

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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House Bill 2620

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House Judiciary Subcommittee on
Crime and Corrections

Main Capitol Building.
Room 140, Majority Caucus Room
Harrisburg, Pennsylvania

Thursday, July 16, 1998 - 10:00 a.m.

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BEFORE:

Honorable Jerry Birmelin, Majority Chairperson
Honorable Brett Feese
Honorable Al Masland
Honorable Harold James, Minority Chairperson
Honorable Kathy Manderino

IN ATTENDANCE:

Honorable Thomas Caltagirone
Honorable J. Scot Chadwick
Honorable Jere Schuler
Honorable LeAnna Washington

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ALSO PRESENT:

Judy Sedesse
Majority Administrative Assistant

David Bloomer
Majority Research Analyst

John Ryan, Esquire
Minority Chief Counsel

David L. Krantz
Minority Executive Director

Galina Milohov
Minority Research Analyst

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Written testimony submitted by:

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Jonna Revitz, Legislative Assistant

Institute on Disabilities

Lisa Sonneborn

Audrey Badger

1 CHAIRPERSON BIRMELIN: Good morning,
2 everybody. I'd like to welcome you this
3 morning to a meeting of the Subcommittee of the
4 House Judiciary Committee on Crime and
5 Corrections. I'm Representative Jerry
6 Birmelin, Chairman of the Subcommittee.

7 We're meeting this morning to have a
8 public hearing on House Bill 2620 sponsored by
9 Representative Caltagirone, to my immediate
10 left, which deals with providing for
11 instruction on persons with disabilities of
12 those who are police officers of Pennsylvania.
13 We have a long list of people who want to
14 testify today.

15 Before we get to those folks, I'm
16 going to ask the members of our panel here this
17 morning, for the benefit of the stenographer
18 and others, to introduce themselves. To my far
19 left --

20 REPRESENTATIVE CHADWICK: I'm
21 Representative Scot Chadwick from Bradford
22 County.

23 REPRESENTATIVE FEESE: Representative
24 Brett Feese, Lycoming County.

25 REPRESENTATIVE CALTAGIRONE:

1 Representative Tom Caltagirone, Reading, Berks
2 County. I want to thank everybody that's going
3 to be testifying today. I think this is an
4 appropriate setting. I think the time has come
5 for this type of legislation. I would hope
6 that we will be able to expedite the
7 legislation this fall when we come back in
8 session. Thank you, Mr. Chairman.

9 MR. BLOOMER: Dave Bloomer. I'm
10 Research Analyst for the Committee.

11 REPRESENTATIVE MASLAND:
12 Representative Al Masland, Cumberland and York
13 Counties.

14 MS. MILOHOV: Galina Milohov,
15 Research Analyst for the committee.

16 REPRESENTATIVE SCHULER:
17 Representative Jerry Schuler, Lancaster County.

18 MR. RYAN: John Ryan, Special Counsel
19 to the Judiciary Minority Chairman.

20 CHAIRPERSON BIRMELIN: I am going to
21 forego any remarks that I have and yield this
22 opportunity to Representative Caltagirone who
23 is the prime sponsor of this legislation.

24 REPRESENTATIVE CALTAGIRONE: Thank
25 you, Mr. Chairman. I want to thank both

1 Representative Birmelin and Gannon for the
2 opportunity to hold this public hearing to take
3 testimony on I think a very, very important
4 issue. I think with the number of participants
5 that we have here today, I think it highlights
6 the need for this type of legislation.

7 I don't know in the history of the
8 legislature, and I have been up here 22 years,
9 whether we've ever had an opportunity to
10 address the specific needs of people that have
11 disabilities, infirmities, and especially as it
12 concerns the law enforcement community. We do
13 have support of several of the law enforcement
14 agencies that are supporting this legislation.
15 I hope that the byproduct of the testimony
16 given here today we can then transcribe and
17 forward it to the appropriate agencies of local
18 and state government to show and demonstrate
19 the need for this legislation to become law.
20 Thank you, Mr. Chairman.

21 CHAIRPERSON BIRMELIN: Before I call
22 our first testifiers, I'm speaking to them and
23 to everybody else as well, we have a rather
24 full agenda. We have allotted 20 minutes for
25 each segment. In some of those segments there

1 are as many as three people who are testifying
2 within 20 minutes. And I'm not sure whether or
3 not those three are as one or each of those
4 three have statements to make. I'm going to do
5 my very best to keep this hearing on time,
6 within the time frames that have been allowed
7 for each of these people to testify.

8 Keep in mind that, oftentimes,
9 members of the panel here will be interested in
10 asking you questions after your testimony.
11 Don't feel the obligation to fill that 20
12 minutes with you speaking. Be prepared for
13 some questions if you could because the more
14 time that you take up in your testimony, the
15 less time there will be for questions and vice
16 versa.

17 So, I will do my best to keep things
18 moving along with your cooperation. We'll be
19 able to do that, I'm sure. We'll be able to
20 have a good public hearing with a lot of input
21 from people who are here to testify and giving
22 members of the panel some opportunities to ask
23 questions.

24 With all that having been said, let
25 me call our first panel of testifiers from the

1 Pennsylvania Human Relations Commission. We
2 have Louise Oncley, Special Assistant to the
3 Executive Director; Elisabeth Shuster, Chief
4 Counsel; and Carl Summerson, Examiner. Are you
5 speaking for the group, Louise?

6 MS. ONCLEY: Yes. Homer Floyd, our
7 Executive Director, could not be here today, so
8 he asked that I read his testimony. Elisabeth
9 Shuster, who's our Chief Counsel, and Carl
10 Summerson, who is not only our Hearing
11 Examiner, but also has done a great deal of
12 police training and working with police in
13 various aspects is here also to help answer any
14 questions you might have.

15 The Pennsylvania Human Relations
16 Commission is here today to support House Bill
17 2620. PHRC is the State Agency which enforces
18 state laws prohibiting discrimination based on
19 race, color, religious creed, ancestry,
20 national origin, sex, age, disability and
21 several other factors. These laws cover
22 employment, housing and commercial property,
23 education, and public accommodations, which
24 includes government service.

25 In addition to addressing complaints

1 of discrimination, we provide recommendations
2 and assistance to promote voluntary compliance
3 with the law, address intergroup tension, and
4 foster positive intergroup relations.

5 Over the years we have worked closely
6 with both state and local police on a variety
7 of intergroup relations issues. Prior to 1993,
8 when ethnic intimidation training became
9 mandatory, PHRC staff participated in 30 to 35
10 training workshops each year for police,
11 corrections officers, and other security
12 personnel regarding the Ethnic Intimidation Act
13 and cultural awareness issues.

14 Since 1993, we have still continued
15 to work with police and participated in over 80
16 such training workshops. PHRC staff, along
17 with staff of the state police, conducts
18 numerous sessions for community groups which
19 local police also attend.

20 We were also invited to assist in
21 developing the Municipal Police Officers
22 Education and Training Commission curriculum
23 for the mandatory Ethnic Intimidation Training
24 conducted in 1993, and participated in the
25 training for trainers. In 1995, we were

1 invited back to assist in the development of
2 mandatory diversity training and to assist in
3 training trainers for that program.

4 House Bill 2620 is a common sense bill.
5 If adopted, it would require the Municipal
6 Police Officers Education and Training
7 Commission to provide mandatory training to
8 local police to enhance their ability to
9 recognize and more appropriately respond to
10 people with disabilities.

11 House Bill 2620 requires consultation
12 with the PHRC and private sector organizations
13 with special expertise in various disabilities
14 in the development of this curriculum. PHRC
15 has the experience and willingness to provide
16 this consultation.

17 Potential problems between police and
18 people with disabilities may occur in a variety
19 of situations. A person with a disability may
20 be stopped by police as a suspect, or may be a
21 victim of a crime, or a witness to a crime, or
22 simply a person needing some police assistance.
23 Misunderstandings related to a person's
24 disability can cause, at the least, failure to
25 provide appropriate service. Routine

1 situations have been known to deteriorate into
2 an unjustified arrest, injury, and in extreme
3 circumstances, potentially death.

4 While PHRC does not believe that we
5 have enforcement jurisdiction in matters
6 incident to arrest, we do, under our public
7 accommodations provisions, have jurisdiction
8 over other police services, and we do accept
9 complaints alleging discrimination in the
10 police services.

11 It is essentially important for
12 police to be conscious of the fact they may be
13 dealing with people with disabilities. Often,
14 officers must make rapid decisions in the
15 field. Is the running man who does not stop
16 when police yell stop a fleeing felon or a deaf
17 jogger? Is the woman weaving as she walks down
18 the street drunk, or does she have a disability
19 which impairs walking?

20 We anticipate that other speakers
21 here today will have specific examples of
22 situations which would have been more positive
23 for all concerned had a police officer better
24 understood an individual's particular
25 disability. It is clear that when police are

1 prepared and aware of disabilities, many
2 problems could be avoided.

3 The purpose of this training would
4 not be to make police officers expert in the
5 diagnosis of disabilities. Rather, it could
6 assist them in evaluating whether they might be
7 dealing with a person with a disability, and
8 provide some basic guidance on appropriate
9 action.

10 Often, failure by police to deal
11 appropriately with people with disabilities
12 results in litigation directed against police
13 departments. Even if the police ultimately win
14 the case, litigation itself is costly and
15 disruptive.

16 Police, like other government
17 agencies, also have a duty under the
18 Pennsylvania Human Relations Act and the
19 Federal American with Disabilities Act (ADA) to
20 provide nondiscriminatory services to people
21 with disabilities and to make their services
22 accessible for people with disabilities,
23 including making reasonable accommodations.
24 This includes things such as telecommunication
25 devices, materials in accessible format, things

1 like that. The proposed training could help
2 prevent actions which are violative of the
3 Pennsylvania Human Relations Act and the
4 Americans Disabilities Act.

5 We believe that the training
6 contemplated by House Bill 2620 would be a
7 significant benefit both for people with
8 disabilities and for police officers.

9 The PHRC does recommend a change in
10 the language of the bill. Section 1(b), which
11 is on page 3, lines 3 to 8, lists organizations
12 which should be consulted in development of a
13 curriculum. We recommend adding organizations
14 which represent people with a variety of
15 disabilities and whose membership is composed
16 of people with disabilities.

17 Examples of such organizations are
18 the Statewide Independent Living Council and
19 the Pennsylvania Coalition of Citizens with
20 Disabilities. Inclusion of these organizations
21 would help to assure that specific disabilities
22 not covered by the listed organizations do not
23 fall through the cracks, as well as to assure
24 the inclusion of the valuable perspectives and
25 experiences of people who have disabilities.

1 Inclusion of these organizations may also
2 result in greater awareness by the disability
3 community of what they can do to foster
4 positive relationships with the police.

5 We thank you for the opportunity to
6 testify and urge your support of House Bill
7 2620. And all three of us will be able to
8 answer questions.

9 CHAIRPERSON BIRMELIN: Thank you for
10 your testimony. I'll ask members of the panel
11 if they are interested in asking questions.
12 We'll begin with the chief sponsor of the bill,
13 Representative Caltagirone.

14 REPRESENTATIVE CALTAGIRONE: One
15 note. We had a sidebar, Jerry and I, about
16 your recommendation. We did list on line 4,
17 page 2, that the training shall include but not
18 be limited to, and we spelled that out, to
19 spell out the various groups as you had
20 suggested and incorporates to the type of
21 training force.

22 MS. ONCLEY: And that list must also
23 include but not limited to, the concern is, I
24 think it would be clearer, particularly as time
25 goes on, and the curriculum is revised to just

1 have groups like that on the list so the
2 commission knows that these are groups without
3 a call on themselves.

4 REPRESENTATIVE CALTAGIRONE: Thank
5 you.

6 CHAIRPERSON BIRMELIN: Representative
7 Chadwick.

8 REPRESENTATIVE CHADWICK: No.

9 CHAIRPERSON BIRMELIN: Representative
10 Feese.

11 REPRESENTATIVE FEESE: Thank you, Mr.
12 Chairman. I have a question about the scope of
13 the bill. I don't have a problem with the
14 intent. It's when I look at some of the
15 language I'd like your input on this, it seems
16 so broad to me that we might as well send our
17 police to medical school for years. Let me
18 tell you what I'm referring to.

19 Shall include or mandating the
20 training, ability to recognize various
21 disabilities. Then we provide a definition of
22 disabilities, which is so broad we're talking
23 about any disease, contagious, noncontagious.
24 Diseases isn't defined so we look at the
25 dictionary, which is common colds and flus;

1 asymptomatic diseases. We have to train them
2 to recognize cancer. It just goes on and on
3 and on.

4 I don't see how we possibly can
5 develop a training program within a window of
6 time so broad to recognize every medical
7 condition because that's what this says.

8 MS. ONCLEY: I think a couple things.
9 One is, the definition parallels the American
10 with Disabilities Act. You're talking about a
11 legal obligation anyway for government services
12 under the ADA. I agree with your concern about
13 trying to make police diagnosticians in every
14 possible thing that can happen to people, but
15 they do need to know when and how to respond.
16 There are, I think, levels of response.

17 For example, on the street, I would
18 not like to see a police officer has to make a
19 decision about, do I stop this guy or do I let
20 him go; go through a list of 110 possible
21 conditions and try to evaluate what we're
22 dealing with here. That is one level. I don't
23 think that's realistic, and I think the
24 training ought to spell out that's not
25 realistic. But you do need to say, is this an

1 unusual situation, or am I dealing with my
2 standard routine things that I'm used to?

3 As you go on, for example, somebody
4 who is in police custody who has specific
5 disability, people need to be sufficiently
6 aware that this is a disability that requires
7 certain accommodations. For example, to know
8 that you can't put somebody with diabetes into
9 a cell for hours and hours and not give them
10 any food. That much they need to be aware of.

11 So, I think there's some common
12 sense; there's some common sense stuff here. I
13 agree with you to try to make police expert
14 diagnosticians does not make a lot of sense. I
15 don't think this kind of training will attempt
16 to do that.

17 REPRESENTATIVE FEESE: What we're
18 doing in this bill is mandating training if it
19 passes. What legal obligation is there under
20 ADA to require that training now? That's what
21 we're talking about. We're talking about
22 requiring training.

23 You said there's a legal obligation
24 now. I don't know of any legal obligation
25 under ADA to require our police officers to go

1 through training. That's the focus of this
2 bill. Would you respond to that? What legal
3 obligations under ADA right now we require
4 under Act 120 that our local police officers
5 follow through with this training?

6 MS. ONCLEY: I'll give you a quick
7 answer. Ms. Shuster may have more detail. To
8 say is training required under ADA, normally
9 not. But, to say that all of these police
10 officers have an obligation under the ADA, they
11 do have that obligation to provide
12 nondiscriminatory services and to provide
13 accommodations. If they don't enlist training
14 along the way, how will they do that? Do we
15 resolve this with training upfront or do we
16 resolve with litigation down the road?

17 REPRESENTATIVE FEESE: Now since we
18 agree on that, then the issue is, how broad
19 should this bill be? Quite frankly,
20 bureaucraties run amok. When we in a bill say
21 you shall provide training that covers
22 everything conceivable under the sun that could
23 affect a person, I can see bureaucracy running
24 amok and we have our police officers for months
25 and months and months, or our potential police

1 officers for months and months going through
2 every training, including recognizing
3 asymptomatic diseases. Could you recognize an
4 asymptomatic disease?

5 MS. ONCLEY: No, but I would know
6 that I have an obligation to address that under
7 the ADA if it's brought to my attention. I
8 agree, you can't -- A police officer cannot
9 constantly be a diagnostician. It makes no
10 sense.

11 On the issue of bureaucracy, first, I
12 believe the Municipal Police Officers Training
13 and Education Training Commission is now doing
14 some training or contemplating training on
15 disabilities. This is not something -- another
16 bureaucratic burden on them. But, Carl
17 Summerson has done some training for the
18 commission, Municipal Police Officers
19 Commission and maybe he can say something about
20 how they relate to police officers and try to
21 be practical in terms of what they do.

22 MR. SUMMERSON: When police officers
23 are receiving this training, it wouldn't be
24 contemplated that they would become expert
25 doctors to understand every aspect of every

1 single disease and/or disability that people
2 have.

3 The language here that says to
4 enhance an officer's understanding and ability,
5 that seems to me to be the focus of the
6 legislation; to enhance; not to make them a
7 doctor. Enhancing it is contemplating in my
8 mind, anyway, and I'm sure someone trying to
9 contemplate what a course would be, would be to
10 show those officers their interaction with
11 individuals in the community, whatever their
12 interaction, whether it's a disability or other
13 diversity, if you will.

14 We find this diversity training -- We
15 didn't have to show every diversity possibility
16 of a culture that exist in Commonwealth of
17 Pennsylvania. That's impractical, but we can
18 leave them with the impression that there's
19 this unusual situation occurring on the street
20 or interaction with someone and it's maybe
21 because that's a disability someone has. I
22 think that's what we're trying to do.

23 REPRESENTATIVE FEESE: I agree.

24 Sounds good to me. I think in so many cases
25 it's definitely in the details and definitely

1 in the statute when we make it so broad,
2 especially when it's mandatory, so broad that
3 I'm afraid it can run amok. I guess the
4 bureaucratic well.

5 MS. SHUSTER: A lot of what is in
6 here basically is designed to provide pointers;
7 not so much so that you are going to require a
8 police officer to be a diagnostician; that you
9 are going to require immediate complex medical
10 knowledge; but rather, this sort of training
11 appears to be contemplated to provide an
12 officer with the type of background to know
13 when there's a reason to, perhaps, then call on
14 somebody with the appropriate expertise to
15 recognize when there is going to be a further
16 need.

