



CORRECTIONAL HEALTH CARE PROGRAM

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Correctional Health Care Program

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CORRECTIONAL HEALTH CARE:
AN ANNOTATED BIBLIOGRAPHY

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Correctional Health Care Program
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CORRECTIONAL HEALTH CARE:
AN ANNOTATED BIBLIOGRAPHY

Second Edition

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MANUALS AVAILABLE IN THIS SERIES

Correctional Health Care: An Annotated Bibliography

Correctional Health Care Facilities: Planning, Design, and Construction

Dental Health Programs For Correctional Institutions

The Development of Policy and Procedure Manuals for Correctional Health Programs

Diet Manual For Correctional Health Care

Establishing Continuing Medical Education Programs

Establishing Protocol-Directed Health Care

Establishing Staff Development Programs

First Aid and Emergency Procedures Handbook

Information Systems For Correctional Health Care Programs

Informed Consent In Correctional Health Care Programs

Make-Buy Decision Analysis For Correctional Health Care

Mid-Level Practitioners in Correctional Institutions: An Analysis of Legislation

Pharmacy Services in Correctional Institutions

Problem Oriented Medical Records In Correctional Health Care

Quality Assurance: A Brief Overview for the Correctional Health Care Administrator

Resident Guide To Self-Care

Sample Policy Manual For Correctional Health Care

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A C K N O W L E D G E M E N T S

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C H C P P R O J E C T S T A F F

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University Research Corporation

FOREWORD

The issues of adequacy, accessibility, and quality of health care service delivery in correctional institutions are increasingly receiving well-merited attention. Long plagued by neglect and paucity of resources, most correctional agencies throughout the country have recognized the need for clear direction in addressing these issues. The unique characteristics of prison populations and facilities pose a problem in applying directly the standards and policies which prevail in community health care settings. Once the basic ingredients common to good health care practice have been identified, the challenge remains of their adaptation without essential compromise to the correctional environment. Implementation of a system which meets statutory and professional standards is the responsibility of correctional health care administrators in the 1980's.

Through a grant from the Law Enforcement Assistance Administration, the Michigan Department of Corrections has provided technical assistance to ten states with a view to improving their health care system for residents of correctional institutions. This manual is one of a series published under auspices of the grant. Together, the manuals will support and extend the training sessions and technical assistance efforts of the past two years. Their purpose is to define concisely the major elements which must constitute a comprehensive health care program for a correctional agency.

There is no substitute for proper planning, adequate resources and good management. These manuals can assist in the planning effort to identify the kind of resources which will comprise an adequate program. In addition, they address the alternatives which must be considered, the integration of various components, and establish a foundation for the decisions which must be made by each agency.

The manuals have been compiled by persons who are experts in their professional field and by persons active in the delivery of health services to correctional residents. There are too many divergencies among correctional agencies to permit a single approach to be universally applicable. For this reason, the manuals are intentionally broad in scope and will require careful analysis and specification by each user.

A health care system does not stand alone and isolated from its environment. It can succeed only through a cooperative and carefully planned effort which involves health care personnel, staff of the correctional system, community health resources, and residents as interested consumers of the services. Where multiple institutions exist within a state correctional agency, appropriate central direction and coordination are essential for coherent and consistent form and quality of the services provided. It is at this level, in particular, that the overall planning, resource development and management of policy should occur.

These manuals are written in a simple "how-to" format and are intended to be self-explanatory. Local regulatory agencies and other community and professional health resources can be helpful in their interpretation and application.

The goal which has prompted development and issuance of this manual and of others in the series has been attainment of professional quality health care for residents of correctional institutions comparable to that available in the community. The sponsors will consider their efforts well rewarded if, as a result, changes are implemented which improve access and cost-effective delivery of needed health services.

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INTRODUCTION

The literature which addresses the health problems of prison inmates and the delivery of health care services in correctional institutions is diverse and spans many disciplines. It represents a body of knowledge which has grown dramatically in recent years in response to an increasing focus on the seriously deficient medical care services which have historically been available to incarcerated populations. Efforts to improve correctional health services have been motivated by inmate disturbances over health care inadequacies and by judicial rulings which have firmly established the inmate's constitutional right to adequate medical care and health services. The availability of federal funds to support efforts like the Correctional Health Care Program has also helped to stimulate interest in upgrading prison health services.

This bibliography provides a review of published and unpublished material relevant to health care programming in correctional institutions. It has been prepared as a guide primarily for correctional health administrators and represents an attempt (1) to review and characterize the problems associated with delivering quality health care services in penal institutions, (2) to bring together contributions by individuals, organizations and agencies involved in providing prison health services, and (3) to summarize the widely scattered and fragmented literature on this subject which has appeared in the past ten year period. In fact, more than half of the material included in this manual has been written in the past five years.

The literature reviewed in this monograph has been assigned to one of nine categories according to its major emphasis. The categories are:

- Correctional Health Care - General Works
- Standards and Goals for Correctional Health Services
- Legal Issues and Prisoners' Rights
- Organization of Health Care Services
- Dental Health Services
- Mental Health Services
- Studies of Prison Health Services and Inmate Health Services
- Essays and Commentaries
- Related Materials

The first three of these categories provide historical base-line information on the status of health care in corrections and attempt to motivate concern regarding traditionally inadequate programs by reviewing the content of developing national standards for health and medical care services in penal institutions and by considering current legal trends regarding the correctional residents' rights to health care services. The remaining six categories of literature describe alternative approaches for organizing prison health programs and address several specific problem areas. Although extensive, this bibliography should not be considered exhaustive with respect to material on the topic. This caveat is particularly important with regard to the section on mental health services. The literature related to psychiatry and mental illness in jails and prisons

is voluminous and the information presented here truly represents only a sampling of published information available.

All references contained in this bibliography are listed alphabetically within each section. The author, personal or corporate, serves as the primary listing while unauthored material is indexed by title. Following the author, each citation includes the title and publication information. Unpublished documents are so designated. Care has been exercised to insure the accuracy of all citations.

