in the area.

14 Although, it was not the most important  
15 reason, the deteriorated socio-economic condition of  
16 the area played an important role in the hospital  
17 decision to relocate. Internal and external research  
18 showed that our employees were constantly affected by  
19 the area situation. It also demonstrated that  
20 patients' families were afraid to come to the  
21 neighborhood, and referring physicians shared with us  
22 that their patients did not want to come to our  
23 hospital site, despite the high quality of care that we  
24 provide.

25 St. Christopher's Hospital for Children

1       invested financial and human resources in the area by  
2       working in conjunction with block captains, community  
3       organizations, and residents to coordinate efforts in  
4       focusing the city's attention towards area needs.  
5       Special efforts were taken with police towards the  
6       illegal drug trafficking around the recreational  
7       facilities and participation of blocks in this effort.  
8       Nevertheless, these problems are so complex and the  
9       actual resources available are so limited that the  
10      neighborhood has continued to deteriorate, especially,  
11      if we compare this neighborhood to other sections of  
12      the city. We at St. Christopher's Hospital for  
13      Children believe that the former site at 5th and Lehigh  
14      Avenue is one of the worst neighborhoods of the city.

15               As a result, St. Christopher's Hospital has  
16      not been the only organization moving from the  
17      district. Other longstanding institutions have  
18      recently moved or are planning to relocate in the near  
19      future. If companies and other institutions continue  
20      to leave, this area within the next five years will be  
21      absent from any potential for reconstruction.

22               Since resources are usually made available to  
23      districts with power and political clout, this  
24      neighborhood has suffered from the efforts of others to  
25      improve their community. As a result, drug traffickers

1 pushed out of other areas such as Spring Garden, center  
2 city and Huntington Park have relocated into that  
3 community. This has added another problem, the  
4 territorial groups who have brought terror into the  
5 area, particularly around schools.

6 Furthermore, the social problems confronted by  
7 this area are being translated to increased numbers of  
8 drug-addicted babies, crack, heroin and cocaine, and  
9 children with the HIV virus. At the present time, St.  
10 Christopher's is caring for over 50 percent of the city  
11 cases of HIV, and a high percentage of those come from  
12 those surrounding neighborhoods.

13 In addition, this is also translated into a  
14 financial and social burden for not only the  
15 institutions located within the area that provides the  
16 services but also to all taxpayers. Therefore, a  
17 comprehensive plan must be developed to address these  
18 complicated issues confronting this district, where the  
19 city, State and Federal governments, along with local  
20 residents and institutions, put their resources  
21 together to influence positive and real change. The  
22 main problem which has to be addressed is the drug  
23 trafficking, which is now the central cause of the  
24 deterioration and social problems confronted by the  
25 area. This district has already demonstrated that it

1 has the interest of the institutions and residents but  
2 that they need the support and concerted efforts of  
3 government to eradicate the problems.

4 Again, I thank you for the opportunity to  
5 appear before you this afternoon, and I will be pleased  
6 to answer any questions that you have.

7 ACTING CHAIRMAN ACOSTA: I'm a solo now,  
8 so I got to ask all the questions.

9 MR. RIVERA: That's fine.

10 ACTING CHAIRMAN ACOSTA: Listening to the  
11 previous speaker representing the Episcopal Hospital, I  
12 think if we can combine the efforts of getting jobs at  
13 least for those people that come in to help themselves,  
14 because the main problem over the years is that we get  
15 funding for nonprofit groups and they provide certain  
16 services. When those services are done and finished,  
17 then those people go back to the same environment. So  
18 it seems to me that we have to create even among  
19 ourselves a way to get people working, a way of getting  
20 government more responsive to the needs of that  
21 community, and I for one living in that community, I  
22 live right there in the heart of all the problems, I  
23 will fight, I will fight everyone here, including  
24 Governor Casey, to make sure that they look into the  
25 needs of that community. So I don't have any questions

1 right now because we heard most of the problems that we  
2 face in that particular community, and it's all in the  
3 180th District. We have problems surrounding the  
4 district, but most of the drugs and most of the  
5 prostitution, most of all the else that we have around  
6 that city begins in my district. So I have no  
7 questions at this time, but I will keep in touch with  
8 you. Thank you very much.

9 MR. RIVERA: Thank you.

10 ACTING CHAIRMAN ACOSTA: I would like to  
11 hear now from the District Attorney's Office.

12 MS. VANDENBRAAK: Good afternoon. I am  
13 Sarah Vandendraak, Chief of Civil Litigation for the  
14 Philadelphia District Attorney's Office. I would like  
15 to thank Representative Acosta, Representative James,  
16 and the members of the House Judiciary Committee for  
17 inviting me here today to address the pressing problem  
18 of nuisance bar enforcement in the city of  
19 Philadelphia.

20 Those of us involved with law enforcement  
21 recognize that nuisance bars are magnets for serious  
22 and ongoing criminal activity. Drug dealing,  
23 prostitution, robberies, and gun battles are open and  
24 notorious occurrences at far too many bars. Individual  
25 criminal prosecutions of offenders cannot alone rid a

1 neighborhood of nuisance location, particularly in  
2 Philadelphia, where those arrested for these crimes are  
3 frequently returned immediately to the community  
4 because of the Federal prison cap. Given these  
5 practical realities, public officials must rely upon  
6 civil remedies to compliment the criminal justice  
7 process in eliminating these criminal locations.

8 For these reasons, Lynne Abraham has  
9 begun an aggressive campaign to rid Philadelphia's  
10 neighborhoods of nuisance bars. The District Attorney  
11 has just hired David Castro, the gentleman with me  
12 today, to direct the nuisance bar enforcement program.  
13 He is a highly respected member of the legal  
14 profession. He is a Phi Beta Kappa graduate of  
15 Haverford College, and distinguished himself at the  
16 University of Pennsylvania Law School, where he was an  
17 editor of the Law Review. He practiced law at the  
18 distinguished firm of Pepper, Hamilton and Sheetz,  
19 where he volunteered to represent neighborhood groups  
20 on a pro bono basis to rid them of nuisance bars. Due  
21 to his selfless and aggressive efforts, several  
22 notorious nuisance bars in Philadelphia have been  
23 closed.

24 With the seemingly overwhelming problem  
25 of nuisance bars, all of us are very fortunate that Mr.

1 Castro, at a great personal financial sacrifice, has  
2 chosen to become a full-time public servant and fight  
3 nuisance bars. At this time, I would like to let Mr.  
4 Castro speak about our current efforts, which are well  
5 underway, as well as the future plans of the District  
6 Attorney's Office in nuisance bar enforcement.