17 Because, you are going to be dealing
18 with situations where there are other services
19 required where you are dealing with a witness
20 or dealing with a victim, as well as somebody
21 who is going to be, as pointed out, per se, who
22 may need some sort of recognition of a medical
23 condition. At least this way we'll be
24 providing the officers with the tools to
25 recognize when the next level needs to be

1 inserted; to recognize the kinds of symptoms,
2 hopefully, when, gee, maybe this is the sort of
3 thing where I need to get somebody with
4 appropriate expertise.

5 It's not designed to turn anybody
6 into, not only a doctor, or even an paramedic,
7 but to create sufficient awareness so that
8 basically you know how to react to some degree.
9 In many cases the appropriate action is to call
10 in somebody with that kind of expertise.

11 MS. ONCLEY: Let me also say that the
12 Police Officers Training Education Commission
13 is hardly a body with the history of running
14 amok or being an out-of-control bureaucracy.
15 They are a valued asset to a local police
16 community in terms of making sure officers are
17 appropriately trained.

18 CHAIRPERSON BIRMELIN: We have been
19 joined by Representative Kathy Manderino from
20 Philadelphia, and she has a question.

21 REPRESENTATIVE MANDERINO: Let me
22 call your attention to specific lines of the
23 bill. Maybe you can explain these to me a
24 little bit better so that we might get a little
25 bit more feel.

1 I understand where Representative
2 Feese is coming from. I'm wondering whether
3 there is any practical limits that are already
4 in the bill. If not, maybe that is something
5 that needs to be addressed.

6 On page 1, lines 11, 12 and 13, the
7 commission shall include in the minimum course
8 requirements of Section 2164(1), relating to
9 the powers and duties of the commission, I
10 don't know what the minimum course requirements
11 are in which this will be included, but if it
12 has some sort of number of hours of training
13 that is already specified in some other section
14 of some act, that may help us have a better
15 understanding of it.

16 Again, on page 3, lines 10 through
17 13, frequency of in-service training:
18 Certified officers shall receive in-service
19 training as part of a continuing education
20 program at least every four years. Are we
21 talking about a one-hour course, a one-day
22 course, a one-week course?

23 Do either of those two things address
24 a time limit, a course limit expectation? If
25 not, is that something that we should consider?

1 MR. SUMMERSON: The last question,
2 neither of those considered length of time of a
3 course. In reflecting on courses, I have been
4 involved in helping to develop, with the
5 Municipal Police Officers Training Commission,
6 the Ethnic Intimidation Course that we worked
7 with was three hours; the diversity was six
8 hours. Who came up with the hours, I just
9 don't know.

10 REPRESENTATIVE MANDERINO: I don't
11 know if they were specified in the statute. I
12 mean, the reason I asked the question,
13 something tells me, although I would have to go
14 back and look at that, sometimes in statute we
15 have specified numbers of hours. Therefore,
16 should we be specifying numbers of hours here,
17 or was that left up to some other body? I
18 think that's a legitimate question.

19 MR. SUMMERSON: By the statute it
20 seems to be left up for someone else's
21 decision. Exactly how to make that decision, I
22 think there needs to be some discussion on how
23 long it would be and whether it's mandatory.
24 It appears that the statute here requires this
25 type of training be mandatory initially and

1 then periodically every four years.

2 REPRESENTATIVE MANDERINO: Would you
3 have a suggestion based on what you just said
4 about -- that you gave two examples of mandated
5 training on certain issues that are three hours
6 or six hours. I actually would like -- I don't
7 know if we can find that information out or if
8 this is --

9 Does the Human Relations Commission
10 do the training, the other trainings like
11 the -- When it says, commission shall include
12 in the minimum course requirements of Section
13 2164(1), relating to powers and duties of the
14 commission, what other training that the police
15 officers are getting, are you, the Human
16 Relations Commission, giving them?

17 MR. SUMMERSON: That commission, I
18 think, that the statute contemplates there is
19 the Municipal Police Officers Training
20 Commission.

21 REPRESENTATIVE MANDERINO: Oh, pardon
22 me. But, in this case the Human Relations
23 Commission -- and I apologize because I came in
24 five minutes later. Are you going to be doing
25 or involved in doing the training on this issue

1 of educating police officers on people with
2 disabilities?

3 MS. ONCLEY: What the bill says is
4 that, the training commission will do that in
5 consultation with the Pennsylvania Human
6 Relations Commission and in consultation with
7 disability groups. I would assume we could
8 work that out as we have worked out things in
9 the past.

10 REPRESENTATIVE MANDERINO: On the
11 issue of racial sensitivity, other kinds of
12 diversity training, is the statute written the
13 same way? Do they consult with you, the
14 Pennsylvania Human Relations Commission, on
15 this?

16 MS. ONCLEY: I don't believe that was
17 in the statute. I think they decided that we
18 were a resource that they would want to
19 involve, so we were invited to participate.

20 REPRESENTATIVE MANDERINO: Okay.
21 Then you, the Human Relations Commission,
22 weren't involved in deciding how long the
23 course on diversity training will be?

24 MR. SUMMERSON: No.

25 MS. ONCLEY: No, I don't believe so.

1 REPRESENTATIVE MANDERINO: So, it
2 would probably be more appropriate for us to
3 look to the Police Training Commission for
4 guidance on whether or not in this legislation
5 we need to -- you know, what have we done
6 historically in the past? Have we defined a
7 limit to the reasonableness of the length or
8 the reputable training?

9 MR. SUMMERSON: Just in the past we
10 helped develop a curriculum. But, when we got
11 there on the invite of the Municipal Police
12 Officers Training Commission, that time limit
13 was already established for both of the
14 programs that we helped to develop. Then we
15 trained trainers that had that period of time
16 set already. The trainers would then go out
17 and train the police officers.

18 REPRESENTATIVE MANDERINO: Thank you.
19 Thank you, Mr. Chairman.

20 CHAIRPERSON BIRMELIN: Representative
21 Schuler.

22 REPRESENTATIVE SCHULER: Thank you,
23 Mr. Chairman. Representative Manderino already
24 asked a question that I would ask. I would
25 caution, the police we have today, the amount

1 of time they spend in training is very, very
2 extensive.

3 My question would be, Representative
4 Manderino asked, when I look on page 3 and all
5 of the organizations that would be involved in
6 this curriculum, I can see each one of them
7 giving quite an extensive background on each of
8 their area, and so they should. I do caution
9 the committee here that we have to be very
10 careful that we don't overdo this.

11 MS. ONCLEY: I would not disagree
12 with that. The language talks about them being
13 involved in the development of the curriculum.
14 It does not talk about, or I think envision,
15 although the author is here today and could
16 speak to this better than I could. But, I
17 don't think it envisions, you know, here's an
18 hour. We'll set aside an hour for the Tourette
19 Association to speak to this group, and we'll
20 set aside an hour for the Epilepsy Foundation.
21 I think it's involved in getting all these
22 groups together and developing the curriculum.
23 And when we helped --

24 REPRESENTATIVE SCHULER: (Inaudible
25 words; voice too low) for.

1 MS. ONCLEY: Yeah. When we helped
2 the Training Commission develop other
3 curriculum, I know it was months and months of
4 work in getting together and organizing the
5 curriculum that could be done. So, it's not
6 undoable, but I agree with you, you cannot make
7 police officers turn themselves into doctors or
8 occupational therapists or paramedical people.

9 You can, however, let them know when
10 they approach a situation whether they ought to
11 be dealing with it in terms of calling an
12 ambulance or doing an arrest.

13 REPRESENTATIVE SCHULER: I agree with
14 the comments of your chief counsel, at least to
15 allow a police officer to recognize there is a
16 problem. He may not know or she may not know
17 exactly what the problem is, but there are some
18 symptoms there that would draw their attention
19 to take further steps. Am I correct, in my
20 interpretation, that's what the intent of this
21 bill is to accomplish?

22 MS. ONCLEY: That's how I read it.
23 You know, there's an old expression that when
24 your only tool is a hammer, all problems start
25 to look like nails. I think police get used to

1 seeing things in certain ways. They get used
2 to seeing a certain behavior as indicating
3 being drunk. Certain behavior is indicating
4 potential drug use; certain behavior as being
5 potentially suspicious. It helps them to be
6 able to draw back and say, maybe in addition to
7 a hammer I need a couple of other tools to see
8 whether this is not the problem that I thought
9 it was originally.

10 REPRESENTATIVE SCHULER: Just the
11 administration of the bill, I don't know if
12 you're in a position to answer this question.
13 Once the curriculum would be developed, where
14 does it go from there? Do you have to go
15 through the error process for that?

16 MS. ONCLEY: Excuse me.

17 REPRESENTATIVE SCHULER: The
18 Pennsylvania Regulatory Review Commission, does
19 it go through that process on the curriculum or
20 can you just publish it, or --

21 MS. ONCLEY: I'm not sure that the
22 Training Commission's curriculum are published.

23 REPRESENTATIVE SCHULER: That's what
24 I'm trying to find out.

25 MS. ONCLEY: I'm afraid I just don't

1 know the answer to that. But, I can't
2 recall -- Any of you recall it being published?

3 MS. SHUSTER: Normally, what is
4 required to be published and to be submitted
5 for approval by the Independent Regulatory
6 Review Commission, the Attorney General's
7 Office, would be policies, regulations and
8 guidelines.

9 REPRESENTATIVE SCHULER: My question
10 is, is this a guideline or is this a
11 regulation? I'm not sure. That's why I'm
12 asking the question.

13 MS. SHUSTER: I do not recall seeing
14 the details of a course curriculum such as this
15 in the Pennsylvania Bulletin, which is where
16 such things would be published, if that were a
17 requirement.

18 REPRESENTATIVE SCHULER: But we know
19 it's education. That's why I raised the
20 question. I thank you.

21 A couple years ago under the
22 leadership of Representative Micozzie -- or
23 Representative -- Anyway, we looked at autism
24 on the task force. It was amazing. Even some
25 of the medical profession didn't recognize what

1 it ought to. I think police should have some
2 idea what it is. So, I think with a few
3 changes here we'll clean it up, and maybe I
4 could support the bill.

5 I don't have any real problems with
6 it, but I do think we have to set this
7 situation that Representative Manderino raised,
8 that we take a look at that. Thank you, Mr.
9 Chairman.

10 CHAIRPERSON BIRMELIN: Thank you
11 panel for your testimony. We appreciate your
12 coming here and being with us this morning.

13 Our next witness is Doris Washington
14 from the Autism Society of America. While
15 she's coming forward and preparing for
16 testimony, I want to make known for the record
17 that we have received written testimony from
18 the American Civil Liberties Union. And
19 members of the panel have a copy of that
20 letter, and that also should be entered into
21 the record.

22 Ms. Washington, you are from the
23 Autism Society of America.

24 MS. WASHINGTON: Yes, I am.

25 CHAIRPERSON BIRMELIN: And you have

1 written testimony with you this morning?

2 MS. WASHINGTON: Yes, I do. And
3 I would like to say I am pleased to be here in
4 support of House Bill 2620.

5 CHAIRPERSON BIRMELIN: I think we're
6 having trouble hearing you; if you could bring
7 that microphone a little closer to you.
8 Thank you.

9 MS. WASHINGTON: I would like to say
10 I am pleased to be here in support of House
11 Bill 2620. My name is Doris Washington, and I
12 am my son's advocate. I'm a member of the
13 Autism Society of America. I am also a member
14 of ARC of Dauphin County, where I am on the
15 Governor's Affairs Committee.

16 Five years ago in December of 1993,
17 an incident occurred involving our autistic son
18 and two police officers. My son was playing
19 outside in the front yard when the two police
20 officers approached him for peeking in the
21 window of his own home. The two officers did
22 not recognize my son's disability.

23 When I got outside I witnessed seeing
24 the two officers holding my son on the ground
25 in my front yard. My son was laying face up on

1 his back, handcuffed, and as a result of this
2 incident my son suffered a separated shoulder.
3 If the two officers had recognized the behavior
4 characteristics of my son's disability, this
5 incident would not have occurred.

6 It is apparent, as a result of such
7 incidents as my son's, there is a need of
8 education and training on how law enforcement
9 are to recognize persons with various types of
10 disabilities, such as, autism, mental
11 retardation, Alzheimer's, epilepsy and all
12 other developmental disabilities. Through
13 proper training, autism, like other
14 disabilities, can be easily recognized by
15 police officers with such behavior
16 characteristics as an appearance of deafness.
17 They can walk away and not respond vocally
18 while a person is communicating to them.

19 Persons with autism have a hard time
20 communicating with others; whereas, there's a
21 deficiency in nonverbal and verbal
22 communication and social interaction. They
23 cannot hold a conversation with others, and in
24 some cases they cannot speak. Persons with
25 autism can resist any change in routine. They

1 can be overanxious and verbally repetitious.

2 There are nearly 400,000 autistic
3 persons in the U.S. today. It is more common
4 than Down's syndrome. Autism is the third most
5 common developmental disability.

6 There are more persons with
7 disabilities living in our communities now.
8 This bill will provide input from organizations
9 such as, the Autism Society of America,
10 Epilepsy Foundation, the Alzheimer's
11 Association, along with other organizations to
12 insure that proper training for law enforcement
13 to be better informed and aware of disabled
14 citizens who live in their communities.

15 We need you to support House Bill
16 2620. Thank you.

17 CHAIRPERSON BIRMELIN: Thank you, Ms.
18 Washington. I'll ask members of the panel if
19 they have questions for you. I'll begin with
20 the prime sponsor of the bill, Representative
21 Caltagirone.

22 REPRESENTATIVE CALTAGIRONE: No, but
23 I do want to thank Ms. Washington for taking
24 the time to be here today; of course, for being
25 so kind and gracious when we made the

1 announcement from the legislation to have
2 (drops voice). We do appreciate it. Thank
3 you.

4 MS. WASHINGTON: Thank you, too.

5 CHAIRPERSON BIRMELIN: Representative
6 Masland.

7 REPRESENTATIVE MASLAND: No
8 questions.

9 CHAIRPERSON BIRMELIN: We have been
10 joined by Representative Harold James from
11 Philadelphia who is to the right of
12 Representative Masland. Were you here for her
13 testimony?

14 REPRESENTATIVE JAMES: Thank you, Mr.
15 Chairman. No, I wasn't here, but I do want to
16 make a comment. I just wanted to commend Ms.
17 Washington for this -- Ms. Washington had done
18 some voluntary work in my office here in
19 Harrisburg. And when this incident happened
20 she told me about it, and she started working
21 on it because she saw a problem. It's just the
22 fact that she kept at -- She was insistent, and
23 the fact that this needs to be resolved and
24 something needed to be done about it.

25 This is how -- Often, a lot of times

1 when legislation or policy needs to be changed,
2 it takes -- it at least takes one person that
3 wants to have insistence to deal with whatever
4 the concern is. And it takes -- Sometimes it
5 takes some legislators to listen.

6 I want to thank Representative
7 Caltagirone because he listened, the staff
8 listened, we listened and we spoke with the --
9 The most thanks goes to Ms. Washington for
10 dealing and continuing her efforts to give of
11 herself. I just want to thank you.

12 CHAIRPERSON BIRMELIN: Representative
13 Chadwick.

14 REPRESENTATIVE CHADWICK: Thank you,
15 Mr. Chairman. I don't have a question; just a
16 comment. I think that legislation should
17 provide training for police officers on autism,
18 epilepsy, mental retardation, and that sort of
19 thing is very worthwhile. I'm delighted that
20 we are moving forward.

21 Well, like Representative Feese, I
22 have some concerns about the scope of the
23 legislation. I think our real challenge is
24 going to be separating the wheat from the
25 chaff. Worthwhile training of the type I just

1 mentioned as compared to things like
2 asymptomatic, HIV, for which I don't think any
3 training in the world for a police officer to
4 know if there was a asymptomatic HIV patient.

5 So, I think our real challenge is
6 going to be to narrow the scope of this down,
7 but I think it's worthwhile legislation. Thank
8 you.

9 CHAIRPERSON BIRMELIN: Representative
10 Schuler.

11 REPRESENTATIVE SCHULER: Thank you,
12 Mr. Chairman. I have no question. I'd just
13 like to correct the record. It was
14 Representative Joe Markosek who led that task
15 force on autism. He did a very excellent job.
16 I just wanted to correct the record.

17 CHAIRPERSON BIRMELIN: Representative
18 Markosek will appreciate you giving him proper
19 recognition.

20 REPRESENTATIVE SCHULER: Well, he was
21 doing a wonderful job five or six years ago.
22 It was a very commendable job. Thank you.

23 CHAIRPERSON BIRMELIN: Ms.
24 Washington, I guess there are no questions for
25 you other than commendations of those who thank

1 you for being here. I thank you as well.

2 Thank you for coming.

3 MS. WASHINGTON: Thank you.

4 CHAIRPERSON BIRMELIN: Our next
5 witnesses are Beverly Gibson, Development and
6 Communications Manager; and Robert Madden,
7 Behavior Training Specialist for LifePath,
8 Incorporated.

9 MS. GIBSON: Actually, I'm Beverly
10 Gibson. I'm really here just organizing
11 things. Maureen Hess is actually the other
12 person who's going to be providing testimony.