An annotation has been provided for each item referenced which includes the purpose, focus and scope of the article as well as a summary of the author's findings and conclusions. Where possible, a cursory discussion of the methodology employed is presented. The quality of this material summarized varies significantly, however the strengths, weaknesses and limits of the articles are not discussed in the annotation.

A Supplementary Reference section has been included in this manual which contains (1) an unannotated bibliography of materials which are likely to be relevant to the topic of prison health but which proved difficult to obtain or locate, (to some extent, this may have been the result of deficiencies or inaccuracies in the citation itself) and, (2) a list of periodicals which are devoted to health care in correctional institutions or which regularly contain information relevant to prison health services. An index of personal authors cited in this bibliography is also provided.

PART I:

ANNOTATED BIBLIOGRAPHY

CORRECTIONAL HEALTH CARE - GENERAL WORKS

Abeles, Hans; Feibes, Henry; Mandel, Elaine; and Girard, Josephine,
"The Large City Prison - A Reservoir of Tuberculosis," American
Review of Respiratory Diseases, 101, 706-09, 1979.

Tuberculosis control procedures used in New York City correctional institutions include: screening chest x-ray on intake, tuberculin skin testing of adolescents, hospitalization and long-term anti-microbial treatment for those with active TB and chemoprophylaxis for strong tuberculin reactors. A public health nurse coordinates post release care through local clinics. Staff and inmates' attitudinal problems regarding preventive care programs such as this are discussed. The authors suggest that the chemoprophylaxis program should be extended to all inmates admitted, that BCG vaccinations should be provided for tuberculin non-reactors and that an adequate TB control program should be initiated for all employees.

Adams, Stuart N., Evaluative Research in Corrections: A Practical Guide,
Law Enforcement Assistance Administration, U.S. Department of Justice,
Washington, D.C., March 1975.

This manual presents methods for evaluating research projects with respect to the management of the project, the appropriateness of the methodology, and the potential use of the information generated by the research. Dealing primarily with general research theories and their application, it focuses only tangentially on medical care. Research on methadone programs, alcohol and drug abuse, and psychotherapy with offenders are discussed.

Aker, Glenn Alden, "A National Survey of Medical and Health Facilities in Prisons," Master's Thesis, University of Iowa, 1970.

A general description of the availability of medical and health facilities in eighty-two (82) U.S. correctional institutions is provided. Survey information which was obtained by questionnaire is summarized according to the following areas: characteristics of prisons surveyed; health and medical facilities in prisons; medical personnel in prisons; and, patient utilization of prison medical facilities. An historical perspective on medical care in prisons serves as an introduction and an analysis of the sociological aspects of prison medicine is included. Recommendations for improving the efficiency of prison health programs are offered.

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "Models for Health Care Delivery in Jails," Chicago, Ill., February 1977.

Four questions relevant to the design of jail health care programs are discussed: What services are provided; How are services obtained; Who are the service providers; and, Where are the services delivered. A number of options are considered in response to each of these questions and eleven (11) models or examples of service delivery approaches are reviewed.

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "Organizing and Staffing Citizen Advisory Committee to Upgrade Jail Medical Programs," Chicago, Ill., June 1977.

This pamphlet argues for the establishment of citizen advisory committees as a mechanism for improving jail health programs. It is suggested that membership on such committees might include prominent lay community leaders, public officials and representatives from state and local medical societies. Diversity of community members is seen as preferable, as is a catalytic or coordinating role for the medical society. Activities of the citizens advisory committee might include: studying problems in order to plan action; determining medical care and health service needs and developing priorities for action; informing the public about problems and actively working to elevate the priority assigned to jail health programs.

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "Orienting Health Providers to the Jail Culture," Chicago, Ill., November 1977.

The purposes and functions of the jail and the way it relates to the various other elements of the overall criminal justice system are briefly examined in this pamphlet. It touches on the role of the health provider in the holding area, on the disease pathology which is typical of jail populations and the inevitable limitations imposed on the delivery of care in this setting. Testimony from providers at various levels regarding the professional challenge and satisfaction of jail practice is included in the final section of this pamphlet.

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "Orienting Jailers to Health and Medical Care Delivery Systems," Chicago, Ill., July 1978.

The jail's legal responsibility to provide adequate medical care for its inmate population is reviewed. It outlines an approach for jail administrators in planning health care programs and discusses the duties and customary responsibility of various categories of medical personnel which might be incorporated in a jail health care system. It is suggested that a proper interface and shared responsibilities between jail administrative, security and medical staffs are necessary in order to practically, efficiently and legally meet the health needs of inmates.

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "The Use of Volunteers in Jails," Chicago, Ill., March 1978.

This pamphlet considers the use of volunteers to supervise inmates in productive activity as a means of decreasing inmate idle time and possibly reducing boredom-related sick call; and, in a counseling capacity to relieve health personnel of this responsibility. The basic ingredients of a successful volunteer program are described and information is provided regarding the selection, orientation, training and supervision of volunteers. The liability of the jail regarding the use of volunteers is briefly considered. Two reference documents are listed and several successful jail volunteer programs are described.

Anno, B. Jaye, "Analysis of Jail Pre-Profile Data," (Prepared for the American Medical Association's Pilot Program to Improve Medical Care and Health Services in Jails), Blackstone Associates, Washington, D.C., June 1977.

The characteristics of the 30 jails selected to participate in the American Medical Association's pilot jail project are summarized in this report. Findings are presented in nine areas: (1) characteristics of the jail; (2) characteristics of the inmate population; (3) availability of health care services, facilities and equipment; (4) general health problems of the inmate populations; (5) existing medical record system and analysis of deficiencies; (6) frequency of health services delivered; (7) cost data; (8) health care personnel surveying the jail; and, (9) community resources available.

Arkansas State Department of Correction, "Program 2 - Hospital and Diagnostic Clinic," (Prepared by Wittenberg, Delong and Davidson, Inc., Littlerock, Arkansas, undated.)

