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# *Public Hearing*

before

## SENATE TASK FORCE ON GREYSTONE PARK PSYCHIATRIC HOSPITAL

“Testimony from members of the public, hospital employees,  
and patients and their families”

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**LOCATION:** Morris Plains Borough School  
Morris Plains, New Jersey

**DATE:** April 17, 1996  
4:00 p.m.

### **MEMBERS OF TASK FORCE PRESENT:**

Senator Robert J. Martin, Chairman  
Senator C. Louis Bassano  
Senator Richard J. Codey

### **ALSO PRESENT:**

Irene M. McCarthy  
Norma Svedosh  
Office of Legislative Services  
Aides, Senate Task Force on  
Greystone Park Psychiatric Hospital



*Hearing Recorded and Transcribed by*  
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**SENATOR ROBERT J. MARTIN (Chairman):** Okay, we are set to begin. It is 4:10. This is the third of the hearings of this special Task Force -- the Senate Task Force to investigate the activities of Greystone. We are charged with the responsibility of making recommendations after we complete our hearings. It is anticipated that this will be the final hearing. We have tried to give everybody an opportunity to speak who cared to, who has an interest in Greystone.

I am going to read a list of persons today who have signed up either here or prior to today through one of our legislative offices to testify. I want to be clear about this, because since this is the last hearing, I will say now, and I will say at least sometime during the hearing, please sign up if you intend to testify. This is the last opportunity. Audrey Fraenza, from my office, is here in the back of the room. She has sign-up sheets. If you have not spoken at a prior hearing and wish to speak, today is your opportunity.

Just a couple of observations before we begin: First of all, I want to thank the Borough of Morris Plains for hosting this hearing. I also want to thank personally Dr. Tom Jones, who is in the back of the room. He is the Superintendent of the Morris Plains School District. We could not anticipate whether there would be a large or small crowd, so to be on the safe side we asked the school system if they would allow us the use of this facility, which I am familiar with. My three daughters have sung and danced on this stage as they grew up here in town, so I knew it would accommodate a large crowd. I know they also had to rearrange their spring play practice. So, Tom, I thank you. Please tell your staff that we appreciate your hospitality.

Just so everyone knows, it is my expectation that after today's hearing we will proceed to gather amongst ourselves, the three Senators, and look at the recommendations we believe have come forward. We will attempt to put together a list of joint recommendations and prepare a report based upon these hearings. We have transcripts. I have the first two, which were just handed to me today, from the previous hearings. This hearing is also being recorded. We will glean through these carefully and try to come up with what we think are the recommendations that we believe need to happen, whether they are legislative, whether they are administrative, or whatever.

I have also told my colleagues, if they are not happy with the majority report, they may also submit individual recommendations. We will then attempt to pursue this, again, either through legislative or administrative channels, or whatever the case may be.

One other caveat: I am aware that there has been some concern expressed by individuals about retaliation, about certain comments, not necessarily with these hearings, but over the course of the incidents that have happened in the last six months. If anyone here, or if you know someone who has expressed some concern about some kind of retaliation, whether it is from fellow employees, administrators, or whatever, I personally would like to hear about it. I think it is absolutely unacceptable. It will not be tolerated. I -- and I am sure my colleagues -- will be prepared to take whatever action possible to stop that in its tracks.

I see that Councilman Ralph Rotando is also here. He has been on the Greystone Security Task Force, and he has also gone to every one of

these hearings. I am pleased that he is here as a resident of Morris Plains, and also as an interested person as far as Greystone in general is concerned.

With that, would either of you like to make a comment? (addressed to Senators Bassano and Codey, with no response) I don't believe so. We will start.

I have asked Senator MacInnes, who is here, to speak first. Senator MacInnes?

While the Senator is getting ready, let me just read the list of persons I have so far who have indicated that they would like to testify: Dr. Louise Riscalla, Ms. Achsa Shuster, Mr. Karl Marx, Professor John Lydon, Anil Jhaveri -- please forgive me if I do not say your names correctly -- and William Salazar. That is the list I have today. It is a relatively short list. Again, if you are not on the list and you expect to testify, please speak to Ms. Fraenza, up at the table, to be sure that we do not exclude you.

Senator?

**SENATOR GORDON A. MACINNES:** Thank you, Senator Martin, and a thank you, too, to your colleagues for the attention and time they have devoted to this question. I think we have made considerable progress, if you think back to the origins of these hearings, back to early November when Senator Codey and I asked that the Legislature take action to look into a disturbing pattern of allegations of sexual assaults by employees against patients.

After going through a rough transition, I think, of maybe what you would characterize as the usual denial, or criticism that we were hurting the cause by publicly stating criticism, I think we are now at a point where the

Department, your Task Force, and those of us who have been expressing concern about Greystone are heading in the same direction. There is a clear recognition that there are major problems at Greystone Park. Actions have been taken in terms of the administration of the facility, and in terms of reducing the number of patients and increasing the staff, which speak to some of the questions and complaints that underlie the formation of this Task Force.

That is good. I would like to just say personally that I appreciate the cooperation of Dr. Kaufman and Joe Jupin. Did I pronounce that name correctly?

UNIDENTIFIED SPEAKER FROM AUDIENCE: Jupin (correcting pronunciation)

SENATOR MacINNES: Jupin? I didn't pronounce it correctly.

I appreciate the cooperation of Dr. Kaufman and Joe Jupin and the people who work with them in providing information that I have been requesting, so we can get to the bottom of things there. I do not come with final answers, but I do come with a request in two areas. I will be brief about it.

The Commissioner of the Department of Human Services works for the Governor. As you know, in the process of putting together a budget, once it is struck, Cabinet officers are pretty much honor bound to defend the budget as submitted by the Treasurer and the Governor. There is nothing necessarily wrong with that, except that it can lead perhaps to underestimating the character of problems, if there is a problem with funding.

You will recall that early on in this process there were strong denials that there was any problem with staffing at Greystone, that that simply

was not part of the problem. We were assured that these incidents were isolated, they were coincidences, but it turns out that that was not the case.

Now, the Legislature is not bound by the same oath, and I would hope that in your deliberations you would take a careful look at the needs of Greystone Park and call them as you see them in terms of whether or not the Governor's budget adequately addresses what needs to get done there. I don't have an answer to that question. I don't know if the addition of 40 new staff members, which is in the works, and the reduction of 50 patients, which is in the works, will bring Greystone Park to a sound operating level.

It might, but maybe it won't. Maybe there are some other things that need to be done in terms of providing additional funding for staff training, additional funding, perhaps, to be spent in recruitment, or in educational programs for staff members. I think we need to get as independent a view from your Task Force as we can.

The second thing I ask you to consider is: There is a pattern that is developing which raises questions. Again, I have more questions than answers. It has to do with the operation of Megan's law, which is, of course, in the midst of substantial litigation, appeals, and fits and starts in terms of the constitutionality of all the provisions of the law.

However, we know that since the enactment of Megan's law there have been several instances -- I think 19 instances -- where people who have served their sentences and are finished and cannot any longer be held, have been involuntarily committed to hospitals around the State. I think there are now seven such people at Greystone Park. Since Greystone Park is considered

to be a form of State custody, the normal reporting requirements are not in force, and that's fine.

I think what we need to know is whether Greystone and other hospitals are equipped to deal with these people who are released. Since this started, at least one, I believe, of these Megan's patients has been discharged, suggesting that there was a need for a transitional period from the completion of the sentence before this person was released back into society. I assume at that point if they are subject to Megan's law notification, that that would be carried out.

By raising this question and asking you to take a look at it and to provide some guidance to the Legislature, and perhaps to the administration as well, I am not intending to unduly alarm people who live near Greystone Park. I am not suggesting that the management of Greystone is not dealing correctly with these people. I am suggesting that the record of successful rehabilitation in this area is a dubious one, and that one should be properly concerned when people are concentrated at any facility where that facility was not designed to deal with people who have been found guilty of violent sexual crimes in terms of security and other arrangements.

So I would ask that the Task Force consider those two questions.

I appreciate the courtesy that you have shown me, and I would be happy to answer any questions, if you have any.

SENATOR CODEY: With regard to this particular issue, Senator, I can assure you that if these sexual offenders -- if there was any talk of them being housed near the campus of a school, you would need 10 auditoriums this size to accommodate the people who would come in protest. But yet, because

these offenders are being housed in a psychiatric facility, we do not have that kind of outrage.

Because of their being on the same campus as people who are just mentally ill, people who have committed no crimes against society, but since they are mentally ill they are allowed to be placed here-- I think it is wrong. Beyond that, I have young children. I would be scared -- you know what -- if I lived in the neighborhood knowing that these sexual offenders were on those grounds. Even more so, I take note that Colonel Waters, when he testified, said that none of these patients had ground privileges, yet the Department says that they do.

I would like to ask Joe, if he could, to respond to the question as to whether or not some of these sexual offenders do, in fact, have privileges on the grounds, so they would be in a position to be able to leave the grounds and go into the neighborhoods which surround your campus.

SENATOR MARTIN: Just by way of information for those who may not know, Mr. Jupin is Acting Chief Executive Officer of Greystone at the present time.

Joe, could you take that question?

MR. WHITE (Hearing Reporter): Could the witness come forward for our recording microphone? (witness complies)

**JOSEPH JUPIN JR.:** Senator, there are currently seven Megan's law patients at Greystone Park. Only one of the seven has privileges beyond Level 2, which would be without the--

SENATOR CODEY: Only how many, sir? I'm sorry.

MR. JUPIN: One of the seven has privileges that do not require a staff escort continuously.

SENATOR CODEY: Just so we understand, we have six who are allowed to walk the grounds along with an aide. Is that a correct characterization?

MR. JUPIN: We have six who are on Level 2. Those individuals are permitted to attend therapeutic programs with staff escort on the grounds only.

SENATOR CODEY: So they are allowed to walk the grounds with a staff escort to and from various activities on the campus.

MR. JUPIN: Yes.

