

**ALASKA STATE LEGISLATURE
SENATE JUDICIARY STANDING COMMITTEE
ANCHORAGE LIO**

May 27, 2008
11:03 a.m.

MEMBERS PRESENT

Senator Hollis French, Chair
Senator Bill Wielechowski
Senator Gene Therriault

MEMBERS ABSENT

Senator Charlie Huggins, Vice Chair
Senator Lesil McGuire

OTHER LEGISLATORS PRESENT

Senator Bettye Davis
Representative John Coghill
Representative Andrea Doll
Representative Jay Ramras
Representative Bill Stoltze
Representative Mike Chenault

COMMITTEE CALENDAR

Department of Corrections - Status Hearing

PREVIOUS COMMITTEE ACTION

No previous action to record.

WITNESS REGISTER

BRAD WILSON, Business Manager
Alaska Correctional Officers Association (ACOA)
Anchorage, AK

POSITION STATEMENT: Provided union perspective at the DOC status hearing.

TODD GODFREY, Corrections Officer
Anvil Mountain
Nome, AK

POSITION STATEMENT: Provided corrections officer perspective at the DOC status hearing.

DENNIS HANSON, Corrections Officer
Spring Creek
Seward, AK

POSITION STATEMENT: Provided corrections officer perspective at the DOC status hearing.

DON MACOMBER, laid off Corrections Officer III
Spring Creek
Seward, AK

POSITION STATEMENT: Provided perspective at the DOC status hearing.

JOE SCHMIDT, Commissioner
Department of Corrections (DOC)
Juneau, AK

POSITION STATEMENT: Testified at the DOC status hearing.

BRYAN BRANDENBURG, Deputy Director
Division of Institutions
Department of Corrections,

POSITION STATEMENT: Testified at the DOC status hearing.

DIANNE KIESEL
Deputy Director
Division of Personnel & Labor Relations
Department of Administration
Juneau, AK

POSITION STATEMENT: Testified at the DOC status hearing.

DWAYNE PEEPLES, Deputy Commissioner
Department of Corrections
Juneau, AK

POSITION STATEMENT: Testified at the DOC status hearing.

DOCTOR JOE MCLAUGHLIN, Acting Chief
Section of Epidemiology
Division of Public Health, Department of Health and Social Services
Anchorage, AK

POSITION STATEMENT: Provided information about MRSA at the DOC status hearing.

JOHN BODICK, Assistant Attorney General
Criminal Division
Department of Law
Anchorage, AK

POSITION STATEMENT: Explained the Cleary litigation at the DOC status hearing.

SAM EDWARDS, Deputy Commissioner
Department of Corrections
Anchorage, AK

POSITION STATEMENT: Provided information at the DOC status hearing.

ACTION NARRATIVE

CHAIR HOLLIS FRENCH called the Senate Judiciary Standing Committee meeting to order at [11:03:42 AM](#). Present at the call to order were Senators French, Wielechowski, Therriault and Representatives Holmes and Doll.

DEPARTMENT OF CORRECTIONS - STATUS HEARING

[11:04:15 AM](#)

CHAIR FRENCH announced that the purpose of the hearing is to look into recent allegations of problems within the prison system, including overcrowding and the prevalence of Methicillin-resistant Staphylococcus aureus (MRSA). Unlike complaints that have been brought in the past by prisoners, these complaints come from correction officers, which is a little different and worthy of legislative attention.

CHAIR FRENCH relayed that legislators took a tour of the Anchorage correctional complex this morning. They spoke with correction officers and were able to see firsthand the overcrowding. He noted that MRSA isn't as easy to detect so the committee will rely on folks who work inside the facility to tell about that. This hearing is an opportunity to flesh out these issues rather than relying on a trial by press release. The people who have complaints will have an opportunity to present them and the commissioner and his people will be able to present their side of the story. This afternoon the state epidemiologist will talk about MRSA, the state attorney will talk about prisoner litigation and some of the problems that it can lead to. Also, former Commissioner Mark Antrim will give his perspective on the prison issue. Commissioner Joe Schmidt will have an opportunity at the end of the day to wrap-up the discussion and rebut anything he thinks necessary.

[11:05:28 AM](#)

BRAD WILSON, Business Manager, Alaska Correctional Officers Association (ACOA), thanked the committee for listening and

convening the hearing. He said he would provide an overview and then several correction officers would discuss their experiences and concerns.

[11:08:13 AM](#)

CHAIR FRENCH noted that 50-60 correction officers were present.

MR. WILSON referred to handouts he had provided including: a pamphlet on MRSA, two PowerPoint presentations on overcrowding that are available on disc or by email, the final Cleary decision settlement, and the compliance monitor's report. He added that Cleary is a lawsuit filed by inmates that was resolved in 1991 or 1992. Most of the time today will be spent discussing the legislative hearing document that includes graphs.

[11:11:19 AM](#)

MR. WILSON said the final item that will be discussed is statewide minimums. He noted that behind each document are memos from each institution outlining the minimums over the last year and how they may or may not have changed. Martin Crowley's institution was used for demonstration purposes, he said. He emphasized that the documentation is unofficial and is to be used for the audit and to elicit discussion.

MR. WILSON thanked legislators for announcing the hearings and initiating the audit. That in itself has resulted in change: MRSA is being tracked, communication is better, federal mediation has been offered, and probation officers have already had three things change for the better in the workplace. Most importantly, prior to the audit there was discussion about cutting overtime or not calling it overtime after July 1. This was a big concern and it's understood that that won't happen on July 1. We're glad that transparency in government is more than a campaign slogan, he said.

[11:15:36 AM](#)

MR. WILSON said that the discussion would focus on the public safety issues of MRSA and staffing. He held up a booklet that was sent to the governor and said it highlights the issues that factored into the 96 percent [no confidence] vote including morale. That won't be discussed, but at least you're aware of it, he said. Referring to section 1 of the legislative hearing book, he said that was delivered to the governor with a request for an investigation.

[11:17:21 AM](#)

MR. WILSON referred to press reports about MRSA being a massive epidemic with over 200 cases in the last two years. "We didn't say that, but the fact that we didn't say that does not mean that we are taking anything away from officers or anybody else who did say it," he said. But according to the definition of "epidemic" and considering recent statements by health officials, it would qualify, he said. It's reasonable to say that in the last several years there have been more than 200 cases of MRSA.

[11:19:03 AM](#)

CHAIR FRENCH noted that Mr. Spengler issued a research report that quotes Brad Wilson, business manager of ACOA, as saying that tracking MRSA incidents among inmates and staff is of paramount importance and that the incidence of MRSA is rampant among prisoners and correctional officers across the state.

MR. WILSON recalled speaking with a gentleman who wanted to talk to people who had information on MRSA. He told him that MRSA was a very serious concern and there were MRSA cases, but he didn't use the word rampant. "I set him up with ... Corrections USA and ... CCPOA."

CHAIR FRENCH said he was just asking if he recalled talking to Mr. Spengler.

MR. WILSON acknowledged that he may have spoken to him. Certainly MRSA is on an extreme increase and should be curtailed using the best policies from around the country, he said. We want to do everything possible to keep it from getting to the inmates and officers. The problem is how to get the information out without giving out confidential information. He highlighted that someone spoke to the press and was disciplined for giving out confidential information. That person was also disciplined for being dishonest because he said he thinks the problem is increasing. "If you don't track it, how do you know he's being dishonest when he says he thinks there's a serious problem?" he questioned. That put fear into the rest of the correction officers, he added.

He said we understand that new policies are being put in place since the hearing and audit were announced.

[11:23:40 AM](#)

MR. WILSON referenced an article about MRSA and related lawsuits contained in the legislative hearing book and commented on the similarities between those cases and how MRSA got started here.

The infections were classified as spider bites and there were tracking issues, all of which resulted in lawsuits. We think MRSA is not only something that is a major concern to our people, it could be a liability situation, he said. One report said that the extra cost of doing extra cleaning actually was a cost saving.

CHAIR FRENCH said he believes the committee will hear that MRSA can be compared to the common cold. Many people carry the infection or germs, but most of the time a cold goes away in a week. Sometimes a cold develops into pneumonia. You and others may want to describe how it's possible to keep track of something that's as common as the common cold and how much money should be spent doing that, he said.

MR. WILSON responded that he thinks that it's important to culture the boil to determine what it is for sure and then the person should be isolated to protect others. "I would argue that MRSA is a serious situation and is something that can be managed more appropriately than was done in Pennsylvania, which cost them lots of money." The article also talks about training and in the last two weeks that has started, he said.

MR. WILSON described the injury relief account and explained that if someone has a workplace injury they are covered under that account. There's \$500,000 in that account, but the state stopped covering people with MRSA, saying it was like the common cold and it wasn't clear where it came from. That was hurtful to workers, he said. Also, workers' compensation is dragging its feet and the reason for that needs to be investigated.

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TODD GODFREY, Correctional Officer, Anvil Mountain, said he was infected with MRSA in December. The doctor said he assumed that it was MRSA because of where he works, but he couldn't confirm that without a swab test. He was given antibiotics and pain medication. By the next day the infection had spread. MRSA was confirmed on his third trip to the hospital and he was told to stay home from work and limit contact with others for 4 to 5 days. He followed the instructions and about 12 to 13 days after his initial trip to the hospital he was okay. It was a painful, disgusting and embarrassing experience. He believes he got the infection at the institution because of the environment and circumstances he works under. Anvil Mountain is the main intake facility for the Nome/Kotzebue region and many of the folks coming in don't have routine access to washers, driers, and showers. When these folks come in, he handles them up close and

personal. That includes pat searches, strip searches, clothing searches, and sometimes he's more hands-on depending on whether they're combative, assaultive, intoxicated, or suicidal. Because of location and weather everyone is confined indoors for 6 to 7 months at a time. Also, the inmate capacity is exceeded much of the time. Added together he thinks it's reasonable to believe that he was infected at the institution.