The program plan and design specifications for a multifunctional health care facility in the Arkansas Correctional System are presented. Program goals are identified, system health care needs are reviewed, and a facility blueprint is provided.

Attica - The Official Report of the New York State Special Committee on Attica,
Praeger Publications, New York, 1972.

This is the report of an impartial citizens commission empowered by Governor Rockefeller to investigate the events before, during, and after the rebellion at the Attica Correctional Facility in September 1971. Since poor medical care was one of the primary inmate grievances, the report describes the delivery of medical, psychiatric, and dental care prior to the riot. Findings included: callous doctors holding sick call from behind mesh screens; understaffing of paramedical personnel, pharmacists, psychiatric workers, and dentists; and, little time allowed for individual or group psychiatric therapy. The authors believe that the conditions which existed at Attica were typical of those in most other large prisons.

Austin, Gregory A. and Lettieri, Dan J., ed. Drug Users and the Criminal Justice System, National Institute on Drug Abuse, Rockville, MD. June 1977.

Summaries of 67 major research and theoretical studies on the issues of drug use, possession, or trafficking as a crime are presented. The effect of the criminal justice system, the law, and law enforcement procedures on drug use and the drug user is also discussed. Section one of this book deals with drugs and the law, while section two addresses treatment and rehabilitation of the drug offender. Each summary conveys the purpose, scope of the research or study, the methods employed, and the results. A chart is provided with each summary which lists drugs studied, sample characteristics, methodology, data collection instruments, date conducted, and number of references.

Baird, Joseph A., "Health Care in Correctional Facilities," Journal of the Florida Medical Association, 64(12), 813-18, December 1977.

The findings and conclusions of the Florida Regional Medical Program following a survey of county jails and youth detention centers in 1975-76 are summarized. Health care needs of inmates were found to be similar to those of persons from comparable socioeconomic levels in the general population. Confinement was found to increase the number, variety and intensity of physical complaints and to distort the reasons for seeking care. Interfacility variations regarding the level and availability of health care services are analyzed. The author concludes that to properly provide health care services in jails and prisons it is essential that there be an organization headed by a physician.

Bell, Irving, "Environmental Conditions in Kentucky's Penal Institutions," Journal of Environmental Health, 226-237, November-December 1974.

The findings and recommendations of the Kentucky Public Health Association Task Force on the medical care and environmental conditions in Kentucky's correctional institutions are presented. The premise of the task force was that a good health system would contribute significantly to the rehabilitation and discharge of productive well-adjusted citizens. The article is quite detailed in outlining the legal requirements for all facets of environmental conditions in prisons; there is very little discussion on the delivery of health services. Topic headings include: water supply and waste disposal; toilets and bathing facilities; building characteristics; and, food supplies and facilities.

Bloom, Joseph D.; James, Herbert H.; and Laufer, Kenneth S., "Report of the Advisory Committee to the Department of Health and Social Services Regarding Medical Care in the Anchorage Correctional Institutions," Alaska Medicine, 19(1), 7-9, January 1977.

The findings and recommendations of a survey of four Anchorage jails conducted by the Anchorage Medical Society are summarized. The need for this survey was precipitated by the termination of a contract with the jails' chief medical officer following the death of an inmate. Reliance on military physicians to provide services during their off duty hours, as an interim solution, was considered inadequate since it resulted in poor coordination of services and presented no long term viability. Specific problems identified in each of the facilities surveyed are discussed and recommendations for improving the jail health care system as a whole are presented.

Bowden, Paul, "Medical Malpractice: Defendants and Prisoners," Journal of Medical Ethics, 2(4), 163-72, December 1976.

The work of the prison medical officer is examined. It is argued that his dual allegiance to the state and to those individuals who are under his care results in activities which largely favor the former. The World Health Organization prescribes a system of health ethics which indicates, in qualitative terms, the responsibility of each state for health provisions. In contrast, the World Medical Association acts as promulgator and guardian of a code of medical ethics which determines the responsibilities of the doctor to his patient. The development of medical services in prisons has focused more on the partnership between doctor and institution. Imprisonment itself could be seen as prejudicial to health as are disciplinary methods which are more obviously detrimental. The involvement of medical practitioners is discussed in light of their role as the prisoner's personal physician. (Author's abstract adapted.)

Brecher, Edward M. and Della Penna, Richard D., "Health Care Services in Local Detention Facilities (Jails)," Journal of the Indiana State Medical Association, 69(8), 583-86, August 1976.

The authors discuss the major problem which distinguishes local detention facilities from long term institutions - the flooding of the jail health care system by vast numbers of very-short-stay admissions. The authors propose that most jail health services should be delivered and administered by a community organization whose primary mission is health care. Minimizing jail admissions through bail reform and through diversion of alcohol and drug cases is characterized as an essential first step in the development of adequate jail health care programs. It is argued that the jail should be viewed as a central resource in case finding activities of community health care services and that the benefits resulting from a quality program at the jail level would also benefit the entire community.

Childs, E. Kitch, An Annotated Bibliography on Prison Health Care, Prisoners' Health Project, San Francisco General Hospital Medical Center, San Francisco, California, Undated.

Approximately 200 articles are cited in this bibliography covering corrections and correctional health information. Areas reviewed include: Limits and Standards; Scientific Investigations, Theory and Results; Psychiatry/Psychology; Essay/Commentary; Minority Groups in Prison; Prisoners as a Captive Group; Violence and Aggression; and, Other Bibliographies. Seven additional bibliographies are referenced.

The CIBA Foundation, Medical Care of Prisoners and Detainees, Symposium 16 (new series), Associated Scientific Publishers, Amsterdam, 1971.

Notations from a symposium conducted by the CIBA Foundation on Medical Care and Protection of Prisoners and Detainees consider world prison health conditions in terms of the United Nations standards established in 1955. The program covers general prison conditions, psychiatric techniques applied to prisoners and standardization of prison medical care. It is concluded that a substantial part of the world's prison population does not receive medical care which would be regarded as absolutely minimum by the United Nations; and that psychiatric techniques are taken from their therapeutic setting and inflicted on many of the world's prisoners and prison camp detainees for non-therapeutic purposes.

