Before the Committee on the Judiciary
of the
House of Representatives
Commonwealth of Pennsylvania
Thomas P. Gannon, Chairman

Hearing on House Bill 2620
"Providing for instruction on persons with disabilities"
Majority Caucus Room, Room 140
Main Capitol
Harrisburg, PA
July 16, 1998

Testimony and Supporting Exhibits
of the
Forensic Advocacy Coalition
138 Viaduct Avenue
Downingtown, PA 19335
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### Witnesses:

J. Benedict Centifanti, J.D./M.B.A.
Director, Law Enforcement Advocacy Project
Dr. Richard Gross
Ms. Kathy Longer
Mr. Ernest Peebles
Law Enforcement Trainers

Good morning Chairman Gannon and members of the Judiciary Committee. My name is J. Benedict Centifanti. I appear here today as Director of the Law Enforcement Advocacy Project ("LEAP") of the Forensic Advocacy Coalition ("FAC"). My brief biographical sketch, and those of our other LEAP trainers, is attached hereto as Exhibit 1 For the record, I want to qualify myself as both a J.D./M.B.A. graduate of Harvard University and of the Forensics Unit at Norristown State Hospital, where I spent 2 1/2 years after pleading Guilty but Mentally Ill to two counts of aggravated assault. I should also tell you that I was well treated by the Philadelphia Police during my experience

with the criminal justice system, so this is not just another case of "sour grapes" coming before you after the fact.. I freely identify myself as a forensic consumer with bipolar illness. My work today is exclusively as a forensic advocate and consultant on forensic cases. My most recent notable involvement was as a consultant to the defense in the John du Pont murder case. In February, I appeared on the *Geraldo Rivera Show* discussing my own case and current forensic issues.

Let me first thank you for the opportunity to testify today on H.B. 2620. FAC's other officers would be here as well but for unavoidable conflicts due to other previous commitments. With me today are three of FAC's law enforcement trainers, Dr. Richard Gross. Ms. Kathy Longer and Mr. Ernest Peebles. Each will tell you their own background and training experiences, as well as their views on H.B. 2620.

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Based on FAC's record of training police on mental illness and substance abuse issues across PA for the past four years--we believe we are one of the most experienced groups of law enforcement trainers on these issues in the Commonwealth--FAC wholeheartedly supports the concept of police training on disability issues and believes that this bill is a good start toward mandating that process.

By way of introduction to the police training work of the Forensic Advocacy

Coalition, FAC was founded in 1994 in response to a number of highly publicized

incidents between police and mental health consumers. (1) FAC is a true

statewide coalition of mental health consumers, family members, advocates and providers

concerned about the rights of persons with co-occurring disorders in the criminal justice

system. We believe that we are the only group solely devoted to such forensic advocacy.

We now say "co-occurring disorders" rather than "dual diagnosis" to refer to the

growing numbers of persons with mental illness and substance abuse issues in the forensic or criminal justice system. (2) In addition to our police training program, FAC also does individual and systemic forensic advocacy, research on forensic issues such as diversion programs for persons with co-occurring disorders, and public education on forensic issues such as the Insanity Defense and the Guilty but Mentally Ill verdict in the media and here in Harrisburg

Over four years ago, when we first began our police training program, we had few, if any, models for our trainings. (3) Now it seems everyone has an idea on how to do this kind of training.(4). We initially received small developmental grants from my former employer, Pennsylvania Protection and Advocacy, Inc. ("PP&A"), as well as the Community Support Program ("CSP"). With this limited start-up funding, however, we were able to develop our first edition of the LEAP Training Manual, attached hereto as Exhibit 2. With that Manual, we began training police, first at the Philadelphia Police Academy and at the Advanced Training Unit on North Broad Street in Philadelphia. Subsequently, at the request of the United States Attorney's Office for the Western District of PA, we began training law enforcement officers in Pittsburgh in 1995, and in Harrisburg, Hamburg and Philadelphia thereafter. Throughout our initial trainings and development of our Manual and thereafter, we collaborated extensively with other advocacy groups including the Mental Health Associations in PA, the Pennsylvania Mental Health Consumers' Association, ICAN, the PA Community Providers' Association, the Alliance for the Mentally Ill of PA and other similar state and local organizations.