MR. GODFREY said he filed a workers' compensation claim about six months ago and has yet to get a decision. In the meantime his insurance company has had to pay and he has paid the 20 percent co-pay out of pocket. He missed 5 days of work so he applied for injury leave. That was denied so 60 hours was subtracted from his personal bank of leave.

[11:34:12 AM](#)

MR. GODFREY read several memos from the injury leave public protection group. The first says that Dianne Kiesel and Garland Armstrong made the decision not to approve his injury leave for the MRSA staph infection since it can be contracted anywhere and there was not a clear outbreak in the institution. The second email from the same group denied the injury leave due to a lack of evidence that he contracted MRSA at the institution. That's in spite of the fact that medical staff has said that there has been MRSA in the facility and he has seen and handed out medication to inmates with infections that were similar to his. Also, he's read studies indicating that MRSA can live on surfaces, bedding, and linens for days, weeks, and perhaps months depending on the surface and the temperature. When all the factors are considered, it's reasonable for him to believe that he was infected at the institution. He would like the department to support him and he respectfully asks the commissioner and director to reconsider his case. "There needs to be better communication, a little understanding, a little support on the subject," he said.

He said he likes to think that he works at one of the best facilities in the state. It's known to be well-run and well-maintained, and the inmates work hard to keep it clean.

CHAIR FRENCH asked how many inmates are at Anvil Mountain.

MR. GODFREY replied when he left late yesterday the count was 116. He continued to say that even though the facility is among the best, the safety features are not 100 percent fail proof. He realizes that sometimes things happen and he believes that's what occurred in his case. When something does happen he'd like

the department to acknowledge it and offer support. "I'd like some accountability instead of denial," he said.

11:39:03 AM

REPRESENTATIVE DOLL asked how many of the inmates have medical examinations.

MR. GODFREY explained that it depends on length of stay. Every person that enters the prison population is cleared by medical, he said.

REPRESENTATIVE DOLL asked what "cleared by medical" means.

MR. GODFREY replied it means they talk with a nurse.

REPRESENTATIVE DOLL asked if there's an actual examination.

MR. GODFREY said for the most part it's questions, but if the inmate says there's something wrong then they're examined.

REPRESENTATIVE DOLL said she interprets that to mean there isn't otherwise an exam.

MR. GODFREY deferred to the department to discuss inmate medical examinations.

CHAIR FRENCH, in response to a request by Senator Therriault, said the memos that were referenced would be distributed to the committee members.

11:40:24 AM

DENNIS HANSON, Corrections Officer, Spring Creek, stated that he is the officer who was suspended for talking to the press. A copy of his suspension letter is in the legislative hearing book. He relayed that he contracted MRSA in July 2006 while he was working at Spring Creek and the Department of Corrections accepted responsibility. He noted that the particulars of his case are located under tab 12 in the binder. He understands the department now is saying he was suspended for being dishonest or lying, but the case file provided says he was suspended for talking to the press without permission. It also says that he provided incorrect information, but what he relayed to the reporter from Channel 11 was his personal experience with MRSA and his own opinions about what should be done to inmates who are contagious. He clearly stated that the opinions were his own. What is important to him is that it says he was suspended for talking to the press and he would challenge the

administration to hold itself to the standards it sets. He noted that the third paragraph of the report says that his actions indicate disrespect for the department and for management. But he would say that he has high respect for the more than 700 officers who work in the DOC. He's worked for the DOC for more than 25 years and believes that respect is earned, and in his opinion, the current management team has not earned any respect. "When you lack integrity and you lack honesty in dealing with problems, that doesn't earn you kudos and respect from your staff," he said.

MR. HANSON explained that a simple nose swab identifies carriers of MRSA, and most hospitals do that test on intake. He relayed that he is a carrier of MRSA because he's allergic to the drugs that kill MRSA.

CHAIR FRENCH asked how he keeps it from again becoming a problem.

MR. HANSON described his experience with MRSA and his reaction to the sulfa drug he was given to treat the infection. He added that his wife, who works at Spring Creek, also contracted MRSA.

[11:44:38 AM](#)

CHAIR FRENCH said the hearing is also about overcrowding and staffing levels. He noted that legislators today saw examples of three prisoners in a cell and a single corrections officer handling 90 inmates for meals, and asked what the situation is at Spring Creek.

MR. HANSON said he would prefer not to speak to that, but he would say that it is over the maximum inmate capacity and is habitually understaffed. He's been at Spring Creek for 6 years.

SENATOR WIELECHOWSKI asked if he's seen other cases of inmates with MRSA.

MR. HANSON answered yes. In fact, when he was suspended for supposedly giving wrong information to the press on MRSA, the bulletin board inside the Spring Creek entrance had a poster about MRSA. He explained that until recently if an infection was treated at the institution clinic and it went away, it wasn't diagnosed as MRSA. It was only if the person had to go to an outside clinic or hospital for treatment that the infection was diagnosed as MRSA. Just lately a tracking system within the institution has been started.

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SENATOR WIELECHOWSKI asked for an estimate of the number of MRSA cases at Spring Creek in the last year.

MR. HANSON replied more than 10 and some inmates have been infected twice. "When I got spanked for talking to the press, I actually had inmates thank me when I came back to work," he added.

SENATOR THERRIAULT referred to the memo of reprimands and noted Mr. Hanson's statement that he didn't follow the chain of command before going to the press.

MR. HANSON responded that the department maintains that for a corrections officer to exercise his or her First Amendment right, he must first ask permission through the chain of command. But case law in the Lower-48 indicates that public employees can take matters of public concern to the press without asking permission. I simply brought forward my personal experience with MRSA and my opinion about how MRSA should be handled, based on research and the federal bureau of prisons handbook.

SENATOR THERRIAULT asked if he attempted to use the chain of command.

MR. HANSON explained that when he returned to work after his MRSA infection was clear, he gave a Spring Creek administrator a copy of the federal bureau of prisons guide for handling MRSA outbreaks. In that general timeframe he was asked if he would be willing to talk about MRSA and he said yes.

REPRESENTATIVE DOLL asked if an inmate must be clear of MRSA before being released into the community.

[11:50:12 AM](#)

MR. HANSON replied he knows of no legal basis for holding an inmate because of illness once they have served their sentence. MRSA is much more prevalent inside institutions than outside and containment is the issue. An inmate or officer should be isolated when they are contagious. "That's the easiest way of dealing with it," he said.

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DON MACOMBER, laid off Corrections officer III, Spring Creek, Department of Corrections, read a statement into the record. He said that being laid off apparently makes him an anomaly as the

first corrections officer to be laid off in the last decade or so. He explained that in January 2005 he contracted a bacterial infection with cellulites and a red swollen rash on his face a few days after processing a prisoner who had a staph infection. He was treated with antibiotics at the Seward Providence emergency room. In contrast, prisoners with infections and other diseases are currently treated by medical personnel and housed in the general prison population. Corrections officers receive no information from the prison administration about which prisoners have infectious diseases. "The administration's solution to prison infections is to wash the prisoners' showers and general population areas three times a day with disinfectants," he said.

MR. MACOMBER said that officer morale is low at this time because of the issue with infectious diseases, staffing issues, lack of communication, and no viable solutions with this administration. "I am here before you in the hope of being a voice and an instrument in changing these deficiencies," he said.

REPRESENTATIVE DOLL asked what it means to be in lay off status.

MR. MACOMBER explained that he is currently in lay off status as a corrections officer III for up to 2 year.

REPRESENTATIVE DOLL asked if he requested that status.

MR. MACOMBER replied he was given a choice of taking a demotion and pay decrease or being laid off.

CHAIR FRENCH asked what prompted that.

MR. MACOMBER explained that two sergeants were terminated 12 or 18 months before he promoted and they went through arbitration to get their jobs back.

CHAIR FRENCH recapped that he was promoted into a job that was later filled by someone returning to service and he was given the opportunity to take a demotion and he didn't want that.

MR. MACOMBER reiterated that his choices were demotion with a decrease in pay status or lay off.

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MR. WILSON guaranteed that although MRSA is taking center stage, 95 percent of the officers present are here because of staffing

issues. The DOC says that staffing is good and correction officers aren't being as truthful as they ought to be. "We obviously argue that staffing is down," he said. We'd like to discuss position control numbers (PCNs), ratios, officers, and shift minimums. The use of PCNs doesn't give an accurate idea of number of officers relative to the number of inmates. PCNs are what the Legislature funds. Some 797 PCNs were funded over the last 2 to 3 years, but the commissioner said that in 2006 there was an average of 707 officers. Although there's talk that correction officers are interfering with programs to help inmates reenter society, that's false. We don't know where that's coming from, but it might stem from the fact that correction officers asked the Legislature not to allow corrections positions to be used to fund programs. "That is the only thing that we can think of that we could have done that interferes with programs," he said.

The second issue is officer numbers. Using data provided by DOC, he showed two staffing graphs. As previously stated, the number of officers increased by 34 in 2007. In January 2007 there were 733 officers - Marc Antrim brought the numbers up and that was appreciated - but that is not the number of people on the floor. During the year the inmate population increased from 3,385 to 3,718. When the additional 34 officers are spread over all the institutions and each institution has four shifts, that amounts to an increase of 1.6 officers per shift. What you should look at is shift minimums - the number of people on the floor to take care of inmates. For example, in November 2006 the roster for the night shift for the Anchorage Jail shows 20 officers. The minimum is 19; one officer was in training. The new administration "lopped the minimums." On 5/22/08 the minimum at the same location for the same shift was 16 officers. That's 3 fewer officers to handle many more inmates. It's the minimums that matter so when you talk to the department, always ask if the minimums are the same, he said.

[12:05:33 PM](#)

Senator Huggins joined the hearing.

MR. WILSON said even when you bring in the 43 new officers that is only 1.4 officers per shift per facility statewide, which leaves you with 3 fewer officers for a lot more inmates. He clarified he is only using data from the 13 institutions.