Coste, Chris, "Prison Health Care - Part of the Punishment?," The New Physician, 25, 29-35, April 1976.

In a general attack on the current state of health care delivery in prisons the author outlines some critical problem areas. Sick call in many institutions is described as a very brief encounter with cynical, insensitive doctors. Specific complaints of prisoners in the State Prison of Southern Michigan are presented and include outdated, deteriorated facilities; an over-emphasis on security; and difficulty in receiving emergency care and needed medications. The author states that physicians avoid prison practices because of the unattractive work conditions, low pay, fear of assault, and the problems of preserving their compassion and professionalism in the prison environment. Although legal and public pressures are present to reform the prison health care delivery system, lack of money is a major obstacle to change. Contracting with medical centers to provide complete services to prisoners is now being tried in several settings and may represent a partial solution to these problems.

Forbes, Thomas R., "Medical Supplies for Prisoners in 1675," Bulletin of the New York Academy of Medicine, 49(1), 592-93, July 1973.

An apothecary's bill for medicines and other items supplied during two and a half weeks in June 1675 to sick prisoners in the Wood Street Compter, London, is reviewed in an effort to characterize the medical treatment available in the days of Charles II.

Gapen, Phyllis, "Skirmishes Behind the Wall," The New Physician, 28(2), 26-30, February 1979.

An article of general interest that relates a variety of anecdotes on the failings of correctional health care, and on some of the efforts currently underway to improve conditions. Strategies for health care program improvement at the Michigan Department of Corrections, Rikers Island in New York, and through the National Health Service Corps are discussed.

Goldsmith, Seth B. "The Status of Prison Health Care - A Review of the Literature", Public Health Reports 89(6), 569-575, November-December, 1974.

This critical review of studies of prison health care done between 1929 and 1973 includes twelve local, state and national studies of medical facilities and treatment in prisons. Also included are four studies of the status of prisoners' health. Based on his review of the literature and his personal experiences as consultant to many jails and prisons, the author concludes that a significant number of prison and jail health facilities are "overutilized, obsolete, unsafe...unsatisfactory and appear to be in violation of the eighth amendment to the constitution which forbids cruel and inhumane punishment". The author suggests that the situation is improving slowly, many systems are being upgraded but much remains to be done.

Health Law Project, "Health Care and Conditions in Pennsylvania's Prisons,"
University of Pennsylvania Law School, Philadelphia, PA, 1972.

The result of a survey by a team of doctors, nurses, health workers, lawyers, and law students documents serious defects in delivery of health care services in Pennsylvania State Prisons. Findings include: poor living conditions; institutional variation in medical facilities; full-time physicians working part-time hours; untrained inmates performing medical tasks; non-medical personnel controlling access to care; poor record keeping; "wretched" psychiatric services; little privacy; and general disorganization and lack of accountability in the prison health care delivery system. Recommendations discussed are: (1) establishment of an Office of Medical Care responsible for coordinating the prison health system; (2) development of health career training programs for inmates; (3) formation of departmental citizens committees and health advisory committees for each prison; (4) establishment of health grievance boards; (5) development of effective psychiatric treatment programs; (6) standardization of medical records; and, (7) provision of 24-hour nursing coverage at each institution.

Jervis, Nancy, Prison Health Reform - Four Case Studies, Health Policy Advisory Center, New York, NY, 1975.

Four existing prison reform efforts are examined in order to provide a political and medical data base for future reform. The four programs evaluated were in Massachusetts, New York City, Dade County Florida and San Francisco. The method for study in each case was identical. All pre-existing reports on prison health conditions were collected along with budgets, law suits filed to improve health conditions, internal memoranda, and local newspaper stories. These data were reviewed and analyzed and extensive interviews were conducted with officials responsible for prison health care, with prisoners, and with medical and correctional personnel. All four movements are found to have faltered despite early successes. The author concludes: that prison health should be the responsibility of a health agency separate from the department of correction; that a medical director for prison health should be appointed; that a separate budget for prison health services should be maintained; that independent review mechanisms should be maintained; that independent review mechanisms should be involved in prison health care; and, that tours of duty in prisons should be limited to a few months.

Jones, David A. The Health Risks of Imprisonment, Lexington, MA: Lexington Books, D.C. Heath and Company, 1976.

The effect of prison life on inmates' health is examined. Indicators of health include mortality, morbidity, disability, and emotional distress. The study took place at the Tennessee State Penitentiary which housed about 1800 adult males throughout the year-long sampling (1973). The methodology involved examination of six population subgroups - two prisoner groups, two probationer groups, and two parolee groups - at two different times. This was supplemented by several specialized subpopulation samplings including those hospitalized, those undergoing surgery, and those visiting physicians, outside clinics or mental hospitals. The study shows that prisoners of both races under 25 years of age have more frequent acute injuries compared with other prisoners, and those over 45 have a higher prevalence of digestive difficulties. All prisoners regardless of age have higher morbidity rates

than probationers and parolees. The author suggests that the high incidence of stabbings and homosexual rape contributes to a psychologically distressful environment in prisons. Recommendations for improving conditions include attention to age affected health requirements, mandatory physical and psychiatric examinations, and increased security precautions.

Kiel, Richard A., "Health Care is a Major Issue of Courts and Civil Rights," Corrections Today, 6-18, 28, July-August 1979.

Some areas of correctional health care programming where major improvements have taken place are identified. The growth of the American Correctional Health Services Association (ACHSA), since its inception in 1975, is characterized as a significant and important indicator of progress in prison health since it represents an increased sense of professionalism among those involved in the delivery of health services in corrections. ACHSA's purposes, goals and recent activities are briefly reviewed. Contributions by the Michigan Correctional Health Care Program and the American Medical Association's Special Project on Improvement of Health Care in Corrections are summarized. A legal basis for quality health care in corrections is established and the author concludes by describing a model for determining health needs and establishing a system to meet those needs.