7 Thank you.

8 MR. CASTRO: Ladies and gentlemen,  
9 members of the Judiciary Committee, Representative  
10 James, Representative Acosta, good afternoon. On  
11 behalf of Philadelphia District Attorney Lynne Abraham,  
12 thank you for inviting our testimony today on the  
13 important subject of nuisance bars.

14 My name is David Castro. Three weeks ago  
15 I became an Assistant District Attorney and began work  
16 as the director of a new program in the District  
17 Attorney's Office, the Nuisance Bar Task Force. Having  
18 acted in the past as private counsel to community  
19 groups, I already knew much about the social problems  
20 that nuisance bars create. In my short time at the  
21 District Attorney's Office, I have learned much more  
22 about the role that nuisance bars play in fostering the  
23 ills that afflict many of our Philadelphia  
24 neighborhoods. Today I will speak briefly about my  
25 experience with nuisance bars and then turn to the



1 subject of the Philadelphia District Attorney's  
2 enforcement policy.

3           What is a nuisance bar? As a veteran of  
4 several battles against nuisance bars, I have some  
5 experience with the problem. It starts with a few  
6 simple infractions of the law. Perhaps there is a sale  
7 to minors. Perhaps the manager decides to stay open  
8 past lawful hours. Soon, such unlawful acts begin to  
9 fester and multiply. Formally isolated violations  
10 become common. Fights and other disturbances become  
11 regular events. Trash collects outside and spills into  
12 the surrounding streets. Drug dealers and other  
13 criminals begin to use the bar as a base of operations.  
14 Soon the crime breeds more serious violence, frequently  
15 involving homicide.

16           As its illegal operations become more  
17 pervasive, the bar begins to undermine the quality of  
18 community life. Neighbors grow afraid to sit on their  
19 porches, to use the streets in front of the bar.  
20 Community self-esteem slips, and the unsightliness and  
21 the danger associated with the bar injures neighborhood  
22 property values. As chaos spreads out into the  
23 community, the neighbors become afraid to take action  
24 against wrongdoers. Decent, law-abiding citizens are  
25 finally forced to choose between being held prisoner in

1 their own homes or abandoning their property. Corner  
2 by corner, block by block, communities are destroyed.  
3 Communities faced with such disaster ponder a simple  
4 question: Why?

5           There are many answers. Bars that  
6 operate in primarily residential areas, where children  
7 play or go to school, or near places of worship, are  
8 likely to collide with communities as soon as they fall  
9 away from the lawful track. Areas where many bars are  
10 congested together are also likely to become a nuisance  
11 to the surrounding community.

12           Our own shortcomings have also played a  
13 part. Indeed, inefficiencies at all levels of our  
14 enforcement system have allowed minor problems to  
15 become major. Any proposed legislative solution that  
16 fails to revise the current administrative system  
17 offers no real answer to the current crisis. To see  
18 that the system needs change, one need only look to the  
19 laws that allow an owner faced with multiple  
20 adjudicated citations and with a board decision not to  
21 renew the applicable license to operate for months and  
22 perhaps even years, pursuing appeals first to the LCB,  
23 then to the Court of Common Pleas, and then on onward  
24 into the appellate stratosphere. Meanwhile, the  
25 community waits and wonders when the decision will

1 finally return to earth. I was astounded to learn that  
2 the factfindings and administrative discretion of the  
3 Liquor Control Board in determining not to renew a  
4 license are entitled no weight whatsoever should the  
5 licensee prosecute an appeal to the Court of Common  
6 Pleas. We must do better.

7           But while the locations and the patrons  
8 of nuisance establishments, along with lapses in an  
9 arcane enforcement system, have provided fertile  
10 ground, they are not the root of our nuisance crisis.  
11 Rather, it is the owners and managers of nuisance bars  
12 that are the primary cause, through their failure to  
13 control their businesses and their customers. Indeed,  
14 in most cases, nearby the nuisance bar are other bars  
15 that do not present any problem to the community.  
16 These lawful bars are run by responsible owners and  
17 managers who care about their neighbors. They are  
18 willing to sacrifice the sale of a beer to protect the  
19 morals of a minor, willing to confront an unruly patron  
20 at the risk of losing his business, willing to take a  
21 strong stand against a local drug dealer in support of  
22 the law and the larger interests of the community.  
23 With these responsible licensees, we have no argument.  
24 Not so with nuisance bars. In three short weeks, the  
25 District Attorney has made great strides towards the

1 goal of freeing Philadelphia from the grip of licensees  
2 who refuse to recognize that responsibility goes  
3 hand-in-hand with privilege.

4 Let me now turn briefly to a description  
5 of the District Attorney's enforcement program.

6 Under the umbrella of the Task Force, the  
7 District Attorney is now actively communicating and  
8 coordinating with the State Police Office of Liquor  
9 Control Enforcement, the State Liquor Control Board,  
10 Bureau of Licensing, the Philadelphia Police  
11 Department, the Department of Licenses and Inspections,  
12 the Health Department, and the Philadelphia legislative  
13 delegation. These disparate law enforcement agencies  
14 will now work together to solve the nuisance bar  
15 problem in an efficient and intelligent manner.

16 In addition, the District Attorney is in  
17 the process of organizing three other important  
18 resources. First, we are recruiting and training  
19 volunteer lawyers who will be assigned to represent  
20 community groups in taking action against nuisance  
21 bars. Second, we are reaching out to and organizing  
22 communities afflicted with nuisance problems. Third,  
23 we are going to work with a committee of concerned  
24 licensees to establish an industrywide effort by bar  
25 owners to police their own operations. We intend for

1 this group to cooperate with law enforcement agencies  
2 and with community groups in the effort to eliminate  
3 nuisance bars.

4 Our mission is simply this: to help  
5 Philadelphia communities improve their quality of life  
6 by eliminating nuisances and preventing their return.  
7 Ours is a grass roots effort. The communities  
8 themselves will play a vital role in defining our  
9 targets and shaping our course of action. Working with  
10 these communities, we will use all the legal weapons  
11 available under the law, including the Pennsylvania  
12 Liquor Code, the Philadelphia Liquor Code, and the drug  
13 forfeiture laws. We will use these laws to help our  
14 Philadelphia neighbors stop these nuisance bars once  
15 and for all. Through the use of civil remedies such as  
16 injunctions and forfeitures, we will compliment, not  
17 duplicate, the criminal law enforcement efforts that  
18 already exist.