Last year, we obtained a major training grant from the federal Center for Mental

Health Services in Washington D.C. to expand our law enforcement training throughout PA. This year, we have already trained over 300 police and law enforcement personnel at training sites as widespread as Philadelphia, Pittsburgh, Warren, Lehighton, Johnstown and State College. We also have trained over 40 new "trainers" and have conducted police training seminars, workshops and institutes at disability conferences and meetings across PA and the U.S. We are presently seeking federal funding to further expand our Law Enforcement Advocacy Program trainings in PA and to add a training program on jail diversion for minor offenders with co-occurring disorders in the criminal justice system. See Abstract, "PADiverTS," attached hereto as Exhibit 3.

Our LEAP training format is very straightforward. See Exhibit 2, p. 1 for the LEAP Training Outline. We begin with a basic "interactive" session on "Values" as they relate to police--and public--attitudes toward persons with mental illness. Recently, we have been adding material on attitudes toward substance abuse and children in the criminal justice system. See Exhibit 2, p. 6. After that initial "warm-up" dialogue, we introduce --in what we call MH 101--the basic diagnoses, behaviors, treatments, side-effects and issues relating to the major forms of mental illness. See Exhibit 2, p. 15. Again, we recently have added new material on substance abuse issues to this section. See, LEAP Training Manual, Exhibit 2, 18, 18a. After a break during which we handle individual questions and issues, we reconvene for a pair of "first person" accounts of consumer and family members with experience in the criminal justice system. The police tell us in person, and in written evaluations, that these consumer and family comments are what they want and need to hear, rather than being lectured at by folks with fine academic or professional credentials, but no real "street" experience with law enforcement

in this context. We conclude with a short video training film that we have found effectively restates some of the key messages we are trying to deliver to police for their interactions with our constituency. See, e. g., "Guidelines: Approaching a Person in Severe Mental Distress," LEAP Training Manual, Exhibit 2, p.31. Throughout the entire training—which we designed, at police request, to last about four hours—we entertain questions and comments from the officers. This open learning environment has produced some of the best—and liveliest—sessions in the trainings by far, according to our police evaluations.

Given our broad background and experience in law enforcement training, we want to share with you our views and concerns about H.B. 2620. Briefly, while we support the overall intent of the bill, we are concerned about the following aspects of the bill as presently stated: (proposed new language is in bold, underlined)

- 1. While the bill speaks (p.1,lines.15-16) of insuring us the "same access, services and protection," it does not mention our chief concern as forensic consumers, families and advocates in this context: rights,
- 2. We are not just concerned about incidental "contact with police":(p.2,line 4) but rather with police "and the criminal justice sysem".
- 3. Because we advocate for persons with co-occurring disorders in the criminal justice system, we would oppose needlessly exclusionary wording such as "those associated with antisocial or criminal behavior or reaction to drug and alcohol abuse." (p.2, lines 17,18) Perhaps better wording might be: "criminal behavior not related to co-occurring disorders"
- 4. Based on its training expertise, the Forensic Advocacy Coalition would wish to be added as a training resource at p.3, line 8.
- 5. Reference is made to "Certified officers" (p.3, line 10) without further explanation. We are concerned equally with the issue of "certified trainers," that is, who will be the trainers if not the consumers, families, advocates and providers with experience and backgrounds

in forensic matters? Further, who better than they to set standards as to minimum hours, credits and levels of law enforcement trainings?

- 6. Page3. line 24 should be changed to read: "mental illnesses."
- 7. Finally, the exclusionary wording of page 4, lines 7 to 11, would appear to restrict our training officers on issues of co-occurring disorders now endemic in the forensic population. Again, some limiting wording might be better, such as: " This exclusion shall not apply to any co-occurring disorders."

In summary, while we at FAC support the broad intent of H.B.2620, we are concerned that our population has some different issues than other groups affected by the bill because of our history and experiences interacting with the law enforcement and criminal justice systems.(5) Recently, we were reminded of this by the experiences of one mental health consumer and his family in Western Pa. I want to introduce Dr. Richard Gross to you now to tell that story and to give you his thoughts on H.B. 2620 Dr. Gross.

Good morning, Mr. Chairman and members of the Judiciary Committee. I am Dr, Richard Gross. I am a Doctor of Optometry with a practice in Johnstown, PA. I am also a family member of a person with mental illness, a son who, for the past seven years, has been diagnosed as having bipolar illness. Normally, he is well stabilized on his medication, Prozac. However, because of problems with his medication, he began having difficulties, which culminated in involvement with the criminal justice system, including a much-publicized high speed chase and subsequent beating by the state police earlier this year. Without going into all of the details—I have attached some of the news coverage as Exhibit 4 to this testimony—suffice it to say that we as a family learned at first hand the need for police training on issues of mental illness. Thus, recently, at the request of FAC, both my wife and I participated in the training of 31 police officers in Johnstown

convened by the U.S. Attorney's Office in Pittsburgh. We believe such training is essential if we are to avoid similar needless confrontations and risks of harm to all involved.