Massachusetts Department of Public Health, "Prison Health Services," The New England Journal of Medicine, 290(15), 856-57, 11 April 1974.

A discussion of some of the general and specific problems associated with the provision of health care services in prisons is presented along with a report on progress which has been made in Massachusetts by the Prison Health Project, an organization which has functioned under the aegis of the Department of Public Health since 1972. Four general solutions are proposed to improve medical care in prisons: (1) responsibility for medical care (budget as well as personnel) should be transferred to an independent agency; (2) medical care services should be purchased on a capitation or contract basis; (3) prisons should be broken down into smaller units and responsibility for prison medical care should be given to local community facilities; and (4) a compulsory national service should be reestablished to require physicians and paramedical personnel to rotate through correctional systems. In the absence of such a national service, incentives should be provided to attract trained professionals to work in prisons on a part-time basis only. This article suggests that the medical profession should take the lead, not merely in being critical of the present system, but in establishing a better system.

"Medicine Behind Bars - Hostility, Horror and the Hippocratic Oath," Medical World News, 26-35, 11 June 1971.

This is a graphic description of the generally unsatisfactory conditions and specifically the inadequacy of medical care in this nation's jails and prisons. The Florida State Prison at Raiford is distinguished as among the worst of these institutions. Other examples of substandard correctional health programs in Philadelphia, Atlanta and New York City are provided. Progressive approaches to prison health care reforms are mentioned using the California correctional system as a model. The article concludes by stating that increased funding is needed for buildings,

equipment and manpower; and that greater psychiatric resources are needed to care for the many emotionally disabled prisoners. It is suggested that physicians can play a key role and serve as a major force in bringing about changes in prison health care.

Newport, John, "Review of Health Services in Correctional Facilities in the United States," Public Health Reports, 92(6), November-December 1977.

Summarizing a number of studies which have been done in the past several years, the author suggests that prisoners are more likely than the general population to harbor serious, undetected medical problems and that despite these circumstances, programs established by state and local correctional agencies to address the health needs of their incarcerated populations are grossly inadequate. Health care programs in the Federal prison system, the New York City Department of Corrections, and in the jails in Cook County, Illinois and Dade County, Florida are cited as innovative attempts to improve the status of prison health services. The establishment of health maintenance organizations for correctional facilities is proposed as an alternative for upgrading prison health care. It is suggested that if legal and bureaucratic problems could be overcome, "such organizations could provide comprehensive health services to prisoners by tapping funds... from such sources as private health insurance, Medicare and Medicaid." In his concluding statement, the author argues for a national health insurance which would include inmates of prisons and jails, as well as mental patients and other institutionalized segments of the population.

Nordlicht, Stephen, "Punishment or Rehabilitation", New York State Journal of Medicine, 75(7), 1085-87, June 1975.

After a brief review of different measures initiated by society to help the criminal as well as to protect the community, the author, a psychiatrist, concludes that our prisons are not rehabilitating and they hold many who are not dangerous to society. In order to achieve the goals of rehabilitation and protection, the author claims there must be a substitute for imprisonment. Misdemeanors and non-violent crimes such as public intoxication, disorderly conduct, drug addition, and juvenile delinquency should be removed from the criminal justice system and dealt with through social agencies. Incarceration should only be for dangerous or pathologically disturbed criminals. The author cites countries like England, Israel, Sweden and the Vera Institute of Justice in New York City as models which are innovatively replacing imprisonment with community service programs. This paper was presented as part of a New York State Medical Society symposium on "Medicine and Penology."

Novick, Lloyd F. and Al-Ibrahim, Mohamed S., Health Problems in the Prison Setting, Charles C. Thomas - Publisher, Springfield, Ill., 1977.

This book outlines a clinical and administrative guide to prison health care. It stresses that improvement in the health care of prisoners cannot be treated as separate or different with respect to access, scope, standards, or quality than that required for the general public. The first section of the book deals with health needs and services for prisoners focusing on health evaluations at admittance, and primary, specialty and hospital care for general medical problems. Particular attention is given to psychiatric, dental and gynecological needs. The second section describes the medical management of six health problems which are discovered more frequently in prisoners than in the general community: (1) drug abuse; (2) alcohol abuse;

(3) epilepsy; (4) the rapid spread of communicable diseases and infections; (5) skin problems; and (6) emergency situations (comas, wounds, drug overdoses, smoke inhalation, and tear gas exposure). The last section of the book deals with prison health services administration focusing on organization, legal issues, and the prison environment.

O'Brien, Keven E.; Boston, Guy; and Marcus, Marvine, Directory of Criminal Justice Information Sources, National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, Washington, D.C., November 1976.

This directory contains an alphabetical listing of criminal justice information sources. Organizations included in this directory were chosen because of their particular information resources, such as computerized literature search services, interlibrary loan programs, reference services, or technical assistance capabilities that are available to criminal justice professionals. Each listing provides general information about the organization, its activities, information services, information resources and publications. Copies of this directory are available from the United States Government Printing Office, Washington, D.C., Stock #027-000-463-1.

Penner, Dorothy Anne, "Correctional Institutions: An Overview," The American Journal of Occupational Therapy, 32(8), 517-524, September 1978.

Depending on the particular theory of criminal behavior upon which they are based, correctional programs may be viewed as providing "treatment" or as providing "services" (rehabilitative, career-oriented activities). From the perspective of an occupational therapist, an advocate of the latter, the author discusses the validity of each approach and the similarities between prisons and long-term psychiatric hospitals. A brief historical overview of the prison is also given. The author identifies salient points from correctional theories and from the literature to identify concepts which she feels are important for correctional programs, and more specifically, for occupational therapists in correctional programs.

Protzel, Mary Sue, "Nursing Behind Bars," American Journal of Nursing, 73(3), 505-508, March 1972.