SENATOR CODEY: That would be correct?

MR. JUPIN: That would be correct.

SENATOR CODEY: And the other person is allowed to be on the grounds without a member of staff present. Is that correct?

MR. JUPIN: That is not correct. The other individual has privileges that are specified in Level 3. However, that individual attends two programs under supervision off the grounds of the hospital.

SENATOR MARTIN: Are you referring to the tiers of Megan's law, or your own internal levels of--

MR. JUPIN: Senator, I am referring to the level system that we use within the Hospital to privileged patients.

SENATOR MARTIN: Okay, because Megan's law-- The law also speaks about levels, although it is commonly known as Tier 1, Tier 2, and Tier 3. But you are not referring to that. Do you know what-- Have these persons

been classified beyond registration into community notification? Well, they wouldn't be, because they are excluded from the community notification requirement.

MR. JUPIN: I'm sorry. Was there a question?

SENATOR MARTIN: I answered my own question. Because of the exemption, I assume they have not been given a tier classification under Megan's law.

MR. JUPIN: I may have misspoke earlier. The individual who is one of the seven Megan's law folks attends an Alcoholic Anonymous group -- I believe that is on the grounds of the Hospital -- and New Views, which is on the grounds.

SENATOR CODEY: New Views being a drug program?

MR. JUPIN: Yes.

UNIDENTIFIED SPEAKER ACCOMPANYING MR. JUPIN: It is a substance abuse program, but it is located on the grounds of the Hospital.

SENATOR CODEY: Okay. But that particular patient has the ability to walk the grounds without a staff person? If you are telling me that he goes with a staff person, basically he is Level 2 in terms of his ability to move on the campus.

MR. JUPIN: That individual is permitted to go from one area to another without immediate staff escort, yes -- on the grounds of the Hospital.

SENATOR CODEY: Okay.

Let me ask you this, Joe: With regard to the, I think, roughly seven patients there who are sexual offenders, have they been found not guilty by reason of insanity?

MR. JUPIN: I think there are two different groups, Senator.

SENATOR CODEY: But I am talking about this group now, okay? What kind of privileges do they have?

MR. JUPIN: There are a number of those individuals who do have Level 3 privileges. However--

SENATOR CODEY: So they, too, are allowed to roam the campus without staff beside them?

MR. JUPIN: They have specific privileges which do include-- Some of them have specific privileges which include free time on the grounds. However, I would just like to be clear that those are not individuals that we identify as Megan's law patients. Those are individuals who have been adjudicated not guilty by reason of insanity.

SENATOR CODEY: Right, but who have, in fact, committed the offense, sir?

MR. JUPIN: They have been found not guilty, Senator, of the offense by reason of insanity.

SENATOR CODEY: Right, in a court of law, but they have, in fact, committed the offense, the same as a patient who has been found guilty. Now, he was found not guilty because he was named at the time he committed the act, but, in fact, he committed the act.

MR. JUPIN: I'm sorry, I could not agree with that conclusion.

SENATOR MARTIN: Let me help you. Megan's law actually provides-- The persons who come under Megan's law include persons who have been found not guilty by reason of insanity. So Megan's law does not make the distinction that you two are arguing now.

MR. JUPIN: Individuals adjudicated not guilty by reason of insanity are often admitted or committed to the State hospital system by the courts. Those are not individuals within the group that we identified as Megan's law patients.

SENATOR MARTIN: But under Megan's law they would be-- They would have to register. You do have to do that.

MR. JUPIN: The individuals who are adjudicated not guilty by reason of insanity are monitored very carefully not only by our internal processes in the Hospital which oversee recommendations that the treatment team makes. The Hospital is not empowered to reduce the level of security to those individuals, but the processes on a regular periodic basis. The clinical staff make recommendations to the court, and there is a regular judicial review of the level of privilege of those individuals. Only after due testimony and representation, the court determines to what extent and whether or not there would be any lessening of the security that is provided to those individuals to allow them additional freedom, or to attend programs, or whatever.

SENATOR MARTIN: Has the Division-- Do you have any policy at all about particular placements of persons who come under Megan's law? Have you identified some facilities, but not others?

**A L A N G. K A U F M A N:** (speaking from audience) Senator, it is really a complex area. If someone is a Megan's law patient, it is basically someone who has maxed out of his sentencing, usually from Avenel, but not necessarily in all cases. Then, if he is involuntarily committed as a result of mental illness, we are basically bound to follow the same civil commitment

issues as we would for any patient who is civilly committed, whether or not he performed any sex offense in the past.

The distinction here that Joe Jupin is making -- which is correct -- is that that is different from patients who are considered by the courts to be not guilty by reason of insanity. In those cases, for those patients, privileging is actually court supervised. We cannot raise privileging or lower it without court approval.

In Megan's law cases, that is not the case. In fact, while we have procedures that have special status review committees at the Hospital and level privileging that is in regulations, it is not a court supervised privileging system.

SENATOR MARTIN: But the choice of institutions, do you have control over that, or are you telling us that that is within the hands of the court?

MR. KAUFMAN: No, Senator. If it is a Megan's law patient, in all cases they come into our system, into the Forensic Psychiatric Hospital, which is our maximum security facility. When the clinical treatment is such and the individual has improved and doesn't need that level, we are required to move that person into a lesser restricted setting, and then have freedom to determine which of the civil hospitals we move them to, and there are basically three that we use: Greystone, here in the North; Trenton Psychiatric Hospital, in Trenton; and Ancora Psychiatric Hospital, in Camden County. Those are the only other civil hospitals. Well, we also use Marlboro, but since Marlboro is under a plan to begin to close, we have stopped sending new Forensic patients to Marlboro.

SENATOR MARTIN: Is the choice made, in part, on the basis of the ability to provide certain levels of security?

MR. KAUFMAN: All of the hospitals tend to have the same ability to provide security. It is made most often on the geographical area that that individual patient may have been from. So if you happened to be a Megan's law patient originally from the six-county area up in the North, you are most likely to go to Greystone. So it is mostly geographically determined, as opposed to a security issue.

SENATOR MacINNES: If I may, Mr. Chairman, the information the Department provided to me suggests that in addition -- that in terms of just the Megan's law patients who are at Greystone now, that while one is on Level 3 privilege and four are on Level 2, there are two who are on Level 1, which is, I take it, a level of -- which is the highest level of security.

Is that information correct, as far as you know?

MR. JUPIN: Yes, it is.

SENATOR MacINNES: Then when you go to the list of those who are there because they have been found not guilty by reason of insanity, you have, again, three people who are at Level 1, suggesting a high degree of risk, I take it, to the community, and that is why they are held in the most secure facility. Right? (no response)

But my question goes to this group where you emphasize court supervision and changing the level of privilege: Is it a frequent or rare occurrence that a court does not abide by the recommendation of the professional staff of the Hospital in making changes in the status? I mean,

does it happen that they override the recommendations of the professional staff? Judges sit there--

MR. KAUFMAN: Yes, actually it does happen, Senator, many times more often than we would otherwise have thought. It is, in fact, often an adversarial circumstance. A hearing is held, maybe the regular one that is scheduled, or a special one. The prosecutor is usually involved. Depending upon the circumstances, it is not terribly unusual that the relatives of the victim, if it is a heinous crime particularly, will show up at that hearing. And there are a number of occasions where the recommendations of the treatment staff are overridden by the court.

SENATOR MacINNES: Are there cases where the judge overrides the suggestion in the other way? It sounds like the judge is going to hold to a higher level of security -- a 1 or 2 -- when you are recommending a 3. Are there cases where the judge goes the other way, where you are recommending a 1 and the judge opts for a 3 or a 2? Does that happen?

MR. KAUFMAN: It happens, but much more rarely. It is not totally unknown, but it much more often the original route, where the treatment team may be recommending a higher level of privileging and the court does not agree.

SENATOR CODEY: Let me just remind you, Alan and Joe, of a case not too long ago of someone in my district who had murdered his parents. He was at Trenton State and had made numerous attempts to escape. He was sent to Marlboro and, on the recommendation of the clinical team at Marlboro, he was given privileges of the grounds. As soon as he was, he took off, and we found him in Florida. So, obviously, our judgment was wrong. It

was flawed. Needless to say, his siblings felt very much at risk and in fear for their own safety until such time as he was captured.

My understanding is that very rarely does the judge go against the wishes of the clinical team and, for the most part, follows the wishes of the professionals' recommendations. In these particular cases, when you have individuals who have committed these heinous crimes, to think that they have the ability to leave the grounds-- As we know, Greystone is not a secure campus. They could very easily walk into the community and, because of the sickness which they, in fact, do have, have that desire and/or drive to once more commit that crime and to release those emotions.

I would think that it would behoove us to have those people in a secure area where they would not be able to wander into the community -- go into the community to prey on the community the same way they had done previously. I think it is a mistake to even have them on the grounds, because I think it is a stigma to the mentally ill. Again, there is no saying that they would not want to do this heinous thing to the people who are mentally ill, who are just as vulnerable as the children in those particular neighborhoods.

I think it is a mistake. I have said to the Senators here, all you need is one incident up there and, I'll tell you, you would see chaos like you have never seen before. Believe me, I wouldn't want to be a State Senator representing a district when that first incident happens.

SENATOR MacINNES: May I ask one other question?

SENATOR MARTIN: Sure.

SENATOR MacINNES: In terms of routine notification, Joe, would the presence on the campus of a new Megan's law resident-- Would

that trigger notification to the local police departments? In the routine, in-between meetings would there be any special notification to the police departments in the surrounding communities of that person's presence?

MR. JUPIN: No, Senator. With the admission to the Hospital of a Megan's law patient, given the current guidelines, we would not routinely notify the police in the municipalities in the neighborhood, although the Human Services Police would be notified.

SENATOR MacINNES: They would routinely receive notice of any new patient, wouldn't they?

MR. JUPIN: Not necessarily.

SENATOR MacINNES: Okay. All right.

