

Testimony to the New York City Council Committee on Criminal Justice:**“Preventing and Addressing Sexual Assault and Harassment in City Jails”****NYC Health + Hospitals/Correctional Health Services****October 31, 2024**

Good morning Chair Nurse and members of the Committee on Criminal Justice. I am Jeanette Merrill, Senior Assistant Vice President of Communications and External Affairs for NYC Health + Hospitals/Correctional Health Services, also known as “CHS.” I appreciate the opportunity to testify at today’s hearing on “Preventing and Addressing Sexual Assault and Harassment in City Jails.” My testimony will focus on CHS’ efforts to help address sexual assault, abuse, and harassment against both our staff and our patients, as well as the care we provide to patients who have experienced sexual abuse.

Workplace safety for CHS staff

The safety of our staff – particularly those who provide patient care in the jails – remains a top priority for CHS. In recent years, CHS has expanded the size and scope of the team that manages its safety operations and has worked to build stronger partnerships and workflows with the NYC Department of Correction (DOC). Together, CHS and DOC have developed and implemented situational awareness training, which includes addressing workplace sexual abuse and harassment, as a part of the CHS new employee orientation. The CHS safety team also regularly conducts rounds in the jail facilities and risk assessment walkthroughs with our healthcare unions – 1199, 1180, DC 37, Doctors Council, and the New York State Nurses Association.

Last calendar year, CHS staff reported 311 workplace violence incidents, which included 56 sexual offenses. Following a workplace violence incident against our staff, CHS works with DOC to implement plans to support staff and mitigate future risk. These may include employee or patient transfers or separation orders.

In addition to documenting the incident, the CHS safety team meets with the employee to check on their well-being, to offer resources and support, and to assist the employee in completing an incident form and in receiving a medical evaluation, if necessary. This is in addition to the real-time support provided by direct supervisors. If the employee would like to file criminal charges against a patient involved in a workplace violence incident, CHS will connect the individual with the DOC Correction Intelligence Bureau.

We will continue to work with DOC and our unions to ensure we maximize our staff’s safety in the workplace, not only because it is their right as employees but also because a safe environment is necessary for the provision of quality health care.

CHS staff hiring, training, and reporting requirements

Beginning in January 2016, CHS became the city's direct provider of carceral health care as a new division of NYC Health + Hospitals, ending a decades-long practice of contracts, most recently with Corizon, a private, for-profit correctional health care company that the NYC Department of Investigation (DOI) determined had "significant breakdowns" and "acute failures" in its employee screening and hiring practices. CHS immediately implemented new, robust processes for conducting employee background checks and security screenings.

CHS established as policy that it will not hire, continue the employment, or retain the services of any person who may have contact with patients who has engaged in sexual abuse in a prison, jail, or other institution, or who has been convicted of or civilly or administratively adjudicated for committing sexual abuse in the community.

All CHS staff are required to complete Prison Rape Elimination Act (PREA) training and to report any allegations, knowledge, or reasonable belief concerning any incident of sexual abuse or harassment towards a patient – regardless of whether the alleged perpetrator is another patient or a staff member. CHS staff report such cases to CHS Operations, which documents the incident, generates a reporting form, and notifies key CHS and DOC staff, which includes the DOC Special Investigations Unit. Allegations involving CHS staff are also reported to DOI.

CHS staff involved in an allegation will be immediately removed from contact with the patient who has experienced the alleged abuse. Based on the investigation findings of DOC and DOI, appropriate disciplinary action is taken and may result in work location reassignment, removal from all direct patient care, or termination of employment and may include reporting to professional licensing authorities.

Patient care following sexual abuse and harassment

We recognize the profound responsibility we have as health care providers to ensure the health and well-being of our patients, many of whom enter our care with previous exposure to trauma and abuse and all of whom have limited agency by virtue of being in a carceral setting. All patients are screened at intake for a history of trauma, including sexual abuse, and those who screen affirmatively are offered follow-up care with a medical and/or mental health practitioner. We work to provide individualized, trauma-informed care to all of our patients, 56 percent of whom are enrolled in our Mental Health Service.

All patients who are housed at the Rose M. Singer Center are further screened for a history of Intimate Partner Violence (IPV) during the new admissions process, and CHS' Gender-Related Services meets with all patients who screen affirmatively to offer additional services, such as IPV-focused counseling. Last calendar year, 5.2 percent of the 19,453 patients who responded to the questions reported a history of IPV. However, we understand that many patients choose not to disclose their history of sexual abuse or IPV during intake, and mental health clinicians and

psychiatric providers consider and assess for trauma symptoms during all clinical encounters. Patients can be referred to Mental Health Services or Gender-Related Services at any point during their incarceration.

CHS has also established multiple pathways for patients to report jail-based sexual assault, abuse, and harassment. In addition to initiating a report with any DOC staff, a patient can disclose abuse to any CHS staff person during any encounter, including another clinic appointment, or can call the CHS Health Triage Line to speak directly with a nurse. Patients' family members and other external parties can also share their concerns by contacting CHS' Patient Relations department or by calling the 24/7 CHS Operations phoneline. Following an allegation, the patient is seen in the clinic for a medical evaluation.

During the medical evaluation, the clinician will perform an examination to identify any physical indication of bodily trauma or injuries, will document these findings in the patient's medical record, and will follow up as is clinically appropriate. The clinician will also offer post-exposure prophylaxis when applicable. CHS refers all patients who report sexual abuse to the Mental Health Service for follow-up care and to CHS' Sexual Assault Advocacy team for additional support, which includes the sharing of jail-based and community-based resources.

When a forensic examination or evidence collection is indicated, the patient is transferred to the hospital emergency department. All 11 NYC Health + Hospitals acute care facilities – including Elmhurst Hospital, where CHS' female patients primarily receive acute care, and Bellevue Hospital, where CHS' male patients receive acute care – are designated as SAFE Centers of Excellence by the New York State Department of Health, meaning they have specially trained Sexual Assault Response Teams in each emergency room. On their return from the hospital, patients are brought to the clinic to ensure hospital recommendations are incorporated into CHS treatment plans.

Conclusion

Establishing a relationship of trust between provider and patient is paramount to our ability to provide the best possible care, and part of building that trust is ensuring zero tolerance of sexual assault, abuse, and harassment. This work involves every department and clinical service within CHS, and we remain committed to working with all of our stakeholders to prevent and address sexual abuse in the jails – against both patients and staff.