As we said then at that training, while it was frightening, our family experience with the police actually had some positive aspects: two of the local departments gave up their role in the high speed chase as soon as they realized that my son was ill. We want to encourage such restraint on the part of our police in these situations. That is the reason —as has already been stated here—that we need to insure that forensic consumers and family members are involved in the process of developing and delivering these law enforcement trainings. We urge this Committee to mandate these trainings and to require consumer and family trainers as part of that mandate. I will be pleased to answer any questions that you may have about my comments here today. If that is all, it is my pleasure to introduce to you, my training colleague, Ms.Kathy Longer. Ms. Longer.

Good morning, Chairman Gannon and Judiciary Committee members. My name is Kathy Longer and I am a mental health consumer from Lancaster, PA, where I work as a retail store manager. Like Jay and Dr. Gross' son, I have been diagnosed as having bipolar illness. Also, for the record, I want to affirm that I --like many consumers--have had issues relating to substance abuse, or "co-occurring disorders" as they are now called. In the past, I raised and trained prize winning dogs, and had a career training dogs for police and other law enforcement agencies in PA and nationally. I have also managed a consumer drop-in center and been active in local, state and national consumer advocacy. My brief biographical sketch is included in Exhibit 1 attached hereto.

As a result of my experiences in the mental health system; and my contacts with law enforcement, I was one of the first consumers involved in police trainings with FAC, indeed I served as FAC's first President. Since then, I have trained police and other law enforcement personnel with FAC all across PA, including in Philadelphia and most recently, two weeks ago in Warren, State College and Johnstown. So I want to reiterate our position that consumer and family involvement is a "must" in terms of the police response to our FAC trainings. Unless there is a "first person" connection in these trainings, the police are not interested in hearing dry, 'ivory tower" presentations.

However, the main thrust of my remarks today concerns the issue of my--and many other mental health consumers'--substance abuse issues, or "co-occurring disorders." The conventional wisdom in the consumer movement is that consumers "self-medicate" with both street drugs and alcohol when all else fails them. All that I know is that if we ignore the issues of co-occurring disorders in our trainings, we do a disservice to both our police and ourselves based on what the police have told us in their evaluations of our trainings. Simply stated, as I am sure you are well aware, drugs are everywhere in our society, even in Lancaster County, unfortunately. See Exhibit 5, attached hereto, regarding the recent drug arrests in the Amish community. In this regard, mental health consumers are, sadly, also like the rest of our community. So I join in asking that the apparently exclusionary wording regarding substance abuse in H.B. 2620 at least be modified to recognize that co-occurring disorders may be considered as part of police training. Please feel free to ask me any questions you may have about my testimony. Now it is my role to introduce to you, another FAC LEAP trainer, Mr. Ernest Peebles. Ernie.

Good morning, Mr. Chairman and members of the Judiciary Committee. My name is Ernie Peebles and, in addition to serving as a FAC LEAP trainer, my regular

position is as the External Patient Advocate for the Mental Health Association of Southeastern PA, assigned at Norristown State Hospital. I have worked in this capacity for over twelve years and have had extensive experience with forensic consumers, both in the Forensic Unit in Building 51 of NSH and generally in the State Hospital and the criminal justice system. My brief biographical sketch is included in Exhibit 1, attached.

Because of my role at NSH and MHA/SEPA, and my background as a trainer and presenter, I became involved in FAC at the start of its police trainings. Since that time, I have trained all across PA with FAC including in Philadelphia-- where I believe we have trained at least a half a dozen times at the Police Academy-- and most recently, in Pittsburgh, where we trained over 60 officers in May, including members of the FBI and the U.S. Secret Service. See, e.g., Exhibit 6, attached hereto, for our Pittsburgh training roster. On the basis of those trainings, and my mental health experience, I want to urge you to consider mandating police trainings on both mental health issues and co-occurring disorders by qualified trainers, including mental health consumers, family members, advocates and providers, Each of these groups should have a required role in designing and implementing training standards, curricula and programs. Based on the feedback that we have received from our FAC trainings, the key to reaching the police is to make the trainings relevant to their actual "on duty" experiences with our folks. The police want to know how the mental health system works--or not--and what they can do to help us keep our people safe and out of their system. Again, I urge this Committee to add new wording to H.B.. 2620 to mandate consumer, family and advocacy participation in all aspects of police trainings on these issues. I will be pleased now to answer any questions that you may have regarding my remarks today.