SENATOR MARTIN: My last question along this line, and then I will allow the other witnesses to have an opportunity: Do you have an objection-- I am inclined to think that maybe there should be a limited number of locations. I don't know whether Greystone would be that choice. Under the present circumstances, I am not sure it really has the right kind of security. I am inclined to think that there should be either one, or perhaps two places where such persons would be housed.

Does the Division or the Department have some objection to restricting the locations? You mentioned that there are three or four now, but I would think it would behoove us to have one place with higher levels of security than what you have described so far, which I find somewhat unsettling, to say the least.

MR. KAUFMAN: I think there is an underlying issue, Senator, that sort of has to be dealt with, regardless of what the setting may be, and that

is that it is our understanding that it is really Supreme Court rulings and decisions that require us to grant privileges for individuals who are considered not guilty by reason of insanity or civil commitment patients, whether there is judicial oversight or not.

So even if we were to select a particular facility and increase the security around it, we would, nonetheless, as we understand it, still be required to provide opportunities for privileging and increased privileges outside of those kinds of secure settings. In effect, those are the same issues that drive us to move patients, when they no longer need the secure setting of the Forensic Psychiatric Hospital, to the regional facilities.

So even when we have a secure location, we are under guidelines from the Supreme Court, other rulings, etc. in terms of lesser restrictive settings for patients and we need to provide privileging opportunities for them to have increasingly more privileges as their illness goes into remission and as they improve. So there are two issues here. It is not the setting, but it is also that privileging system that we are bound to follow at this point.

SENATOR CODEY: Let me say, Al, that, you know, in those illnesses, you really do not know, in most cases, that someone is in remission. That gives no safety to victims in the future.

The other thing is: I do not see why secure grounds does not fit into the Supreme Court guidelines in these particular cases.

SENATOR MARTIN: I am interested in a departmental view, and maybe you have expressed it. I think, through legislation, perhaps some Supreme Court-- I mean, having read the entire opinion in Doe v. Poritz, which was more or less upheld by the Third Circuit in Artway, the courts have

acknowledged that certain persons present risks, and they are willing to include within that persons found not guilty by reason of insanity. And the registration aspect of it has been upheld to a certain degree -- community notification.

I think that if the court is willing to say that and recognize that certain priorities have to be given for the safety of others, I think we might be able to provide some changes in the rules, be it by legislation -- not necessarily by your internal changes -- that would provide for greater safety.

That is something I think we will be talking about as we go along.

MR. KAUFMAN: If I may add something, Senator. It may be an issue as to whether individuals who are classified as Megan's law might benefit from court supervision of privileging, which would need a legislative effect, I believe.

SENATOR MARTIN: Thank you.

Senator MacInnes, thank you.

SENATOR MacINNES: Thank you, Senators.

SENATOR MARTIN: The next witness will be Dr. Louise Riscalla.

**LOUISE MEAD RISCALLA, Ph.D.:** I don't have a problem with the voluntary commitment where patients willingly desire to be hospitalized.

SENATOR MARTIN: You are a psychiatrist?

DR. RISCALLA: A psychologist.

SENATOR MARTIN: And you formerly worked at Greystone?

DR. RISCALLA: I am retired. I worked at Greystone for roughly 15 years. I worked with the Krol patients. Before that, I worked with DYFS examining children. Before that, I worked at the New Jersey State Diagnostic Center, where I examined patients referred by the courts throughout the State, including the sex offenders. Prior to that, I did forensic work at Bergen Pines County Psychiatric Hospital. So my work has been mostly-- Although I have worked with all populations, my work was mostly in the forensic area.

SENATOR MARTIN: When was the last time you were employed at Greystone?

DR. RISCALLA: Let's see. I retired in 1991. I am terrible at dates, so don't mind me. If you ask how old I am, I have to go back and count it.

SENATOR MARTIN: You were saying about the fact that--

DR. RISCALLA: About commitments.

SENATOR MARTIN: Yes.

DR. RISCALLA: I think Lou Bassano recalls. I testified in front of his task force. Some of my concerns here are going, perhaps, to be redundant back to when I testified regarding Avenel. Incidentally, my feelings still hold regarding that, Lou.

I don't have a problem with voluntary commitment, where people voluntarily sign themselves in to a psychiatric hospital. My problem is with involuntary commitments. This procedure was devised years ago in order to prevent people from being railroaded, or being put away in psychiatric institutions. The involuntary commitment requires legal intervention whereby the individual must be considered as being dangerous to self and/or others.

Commitment hearings are held periodically during the course of hospitalization to determine whether or not a patient should remain hospitalized or be discharged.

At these commitment hearings, you have a lawyer on one side, or the Public Advocate who represents the patient and often tries to disprove any evidence for continued commitment. On the other hand, you have a psychiatrist, or a social worker sometimes goes. Fortunately, I have not had to go. You have to present evidence showing that the person is a danger to self and/or others for continued hospitalization. The patient, meanwhile, is sitting hearing all this, hearing how terrible he or she is, how crazy, and you have the Public Advocate saying, "Oh, no, this person is not." It can get to an adversarial situation.

So the patients are exposed to hearing arguments regarding the extent of their pathology, and this can be very traumatic and confusing. Under the current system, the patient is perceived as a criminal and is placed on trial for behavior caused by illness. Hospitalization may be considered as a form of incarceration, rather than a place where an individual can receive treatment. I believe that the current system of involuntary commitment is abusive, punitive, extremely costly to the taxpayer, countertherapeutic, and, therefore, should be abolished.

I think, gentlemen, as legislators, you could have a role in helping to revise this.

Now, when we get to the Krol hearings and the Krol commitment procedures--

SENATOR MARTIN: Let me stop you there. Do you have a recommendation? What would you do with persons deemed dangerous to themselves and/or to others?

DR. RISCALLA: First of all, the person is in a psychiatric hospital. He or she is in a controlled setting. They are medicated, they are restricted. How in heaven's name can I prove dangerousness when the person is locked up, medicated, and observed 24 hours a day?

SENATOR MARTIN: I thought you were talking about the commitment process itself, to put them inside the institution.

DR. RISCALLA: Right. For continued hospitalization, you have to prove dangerous to self and/or others. Now, that could mean, supposing someone breaks up the ward, starts throwing chairs around. That is dangerous behavior. But then if a person is medicated and they have that propensity, you don't see them acting out. So some attorney could come along and say, "Dr. Riscalla, how can you prove dangerousness? You say this person is capable of -- has shown this propensity, but has he or has he not acted out?" My goose is cooked. I can't prove it. Therefore, if you cannot prove dangerousness, you have to let the person go. If you do not let him go, you run the risk of being held in contempt of court. That is the situation with the involuntary commitments.

Now, on the Krol commitment procedures, this bothers me also. The old system -- and maybe I am dating myself-- Originally, when a patient was judged not guilty by reason of insanity, the individual was sent to a psychiatric hospital until considered competent to stand trial based on a competency test, which is the ability to discern right from wrong and to aid in

one's self defense. If considered competent, the person was placed on trial for the offense.

Now, Krol came along and challenged the procedure based on double jeopardy, with the result that patients were judged not guilty by reason of insanity and were placed in psychiatric hospitals under a civil involuntary commitment. This means that your Krol patients are treated like any other patient in the Hospital setting. They are under civil commitment.

Krol hearings are held periodically in court in order to determine whether or not a patient should remain hospitalized. The State must prove that the patient is a danger to self and/or others in order to remain hospitalized. If dangerous cannot be proven, the patient must be discharged by court order.

The psychiatrist and/or responsible clinician can be held for contempt of court if the patient is not discharged as ordered by the court and remains hospitalized for needed treatment. Patients in psychiatric hospitals are usually observed 24 hours a day. They are medicated, if necessary, and they are in a controlled setting. Consequently, there is practically no way of obtaining evidence of dangerousness, especially if a patient is on medication, or defending a prediction of dangerousness in the presence of cross-examination by an attorney representing the patient and a prosecutor. It is pretty difficult when you are facing cross-examination.

As part of a treatment team, I have been forced by the court to comply with discharge for a large number of patients who I thought could be and were dangerous if placed in the community. There are many patients

whom I think should never be discharged due to the severity of their illness and/or offense.

I think the Krol ruling is invalid, because psychiatric hospitalization is for treatment, not for serving a prison sentence. Perhaps correctional treatment should be considered under the current Krol system, especially since the prisons-- Senator Bassano, I believe we talked about this, that the prisons now have psychiatric facilities there. They have psychiatrists, they have psychologists, they have social workers, they have treatment teams right within the prisons.

I think the legislators -- that is, you gentlemen -- in consultation with mental health professionals and the prosecutors, a number of whom I have spoken to about this matter, should review and revise all commitment procedures, including Krol. You see, very often you read in the papers about ex-mental patient kills, ex-mental patient does this. This is all after the fact. A lot of times, these patients we knew were-- People knew it, but we had to discharge them. You could not keep them in the Hospital. Now, are we dealing with criminals, or are we dealing with psychiatric patients? You have to define what we are really dealing with here.

If we are dealing with psychiatric patients, then it becomes a medical matter. If we are dealing with criminals-- Believe me, in terms of mental health, if you commit a crime, you pay the price. Krol patients have the same rights as any civilly committed patient. They have the right to refuse treatment. Joe, I believe we talked about this with the sex offenders, the patient's right to refuse treatment.

SENATOR MARTIN: I think what you are talking about would be an actual change in the criminal laws that provide--

DR. RISCALLA: You'll have to speak louder.

SENATOR MARTIN: --the current standard of being found not guilty by reason of insanity. There are many different ways, formulations of how that is done. New Jersey has one particular standard.

DR. RISCALLA: Right.

SENATOR MARTIN: But I think there are states that have more difficult standards. I think the Krol problem is one.

DR. RISCALLA: It gets confusing.

SENATOR MARTIN: Our standard is relatively easy as compared to other states, to be found not guilty by reason of insanity. By that, you are not viewed as a criminal, which then triggers all of this civil, rather than criminal.