MR. WILSON turned to a graph of inmate to officer ratios at the Anchorage Jail East and the Anchorage Jail West. He said that they like to use ratios, but they figure all the officers that

work for the department in the calculation. The problem with that is that only one fourth of the officers are working at any one time. A fair ratio would divide the number of inmates in the institution by the number of officers that are working a particular shift. For example, 472 inmates divided by 19 officers yields a ratio of 24.8 inmates per officer.

CHAIR FRENCH clarified that he is dividing the number of inmates by the number of officers. Mr. Wilson agreed.

12:08:03 PM

MR. WILSON showed a chart of the history of inmate populations in Alaska. According to Cleary, there were 3,099 inmates in Alaska institutions at one particular time. Comparing populations in August 1997 and December 2006, there has been an increase of 286 inmates. That's an average increase of 31.77 inmates for each of the 9 years.

CHAIR FRENCH asked if more beds were added during that 9 year period.

MR. WILSON said the Sixth Avenue Jail was closed and Anchorage Jail East was opened in 2002. In December 2006, when this administration came in, there were 3,385 inmates and by December 2007 the inmate population increased by 333. "It has increased more in one year, than in the previous 9 years combined," he said. During that same time the officer minimums were dropping.

MR. WILSON acknowledged that the administration will take issue with the minimums.

SENATOR WIELECHOWSKI asked if the correction officers had tried to talk to the administration about MRSA and staffing issues.

MR. WILSON replied, "We had a very close working relationship ... and then about August last year communication ended." After some period they were told to communicate with the commissioner through Ms. Kiesel. When communication with the commissioner ended, they continued to send letters.

SENATOR WIELECHOWSKI asked him to clarify the meaning of "communication ended."

MR. WILSON explained that ACOA sent a letter talking about issues from the board. It was straightforward and that soured the relationship. After some time he was told that union calls were no longer being taken. As the problems got worse, we did

everything we could to continue to communicate, he said. We met with Randy Ruaro, sent a letter to the Governor, and asked to meet with Deputy Chief of Staff Nizich. We asked for an independent person to look at and evaluate the situation. But they've been adamant that there is nothing wrong, he said.

[12:13:44 PM](#)

REPRESENTATIVE DOLL asked for confirmation that he's saying that in the last 10 years the number of officers has increased by 2 while the number of prisoners has increased by 333 in just the last year.

MR. WILSON responded that those are the figures ACOA has. He then said that his last talking point relates to money. There's been a lot of discussion that bringing prisoners back from Arizona would save \$50 per inmate per day as long as there is no additional construction or additional officers. For 300 prisoners that would amount to a savings of \$15,000 per day or \$5.4 million a year. "There is money in the budget to do what we have to do and the very least we have to do is bring those minimums back up to what they were in December 2006," he said. That doesn't solve all the problems, but it's a good start. That's in addition to the 30 PCNs that were moved for use as overtime. "So you still have that overtime budget in the budget plus you have this additional savings of \$5.4 million."

[12:15:49 PM](#)

CHAIR FRENCH announced a lunch break. The commissioner's presentation would begin at 1:15 pm.

[1:18:56 PM](#)

CHAIR FRENCH reconvened the meeting and asked the commissioner to put himself on the record.

[1:19:27 PM](#)

JOE SCHMIDT, Commissioner, Department of Corrections (DOC), stated that he would first talk about MRSA. "We've heard publicly hundreds of cases rampant through the department. A dozen officers bringing it home to their families. This is worthy of ... all of your attention. I was encouraged to hear Mr. Wilson earlier say he didn't really say that, but that's what we all came to react to."

COMMISSIONER SCHMIDT said that he would discuss when DOC first became aware of the MRSA issue and what was done; he would answer questions from a management perspective. With respect to communication issues, he said that Ms. Kiesel has been with him

all along to deal with communication with ACOA. She would clarify the communication Mr. Wilson referred to with the governor's office. Mr. Brandenburg would talk about staffing ratios.

COMMISSIONER SCHMIDT relayed that it was 2006 when the first officer at Spring Creek came down with a MRSA infection. In November 2007 ACOA first expressed concern about staph infections and MRSA. In Dec 2007 the director's office conducted a survey of the facilities and recorded 2 cases of MRSA. One case was from 2006 and one was from December 2007. On January 4 the director's office sent out four documents with MRSA information: infection control, an information poster, manager's information, and protocols on recognizing MRSA and what action to take. In February 2008 DOC released a new policy on medical co-pay that dropped the standard \$4 co-pay if a prisoner thought he or she might have a MRSA infection. "We didn't want to have people trying to save the 4 bucks and not go to medical," he said.

CHAIR FRENCH asked if the fee is waived for other conditions.

COMMISSIONER SCHMIDT replied he hasn't waived the co-pay for anything else, but if the inmate is indigent he or she obviously wouldn't pay and medical care wouldn't be denied. Continuing, he said that a new policy on institutional sanitation was established on April 21. It covers what to do to combat MRSA if domestic hot water is lower than 160 degrees Fahrenheit. He relayed that earlier in the month 14 prisoners and 2 correctional staff had MRSA infections.

[1:22:58 PM](#)

CHAIR FRENCH recognized that Representative Bill Stoltz had joined the hearing.

REPRESENTATIVE COGHILL referred to the survey that was first conducted on staff members with MRSA and asked if there is a corollary for inmates.

COMMISSIONER SCHMIDT replied we know there were 14 earlier this month and the Spring Creek facility has been tracking MRSA for 4 years. "It looks like there were 51 separate individuals over a 4 year period that had MRSA," he added.

REPRESENTATIVE COGHILL asked him to address the maintenance issue since testimony indicates that it's difficult to get water heated to 160 degrees.

COMMISSIONER SCHMIDT replied he did speak with a facilities manager about hot water and although he can't quote an exact temperature, 160 degree water would severely scald someone. "I think 115 [degrees] is the standard for taps and I believe it's a little higher for washing machines," he said.

REPRESENTATIVE COGHILL said the assertion is that tap water isn't hot enough. Acknowledging that there would be other problems if tap water was too hot, he said the expectation is that washing and cleaning is done with hotter water.

COMMISSIONER SCHMIDT answered yes, but he'd have to get back with the exact temperature.

SENATOR WIELECHOWSKI asked the population at Spring Creek.

COMMISSIONER SCHMIDT replied the average population is 525.

SENATOR WIELECHOWSKI asked if that's the only facility where MRSA had been tracked.

COMMISSIONER SCHMIDT said yes. Responding to a second question he said confirmed that 14 cases were found statewide.

SENATOR WIELECHOWSKI asked how MRSA is treated.

COMMISSIONER SCHMIDT deferred to medical personnel and added that he's heard that antibiotics are used, but he doesn't know what kind. When there's resistance other antibiotics are used.

SENATOR WIELECHOWSKI asked if he knows how many people have been treated with that kind of antibiotic.

COMMISSIONER SCHMIDT said he didn't know.

SENATOR WIELECHOWSKI asked if 51 [cases] at one facility is considered a lot or par for the course.

COMMISSIONER SCHMIDT replied, "It's the only snapshot we have so it's hard to answer that." Because we're now tracking it, we will know in 6 to 12 months, he added.

[1:26:52 PM](#)

CHAIR FRENCH recognized that Senator Huggins and Senator McGuire joined the hearing.

CHAIR FRENCH asked if MRSA is now tracked in DOC facilities.

COMMISSIONER SCHMIDT answered yes.

CHAIR FRENCH asked if tracking at Spring Creek was a pilot.

COMMISSIONER SCHMIDT said yes and he doesn't know why it was started in 2004. "There must have been something come up in Seward, at least, and that one worksite started to track." In response to a question, he asked the committee to rely on the epidemiologist to talk about tracking efforts. He then asked Mr. Brandenburg to join him to talk about staffing.

[1:27:32 PM](#)

BRYAN BRANDENBURG, Deputy Director, Division of Institutions, Department of Corrections, introduced himself. He relayed that he's been studying staff and inmate ratios for 6 months. In 2004 a staffing study was done for all DOC facilities. "When we came onboard we reviewed that staffing study ..." In 2007 a revised staffing study was done. The review found that during the prior administration several unfunded overtime posts were added. That created a problem because we didn't have funds to pay for those posts. They were eliminated. He pointed out that in 2006 the average number of correction officers ("COs") on the floor was 703. In 2007 the average number was 736 and so far in 2008 the average is 736. This year we asked the Legislature for additional PCNs [position control numbers] to get more staff.

One of the things that was evident from the prior method of looking at our staffing and our PCN count was that there were - we had 30 ... vacancy-and-turnover positions and 30 premium-pay positions. And so what I discovered and what I've learned since I've been doing this job is that those positions were budgeted, but they weren't funded. So it would appear that we had more PCNs than what we really, actually, had and were available to fill. ...When we went to the Legislature this year we said, 'Please give us these extra PCNs.' ... Do away with this VNT, do away with the premium pay and we'll make the facilities work with this number. And so, you guys did that and we have 786 PCNs as of July 1 to man our facilities.

Starting July 1 there will be 83 more COs in the facilities than there were in 2006, he said.

MR. BRANDENBURG said that when he researched inmate to staff ratios he looked at statistics from the Bureau of Justice for 2002 as well as the American Correctional Association. In 2006 we had 703 staff and 3,514 inmates, which gives a ratio 1 to 4.9. In 2007 there were 736 staff and 3,601 inmates for a staff to inmate ratio of 1 to 4.8. Thus far in 2008 there are 3,701 inmates to 736 staff for a ratio of 1 to 5. The Bureau of Justice statistics indicate the national average is 1 to 6.7 and the Federal Bureau of Prisons shows a ratio of 1 to 9.1. "So we're well below the national average when it comes to inmate to staff ratios," he said.