19 When we have prevailed in a given case,  
20 we will not leave the community to pick up the debris  
21 alone. We will work through our volunteers with the  
22 community to establish a presence at the site of the  
23 nuisance and to secure that location. We realize that  
24 it is not enough to stop nuisance bars. We must also  
25 prevent their return.

1           The foregoing plans are not mere  
2           aspirations. We have carefully defined concrete action  
3           plans to achieve these goals. We have already been in  
4           close contact with the State Police and the  
5           Philadelphia Police Department. Our work, including  
6           litigation projects, is presently underway.

7           We look forward to working closely with  
8           the legislature to suggest possible amendments to the  
9           Liquor Code which will strengthen administrative and  
10          civil remedies against nuisance bars. Strong and fair  
11          enforcement mechanisms are essential to eliminate  
12          nuisance bars. We can ill-afford to spend taxpayers'  
13          dollars investigating nuisance activities because  
14          well-documented nuisance bars cannot be effectively and  
15          promptly sanctioned for their clearly illegal  
16          activities. The District Attorney has therefore  
17          pledged to make her office available to assist the  
18          legislature in its commendable efforts in this area.

19          Thank you for your attention this  
20          afternoon. We would be happy now to respond to any  
21          questions that you may have.

22                    ACTING CHAIRMAN ACOSTA: Representative  
23                    James?

24                    REPRESENTATIVE JAMES: Thank you,  
25                    Representative Acosta, and thank you both for being

1 here.

2 I knew that when District Attorney Lynne  
3 Abraham became the District Attorney that we were going  
4 to have a progressive, aggressive and sensitive  
5 District Attorney and one that's cooperating with the  
6 community. I'm very glad to see that because that has  
7 been lacking with the sensitivity that we needed in the  
8 District Attorney's Office in Philadelphia for the past  
9 few years. And also that I was pleased to be involved  
10 with you at that coordinated meeting by the  
11 Philadelphia delegation in terms of all of the agencies  
12 working together in trying to deal with the nuisance  
13 bars. And I'm glad to see that.

14 One thing I wasn't clear on, Mr. Castro,  
15 was are you getting paid to do this? I mean are you--.

16 MR. CASTRO: Absolutely.

17 REPRESENTATIVE JAMES: I know you said  
18 pro bono and that was great, and then I thought Ms.  
19 Vandenbraak--

20 MS. VANDENBRAAK: Okay, I should point  
21 out that Mr. Castro did this free of charge when he had  
22 a very busy schedule as lawyer. I worked with him when  
23 he worked with the community groups.

24 REPRESENTATIVE JAMES: Were those the  
25 ones in the west?

1                   MS. VANDENBRAAK: Absolutely. I've seen  
2 him work with these communities on his own charge.  
3 He's come to us, we feel very fortunate to have him  
4 here. We couldn't have done better.

5                   REPRESENTATIVE JAMES: Well, that's good.  
6 I'm glad to see him and he ought to be commended for  
7 working with the community groups. I wish the fact  
8 that your work with those community groups could be put  
9 into legal intelligence and show that as a result of  
10 that you now are working in the District Attorney's  
11 Office and maybe some of the young lawyers can take  
12 that kind of attitude to help, because we need that in  
13 those communities. I'm also glad to see where you have  
14 started a program, one of them is trying to recruit  
15 other attorneys, and my question in that regard would  
16 be how can we get attorneys involved in that and how  
17 can we get the word out to them?

18                   MR. CASTRO: I've been working closely  
19 with the Philadelphia Bar Association in particularly  
20 the young lawyer's section. These kind of cases are  
21 excellent for young lawyers to get involved in because  
22 they get a chance to get out there on the front lines  
23 with some clients and also to get some very practical  
24 experience, and we already have between 10 and 15  
25 people who have volunteered and we are now in a mode



1 where we are trying to train them and get them up to  
2 speed so that we can actually assign them to work with  
3 individual communities so these case--

4 REPRESENTATIVE JAMES: Okay. One problem  
5 that some of the community people have, I was  
6 approached or I was solicited by some community people  
7 in my office several weeks ago about a place that is  
8 applying for a liquor license and they came in with a  
9 petition that must have been signed by 200 people, and  
10 I think one area needs to be addressed in training  
11 those attorneys needs to be kind of show the community  
12 people the type or the kind of wording should be on a  
13 petition to express their concerns, because the sad  
14 thing in this was that they had 200 signatures where  
15 they were all on a piece of paper and it said nothing  
16 and I know that the attorneys for the bars would just  
17 throw that out, and I hope that you would address that  
18 in terms of coming up with some kind of format that the  
19 community groups can use in trying to get a petition on  
20 those people getting a liquor license. If, in fact,  
21 community groups know of or know fraternities that  
22 won't be involved, what would you suggest they do,  
23 contact you?

24 MR. CASTRO: Yeah, I believe that would  
25 be the best thing to do at this the point in time.

1       Ultimately we may have a program where they can contact  
2       the pro bono coordinator directly, but for now I think  
3       it's going to have to be me.

4                       REPRESENTATIVE JAMES:   Okay.  O I think  
5       the District Attorney also should be commended on the  
6       fact of she's coming out through her staff and coming  
7       out into the offices of the various Representatives.  
8       In fact, she will be in my office on the 23rd of this  
9       month for the second time and I think that's a very  
10      good program in seeing that the District Attorney  
11      reaches out and on Saturday where people can really  
12      address their problems and don't have that kind of  
13      fear, because everybody can't get downtown, and I am  
14      just glad to see that she is doing that, and I think  
15      you handle that program.

16                      MS. VANDENBRAAK:  I don't, Representative  
17      James, but I am a longtime member of the District  
18      Attorney's Office and I recall the day that the  
19      District Attorney first addressed us after she was  
20      elected and the first things out of her mouth were that  
21      the office was going to be active in the community,  
22      that we were going to be out in communities, available  
23      for people so that people would know who we are.  That  
24      we went to them, they didn't come to us, and I think  
25      that that is one of the highest priorities in her

1 administration, and she has made that very clear to  
2 everybody who works for her and we are all expected to  
3 be out in communities and to serve the people who pay  
4 our salaries.