13 CHAIRPERSON BIRMELIN: I would ask
14 you too as well to make sure that the
15 microphones are closer to you because they only
16 pick up within the first four or five inches of
17 your mouth. If you don't speak correctly into
18 them, the stenographer can't hear you, I can't
19 hear you, and certainly the audience can't hear
20 you. So, it's better to project a little bit,
21 if you could.

22 I also noticed in the written
23 testimony that you provided for us there is
24 extensive background of what LifePath is. And
25 rather than have you read that to us, I'd

1 appreciate if you give us a brief summary of
2 that and then move on to your testimony on the
3 actual bill that we're discussing today. Are
4 both of you speaking today?

5 MR. MADDEN: Yes, sir.

6 CHAIRPERSON BIRMELIN: Okay. We'll
7 go ladies first.

8 MS. HESS: Well, actually, we need to
9 go with him first.

10 CHAIRPERSON BIRMELIN: Okay. Mr.
11 Madden.

12 MR. MADDEN: I have the background,
13 the brief summary. LifePath was originally
14 founded in 1974. Today we operate group homes
15 in support living arrangements within
16 Pennsylvania. The need for community-based
17 residential programs and service-based homes
18 for people with mental retardation disabilities
19 continues to increase.

20 LifePath serves more than 1,250
21 individuals with program and support services,
22 including early intervention for children who
23 are not school age, residential programs for
24 children and adults, vocational training and
25 sheltered workshops for adults, as well as

1 behavioral programming and autism programming.
2 LifePath employees 800 individuals throughout
3 its three regions of Lehigh Valley: Bucks
4 County, Montgomery County, and Delaware County.

5 What we're going to do this morning
6 is give some examples of some incidents in
7 which police were involved and some actions
8 that were taken to provide awareness and
9 sensitivity to behavioral concerns which, if
10 misunderstood or taken on those appearances,
11 could cause the incident to escalate into a
12 more dangerous situation. Maureen has a few
13 incidents that she would like to share that she
14 is directly involved in.

15 MS. HESS: I work with individuals
16 who live in their own apartments. They are
17 semi-independent. They only have a few staff
18 hours of assistance per week.

19 The first example that I'd like to
20 give, and I'll call this person MS, she's a
21 mildly mentally retarded individual. She had a
22 visitor from one of her job sites come and
23 visit her several times unbeknownst to us. And
24 she complained several days later that this
25 person had touched her inappropriately. The

1 police then were notified when she told us of
2 the incident. The police investigated the
3 incident.

4 And what's difficult about MS is
5 that, it's very difficult not to ask her
6 leading questions when doing an investigation
7 because she will oftentimes answer yes to
8 questions that she's not really sure of the
9 answer or she's not able to process that
10 information or that question.

11 It would be very important if the
12 police could have some training in that area of
13 how to ask questions of our people with
14 disabilities.

15 What we're doing at present is, we're
16 starting to meet with different police officers
17 in the Sellersville, Souderton and Quakertown
18 area to form some type of a collaborative
19 effort for when situations like this arise so
20 that we can have people who are knowledgeable
21 in the area about our folks that we offer
22 services to.

23 Do you want to give one of yours?

24 MR. MADDEN: Sure. I have one
25 example that I was directly involved with a

1 couple years ago. We moved one of our existing
2 group homes from a location in Richlandtown,
3 Pennsylvania, to another location in
4 Hellertown, Pennsylvania. I have been working
5 with these gentlemen for a while. Previously,
6 I was familiar with their challenging
7 behaviors. One of the residents in the home
8 was known to display episodes of agitation
9 where he engages himself in injury, slaps
10 himself, scratches himself and then he would
11 shout ow. If you didn't know this gentleman
12 and weren't observing him and you just heard
13 him outside, you would think that somebody was
14 striking him, was injuring him, abusing him,
15 but he was basically doing this himself.

16 In September of 1996, I became aware
17 of an incident that occurred on September 21st,
18 '96, in which this resident was engaged in this
19 type of behavior. The next-door neighbor heard
20 this, became concerned and spoke to some of our
21 staff, eventually called the police.

22 Police officers arrived and
23 questioned the neighbor, questioned our staff;
24 came into the house, misunderstood what the
25 individual was doing; called the ambulance

1 right away. As it was reported to me, the
2 intent was to take this individual to a
3 psychiatric hospital because he was not capable
4 of engaging in safe behavior, so to speak.

5 So after that all, the gentleman did
6 not end up going to the hospital, but later I
7 was brought in. I went down and met with the
8 police officers a month or so later and
9 provided them with some specific training in
10 terms of, the gentleman living at that house;
11 not just this individual, but his housemates as
12 well; met with them for about an hour or so,
13 talked about things like the nature of the
14 disabilities that these individuals had and
15 talked to them a little bit about responding to
16 calls and what have you.

17 Since I met with them back in 1996,
18 they have responded to some calls at the house,
19 I think two at the house since then. Those
20 interactions have been much more proactive and
21 positive in terms of the police, you know,
22 response, as well as our staff response to the
23 police arriving. It really worked out well,
24 the meeting that I had with them.

25 MS. HESS: I have another example

1 where I have, I'll call him WM. This resident
2 is someone who has an obsessive-compulsive
3 disorder. He has a lot of habitual behavior,
4 and he collects soda tab lids. He's very
5 interested daily in collecting these tabs.
6 He's been found in the neighbors' trash and
7 different stores in the trash collecting and
8 trying to find these tabs. And the police have
9 contacted us, and we did explain the situation.

10 It's a difficult situation to
11 resolve, but we have found the police to be
12 very accepting, you know, what we're trying to
13 do. I find that the police have been very,
14 very receptive with working with us to become
15 better trained and become more knowledgeable
16 about our folks at the home.

17 MR. MADDEN: So, basically, I guess
18 what we're suggesting is, we've had some
19 contact with the police in these individual
20 incidents, and we found that contact to be very
21 productive and worthwhile. And we're looking
22 forward to participating in that other kind of
23 training as well.

24 CHAIRPERSON BIRMELIN: Thank you. In
25 the handout that you gave us I noticed that you

1 have a few pages dealing with your interaction
2 with the Hellertown Police Department.

3 MR. MADDEN: Yes.

4 CHAIRPERSON BIRMELIN: Were you in
5 any interaction in -- I would assume with all
6 the counties that you cover, with other police
7 departments other than Hellertown?

8 MR. MADDEN: We have had, yes. I
9 have had some interaction with the police
10 department in Whitehall, Pennsylvania, as well.

11 CHAIRPERSON BIRMELIN: Did you find
12 them to be responsive?

13 MR. MADDEN: Very much so. In fact,
14 they sort of -- We were having some difficulty
15 with relations with a neighbor who was very,
16 very distraught about having a group home
17 living next door to them. The Whitehall police
18 were very proactive in coming to meet with us.
19 Not only did we meet with the community police
20 officer, but also met with the chief who came
21 out; came to the house.

22 The residents, the women that live
23 there were not home, but he came to the house
24 to talk a little bit about what our program was
25 involved in. We did talk about some of the

1 ways to work with our neighbor. So, yes, they
2 were very, very proactive and accommodating.

3 CHAIRPERSON BIRMELIN: One of the
4 pages -- Well actually, I guess, it's two of
5 the pages that you included with your testimony
6 is entitled, Hellertown Township Police
7 Department Training Outline. Apparently,
8 Hellertown police have some portion of the time
9 set aside for their officers to have training
10 in the types of disabilities that you deal
11 with; is that correct?

12 MR. MADDEN: My understanding --
13 Well, what I gave and what you have there is a
14 copy of the handout that I gave to them. What
15 they did was, they gave me some time to meet
16 with their staff during the course of their
17 regular training. They train once a month.
18 And so they allotted me an hour to meet with
19 one-half of the department and another hour to
20 meet with the others.

21 CHAIRPERSON BIRMELIN: Was an hour
22 sufficient?

23 MR. MADDEN: I thought so, yes.

24 REPRESENTATIVE BIRMELIN: Did you
25 have any follow-up to this training as sort of

1 before and after anecdotal stories of officers
2 who said, in the past I would have done thus
3 and thus but after I talked to you people and
4 spent that hour, then I looked at it
5 differently? I'm guess what I'm asking is, do
6 you have a positive affirmation that what
7 you're doing is working with the police
8 departments?

9 MR. MADDEN: Well, I haven't spoke
10 with the police officers in particular.
11 However, when they did respond to a subsequent
12 call a year or so later, they were -- the
13 officers that responded as I'm told were -- you
14 know, understood what was necessary; understood
15 some of our policies and procedures in terms of
16 having to call supervisors and what have you,
17 which they weren't very interested in when they
18 first arrived in 1996. But, no, I have not
19 spoken with those particular officers since
20 that time.

21 CHAIRPERSON BIRMELIN: It would be
22 interesting to see what they have to say now
23 after two years of this. I'm going to turn the
24 rest of the questions over to our panel here.
25 I'll begin with Representative Caltagirone.

1 REPRESENTATIVE CALTAGIRONE: No

2 questions.

3 CHAIRPERSON BIRMELIN: Representative
4 Feese.

5 REPRESENTATIVE FEESE: No questions.

6 CHAIRPERSON BIRMELIN: Representative
7 Manderino.

8 REPRESENTATIVE MANDERINO: No.

9 CHAIRPERSON BIRMELIN: Representative
10 Schuler.

11 REPRESENTATIVE SCHULER: No.

12 CHAIRPERSON BIRMELIN: Representative
13 Masland.

14 REPRESENTATIVE MASLAND: Thank you,
15 Mr. Chairman. Just an observation. I think
16 training is helpful, but I think what you have
17 in your situation where the training or the
18 familiarity of your work is the fact that you
19 had a group home setting. You have something
20 that's very obvious to the police and very
21 obvious to the neighbors. That type of
22 situation means that when they go into that
23 neighborhood they're looking for something a
24 little bit differently than they would be if
25 they're going in any other neighborhood. And

1 they may not pick up the clues, or the cues
2 that someone is autistic, or mentally retarded,
3 or obsessive-compulsive or has any of those
4 other problems if they are seen in an isolated
5 spot, in the general public. They might think
6 this person is just acting out or causing
7 problems.

8 So that's my concern. An hour may be
9 enough to sensitize the police department when
10 they have, you know, a known situation in the
11 neighborhood that they need to be apprised of.
12 But an hour, two hours or three hours jammed
13 into the Municipal Police Officers Training
14 Program may not be enough unless they are out
15 there on the streets and actually come face to
16 face with a situation, then they'll recall the
17 next time they come face to face, but not that
18 first time.

19 MR. MADDEN: No, I was not suggesting
20 that an hour would be enough. I was just --
21 Basically, I was talking to those officers
22 about these specific five individuals who I
23 know very, very well. And, I agree with you.

24 Certainly, trying to talk to a police
25 officer, a group of police officers about a

1 wide spectrum of disabilities or behavioral
2 concerns you couldn't -- I don't think you can
3 jam into an hour, no. But I was talking about
4 five men that I knew, you know, intimately, and
5 we had some questions, give and take and it
6 really worked out well.

7 REPRESENTATIVE MASLAND: That really
8 gets back to some of the previous questions and
9 comments by other members of the panel, that
10 the scope of what we try to teach the police
11 officers has to be realistic. Otherwise, you
12 can give them a watered-down version of the
13 whole panoply of problems in society, of
14 course, in three hours and they won't remember
15 any of it. Thank you.

16 CHAIRPERSON BIRMELIN: We want to
17 thank you folks for giving us your testimony
18 today. We appreciate your coming and
19 testifying.

20 MR. MADDEN: Okay. Thank you.

21 MS. GIBSON: Thank you for the
22 opportunity.

23 CHAIRPERSON BIRMELIN: We next have
24 three folks who are going to testify
25 collectively, although each individually has a

1 statement for us this morning. Mary Lou Reaver
2 is the Executive Director for Pennsylvania
3 Tourette Syndrome Association. Sue Livingston
4 is the Director of the Community Education and
5 Outreach of the Epilepsy Foundation. And
6 Louise Hitchcock is the Executive Director for
7 Alzheimer's Association of Pennsylvania. Would
8 you ladies please come forward.

9 I'll need you to introduce yourselves
10 so we are aware of who is who. Who is Mary Lou
11 Reaver, which one? Sue Livingston? And that
12 leaves you to be Louise Hitchcock.

13 MS. HITCHCOCK: That is correct.

14 CHAIRPERSON BIRMELIN: I write little
15 notes here so I can remember who is who. Why
16 don't we give the testimony in that order from
17 Mary Lou Reaver over to Louise Hitchcock.
18 We welcome you to our committee meeting this
19 morning.

20 MS. REAVER: Thank you. I also have
21 two mothers who would like to make very brief
22 statements and --

23 CHAIRPERSON BIRMELIN: I'm sorry, I
24 can't hear you.

25 MS. REAVER: I have two mothers with

1 me who have had interactions with police and
2 their handicapped children who would like to
3 share my time. My statement is very brief.

4 CHAIRPERSON BIRMELIN: I will ask
5 them to wait until the other two ladies have
6 given theirs. Then as time allows we'll do
7 that. And I will caution you ladies, as well,
8 you need to speak directly into that
9 microphone. It just doesn't pick up very well
10 unless you speak loudly and clearly and
11 hopefully not too rapidly. Thank you.

12 MS. REAVER: We will try. My name is
13 Mary Lou Reaver. I'm the Executive Director of
14 the Pennsylvania Tourette Syndrome Association,
15 a job I never applied for. My husband and my
16 son have Tourette syndrome, so the job came and
17 found me. We have been an agency since 1985,
18 partially funded through funds from the
19 Department of Health. And I would like to
20 share with you a couple of incidents that
21 indicate a statewide need for this type of
22 legislation.

23 Philadelphia County. They called her
24 the Duck Lady, the famous Duck Lady of
25 Philadelphia. You see, she quacked a lot. All

1 day, in fact. Other things too that were odd.
2 The police loved to hassle her. When stressed
3 she quacked more. She was fun, for the police
4 anyway; for most of them. I don't believe she
5 thought her life fun. She was homeless. For
6 who would associate with a woman who quacked?
7 She spent her life hiding from the police and
8 the world.

9 Lancaster County. He was stopped for
10 a speeding ticket. It happens to a lot of us.
11 We are people in a hurry. Everyone feels
12 stressed when stopped by the police. No, he
13 should not have been speeding on the
14 Pennsylvania Turnpike but it was just a routine
15 traffic stop, until the officer heard the
16 language emitting from this young man.
17 Coprolalia, it's called, that involuntary
18 language of Tourette syndrome. The trooper
19 certainly could not tolerate that language
20 being used before an officer of the law. To
21 jail with you, young man.

22 Following multiple explanations about
23 a disorder called Tourette syndrome, a
24 physician was located that could authenticate
25 that such a disorder did exist. Finally, after

1 two hours of incarceration in the county
2 lockup, he was given his ticket and freed to
3 continue on his way.

4 Potter County. He was teased by
5 teachers and students. He was 14 years old.
6 He made faces, wiggled, made funny guttural
7 sounds. He hated school; was afraid to go
8 there. His name was Aaron. He skipped school
9 sometimes. Just too difficult to stand another
10 day of it. He was truant, so the officers of
11 Coudersport arrested him, took him to school
12 and handcuffed him to the desk.

13 Surely something was wrong in his
14 home to have a child behave this way. His
15 mother was questioned repeatedly, always
16 denying wrong doing with this boy. Finally,
17 she closed her business and left town. Aaron
18 quit school as soon as he could.

19 Officers with knowledge about
20 Tourette syndrome could have changed a life and
21 kept the child in school.

22 People with Tourette syndrome are
23 ordinary people as good and as bad as the rest
24 of us. Tourette syndrome is not an excuse to
25 break the law. But, citizens with Tourette

1 syndrome are also entitled to equity under the
2 law.

3 For most of us, law enforcement
4 begins with the officer or officers who
5 interact with us. If they do not understand
6 the disorder, have formed their opinion about
7 Tourette syndrome from a television show, or
8 are not willing to believe this behavior is a
9 disorder, or worse yet, a joke, the citizens
10 with Tourette syndrome do not have equity under
11 the law.

12 Fayette County. He was 12 years old.
13 His tics caused him horrific embarrassment.
14 Emotionally, it was not easy in school, living
15 with his attention deficit hyperactivity
16 disorder and impulse control issues. Then the
17 only girl who did speak to him dared him to
18 partially lower his sweat pants on dress down
19 day at school. At least she was finally
20 talking to him. Unfortunately, the principal
21 caught him and called the police. Charges were
22 filed. Advocacy by a Tourette syndrome
23 Association disability volunteer at the
24 magistrate's office was successful, and charges
25 were dropped.

1 House Bill 2620 can formulate and
2 mandate necessary changes for victims of
3 Tourette syndrome. House Bill 2620 will have
4 unique power to inaugurate and sustain ongoing
5 disability training for both state and
6 municipal police officers. It can incorporate
7 in that training advances in knowledge of and
8 treatment for the disability by direct contact
9 with the agencies that secure and disseminate
10 such data on a daily bases.

11 I sincerely ask passage of this
12 legislation on behalf of nearly 3,000
13 Pennsylvanians with Tourette syndrome. Thank
14 you for your attention.

15 CHAIRPERSON BIRMELIN: Ms.
16 Livingston.

17 MS. LIVINGSTON: My name is Sue
18 Livingston. I'm the Director of Community
19 Education Outreach for the Epilepsy Foundation
20 of Southeastern Pennsylvania. Let me first
21 take a few minutes to define epilepsy.