CHAIR FRENCH asked if legislators and COs could have a copy of his written report.

MR. BRANDENBURG agreed to supply copies.

1:32:53 PM

CHAIR FRENCH recognized that Senator Therriault joined the hearing.

CHAIR FRENCH asked if he agrees with the assertion that the minimums have been reduced. The example from the Anchorage correctional facility was that the minimum had been 19 and now it's 16.

COMMISSIONER SCHMIDT pointed out that those are nightshift numbers and thus are lower because all the prisoners are locked in their rooms. When he was superintendent at the Anchorage complex the day shift minimum was 36. "That means that if we ever fell below 36 we went out hunting for overtime." Today the dayshift minimum is 39.

CHAIR FRENCH asked if he agrees that the minimums have been reduced. APOC says it's down to 16 and you say it's down to 17.

COMMISSIONER SCHMIDT said when he left in 2005 it was 36 and today it's 39. He continued:

It did spike. It went up as high as 42 on days ... for minimums. But those were unfunded positions. Those were overtime positions. So when everyone came to work that still wasn't enough people. With a minimum of 42, every single person could come to work that day, which is rare because there's always somebody off on training or sick leave or something, and every single person could come to work and you're still looking for

overtime. It was a huge overtime deficit. So rather than just chop it out our first year, we knew that had to be addressed because going to the Legislature, we don't want to go and say we need this much resource and then spend 10 or 15 or 20 percent more than that just because we have posts that aren't funded. They're not on any kind of a report and they're not counted on any official legislative type of transaction. So we took a year and the supplemental our first year in was projected to be \$17 million. Much of that was overtime budget. Dwayne can talk later about the budget. That's reduced substantially and we want to continue to reduce it. We don't think overtime should be scheduled just because you don't have enough. You should have posting to cover your job and then overtime is for things that you don't see coming - sick leave, training, academies, things like that. ... We shouldn't have everybody come to work and still be short. So while the unfunded overtime posts have been eliminated, we have added staff and added posts as they've come up. And it should be noted that the first year we didn't ask for more CO positions, we just filled all that we had. We had 737 and the year end average for '06 was 736, which was a bit of a tactic. We go to the Legislature this year and said, look we can in fact fill all of our positions - train and retain these folks. We need to stop the business of not funding 30 or 40 of our positions. We need funding for them because we can fill them. The Legislature agreed with us and gave us that funding. So while no PCNs were created, funding was added to the PCNs that we already had. And that's the way we're going about it.

[1:36:06 PM](#)

SENATOR WIELECHOWSKI referred to the statistics that were provided and acknowledged that 1 to 4 or 5 is lower than the national average. But, he said, it seems that a better statistic is the number of officers on the floor with the prisoners. At the Anchorage Correctional Complex West there was one model that had 94 prisoners to 1 corrections officer. "Isn't that a more appropriate way of looking at the numbers?" he asked.

MR. BRANDENBURG responded there are also units with 36 prisoners and 1 officer. The numbers he provided are based on national organizations that do this for a living. "They went out and polled all the facilities across the United States and

determined, using that ratio or that method, to determine their ratios of staff to inmates."

1:37:43 PM

SENATOR McGUIRE asked if the department spends time thinking about the appropriate staff to prisoner ratio and what makes a good work environment and safe place to house prisoners.

COMMISSIONER SCHMIDT replied he could use his work experience as a corrections officer for 14 years but it's more appropriate to use national averages to come up with the plan. With respect to whether the system is safe, he said they've been keeping special incident reports since January 2007. System wide there have been 19 special incident reports on staff assaults. Getting hit is never okay, but he can't say that more staff would stop it. I think we would all agree that it would help, he said, and if you were to conclude that we need more staff we would probably agree and move forward to justify the increase. "Right now we have national averages and we have the safety rating as it is.

MR. BRANDENBURG relayed that to add a 24 post, which is 4.8 officers, it would cost an additional \$500,000.

CHAIR FRENCH referred to the tabbed binder and said it's important to keep in mind the information from the Washington State Institute for Public Policy that discusses evidence-based adult corrections programs - what works and what doesn't. Maybe we do have enough COs, but we saw three people in a tiny cell, prisoners sleeping on the floor and prisoners housed in what once was a gym. He asked what will happen to alleviate that problem.

CHAIR FRENCH recognized that Representative Ramras had joined the hearing.

COMMISSIONER SCHMIDT highlighted reentry programs, recidivism course studies, and funding to study programs that will be implemented. All that helps, but it isn't the magic cure, he said. Phase 1 and 2 expansions will help. He continued:

We've taken previously approved capital monies or operational monies from FY08 and we're building 60 beds out at Palmer. And the primary reason for those is we're going to run a bus back and forth several times a week if not more to relieve some of the Anchorage burden. Anchorage is a tricky one. If you

want to see crowding, you gotta go to Anchorage because those folks are all going to court. Daily, weekly, monthly - they're there for a reason. The deputy director and in some cases the commissioner calls the classification folks every single day and asks who is there who doesn't need to be there. Could they be in a halfway house, could they be in another facility, is their court date a couple months away so they could go to Seward or Arizona or anywhere. Because that's the one we know gets crowded and it's the one we have the hardest time making un-crowded. This piece at Palmer will give us some relief - the cure to that, of course, is more hard beds in Anchorage. And as long as we're processing people through court at the numbers that we are, that's just what's going to have to happen.

Phase 1 also talks about Fairbanks 38 beds and 60 beds down at Kenai. Phase 2 is implementation of Senate Bill 65. And that's going to put about 1,700 on line - 1,530 out at Point MacKenzie at a new facility. Occupancy we expect February of 2012. Hopefully we'll start late 2011 with some occupancy, but that's the timeframe that we have.

CHAIR FRENCH confirmed that the 1,500 bed facility will be in MatSu and asked if he agrees that last year the prison population grew by about 300.

COMMISSIONER SCHMIDT replied we're using 250.

CHAIR FRENCH asked if he roughly agrees that the increase over the previous 10 years was about 250 [per year].

COMMISSIONER SCHMIDT said no. In January 2007 we looked back 5 years and took an average. The increase per year was 137.

CHAIR FRENCH asked how he explains the numbers ACOA is using.

MR. BRANDENBURG explained, "Our numbers came from central classification that tracks our daily counts in all our facilities. And so they gave us a yearly average based on those counts from each of the facilities around the state."

CHAIR FRENCH asked if it's possible to look at the numbers and be confused because there's a huge disparity.

COMMISSIONER SCHMIDT explained:

What happened is we're 137 and it was a 5-year average. Well we had our first full year in and in January '08 we were 250. And when we looked back to take another 5-year average ... there was a big spike right at the end. The last couple of years were up more. I don't know exactly what they were, but it was more than 137. That made the average come up to 137.

CHAIR FRENCH continued to question the disparity between the two averages.

[1:45:25 PM](#)

MR. BRANDENBURG explained that, "In '05 we were 3,341 and this year so far we've been at 3,701 so whatever that amount is is the average increase in our census from '05 to this month."

CHAIR FRENCH asked if there would still be inmates in Arizona when the new 1,500 bed facility opens 4 years from now if the prison population is increasing by 150-200 inmates per year.

COMMISSIONER SCHMIDT said yes. We were using 137 when we talked about a 1,200 bed facility and when we started to realize it was 250 or more, we increased the estimate to 1,530 beds. Even bumping it up we're looking at about 150 inmates being out of state unless another unit is built. The reason they didn't start over and come up with a way to build more beds is because there are 165 prisoners in the system with release dates that are more than 40 years from now. We haven't given up on those prisoners but the one's that will never reintegrate would be the first to go out of state. "They are our responsibility and they should be here, but we can only afford to go so much and so fast."

[1:46:46 PM](#)

SENATOR McGUIRE pointed out that inmate safety is also a concern. When she visited the Fairbanks facility she noted that an inmate who was serving a DUI sentence could bunk next to a documented serial murderer. She said she could feel the tension and she was afraid. We tend to define problems the same way forever, she said. We're looking at national averages rather than going up to 35,000 feet and asking what ratio will provide the best safety and morale. She said she also could feel tension among the officers. That's an unhealthy work environment that has to affect recruitment and retention, she said.

[1:48:47 PM](#)

MR. BRANDENBURG explained that currently there is no initial classification system so all incoming prisoners are treated in close custody. "So someone that has their first DUI is like a minimum custody person so that they are not housed with someone who is ... a more serious felony." This administration is looking at improving the system so that it's possible to classify new prisoners within the first 24 hours. A pilot study is in progress.

[1:49:54 PM](#)

CHAIR FRENCH asked who makes the classification decisions because it's always struck him that you can win or lose the game right there.

COMMISSIONER SCHMIDT replied it's the probation officers at each facility. He continued to say:

The system that we use now is a historical static sort of system so they look at a lot of different data that really doesn't change for a person. The system that we're looking at is more dynamic so that it gives an individual an opportunity to change their custody classification so that they can move within the system, which will fit into what we're trying to do with our programs and our rehabilitation program.

REPRESENTATIVE DOLL said she imagines that overtime is mandatory so fatigue becomes a factor. "It appears as if we're spending probably much more money on overtime than we actually would if we hired more."

COMMISSIONER SCHMIDT agreed and added that they're working to fund every post with at least 4.8 PCNs so there won't be as much need for overtime. Then we can cover most things that come up when there's absenteeism, he said.

REPRESENTATIVE DOLL asked what the budget request for that would be for next year.

COMMISSIONER SCHMIDT replied it's too early to say.

REPRESENTATIVE DOLL said she looks forward to seeing that.

[1:52:05 PM](#)

MR. BRANDENBURG said that another thing about using the national standard is that it's based on states that are also part of the unified system, jails and prisons combined. "We're well within

those ratios for those facilities," he said. Some places around the country have ratios of 1 to 12 and 1 to 21 so we're lucky to be where we are.