### **Footnotes**

- (1) See, e.g., "Mentally ill homeless man shot dead by officers," *Philadelphia Inquirer*, May 20,1993, p.A1, See also Testimony of J. Benedict Centifanti, "Abuse and Neglect of the Mentally Ill," Hearing before the Subcommittee on Health and the Environment of the House Committee on Energy and Commerce, 100th Congress, 2nd Session, April 25, 1988, Serial No. 100-153.
- (2) National GAINS Center, "The prevalence of co-occurring mental and substance abuse disorders in the criminal justice system," Just the Facts, Delmar, NY(1997); See also, as to the new studies of violence and mental illness, Steadman, et al, "Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods," 55 Arch. Gen. Psych.393 (1998) ("The prevalence of community violence by people discharged from acute psychiatric facilities varies considerably according to diagnosis and particularly, co-occurring substance abuse diagnosis or symptoms.")
- (3) See, for an early training model, Murphy, Special Care: Improving the Police Response to the Mentally Disabled," Police Executive Research Forum, Wash. D.C.(1986).
- (4) See, e.g., Memphis Police Department, *The Memphis Police Department Crisis Intervention Team*, Memphis, TN (1995). FAC is providing technical assistance to a "Memphis" model police training program in another state.
- (5) See, as an example of other disabilities' and other states' police involvement in similar incidents, Shen, "'Fleeing and Eluding' in Slow Motion," Wash. Post, p.A1, June 25, 1998, (diabetes/hypoglycemic shock, Frederick Co., MD. Sheriff's Office). FAC has also been asked to provide technical assistance to this Office.

### **Exhibits**

- Exhibit 1 Brief Biographies of FAC LEAP CORE Trainers
- Exhibit 2 FAC LEAP Police Training Manual
- Exhibit 3 Abstract, "PADiverTS" Federal Action Grant FAC Training Proposal
- Exhibit 4 News Articles re: Evan Gross Police Incident
- Exhibit 5 News Articles re: Lancaster Co. Amish Drug Arrests
- Exhibit 6 Roster for FAC LEAP Pittsburgh Area Police Training

## Forensic Advocacy Coalition Law Enforcement Advocacy Project Brief Biographies of Core Trainers

J. BENEDICT CENTIFANTI is a J.D./M.B.A. graduate of Harvard University. He is a forensic consumer having been convicted of two felony counts of aggravated assault, for which he was committed to Norristown State Hospital from 1975 to 1978. As a mental health advocate, he has appeared on *The Phil Donahue Show*, CBS' 48 Hours, *The Geraldo Rivera Show* and PBS/BBC's *The Violent Mind*. Jay has served as a law clerk with the N.J. Public Advocate and as Deputy Director of Pennsylvania Protection and Advocacy Inc. Currently, he is Treasurer and Director of the Law Enforcement Advocacy Project for the Forensic Advocacy Coalition and works in Eastern Europe consulting with consumer and family mental health advocacy non-governmental organizations (NGO's).

ANTHONY DAGGRES is a consumer who now lives with his brother, Ernie, who is also a consumer, at their home in Bushkill, Pike County, PA. Anthony was formerly a resident of Long Island, NY where he briefly attended college studying philosophy. He was first correctly diagnosed with bi-polar illness and profound chronic depression in 1975-76 at MT. Sinai Hospital in Queens, NY. In recent years Anthony has served as the first Chairperson of the AMI of PA Client Council, as an advocate for other mental health and forensic consumers and as a defendant in his own forensic case.

WILLIAM L. FAUST, a B.S. in Music Education graduate of West Chester University, is a family member of a forensic consumer and a resident of West Chester, PA where he is active with local and state mental health and forensic advocacy. As a founding member of the AMI of PA forensic network, and Pennsylvania delegate to the NAMI Forensic Network, Bill has trained local police, probation officers and mental health staff workers on mental illness and forensic issues. Currently, Bill serves as Vice President of the Board of Directors of the Forensic Advocacy Coalition, as a member of the Board of the Montgomery County Emergency Service located at Building 50, Norristown State Hospital and as a member of the Family Services Committee of the Pennsylvania Department of Corrections.