DR. RISCALLA: Right. There is some overlapping.

SENATOR MARTIN: I think you raise a good issue. It may be part of the -- in fact, it probably is part of some of the general problems that lead to the difficulty of Greystone to be able to monitor some of the more difficult patients that they are sent.

DR. RISCALLA: See, there is some overlapping. There are also some definitions of terms. What the law would consider mentally ill and what a clinician would may not necessarily be the same. The law may say, "dangerous to self and/or others," but I could consider a patient who is unable to wash himself, to take care of his daily living habits, just as much of a danger, because he can't function. You know, he requires help. He cannot function

in society. To me, that would be dangerous, because he would be placing himself in a vulnerable position. But the law does not see it that way. Also, Krol is very arbitrary. They are not quite clear as to who becomes a Krol and who doesn't become a Krol. I think that needs clarification.

There is another issue which I think is quite a severe one. When I was working on a unit, one of my male patients was diagnosed as having AIDS. He told me that if he was going to die, he would die happy by having sex with as many female patients as he could find. An attempt was made to have a separate unit for AIDS patients in the Central Avenue Complex, which was formerly the Medical Services Building, for purposes of prevention and treatment. The Public Advocate objected, claiming that that was discrimination against AIDS patients and a violation of the patients' right to refuse treatment.

In addition, the Public Advocate advised the staff, including physicians, that they could not know who the AIDS patients were, thereby placing the entire Hospital and community at risk when the patients were discharged, because those treating psychiatric patients in the community are also not permitted to know who the AIDS patients are. The only time an AIDS patient can be identified is when the patient voluntarily tells a staff member.

I think the difficulty caused by the Public Advocate with AIDS patients presents a serious public health problem which should be addressed. The Public Advocate should not interfere with clinical and treatment decisions, which is tantamount to practicing medicine without a license. Upon entering the Hospital, the initial routine physical exam should include AIDS testing,

and treatment if necessary. A separate AIDS unit for AIDS patients should be established for purposes of prevention and treatment. AIDS testing is advised upon entering the community, and those treating psychiatric patients in the community should be aware of those patients who have AIDS for follow-up prevention and treatment purposes.

You have a lot of sick people walking around there. I think this is a problem that needs to be looked at. Also, it can be very costly to the taxpayer in terms of medical attention, and we are deinstitutionalizing psychiatric patients.

As for treatment, treatment is done at Greystone by a treatment team. Treatment decisions are made as a team, and a team can override a dissenting member, including a physician, who is legally responsible for the patient. It is not possible to sue a treatment team, so the team approach is a safeguard against malpractice suits. There is actually no one person fully accountable and responsible for all the treatment of a particular individual, which includes complete supervision of all those involved with a patient.

Legally, the physician is responsible for treatment and should have complete control, including disciplining, if necessary, of all those disciplines involved in the care of patients. Patients have the right to refuse treatment, including medication. Senator Bassano, this is the same situation as you had in Avenel. I think we discussed that earlier.

As part of the “normal” socialization process, patients have easy access to members of the opposite sex. For example, in the Ellis Complex and cottages, both sexes share a common bath and shower. Some patients have complained about the lack of privacy. The location of the rooms also provides

easy access, and patients have been found having sexual intercourse in each other's rooms. Sexual promiscuity and acting out behavior are encouraged by the setting itself, as there are practically no prohibitions or ways of controlling sexual behavior on the units. Although some female patients have been referred to Planned Parenthood for birth control devices, I have observed that there have been pregnancies, some of which were terminated by abortion.

I do intend or mean to be old fashioned here, but I think one has to take a look and reassess the sexuality and sexual acting out that is going on. So, in my opinion, the sexes should be segregated, because they are hospitalized for treatment of a severe mental illness, which includes poor judgment. The rule of permitting sex between two consenting adults, therefore, is not applicable in a psychiatric setting.

These are my essential concerns.

SENATOR MARTIN: Questions?

SENATOR CODEY: Yes. Mr. Jupin, with regard to the Doctor's testimony here--

DR. RISCALLA: Senator Codey, could you speak up a little bit louder?

SENATOR CODEY: With regard to the Doctor's testimony, is it now possible on the grounds of Greystone that you can have persons who have AIDS having sex with other patients?

MR. JUPIN: Is it possible, Senator, yes.

SENATOR CODEY: Do we do anything to prevent it?

MR. JUPIN: Most of the--

SENATOR CODEY: Just move to that chair there, Joe. (Mr. Jupin moves in order to be close to microphone)

MR. JUPIN: We do have a number of segregated wards, wards that are segregated by sex, on the grounds.

DR. RISCALLA: Yes, lower level.

MR. JUPIN: Pardon me?

DR. RISCALLA: In some of the other complexes you do, yes.

MR. JUPIN: Yes. There is a leveling system. I don't know if we had the level system in place. The teams made decisions regarding the levels of security and safety, depending upon the symptoms that individuals have at any given time. That is evaluated on a regular basis. Any patients that are involved with sexual preoccupation or sexual promiscuity are addressed--

SENATOR MARTIN: Let me stop you right there. If I understood the Doctor, she testified that persons were not tested for AIDS, and most of the staff were unaware that patients may have AIDS. Is that what happens?

MR. JUPIN: That is correct. We do not routinely, as a matter of course, test for HIV in the patient population as they are admitted to the Hospital or periodically during their stay.

SENATOR MARTIN: Is that your determination, or are there sanctions? Is this court or legislative? How did we get to this point?

MR. JUPIN: The problem, Senator, is that -- and I am not a physician, but as I understand it -- testing does not necessarily reveal the infectious status of an individual. There is a window of opportunity between

the time one is contacted -- or one has contacted the HIV virus and there is actually zero conversion in the bloodstream which would give a positive test.

SENATOR MARTIN: I think we are all familiar with the fact that there is a window where--

MR. JUPIN: The problem is that with routine testing, a negative response does not ensure, in any way, that the individual is free from the HIV virus. So what we have adopted at the Hospital -- which has been adopted at hospitals throughout the country and is recommended by the American Medical Association -- is that we use universal precautions, in that every patient -- every one who is a patient at the Hospital is treated as though they may be infectious. We use barrier precautions for any types of routine procedures, body fluid precautions, barrier precautions for the transmission of body fluids for every patient in every procedure. Regardless of whether we know they are or suspect they may be, it is the only safe way to go.

DR. RISCALLA: But do you know who has AIDS and who doesn't?

MR. JUPIN: In some cases, we do. Then those individuals are treated according to whatever risks or problems we have with those individuals. There is an individualized treatment plan that we put into place for those individuals which addresses the issues of sexuality and transmission of the disease, their responsibility through education, or whatever is appropriate for those individuals.

SENATOR MARTIN: It sounds a little contradictory to me.

MR. JUPIN: It does?

SENATOR MARTIN: Yes, it does.

SENATOR CODEY: It sounds like he didn't answer it truthfully.

MR. JUPIN: Let me try again.

SENATOR MARTIN: Well, first of all, from what I understand, it is a policy made either by Greystone, or I guess it is a practice throughout our hospital system in New Jersey. It is a policy in the universal precaution, which, I suppose, sounds good. We would not need the whole idea of Megan's law if everyone treated everybody as if they were potential sex offenders. I understand the theory. In fact, in some cases, I would even-- In certain hospital settings, I may go along with it. I am a little bit concerned here. I have not thought it through about the repercussions at a place where there is such vulnerability as there is at Greystone with the other patients, and also staff.

To the extent to which everyone views any other person as a potential AIDS carrier, I mean, that is well and good. But I am not so sure, given the circumstances at Greystone. It may be that staff and other patients would be better served if they knew that someone did, in fact, have the HIV virus.

MR. JUPIN: Perhaps, Senator, we are talking about two different things: One is the potential transmission of AIDS or the HIV virus from patients to staff. We do, routinely, from a medical perspective, use barrier precautions, and we do apply universal precautions for every patient in the Hospital.

SENATOR MARTIN: I understand that, but this Doctor said that patients, by definition, have less than good judgment because of their disease. As such, they may need some greater protection, in that their sensibilities as

far as taking normal precautions may not be the same as persons outside of the institution.

DR. RISCALLA: What bothers me is the fact that you don't know who has it and who doesn't have it. You are not allowed-- A person who tests positive for AIDS, who has AIDS, and wants to be treated, have a separate unit to treat AIDS-- All the patients have poor judgment. Their sexuality is-- If I had a daughter, I would be very afraid.

Also, you have venereal diseases. Are they tested for that, too? We are deinstitutionalizing, putting people out into the community, and there are going to be medical expenses out there to treat these people if and when their immune system falls apart.

This is a pretty serious problem, which I think needs to be looked at. Potential: I think that the testing, from what I have read in the literature -- and I am not a physician, I would like to hear it from, maybe, Dr. Maguire or someone else here-- Potential: I would think that there are more sensitive tests available. I think the lab needs to be looked at. I don't want to get into complicated stuff here.

SENATOR CODEY: The issue Mr. Jupin raised about being a negative when it is really a positive, that is a window about six weeks. The odds of someone entering the Hospital during that particular period would be rather remote, at best. It is not an issue, as far as I am concerned.

The issue I asked you about before, Joe, was: Do you do anything to protect patients from other patients who may very well have the infection and the ability to pass it along to someone else. I would think, based on what you said, that the answer is, "No," but you never directly answered.

MR. JUPIN: For those patients who we know have an infectious disease, we do take precautions with those individuals. They would be assigned to a certain unit with other patients of the same sex. We would limit their access to individuals of the opposite sex.

The determination for that individual, Senator, would be made on an individual basis by the treatment team. We do not currently have segregated units for HIV infected individuals.

SENATOR CODEY: Okay. Do we know of any cases where, in fact, people have been infected as a result of sexual encounters between patients?

MR. JUPIN: I am not aware of any, Senator.

SENATOR CODEY: Of course, you don't know, because you don't test. Correct?

MR. JUPIN: I am not aware, Senator.