5 REPRESENTATIVE JAMES: Well, that's  
6 great, and again, I say that's very commendable. If  
7 there's a community group that has a location, I know  
8 you're focussing on nuisance establishments, and some  
9 of the people are concerned about an establishment  
10 obtaining a liquor license that may not have rose or  
11 lowered to the status of a nuisance, would you, the  
12 District Attorney's Office, be involved with this  
13 community group? For example, the one that came to me  
14 who said they didn't want the location to get a liquor  
15 license. Would they come to you for help, or you  
16 haven't developed to that level yet?

17 MR. CASTRO: There are many, many  
18 problems below the problem of an out-and-out nuisance  
19 bar that could fall within our jurisdiction, and one of  
20 the things that we hope to do by getting together all  
21 these different law enforce many people - L&I, the  
22 Health Department, the solicitor's office - we hope to  
23 try to increase everyone's knowledge about the  
24 different ways of approaching these problems, and it is  
25 my hope that it will get to the point where we can have

1 enough volunteer lawyers that I can always send  
2 somebody out to counsel a community on how to deal with  
3 the issue they had.

4 REPRESENTATIVE JAMES: Okay, but has it  
5 reached that point yet so if we call you tomorrow--

6 MR. CASTRO: No. We're not there yet.  
7 We're going to get in though.

8 REPRESENTATIVE JAMES: Anytime?

9 MS. VANDENBRAAK: He's only there three  
10 weeks and he's done an incredible effort so far.

11 REPRESENTATIVE JAMES: I agree.

12 MS. VANDENBRAAK: It's on the agenda, and  
13 obviously we can't address the perspective solely of  
14 nuisance bar litigation. Hopefully, we will be able to  
15 stop some of the problems before they get to that last  
16 step. It's only after administrative remedies are not  
17 working and obviously, if we enhance the administrative  
18 remedies to tighten up licensing issues, that makes our  
19 job a lot easier in the long run.

20 REPRESENTATIVE JAMES: Right. Maybe I  
21 should have addressed the next question to the Liquor  
22 Control Board, but since they are not here but they do  
23 have a representative here, but anyway there has been a  
24 problem where on some of the Stop 'n Go's they have  
25 posted these signs saying they are going to have a

1       liquor license and they do it, they don't do it for the  
2       whole period. They may just do it for the day they  
3       know the inspector is coming or the day, you know, just  
4       for a couple of days. What can the community do in  
5       terms of saying that we saw that the sign was not  
6       there? Do we need to contact you? Do we need to have  
7       a pro bono attorney? Would that be a sense there of  
8       some kind of tie into the courts? Is that good enough,  
9       or can the community say we didn't see the sign on  
10      those days?

11                   MR. CASTRO: That's a situation that has  
12      to be reported to the LCB, the Licensing Bureau,  
13      because they are the one that's going to issue the  
14      license, and a defect in the process of issuing the  
15      license has got to come to their attention if it's  
16      resulted in some action.

17                   REPRESENTATIVE JAMES: Okay.

18                   MR. CASTRO: Now, I think that oftentimes  
19      having a volunteer lawyer assigned is going to grease  
20      the wheels there because they will be able to  
21      understand where to go to get the message heard. But I  
22      don't think that's something that we can probably do  
23      out of the D.A.'s Office.

24                   REPRESENTATIVE JAMES: Okay, thank you.  
25      Thanks a lot.

1                   ACTING CHAIRMAN ACOSTA: I hope you  
2 become the shining star because nuisance bars are the  
3 biggest problem that we have and we've been trying hard  
4 for a number of years to get the LCB more responsive  
5 and finally there are some pressures we've been  
6 applying has made police understand that we live in  
7 those communities, not them, so we are the ones that  
8 can't go to sleep at night and we are the ones that got  
9 to duck shootings at night and all the problems, and  
10 now they are beginning to realize that.

11                   I want to mention the fact that we've got  
12 a lot of legislation in committee, in the Liquor  
13 Control Committee, pending against nuisance bars. And  
14 I asked Galina and Mary Beth to get copies of those  
15 pieces of legislation that we have pending so you have  
16 access to what it is that we have been trying to do for  
17 a while. How soon could we begin meeting? We have  
18 groups already in the community that have been working  
19 against nuisance bars.

20                   MR. CASTRO: My calendar is available to  
21 you, Representative Acosta, and as soon as you can give  
22 me a day when you will have people there, I promise you  
23 that I will be there in person to address them.

24                   ACTING CHAIRMAN ACOSTA: Okay, that means  
25 I am going to give you a day right now.

1 MR. CASTRO: I'll pull out my calendar.

2 ACTING CHAIRMAN ACOSTA: Okay. Not this  
3 Friday, tomorrow, but eight days from tomorrow could we  
4 meet at the Norris Square Projects, 2141 North Howard  
5 Street?

6 MR. CASTRO: I will be there. 2141 North  
7 Howard Street.

8 ACTING CHAIRMAN ACOSTA: Yeah. And if  
9 you come early, I don't know, about 12:00 o'clock to my  
10 office, 2640 North Fifth Street, before we sit down to  
11 discuss business, we will go to have lunch together.

12 MR. CASTRO: Okay. I'll be there.

13 ACTING CHAIRMAN ACOSTA: Okay. So I'll  
14 meet you next Friday at 12:00 o'clock at 2640 North  
15 Fifth Street and together we will go to this meeting.

16 I don't have any further questions.

17 MS. MILAHOV: Mr. Acosta, I have a  
18 question.

19 I was wondering, are you planning on  
20 proposing more criminal sanctions or new codification  
21 of the Liquor Control law?

22 MS. VANDENBRAAK: I think the problem  
23 that we're finding in Philadelphia in the nuisance bar  
24 area is that criminal penalties really don't address  
25 the problem, particularly where we have such a pressing

1 crime problem, drug problems. We can't get robbers  
2 into our prisons, we can't get drug dealers into our  
3 prisons, that to address nuisance bars with the  
4 criminal problem will not get us anywhere and we should  
5 use the civil remedies which can be more effective.  
6 Particularly where you have liquor licenses that are  
7 worth \$20,000, people are worried when we go in and  
8 threaten to either shut the place down or to seize the  
9 license under the drug forfeiture provisions. So it  
10 seems to us that that's the more effective way to deal  
11 with it in Philadelphia is to pursue the civil remedies  
12 rather than use the criminal process which is already  
13 heavily overburdened and won't be able to address these  
14 problems. Quite simply, they won't be treated  
15 seriously by the judges in Philadelphia.