RAYMOND J. FEDERICI, Jr. is a forensic consumer who has been involved in mental health advocacy since his treatment at Norristown State Hospital. He currently resides with his family in Chester County, PA. He is Marketing Coordinator at Community Crossroads, a non-profit mental health drop-in center located in West Chester. He is an active member of NAMI, and serves as Chair of his county's Community Support Program (CSP), a local coalition of consumers, family members and professionals working to improve the delivery of services for persons diagnosed with severe mental illness residing in the community. Ray also publishes *The Inner Voice* a consumer newsletter about mental health issues in the Chester County area. He is currently the President of the Forensic Advocacy Coalition and a Core Trainer.

Exhibit 1, p.1

WILLIAM A. HOLT is a B.S. graduate of Morehouse College in Atlanta, GA and an M.S.S. graduate of Bryn Mawr College. Bill is a resident of Bucks County and a full time Forensic Specialist with the Philadelphia Mental Health Care Corporation in Center City, Philadelphia where he advocates for forensic services on behalf of persons with mental disabilities and substance addictions in the adult and juvenile criminal justice system. Currently, Bill serves as Secretary of the Forensic Advocacy Coalition and a Core Trainer, as a member of the State CSP committee and as Program Coordinator for the yearly National Forensic Rights and Treatment Conference in Harrisburg, Pennsylvania.

KATHY LONGER is a forensic consumer and family member who lives with her family at their home in Sunnyside, Lancaster, PA. In her career as a champion dog breeder and trainer, Kathy has trained state and local police officers in canine handling and safety procedures. As a forensic consumer and family member of AMI of PA, Kathy has had extensive experience in dealing with mental illness and forensic advocacy issues, including serving as director of a consumer drop-in center and self-help program. Kathy currently serves as a Core Trainer for the Forensic Advocacy Coalition and is the immediate past Chairperson of the AMI of PA Consumer Council.

LILLIAN L. MEYERS, is a licensed Ph.D. clinical psychologist and is currently employed in the Office of Educational and Regional Programming at the Western Psychiatric Institute and Clinic. Pittsburgh, PA. Lillian is also a Clinical Assistant Professor at the University of Pittsburgh School of Medicine. She was formerly a staff psychologist at Woodville State Hospital and Director of the Regional Forensic Center at Mayview State Hospital. She also serves on the Board of the Forensic Advocacy Coalition and as a Core Trainer, as Chairperson of the Forensic Committee, Western Area CSP and as Chair of the Forensic Committee of United Mental Health, Inc.

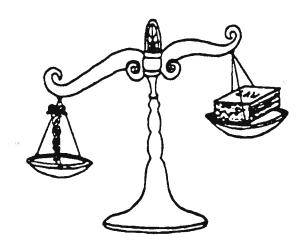
ERNEST L. PEEBLES, JR. is a graduate of South Philadelphia High School and a 1984 graduate of Lincoln University with a degree form its Masters Program in Human Services, Ernie has also taken extensive coursework at the Center for the Administration of Justice at Temple University and the Community College Of Philadelphia and has wide experience as a counsellor and community organizer with the Philadelphia Housing Authority and the South Philadelphia Community Center. Since 1986, Ernie has been the External Patient Advocate at Norristown State Hospital for consumers from Philadelphia County where he assists consumers with their access to community treatment and discharge planning. He serves on the Board of the Forensic Advocacy Coalition and as a Core Trainer.

MARILYN NEWMUIS is a holder of a double B.S. degree in Biology and Chemistry from Yale College. After college, she attended Stanford University Medical School for one year on full scholarship until she was forced to leave due to her bipolar illness. Since that time, Marilyn has been active on mental health amd minority issues in the Delaware Valley. She has served as Deputy Director of the Philadelphia Consumer Satisfaction Team, an agency that surveys consumer programs and residences for the City under the Byberry decree of the Federal Court. Marilyn also serves as a Board member of the

Forensic Advocacy Coalition and a Core Trainer, and a Director the 1260 Realty Corporation, the provider of 500 permanent housing units to mental health consumers pursuant to the Byberry decree and settlement.

RUTH SEEGRIST is a graduate of San Francisco State University and a former art and English teacher. From 1979 to 1988, she was a freelance writer for magazines and educational journals. Ruth is a family member of a mentally ill daughter whose forensic case attracted national attention, including Ruth's interviews on 60 Minutes, The Oprah Winfrey Show and People Are Talking. She is currently a member of the Board of the Forensic Advocacy Coalition and a Core Trainer, and the Vice President, Program Chairperson and Corresponding Secretary of the Delaware County Chapter of the Alliance for the Mentally H. For 7 years, Ruth was the Public Relations Director of The Training and Education Center (T.E.C.) Network, a project of the Mental Health Association of Southeastern PA.