COMMISSIONER SCHMIDT referred to Senator McGuire's question about the right ratios and said it's really not that easy to answer. What do you do when you step away from national averages? DOC is asking for a substantial amount of money and you don't base that on feelings. One thing the union and management can work on together is talking about how it would improve morale to increase ratios, and if it makes sense we'll present the case for more staff to the Legislature. We've never asked for less staff, but we aren't willing to throw these posts out there that have no positions and no funding. That isn't responsible. We want to make sure our money is spent correctly. "Everything we do is funded, every bed is counted." Currently we're at 101 percent, but if we were to move 500 people to Arizona tomorrow they would not come out of the Anchorage complex. What would happen is that the budget down there would increase by about \$15 million and we'd have 500 empty beds in the system up here. I don't believe the public would be okay with that, he said. Our premise has been that we need to be at 100 percent before we spend money in Arizona. This year we're spending \$25 million down there to handle overflow, but it's not overflow if we have empty beds up here.

COMMISSIONER SCHMIDT continued to say:

The bunks and gym were added in 2005 and 2006. "All I did was count them. If there's prisoners sleeping in them and we're using them, I put them on the count sheet. That was quite a stir. The ads that the union was running on TV were talking about your emergency cap and all that. That's what they were talking about is counting all those bunks. I said before and I'll say again on record, I'd rather have the gyms back frankly. Let the prisoners go in there particularly in Fairbanks where it's 60 below and burn off some steam. They're easier to manage. However, would the public stand for that? Should we shift those 80 or 90 or 100 prisoners to Arizona to open the gym back up?"

[1:55:40 PM](#)

SENATOR WIELECHOWSKI recapped that according to the charts that were displayed this morning there were 3,099 inmates at about the time the Cleary decision was issued in August 1997. In December 2006 there were 3,385 inmates and in December 2007

there were 3,718 inmates. In August 1997 there were 731 correction officers and in December 2007 there were 733 correction officers. He asked if he agrees that between 1997 and 2007 there was an increase of about 600 inmates and 2 correction officers.

CHAIR FRENCH clarified that Senator Wielechowski was reading from data under tab 5 of the document labeled "Legislative Hearing May 27, 2008."

MR. BRANDENBURG said the administration used data from 2005 when the average CO count was 697. In 2006 the average was 703 and in 2007 it was 736. That's based on average numbers out of the personnel department in Juneau. In each of those years the numbers went over and under. So far in 2008 the number of COs employed is 736. "The same is true for the counts. Those are from January to January for that year. It's an average census," he said.

SENATOR WIELECHOWSKI asked if he agrees that there's been an increase of about 600 inmates since 1997.

COMMISSIONER SCHMIDT replied we don't know if the numbers quoted from 1997 are the average number of officers working or PCNs. If it's PCNs that weren't filled, it doesn't matter. Just as Mr. Wilson said, what the union and management do agree on is that the PCN count gets confusing. There can be lots of PCNs but unless they're funded, available, and filled you don't know. We're running with what's on the floor, he said.

[1:58:33 PM](#)

SENATOR MCGUIRE asked what efforts he's made to communicate with the union and why he thinks the Judiciary Committee had to get involved with what feels like a family fight.

COMMISSIONER SCHMIDT relayed that the union met with the governor's office in February to discuss a number of issues. Randy Ruaro reported back that after a number of issues were addressed the union president and business manager leaned across the table and said that they didn't want to talk. They wanted this commissioner gone. That's similar to what I was told during a discipline process back the previous summer, he said. At that time I was told that the union arsenal has the grievance and the nuclear media bomb. Using the latter isn't negotiating, it's not even communicating, he said. When the union went to the governor's office and did basically the same thing, we wrote a letter saying we'd be happy to meet. The union response was that

it was done with this commissioner and would only meet with the deputy chief of staff. He continued to say:

Brad just within the last couple of days backed out of a mediation we had scheduled for tentatively last week to talk about a ULP that they filed against the state. We're seeing more of a disconnect and what we'd like to see is more of a connect. And if it's a labor management committee, that's fine. If it's a mediated resolution type meeting with a federal mediator, that's fine. It doesn't matter, but many of the issues that I saw, not knowing what was all going to be here today, many of the issues that we saw this morning - some communication would help or fix probably all of them. We're not going to agree on certain things. ... However, if we're talking about it that's the way to go. We've had an open invitation, but their refusal has not come from our side. And it won't come from our side. I've said we'll come to these meetings as often as we need to. We'll be honest with our facts and we're not going to be at odds with any lawmakers over this. When the union comes to the table and starts discussing matters, we're happy to do so. That's all we've needed.

2:01:48 PM

DIANNE KIESEL, Deputy Director, Division of Personnel & Labor Relations, Department of Administration, stated that in September 2007 when issues came up between the commissioner's officer and ACOA, she was asked to be the liaison. That isn't unusual because unions don't typically walk into a commissioner's office to make a deal. That's particularly true if there's an issue related to labor relations or a contract. Generally it goes through the admin process - at least the labor relations section.

On Friday she was asked to be the liaison and the following week she sent a message to Mr. Wilson at ACOA informing him that she would be the liaison and that the lines of communication were open. That generated a number of emails back and forth. Although the union wasn't happy, she was in fact the contact until early February or March when the union went to the governor's office. The commissioner explained what happened with that process, she said.

CHAIR FRENCH asked if she participated in the meetings at the governor's office.

MS. KIESEL replied she was informed of the meetings after they took place. She was asked if she would facilitate a meeting with ACOA and the commissioner's office and she agreed to do so. After the media issue she suggested that perhaps federal mediation was a better avenue. Federal mediation was set up for the end of May but it was postponed when this meeting came up. Hopefully it will occur sometime in June.

CHAIR FRENCH asked what topics the mediation would cover.

MS. KIESEL replied her recommendation would be for each party to list the topics because there seems to be some confusion.

CHAIR FRENCH asked what topics she would list.

MS. KIESEL said staffing needs some work and it needs to be clear to the union that the commissioner isn't always the one who administers all the decisions that are handed down. He has the final determination but administration often weighs in on disciplinary issues and statewide issues. One issue mentioned today involved denying an injury leave request from Mr. Godfrey. She and Mr. Peeples met with the workers' compensation folks and the decision was not to approve an injury leave because it wasn't determined that the injury was work related. That decision was laid on the commissioner's doorstep when it was a decision made outside that realm. There are other issues that are laid at his doorstep that shouldn't be as well. "So I think there needs to be some communication with the union to let them know why those issues are truly happening. It's generally because there's a statewide impact or something within the contract that prohibits us from doing some of those things," she said.

[2:05:23 PM](#)

CHAIR FRENCH said the Legislature this year passed a law giving firefighters a presumption if they acquire certain illnesses during the course of their employment as a firefighter. Because it's difficult to pin down where you get certain diseases, you just assume that because they respond to fires on a regular basis that an inhalation disease probably came from a fire. He suggested thinking about something like that in the way of MRSA infection claims for correction officers. "It sort of stands to reason if you're going to a facility every day where there are hundreds of less than perfectly sanitized individuals, you're probably going to pick it up at work." He suggested she think it over.

MS. KIESEL responded that DOC isn't the only department dealing with public contact and the MRSA issue. I don't know where you'd draw the line, she said.

2:06:56 PM

CHAIR FRENCH recognized that Senator Davis had joined the hearing.

COMMISSIONER SCHMIDT said that if the Legislature is considering a bill like the firefighters, he'd like to talk first. They don't have to come into my office every time because there are people who can advise me on these things, but it'd be nice once in awhile, he said. The union would find is that if they were talking things would move ahead.

REPRESENTATIVE RAMRAS noted that a fire alarm went off when he was touring the Fairbanks facility and he was amazed that nobody moved. It struck me that there were two groups that were incarcerated at that moment - the inmates and the correction officers. Echoing some of the remarks of Senator McGuire, he said he's seen astronomical growth in the budget during his tenure in the Legislature and he questions whether there has been a commensurate growth in the DOC budget. It didn't strike him that way. Also, the building is old and doesn't seem safe. 100 prisoners sleep on the floor of the gymnasium that's never in the dark because of the row of high sodium lights. "I was overall very impressed with the performance of the correctional officers in maintaining order but ... I was not very impressed with the amount of resources they had to do their task," he said.

COMMISSIONER SCHMIDT responded that he'd like Deputy Commissioner Peeples to talk about the budget growth over the last several years. He can say that SB 65 was the vehicle for a statewide expansion and Fairbanks was supposed to get an additional 80 beds. After looking at the numbers it was clear that wasn't enough. "Fairbanks is one we could probably use 400 or 450 beds." It's a hub for many of the northern communities. The building is old and there are issues but the expansion only allowed 80 beds and there were also issues with the borough as far as putting up the bonds and supporting the project. We all believe that Fairbanks will need a new facility. How big it will be will be dictated by growth and what's being done elsewhere in the state.

CHAIR FRENCH asked Mr. Peeples to tell the committee the size of the corrections budget 4 years ago, its size now, and the percentage increase that represents.

2:13:20 PM

DWAYNE PEEPLES, Deputy Commissioner, Department of Corrections, said he doesn't have all the numbers in his head, but from FY08 to FY09 the budget went from \$227 million to \$244 million. He'd have to go back and pull numbers to do an historical comparative analysis by department. Representative Ramras is correct, the buildings are old and some may be getting to the end of their life, he said. He has a list of capital budget repair, maintenance, and equipment items that would quickly add up to \$1 billion. There are current construction needs out into the next 10 years. The average projected growth over the next 10 years would be 250 beds per year. A recent piece of legislation made third-time misdemeanor assaults a felony so within 5 years there will be an additional 600 people to adjudicate. About 450 of those will be convicted and about 80 percent will be held in Nome, Bethel, and Fairbanks. They'll be short termers so there will be need to increase jail beds in those areas, he said. "I have not calculated it out but I think you'll be needing 400 to 500 beds in a half a decade in those facilities."