16 MS. MILAHOV: I've seen there are a lot  
17 of cases that have been brought to the courts over and  
18 over again and have not been addressed because of  
19 judicial economy, and I realize that's a real problem,  
20 so I was wondering what the Judiciary Committee can do  
21 to address this, and it sounds like it will take  
22 recodification through the Liquor Control Committee and  
23 Board rather than through the Judiciary Committee, is  
24 that what you're telling me?

25 MS. VANDENBRAAK: Well, I think it's up



1 to you to decide what the appropriate division of labor  
2 is in the House of Representatives. But, you know,  
3 it's a multi-faceted problem. I think we can see from  
4 the testimony here today when you're talking about  
5 education, prevention, treatment, civil remedies,  
6 administrative remedies, criminal remedies, it's a  
7 multi-faceted problem and obviously one that needs to  
8 be looked at, and we in our office are willing to work  
9 with whoever would like to have us work with them and  
10 we will be available to whoever needs us.

11 MS. MILAHOV: Great. I have one more  
12 sort of red herring kind of a question, and that is if  
13 the State-owned and operated liquor stores were freed  
14 up to private enterprise, would that increase the  
15 problem?

16 MS. VANDENBRAAK: I think, respectfully,  
17 this raises something that's probably a little beyond  
18 our expertise here. We haven't really thought about  
19 the issue of whether they should be government  
20 controlled or private controlled, and it's obviously  
21 something we would have to give a lot of thought to  
22 before we could give an answer. I would feel  
23 uncomfortable giving an answer at this point.

24 MR. CASTRO: The only thing I can respond  
25 to that in this sense, that having worked on a few of

1 these cases, the problem, it seems to me, in each case  
2 is not liquor but that the people who are running the  
3 bars in question have been asleep at the wheel. There  
4 are many, many bars, obviously, I have a bar on the  
5 corner where I live that's quiet as a mouse, and I  
6 don't think the problem is consumption of alcohol but  
7 rather irresponsible owners and managers. And so I'm  
8 not sure that whether it's privately controlled or  
9 State controlled will necessarily have an impact on the  
10 problem.

11 MS. MILAHOV: Thank you.

12 REPRESENTATIVE JAMES: One further  
13 question, maybe comments and question. In response to  
14 that red herring question I can see that you are with  
15 the District Attorney's Office, but I thought that was  
16 a good answer. But one thing you said that interested  
17 me, you said something about seizing liquor licenses  
18 under the forfeiture provisions. Has that been done?

19 MS. VANDENBRAAK: Not yet, but it's on  
20 the agenda. We have a number of bars that are clearly  
21 used for ongoing drug activities and when they are  
22 using a bar for that, as far as I'm concerned that can  
23 be seized under the Drug Act just like a property can  
24 be or a car can be. So that's something that we intend  
25 to do. I think that will make some people really stand

1 up and take notice.

2 REPRESENTATIVE JAMES: You're right.  
3 That would make a lot of the owners start to police  
4 themselves. That's good because I guess you also have  
5 to think about or explore when you do that what's going  
6 to happen with that establishment, and then does it go  
7 back to Liquor Control Board or, I mean, now once you  
8 seize it does the licensing go back to them?

9 MS. VANDENBRAAK: There are a lot of  
10 issues involved obviously in a forfeiture, is the  
11 property worth anything, the administrative costs to  
12 seize it? Obviously, if we think it is worth it and we  
13 think we have a good case, we will do it. We'll seize  
14 the property under the Drug Act.

15 REPRESENTATIVE JAMES: Well, then what  
16 would happen with the license?

17 MS. VANDENBRAAK: We think we can also  
18 seize that too. Obviously, people are going to contest  
19 that, but we are willing to take on that battle.

20 REPRESENTATIVE JAMES: Okay. That sounds  
21 great. Thank you.

22 MS. VANDENBRAAK: Thank you.

23 MR. CASTRO: Thank you.

24 ACTING CHAIRMAN ACOSTA: Thank you very  
25 much.

1           ACTING CHAIRMAN ACOSTA: We have two  
2 more. Maybe we will bring both of them together. John  
3 Pettit and Frank Chekovage.

4           MR. CHEKOVAGE: I apologize for my  
5 ignorance. First of all, this is the first time I've  
6 been to Harrisburg and the first time I have been to  
7 the Capitol and I was not aware that I had to turn in  
8 written testimony, so as I was here I was jotting down  
9 a few things, so I apologize.

10           I'm Frank Chekovage, Director of Civil  
11 Operation, Courts of Common Pleas, Philadelphia County.  
12 By order dated May 15, 1991 by Administrative Judge  
13 Nelson A. Diaz, all appeals from the Liquor Control  
14 Board were transferred from the criminal division to  
15 the civil division effective July 15--

16           REPRESENTATIVE JAMES: This year?

17           MR. CHEKOVAGE: This year, yes. Judge  
18 Diaz further directed myself and John Pettit to develop  
19 a program to expedite all appeals from administrative  
20 agencies, including Liquor Control Board cases. I'm  
21 happy to say that a program has been developed and will  
22 go into effect January of '92. To explain the program,  
23 I would like to introduce John Pettit, the Prothonotary  
24 for Philadelphia County Court of Common Pleas.

25           MR. PETTIT: Good afternoon,

1 Representative James, Representative Acosta. I, too,  
2 am pleased to be here at the direction and I presume  
3 representing the Honorable Nelson Diaz, our  
4 Administrative Judge, and first of all I would like to  
5 mention to this committee Judge Diaz is seriously  
6 concerned over the Liquor Control Board problems. The  
7 program that we have developed has been developed to  
8 include all appeals to the Court of Common Pleas from  
9 all agencies, that is State agencies, boards of review,  
10 boards of taxes, all appeals that come to the Common  
11 Pleas Court.

12                   Ironically, the transfer of  
13 responsibility though from our elected Quarter Sessions  
14 to our office now I believe creates a more sensitive  
15 issue as far as Liquor Control Board problems are  
16 concerned. In my opinion, they will be the hot  
17 potatoes, or a couple of the hot potatoes on the civil  
18 side where prior to this, their handling in the  
19 criminal motion court may not have given them the same  
20 kind of value. I believe we are going to have a great  
21 deal more attention.