# FORENSIC ADVOCACY COALITION LAW ENFORCEMENT ADVOCACY PROJECT



# POLICE TRAINING MANUAL

# FOCUSING ON INTERACTIONS BETWEEN POLICE AND PERSONS WITH MENTAL ILLNESS

Funded by a grant from the Federal Center for Mental Health Services

Originally developed under grants from Pennsylvania Protection and Advocacy. Inc. and the Pennsylvania Community Support Program

Exhibit 2 (PROPRIETARY)

# ABSTRACT PADiverTS PROPOSAL FOR A FEDERAL ACTION GRANT

Our objective is to achieve a statewide consensus on jail diversion through training and technical assistance to all 67 county prisons in PA. The concern addressed by the PA Diversion Training Statewide ("PADiverTS") proposal is the increasing criminalization of minor offenders with co-occurring disorders.

The primary sponsor of PADiverTS is the Forensic Advocacy Coalition ("FAC") a true statewide coalition of forensic consumers, family members, advocates and providers concerned about persons with co-occurring disorders in the criminal justice system. FAC, together with its affiliated groups and individuals, has long been involved in forensic advocacy and in providing support to others concerned about the growing criminalization of this population. PADiverTs will provide four jail diversion advocacy teams of five members, each covering 22 of PA's 67 counties, as Eastern, Central and Western Regions, with Philadelphia being covered separately. These Regional Teams will consist of mental health consumer, family, advocacy and provider consultants nominated by FAC's supporting organizations and knowledgeable about jail diversion models, as well as conditions in PA county prisons. These Regional Teams will train wardens, correctional and law enforcement personnel, develop Training Manuals and provide follow-up technical assistance on an ongoing basis to counties in achieving consensus to initiate jail diversion programs for minor offenders with co-occurring disorders.

To assist counties in achieving consensus and developing their own jail diversion programs, FAC and its affiliates will involve other mental health advocacy, correctional and law enforcement personnel in the drafting and circulation of Regional Jail Diversion Training Manuals. Among the main elements of the Training Manuals will be the organizational design and operations of model jail diversion programs in PA such as the Montgomery County Emergency Services ("MCES"), a key collaborator in PADiverTS. Counties participating in the PADiverTS trainings will have access to the MCES staff, to the Regional Training Teams and the MCES facility. At the end of the grant year, FAC and its affiliates will draft and circulate a "Consensus Report in PA Jail Diversion" for input and comment by the wardens and others involved in PADiverTS.

The evaluation component for this PADiverTS proposal will beconducted by the Center for Mental Health Services and Policy Research at the University of Pennsylvania Department of Psychiatry, which has nationally recognized expertise in this area and is currently conducting a federally-funded study of jail diversion.

Exhibit 3

### Founded 1786

Paul Block, publisher, 1927-1941 Paul Block Jr., co-publisher, 1942-1987 William Block, co-publisher, 1942-1989; chairman, 1990 -

John Robinson Block Co-publisher and editor-in-chief William Block Jr.
Co-publisher and president

John G. Craig Jr., editor and vice-president

Madelyn Ross, managing editor

Michael McGough, editorial page editor

Robert B. Higdon, vice-president and general manager Robert D. McCray, vice-president of sales and marketing

# Troopers on tape

### A police video may tell the truth about a disputed arrest

roughness around here weren't enough, there's another.

Pennsylvania State Police are investigating the circumstances surrounding the chase and apparent beating of Evan Gross, who led officers on a dangerous

pursuit for 25 miles through two counties.

s if one notorious case of police

Evans City police tried to stop him for speeding in the early hours of Dec. 26, but Mr. Gross failed to pull over. Officers said the chase reached speeds of 95 mph on Interstates 79 and 279 and that Mr. Gross rammed a police car when they tried to block his path. Mr. Gross drove south in the northbound lanes of I-279 and was stopped only when Carnegie police used a cruiser to block the on-ramp he tried to use for an exit.

Mr. Gross was arrested and now sits in Mayview State Hospital, where he faces up to three months of psychiatric evaluation. Seven years ago, he was diagnosed as manic-depressive and had been taking the anti-depressant Prozac.

Although Mr. Gross exposed police and innocent travelers to grave danger, that is not the most disturbing part of this case. A video camera mounted in a Carnegie police car recorded Mr. Gross's arrest and, if descriptions of the tape are accurate, it also recorded his beating at the hands of police even though he did not resist.