SENATOR CODEY: Since you don't test, you don't know, so you couldn't be aware, if you understand my point.

Let me ask the Doctor: You worked here for about 15 years.

DR. RISCALLA: Pardon?

SENATOR CODEY: You worked at Greystone for about 15 years.

DR. RISCALLA: Yes.

SENATOR CODEY: Do you remember any training given to HSAs and HSTs in terms of AIDS precautions, so forth, and so on?

DR. RISCALLA: I don't recall any of that, but they have a Training Department which might be able to answer that question.

SENATOR CODEY: It doesn't seem to be functioning lately.

DR. RISCALLA: I think Fran Acatinno (phonetic spelling)-- I don't know if Fran is still here, but he would know about that. Fran (addressing question toward the audience), do you know anything about that? (no response)

SENATOR CODEY: He is going to run the meeting. (laughter)

DR. RISCALLA: Well, I just saw him.

SENATOR CODEY: Let me ask you this, Doctor: In your time there, what was your opinion of the HSAs and the HSTs in terms of ability, training, so forth, and so on?

DR. RISCALLA: My experience with them has been terrific. I think they are a marvelous crew. They work tremendously hard. Their pay scale has been, I would say, on the poverty level, or below poverty. Unfortunately, I don't think they have been given enough credit for their time and effort. I have seen many HSAs and HSTs take money out of their own pockets to help the patients out with parties.

My office was open to them, if they wanted to come in. If they had a problem with a patient, a difficult patient, we would work very closely together. As far as I am concerned, they were my right arm. I don't think the Hospital could run effectively without them.

But, again, I think that is an individual matter. Some people work well with them. They have different personalities, everybody is different. My experience has been positive.

SENATOR MARTIN: Thank you very much, Doctor. We appreciate it.

We are going to now ask Ms. Achsa Shuster to speak.

I didn't mean-- Are you finished, Doctor?

DR. RISCALLA: Yes, I am.

SENATOR MARTIN: Okay, we will have the next witness. Ms. Shuster?

**A C H S A H A M I L T O N S H U S T E R:** My name is Achsa Hamilton Shuster. I have spent about a quarter of a million dollars with both private insurance and Medicare in New Jersey on medical care in 20 years, a lot of psychiatric care, both locally and privately. I have not been in Greystone, but my doctors have been residents at the State-funded medical schools.

Prior to this, I didn't believe in taking things like aspirin or drugs of any kind, especially street drugs, or even taking alcohol, other than maybe one three times a year, or something like that at a social function.

SENATOR MARTIN: Ms. Shuster, where do you live?

MS. SHUSTER: I live in Monmouth County. Most of my services have been in Monmouth County, but I have also been at Fair Oaks.

SENATOR CODEY: You mentioned earlier that you spent a quarter of a million dollars in Medicare. Is that what you said?

MS. SHUSTER: Private insurance covered a lot, plus a lot out of pocket. That is only my private insurance bill. That does not include Medicare, which has been -- I don't know, maybe for the last five years, or something like that. They got me switched over so they could benefit from it. But mostly it was private insurance plus out of pocket. That does not include out-of-pocket money and it does not include Medicare.

SENATOR CODEY: I interrupted you, I apologize.

MS. SHUSTER: All it took to start my expenses was a GI problem. That's all it took. They will put you in for anything, because it is so much money. This situation relates to any consumer, and that is why I am here. The best summation of the situation, at least in my case, was when a nurse said, "Go shopping."

The system of people involved working in, like, a pyramid system. People tied to a business like Johnson & Johnson, who have strong ties to a hospital, tell the lower man on the pyramid -- in my case, the police, DYFS, 12-step members, divorce lawyer, and neighbors -- that they will be given a pizza or \$20 if they can get someone in the hospital by dwelling on negatives or creating a crisis, provoking a person, in this case, myself, but I have seen it done with other patients in hospitals constantly.

Once in the hospital, the patient cannot leave until he or she is on a drug, usually an addictive downer, often mixed with an upper. Patients are locked up as if they are in jail, and any technique from being nice to, in my case, homosexual cult rape, fellow patients who are in organized crime, and multiple strippings have all been my experiences. I have had county guards, who are part of DYFS, saying that they are police and breaking into my home to force me to Fair Oaks, which has ties to the cocaine and entertainment industries. They got \$25,000 Medicare money for abusing me.

My cul-de-sac at home has employees from the community psychiatric center and the pharmaceutical companies. One DYFS home aide came to my home and got ideas from things I had in my home, and used them for products used by Colgate-Palmolive for millions of dollars. They use psychiatric patients to learn what makes people spend money, both

psychologically and with technical equipment. It is no mistake that the Tagamet people, ad people, and more TV shows use bright, flashing lights. They know that creates certain effects in the brain and they use people like me. I have had so many technical studies, like EEGs, brain mapping, you name it, so they know what makes people tick.

Bush called the 1990s the “Decade of the Brain,” to give you an idea. I am not an object to be used. I have the right to not be used for money, for fundamentalist politics, which kill people, be it foreign or domestic.

SENATOR MARTIN: Ms. Shuster, I am going to stop you here. Do you have some comments you can make about Greystone or one of its sister institutions, because that is really what we are focusing on here.

MS. SHUSTER: I need help from someone. Someone has got to listen to me. I don’t know where to turn. Can you take the time today, and these people here, to listen to me, because I need help from someone? This is not happening just in Greystone. Someone has to help patients everywhere. I would appreciate the time. We don’t have a long list today. I have been going to these hearings, waiting patiently.

SENATOR MARTIN: We want to hear what you have to say, but we are focusing on specifics.

MS. SHUSTER: The suggestions I have can apply to Greystone, to patients at Greystone, but you are not going to listen to me if I don’t tell you my experiences, I don’t believe. I am sorry that you don’t want to hear that I was cult raped in the hospital.

SENATOR MARTIN: I didn’t say that. You were talking about former President Bush’s views.

MS. SHUSTER: One statement that was political.

SENATOR MARTIN: I have to make some determination, Ms. Shuster. I want you to speak. I don't want to waste a lot of time dialoguing. I will let you continue, but if I don't think you are on target, I am going to have to ask you, you know, to end your testimony.

MS. SHUSTER: This pertains to all consumers--

SENATOR MARTIN: Well, go ahead then, but I can tell you that what you were just talking about was not what we are about today.

MS. SHUSTER: --and taxpayers.

I am sorry to hear that you can't open up enough. I am going to continue.

I have the right not to be used to study metaphysical situations. These are situations being done, like, at Greystone and everywhere. It is not just me.

SENATOR MARTIN: Where? I don't need "everywhere," I want to know where specifically in the New Jersey hospital system you are referencing.

MS. SHUSTER: This is rampant throughout. We have the pharmaceutical companies right here in this State, don't we? We have the entertainment industry right in New York.

SENATOR MARTIN: It really makes no difference whether they were in California, does it?

MS. SHUSTER: Yes, it does make a difference, because the employees are closer.

SENATOR MARTIN: I fail to see the connection.

Go ahead.

MS. SHUSTER: It is a very easy connection to me.

I have the right to privacy -- this is any patient -- and medical care to cure, not for any other reason, especially not to provoke me so that I stay longer. The Hippocratic oath says to cause no harm.

Now, these are suggestions I have that can pertain to any patient:

- \* Make it illegal to force patients to be on a drug before they can leave a hospital. Again, this feeds the pharmaceutical companies.

- \* Limit the number of diagnoses allowed so a person doesn't have to have a new diagnosis, thus a new situation created, like multiple personalities, just so the insurance companies will cover them.

- \* Investigate the stock of doctors and staff, and financial ties like private hospitals and rehabs. In some hospitals, doctors have to have stock in plastics and other related health special interest products to be hired.

- \* Have all suicides investigated as murder by means mentioned in my statement. They are being provoked. If they are going to talk, they are going to shut them up.

- \* The FDA only approved downers and benzodiazepine for two weeks due to addiction, so doctors are overprescribing uppers and downers. They are committing the crime of drug pushing, and they belong in jail.

- \* The patients should have the right to not have a doctor who considers the patient to be the devil, and thus wants to hurt the person. These are not my words. This is not the way I talk. This is what some fundamentalist-- I have had fundamentalist doctors.

\* No discussion of sex should be permitted without written permission, so sexual gratification is not given to the doctors and staff.

\* Divorce and domestic violence victims are not ill, and should not have their insurance, children, and jobs taken away from them for an old law and stigma created for political reasons. It stops people from being able to go back into society and function on a normal level when you put such stigmas on people.

\* Separate facilities should be set up to support such people to prevent this, who do not have ties to DYFS.

\* I suggest that the State sue the pharmaceutical and entertainment industries, as they are doing with the tobacco industry, because those known to create these problems-- They create problems like overmedicating, and creating provokes stress and causes liver problems, kidney problems, heart problems, hip problems, all kinds of increased tax-spending money and insurance moneys, which increase the cost of living by doing this.

\* There should be some way to allow a patient to leave a hospital and not be billed or go to court if they want to, especially if they are abused. When I was abused, I couldn't leave without a big bill and following legal stress. That is not right.

\* Staff should be screened.

\* Separate facilities for the judicial cases.

\* Police should be given sensitivity training so they do not call people trash or involuntarily commit them as if they are trash.

\* Treatment teams are being used for a legal safeguard, and something has to be done about that.

These are things that I feel pertain to the patient population anywhere.

Thank you.

SENATOR MARTIN: Thank you very much.

Mr. Karl Marx? Is he here? (no response)

Professor John Lydon.

**PROFESSOR JOHN LYDON:** First, I would like to take this opportunity to thank the legislative branch of government which gives me a citizen's right to come here to speak to you.

You know, it's strange. When you called Karl Marx to speak, he was at the Hospital many years ago when my Bright Stone Volunteers were active. I was looking forward to seeing him again today. In fact, when I first called the Hospital, I asked for someone to speak to with reference to coming in with a group of students to work there. I was told to please wait, "Mr. Karl Marx will speak to you." I said, "All right. Who am I speaking to now?" The woman said, "This is Mrs. Moscow." (laughter) At that point, I was thinking of saying, "Well, here is Napoleon."