22 Epilepsy is a episodic neurological
23 disorder that occurs when the normal electrical
24 activity of the brain is interrupted. The
25 brief disturbances may block or alter

1 awareness, movements or actions. The
2 generalized tonic-clonic, or grand mal seizure
3 is what most people think of when they hear the
4 word epilepsy. This seizure causes loss of
5 consciousness, falls, and jerking movements
6 affecting the whole body. However, this is
7 only one type of seizure.

8 Complex partial seizures are the most
9 common in young adults and adults. Partial
10 seizures are not easily recognized by the
11 public and are easy to mistake for other
12 conditions. Complex partial seizures may look
13 like sleepwalking, with automatic actions and
14 an altered state of consciousness, much like
15 alcohol or substance abuse, or disorderly
16 conduct. An educated officer knows to look for
17 a medical alert necklace or bracelet, or can
18 recognize the automatic movement that will help
19 to identify a complex partial seizure.

20 It is important that Bill Number 2620
21 have a written curriculum included as part of
22 the bill. This curriculum needs to be written
23 with contact of direct agencies such as the
24 Epilepsy Foundation of Southeastern
25 Pennsylvania and the Epilepsy Foundation of

1 Central Pennsylvania in Harrisburg. It is
2 necessary in order to insure a good curriculum,
3 just as it is necessary that there be a
4 repeated in-service every four years. Changes
5 in terminology, grand mal is now the
6 generalized tonic-clonic or petit mal is now
7 absence seizures. And changes in research
8 cause the repeated in-service to be essential.

9 It used to be okay to put something
10 in a person's mouth who was having an epileptic
11 seizure. It's not done anymore. We know now
12 that the tongue cannot be swallowed.

13 Our national office, the Epilepsy
14 Foundation of America, has developed a program
15 that has been offered to affiliates since 1992.
16 This program is called, Take Another Look, and
17 is a training tape to improve officers'
18 understanding of seizures and epilepsy and to
19 help distinguish between seizure-related
20 behavior and behavior that's caused by alcohol,
21 substance abuse, and illegal activity. The
22 training tape features police officers, people
23 with epilepsy and examples of different kinds
24 of seizures. And there is a brochure that goes
25 along with the tape.

1 Part 1 of the tape involve Seizure
2 Recognition and Management. It presents
3 examples of real seizures, demonstrates
4 appropriate police response.

5 Part 2 are Key Issues for Law
6 Enforcement Personnel. It recaps seizure
7 recognition and management, avoiding physical
8 restraint, and the importance of taking
9 medications on schedule, even if that person is
10 in police custody.

11 Take Another Look has been used for
12 several years by the Philadelphia Police
13 Department with their training of new officers.
14 I have examples of the brochure and the
15 videotape here.

16 Thank you for your time and your
17 consideration.

18 CHAIRPERSON BIRMELIN: Thank you for
19 your testimony. I think that Representative
20 Caltagirone might be interested in borrowing
21 that tape or just getting a copy of it since
22 this is his legislation. I didn't mean to
23 speak for you, but I would think you would want
24 it.

25 Ms. Hitchcock.

1 MS. HITCHCOCK: As Executive Director
2 of the Alzheimer's Association, South Central
3 Pennsylvania, I commend Representative
4 Caltagirone for introducing legislation to
5 mandate training on disabilities for law
6 enforcement officers. There's a real need for
7 law enforcement officers to understand the
8 needs of people with disabilities, including
9 the 390,000 individuals and their families who
10 are living in Pennsylvania dealing with
11 Alzheimer's disease.

12 These individuals and their families
13 depend on police officers who are knowledgeable
14 about the disease to help them with crisis
15 situations. If insensitive and unknowledgeable
16 about this disease, the officer may
17 inadvertently allow a situation to escalate
18 into a catastrophic and violent reaction.

19 While an individual with Alzheimer's
20 disease is as likely as any other individual to
21 be involved in any situation, a number of the
22 behaviors common to Alzheimer's disease
23 individuals increase the likelihood of specific
24 problems occurring. Wondering, inappropriate
25 sexual behavior, the appearance of intoxication

1 and shoplifting are common situations involving
2 individuals with Alzheimer's disease that law
3 enforcement officers will encounter.

4 At some point in the disease process
5 over 59 percent of people with Alzheimer's
6 disease wander and get lost. When an
7 individual with Alzheimer's disease gets lost,
8 he behaves differently than the general
9 population. He will not cry out for help or
10 respond to help. He will leave few physical
11 clues behind. He will often be found a short
12 distance from where he disappeared, a short
13 distance from a road or open field, usually in
14 a creek or a drainage area or caught in briars
15 and bushes.

16 A person with Alzheimer's disease can
17 get lost two blocks from his house or even in
18 his own front yard. If he is not found in 24
19 hours, there is a 46 percent chance that he
20 will die.

21 Recently, we experienced a situation
22 that illustrates the need for mandated law
23 enforcement training on Alzheimer's disease.
24 On a Saturday night this spring, I received a
25 phone call from our national 24-hour hot line

1 that serves to identify and relocate
2 individuals with Alzheimer's disease who are
3 lost and wander. They informed me that Mr. M,
4 an 86-year old local Pennsylvania man with
5 Alzheimer's disease, had wandered from his
6 home and was lost. I might add he was a
7 marathon runner.

8 He had been agitated earlier that
9 morning and walked about 10 miles to a post
10 office where someone contacted the police. The
11 police called his wife who is unable to drive.
12 She asked the police to drive him home.

13 The report from the hot line stated
14 what happened next. It stated, the police were
15 very unhelpful in terms of understanding how
16 important it was to get him back to his home.
17 They initially said he should walk the 10 miles
18 home. They said, he got there. He could get
19 home the way he came. They decided to drop him
20 off but only within two blocks from his house.
21 They did not tell his wife where he would be
22 dropped off.

23 Fortunately, this story ended
24 happily. However, what could have happened is
25 that he became lost two blocks from his house

1 and was never found again. Because of the
2 cold, sleet, and snow on the day he wandered,
3 this man could have easily died as a result
4 exposure and hypothermia.

5 A positive aspect of this bill is
6 that it brings in the expertise of staff on
7 disability organizations who are well versed in
8 their disabilities. The bill incorporates
9 educational materials developed by national
10 disability organizations. It incorporates
11 in-service training on disabilities for
12 officers who have already gone through cadet
13 training and have not received any training on
14 disability.

15 Over the years our information about
16 specific disabilities has evolved and expanded.
17 This in-service provides us with up-to-date,
18 state-of-the-art information on disabilities
19 that we are able to provide to our law
20 enforcement officers.

21 The Alzheimer's Association Chapters
22 of Pennsylvania support this bill and believe
23 that trained law enforcement officers will be
24 empowered to effectively help families who are
25 dealing with this dreaded disease. Thank you.

1 CHAIRPERSON BIRMELIN: Thank you,
2 ladies, for your testimony. Before Mrs.
3 Reaver's two, what should we call them, cohorts
4 join her, I'd like to give the panel the
5 opportunity to ask any of these ladies any
6 questions you may have or some comments on it.
7 Representative Caltagirone.

8 REPRESENTATIVE CALTAGIRONE: Just one
9 follow-up. If I could borrow that tape --

10 MS. LIVINGSTON: Yes.

11 REPRESENTATIVE CALTAGIRONE: -- I'll
12 make copies for the rest of the members of the
13 Judiciary Committee and get that tape back to
14 you. I thank you for testifying. Thank you,
15 Mr. Chairman.

16 CHAIRPERSON BIRMELIN: Representative
17 Manderino.

18 REPRESENTATIVE MANDERINO: Thank you.
19 Actually my question is for Ms. Livingston,
20 too. On the Take Another Look program that the
21 Epilepsy Foundation has done in Philadelphia,
22 how long is that training involved in doing
23 that?

24 MS. LIVINGSTON: The tape is --
25 Actually, it is eight minutes for the first

1 part and seven minutes -- I don't know what the
2 specifics are. Actually, I know for a fact
3 that they're doing it because we have someone
4 in our office who has a brother who just came
5 through the academy and had seen the tape and
6 had discussion on it. So, I know firsthand
7 that way. I don't know how often they do it.

8 REPRESENTATIVE MANDERINO: But you
9 have reduced down at least to the --

10 MS. LIVINGSTON: The video is 15
11 minutes.

12 REPRESENTATIVE MANDERINO: -- to a
13 15-minute program. Thank you. Thank you, Mr.
14 Chairman.

15 CHAIRPERSON BIRMELIN: Ladies, we
16 want to thank you for your testimony. Mrs.
17 Reaver, if you'd like to introduce your two
18 guests. Sue and Louise, if you would vacate
19 those seats so the other ladies can go up sit
20 down. Ms. Reaver, would you introduce your
21 guests, please.

22 MS. REAVER: Immediately to my right
23 is Sharon Robertson. She has a young adult son
24 with Tourette syndrome, and she lives in Adams
25 County. Second to my right is Esther Martin.

1 She also has a young adult son and lives in
2 Franklin County.

3 CHAIRPERSON BIRMELIN: Thank you for
4 coming, ladies. Sharon, I'm going to start
5 with you.

6 MS. ROBERTSON: I put a few things on
7 paper. I just went through a really bad ordeal
8 with my son, so it's really fresh. So, I am
9 still trying to get through it.

10 When they told me that this House
11 bill was up, I really felt I needed to come
12 here to talk. My son has Tourette syndrome,
13 obsessive-compulsive disorder, attention
14 deficit disorder, learning disabilities and
15 bipolar. With his bipolar sometimes he has
16 mood swings that go with it, good and bad, and
17 gets in trouble without thinking things through
18 sometimes.

19 When I had called the police, usually
20 trying to explain what had happened, trying to
21 explain what he's doing and why, I usually got,
22 well, he's 17. You know how 17-year olds are.
23 And 17 is a hard age. We've all been there.
24 But, you keep throwing some disabilities in
25 there and it's just not being able to think

1 straight when he goes into the depression, you
2 know. They didn't listen. They didn't
3 understand my stressing to them how important
4 it was -- I mean, when he would take off, he
5 was without medication. He wasn't thinking.
6 But, when he would think straight and come
7 home, he would be a different kid.

8 And we went a couple bouts with the
9 police. Unfortunately, the last one he had ran
10 away and he did come home, but he came home one
11 night while we were sleeping and locked us in
12 our bedroom and doused our home with gasoline.
13 And it took that for the police to say, well,
14 your son has a problem. They really were
15 wonderful with us through that, but if they
16 would have listened in the beginning, it may
17 not have had to have gone that far. Thank you.

18 CHAIRPERSON BIRMELIN: Esther Martin.

19 MS. MARTIN: My son Travis who is
20 adopted just turned 19 yesterday. He has
21 Tourette syndrome, Klinefelter's syndrome,
22 attention deficit disorder, mildly MR, and has
23 impulsive disorder. He did not choose to be
24 born with his disabilities. He's been in and
25 out of the hospital since his ninth birthday

1 seeking help with medications. We have had
2 some wonderful doctors. It has been a long
3 process.

4 He's finally made some tremendous
5 progress and has been living at home with my
6 husband and I for the past two years, now. He
7 graduated this year with a class from
8 Shippensburg; has obtained his driver's license
9 approximately two years ago, and he's now
10 seeking employment. Driving is one of the only
11 normal elements in Travis's life. He's
12 frustrated and handicapped 99 percent of the
13 time. He's a very safe, very responsible
14 driver.

15 February of this past year he was
16 stopped by the local police for running a
17 yellow traffic light. Travis very submissively
18 pulled over, the officer had his license, his
19 owner's card, all the important information.
20 Travis panicked and he heard voices telling him
21 to pull away from the scene, and so he left.
22 What occurred next was a very high-speed chase,
23 including state police. Subsequently it lead
24 to his arrest, threats of locking him up.

25 Had the police understood that Travis

1 had multidisabilities and takes various
2 medications on a daily basis, perhaps the chase
3 would not have occurred at all as it did.

4 We're awaiting anxiously the outcome,
5 which is scheduled to go before our Franklin
6 County judge on August 24. We are just asking
7 as parents and advocates that the police would
8 help us in providing the protection for persons
9 with disabilities. We're not saying he
10 shouldn't be disciplined, but we're just asking
11 for a reasonable accommodation on account of
12 disabilities.

13 We as a family have struggled so hard
14 to help our son live as normal of a life as is
15 possible, and we just pray that the authorities
16 will make that reasonable accommodation for
17 him. Thank you.

18 CHAIRPERSON BIRMELIN: I want to
19 thank you ladies for coming. I know it wasn't
20 an easy thing for you to do. We appreciate you
21 giving your testimony and sharing the personal
22 impact of the problems you are dealing with.
23 Thank you all for coming.

24 Our next testifier is Steve
25 Pennington from the Center for Disability Law

1 and Policy. Mr. Pennington, we have copies of
2 your testimony. I notice that it's lengthy.
3 I'm going to ask you for the sake of brevity if
4 there are some sections that you could condense
5 a little more briefly, I would appreciate that.
6 If you feel it's absolutely necessarily to say
7 everything on that paper, then do so. But if
8 you feel you can, you know, put it into less
9 words, we would appreciate that. It would also
10 keep this meeting moving along as quickly as
11 possible. Thank you. You may begin.

12 MR. PENNINGTON: Thank you. Let me
13 first thank you for the opportunity to be here
14 today to testify in support of House Bill 2620.
15 My name is Steve Pennington, and I'm the
16 Executive Director of the Center for Disability
17 Law and Policy and a disability rights
18 attorney.

19 The Center for Disability Law and
20 Policy is a nonprofit public interest law
21 center, which has advocated for individuals
22 with disabilities since 1976. In 1991, the
23 center was designated by the Governor to serve
24 as the statewide advocate for individuals with
25 disabilities seeking services from the

1 Pennsylvania Office of Vocational
2 Rehabilitation and the Pennsylvania Bureau of
3 Blindness and Visual Services.

4 Since 1976, the center has assisted
5 literally thousands of individuals with
6 disabilities in their relationships with these
7 state agencies and has provided information and
8 referral regarding disability issues throughout
9 the Commonwealth of Pennsylvania.

10 In addition to serving as the
11 statewide advocate, the center also represents
12 individuals in matters involving the Americans
13 with Disabilities Act, especially in matters
14 involving the employment protections set out in
15 Title 1.

16 I personally serve on the
17 Pennsylvania and Philadelphia Bar Association
18 Committees dealing with the provision of legal
19 services to individuals with disabilities, and
20 the Equal Justice Committee sponsored by Temple
21 University. Over the years the Law Center has
22 represented numerous individuals with
23 disabilities in criminal matters.

24 In my testimony I refer to three such
25 criminal matters. For the purposes of today, I

1 would like to review the first.

2 Actually, let me go to the third
3 case, which is on page 3. In the third case, a
4 young man with chronic mental illness walked
5 into a convenience store in Montgomery County,
6 Pennsylvania; and after engaging the clerk in
7 conversation, asked him if he could help him
8 find someone to kill his mother. After my
9 client left the store, the clerk called the
10 police and my client was picked up and taken
11 immediately into custody.

12 In this case, the police recognized
13 the young man had a severe chronic mental
14 illness. Due to the problems communicating
15 with him, however, they were unable to identify
16 him in order to contact his family. He was
17 kept in a holding cell for over 12 hours
18 without his medication.

19 After many calls, the police finally
20 contacted Norristown State Hospital, and he was
21 involuntarily committed. Criminal charges were
22 filed for conspiracy to commit murder. At the
23 trial level he pleaded guilty to terroristic
24 threats. It should also be noted that
25 throughout this case serious concerns were

1 raised regarding his potential for harm,
2 despite the lack of any medical opinion to
3 support this conclusion.

4 I'd like to add that the other two
5 cases that I cite involve individuals who are
6 deaf. In each of these cases, there's a common
7 thread that supports the passage of House Bill
8 2620. The incidents all occurred at the
9 initial investigatory stage of the criminal
10 process where the ability to accommodate is
11 most problematic. At the investigatory stage,
12 the interaction between the individual and the
13 police is oftentimes the key to resolving
14 disputes. And I think that this is evident
15 from the testimony of the last witness.

16 This takes place in a very informal
17 manner. A determination whether criminal
18 activity is afoot in most cases depends upon
19 the police officer's ability to assess the
20 suspect's demeanor and obtain information.
21 Unlike the formal stages of criminal
22 proceedings such as arrest, arraignment,
23 preliminary hearing and trial, the methods of
24 accommodating an individual that we are
25 familiar with may not be practical. The

1 ability to communicate with an individual is
2 not solved simply by calling an interpreter at
3 three o'clock in the morning.

4 Even more important, communication
5 problems are not limited to individuals who are
6 deaf, but also affect others with disabilities
7 such as mental illness, traumatic brain injury,
8 epilepsy and cerebral palsy. Faced with a
9 situation where the police don't understand the
10 nature of the individual's disability and are
11 unable to communicate, the decision is almost
12 always made to take the person into custody.
13 This often results, in my experience, of the
14 individual becoming fearful, and increases the
15 chance that a struggle may ensue, despite the
16 best intentions of the police.

17 Even where the police understand the
18 nature of the individual's disability and are
19 able to communicate, the lack of information
20 that police departments have regarding the
21 resources that exist in the community to assist
22 individuals with disabilities often results in
23 the person being detained for an unreasonable
24 period of time. Concerns regarding medication
25 and legal rights are obvious.

1 The problems outlined above are in
2 and of themselves a strong rationale for the
3 passage of House Bill 2620. I believe that
4 this is bolstered by the testimony of other
5 advocates and concerned citizens today. It is
6 important, however, to understand that other
7 compelling reasons exist which support the
8 passage of 2620.