22                   The program that we have been working on  
23 since the beginning of October involves a very brief  
24 and very simple and hopefully uncomplicated procedure,  
25 and that is cases now will be called, be listed in what

1 we're going to call a miscellaneous docket, all these  
2 appeals, including the Liquor Control Board. There  
3 will be two clerks in my office who will be responsible  
4 for the docketing of these cases, for listing appeals  
5 from these agencies, including the Liquor Control  
6 Board, in 45 days from the date of filing. They are  
7 being listed for conciliation hearings on that day. It  
8 is our intention that all appeals from administrative  
9 agencies be disposed of by the judge, and there will be  
10 also an individual judge assigned to these programs.  
11 On that day, the matter should be disposed of. That is  
12 either by trial, Harrisburg or whatever is necessary if  
13 that judge cannot resolve it by conciliation.

14 That's the basic underlying idea of the  
15 whole program. I have to also say that I agree with  
16 the saying of the District Attorney there where he  
17 points to what really amounts to a lack of teeth in the  
18 Liquor Control--

19 REPRESENTATIVE JAMES: Excuse me, where  
20 "she."

21 MR. PETTIT: I'm talking about Mr.  
22 Castro's statement.

23 REPRESENTATIVE JAMES: Okay.

24 MR. PETTIT: He points out there that the  
25 Liquor Control Board hearing is basically worthwhile.

1 My greatest fear with regard to the program that we are  
2 implementing is the fact that a licensee can have  
3 another bite of his apple. He gets a chance for "a  
4 trial de novo." Now, my thinking along that line, and  
5 I think it's also Judge Diaz's, is that doesn't  
6 necessarily mean that he can get a grand jury trial or  
7 that kind of delay, he is going to have a full hearing  
8 on his petition that he files though. My concern is  
9 that lawyers can now delay this whole proceeding by  
10 asking for further discovery to rehash testimony that  
11 has already been presented to a hearing examiner, which  
12 has already been ruled on by the Liquor Control Board  
13 and now under that law which requires that de novo  
14 hearings can be rehashed again. So I would suggest  
15 that one thing that the legislature could do is to  
16 remove the reference to de novo hearings and let it be  
17 a hearing on reviewing Liquor Control Board action.  
18 Give them a little bit more power and respect for their  
19 opinion and their decisions.

20 REPRESENTATIVE JAMES: Excuse me, I just  
21 wanted to make sure that we got that. Now, what's that  
22 term? It sounds like Latin to me. And you say it has  
23 to be done by the legislature.

24 MR. PETTIT: It's in the Liquor Code.  
25 It's -- I can give you the citation, 27 Purdon's

1 Statutes, 4-464.

2 REPRESENTATIVE JAMES: Go over that  
3 again.

4 MS. MILAHOV: I'll get it for you.

5 MR. PETTIT: After setting up a hearing  
6 by the hearing examiner by the Liquor Control Board, it  
7 goes on to describe the appeal process. I would just  
8 like to read one sentence, if I may, Representative  
9 James, from this act. "The court shall hear the  
10 application de novo," that's D-E N-O-V-O, "on questions  
11 of fact, administrative difficulties, discretion and  
12 such other matters as are involved at such times as it  
13 shall...." My feeling is that attorneys representing  
14 licensees will use that language in this act to request  
15 a full-blown hearing before the court. It can only  
16 delay the process. So my recommendation is that  
17 something be done addressing that language so that  
18 whatever reason it's in there for can be handled or  
19 addressed in another matter.

20 All right. It is then our program to  
21 dispose of these cases, all appeals, in 45 days.  
22 Obviously, there will be some with legitimate reasons  
23 that may go beyond that. The court at that point, the  
24 judge who's handling it at that point will be  
25 instructed and directed, now this is one of Judge



1 Diaz's proposals, that the judge at that time must  
2 produce a case management order which will finally,  
3 will determine that case and not let it get so far out  
4 of control, continue generally, that sort of thing.  
5 The judge will have that kind of discretion based on  
6 the facts that are presented to him. We hope -- well,  
7 we are going to require any further pleadings in the  
8 case to be handed up to the judge on that day. So  
9 there's not going to be a lot of extra paper and delay  
10 for paper reasons. And I think that we have had a  
11 little bit of a track record with this kind of a  
12 program in our discovery program that has been so  
13 successful, and this is somewhat patterned after that.

14 The parties and the attorneys will appear  
15 before a judge on a day certain and the matter should  
16 be disposed of. Most of these matters, 80, 90 percent  
17 of them should be disposed of at that time. This also  
18 helps the courts in that it takes these cases that are  
19 now clogging up the trial list off the trials and helps  
20 the courts as well as, we hope, helps the public.

21 One other point that I feel is necessary  
22 to address, and this is something that I don't  
23 understand, and that is the question of the cases that  
24 are dismissed for reasons of judicial economy? I never  
25 heard of that. I have not heard it and I would like to

1 request that those cases be shown, that we get copies  
2 of them, because I have not heard them.

3 MS. MILAHOV: I would be glad to send you  
4 copies of them. I have a file from the State Police  
5 Liquor Control Enforcement Bureau that shows a number  
6 of cases that have repeatedly been brought to the  
7 courts or to the District Attorney's Office and  
8 prosecution has been denied because of the caseloads of  
9 other more serious areas. And I have a thick file of  
10 about an inch thick.

11 MR. PETTIT: All right. I'm not --  
12 obviously have not and never have worked on the  
13 criminal side of our court, and that's where all of  
14 these were prosecuted. My concern is that I have heard  
15 something here and I saw it in your letter that I don't  
16 understand. I have never in my -- I've been working  
17 for this court system now for 14 years as Prothonotary,  
18 4 1/2 years before that as municipal courts, and that  
19 term is new to me. I want to see what judges and what  
20 cases are being dismissed for reasons of judicial  
21 economy. I would have to see the file or whatever  
22 cases you can supply me, I want to see them.

23 MS. MILAHOV: I would be very interested  
24 in supplying you with it and then also having your  
25 response, because I found it very puzzling myself.

1           MR. PETTIT: I find it quite puzzling and  
2 I found it necessary for me to raise that issue. I  
3 have with me, and I can hand up to you, Representative,  
4 this information was provided to me on Tuesday by the  
5 criminal motions courts unit. This represents the  
6 total number of cases filed with the court that  
7 involved the Liquor Control Board appeals for the  
8 period of 1985 through June of 1991. During July, you  
9 will note that in 1987 it was 157 cases, and after that  
10 time a dramatic dropoff in the number of appeals  
11 actually being presented to the courts.