Unfortunately, it is a very serious thing we are here to address today, so with that levity as an aside, I would like to go on.

I am here for three basic reasons: One, I have a kid sister who is a patient at Greystone. That is one of the reasons why I got involved. When I went out there, I saw the conditions at the Hospital. My brother, my sister, and I committed my kid sister to the Hospital because we thought she was dangerous to herself and to other people in the community, namely her children.

After we put her into Greystone, we came to the frightening realization, perhaps, that Greystone was dangerous to my sister and to the other patients in the Hospital.

SENATOR MARTIN: How old was she? She was involuntarily committed by her family?

PROFESSOR LYDON: Yes. I may stand corrected, Senator, on the exact age, but I would say she was in the neighborhood of about late 20s or early 30s.

SENATOR MARTIN: At the time she had children?

PROFESSOR LYDON: Yes, she did. She had two. I might add that one of them served in the Armed Forces of the United States in the occupation of Germany. The reason I am saying that is just to give you an idea that she is a person. She is like many other patients, like all the patients there. She is a human being. Her father -- my dad -- was a manufacturer in Hoboken in the State of New Jersey and signed many checks -- the front side of the checks -- to employees. My kid sister was -- and so is her son -- a gainful, taxpaying citizen, as well as the rest of the family. This is perhaps maybe what Kennedy meant, when he said, you know, "This is not the time to ask what your government can do for you, but what you can do for your government."

There does come a time in everyone's life when perhaps the government does have to help us. I myself personally could not afford to pay for my kid sister's incarceration with the medical treatment, nor can many other citizens of the State of New Jersey. We are dependent upon institutions like Greystone, and our fellow citizens, vis-a-vis the tax system, to help to support them.

Again, I don't want to fixate on my own personal problem, but rather look at it on a broader spectrum, if I may. I would like to thank the many dedicated individual employees there at Greystone that I met personally, who I saw work and give of their time, their energy, and their affection for the patients.

I might also add that the Bright Stone Volunteers, which numbered in the thousands, actually went out to Greystone on several occasions and participated in picketing with the employees for higher wages. We didn't want to be "union busters" or "scab labor" people. We literally went into the Hospital and we were like a domestic Peace Corp. We painted the actual rooms in the Hospital. Much evidence of our work is still to be seen in so many of the wards there.

When I went out recently, because of the situation I read about in the paper, and so forth, I became concerned. Different people who are employed at the Hospital did approach me, because they knew who I was and where I came from. They knew I had no particular ax to grind, I was a retired Professor. They came and told me about situations that were existing there. Some of them told me that they were afraid to testify, they were afraid that they would be penalized in their positions.

SENATOR MARTIN: Those were employees?

PROFESSOR LYDON: Yes, present-day employees.

I want to take this time, if I may, to digress and say that I want to particularly thank Senator Codey -- as well as many other Senators -- for his help in this area. I have spoken to him directly about this, and to his aide. I am sure that things will be done which must be done to alleviate that situation.

I left my card with you, if you recall. If there is any other implication, I would be more than happy to talk to you about it.

Because of the time factor, again, let me get back to the main thrust here. I want to be positive. I want to thank the people who were there who helped my kid sister. I also want to thank the many thousands, literally -- and I use figures very conservatively -- of Bright Stone Volunteers who actually went -- both the Executive Board and we even had our own psychiatrist -- and worked diligently for many years at Greystone to try to improve the conditions that existed there, as well as even the Vroom Building in Trenton.

I had the pleasure of working with both Democratic legislators as well as Democratic and Republican governors. Governor Hughes -- may he rest in peace -- was very active with us in this venture to try to improve the conditions at Greystone, and so was Governor Cahill. Cahill appointed five of the students who I am proud to represent -- who did the work, I might add, at Greystone -- into positions on Boards of Trustees for the various hospitals, including the Totowa Training School, which was for children at the time.

I think Bright Stone has proved its effort, not myself so much, but the young people who did the work there.

I would like then to bring up some other-- I don't want to beat a dead horse, but I think being President of an organization where the Bright Stone Volunteers went in and did so much work, I just really wish I could give them the credit. They are not here, obviously, tonight. They also went down to Trenton and they tried to lobby, if you will, legislation for the improvement of mental health, not only at Greystone, but throughout the State.

Today, I would be remiss in my responsibilities as a President of a corporation if I did not come forward and testify that we are concerned, very much so. Various people have called me who wanted to know if all that work they did was in vein, because conditions today make it look as if we are right back where we started, at square one again.

Unless you have questions, which I would be more than happy to answer, I do not want to tie up the time I have allotted to me here today. I would like to get into a third section. That would be things that we might be able to do to improve the conditions at Greystone, or at other mental institutions, and with that, I will conclude.

For instance, the GED program. I had the pleasure of working with that as a consultant to Bergen County's area. I would think that that type of a program might be very apropos here at Greystone, where you could have employees, as well as patients benefit from it. A person could be enticed, perhaps, to work there at Greystone at a very minimum wage -- as the woman said who testified before me -- and that might be an inducement where they could not only work there, but at the same time get an hour or so off, or have people like myself go there and tutor them, or help them to gain some academic standards where they could raise themselves.

We have so many facilities in this area. I am thinking now of Elizabeth College. I am thinking of Fairleigh Dickinson University, which I myself am affiliated with. I am thinking of Drew University, people who are more than anxious, I am sure-- If someone could coordinate the energies and the efforts of these young students on the college campuses, as well as perhaps even this new program they are starting now where parolees, the halfway -- the

boot camps where young men could perhaps come up and do some of the work that the Bright Stone Volunteers have done in the past. They could literally help to improve conditions at hospitals. Some of these young people who are incarcerated for crimes, perhaps some of them for minor crimes, could benefit themselves from seeing people who are really in need of help, and they could work together with the State organizations.

I think at this point, that really concludes my remarks, unless the Senators have any questions you might want to ask me.

SENATOR CODEY: Professor, the employees you spoke about, were they afraid to testify because of retaliation from the administration, fellow employees, or both?

PROFESSOR LYDON: A combination of both, sir. I do have the names of these particular individuals. Some of them even suggested that they could come and testify here with hoods, or something of that nature to secure themselves. I didn't want to get that dramatic or anything. I said, "No, I am sure the Senators will take my word for it, and the word of other people that you are, in fact, legitimate, that you are afraid to come forward to testify."

SENATOR CODEY: So there is this fear--

PROFESSOR LYDON: Yes.

SENATOR CODEY: --on the grounds in terms of telling of abuses by fellow employees, their fear of personal safety, the loss of jobs, and so forth, and so on?

PROFESSOR LYDON: Exactly. I must give credit to the gentleman who, at that time, was the CEO, Colonel Waters, who invited me out to the Hospital. When I went out to meet with him, I took it upon myself

to go about and look at old familiar places. Different employees came up to me -- they recognized who I was -- and they spoke to me very candidly. They said, "Look, Prof, we know you are retired. We know that you have no ax to grind, and you won't hurt us at all. But I will tell you on the 'QT' that these are the situations, these are the conditions." Many of them I thought were frightening. I took it upon myself to notify people in government, particularly Senator Codey, along with other people, about the conditions that existed there.

I might just digress, if I may, by saying that as a citizen, as a person who also teaches and has studied a little bit about political science, in all due respect to the gentleman sitting on my right here, who was very helpful earlier today, I mean no rejection of him or anyone else in this area, but I did read Montesquieu, Thomas Jefferson, and checks and balances. Whenever you have a situation develop in a hospital, it seems to me that you should have other objective individuals come from outside of the system to investigate and look into the conditions. Again, I do not mean any rejection of the gentleman on my right or any of the people serving on the Committee. I am sure they are doing their best job.

But as a citizen, as a person involved in the goings on of business and society, I would feel better at night knowing that an objective person or group of people came in and looked at the situation.

Again, I want to thank the Senators for this opportunity. Also, I am very proud, and I think I would be remiss in my responsibility if I-- I have come to every one of these hearings. I purposely did not want to testify, because I didn't want to become egocentric or something. But I take this

opportunity to thank the many students who helped me to help my kid sister at the Bright Stone Volunteers.

Thank you.

SENATOR MARTIN: Thank you.

Anil Jhaveri.

**A N I L J H A V E R I:** Ladies and gentlemen, my name is Anil Jhaveri. I am a family member-- First of all, let me say this: I live in this community of Morris Plains. I have been here for 25 years. I have never heard of any unsafe condition in the last 25 years, neither me nor my family, because of Greystone, or anything else.

Since I have been involved with Greystone, I have been there in the morning, afternoons, and late evenings amongst a lot of patients or on the grounds, and I have never felt unsafe in any way. I have felt more unsafe in some of the communities in New Jersey where there is more violence from alcohol and drug addicts.

I want to also say, it seems to me, from other meetings of this Committee which I have attended, that this Committee's reading of Megan's law is about the applicability to patients, rather than focusing on the staff involved at Greystone. I believe this will only increase the stigma more toward mental illness, making life more difficult for mentally ill persons. I request the Committee to act to reduce such stigma so that the lives of the mentally ill patients will be more fulfilling in the community.

When a professional is negligent, careless, or abusive, it is very much deplorable. The political representatives of the State must write laws which give such professionals harsher and more penalties than average citizens,

because such professionals should be disgraced openly in society without any mercy.

It has to be someone who has lost a sick member, specifically a young one, who can understand the grief, sorrow, and loss of other families. We have lost a teenage child, and I have a sick family member who has attempted suicide a number of times. Our family sympathizes and will stand behind families from Greystone whose members suffered humiliation, abuses, and careless neglect, and were violated physically, sexually, and mentally.

These busy professionals had other choices. They could have gone into other fields. They are not needed in the mental health field.