9 First and foremost, House Bill 2620
10 is a pro-police piece of legislation. Unlike
11 other disability rights legislation, which
12 simply proscribes discriminatory conduct, House
13 Bill 2620 provides a needed resource to
14 municipal police departments to assist them in
15 meeting the needs of individuals with
16 disabilities.

17 Very importantly, it does not create
18 a burden for municipal police departments, but
19 provides a needed resource that in my
20 discussions with police officers is necessary.

21 Second, there is a need for a
22 statewide approach to this issue. There are
23 844 municipal police departments, and most have
24 a staff of less than ten. In these instances,
25 these municipal police departments do not have

1 the staff or resources to develop and implement
2 training to interact and communicate with
3 individuals with disabilities.

4 Third, there is clear statutory
5 obligation on the part of municipal police
6 departments under the ADA to ensure that all
7 individuals in the community have meaningful
8 access to the programs and services that they
9 provide. This is simply not a feel good piece
10 of legislation.

11 Finally, House Bill 2620 is essential
12 in assisting police departments to keep abreast
13 of their obligations under the ADA. Similar
14 types of training have been taking place in the
15 employment sector for years. The Office of
16 Vocational Rehabilitation, which is within the
17 Department of Labor and Industry, for example,
18 has a division who advises employers on their
19 legal obligations under the ADA. And the
20 Governor's Committee on Individuals With
21 Disabilities provides training almost every
22 year to the employment sector on how to meet
23 this obligation.

24 Certainly, the issue of training was
25 something that was contemplated when the ADA

1 was passed. We have legislative history which
2 clearly indicates that it was anticipated
3 specifically with regard to police departments
4 that curriculum would be developed and they
5 would be trained regarding understanding
6 disability.

7 Passage of House Bill 2620 is
8 critical to support the ability of municipal
9 police departments to meaningfully address the
10 needs of the citizens with disabilities. I
11 thank you very much.

12 CHAIRPERSON BIRMELIN: Representative
13 Manderino.

14 REPRESENTATIVE MANDERINO: Thank you.
15 Thank you for your testimony. Towards the end
16 you mention OVR and the Governor's Council and
17 the training that they give to employers. Can
18 you briefly elaborate on what that training
19 consists of, where and how they give it and how
20 long it takes?

21 MR. PENNINGTON: Well, they have an
22 800 number. Employers throughout the
23 Commonwealth may call that number to, first of
24 all, have it explained to them what their
25 obligations are under the Americans with

1 Disabilities Act. So, the primary purpose of
2 the hotline is to provide information to
3 employers throughout the Commonwealth.

4 Second, they will also answer
5 questions with regard to providing
6 accommodations to employees with disabilities.
7 This includes not only accommodations involving
8 individuals with physical disabilities, but
9 sensory disabilities such as blindness and
10 deafness, as well as mental illness.

11 In addition to providing information
12 and advice, they also will refer employers to
13 the federal agencies which are responsible for
14 providing information with regard to
15 accommodation. The Job Network, for example,
16 and the E.E.O.C. each have people on staff who
17 will provide information with regard to that.

18 It might be good in the course of
19 these hearings to talk to the people from OVR
20 because the number of calls that they get per
21 year regarding the ADA are in the thousands.
22 This is a very successful endeavor on the part
23 of that agency.

24 I think that certainly the Human
25 Relations Commission could fulfill that task,

1 and it really provides an opportunity for local
2 governments to be able to call somewhere to get
3 information with regard to accommodation issues
4 that may not fit necessarily within the
5 employment setting, such as municipal police
6 departments.

7 REPRESENTATIVE MANDERINO: Thank you.

8 CHAIRPERSON BIRMELIN: I want to
9 thank you very much for your testimony, Mr.
10 Pennington. Thank you for coming here this
11 morning to be with us.

12 MR. PENNINGTON: Thank you.

13 CHAIRPERSON BIRMELIN: Our next
14 witnesses are from the Alliance for the
15 Mentally Ill of Pennsylvania. They are Ruth
16 Seegrism and Mary Ellen Rehrman. For the
17 benefit of those on the panel, would you
18 introduce yourselves?

19 MS. REHRMAN: Thank you, Mr.

20 Chairman. I'm Mary Ellen Rehrman and this is
21 Ruth Seegrism. I'm the Director of Policy for
22 the Alliance for the Mentally Ill in
23 Pennsylvania. The Alliance is a nonprofit,
24 grassroots, self-help, support and advocacy
25 organization of consumers, families, and

1 friends of a person with a major mental illness
2 such as schizophrenia and bipolar. We have 60
3 affiliates throughout Pennsylvania with over
4 4,200 members and it's more up to 4,800, as we
5 speak.

6 The issues of police training, the
7 content of that training and the presentation
8 of that training is of the utmost importance to
9 our members.

10 A police officer is usually the first
11 one on the scene of a psychiatric crisis. And
12 without proper training and knowledge of the
13 symptoms of the behaviors of mental illness,
14 these instances can easily escalate and
15 endanger both the public and police safety.

16 Police officers respond to a lot of
17 calls each day. Many of the calls are for
18 service that an officer responds in a routine
19 manner. But there are certain situations where
20 the officer is required to have special skills,
21 as in, CPR, or the use of force and firearms.

22 Encountering a mentally ill person
23 who is acting out is another such incident that
24 requires special skills. On the surface, the
25 conduct may appear to be criminal in nature.

1 Unfortunately, only after the arrest and the
2 situation has escalated to the point where
3 physical force has been used, the officers come
4 to understand these behaviors were a
5 manifestation of the mental illness.

6 Schizophrenia, which is just one of
7 the major illnesses, impairs a person's ability
8 to think, manage emotions and make decisions
9 that relate to others. The symptoms of
10 schizophrenia are generally divided into three
11 categories, including positive, disorganized
12 and negative symptoms.

13 Positive or psychotic symptoms
14 include delusions and hallucinations. The
15 person has lost touch with reality in certain
16 important ways. Positive here as it's used
17 doesn't mean good. It refers to the presence
18 of avert systems not present in a normal
19 personality. Delusions cause the person to
20 believe that someone is reading their thoughts
21 and secretly monitoring them or are threatening
22 them. Hallucinations cause people to hear and
23 to see things that are not there.

24 The disorganized symptoms include
25 confused thinking and speech, and behavior that

1 does not make sense. For example, a person
2 with schizophrenia sometimes has trouble
3 communicating in coherent sentences and
4 carrying on conversations with others, move
5 more slowly, repeat rhythmic gestures and make
6 movement such as walking in circles, pacing and
7 have difficulty making sense of everyday
8 sights, sounds and feelings.

9 The negative symptoms include
10 emotional flatness or lack of expression and
11 the inability to start and follow through with
12 activities, speech that are brief and lack
13 contents. They also have an inability to sense
14 pleasure. Negative in this sense does not
15 refer to a person's attitude, but the lack of
16 certain characteristics that are part of a
17 normal personality.

18 While there is no cure for
19 schizophrenia, it is a highly treatable brain
20 disorder, and they are brain disorders. In
21 fact, treatment rate for schizophrenia is 60 --
22 the success rate is 60 percent, compared with
23 41 to 52 percent for heart patients.

24 With proper training an officer can
25 learn to recognize the conduct associated with

1 major mental illnesses, develop intervention
2 strategies and be able to articulate what has
3 happened. This will help in getting treatment
4 for the mentally ill person, avoid unnecessary
5 arrests, and protect the officer and the
6 mentally ill person both physically and
7 litigiously.

8 AMI of P.A. provides such training
9 for the Harrisburg Police Department. As the
10 attached documents indicate, the training was
11 well received and considered to be of great
12 value to the officers in the field. Response
13 by knowledgeable officers will lessen an
14 exacerbation of the person's symptoms and allow
15 the officer to be seen as helpful rather than
16 threatening.

17 We do have our recommendations for
18 changes to the bill. On the Section 2172(a),
19 instructions on persons with disabilities, the
20 officer should be able to have recognition of
21 symptoms and environmental stressors that
22 exacerbate symptoms, provide rapid access to
23 appropriate psychiatric treatment in order to
24 relieve those symptoms, and also for persons
25 with a mental illness and a dual diagnosis. We

1 do have a lot of people who self-medicate.
2 It's a lot less stigmatizing to be an alcoholic
3 rather than to be a mentally-ill person.

4 We would like to have a subsection
5 added on the qualifications of the instructors.
6 Instructors for mental illness should include
7 persons who have direct experience with persons
8 with a severe mental illness, including but not
9 limited to persons with a major mental illness
10 themselves or a family member of a person that
11 has a major mental illness.

12 We have found through experience that
13 people who have credentials in developing
14 curriculum and who develop that curriculum by
15 use of just reading a book is not good enough.
16 I think you really have to have the people who
17 have experienced it, can communicate and deal
18 with that. I think the evaluations of our
19 police training programs have shown that. Mrs.
20 Seegrist is one of those instructors.

21 We'd like to have a definition added,
22 which you can read in the testimony. Thank you
23 very much.

24 CHAIRPERSON BIRMELIN: Ms. Seegrist,
25 would you like to present testimony?

1 MS. SEEGRIST: Yes. I would like to
2 talk a few minutes. My daughter Sylvia has
3 suffered paranoid schizophrenia for over 22
4 years. She's what you call a high-risk
5 patient; meaning that, when she became
6 psychotic, out of touch with reality, there was
7 no prediction what she might do when she was in
8 a crisis situation. In 1985, I think you all
9 remember this, she went into the Springville
10 Mall dressed in combat clothing believing that
11 Civil War was breaking out. She was highly
12 delusional and shot randomly at shoppers,
13 killing three people and wounding seven others.
14 She received a verdict of guilty but mentally
15 ill, and is now serving three consecutive life
16 sentences.

17 It is the high-risk patients which is
18 approximately ten percent, not necessarily
19 violent, but approximately ten percent of the
20 mentally-ill population who are most likely to
21 encounter police, very often just misdemeanor,
22 but if those misdemeanors are not managed
23 appropriately, it can endanger the public
24 safety as well as police safety.

25 Very often it's this high-risk

1 population that receives the least supervision.
2 So, often they cannot live with their families.
3 They are too disruptive. They are expelled
4 from residential programs or they are not
5 welcomed in them.

6 Neither Sylvia's therapist nor her
7 parents had any idea she had a semiautomatic
8 rifle during this instance. Nor did we know
9 that she was going to a shooting range. In
10 fact, she was at a shooting range with that
11 rifle, when she was deeply psychotic, three
12 days before the tragedy. Ironically, none of
13 this came out until the trial.

14 She was dressed in combat clothing.
15 She got into a bizarre argument with about two
16 persons -- two or three persons, one of which
17 was an off-duty police detective. Sylvia was
18 ranting, raving and rattling on about Civil War
19 coming. She had seen the mushroom clouds. The
20 farmers were losing their lands. There was
21 overpopulation and famine. There was negative
22 energy. She was badgering them with this and
23 posturing and rambling on and on.

24 The group, the little cluster of
25 people, were so annoyed with her that they

1 argued with her. They ridiculed her ideas.
2 She was called a militant fanatic. One person
3 said to the manager, why don't you put a target
4 on her mouth? The manager, however, was so
5 upset by the scene that he called the state
6 police, but it took the state police over 20
7 minutes to get there. Meanwhile, Sylvia had
8 left, but the manager did get her driver's
9 license. Nevertheless, since no crime was
10 committed, nothing was followed up.

11 Sylvia at that time was highly
12 committable. She could have gotten a 302. She
13 was threatening. She was a danger to herself
14 and others, and she was in possession of a
15 lethal weapon.

16 Now, had the police detective been a
17 trained person he would have recognized the
18 signs of psychosis, the bizarre dress, the
19 flight of ideas, no logical connection between
20 thoughts, the excessive paranoia, the
21 delusions, the posturing, and would have done
22 something appropriate, like get her away from
23 the scene and sit down and defuse the situation
24 until the police got there.

25 I want to emphasize the importance of

1 having appropriate people do the training for
2 the police. This is the manual that the
3 Alliance for the Mentally Ill uses, and it is
4 an eight-hour course. The evaluations are
5 tremendous. The police have found this
6 training extremely helpful in their work
7 because they have had many encounters with
8 persons who are severely mentally ill. This is
9 helping them to cope.

10 I want to emphasize to make sure when
11 there is training with the mental illness --
12 persons who are doing the training are
13 thoroughly familiar, first-hand training, with
14 the experiences of mental illness. I thank you
15 very much.

16 CHAIRPERSON BIRMELIN: Representative
17 Manderino.

18 REPRESENTATIVE MANDERINO: Thank you.
19 Where is that police training that you have
20 that handbook there or where is that being
21 given?

22 MS. SEEGRIST: That was done here in
23 Harrisburg. There were ten sessions, ten
24 eight-hour sessions.

25 REPRESENTATIVE MANDERINO: To whom?

1 To whom was it given?

2 MS. REHRMAN: The Harrisburg police,
3 and we have opportunities to do more. More are
4 scheduled.

5 REPRESENTATIVE MANDERINO: Okay. So
6 the Harrisburg police force, is that what you
7 are saying?

8 MS. SEEGRIST: Yes. In the back --
9 in the testimony, I'd liked to refer you to it.

10 REPRESENTATIVE MANDERINO: Okay.
11 Well, it's not -- Okay, I see. In that eight
12 hours of training, I'm assuming you covered
13 mental illnesses such as those listed in the
14 definition that you were suggesting to us,
15 schizophrenia, schizo-affective disorder,
16 obsessive-compulsive disorder, but you didn't
17 cover things that we've already heard about
18 today such as Alzheimer's, Tourette syndrome,
19 epilepsy, or you did?

20 MS. SEEGRIST: No, that was not
21 included.

22 MS. REHRMAN: But they are also brain
23 disorders and the police should receive
24 training because there is a division in
25 organizations.

1 REPRESENTATIVE MANDERINO: How did
2 you come up with or in conjunction with whom
3 did you come up with the determination of eight
4 hours of training? How did you come about
5 deciding on eight hours worth of training?

6 MS. REHRMAN: I think it's our
7 experience in training others. We have
8 professional training we are doing. We do a
9 lot of training around families. So, it's part
10 of our package. We lifted a lot of the
11 diagnostic, the medical; plus, the communities
12 supports we have available now and the legal
13 system.

14 So, it's for them to understand what
15 these symptoms are and how to not -- in most
16 cases rushing in in a situation is good. With
17 a person with mental illness, you don't want to
18 rush in. You want to hold back and not make
19 any overt moves that they cannot process. So,
20 that's why it takes that amount of time.

21 REPRESENTATIVE MANDERINO: How often
22 is the Harrisburg Police Department giving
23 officers this training? Are they doing it with
24 new cadets? Are they doing it with their old
25 officers? Are they doing it once a year, or

1 are they doing it once every five years?

2 MS. SEEGRIST: I don't know of the
3 regular schedule. I'm not in on that part of
4 it. But, I know it goes across the board;
5 people who are sergeants, as well as some
6 detectives, as well as rookies and so forth and
7 so forth.

8 MS. REHRMAN: And the other counties
9 that do this want to do the same. However,
10 with the introduction of this legislation,
11 they're kind of holding back and seeing how
12 it's going to go. But, we're continuing in
13 other parts of the state. They do want this
14 training. I think when I looked at the
15 evaluation forms, some said that was an
16 appropriate amount of time; there was people
17 who wanted more.

18 MS. SEEGRIST: Some of them wanted
19 two days.

20 REPRESENTATIVE MANDERINO: What I'm
21 trying to get a handle on -- I mean, I'm sure
22 there are even other examples other than those
23 that were brought up today. But, so far today
24 we heard only two people testified about
25 specific training being given to police on the

1 particular disability of which they are
2 concerned. One was eight hours on major mental
3 illness and one was 15 minutes on epilepsy.
4 I'm sure that there are folks within the
5 Epilepsy Foundation that think that 15 minutes
6 is too short. I'm sure that every other
7 organization out there could develop anything
8 from five minutes to 50 hours on their
9 particular disorder or their particular
10 disability if that was -- if there was no
11 parameters.

12 I guess I'm trying to say -- I'm
13 trying to get a feel for what are realistic
14 parameters. If we want folks to take advantage
15 of this and we want to mandate something that's
16 actually going to work, I think we have to
17 mandate something that is within reasonable
18 boundaries and expectations. I'm just trying
19 to get some feel for that. Thank you.

20 CHAIRPERSON BIRMELIN: Thank you,
21 ladies. We appreciate you coming and giving
22 your testimony this morning.

23 MS. REHRMAN: Thank you for this
24 opportunity.

25 MS. SEEGRIST: Thank you.

1 CHAIRPERSON BIRMELIN: Our next group
2 of witnesses are from the Forensic Advocacy
3 Coalition. They include Jay Centifanti,
4 Doctor Richard Gross, Kathy Longer and Ernest
5 Peebles.

6 MR. CENTIFANTI: Good morning.

7 CHAIRPERSON BIRMELIN: Good morning.

8 MR. CENTIFANTI: I'm Jay Centifanti.
9 With me are Doctor Richard Gross and Ms. Kathy
10 Longer. Ernie is in transit. I spoke to him
11 this morning and assured him that there was no
12 way this hearing was going to be on schedule by
13 ten of noon, so I have to eat my words. You
14 run a tight ship.