The author presents a personal account of her experiences and feelings during the first months as a prison nurse at the Federal Correctional Institution at Danbury, Connecticut. Problems associated with gaining the respect and trust of both inmates and staff are discussed. The author suggests that health care personnel must protect themselves from becoming enmeshed in custodial issues in order to maintain health issues as their first priority.

Robinson, T.A., "Prison Medicine," Mississippi Doctor, 36, 118-119, November 1958.

A brief anecdotal comment by a staff physician at the Mississippi State Penitentiary in Parchman describes some of the characteristics which distinguish the practice of prison medicine from general medical practice. The author cites problems which he feels are characteristic of the prisoner patient: poor cooperation in the diagnosis and treatment of medical problems, malingering patients who must be distinguished from patients with genuine medical problems, and a high prevalence of psychosomatic diseases, hypertension, ulcer disease, migraine-type headaches and pernicious vomiting.

Inspecting food handlers, water supplies and witnessing executions are noted as particularly unique responsibilities of the prison physician.

Rowe, D.R., "Medical and Health Care Services in Canada's Federal Prison," Canadian Medical Association Journal, 118, 578-87, March 4, 1978.

The progress which has been made in the delivery of health services in the Canadian Correctional System since 1971 is described. The contents of two reports, 1974 and 1975, on prison health services prepared by the Canadian National Health Advisory Committee are summarized in this article.

Shaughnessy, John, "Many 'Dramatic Changes' After Prison Drug Study," Journal of the Addiction Research Foundation, 11, February 1978.

The implementation of recommendations offered by the Canadian National Advisory Committee in its report to the Commissioner of the Canadian Penitentiary Service is described. The report cited widespread abuse in the dispensing of medications in prisons, including controlled substances, which led to excessive and inappropriate use of drugs, exploitation of staff and loss of confidence in health services. It was recommended that: (1) a policy be developed for monitoring the use and distribution of medications; (2) the use of symptomatic medication be curtailed; (3) only short-term prescriptions be written; (4) complaints be confirmed before hypnotic or sedative drugs are prescribed; (5) large, highly visible medication distribution centers be abolished; and, (6) control of the purchase, storage and dispensing of drugs be given to a pharmacist. Two years after the report, nearly all recommendations have been at least partially implemented.

Skoler, Daniel and Loewenstein, Ralph, "The Enforcement of Sanitary and Environmental Codes in Jails and Prisons," Journal of Environmental Health, 37(4), 321-325, January/February 1975.

The authors argue for a concerted, coordinated and national effort to "clean-up" correctional facilities in order to assure that treatment is humane regardless of an individual's deviance, disadvantage or anti-social behavior. Poor environmental conditions found in many prisons are discussed and it is suggested that: (1) correctional institutions are allowed to operate under conditions which would be condemned in any other public institution; and, (2) minimum standards for health and safety will likely not be met until a system of regular inspection and enforcement is instituted. Problems encountered include resentment on the part of correctional officials against outsiders inspecting their facilities and society's assignment of a low priority to jails and prisons. The authors believe that these problems point up the need for assigning to some outside agency the continuing responsibility for enforcing jail environmental health standards. Agencies which might assume this responsibility include state health departments and local boards of health. Statewide jail inspection systems which have been established in some systems are discussed.

Skoler, D.L. and McKeon, J.C., "Women in Detention and Statewide Jail Standards," Bulletin No. 7, American Bar Association, 1974.

This bulletin summarizes national data on female jail populations and evaluates the standard of medical practice available in female prisons. Data are derived from the admittedly weak base of the 1972 National Survey of Women Prisoners and the Law Enforcement Assistance Administration's National Jail Census of 1970. Among its observations, the bulletin finds female prison medical care, with one or two exceptions, totally inadequate.

Southern Health Foundation, Health Care in Correctional Institutions: Problems and Issues, Symposium Proceedings, Tampa, Florida, 1977.

A record of the presentations and discussions of the Southern Health Foundation Symposium on correctional health care is provided. It reviews the problems associated with providing health care in prisons, and describes approaches which have been successful in improving correctional health programs. Topics specifically addressed include: legal decisions and issues in health care for prisoners; special problem patients: alcoholics, drug addicts, sexual offenders, psychotics, geriatric patients and the mentally retarded; prison suicides; and, community involvement in providing correctional health care services. A summary of programs sponsored by the Law Enforcement Assistance Administration and by the Southern Health Foundation is also included.

Topp, D.O., "The Doctor in Prison," Medical Science and the Law, 17(4), 261-64, 1977.

An historical overview of the changing role of the British physician in the prison setting. The article briefly charts prison medical service, from its inception with John Howard's penal reform book in 1777 through its present status and concludes with projections of an administrator/physician role for future prison medical practitioners.

United States General Accounting Office, A Federal Strategy is Needed to Help Improve Medical and Dental Care in Prisons and Jails, Report to the Congress by the Comptroller General of the United States, General Accounting Office, Washington, D.C., 22, December 1978.

This report describes the inadequacy of health care delivery systems in most jails and prisons. It notes that often these facilities do not meet minimal standards for providing adequate levels of care, physical examinations, medical records, staffing, facilities and equipment. Constraints on correctional administrators such as lack of resources and/or knowledge about ways to make effective changes are acknowledged. It is suggested that given the likelihood that correctional agencies will continue to be underfunded, it is critical that they, with the help of the federal government, examine ways of improving the utilization of their existing health care resources. The report recommends that a single federal strategy be employed which would make available to correctional systems (1) existing financial and technical assistance programs to help support comprehensive studies of the systems and (2) develop management information and review mechanisms. The GAO further recommends that the Law Enforcement Assistance Administration develop and implement the Federal strategy utilizing appropriate expertise and resources of the National Institute of Corrections, U.S. Marshall's Service, and the Public Health Service.

Walker, Bailus, Jr. and Gordon, Theodore J., "The Role of the Environmental Health Specialist in the Penal and Correctional System," Journal of Environmental Health, 38(6), 387-89, May-June 1976.