For eight years, we have suffered, along with our family members, neurochemical sickness. We have seen private, community, county, State, and federally run programs. We have been exposed to all kinds of professionals -- psychiatrists, therapists, analysts, social workers, and so-called guards in the mental health field. Many were good, some were excellent, a few needed a kick in the-- I can't say that.

Our sick family member has gone through a community hospital about 15 times in 8 years, and has attempted suicide three times. The accommodations in this hospital were very nice, but I cannot say the same for treatment. Some of the so-called guards over there neglect and keep family members in the dark. They do not want to give medications and care because sometimes they are more worried about being legally sued. The way they run their operation it is geared to failure, and I am surprised that no one has ever called for a hearing on them.

Then we went to Greystone. We thank our lucky stars that that happened. Management and the treatment team helped us -- our sick consumer and family both -- with excellent support. The latest medication was given. A very caring, honorable judge made sure that our family member was ready before discharge. It took one and a half years, but now it is two years, and no more hospitalizations. Thanks Greystone, all staff, and Colonel Waters.

Once for two days, our family member was sent to the community hospital from Greystone for some checkup or some problem. The first thing the community hospital did, without any knowledge of the psychiatric medication, was to stop the psychiatric medication without consulting the psychiatrist or a neurologist. Only when the Chief of Psychiatry at Greystone called them late at night, at about 10:00 p.m., did the psychiatrist and the neurologist see our family member and finally continued the psychiatric medication after 36 hours. This medication, after 48 hours of stoppage, would have caused them to restart the medication from the beginning, and would have prolonged the stay at Greystone for another three to six months, costing taxpayers a lot of money. So much for our community hospital and for its care.

Most of the staff at Greystone we were involved with were very professional and caring. They had excellent weekly and monthly family groups, which we still attend. I have found them to be extremely helpful.

I understand that for a few bad apples, Colonel Waters, a very caring person, got axed. This reminds me of the \$1000 hammers and \$30,000 toilet seats in the military. The only difference was that no general was sacked

for the fault of others. State hospitals like Greystone cost \$300-plus per day. Community hospitals cost \$700 to \$1200 per day. Give Greystone that kind of money and see a big improvement. Does anyone out there acting as new-found champions of the mentally ill know this? Give Greystone more power in controlling funding of the committed programs to make sure the revolving door stays closed

and the community hospitals perform at least at par, if not better.

Rare community programs and some locations of those facilities are inaccessible unless someone has a car. A lot of consumers are on medications which make it very difficult for them to drive a car. Some of those facilities expect the consumers to take buses and trains. Does anyone know that it costs from \$4 to \$6 a day to take those buses and trains, when a person makes only \$400 in SSI to pay for lodging, boarding, and medicines? You can try to do it, and you will learn fast. Libraries, TV/radio rooms, drop-in centers, shower rooms, exercise rooms which are inaccessible. Is anyone out there concerned about it?

All agencies must be mandated by law to be located within a 10- or 15-minute walking distance from where 40 percent to 50 percent of the consumers live. This also applies to mental health centers, some of which are not even accessible by bus or train. Do you think these agencies provide free transportation? Some do; most don't.

Why are such inaccessible agencies and programs funded by government? Or is it that the agencies maintain such programs to get extra funding. Not using them will sure keep them nice and clean, perfect, and ready for inspection at any time. Most of these agencies are not for profit, 90

percent government funded. Then why are their annual report and other reports not distributed to all the members they serve? Without even asking or requesting, they should submit semiannual or annual reports.

Do any of these agencies publish how much of the government funding goes finally to the consumers? Does anyone here know? I have tried to find it, and I have never been able to find anything. Why is this information not available and open to members of the mentally ill community?

Talking about jobs, that is a big joke. A leading community hospital in our area refuses to let mentally ill persons work even as volunteers. Other volunteer work is inaccessible without a car. Most jobs are inaccessible without a car anywhere for everybody. Try to do volunteer work paying bus and train fares from your apartment on a monthly income of SSI of \$400. There is no transportation, and if there is, it is a joke, just like the jobs.

This is where your help is needed. These are the real issues. This will stop the revolving door by keeping mentally ill persons occupied and busy.

Thank you for hearing me -- allowing me to speak.

SENATOR MARTIN: Thank you, Mr. Jhaveri.

Hugh Hyde.

**HUGH M. HYDE JR.:** Good afternoon, Senators Martin, Bassano, and Codey, patients and staff of Greystone, concerned families, and the public. My name is Hugh M. Hyde Jr., and I was discharged two months ago from Greystone Hospital. During my stay of 15 months, I was the president of the 625-patient body for approximately 9 months.

Along with Client Services Representative Steve Stern, we attempted to establish strong communication lines among patients and

between staff and patients by electing presidents and vice presidents for each of the six main units at Greystone. This gave patients an opportunity to speak their minds in a democratic structure.

There was a marked disparity between living conditions in the often-locked wards and the 160-patient cottage system. A psychiatric hospital is intended to be a safe haven or sanctuary for people who are healing from mental problems. The patient is often in an exposed or sensitive state. For the patient to recover and heal properly, he or she must be protected during the time it takes to work out his or her problems. This responsibility lies with the staff and fellow patients.

By and large, this was carried out responsibly. However, there were examples of failure to comply with the code that includes respect for human rights, moral integrity, and professional conduct. No one should expect perfection in an imperfect system in an imperfect world. However, no one should be satisfied with anything less than his or her best effort.

Thank you.

SENATOR MARTIN: Mr. Hyde, did you write your remarks?

MR. HYDE: Yes, I did.

SENATOR MARTIN: It was very well written.

MR. HYDE: Thank you.

SENATOR MARTIN: Do you have an opinion with respect to Colonel Waters? You worked with him closely.

MR. HYDE: Right. I thought he did a solid-- He put his heart into the job. I am not privy to the information that I think other people are. I used to give presentations before the Board every four or five weeks.

SENATOR MARTIN: You made a point of distinguishing between the cottages and the rest of Greystone. Is that something you feel-- Is there something unacceptable about that? I mean, there are different privileges. I understand the cottages are set up to address persons with -- generally speaking less problems, and closer to being--

MR. HYDE: Well, it is a graduation phase, basically, getting closer to living conditions like you would find in the community. I went through the system, and it was tough being in those wards.

SENATOR MARTIN: Is it your thought that they should be more like the cottages, or what? Do you have some thoughts about what is wrong?

MR. HYDE: I would have to give it more thought. I mean, it was just very rigorous to go through that. I was very happy to get assigned to the cottages, where I spent 9 of my 15 months. But it was a real wake-up call, like being in the military or something, you know, the wards, at least the wards I was experienced with.

SENATOR MARTIN: Were you abused by staff?

MR. HYDE: No.

SENATOR MARTIN: Thank you very much.

I have two other persons who have signed up to testify, so we will take them in turn. If there is anyone else, you had best see us quickly.

William Salazar? (no response)

The last person then is Eileen Griffith. Is there anyone else who plans to testify? (no response)

**EILEEN GRIFFITH:** I had signed up for the last hearing, and we didn't have time. I was to testify for the GPA and as a family member. I handed my GPA testimony in. Do you want me to read that again?

SENATOR MARTIN: We have that testimony, so--

MS. GRIFFITH: So it is not necessary for me to repeat it -- to read it?

SENATOR MARTIN: Pardon me?

MS. GRIFFITH: It is not necessary for me to read it?

SENATOR MARTIN: No, it is not.

MS. GRIFFITH: Good evening. My personal involvement with Greystone began about 17 years ago, when one of our three sons was diagnosed with a major mental illness. After three or four commitments to Greystone over the next seven years, our son was discharged to community living where he has been for the last 10 years.

Caring, dedicated Greystone staff, many of whom are still at the Hospital, helped us to cope with the devastating impact this illness had on our family and prepared our son for his return to the community.

I have been a member of Concerned Families of Greystone since its inception in 1984, and in 1987 I was appointed by the court as the family representative to the Doe v. Klein Monitoring Committee, the testimony of which you heard at the first hearing. That same year, I became one of two family members currently serving on Greystone's Human Rights Committee. For the last 11 years, I have been active in the Greystone Park Association, which is the auxiliary to the Hospital. That included a three-year term as its President and seven years as its liaison to the Greystone Board of Trustees.

In these capacities, I have spent thousands of volunteer hours at Greystone, at the Association rooms, at the Board of Trustee and committee meetings and programs. I have seen much effort made to continually improve the quality of care there, as well as ongoing concerns about the negative factors that can compromise that quality of care, things like: budget restraints, insufficient staffing levels, overcrowding, insufficient training, union demands, and difficult physical plant maintenance, to name a few.

I hope these hearings will serve to educate you about Greystone, provide a broader insight on how the Hospital, which cannot be expected to operate in a vacuum, is impacted by the availability of all mental health services and funding or lack of same, and that you will be moved to a sincere effort to do what you can to help all of us in our advocacy on behalf of our patients.

SENATOR MARTIN: Thank you very much.

Before we close, since we do have a little time, Mr. Jupin, if you would, could you give us some synopsis of how things are being governed right now at Greystone, since the last hearing we had was prior to Colonel Waters being reassigned?

MR. JUPIN: How things are being governed, Senator?

SENATOR MARTIN: Well, how things are going. Your status now is-- You had been head of the Oversight Committee. Now, is that structure still in place, or have things changed in some way?

MR. JUPIN: The Management Team is still in place, Senator, and I am still the Chairperson of the Management Team. I am currently fulfilling

the responsibilities of the Chief Executive Officer until a new CEO is recruited for that position.

SENATOR MARTIN: Do you have any responsibilities at Trenton as well, or have they been parceled off to someone else?

MR. JUPIN: I am still the Chief Executive Officer at Trenton. The management staff at Trenton is far enough along that they have been tolerant of my spending most of my time at Greystone.

SENATOR MARTIN: Are you there from 9:00 to 5:00 these days, at Greystone? I mean that loosely, but is that where your place of business is?

MR. JUPIN: I would say you would have to be very loose about that.