MR. PEEPLES said the growth projections were made to the House Finance subcommittee and those numbers can be revised, based on some recent legislation, and supplied to the committee.

2:15:59 PM

REPRESENTATIVE COGHILL asked if there's any consideration of separating the Fairbanks pretrial facility from housing.

MR. PEEPLES replied under SB 65 there was a preliminary plan for building in Fairbanks, but it's not feasible right now. The plan was for an 80-bed unit and you could do some separation with that, but most of that population is pre-sentenced. To return mid or long-term sentences to Fairbank is a little over the horizon. He reminded members that the Fairbanks facility area draws from the entire north end of the state. In the long run you'll need to do something with the jail, he said. It's possible to juggle for awhile, but it's expensive to operate. It has steam heat and long term problems that the 80 additional beds wouldn't address.

REPRESENTATIVE COGHILL said he's reminded that the pretrial situation is difficult partly because the fourth judicial district reaches into the Kuskokwim area in Southwest Alaska.

There's a huge amount of traffic rotating through the court and that facility. Often people have to go to Spring Creek, Nome, Juneau, or Anchorage to make room for that ever-shifting population in Fairbanks. The building simply gets overused.

CHAIR FRENCH recalled that a criticism he's heard about SB 65 is that a large facility was envisioned and it's ever-shrinking. He asked why that's happening and if 1,500 beds is the bottom line.

COMMISSIONER SCHMIDT explained a couple of significant problems. SB 65 was passed in 2004 and sat dormant until June 2006. During those years the Anchorage CPI ran about 3 percent a year and construction inflation ran between 7 and 9 percent per year. The bill provided \$330 million to build a prison and the mega prison that was designed as of December 2006 was estimated to cost \$405 million. "So we were almost \$80 million over budget before we ever started," he said. A more significant problem was that the attached fiscal note called for staffing for a 1,200 bed facility. Anything more would come from departmental efficiencies. We decided we weren't going to move ahead on a project that was \$80 million over budget and had a fiscal note that provided staff for 1,200 beds and 2,250 actual beds. "I have no idea how anybody was planning on doing that," he said. We cut the beds to 1,200 and spread it back out into other communities such as Seward and Bethel. And we talked to Fairbanks because the original intent of the bill was a regional expansion. The outlying communities supported it and the MatSu Borough agreed to the reduction because nobody was very excited about mega. They just wanted the business out there. We knew if we tried to go ahead with a big project and then several years later came and asked for staffing for 2,400 you'd rightfully say that the bill was passed with the understanding that you'd find efficiencies in the department for the extra 1,000 beds. "I wasn't willing or able to do that." We believe that we can comfortably staff a 1,530 bed facility.

2:21:00 PM

COMMISSIONER SCHMIDT said he hopes this results in better communication. He agrees with Senator McGuire's remark that it's an in-house fight. A lot of this doesn't need to be at this level. "We'd be happy to sit down and work a lot of this stuff out but we can't do it with threats and we can't get bullied. We have to do it fair and we have to talk to each other and mean what we say," he said.

SENATOR THERRIAULT commented that this discussion points out a problem in the Legislature as well. SB 65 passed in an era when

budgets were projected to be tight going forward so there were restrictions put on the costs. The comparison was what it would cost to build and house people in Alaska versus the cost of continuing to ship them out of state. Corrections generally doesn't get a lot of attention, but it's a constitutionally obligated governmental responsibility. The capital budget this year was staggeringly large but there was nothing in the budget this year that addresses the needs you mentioned 4, 5 and 6 years out. And there's nothing on the drawing board. Legislators need to refocus their attention on what the constitution mandates and pass that information on to their constituents. It's not necessarily what we'd like to do, but it's what we're obligated to do, he said.

[2:23:51 PM](#)

REPRESENTATIVE STOLTZE asked if he had an opportunity to aggressively lobby for the \$7 million for utility lines that the Governor vetoed from the capital budget. That budget cut was very befuddling, he said. "Did you have an arm wrestling contest with Karen Rehfeld and lose?"

COMMISSIONER SCHMIDT replied the project was viable before that. He recalled that the borough lobbied to have that put in the budget. We certainly wouldn't stand in the way, but it didn't fit into the plan, he said.

REPRESENTATIVE STOLTZE said he had the House companion bill and he's happy to be past that ugly time in legislative history.

[2:25:08 PM](#)

REPRESENTATIVE RAMRAS said he wasn't familiar with the \$7 million that was vetoed, but he does know that twice he put \$10,000 in the budget for a climbing wall at the 40-plus year old Fairbanks Youth Facility and it was cut both times. The ideology behind it was to do something to rescue young people in the facility and bring something fresh into an antiquated facility. He doesn't think there is support coming from the current administration and he's frankly not impressed when he has a commissioner come before him and speak so disparagingly of the people he is supposed to supervise. In the private sector he himself supervises 300 people and he would never use the words "bullying or threatening" in a public setting. It's inappropriate language and hurtful to morale to use that sort of vernacular. "I would suggest Commissioner that you work on the language that you should use in the future to work together with a group where there are obvious differences in intensions and frictions and not enough resources to go around." That sort of

language is incendiary and counterproductive and it's probably part of the reason we're sitting here today. "I would vigorously encourage you to find more constructive language to use in articulating the relationship between you and this very impressive body of correctional officers," he said.

2:30:20 PM

COMMISSIONER SCHMIDT responded, "I felt bullied and that's what I said, but I hear you. And if it at all will cause further delays in our communication, then it's not productive. What I'm about is getting back to a table. ... The key to this is effective, polite, professional communication"

CHAIR FRENCH thanked the commissioner and said the next presentation is from the state epidemiologist.

2:31:28 PM

DOCTOR JOE MCLAUGHLIN, Acting Chief, Section of Epidemiology, Division of Public Health, Department of Health and Social Services, introduced himself and delivered a PowerPoint presentation on Methicillin-resistant Staphylococcus aureus (MRSA). He said he would start with the epidemiology of MRSA beginning with the background. He would go into how to diagnose and treat MRSA infections as well as some precautionary measures. Next he would discuss MRSA in prisons.

Staphylococcus aureus is a bacterium that is commonly carried on the skin or the nose of healthy people. It is the common cause of minor skin infections. The typical presentation is pimples or boils. Oftentimes it can be treated without antibiotics, but it can also cause serious infections such as surgical wound infections, bloodstream infections and pneumonia.

MRSA stands for Methicillin-resistant Staphylococcus aureus, which means it's resistant to the certain antibiotics. Those are beta-lactam antibiotics, which include methicillin, oxacillin, penicillin, and amoxicillin.

CHAIR FRENCH asked when the medical community first noticed there were staph strains that couldn't be treated by the beta-lactam antibiotics.

DR. MCLAUGHLIN replied that started in the '70s; a subsequent slide would address that.

DR. MCLAUGHLIN continued to explain that about 25 percent to 30 percent of the general population in the United States is

colonized with Staphylococcus aureus. Colonization is typically in the nares, axilla, and groin and those people are considered to be carriers.

MRSA is the form of Staphylococcus aureus that's resistant to antibiotics. In 2001 and 2002 about .8 percent of the general population was colonized with MRSA. Two years later 1.5 percent of the population was colonized so it's increasing in this country. Staphylococcus aureus colonization is a risk factor for infection. About 80 percent of infections are endogenous. That means that of those people who are infected with Staphylococcus aureus, about 80 percent are carriers.

[2:35:49 PM](#)

DR. MCLAUGHLIN highlighted some of the consequences of MRSA colonization: it leads to increased risk of infection; hospital stays last about 10 days longer; there's a 2.5 fold higher mortality; and health care costs are increased.

There are two main types of MRSA infections: healthcare associated and community associated. In a healthcare setting the immunocompromised patients are at highest risk for MRSA infection. The most common manifestation includes wound infections, urinary tract infections, bloodstream infections, and pneumonia. The proportion of staph aureus infections that were MRSA positive in intensive care units in the U.S. went from around 2 percent in 1974 to 64 percent in 2004.

Community acquired MRSA occurs in otherwise healthy people who haven't been hospitalized nor had a medical procedure in the last year. Approximately 12 percent of MRSA infections are community acquired. The remainder is acquired in a hospital setting.

CHAIR FRENCH said when a corrections officer gets MRSA it is community associated.

DR. MCLAUGHLIN replied most people who are infected in the prison system have community associated MRSA. Some cases are hospital associated. There are ways to test and therefore determine whether the strain is consistent with community acquired or hospital acquired.

CHAIR FRENCH asked if it's possible to go further to say exactly where the strain came from - a particular school, bathroom in a bar, or prison.

DR. MCLAUGHLIN said when there's a viral outbreak of some sort it's possible to look at the DNA of the strain of the bacteria that caused the outbreak and identify that the particular strain is consistent among patients who are associated with the outbreak. The same applies for MRSA. If there's a MRSA outbreak, it's possible to take cultures from clinical specimens and look at the DNA patterns of the isolates to determine whether there's one strain of MRSA or multiple strain.

[2:39:06 PM](#)

SENATOR THERRIAULT asked if MRSA is an umbrella term for many different bugs.

DR. MCLAUGHLIN said that's correct.

SENATOR THERRIAULT asked if it would apply to common childhood infections such as impetigo and conjunctivitis.

DR. MCLAUGHLIN replied there are many different manifestations of MRSA including impetigo, skin rashes, cellulites, pimples, and boils. It can also be internalized causing bloodstream infections, infections of an organ, or pneumonia.

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DR. MCLAUGHLIN said about 12 million outpatients healthcare visits are estimated to occur each year in the U.S. And about 292,000 hospitalizations are thought to be associated with staph aureus infections each year in the U.S. In 2005 about 94,000 people were diagnosed with invasive MRSA. Invasive means it's gone from a skin infection to colonizing. About 19,000 people died of invasive MRSA; 86 percent were healthcare associated MRSA infections and 14 percent were community acquired MRSA infections. The annual cost is estimated to be between \$3.2 billion and \$4.2 billion.