Four people who have seen the tape independently say Mr. Gross raised his hands, got out of the car and began to kneel down. Yet police punched him repeatedly, kicked him in the back and side, slammed

his face into the asphalt, then hauled him to his feet and slammed his face into the hood of the car.

If that's indeed what the tape shows, it is hard to fathom what justification the officers had for beating Mr. Gross. Six state troopers from the Findlay barracks are now being investigated for possible criminal charges and possible violations of policy stemming from the case.

While it is hard to say where this probe will lead, it's fortunate that there is a video record of the arrest. Although the state wiretap law bars routine audio recordings without the participants' permission, police have felt generally free under the law to make videotapes — without sound — of traffic stops. Such a record can often be used later to tell the truth about a disputed chain of events. (If only there had been a video of Jonny Gammage's arrest by suburban police that fateful night in 1995.)

House Bill 1258. introduced by state Rep. David Mayernik, D-West View, and passed by the chamber in September, would clarify the language on such tapings. It would leave no doubt that state law permits videotapes of traffic stops, and it would allow audio recordings as long as police inform those who are being taped. The Senate and Gov. Ridge should give the measure serious consideration.

In the meantime, more local police departments are mounting cameras in their cars as a way to substantiate their version of events. Just knowing that tape is rolling should urge officers to do their jobs by the book.

Exhibit4, p.1 THURSDAY, JANUARY 8, 1998

# ideo confirms beatin

# Six state troopers reassigned; tape said to show stopped driver wasn't aggressor

By John M.R. Bull Post-Gazette Staff Writer

Evan Gross raised his hands inside the car and slowly got out, keeping his hands

up. The 27-year-old Evans City man began to kneel, stretching one hand toward the ground as the first step in laying down. He made no aggressive moves

Still, he was swarmed over by six state

Gross was punched repeatedly, kicked savagely in the back and side, knocked flat to the ground. One trooper grabbed him by the hair and smashed his face into the asphalt.

people who have seen a videotape of the episode that took place early on Dec. 26 after police chased the mentally ill man for

Gross was Maced in the face. Then he was jerked to his feet, slammed face-first

who saw the videotape

"There were a lot of punches flying in a short space of time," said another. into the hood of his car and handcuffed. The attack was merciless, unprovoked and unnecessary, said four independent

The video was shot from a nearby

☐ A suspect leads McKees Rocks pnlice on a chase that kills his wife. Page B-4. "I was shocked," said one of the people

Evh. h.t. 4.

# **Amiss Among the Amish**

A drug indictment reveals that all is not well among the youth of an austere Christian sect

By NADYA LABI

BNER STOLTZFUS BEGAN TAKING ON work as a roofer in his late teens, often traveling outside his home in Lancaster County, Penn., to rustle up some spare cash. Before long he ran into a member of the Pagans motorcycle gang who offered him some cocaine on the job. Soon Stoltzfus was hooked, money was running low, and he began pushing drugs to feed his habit. "I don't think there was much analysis behind his actions," his lawyer, John Pyfer Jr., told TIME. "I think it just happened, the way it could happen to your child or mine." It's a familiar story, barely noteworthy, except for one detail: Abner Stoltzfus is Amish.

In Lancaster County, home to 20,000 Amish who belong to the conservative old order, Stoltzfus, now 24, and Abner King Stoltzfus, 23, who bears no relation to him, were charged with distributing "multiple kilograms" of cocaine and methamphetamine at town dances from 1993 to 1997. And just in case that wasn't enough of a jolt for a public that knows the Amish mostly through the movie Witness, the two Stoltzfuses' names were read in tandem with eight members of the Pagans, including "Twisted" and "Fat Head." Another Amish youth, underage and identified only by the initials C.S., was cited but unindicted.

Nestled in the rolling hills of Lancaster County, the town of Gap is a sprawling collection of clapboard houses, strip malls and a truck stop named Touch O' Home. Horse and buggies mingle with automobiles and, increasingly, Amish kids whizzing by on Rollerblades. It was here, or more specifically at weekend gatherings held on the outlying farms, that the two Amish men were accused of dealing drugs.