An inspection of the environmental conditions in prisons throughout the United States was conducted by the U.S. Environmental Health Association in 1976. The authors conclude that environmental specialists have a significant role and major responsibilities in the correctional process and that these

responsibilities can be related to the goals of both environmental health and the nation's correctional system. The report suggests that there is an urgent need for environmental specialists to actively participate in programs and services designed to shape the correctional process for maximum influence on offenders. The scope of environmental health in jails is seen as being three-fold: (1) to recognize health problems that are exacerbated by sub-standard institutional conditions; (2) to evaluate the physical environment of jails in terms of long and short range effects on inmates' health; and, (3) to develop corrective measures to eliminate existing problems. The article outlines several specific areas in which environmental health specialists can make a significant contribution.

Walker, Bailus, Jr., "Statement before the Committee on the Judiciary Subcommittee on the Constitution, Pertaining to S.1393," Unpublished, 22, June 1977.

Dr. Walker is the Administrator of the Environmental Health Administration, of the Government of the District of Columbia and a member of the American Public Health Association Jails and Prison Task Force. In this statement before the Committee on the Judiciary Subcommittee on the Constitution, he supports the passage of Senate Bill S.1393: "To authorize actions by the Attorney General to redress deprivation of constitutional and other federally protected rights of institutionalized persons." Having inspected one hundred jails and prisons throughout the United States, Dr. Walker describes the "terrible, unhealthy and substandard environmental conditions" prevalent in many of them. He testifies that the assistance of the Attorney General envisioned in this bill and the vast resources at his disposal are necessary to promptly and effectively substantiate and resolve the numerous allegations of constitutional rights violations brought by inmates.

Weisbuch, Jonathan B., "The Charles Street Jail: A Problem Oriented Medical Case Report with Recommendations for Therapy," Unpublished, Undated.

A case study of the health system in Boston City Jail reveals the reasons behind the serious deficiencies in health care. Data presented in this paper were accumulated by inspection of the facility, interviews with prisoners, guards and administrative staff, and by review of jail admission records and medical files. Results indicate that inmates have an increased risk of illness; that the physical environment is a fire hazard, unsanitary, and too small for the population; that daily procedures promote neither health nor safety; and, that the medical service provides acute care only - no preventive programs, no health screening, no follow-up and no systematic referral pattern. The treatment of mental illness and chronic disease is minimal and disease epidemiology of the prison population is not used as a guide for allocating resources. Reasons for the failure of the health care system are discussed and potential solutions delineated. Generalizations to institutional health care are made. (Author's abstract adapted.)

West, Damon, "What It's Like to be a Prison Doctor," Resident and Staff Physician, 17, 52-61, October 1971; "Diary of a Prison Doctor: The Games Convicts Play," Resident and Staff Physician, 17, 106-113, November 1971, and 17, 39-48, December 1971; "A Doctor's Suggestions for Prison Reform," Resident and Staff Physician, 17, 94-103, January 1972.

A series of four articles presents narrative excerpts from the diary of a prison doctor during his two-year tour duty at the Federal Prison in Leavenworth, Kansas. This personal account discusses the gaming that goes

on between inmates and doctors, and medical technical assistants; the widespread callousness and insensitivity of prison staff; and, a general irreverence for the value of human life. The concluding article summarizes the physician's opinion about needed reform.

STANDARDS AND GOALS FOR CORRECTIONAL HEALTH SERVICES

American Academy of Pediatrics, Committee on Youth, "Health Standards for Juvenile Court Residential Facilities," Pediatrics, 52(3), 452-57, September 1973.

This article suggests that young people in juvenile facilities generally have been found to have poor physical health and often are mentally handicapped as well. It is argued, therefore, that juvenile court facilities should have a health program designed to protect and promote the physical and mental well-being of residents, to discover those in need of short-term or long-term medical or dental treatment, and to contribute to their rehabilitation by appropriate diagnosis and treatment and provision of continuity of care following release. Standards designed to meet these goals are discussed. Three major areas are considered: administrative structure of the health program, health services and the institutional environment.

American Bar Association, Compendium of Model Correctional Legislation and Standards, Commission on Correctional Facilities and Services and Council of State Governments, American Bar Association, Washington, D.C., August 1972.

Three examples of model correctional legislation and standards are contained in this compendium. Included are three documents concerned with the treatment of prisoners and prisoners' rights: "Standard Minimum Rules for the Treatment of Prisoners and Related Recommendations;" the American Law Institute's "Model Penal Code, Part III - Treatment and Correction;" and, the National Council on Crime and Delinquency's "Model Act for the Protection of Rights of Prisoners". The first two documents briefly describe minimal standards for medical and psychiatric care.

American Bar Association, Medical and Health Care in Jails, Prisons, and Other Correctional Facilities, (Prepared by the Commission on Correctional Facilities and Services, Resource Center on Correctional Law and Legal Services, in conjunction with the American Medical Association's Division of Medical Practice), 34d Edition, Washington, D.C., August 1974.

This is an extensive compilation of standards and other materials pertinent to medical and health care in prisons in all their aspects. Both national and state standards are examined. Legal decisions on minimally adequate care and on the enforcement of prisoners' rights to medical treatment are discussed. The results of ten surveys and examinations of numerous prison medical programs are also reviewed.

American Correctional Association, "Papers and Proceedings from the National Seminar on Correctional Standards", Washington, D.C., August 1977.

A record of the presentations and discussions at the National Seminar on Correctional Standards which was sponsored by the American Correctional Association's (ACA) Technical Assistance Project is contained in these

proceedings. The objective of this meeting was to test the feasibility of a unified effort by national organizations to develop and implement standards for correctional institutions. Four professional organizations (American Correctional Association, American Bar Association, American Medical Association, and American Institute of Architects) presented concept papers, and four individual projects (Commission on Accreditation for Correction, National Association of State Drug Abuse Program Coordinators, American Medical Association Jail Project, and the National Clearinghouse for Criminal Justice Planning) presented state-of-the-art papers. A general discussion followed, which led to the formulation of recommendations for further coordination of efforts.