15 CHAIRPERSON BIRMELIN: You've never
16 been in one of my public hearings before.

17 MR. CENTIFANTI: I appreciate the
18 chance to be here. If and when Ernie comes in,
19 we'll add him to the panel.

20 CHAIRPERSON BIRMELIN: Okay. Let me
21 ask you, as I have asked other witnesses, if
22 you find something in your testimony is
23 competitive of what a former testifier has
24 given, don't feel the obligation to repeat it.

25 MR. CENTIFANTI: I'm going to shorten

1 my remarks from the printed text because I want
2 you to hear the two consumer and family
3 witnesses.

4 CHAIRPERSON BIRMELIN: Thank you.

5 MR. CENTIFANTI: Let me first say
6 that this is not sour grapes. When I was
7 prosecuted in Philadelphia, I was well treated.
8 It may have been that I was recognized as an
9 associate at Morgan, Lewis & Bockius at the
10 time. It be may have been that folks knew I
11 had a law degree, but I have the feeling that
12 the Philadelphia police would have tended to be
13 more difficult because of those two factors
14 rather than less. They were very kind to me
15 when I was in crisis. So, I'm not here
16 complaining about anything that happened to me.

17 Here's Ernie now. Ernie, why don't
18 you come up, if you can.

19 When I began in this work in
20 advocacy, the first thing that I did was stay
21 away from forensics because it looked like I
22 was doing my own agenda. It looked like all I
23 was doing was sort of getting even with the
24 system.

25 To the extent that the Forensic

1 Advocacy Coalition has coalesced solely and
2 exclusively around forensics, it's because so
3 many of our people have difficulties with law
4 enforcement now that the state hospitals are
5 closing and downsizing. More and more of our
6 folks, as Representative Caltagirone well
7 knows, are in the community and interacting
8 with the society. And many of our folks have
9 behavioral or other issues that raise people's
10 ire.

11 We have a circumstance in
12 Philadelphia where a bill has just been passed,
13 basically, outlawing certain kinds of behavior,
14 public behavior that our folks engage in.
15 Sitting on a park bench for more than two hours
16 is my favorite.

17 We're trying to ameliorate the
18 situation by helping the police officers,
19 particularly in our major cities where we have
20 already trained hundreds of officers. The
21 Philadelphia Police Academy welcomed us. I
22 know there are concerns about the amount of
23 time that this takes. We do a four-hour
24 course. You have the manual there in your set
25 of exhibits, Exhibit 2. That was developed

1 basically because the police asked us to fit
2 our training module into their police academy
3 and advance training unit schedule.

4 After we trained initially in
5 Philadelphia, we trained here in Harrisburg and
6 then through the good offices of the U.S.
7 Attorney in the Western District, we began
8 training at all the major sites in the Western
9 District. We just trained 60 officers in
10 Pittsburgh. I think you will see the training
11 roster is attached.

12 We trained every kind of law
13 enforcement in Allegheny County at the
14 Allegheny County Police Academy up in the North
15 Park section of the city. It's the city that I
16 went to undergraduate school and I've seen that
17 academy. That academy is typical of a lot of
18 the academies in the major cities in
19 Pennsylvania. It trains all the suburban and
20 rural departments. So, by hitting that academy
21 we initially covered the county.

22 We even trained the Secret Service.
23 Despite my repeated questions about Monica, the
24 guy wasn't forthcoming. He kept telling me it
25 was privileged. He didn't want to give me any

1 information.

2 We've had a success rate in terms of
3 the police that's just so rewarding because
4 they want this training. They are very
5 troubled by the kinds of confrontations that
6 have occurred and many of them have made the
7 papers. Some of them are in court. I think
8 the comments that Steve Pennington made earlier
9 were right on the target. This is not meant as
10 fault or blame or cause.

11 The first thing we got from the
12 Philadelphia Police is, how can you help us?
13 We need to understand what's going on. We need
14 to understand your system. The mental health
15 system is unknown to many of the police. They
16 don't know where to take people. If they are
17 going to divert them, and they're not going
18 arrest them and book them, where do they take
19 them? Where do they take them where they can
20 be safe, where they can receive some support
21 and treatment? We have told them we're there
22 for them. We're not there accusing or blaming
23 them. That's been our style and that's what's
24 worked.

25 There were 160 applicants for our

1 last training. We only had 66. It was the
2 best moment I've had in 26 years in this field,
3 having those police asking good questions.
4 They are very adept. They watch television;
5 they read the newspapers. They understand
6 what's going on in this society in terms of our
7 folks being part of the community now and
8 stabilized by medication.

9 I want not to have a dispute with
10 other disability advocates about this, and
11 other self-advocates. We think we can fit into
12 a reasonably lengthy, reasonably-sized
13 curriculum. We think the police, at least
14 Pittsburgh, Philadelphia, Erie, the other
15 places we have trained, would welcome it and
16 would support it.

17 We have a grant from the federal
18 government which will likely be extended
19 through next year. We will add additional
20 sites, some of the places that we haven't been.
21 We're just starting in the Lehigh Valley. We
22 want to go up to Wilkes-Barre and Scranton.

23 Representative Caltagirone, we'd love
24 to come to Berks County. We have some contact
25 with you folks there. The MHA in Berks County

1 is very supportive. We want to go to
2 Williamsport. We are about to do Erie for the
3 feds. We think we can add something to what
4 the police are getting.

5 In Philadelphia they already have a
6 mental illness curriculum as part of their
7 training. It's just not what we do. They're
8 concerned about safety and security for their
9 folks, as reasonably they should be. We're
10 concerned about our folks and how they get
11 treated and how they get processed through the
12 criminal justice system ab initio, just as
13 Steve said. This is the first point of
14 contact, usually, for our people.

15 I want to turn to our first-person
16 account because it's a live demonstration of
17 what the police want. They do not want people
18 in white coats with stethoscopes lecturing
19 them. They do not want to have professional
20 trainers, academics and others training them.
21 They want to talk to people who have some
22 street experience and knowledge about mental
23 illness.

24 And I should add, because I'm
25 concerned about the language in the bill, about

1 drug and alcohol issues. Seventy-five percent
2 of our people in the criminal justice system
3 who have mental illness also have drug and
4 alcohol issues. I myself had that problem.

5 So that, if you have language,
6 exclusionary language about drug and alcohol
7 issues, it is wrongly received by our folks.
8 That is viewed as something that our folks
9 experience and that we have to talk to police
10 about. Drug and alcohol, what we call
11 co-occurring disorders, is a major part of what
12 the police experience when they deal with our
13 folks. I just want to emphasize that, in
14 addition to the family and consumer role.

15 Let me introduce a man who knows
16 firsthand, again, what it's like to deal with
17 these issues. Doctor Richard Gross.

18 DR. GROSS: Thank you for inviting
19 us. We really appreciate your patience and the
20 work that you do. My name is Richard Gross.
21 We have an adult son who was diagnosed eight
22 years ago with bipolar mental illness, also
23 known as manic depression.

24 Christmas night 1997 at 2:30 in the
25 morning he was seen exceeding the speed limit

1 by 10 or 15 miles, and a policeman pursued him.
2 Our home was contacted at 2:30 in the morning.
3 My wife went to identify the car, make sure it
4 wasn't stolen, it was our son, and it was. The
5 speed exceeded a hundred miles an hour. The
6 policeman realizing the nature of the crime
7 originally -- the problem originally and the
8 status of my son, chose not to continue the
9 chase, inasmuch as he did not want to
10 jeopardize my son's life, his life or those of
11 other innocent people on the road.

12 However, it went to another
13 jurisdiction and another policeman continued
14 the chase. The second policeman, a local
15 municipal policeman, for the same reasons after
16 the speed exceeded even greater speeds broke
17 off the chase. Unfortunately, other police
18 continued and my son was finally stopped
19 without harm. And the video -- He was charged
20 with assaulting police officers that stopped
21 him, aggravated assault, resisting arrest.

22 Fortunately, another municipal
23 policeman, who participated at the scene had
24 his dashboard-mounted video on, tape on, and
25 the case as reported in the Pittsburgh

1 Post-Gazette, showed the video confirmed that
2 my son had, in fact, walked out of his own car
3 with his hands raised and kneeled to have
4 handcuffs put on him, and he was savagely
5 attacked by six policemen. My son sustained a
6 concussion, fractures to his face, and he was
7 beaten on and around his body.

8 I'd like to thank the policeman who
9 chose to look at this as an individual who was
10 mentally ill. He was identified by my wife as
11 being mentally ill, who neglected not to
12 continue the chase. They knew where to get
13 him.

14 I do believe the policemen who
15 pursued and assaulted my son, had they had
16 appropriate training may not have taken the
17 action they did. I would hope that -- The
18 incident is over. My son's life and that of
19 several policemen, their careers, their lives
20 have been unalterably changed by this.

21 I want you to know we're not talking
22 about a small number of people. People with
23 mental illness represent a significant portion
24 of our population. If you look to the right of
25 you, if you look to the left of you, if you

1 look in front of you; if you or someone in your
2 family doesn't have mental illness, then one of
3 the people that you looked at has been affected
4 or is being affected by mental illness.

5 An act such as this is mandatory that
6 the policemen be given appropriate training and
7 that they'll be able to deal with people at all
8 levels, really; not just the mentally ill, but
9 people at all levels.

10 I do thank you again for allowing us
11 to come before you.

12 Before I leave, my son is an honors
13 graduate. In his high school he was captain of
14 the football team. He was on a debating team.
15 He was in musicals. He could have been your
16 son. Thank you.

17 MR. CENTIFANTI: As Doctor Gross has
18 pointed out to you, Exhibit 4, pages 1 and 2,
19 the Post-Gazette editorial on the case and the
20 lead front-page news article about the incident
21 and subsequent discussions about basically what
22 happened and who did what to whom.

23 I'm going to introduce now our
24 consumer member of our panel. That's our
25 phrase for a person who has experienced mental

1 illness herself. Ms. Kathy Longer.

2 MS. LONGER: Good afternoon. I'm
3 Kathy Longer. I have bipolar disorder. I have
4 had bipolar disorder since I was in my teens.
5 I'm one of the lucky people that has a success
6 story and can give something back. That's part
7 of what we're doing here.

8 I also have a background in working
9 with police officers. I've trained police
10 K-9's for five years throughout Pennsylvania.
11 I'm one of the only women licensed in the
12 country to train K-9 officers and their dogs.
13 I train dogs from New Jersey, Philadelphia,
14 Pennsylvania, all throughout the State of New
15 York. I'm licensed in all three states. I
16 don't do it any longer, but I have a personal
17 relationship that I share with police officers
18 that makes a connection when we do our
19 trainings because I'm one of them and they can
20 understand.

21 I can also understand what they're
22 going through because I sat in that cruiser
23 with them, which makes a very big difference.
24 I make a connection immediately. I think the
25 most important thing we have to do with these

1 trainings is make a connection. We don't need
2 somebody standing there that has a lot of
3 books, papers and information and statistics.
4 Because when we do that, which we do a short
5 part of, we have a hard time keeping them.
6 They want a real person and a real face to lead
7 them, and hopefully that's what I can do with
8 the trainings. And what any training that we
9 do, we'll do that.

10 The people that know the best about
11 these illnesses are the people that have lived
12 through them and come out the other side, as I
13 have. I should also say I was an alcoholic. I
14 have been sober for five years. It's very
15 common, unfortunately, that when we don't get
16 the help we need or will not accept our
17 illness, we drink or we do drugs. So, the two
18 go hand in hand.

19 When we train police officers they
20 must understand that sometimes you are dealing
21 with a person who, with the illness would not
22 be harmful to you. But, once you mix the
23 alcohol or drugs you're probably going to have
24 a person that's much more likely to give you a
25 battle.

1 Our objective with the police is not
2 to lecture them; to be the thread, to
3 coordinate with them, to give them information
4 they don't have that we have, and for them to
5 give us information that they have that we
6 don't have, so we can fix it; and most of all,
7 to relate to them that we want them to go home
8 safe. Their job is to protect and serve. Our
9 job to make that easier. Not only protect us,
10 but to protect themselves.

11 I think that's very important that
12 they understand that. I think they have from
13 the trainings we have done across the state. I
14 have been doing this with FAC. As a matter of
15 fact, I was the first president of FAC. This
16 is something I have felt was needed done for
17 many years.

18 During my troubled time when I would
19 not listen and I thought I certainly -- you
20 know, someone says you're mentally ill, your
21 answer is to that is, yeah right, okay. So,
22 you don't accept it. You don't take your
23 medications. You don't do what you have to do,
24 but I drank to make myself feel better and to
25 make myself go to sleep, not knowing I had

1 indicative personalities. Now I have two
2 problems.

3 Police officers who I worked with are
4 responsible for the -- partly responsible for
5 the fact that I'm sitting here today. Because,
6 without their help and without their guidance,
7 I would probably be in jail, yet today, for
8 offenses that I committed. They understood and
9 because I was one of them and knew a lot of
10 them, I was given some help and some time.

11 In the meantime, I gave them some
12 training and some sensitivity, which they don't
13 use anymore, as to what it's like. I had spent
14 a lot of time with them. So when my offenses
15 came up, they gave me a chance to rehab, and I
16 did that.

17 I think the most important thing of
18 the training we have done, again, is the
19 personal contact; that is, a person to person.
20 It's somebody who has been there like Doctor
21 Gross or myself as a family member. I'm also a
22 family member. I also have been there with my
23 son. I've been on both sides. I have also
24 worked with the police. I've done that. I
25 think that's important.

1 I don't want them to pity me so that
2 they get hurt, but I want to give them a real
3 live person to go out on the street. I have
4 money, for I own my own business. I went to
5 having nothing and all a sudden having a
6 family. Because of people like them and people
7 that we can train hopefully, more of us can go
8 on and have a life.

9 I saw something today, and I hope
10 this bill can help make this happen for people
11 also with drug and alcohol problems that need
12 to be reminded of this.

13 As I was driving up, I believe it was
14 283, just as I got off I saw a convenient sign
15 that said, mental illness treatment works.
16 Five years ago that would have put people in
17 shock and you would have a pileup; just putting
18 that word that big on the highway. Hopefully,
19 someday we can put both of these on the
20 billboard, and there will be understanding
21 between everybody and no stigmatism that it is
22 not a crime.

23 I don't want to be a drunk. I don't
24 want to be mentally ill, but I am. So, let's
25 all learn to live with it and help each other

1 through it. Thank you for your time.

2 MR. CENTIFANTI: You can also see the
3 sign on Amtrak as you come into Harrisburg. I
4 think that's right that there would have been a
5 train accident five years ago, at that time.

6 I want to introduce our sole
7 nonconsumer, nonfamily member presenter today.
8 Ernie is an advocate of extraordinary ability
9 at Norristown State Hospital for the Mental
10 Health Association of Southeastern
11 Pennsylvania, and was there at the get-go to
12 get us into the Police Academy in Philadelphia.
13 Thank you. Ernie Peebles.

14 MR. PEEBLES: Good afternoon, Mr.
15 Chairman, and members of the House Judiciary
16 Committee. If I could, I'll digress from my
17 script that you have copies of. I would like
18 to suggest that experience has demonstrated to
19 me that these trainings work.

20 As I was boarding my train this
21 morning at Philadelphia's 30th Street Station,
22 I could remember a couple of years ago the
23 train at 30th Street and seeing a man on the
24 parapet of the 30th Street Bridge attempting to
25 commit suicide.

1 I observed members of the
2 Philadelphia Police Department, Amtrak's Police
3 Department, and SEPTA, the Southeastern
4 Transportation Authorities Police Department,
5 surrounding the individual; tried to verbally
6 de-escalate the individual.

7 I had my identification from the
8 Mental Health Association of Southeastern
9 Pennsylvania with me and explained to the
10 officers that I had some experience in dealing
11 with the mentally ill and could possibly divert
12 the individual's attention so that they could
13 grasp, so that he wouldn't jump. That worked
14 that time successfully.

15 All the officers were at least on the
16 surface sensitive to this very troubled
17 individual and reassured the individual that he
18 would not be taken to jail, but rather
19 transported to the nearest psychiatric
20 emergency hospital for evaluation, care, and
21 treatment.

22 Over the past few years having
23 trained officers, not only in Philadelphia but
24 across the state, the response that I have
25 gotten from feedback has been very positive.

1 In the Philadelphia area, I don't have any
2 statistics to support it this afternoon, but I
3 can only suggest that from the local press
4 instances of negligent and/or abuse in terms of
5 the police in dealing with the mentally ill on
6 the streets of Philadelphia has declined. Many
7 of the officers who have taken this training
8 have found it beneficial, not only for
9 themselves as police professionals, but
10 beneficial in terms of dealing with their
11 family concerns.

12 So, I would suggest to you and all
13 the members of the Judiciary that you consider
14 this training and expand it, if you will, so
15 that others could benefit from this
16 information. Thank you, and good afternoon.

17 MR. CENTIFANTI: We appreciate the
18 opportunity. In particular, up to the time
19 limit we will entertain any questions you may
20 have about what we have done in Philly,
21 Pittsburgh and other areas.

22 CHAIRPERSON BIRMELIN: I have one
23 question. If House Bill 2620 becomes the law
24 of Pennsylvania, does that put your
25 organization out of business?

1 MR. CENTIFANTI: Well, we think we're
2 going to continue with the federal funding, at
3 least through this cycle. We would continue
4 doing that regardless.

5 The mandate would actually be helpful
6 to us, if we were to participate in trainings
7 rather than have to make cold calls, which is
8 what I have to do. I can't remember your
9 police captain's name in Erie (sic),
10 Representative Caltagirone, but we have had a
11 nice conversation about bringing the training
12 into Reading. And, I have literally had to
13 call him unannounced and make a pitch to him.
14 He was very receptive, the same in Allentown,
15 the same in other places where we don't have
16 the kind of network that Ernie provided with
17 Commissioner Neal, that I had gotten to know
18 Commissioner Neal.