CHAIR FRENCH asked how he accounts for the fact that one in five who get invasive MRSA die, and most are healthcare associated. Is it deeper in the system before it's caught?

Dr. MCLAUGHLIN said yes. The vast majority of MRSA infections seen in medical facilities are skin infections. They are benign and don't require any specific antibiotic treatment. Just a small proportion of those skin infections become an invasive disease - colonization of the lungs, for example. But once the infection becomes invasive there's a very high case-fatality rate.

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Dr. MCLAUGHLIN said most states don't have regulations or statutes mandating the reporting of MRSA infections. Primarily that's because the reporting is a burden to healthcare providers and lab personnel. The role that public health officials have in intervening in MRSA incidents is as unclear as it is with the common cold. A very few states require reporting of every laboratory confirmed case of MRSA and some states are looking at mandating reporting of MRSA infections that occur in sterile sites such as blood and urine. Those are things to look at down the road, but currently Alaska reporting regulations don't require reporting MRSA infections. Currently there are 56 or 57 reportable infectious diseases in Alaska. Although MRSA isn't one of those, there is a clause in the infectious disease reporting regulations that says that an unusual number or a clustering of any infectious disease is reportable. He said that another common example of how this might apply is the Norovirus. That's a very common virus that causes frequent outbreaks on cruise ships. That isn't reportable but as soon as there is an indication of an outbreak, healthcare providers are required, by law, to report that to public health. The report triggers an outbreak investigation.

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Dr. MCLAUGHLIN showed slide examples of staph and MRSA infections. They range from pimples to boils and cellulites, which is a red infected skin tissue. It also manifests as ulcers, impetigo, and drainage.

SENATOR THERRIAULT asked if the pimples always progress into the more obvious infections.

DR. MCLAUGHLIN replied they usually don't, but if they do progress into ulcers that would be an increased risk factor for a bloodstream infection. He indicated a slide showing the most commonly seen infection and said many people report their first symptoms feel and look like a spider bite.

Dr. MCLAUGHLIN said people are at increased risk for community acquired MRSA if they have: skin to skin contact; openings in the skin such as abrasions; contact with contaminated items and surfaces; crowded living conditions; and poor hygiene. People who have been identified as being at increased risk for infection from community acquired MRSA include: Alaska Natives, athletes, children, men who have sex with men, military recruits, Native Americans, Pacific Islanders, and prisoners.

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Dr. MCLAUGHLIN discussed the diagnosis of MRSA skin infection. First there's the clinical diagnosis. The health care provider makes an assessment and presumptive clinical diagnosis and decides whether or not to culture the lesion. The Center for Disease Control (CDC) recommends culturing every lesion whenever possible. The culture is taken from the weeping wound or from a skin biopsy. Antimicrobial resistance testing is also highly recommended. That determines whether or not the strain is sensitive or resistant to antibiotics.

Treatment involves the application of warm or hot compresses to the lesion. Sometimes it involves an incision to drain the wound. This should only be done by a healthcare provider because it's a risk factor for infection. Treatment can also include antibiotics, but it's important to know the specific strain of the bacteria because the use of a particular antibiotic is guided by the susceptibility profile of the organism. Oftentimes antibiotics are unnecessary.

CHAIR FRENCH asked what causes the boils to go away without antibiotics.

DR. MCLAUGHLIN explained that sometimes the body fights off the bacteria and sometimes warm compresses help. Antibiotics are indicated if there's a large area of cellulites, a systemic illness where the patient is febrile, the patient is immune compromised or has serious health conditions, or the patient has immune suppression.

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DR. MCLAUGHLIN said that mupirocin is an antibiotic that's commonly used for decolonization. Occasionally it's been effective in the short term in individual patients who are very ill. But the effectiveness of interrupting transmission in the healthcare setting hasn't been established and there is no data for community transmission. Also there's been increasing resistance to mupirocin so there's no consensus recommendation. If it actually worked it would be a great way to prevent MRSA infections. It involves applying an ointment in the nares, axilla, and groin to essentially decolonize someone who is colonized, not infected, with the bacteria.

Dr. MCLAUGHLIN said the prognosis is very favorable for people who are in generally good health and have a mild case of MRSA. However, patients may be carriers for years and recurrence may be as high as 40 percent in certain populations. Because this

isn't a nationally notifiable condition, there isn't good rate and incidence data to guide and inform the epidemiology of the disease. However current thinking is that less than 1 percent and up to 7 percent of people who have MRSA infections develop an invasive disease. As previously stated, invasive disease has severe morbidity and mortality. About 20 percent of the people with invasive MRSA die.

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Dr. MCLAUGHLIN said that the number one prevention is to wash your hands. Also, keep cuts and scrapes clean and covered until healed; avoid contact with other people's wounds and bandages; avoid sharing personal items such as towels and razors; and effectively diagnose and treat to prevent methicillin sensitive staph aureus from becoming methicillin resistant staph aureus.

DR. MCLAUGHLIN said that in prisons specifically, implicated risk factors include: longer incarceration, prior antibiotic use, male gender, washing clothes by hand, not using soap to wash, other infections or chronic diseases, self draining of boils, sharing towels and razors, and tattooing. On initial presentation prisoners typically say they have spider bites.

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Studies were done in prison populations in Mississippi, New York and Louisiana. Colonization rates range from 0.8 percent to 16.6 percent. There's little data on the incidence of disease. A Texas study looking at about 300,000 inmates incarcerated from 1999 to 2001 showed an incidence of 12 MRSA infections per 100,000 person years.

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The federal bureau of prisons put out updated management of MRSA infections guidelines in August 2005. It goes through screening, reporting, treatment, infection control, and outbreak management recommendations.

CHAIR FRENCH asked what role he and the division of public health would play in the MRSA screening that's planned.

DR. MCLAUGHLIN replied the DOC staff will do the surveillance in the selected prisons and public health will help in calculating and interpreting the rates. Those rates will be compared with the published literature rates.

REPRESENTATIVE DOLL asked him to restate the difference between MRSA in the nasal passage and in a wound on the hands and how that relates to showers, steam, and lower water temperatures.

DR. MCLAUGHLIN explained that MRSA can infect any area of the skin. About 30 percent of the general population is colonized with staph aureus, and about 1.5 percent of the population is colonized with MRSA - usually in the nose. Colonization is different than infection, but if there's a scratch in the nasal mucosa that can introduce the bacteria deeper into the skin and cause a local skin infection. It may go deeper and cause a bloodstream infection, pneumonia, or infection of other areas of the body.

SENATOR WIELECHOWSKI asked what would be considered an outbreak in a prison population of 3,600.

DR. MCLAUGHLIN replied we don't have a good grip on that nationally. The division of public health asks healthcare providers to report anything that seems to be unusual and they will determine whether an investigation is warranted. If it is, an outbreak investigation will be conducted. Influenza provides a good corollary. Most of the time seasonal influenza outbreaks aren't investigated, but there are focal pockets of influenza where the incidence rate is high enough to warrant further investigation.

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REPRESENTATIVE RAMRAS highlighted that 100 men are housed in the Fairbanks correctional facility gymnasium that has 2 toilets and probably the same number of sinks. He asked about sanitation in that sort of environment.

DR. MCLAUGHLIN replied epidemiologically it's been demonstrated that crowding is a risk factor for MRSA colonization and infection.

REPRESENTATIVE RAMRAS remarked that he was impressed with the cleanliness of the laundry facility in Fairbanks, but he has questions about the plastic boats they saw at the beginning of the tour. He asked if they're sanitized and if they aren't if they could be a breeding ground for MRSA or other infectious diseases.

DR. MCLAUGHLIN acknowledged that he isn't sure he knows what the boats are, but objects that people routinely come in contact with are known risk factors for transmission. Toilet seats

should be sanitized frequently. The Federal Bureau of Prisons document on the management of MRSA infections provides specific and detailed recommendations for sanitizing. Certainly any fomite should be sanitized frequently with a detergent. Sheets and other things should be washed in water that is between 120 and 140 degrees Fahrenheit.

REPRESENTATIVE RAMRAS asked if someone within the system could talk about what effort is made to sanitize the sleeping units that are hard plastic or a mat.

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CHAIR FRENCH suggested the commissioner provide that information during wrap up at the end of the day.

SENATOR THERRIAULT asked if there's increased risk in a restaurant on a busy Friday night, in a multiplex movie theater, or in a daycare.

DR. MCLAUGHLIN said the majority of the epidemiologic studies that look at crowding as a risk factor for illness have focused on living in the same quarters. Anytime the environment is crowded there's increased risk that the bacteria will be transmitted through person-to-person contact or contact with inanimate objects that are contaminated.

CHAIR FRENCH commented that it sounds as though our mothers were right again; you need to wash your hands.

SENATOR WIELECHOWSKI noted that people who work in prisons were not on the list of individuals who are more likely to get MRSA. He asked if he would add that group to the list.

DR. MCLAUGHLIN said a review article was published just last year that suggested that prison employees might be at increased risk for infection. He offered to provide a copy of the article.

CHAIR FRENCH asked him to send a copy to his office and he'd make sure it was circulated.

At ease from [3:05:19 PM](#) to [3:27:36 PM](#).

CHAIR FRENCH said that Mr. Bodick from the Department of Law is up next. He's here to because issues such as overcrowding and disease raise the specter of litigation. He's been with the department for some time and he'll discuss the Cleary litigation and its settlement.