12           Another reason why your file is an inch  
13 thick puzzles me because this is all the court has been  
14 getting. I have a very short time to work on some of  
15 these numbers and I'm not exactly certain of the number  
16 of cases that were turned over to the civil side in  
17 July. I can tell you that as of right now, there is  
18 pending all listed, all before an individual judge and  
19 assigned to that judge a total of 13 cases on appeal  
20 from the Liquor Control Board. Of those 13 cases, 5 of  
21 them have come in through our office since July 15th; 6  
22 of them were filed in June of 1991, 1 in April, and  
23 there's 1 case that has been assigned to a judge since  
24 1989, and that seems to be the worst one. We haven't  
25 had a chance to run that down. That is the case

1 inventory that we now have for 1991 on appeal from the  
2 Liquor Control Board, and it's obviously of tremendous  
3 reduction, and I don't know the reason. I can just  
4 present to the committee the statistics and the numbers  
5 that we have.

6 I again want to thank you and on behalf  
7 of Judge Diaz. I know he would like to have been here,  
8 but he's at the Pennsylvania Bar Association meeting  
9 this week or he would have probably been here himself.  
10 So I want to thank you for having us, and I hope we  
11 have been able to make a nice recommendation.

12 ACTING CHAIRMAN ACOSTA: Thank you very  
13 much.

14 I think one of the things that we have to  
15 do is instead of the public and the law chasing the  
16 licensees, we should change it around, and anytime we  
17 find a bar that has violations we should remove the  
18 license and have the licensee chase us, go into court  
19 and prove that we were wrong, not him.

20 MR. PETTIT: Yeah, I have noticed in that  
21 act that it is the responsibility of the Liquor Control  
22 Board to move for a supersedeas if they want the bar  
23 owner's license suspended during the appeal process.  
24 That doesn't happen too often. Most of the bars are  
25 allowed to continue to operate, but you're right. I

1 think if that were reversed, you'd find a great deal of  
2 pressure to dispose of appeals much more quicker than  
3 even in 45 days.

4 ACTING CHAIRMAN ACOSTA: I would like to  
5 hear from the representative of the LCB in regards to  
6 that.

7 MR. O'BRIEN: Thank you, Representative.  
8 Fran O'Brien, chief legal counsel for the Liquor Board.

9 If I could address the confusion about  
10 the number of cases dismissed for judicial economy,  
11 what we may be talking about here, under the prior  
12 District Attorney in Philadelphia there were many, many  
13 cases against speakeasies, non-liquor citation cases,  
14 speakeasies who were unlicensed, fined by the law  
15 enforcement people, and the District Attorney's  
16 priorities were such they just through them out because  
17 they couldn't handle them. I don't know that they were  
18 dismissing actual liquor control enforcement cases, and  
19 I heard Lynne Abraham speak a few weeks ago where she  
20 said their priorities are now changed and they are  
21 going to pursue aggressively the speakeasies. But as  
22 far as the citation appeals, the Liquor Board sits as  
23 an appellate review of the ALJ. We don't litigate the  
24 cases. The Liquor Board, it's the State Police lawyers  
25 who litigate the cases through the Common Pleas Court.

1 So we're out of the process. But the guess on  
2 supersedeas on appeal is something that has been  
3 discussed in the Liquor Committee and I think it's ripe  
4 for action.

5 ACTING CHAIRMAN ACOSTA: Could this  
6 committee or the Liquor Control Committee sit down with  
7 you to change the process where we have to be fighting  
8 the licensee and to prove that he's wrong and change it  
9 around where he has to prove to us that we are wrong?

10 MR. O'BRIEN: I think it's an excellent  
11 idea, and I think one of the bills in that whole bills  
12 that Representative Carn and the Philadelphia  
13 delegation states that there is no supersedeas on  
14 appeal. Do you remember the number of that? It's like  
15 15 in a row.

16 MS. MILAHOV: I know. I'll talk to  
17 Andrew.

18 ACTING CHAIRMAN ACOSTA: Thank you,  
19 gentlemen.

20 REPRESENTATIVE JAMES: Hold on a second.  
21 I just want to ask a question. I'm glad you explained  
22 that judicial economy because I was going to ask for  
23 that list too.

24 MR. O'BRIEN: That may be it.

25 MR. PETTIT: At this time I get very

1 defensive when somebody gets -- I've been there too  
2 long not to try to defend.

3 REPRESENTATIVE JAMES: You have a right  
4 to, but that would be good if we have a list and you  
5 can make it available to them and Representative  
6 Acosta and particularly the LCB commission.

7 MR. PETTIT: I think they were not being  
8 brought to the court.

9 REPRESENTATIVE JAMES: Just to be sure,  
10 that would be good.

11 One thing I want to see if I can  
12 understand the process. In the past when a violation  
13 goes before the administrative judge and the licensee  
14 appeals it, it then comes into Common Pleas Court?

15 MR. PETTIT: Right, in the criminal  
16 division. That's the way it was. Previously it went  
17 to the criminal division.

18 REPRESENTATIVE JAMES: Now it's going  
19 into the civil division?

20 MR. PETTIT: That is correct.

21 REPRESENTATIVE JAMES: And the Honorable  
22 Diaz is going to direct it and focus more on that  
23 problem?

24 MR. PETTIT: Yeah. Not specifically on  
25 Liquor Control Board cases but on all appeals, which

1 include Liquor Control Board cases.

2 REPRESENTATIVE JAMES: coming from AL  
3 judges---

4 MR. CHEKOVAGE: Coming from all  
5 administrative agencies.

6 REPRESENTATIVE JAMES: Okay, because we  
7 had one case in particular that was appealed, the  
8 Liquor Control Board denied the licensee an application  
9 or permit, the licensee appealed it, the Liquor Control  
10 Board went into court to justify their reasons. The  
11 community came in to court. I was in that courtroom  
12 also on behalf of the community. Also in that  
13 courtroom was about 20 people from our area who stand  
14 in front of the State Stores and stand in front of  
15 other places and hustle money, and these people were  
16 paid \$20 or \$25 each to come to court to testify on  
17 behalf of the licensee. The judge, and I forgot his  
18 name because if I remember I would say it, did not rule  
19 at that time after he heard these people testify, he  
20 didn't hear everybody, he heard a couple of people and  
21 they stood up and took names and addresses. The  
22 problem was that the judge ruled in favor of those  
23 people and granted the licensee the license. And that,  
24 you know, to me is a problem.