19 I think the feds will want to see the
20 beef. They'll want to see the legislation, and
21 they'll want to know that we are a part of it
22 in terms of the actual training.

23 Part of what we're doing is trying to
24 have our folks active, doing something useful.
25 And having an administrative agency or another

1 nonprofit group speak for us is not
2 normalizing. It's not something that says that
3 the Commonwealth of Pennsylvania and the
4 municipal police and the Secret Service trust
5 us to do something worthwhile in society. And
6 that's my point here. That if you want to
7 include us, we have a saying in the consumer
8 movement, nothing about us without us. I know
9 that applies to other disability advocates as
10 well. We want to be involved in this. We
11 think that's the best way to sell it.

12 When I look at a police officer in
13 Philadelphia in the eye and tell them that I
14 shot someone five times on the train in Center
15 City Philadelphia 23 years ago, they know that
16 I know whereof I speak. That's the point; not
17 having some professor or psychologist talking
18 for me. I can speak for myself. Thank you
19 very much.

20 CHAIRPERSON BIRMELIN: I asked that
21 question because of the type of training that
22 would be required under this legislation would
23 be done by the Police Officers Training School;
24 not necessarily by a contract organization.

25 MR. CENTIFANTI: We'd like that

1 aspect of the bill changed. We think we know
2 how to do this. We think we are well received.
3 The feds think we are well received.

4 CHAIRPERSON BIRMELIN: This is the
5 Democratic Chairman who is prime sponsor of the
6 bill. He's the fellow you want to talk to
7 about that. We are going to ask any members of
8 the panel if they have any questions.
9 Representative James.

10 REPRESENTATIVE JAMES: Thank you, Mr.
11 Chairman. I just wanted to say that Ernie
12 Peebles, who happens to be a constituent of
13 mine, we grew up on the same street. And so,
14 his mother and father are still neighbors of
15 mine. I just want to commend him for his long
16 activity and work in this field. I think,
17 Ernie, several years ago, I think it was on
18 Kater Street there was an incident with a
19 police officer. Was the person killed?

20 MR. PEBBLES: Yes.

21 REPRESENTATIVE JAMES: Could you just
22 briefly say what happened in that situation?

23 MR. PEBBLES: Yes. In fact, I
24 believe, Representative James, that unfortunate
25 incident occurred about three years ago. There

1 was a gentleman with a history of mental
2 illness and drug and alcohol abuse who became,
3 for whatever reason, psychotic. This incident
4 happened in Southwest Center City at 20th and
5 Kater Streets within the 17th Police District
6 of Philadelphia. This individual began
7 throwing bottles and ranting. Several police
8 officers responded to the scene and ordered the
9 individual to stop throwing bottles, to which,
10 he did not.

11 A supervisor, a sergeant arrived on
12 the scene. The supervisor was also an expert
13 marksman. The assailant, who was psychotic,
14 was also a former Vietnam Veteran. He was
15 quite lucky in throwing or whatever. Anyway,
16 he was able to dislodge one of the officers on
17 the scene police cap, with one of the bottles;
18 to which, the supervisor knelt down and a
19 shooting marksman position and with one shot
20 killed the mentally-ill individual.

21 The Mental Health Association and
22 other groups lodged a formal complaint with the
23 Philadelphia Police Department; an
24 investigation ensued. The supervisor was
25 suspended. Later on during the course of the

1 investigation, I believe, and Jay correct me if
2 I'm wrong, it was learned that the supervising
3 officer also had a history of mental illness.

4 MR. CENTIFANTI: I believe a better
5 way of saying that last point was that he had
6 counseling, he had stress counseling. He was
7 the last person that should have been sent out
8 there to deal with this kind of an incident.
9 Subsequently, his badge was reinstated. He is
10 no longer on the street level.

11 Ernie and I often talk about the
12 Kater Street case because it engendered part of
13 what we were doing. We told the feds about it.
14 You may have heard of the federal officer who
15 shot the man in his backyard threatened with
16 the barbecue fork just within the last few
17 weeks. That's the kind of thing we want to
18 avoid. We don't think -- The Feds agree with
19 us. They don't want to be doing civil rights
20 cases.

21 Doctor Gross has already had some
22 contact with the feds, the Civil Rights
23 Division out in Western Pennsylvania about his
24 son. Why do this? It's a waste of time and
25 society's money to have the incident and then

1 try to repair it.

2 I have to urge you to amend the bill
3 along the lines that we suggest, but then pass
4 the bill. We think this is an important ADA
5 issue. It's an important human rights issue
6 that our folks are being dealt with in ways
7 that nobody else seems to be -- no other
8 citizen seems to be treated this way.

9 I want to emphasize to you that we
10 have gotten nothing but cooperation from every
11 department we have gone to. So, all this
12 concern about whether we are trying to turn
13 police officers into doctors, why don't you ask
14 some of the police officers we have trained.

15 I'll tell you who the training
16 officer is in Philadelphia. Ask him. They
17 think we are doing good. They want us back.
18 They have asked us back again two more times
19 while our grant -- during the first year of our
20 grant. The feds have asked us if we will be
21 there for them in Erie, Pittsburgh and our last
22 training where we met Doctor Gross's wife,
23 Johnstown--packed house. I don't get it.

24 If people have concerns that we're
25 wasting the police time, some of these small

1 departments send people when they only have two
2 other officers. That's how important they
3 think the training is. And if we do it through
4 the academies in a package, we're not talking
5 about, you know, days and days off line.

6 The New York State mandated training
7 is 11 hours. The Texas training producing a
8 certification program is many times that. You
9 become a certified mental health deputy in
10 Houston and Dallas. The MHA, Mental Health
11 Associations are running the training. We're
12 providing technical assistance about how we do
13 our trainings here.

14 We're a model. Why doesn't
15 Pennsylvania be first in this? Why don't we
16 have cross-disabilities training mandated by
17 the Pennsylvania legislature? I believe you'll
18 be the first.

19 CHAIRPERSON BIRMELIN: Representative
20 Manderino.

21 REPRESENTATIVE MANDERINO: Thank you.
22 You may have partially answered my question,
23 but if I remember correctly in the beginning of
24 your testimony you talked about the fact that
25 the training that you are currently doing now

1 is about four hours. How do you come to that
2 time limit or that time frame? And, obviously,
3 from your most recent comments, you suggested
4 that more extensive training is possible.

5 I'm trying to get to the fact, how
6 did you come up with fours hours? Did you say,
7 we need four hours? Did the police say, you
8 know, we can only give you four hours? I mean,
9 how did you come up with that time frame?

10 MR. CENTIFANTI: The lieutenant, who
11 is in charge of their training at the police
12 academy out on Academy Road, said that was
13 their typical training module because they had
14 other things that they were doing. Ruth
15 Seegrism was there the day that we presented.
16 And he wasn't my client, so I can tell you I
17 was very uncomfortable when they came in with
18 the Daily News saying Dupont goes to nut house.
19 Later when it was my client I would have
20 objected, but at that point he hasn't.

21 Ruthie was speaking, telling the
22 police how we're the beanie babies of the
23 disability movement; that we never bother
24 anybody. We're just soft and cuddly, just as
25 the report came in on the police radios of the

1 Penn State shooting. I have to tell you that
2 the next thing that happened--Ernie and I are
3 both veterans--but the police academy firing
4 range is right behind the training module and
5 they began firing semiautomatic weapons, about
6 50 police. That was the tensest moment in our
7 training. We just kept right on talking.
8 Kathy, Ernie, and I ended up under the table
9 with an ex-marine from Chester County.

10 The training module that they wanted
11 us to fill was their basic mental health for
12 rookies and cadets. I want to urge you to
13 think about giving some minimum hours and then
14 talking, perhaps, about levels of training so
15 that, after we give them what we call mental
16 health 101, maybe we can do the advanced
17 course.

18 At Pitt we called it the honors
19 course, because some of these folks want to
20 know more about our field, and it's appropriate
21 to talk about some kind of certification. But,
22 the average policeman or policewoman who is
23 going to be the person called on 911, assuming
24 that it works, is going to need very basic
25 knowledge of disabilities.

1 It seems to me that could be
2 accomplished in a minimum of time in terms of
3 their module. We could expand our training.
4 We routinely get asked to do it by departments.
5 The feds have asked us to extend the trainings.
6 We could accommodate that, but the module that
7 we designed was really addressed to the basic
8 first time ever introductory course. That's
9 why we did it.

10 REPRESENTATIVE MANDERINO: Thank you.

11 CHAIRPERSON BIRMELIN: We thank you
12 folks for coming here.

13 MR. CENTIFANTI: It's our privilege,
14 and we are very grateful for this opportunity
15 to tell you what we have been doing and why.
16 Thank you.

17 CHAIRPERSON BIRMELIN: Thank you for
18 being here.

19 MS. LONGER: Thank you.

20 CHAIRPERSON BIRMELIN: Our next
21 witnesses are Patrick Scott, a volunteer at the
22 Central Pennsylvania Literacy Council, and the
23 Captain from the Philadelphia Police
24 Department, whose name I'll leave him himself
25 give us because I'm not sure that I could say

1 it correctly.

2 MR. SCOTT: Good afternoon.

3 CHAIRPERSON BIRMELIN: Just a second,
4 please. Is there a Captain Mike
5 Skiendzielewski scheduled? Seeing none, I will
6 assume that you are Patrick Scott.

7 MR. SCOTT: Good afternoon. I
8 volunteer for the Center Pennsylvania Literacy
9 Council. I'd like to thank you for allowing me
10 to testify to tell about my story today. My
11 mother is going to read this to you, and if you
12 have any questions they can be directed towards
13 me.

14 MS. SCOTT-DOLAN: My name is Sue
15 Scott-Dolan. I am his ADA accommodation today
16 because Patrick is unable to read well. He had
17 an article published in the Equal Justice
18 Newsletter, which is an extension of the Equal
19 Justice Project Curriculum Development
20 Committee. He has been advising the project
21 about police training and educational advocates
22 about the criminal justice system. With the
23 help of folks from Equal Justice Project at
24 Temple University and some assistance from me,
25 we gathered his story together and it was

1 published in their last newsletter.

2 Disabilities and the Law: A Self
3 Advocate's Perspective by Patrick M. Scott.

4 The topic of people with disabilities and law
5 enforcement is one of great interest to me. In
6 recent years I have experienced the
7 difficulties that people with various kinds of
8 disabilities encounter when they are accused of
9 crimes. I have heard of adults with cognitive
10 limitations being questioned by the police and
11 district attorneys in language they did not
12 understand.

13 Back in 1993, I received a call from
14 a female friend who wanted me to come over to
15 her apartment because she said there was an
16 emergency. Once I got there, I found out that
17 it was a setup. This were other people there
18 and they all wanted me to touch her in a way
19 that made me feel uncomfortable. They wanted
20 to pay me \$30.00. I said no.

21 While I was there, another woman put
22 a knife to my throat. I was able to get out of
23 there and went home. Later that night the
24 police came to my house and arrested me and
25 charged me with two counts of indecent assault.

1 MR. SCOTT: I want to emphasis, they
2 also charged me with criminal mischief as well.

3 MS. SCOTT-DOLAN: The district
4 justice put me under 24-hour supervision. The
5 charges were dropped when the woman with the
6 knife did not show up in court. I was later
7 told that she knew that it had been a game and
8 that she would not come and lie in court.

9 In 1995, during a trip to the mall,
10 an acquaintance of mine made a pass at my
11 fiancée. This upset me, and I had words with
12 them. I also told his mother what he had done.
13 I guess he got out of the trouble. He then
14 told his mother that I had bothered him in the
15 men's room. I was arrested 72 hours later for
16 indecent assault and making terroristic
17 threats. The charges were later dropped
18 because the judge said there was not sufficient
19 evidence for trial. I was fined \$10 for a
20 summary offense.

21 And I'd like to add, that I then had
22 the added cost of getting his record dislodged
23 and the attorney's fees for that.

24 In neither of these incidents were my
25 Miranda Rights given to me. I was asked a lot

1 of questions by the detective as to why the
2 first arrest took place. I was never told that
3 I did not have to talk without my attorney.
4 Fortunately, I had a good lawyer who listened
5 to me and helped me through the process.

6 During the questioning, one minute I
7 felt like I was being harassed and the next
8 minute I felt like I was being treated like a
9 child. The detective made comments like, if
10 you behave yourself you'll be home in an hour
11 to see your fiancée. And, if you are a good
12 boy, I'll let you wash the ink off your hands
13 after you are fingerprinted.

14 Fortunately, the district justices
15 took their time and paid a lot of attention
16 during the hearings.

17 My fiancée and I have also had
18 wonderful experiences with police officers who
19 have helped us when we are being harassed or
20 have helped us solve problems. They have
21 answered questions when we call to find out
22 things about the law.

23 In 1996, we had trouble with another
24 couple who said bad things about my fiancée and
25 me. That detective was very helpful, very

1 patient and found that the other couple had a
2 history of making up stories.

3 I would like to add, I had sat in
4 during some of that conversation held with the
5 detective, and I asked the detective if he had
6 had training. He said no, he had not. He was
7 just a sensitive individual who took his time
8 and listened carefully and did not add stress
9 to the situation by demanding immediate
10 answers; but giving Patrick time to process.

11 There are many other police officers
12 who know how to understand what is going on
13 when they are called. They know when to be
14 tough, and they know how to help people solve
15 problems so that people do not have to go to
16 court.

17 However, some police officers seem to
18 think that each person must be bad and need to
19 go to jail. I feel the police should be
20 trained to deal with people with disabilities.
21 We are not children. But, we do need the
22 police to take their time and explain things to
23 us.

24 I am currently involved in helping
25 the Equal Justice Project in developing the

1 training for police officers to help them
2 understand people with disabilities. I feel
3 the police should be considerate to people with
4 disabilities instead of making quick judgments.
5 People with mental retardation, autism, head
6 injuries, learning disabilities or Tourette
7 syndrome may look like, and even talk like
8 people without disabilities, but they may not
9 understand exactly what they are being asked.

10 This is true if people talk fast, use
11 big words, or if there's a lot of noise. When
12 we are frightened we may be more emotional than
13 people without disabilities. It doesn't always
14 mean that we are trying to resist.

15 I advise people with disabilities
16 faced with these situations to ask for help if
17 they need it and to tell the officer that they
18 have a disability and that they do not
19 understand. It is also important to know that
20 some police officers will be in plain clothes
21 and not in a uniform. It's okay to ask for
22 identification to make sure that they are
23 police officers. This is important --

24 MR. SCOTT: Let me do that last part.
25 The last part she was trying to read is that,

1 in this article it says that some police
2 officers will be in plain clothes, and it is
3 all right to ask for identification because
4 some officers will not be in a uniform and they
5 will be in plain clothes instead of a police
6 uniform.

7 MS. SCOTT-DOLAN: This is important
8 because, sometimes people will contend that
9 they are police officers so they can harm you.

10 CHAIRPERSON BIRMELIN: Thank you for
11 your testimony. We have been joined by
12 Representative LeAnna Washington. Do you have
13 any questions?

14 REPRESENTATIVE WASHINGTON: You said
15 that the first incident that you were called to
16 a friend's apartment.

17 MR. SCOTT: That is correct.

18 REPRESENTATIVE WASHINGTON: And then
19 later on you were arrested for two counts of --

20 MR. SCOTT: I'll tell you what it
21 was. I was called at 12:05 in the afternoon
22 and the arrest did not take place until 1:24
23 a.m.

24 REPRESENTATIVE WASHINGTON: So
25 apparently, when you left they called the

1 police and said that these things happened?

2 MR. SCOTT: No, no, no. The first
3 time they did not call the police. But, what
4 is not in here is that, they called me a second
5 time and I asked them if they were going to do
6 the same setup and they said no, so I went over
7 a second time and they tried to have me to do
8 it for \$50, which was the same setup. So they
9 called the police that night. They called
10 Susquehanna Township Police and the police came
11 and arrested me at 1:24 a.m. They had a
12 warrant for my arrest.

13 REPRESENTATIVE WASHINGTON: So, I'm
14 clear that you are saying that the first time
15 the incident happened you were allowed to
16 leave. Then the second time when they called
17 you, you asked were they going to set you up
18 again and that's when you were arrested.

19 MR. SCOTT: That is correct.

20 MS. SCOTT-DOLAN: I'd like to add
21 that, there seems to be a lot of folks with
22 special needs who are unemployed, some who may
23 have higher intellectual disabilities than
24 others. Sometimes they are not feeling part of
25 society, so reach down and try to manipulate

1 others who may not have as broader an
2 understanding.

3 MR. SCOTT: And I would also like to
4 add on the second story here, back in 1995,
5 that the person in question was a person who I
6 went to camp with that year, and he called me
7 in and said, would you like to go to the East
8 Mall with me? And I said only if my fiancée
9 can be present. He goes, well, let me ask my
10 mom. So they came and picked us up. He was
11 harassing her and he accused me of touching his
12 genitals, which I didn't. Then he also accused
13 me of threatening his family.