SENATOR MARTIN: Forgive me, I should not have used that phrase.

MR. JUPIN: To be honest with you, Senator, I have spent, I would say, the first seven weeks going to Greystone on Sundays and leaving Greystone on Saturdays, spending the entire week, and I would say probably between 60 and 70 hours a week, at Greystone. I have made a number of trips from Greystone down to Trenton during the course of the week for certain kinds of activities.

In the last week or so, I have been able to spend a day or so at Trenton during the week. We are expecting a Joint Commission Survey within the next couple of months at Trenton, and Trenton does require some degree of my time. However, Greystone has continued on a weekly basis to take more than 40 hours a week of my time. So Greystone has not suffered as a result of my dual responsibilities.

We are moving ahead very quickly. We have advertised for the position of Chief Executive Officer. I expect that there will be a search committee that will interview candidates probably the first and second weeks of May. Very quickly on the heels of that, we will be looking to fill the Deputy Chief Executive Officer, the Director of Nursing position, the Clinical Director position, and the Chief of Psychiatry at Greystone. Those positions are going through the process at this point.

SENATOR MARTIN: Is it your understanding that none of those subordinate positions will be filled prior to the Chief Executive Officer position?

MR. JUPIN: I have appointed actually three individuals on an interim basis to function -- to keep those functions moving until candidates are officially selected for the positions.

SENATOR MARTIN: When you say "those functions moving," do you mean the recruitment or interviewing process?

MR. JUPIN: To fulfill the responsibilities of the Deputy Chief Executive Officer, the Chief of Medicine, and the Director of Nurses. I did appoint, on an interim basis, individuals in an acting capacity to maintain those functions until--

SENATOR MARTIN: All of those persons are currently employed at Greystone. They have been elevated into these acting capacities pending some full-time appointments by some--

MR. JUPIN: That is correct. Strategically, we wanted to fill the Chief Executive Officer position first, so that person would be involved in the

decision making regarding the official appointments to the subordinate positions.

We are continuing with filling positions at the Hospital. We are continuing our efforts to decrease the census through moving patients out of the Hospital and through expediting discharges, where possible. Recruitment continues in the positions we had talked about previously, and potentially some additional positions.

The other members of the Management Team continue with involvement. We are moving to develop an interim training schedule, which staff at Greystone have participated in, along with two members of the Management Team. We have used individuals to supplement the Management Team, bringing them in to assist us with, primarily, treatment planning issues and issues of patient management at the institution.

SENATOR CODEY: Joe, as you know, Greystone experienced a rash of vandalism to employee vehicles and numerous instances of “keying,” where keys are scratched along cars. The Deputy CEO had gasoline poured into her tank, which obviously did damage to the engine. In another incident, there were four or five lug nuts loosened on someone’s car as a result of testifying at a discipline hearing.

Let us know where we are in terms of getting the culprits.

MR. JUPIN: We have communicated our concerns to the Human Services Police. There have been some special initiatives to assist us in terms of completely investigating those incidents. To my knowledge, to date, we have not been able to identify the individuals. No arrests have been made in that regard.

SENATOR MARTIN: Is the County Prosecutor involved in this?

MR. JUPIN: No, I don't think so.

SENATOR CODEY: You would think that the loosening of lug nuts on a tire very easily could have, obviously, injured the person, or even killed the person. Yet, you didn't think it was serious enough to bring it to the attention of the Prosecutor's Office in terms of helping the investigation?

MR. JUPIN: The County Prosecutor is aware of these incidents that have been going on. I did speak to the County Prosecutor and his assistant personally about this. I know they are aware of it.

In terms of the investigative process, there have been additional police officers -- Human Services Police officers that have been deployed to Trenton to not only increase security there, but--

SENATOR CODEY: Deployed to Trenton?

MR. JUPIN: I'm sorry, forgive me, deployed to Greystone. Thank you for correcting me. As I said, there are a number of additional Human Services Police officers that have been deployed to Greystone, both to increase security and also to provide sufficient person power to, as thoroughly as possible, investigate these things.

SENATOR CODEY: What does it say to you, though, about the quality of some of our employees?

MR. JUPIN: I am reluctant to presume that employees are involved in all of these kinds of things necessarily. I think that would be presumptive on my part. But it is certainly a possibility.

SENATOR CODEY: Well, who else would have the motive to do it, sir?

MR. JUPIN: Senator, I think it would be presumptive for me to assume that it is only employees -- that only employees of the Hospital could be involved in such activities. That may be, but I do not know at this point.

SENATOR CODEY: In the case of Dr. Siddiqui, which, obviously, has been documented, we knew what his schedule was like before, how it was arranged so that he could do three other jobs along with his spouse, and so forth, and so on. As a result of some of our inquiries, the VA Hospital cut back when they read what else was going on.

Also, I have gotten his latest schedule, which also seems to accommodate his rather strange work schedule, of course, understanding now that he is no longer the Chief of Psychiatry, that he is a functioning clinical psychiatrist. Is that correct?

MR. JUPIN: Yes.

SENATOR CODEY: His schedule-- It just so happens, on Mondays he works at Greystone from 7:00 a.m. to 12:00 noon. He then leaves to go to Wayne General Hospital. Okay? On Wednesdays, he works 7:30 a.m. to 1:00 p.m. and then leaves to arrive at Wayne at 1:30 and work until 9:00 p.m., which he does also on Mondays. Then on Thursday, he works from 7:30 to 12:00 p.m. and then leaves, goes to Wayne General, to be there from 12:30 until 9:00 p.m.

Obviously, we have accommodated his other job. I would think that he would have a regular schedule which obviously is not done to accommodate his other full-time work; that the clients come first, he would have a regular schedule, and what he does during the other hours, as long as it is not in conflict or hurt his ability to deliver the job to be done-- This

almost seems like the same thing that was going on before. Once again, we have accommodated him to fix his schedule so he could do other jobs, as opposed to people who work at the institution who are assigned certain hours and then work them.

Will you please explain this to me?

MR. JUPIN: Well, Senator, I don't think it is correct to presume that the care the patients receive from Dr. Siddiqui is substandard necessarily because of his schedule.

SENATOR CODEY: I didn't even say that.

MR. JUPIN: I have talked to Dr. Siddiqui myself personally. His schedule has been brought into line so that he works Monday through Friday, and no longer works on Sunday. There are a number of indicators that I have looked at in terms of participation in the treatment planning meetings, and regular representation of the court cases assigned to Dr. Siddiqui. There are a number of things that we look at in terms of the planned, scheduled care of patients in the institution.

I am satisfied that Dr. Siddiqui is currently -- that his schedule permits him to participate in the Treatment Team meetings, that it is a planned system of care, that the indicators that I look at I am satisfied with in terms of Dr. Siddiqui meeting the care needs of the patients assigned to him.

Quite frankly, Senator, I felt I pushed it as far as I could at this point, and I felt that if I pushed it further in terms of an 8:00 to 4:00 schedule, then I would be facing the loss of yet another psychiatrist at the Hospital.

SENATOR CODEY: So what you did was accommodate his schedule at Greystone around his schedule at Wayne General, rather obviously.

MR. JUPIN: To the degree that I am satisfied that he is providing -- he is meeting the needs, the clinical needs of the patients assigned to his care, yes.

SENATOR CODEY: Okay. Isn't it rather sad that we have to do this -- say that we cannot find a qualified psychiatrist to take his place, but we have to do this, have someone come in for four hours, leave, go to another job, come back, do it, and so forth, and so on, for three days of the five-day week?

MR. JUPIN: I think it is a situation that I would hope would not exist, but it is one which I inherited and I am trying to make the best out of it that I can.

One of the things that we are trying to do feverishly is to recruit psychiatrists to the institution, and that has proven to be -- is continuing to be a very difficult task.

SENATOR CODEY: It is a difficult task because we do not pay enough.

MR. JUPIN: I think it is a difficult task for a lot of reasons, perhaps salary is one of them. But certainly the reputation of the Hospital and the public scrutiny are other issues that the psychiatrists are very concerned about at this point.

SENATOR MARTIN: With respect to the positions we have talked about, who is the Acting Chief Psychiatrist?

MR. JUPIN: Dr. Cepero.

SENATOR MARTIN: Shapiro?

MR. JUPIN: Cepero, C-E-P-E-R-O, I believe.

SENATOR MARTIN: And nursing? Who is that?

MR. JUPIN: Her name is Sonya Smith.

SENATOR MARTIN: Are they candidates for the vacancies?

MR. JUPIN: Both of the individuals qualify for the positions. Whether or not they have decided to apply for the positions, I am not sure at this point.

SENATOR MARTIN: Do you anticipate applying for the CEO spot?

MR. JUPIN: No, sir, I do not.

SENATOR MARTIN: It may be premature, but I am just wondering-- In other contexts, there have been concerns about people out-of-state versus in-state, in the system versus out of the system. Is this recruiting for the CEO spot, is that-- Have I covered all of the bases? Are persons both in the system and outside of the system but in New Jersey possible candidates” Beyond that, persons outside of the State of New Jersey, what-- How is that--

MR. JUPIN: The search for CEO is a national search. The advertisements for psychiatrists are placed in professional journals and newspapers that individuals who are looking for or are interested in jobs could pretty much nationally be able to identify that there are physicians needed.

Did I answer your question?

SENATOR MARTIN: I will ask the question of Mr. Kaufman. I am not sure what he will say.

At the time that you reassigned Colonel Waters, you had no one in particular in mind to fill that slot?

MR. KAUFMAN: No, no, Senator, I did not.

We have opened a search, as Mr. Jupin indicated. We have advertised in The New York Times and all the other papers in the area. We have also sent notices to the other 49 states' mental health authorities, which is common practice. They do the same with us. They then get circulated to professionals within their systems as well. So we are conducting a national search.

We had no one specifically in mind when I reassigned Colonel Waters.

SENATOR MARTIN: Okay. Thank you.

That concludes our hearing.

Thank you.

**(HEARING CONCLUDED)**