25 And as to where does the credibility come



1 in as to who are you going to believe, I mean,  
2 community organizations, ministers and community  
3 leaders there as opposed to people who are paid as  
4 witnesses to come in, are paid some kind of fee to come  
5 in and testify that they want a license. And I hope  
6 that in this process in which you're saying now is  
7 going to be channeled to the civil procedure that that  
8 would be one thing that you would be looking at because  
9 it is true that these attorneys, or not attorneys, or  
10 people, you know, will pay people to come in to testify  
11 for the licensee, saying that we want this liquor  
12 establishment. Then you have the legitimate community  
13 saying no. So I just hope that you would focus on  
14 that.

15 MR. CHEKOVAGE: Yes, I agree with that.  
16 That's interesting.

17 MR. PETTIT: I guess I really have no way  
18 I can comment on it on an individual judge's action in  
19 an individual case.

20 REPRESENTATIVE JAMES: I can understand  
21 that.

22 MR. PETTIT: I can only tell you that as  
23 to the best of my knowledge, the judge who tentatively  
24 will be assigned to this program will be Judge Bradley.

25 REPRESENTATIVE JAMES: So that's the

1 former President Judge?

2 MR. PETTIT: Yes, the former President  
3 Judge has agreed, as I understand.

4 REPRESENTATIVE JAMES: So there's only  
5 going to be one judge?

6 MR. PETTIT: As I understand it. Now,  
7 that's not public information. I don't think the  
8 schedule for January is public.

9 REPRESENTATIVE JAMES: Now it is.

10 MR. PETTIT: What I'm trying to say is  
11 that's my understanding that he has agreed to accept  
12 this duty. There's approximately overall in the  
13 program, including appeals from the Philadelphia  
14 municipal court and driver's license suspensions, some  
15 1,200 cases a year that we're talking about here. That  
16 means out of that 1,200, about 900 of them fall into  
17 those two categories. They will be disposed of and we  
18 know they can be disposed of very quickly. You can  
19 hear 4 or 5 license revocations cases in one day. They  
20 are also very important cases, but you can hear them  
21 very quickly. The evidence isn't as extensive. It  
22 brings down to this type of matter a lot more, it gives  
23 it a lot more points because there's only around 400 of  
24 them a year. They can be very easily monitored and  
25 controlled when you're dealing with that low a number,

1 we don't have the volume. And they are going to be  
2 highlighted. These are going to be specially assigned  
3 and handled in a special way so that they are going to  
4 be highly visible type cases now, which I think is  
5 important.

6 REPRESENTATIVE JAMES: Well, that's good.  
7 Who knows about your program? I mean, are you going  
8 to, the program that you, you know, you spoke about  
9 here, is that going to be known through the DA's  
10 office, going to be known through the Liquor Control  
11 Board, is going to be known to us, to the delegation?

12 MR. CHEKOVAGE: We will be publishing in  
13 the Legal Intelligencer and to the legal community a  
14 notice advising them of the new program and when it  
15 goes into effect and what agencies are involved.

16 REPRESENTATIVE JAMES: Would you notify  
17 the Judiciary Committee and also the Liquor Control  
18 Committee.

19 MR. CHEKOVAGE: Sure.

20 MR. PETTIT: What we're waiting for is  
21 Judge Diaz's return now. We have pretty well finalized  
22 it. We need his signature on the final order, and that  
23 meeting will probably be next Wednesday. We usually  
24 meet with him on Wednesday on this program.

25 REPRESENTATIVE JAMES: I understand. I

1 just think that it's important that the agencies that  
2 are concerned about the nuisance bars are notified of  
3 your program so that we can all be coordinating our  
4 efforts in terms of dealing with this problem, so that  
5 if you would send it to the Judiciary Committee and  
6 also the Liquor Control Committee and saying here's the  
7 program, and also the Liquor Control Board itself, I  
8 think that that would be good.

9 MR. CHEKOVAGE: Yes, no problem.

10 REPRESENTATIVE JAMES: Thank you.

11 ACTING CHAIRMAN ACOSTA: Thank you very  
12 much. I think that we've got to be grateful to you for  
13 coming from Philadelphia, and I know that we are going  
14 to go to depressed places in Philadelphia, and it's  
15 needed for a long time. Poor folks in Philly, they  
16 just don't have no place else to go. The police  
17 department doesn't want to handle it, they don't have  
18 the manpower. The community is going to do whatever --  
19 we go out on vigils Friday nights trying to help,  
20 trying to do things, but we need the help from the  
21 State government, city government, and Federal  
22 government. We already brought people from the Federal  
23 government into our community and they are already  
24 working with some of the groups, the DA and myself are  
25 going to be addressing this problem to. Thank you very

1 much.

2 MR. PETTIT: I know I speak for myself  
3 personally and I know from speaking with Judge Diaz  
4 that you have his definite cooperation and support in  
5 this program.

6 ACTING CHAIRMAN ACOSTA: He's on my side.

7 MR. PETTIT: I kind of assumed that.

8 ACTING CHAIRMAN ACOSTA: I got to thank  
9 everybody, Lynne and the staff worked real hard to put  
10 this program together. Again, we've got to, and I'd  
11 like to make it public on the record that the  
12 Department of Transportation should have been here  
13 because they contribute to a great percentage of the  
14 crime and problems that we have in the city of  
15 Philadelphia. I cannot speak for the rest of the  
16 State, but for the city of Philadelphia, especially my  
17 district, I know that they have responsibility of at  
18 least 10 to 15 percent of the crime that takes place  
19 there and they did not choose to be here with us today.  
20 So I want that to go on record.

21 MR. PETTIT: Thank you.

22 MR. CHEKOVAGE: Thank you.

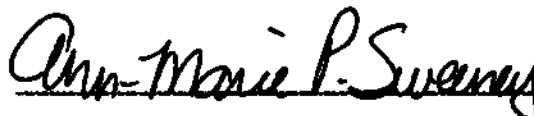
23 REPRESENTATIVE JAMES: Thank you.

24 ACTING CHAIRMAN ACOSTA: Thank you.

25 (Whereupon, the proceedings were

1 concluded at 4:20 p.m.)  
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1 I hereby certify that the proceedings  
2 and evidence are contained fully and accurately in the  
3 notes taken by me during the hearing of the within  
4 cause, and that this is a true and correct transcript  
5 of the same.

6 

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8 ANN-MARIE P. SWEENEY

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