14 REPRESENTATIVE WASHINGTON: So, the
15 person that did both of these incidents had
16 special needs also?

17 MS. SCOTT-DOLAN: In both cases.

18 MR. SCOTT: In both cases.

19 REPRESENTATIVE WASHINGTON: Thank
20 you.

21 CHAIRPERSON BIRMELIN: Representative
22 James.

23 REPRESENTATIVE JAMES: Thank you.
24 Thank you, Mr. Chairman. Mr. Chairman, I just
25 want to make a comment. I'm sorry that the

1 representative from the Philadelphia Police
2 Department is not here. Were we in contact
3 with the Municipal Police Officers Education
4 Training Association in this regard?

5 (No response)

6 REPRESENTATIVE JAMES: Because I
7 think that they are the ones that are
8 responsible for all of the training of the
9 police officers in the State of Pennsylvania
10 and certification. So, I think that somehow we
11 probably need to ask them about what kind of
12 role do they play in terms of any training thus
13 far, if any. If not, what's their view on this
14 bill and how it can be implemented in the
15 training process.

16 MR. SCOTT: Well, I would also like
17 to add, if I may, that Susquehanna Township
18 Police was very helpful; that they have come
19 out on past calls, and they have been very
20 helpful.

21 CHAIRPERSON BIRMELIN: Representative
22 Caltagirone.

23 REPRESENTATIVE CALTAGIRONE:
24 Representative James, we will be working with
25 them on developing the courses and especially

1 if this becomes law. We will be having input
2 from them. I just wanted you to know that.

3 MS. MILOHOV: Representative James,
4 in the process of developing this legislation,
5 we talked with Major Mooney who is the
6 Executive Director of the Police Education
7 Training Commission. They were aware that
8 they, as a commission, needed to respond to the
9 Federal ADA Law and had already, before we even
10 contacted them, privately contracted with a
11 curriculum developer to insert some sort of
12 training into their cadet training program.

13 He was willing to share it with all
14 of the advocates for people with disabilities
15 and special needs that were meeting in regards
16 to some portion of this bill, and he did
17 subsequently. At that point, that's when it
18 was decided that we definitely needed the
19 legislation because the curriculum that had
20 been developed was terribly inadequate; had
21 poor definitions, and was not in any way
22 addressing the broad spectrum of disabilities;
23 nor was it giving the policemen any indication
24 of how to diffuse situations or be more
25 sensitive and responsive to anything they might

1 come up with.

2 So, he's aware of this and we've met
3 with him and talked with him at great lengths.
4 He's worked with some of the experts that have
5 been advocates that helped worked on this
6 legislation.

7 REPRESENTATIVE JAMES: Ms. Milohov,
8 that's great. I'm glad to hear that. One
9 thing as policymakers we have to ensure is that
10 the training -- that the trainer be adequately
11 sensitive to the concerns and that they be
12 appropriate because, a lot of times when we get
13 initial training in police services, the
14 trainees (sic) are not the right people that
15 should be training. I think if we talk to
16 advocacy groups, as they develop the trainers
17 to make sure they are sensitized to the special
18 needs, I think that would be appropriate.

19 CHAIRPERSON BIRMELIN: Thank you for
20 your comments. Did you want to make a comment?

21 MS. SCOTT-DOLAN: Yes, I have a last
22 thing I'd like to say that hasn't been brought
23 up before. We have another family member who
24 has had an injury and has some interaction with
25 the police. In that case the state police

1 officer was wonderful and really did not know
2 anything about the type of brain injury that he
3 had. I think in most of the departments there
4 is someone there who has a natural sensitivity
5 to listen to people and not make quick
6 judgments.

7 I think we need to learn about some
8 of those skills and abilities that they're
9 using when they may not have any knowledge
10 about disabilities or the behaviors of folks
11 that had strokes, et cetera. But, we have
12 found this in a number of departments that
13 there are individuals who just take their time
14 and try to give assistance to gain information
15 and support the person they're talking with.
16 Thank you.

17 MR. SCOTT: And I am not saying that
18 the police need to do favoritism. I'm not
19 saying that, but what I am saying is that, the
20 police need to also try to be helpful in any
21 way that is in a -- how should I put this? To
22 support and gather information to be equal with
23 us, but also to use words that people of
24 disabilities understand because most law
25 enforcement agencies use big words that people

1 with disabilities cannot understand.

2 CHAIRPERSON BIRMELIN: That happens
3 in the legislature as well. We want to thank
4 you folks for coming. We appreciate your
5 testimony.

6 MR. SCOTT: Thank you.

7 CHAIRPERSON BIRMELIN: Our next and
8 last two testifiers are Jennifer Parks and
9 Officer Don McCurdy. Officer McCurdy, will you
10 tell us where you are a police officer?

11 OFFICER McCURDY: I'm a police
12 officer in Lower Paxton Township here in
13 Dauphin County, suburban Harrisburg.

14 CHAIRPERSON BIRMELIN: Thank you.
15 You are Jennifer Parks?

16 MS. PARKS: Yes.

17 CHAIRPERSON BIRMELIN: Is this Ronald
18 with you?

19 MR. PARKS: Yes.

20 CHAIRPERSON BIRMELIN: Ronald and
21 Jennifer Parks give us your testimony, please.

22 MS. PARKS: February 18 I was
23 downstairs getting breakfast ready with my son.
24 My daughter called downstairs and told me to
25 get upstairs that my husband was having a

1 seizure. I asked my son to call 911. The
2 officer from Darby Borough came to my home.
3 When he drove up, my son told him my husband is
4 having a seizure. When he came into the house
5 I told him. The whole time when I needed help
6 from the officer, he would not help me. My
7 husband was stumbling, trying to catch his
8 balance. Still the officer would not assist me
9 in helping my husband.

10 As my husband went to the kitchen to
11 get water, because he needed water to drink,
12 the officer still would not help me while I
13 kept asking for help. My son was outside and
14 came in and told me another officer and the
15 ambulance was out front.

16 When they walked in the door, I told
17 them my husband was having a seizure. While I
18 was bringing my husband back to the front room,
19 Officer Campbell was still standing there just
20 looking at us. As the officer walked in the
21 front door and I was bringing Ronnie back in
22 the front room, Officer Campbell grabbed at my
23 husband, which made my husband fall into me and
24 I fell into the back door. As I brought my
25 husband around to bring him back into the front

1 room, Ronnie was asking the officers for help.

2 Officer Campbell came from behind me,
3 grabbed Ronnie and threw him on the floor. I
4 asked them what were they doing and why were
5 they doing it. They would not answer me. By
6 them throwing Ronnie around, his face hit the
7 TV and busted his mouth. They put their knees
8 in his back. One of the officers was on his
9 back while the paramedic had his hand pressed
10 down on his head. I asked them what were they
11 doing. He told me it's to protect him and
12 them. Then he said he was acting like he was
13 having a psycho attack.

14 I told them the whole time Ronnie was
15 having a seizure. During this time they were
16 cussing at him. They were violently throwing
17 him around the floor. Ronnie was going in and
18 out of seizures the whole time. When I asked
19 them to stop they wouldn't listen to me. They
20 kept cussing and they kept trying to pull his
21 arms behind his back to handcuff him.

22 They pulled his pants down to his
23 ankles. They flipped him from his front to his
24 back while my son was on the steps watching the
25 whole thing. I kept asking them to stop. They

1 would not stop.

2 I feel that if they knew anything
3 about how people react when they have seizures,
4 my husband would not -- his mouth wouldn't have
5 been busted; his arms wouldn't have been messed
6 up. He had bruises all over his legs and
7 wrists.

8 My children had to witness this.
9 They had to see my husband. My son, he had
10 high hopes about being a police officer. Now
11 he doesn't want to be a police officer because
12 of the way the police beat my husband up. My
13 son dropped in all his grades. He's been
14 (inaudible word; witness crying) because he
15 didn't do his work in school.

16 I don't understand. I asked for
17 help, and I had to witness my husband being
18 beat up the way he was beaten up. He can't
19 work. If he tries to do anything, he can't do
20 it. I have to take all the responsibilities.
21 I have to be the sole provider of my home
22 because my husband can't hold things. He drops
23 things. He drops his cigarettes because they
24 messed up his nervous system in his hands.

25 We had to go and talk about this

1 downtown, and then my husband had another
2 seizure thinking about it. When police
3 officers come around, he don't trust them. If
4 anything happens in my home I don't call the
5 police because I'm scared they're going to come
6 in and do what they did before.

7 We have a curfew out our way. I'm
8 scared for my daughter to be a minute late
9 because I don't know if they're going to grab
10 her and push her around the way they did the
11 other kid out where we live at.

12 When I see this officer that abused
13 my husband, I'm afraid of him. We have
14 officers that come into my school building
15 where I work. I cannot be in the program
16 because of this officer. I'm afraid of being
17 around him. It's just that, you know, it
18 bothers me that -- I try to be strong for my
19 family, but it's getting to be very hard to see
20 my husband dreaming, asking for help, asking
21 for people to stop grabbing him.

22 I really worry about my son because
23 he was doing good, and now that this happened,
24 he seen it, he witnessed it, he's not the same
25 that he used to be. He tries to be strong, but

1 I don't think he's the same person that he was
2 after seeing what my husband went through.

3 MR. PARKS: My name is Ronald Parks.
4 I have been an epileptic for 40 years. I had
5 the police -- I always had the utmost respect
6 for the police because you could call them and
7 they would be there. But at the time that this
8 was going on, 40 years this was going on, this
9 was during the period of time that my brother
10 was in school; that my father was limited and
11 so forth, the police officers in Darby knew us.

12 As they said, when you are at home
13 you ask the children to ask your parents if you
14 had a problem. If you were in school, you ask
15 the teacher. If you get lost in a store, you
16 get lost in a park, you always went to the
17 police. That's like a symbol, like the fire
18 department. You know, you see the fire, that's
19 a symbol. Your nationality shouldn't have
20 anything to do with.

21 When a person says you are epileptic,
22 you are epileptic. Okay. You wear a necklace
23 around your neck or around your wrist which
24 tells you what your condition is and what your
25 I.D. number is. It can be plugged into the

1 computer anywhere in the country, right to the
2 Medical Alert Foundation. They'll tell you
3 what you need, what that person is on or
4 whatever; if they're allergic to anything.

5 When you are born and raised in a
6 town all your life and then all of a sudden
7 somebody is going to come and harm you, then
8 you're scared. Then you don't have that
9 respect no more. You don't have that
10 confidence anymore. I'm scared. Don't get me
11 wrong. All police officers are not like that.
12 I have cousins who are police officers. I have
13 friends that are police officers. Do you
14 understand me? I'm still trying to define that
15 to myself to today why.

16 I have been here 51 years in that
17 town. This kid wasn't even born when I had my
18 operation in 1958. This kid wasn't even born.
19 If you don't know nothing, you should ask.
20 Your first thing to do at a 911 call when you
21 come to a home is, what is the problem? Is the
22 person on medication? Do they have a heart
23 condition? Are they diabetic? Did they take
24 their medication? This is something that you
25 can give to the paramedics when he comes in

1 that he's not blind. He comes into a
2 situation, he can deal with it.

3 If a police officer is out on the
4 street and you are out here on the street, you
5 should be able to walk up to that police
6 officer and say, officer, I don't feel good.
7 What's wrong? I'm epileptic. Okay, just calm
8 down.

9 I also feel that calling 911 is just
10 like calling somebody from the family into your
11 house because it's going to be all right. It's
12 going to be okay. We're going to calm you
13 down. We are going to lay you down. We're
14 going to relax you, and the paramedic is going
15 to come in and take you to the hospital. I
16 don't have that no more. That's a shame.

17 Not being smart, if I sat here and
18 never told you this, you didn't know if I was
19 epileptic or not. I don't want to be
20 different. I want to be the same. I want to
21 be able to write because you can write. I want
22 to be able to wear a tie because you wear a
23 tie. I want to be a man. I asked my wife to
24 marry me. She didn't ask to marry me. I asked
25 her.

1 To drive in this state is a
2 privilege, so when you mess up you lose your
3 license. You know this. It's a privilege.
4 It's an honor for me to be here. It's an honor
5 for me to be with my wife and my children.

6 Only now, I want to ask you is why?
7 If you had the training, there wouldn't have
8 been no problem. You wouldn't have no problem
9 whatsoever. When you hit that door and a
10 person says, my husband or my wife or so on is
11 sick, okay, we can deal with it. We know what
12 to do. Nine times out of ten, 99 out of one
13 the police always come first and that's to
14 secure the perimeter. That's their job. Their
15 job is not being a doctor. Their job is to
16 secure and to help until paramedics are here to
17 take you.

18 That's all I have to say. Thank you.

19 CHAIRPERSON BIRMELIN: Officer
20 McCurdy.

21 OFFICER McCURDY: Thank you, Mr.
22 Chairman. I'd like to start, I'm not
23 necessarily here as a representative of the
24 department that I work for. I'm here as a
25 father of a beautiful little three-year old

1 girl who happens to be often sick. As a police
2 officer concerned about not only the situation
3 that I protect and serve, but the other
4 officers that I worked with as well.

5 I think some of the stories that you
6 heard here today could very well have been
7 avoided if maybe training was in place, to
8 teach these officers when they arrive on a
9 scene what to expect, who to contact, where
10 these folks live, what the conditions are.
11 These are the kind of things that need to be
12 given to our officers, so when they come upon
13 one of the these situations they have some
14 information and knowledge. I tell people when
15 they ask me about my job, the most important
16 resource I have is information.

17 That's really what House Bill 2620 is
18 going to provide me. It's going to give me the
19 opportunity to sit up there at the academy and
20 have a gentleman come in and explain to me what
21 Alzheimer's is, and what I can do to help that
22 individual. I think that's really what 2620 is
23 all about. As a father and as a police
24 officer, I urge you to please support this
25 bill.

1 CHAIRPERSON BIRMELIN: Representative
2 James.

3 REPRESENTATIVE JAMES: Thank you, Mr.
4 Chairman. I first want to thank the family for
5 being here and testifying and relating their
6 experiences. I think the testimony means a lot
7 to all of us as policymakers as it relates to
8 trying to implement policy and changes that
9 need to be in order to make better resources.

10 I want to thank the police officer
11 because I think it's important for you, as a
12 police officer, and then also as a parent to
13 say that we need this training. Too often --
14 I'm a retired police officer. Too often police
15 officers have this closed thing that it's
16 always us against them. We do not like -- take
17 changes too well. I think it's important for
18 you to express that. I think it's also
19 important for you to express that to your
20 supervisors. Let them know you feel this needs
21 to be done, and we'll do our part as
22 policymakers to try to make sure that this
23 happens.

24 It seems as though, as the father
25 just described, as you grow up in this town and

1 how the police officers knew, there's always
2 sometimes be some police officers without
3 adequate training that will overreact.

4 I remember when I was a police
5 officer and I was driving an emergency patrol
6 wagon, often we got calls and we would respond
7 to problems in different homes and if someone
8 would tell us that the person had epileptic
9 problems, we reacted differently. We knew how
10 to act in terms of making sure the person gets
11 to the hospital and treated.

12 The most alarming experience that I
13 had was going to a house and seeing that a
14 little four-year old girl was sexually
15 molested. When I went to grab the teenager who
16 was about 18 or 19 to effect their arrest,
17 found out that he had a mental problem. So, we
18 had to treat him different than we would have
19 treated him if he had not had a mental problem.
20 It was just that had I not realized, it was
21 just something that the mother or the lady
22 screamed out that he had a mental problem, then
23 you could see it as we went to arrest him. He
24 was just left with this child, which he
25 shouldn't have been.

1 I'm saying the training is really
2 needed. I would hope that we can make whatever
3 changes is necessary in the bill as we go on to
4 implement this policy. I thank you all for
5 testifying.

6 CHAIRPERSON BIRMELIN: Representative
7 Washington.

8 REPRESENTATIVE WASHINGTON: Thank
9 you, Mr Chairman. My question is, what
10 happened after they -- Did they lock you up?
11 Did they finally know that you were epileptic?

12 MR. PARKS: After the situation they
13 had to take me to the hospital.

14 REPRESENTATIVE WASHINGTON: They
15 handcuffed --

16 MR. PARKS: Handcuffed, strapped and
17 all. I'm a paralytic and I have paralytic
18 convolutions. I had a brain operation on this
19 side which affected my right side. If you
20 would say something to me and I'm going into a
21 seizure, I am going this way (demonstrating).
22 I can't help it. I lose all control of my body
23 fluids.

24 Knowing this, knowing that I have
25 epilepsy, when you call the paramedics, they

1 know what to do. It's very, very important
2 that they understand that when they walk into a
3 situation. Just like you do in a dark alley,
4 you know how to prepare for it. They have to
5 prepare.

6 You just can't walk into a person's
7 house, and because a person might have a
8 diabetic shock and you are shaking or a person
9 is having a nervous condition, that you have to
10 tackle that person and then handcuff him. You
11 don't know the situation.

12 REPRESENTATIVE WASHINGTON: Were you
13 arrested?

14 MR. PARKS: No.

15 REPRESENTATIVE WASHINGTON: So no
16 charges were brought against you in the end?

17 MR. PARKS: No, ma'am.

18 REPRESENTATIVE WASHINGTON: Thank
19 you.

20 CHAIRPERSON BIRMELIN: Mr. and Mrs.
21 Parks and Officer McCurdy, we want to thank for
22 coming here and sharing your testimony today.
23 We appreciate it very much. These are the last
24 of our witnesses. This meeting is adjourned.

25 (At or about 1 o'clock p.m., the

1 public hearing concluded)

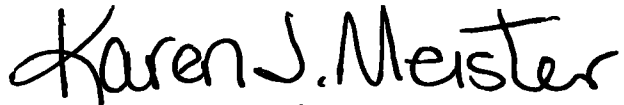
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