JOHN BODICK, Assistant Attorney General, Criminal Division, Department of Law, said he represented DOC for about 20 years. He's been asked to explain the Cleary agreement, where the case is now and where it came from. He became involved in 1995 but the case started in 1981 due to perceived unconstitutional conditions in the Alaska prisons. In 1984 the state won the trial on all but some minor issues. The judge found the Alaska prison system to be safe, humane and not unconstitutionally overcrowded. Despite that finding, the judge imposed population caps thinking that it was likely there would be overcrowded at some time in the future. Both sides appealed and rather than pursuing the appellate process negotiations took place and resulted in a final settlement agreement and order. He said part of it came from the State's belief that it would give better caps from the plaintiffs than from the judge. The belief at that time was that it could be used to secure financing from the Legislature.

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The State worked under that agreement for about 10 years and achieved substantial compliance with the agreement. In 1997 he took over the case fulltime and in 2001 Judge Hunt released class counsel and ended court oversight. Since that time there has been no court oversight and there's been no attorney for the plaintiffs - just himself and the open case.

MR. BODICK said that in 1999 the Legislature enacted AS 9.19.200, which is the "Alaska Prison Litigation Reform Act." He noted that copies were circulated to members. That Act prevents the court from enforcing consent decrees, like Cleary, or from imposing any prospective relief, such as an injunction ordering the Department of Corrections to do something in prisoner litigation. The court can still impose injunctions if certain findings are made. The most important is a finding of a violation of a state or federal right. That comes from state or federal constitutions or statutes.

The court must also find that any relief must be drawn narrowly to remedy a specific violation. And it must be the least intrusive means to correct the specific violation. Class relief, such as the Cleary class consent decree, is only available if the violation of rights applies to the entire class. For example, if there was a deficiency in the food service in Fairbanks, a consent decree couldn't be issued that would apply to Spring Creek. It would be limited to the specific Fairbanks population and area.

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CHAIR FRENCH recognized that Representative Buch was present and had been much earlier in the day.

SENATOR THERRIAULT commented that he is pleased to hear him say that the State won most of the issues in the Cleary case because many people mistakenly concluded that the State system was so mismanaged that the Court had to take over operations of the corrections facilities. He asked if any of the things he mentioned would have been triggered if this law had been on the books at that time.

MR. BODICK replied he wasn't involved in the case in the '80s so he isn't sure what the conditions were, but the short answer is that it wouldn't happen today. First there weren't any findings of unconstitutionality and second there's a provision in the Act that allows the State to enter into a consent decree without these findings. That's limited to two years. For the consent decree or prospective relief to continue after that time, the court must make a finding of unconstitutionality as well as the other findings in Section (a) of the Act. He said that it wisely allowed the State to settle cases, but it limited the length of time that the Court could control operations of DOC.

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MR. BODICK continued to explain that the statute was in place and there were provisions that allowed for the State to move to terminate the consent decree and the prospective relief. He said he filed a motion to that effect in 2000. The prisoners claimed to counsel that the statute was unconstitutional. The State's claim that it was constitutional prevailed. Judge Anders ruled that the Court could no longer enter prospective relief under the consent decree, but that the final order didn't end. So the court can only enforce the final order if findings are made of unconstitutionality and the least obtrusive means. But, he said, the court can always make those findings; a prisoner can always sue for unconstitutional conditions irrespective of the Cleary settlement agreement. "Really what that's done is taken the legs out from under Cleary." It still exists but it can't be enforced, he said.

CHAIR FRENCH said that's a key point. Page 7 of the Cleary settlement talks about cell and dayroom size. Legislators today saw examples of 3 prisoners to a cell and Cleary says that future facilities may not provide for housing of inmates in

dormitories. He asked if that applies to the gymnasium that has bunks in it or if he'd argue that AS 09.19.200 vitiates that.

MR. BODICK replied he would argue that to make that claim the prisoners would have to show that the gym that's used as a dormitory is unconstitutional or in violation of a state or federal right or constitution.

CHAIR FRENCH said it's not whether it violates Cleary; it's whether it violates the constitution.

MR. BODICK said that's correct; that claim could be made in state or federal court without Cleary by filing a civil rights action. Cleary is essentially an open case that prisoners occasionally file lawsuits in to enforce the consent decree. When suit is filed he responds under the PLRA [Prison Reform Litigation Act] and the Court throws out the complaint, he said.

CHAIR FRENCH questioned how overcrowded it would have to get to rise to a constitutional violation as opposed to a violation of Cleary.

MR. BODICK explained that an analysis of overcrowding under the constitution looks at the totality of the circumstances. Cell size, dayroom size, how often prisoners are out of their cell, recreational opportunities, food service, medical, clothing, change of bedding, staffing, incidence of violence and assaults would all be looked at to determine whether or not a particular facility was constitutionally overcrowded.

CHAIR FRENCH asked if prisoners have brought claims of unconstitutional overcrowding since the Cleary settlement.

MR. BODICK said no; there have been no claims asserted since Cleary.

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SENATOR WIELECHOWSKI observed that if the Cleary settlement agreement were in effect today, the State would probably be in violation of a number of parts of it; AS 09.19.200 basically renders the Cleary settlement decision unenforceable.

MR. BODICK agreed. He said that over the last few years he's dealt with the settlement agreement a lot and his opinion is that many of the provisions are above the constitutional floor. He advises DOC to use national standards for cell size, for example, as opposed to Cleary.

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CHAIR FRENCH, noting that MRSA is a new development since Cleary, asked what a prisoner's disease claim about MRSA might add to the mix.

MR. BODICK explained that a prisoner can sue about MRSA in two ways. First they would allege that they weren't provided enough medical care under the constitution. To do that they'd have to show the State is deliberately indifferent to their serious medical needs. He's heard that there are plans in place to take care of MRSA and "I doesn't think we're even close to that standard," he said. The other way for a prisoner to sue would be to claim negligence; they received negligent medical care. In the few reported MRSA cases that he's seen, appropriate care has been given immediately. In the cases he's analyzed it was the prisoner who failed to keep their wound clean or tend to after care.

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REPRESENTATIVE STOLTZE asked how many cases from the Office of the Ombudsman end up in his shop each year.

MR. BODICK replied they don't end up in his shop but he is consulted. The statute says the ombudsman can not provide the information they get in their investigation to litigants so that cuts off the lawsuit angle. Some years the ombudsman seems to be on top of the department and then they seem to forget it for a few years. In the last year or so there have been more requests than usual, but it's not excessive.

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CHAIR FRENCH recognized that Representative Mike Chenault had joined the hearing.

REPRESENTATIVE STOLTZE asked if the issue of officer safety entered in to the Cleary litigation because that's a major concern for him.

MR. BODICK replied not to his knowledge; Cleary was mostly from the prisoner perspective.

CHAIR FRENCH told the committee that former Commissioner Antrim wasn't able to attend because of a scheduling conflict. He solicited closing comments.

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REPRESENTATIVE DOLL said she'd like more information on how prisoner MRSA, HIV and other outbreaks are tracked and treated and what happens when the person is released into the community.

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SAM EDWARDS, Deputy Commissioner, Department of Corrections, explained that the medical file follows the prisoner regardless of the length of their sentence and as they move from institution to institution. Bed space demands impact how often a prisoner is moved, but generally they stay close to where they were arrested. Each prisoner is assessed in terms of programs that are needed and available. Substance abuse is a primary issue among inmates and currently there are three residential substance abuse programs - one for women at Highland Mountain, one for men at Wildwood in Kenai, and the third is in the Arizona prison. Odds are that someone with a 10-year sentence who has been adjudicated and has a substance abuse problem will go to Arizona following their stay at the first facility. At the end of his term, if his classification is such that he is eligible to go into the community on furlough or into another community treatment program, that would be his third stop. "Ideally there would be three stops for that person," he said.

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REPRESENTATIVE DOLL said Dr. Luban, the corrections medical officer, indicated that records aren't kept and that the computers aren't set up to handle that data.

MR. EDWARDS clarified that Dr. Luban was probably talking about the fact that there is no broad electronic tracking system so it's not possible to look at how many prisoners in the department had incidents of MRSA or any other disease. However, individual medical files are kept up to date and they travel with the person wherever they go.

REPRESENTATIVE DOLL surmised that work could be done in that area.

MR. EDWARDS said we wouldn't argue with that. Electronic record keeping and retrieval was a central issue at the recent crime summit, he added.

CHAIR FRENCH said he's been asked what would come out of the hearing today, and his intention is to analyze what was learned. Most of what has been seen and learned will probably manifest itself in the budget next year. There will be greater focus on rehabilitation, the growth in the prison population, and the

number of COs that are available to manage the population. He noted that some money is in the capital budget this year to do an evidence-based study on which rehabilitation programs actually work. It gets legislators' attention to hear that it can cost \$500,000 to fill one post in one correctional facility. He's sorry Representative Holmes isn't here today because her three strikes assault bill helped drive home to many the huge cost of incarcerating individuals for long periods. That will have a beneficial effect going forward because the more focus there is on keeping bad guys in jail and getting people with substance abuse problems out, the more the strains on the system will be relieved , he said.

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REPRESENTATIVE COGHILL observed that as he's watched the budget over the years, one thing they haven't gotten a handle on is how to deal with people who have mental health issues who do bad things. Perhaps we could work on that component, he said.

CHAIR FRENCH said he's glad he brought that up because legislators learned today that DOC is the number one health services provider in the state.

SENATOR THERRIAULT remarked that the Budget and Audit Committee will use the information coming out of this hearing when it revisits the audit request.

REPRESENTATIVE RAMRAS said apart from the funds for the climbing wall, which he will submit a third time, he wants to highlight recidivism. It's the worst demon we face and we need to get to young people before they become a burden on the adult correctional system. Last week he spoke at the GED commencement in Fairbanks and he doesn't want to overlook the value of getting folks their GEDs while they're in prison.

REPRESENTATIVE DOLL added for the record that village safety officers and crime coming in from the villages hasn't been discussed. We need to connect all the dots on this kind of thing so that we look at things holistically, she said.

CHAIR FRENCH adjourned the hearing at [3:53:49 PM](#).