UNGODLY INFLUENCE An FBI agent displays the jacket of a biker charged with supplying drugs to the Amish

The trouble began over rumschpringes, commonly known as Time Out. For young men and women anywhere from age 16 to their mid-20s, rumschpringes is a kind of prolonged joyride, one last opportunity for them to romp in the pleasures of the "real world" before time runs out and the church, and adult baptism, beckons. During this period of indulgence, it's understood that teenagers tread, oh, so lightly, into the realm of dating; that the boys are likely to answer the siren call of a well-tuned engine (forbidden to baptized churchgoers); and that a few might even dabble in smoking and drinking.



and C.S. distributed drugs among three of these gangs, the Antiques, the Crickets and the Pilgrims.

The source of the coke was allegedly the Pagans, who refer to themselves as the One Percenters because they claim to represent an élite-the truly bad. Like the Amish, they wear black and stick to a preferred mode of transportation: Harley-Davidsons. Unlike the Amish, they rely on beatings to keep members in line, and "going to church," a euphemism for their weekly meetings, has nothing to do with godly behavior. In the 1970s and '80s the Pagans racked up charges of murder, extortion and drug dealing, learning discretion the hard way after federal indictments decimated their ranks. Still, with about 600 members, the Pagans are the largest biker gang in the East, and they haven't given up their cause: general mayhem. The Pagans indicted last week were charged with, among other things, distributing 10 kilos of coke in the area.

No one was more on guard than the Amish themselves. The twin pressures of their own population growth and suburban sprawl have encroached on their way of life; 40% of the Amish work in jobs unconnected to farming, according to Donald Kraybill, who has written about half a dozen books on Amish social structures. Alert to the influences of the outside or "English" world, the Lancaster County bishops warned their congregations about drugs last fall, writing in an open letter, "Parents, beware the evil changes which your children could or might be going through."

Most Amish teenagers negotiate rum-schpringes safely and grow into adulthood newly eager to commit to the strictures of the church. "They see emptiness" in the English world, says Steven Scott, a research assistant who studies Amish adolescents at Elizabethtown College. "The

thrills are not really satisfy-ing. The stability in the office Amish community looks more worthwhile." But drugs may change all that. How a long can stability last if Time of the country of the countr



Exhibit 5. p.1

# **Opinion**

Our View:

# Even Amish cannot shield themselves against drugs

At one time it would have been unthinkable to use the words Amish and Pagans in the same breath.

But two different worlds have come together in a development that has shocked Lancaster and Chester counties and has reverberated outside the area.

The Pagan Motorcycle Club conjures up thoughts of drugs, weapons and fights. The Amish are a non violent, religious sect that tries to remain isolated from the general public. It is a sect that is wary that their culture will be invaded by modern society's bad habits and ideas and they fiercely protect their children and enforce strict rules that emphasize religion and a strong work ethic.

But now their worst fears have been realized.

Two Amish men from Gap, along with an Amish juvenile, have been indicted for buying cocaine and methamphetamine from the Chester County chapter of the Pagans Motorcycle Club. The men were also charged with distributing the substances between 1993 and 1997 to social groups made up of young Amish children. The drugs were distributed at hoedowns or socials for Amish teens and young adults.

In all, about 10 people, some living in Downingtown and Coatesville, were arrested in raids conducted by state police and FBI agents in Lancaster and Chester counties.

"It's a strange combination," said Pennsylvania State Police Major Robert Werts.

It certainly is.

And, while Jay Leno and David Letterman have a field day joking about the incident, the arrests point out the danger of the evergrowing menace that is putting everyone at risk...even those who are vigilantly guarding against it.

It should be frighteningly clear by now that no one can feel confident that drugs will not invade their lives in some form.

Now, even the Amish, whose culture is divided, as is modern society, into conservative and liberal factions, have to take a hard look at the dangers of drugs.

The Amish also face the same puzzling question that modern society is wrestling with: what to do when the danger of drugs meets up with a new generation of young people, especially those in their rebellious years?

One Amishman told Ledger Newspapers that Amish parents are now concerned with what their children are being exposed to.

And, there are those who suggest that the invasion of drugs is linked to the shrinking of farmland in Lancaster County, forcing young Amish men to turn to construction sites and other work outside the close-knit community.

With more exposure to the outside world comes the danger of picking up some of the bad habits that are prevalent in today's society.

While there is no evidence that the Amish culture is in danger of being overrun with drugs, the recent arrests reinforces the feeling that no one can take drugs for granted.

Exhibit 5, p. 2

## "POLICE INTERAction with Persons with Mental Illness"

Friday, May 29, 1998 (9:00am to 1:00pm)

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Exhibit 6, pil

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Exhibit 6, p.2

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Exhibit 6, p.3

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Exhibit 6, p.4