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Jails, "Practical Guide to the American Medical Association Standards for the Accreditation of Medical Care and Health Services in Jails," Chicago, Ill., May 1978.

This manual was developed to assist and guide physicians and administrators responsible for jail medical services in structuring the medical delivery system so that it complies with AMA Jail Standards. Part I contains guides to: medical standard operating procedures; receiving screening; administering of medications and documenting same; contractual agreements between the responsible physician and the jail; job descriptions; standing orders; first aid and emergency supplies; health history forms; and, annual statistical reports. Part II consists of a guide to medical records. Sample contracts, history and physical examination forms, medication logs, and statistical reporting forms are provided.

American Public Health Association, Standards for Health Services in Correctional Institutions, Washington, D.C., 1976.

The American Public Health Association's standards for health services in correctional institutions represents the first nationwide publication of a comprehensive and specific set of standards for the delivery of health services in penal facilities. Nine areas are addressed: (1) primary and secondary health care services; (2) health services for women offenders; (3) mental health care; (4) dental care; (5) environmental issues; (6) nutrition and food services; (7) pharmacy issues; (8) health records; and; (9) staffing.

Brutsche, Robert L., "Medical Standards for Corrections: A Status Report," Corrections Today, 34-35, July-August 1979.

This article identifies existing standards governing the delivery of health care services in correctional facilities and provides a brief history of their development. Standards developed by the American Correctional Association (1966), the Association of State Correctional Administrators (1972), and the American Public Health Association (1976) are reviewed. Additional documents relating to standards of health care include: the Report on Corrections of the National Advisory Commission on Criminal Justice Standards and Goals; the American Association and American Medical Association's Medical and Health Care in Jails, Prisons and Other Correctional Facilities; and, the Prescriptive Package by the Law Enforcement Assistance Administration, a document entitled Health Care in Correctional Institutions. Recent efforts by the AMA Jail Project, the Correctional Health Care Program, the American Correctional Association, the U.S. Department of Justice, the American Bar Association and the American Correctional Health Association are summarized.

Commission on Accreditation for Corrections, "Accreditation - Blueprint for Corrections," American Correctional Association, July 1977.

The voluntary accreditation process developed by the Commission on Accreditation for Corrections to measure institutional compliance with American Correctional Association Standards is described. Included is a limited glossary of selected terminology, an outline of the process (in both written and flow chart forms), example information forms required of applicants for accreditation, and examples of formulae used to determine the cost of accrediting an institution.

Commission on Accreditation for Corrections, Manual of Standards for Adult Correctional Institutions, American Correctional Association, Rockville, MD., August 1977.

The American Correctional Association's operating standards for long term adult correctional institutions are contained in this manual. Major areas for which specifications are provided include: food service; sanitation, safety and hygiene, medical and health care services; and, inmate rights. Each standard is followed by a paragraph which discusses and explains the purpose of the standard. Those policies that are legally mandated are so indicated. The section dealing specifically with medical and health care services sets forth institutional requirements for personnel, adequacy of facilities, inmate health evaluations, medical records, management of drugs and medications, emergency medical procedures, and the management of mental and emotional disorders. A glossary of terms and two appendices are included, one of which presents the Articles of Incorporation of the Commission on Accreditation for Corrections, the other the ACA Code of ethics.

Commission on Accreditation for Corrections, "A Progress Report," American Correctional Association, Rockville, MD., April 1977.

This pamphlet provides a brief history of the Commission on Accreditation for Corrections and updates its progress in formulating and testing standards for penal institutions. The process for achieving accreditation is reviewed and recent activities of the Commission are described. A roster of the Board of Commissioners and staff of the Commission is included, along with a list of the American Correctional Association's Board of Directors, Elected Members, Appointed Members, Affiliated Organization Members, and Members of the Committee on Standards and Accreditation. The Commission's Statement of Principles is also provided.

Sampson, W.W., "Penal Institutions - Environmental Health Regulations and Inspections," Journal of Environmental Health, 37(1), 59-67, July-August 1974.

A general review of environmental health regulations and standards, their content, their purpose and their applicability in the prison setting is provided in this article. A list of those areas which should be included in an inspection of detention facilities is provided and special emphasis is given to the format and content of inspection forms. The author concludes that most regulations are neither well organized nor are they comprehensive. It is suggested that the responsibility for making major inspections of detention facilities should be given to the professional environmentalist and not to the professional law enforcer.

United States Justice Department, National Advisory Commission on Criminal Justice Standards and Goals, Corrections, Washington, D.C., Government Printing Office, 1973.

This report deals with the problems of correctional institutions and establishes standards for improvement. The first quarter of the report examines the correctional institution setting with particular attention given to prisoners' rights including: rights to healthful surroundings and medical care and freedom from searches, personal abuse and unreasonable disciplinary procedures. Remedies for violation of an inmate's rights are also discussed. The report recommends the prohibition of corporal punishment; basic needs deprivation; solitary confinement; strip cells; frequent or unnecessary searches; and, unreviewed disciplinary actions. The report also suggests implementation of periodic staff evaluations; institution classification procedures to identify violence-prone offenders; inmate recreational opportunities; 24-hour emergency medical care coverage; medical examinations conducted by a physician upon admittance; and, trained medical staff supervised by a physician. The remaining three parts of the report deal with the need for changes, elements basic to improvement of correctional facilities, and a program of priorities and standards to reduce crime and protect the community.

LEGAL ISSUES AND PRISONERS' RIGHTS

American Bar Association, "Tentative Draft of Standards Relating to the Legal Status of Prisoners," Special Issue, The American Criminal Law Review, 14 (3), Winter 1977.

Part V of this special issue entitled "Medical Treatment" focuses on the failure of prisons to fulfill prisoner's rights to medical care. A review of empirical studies and case law is provided as a basis for concluding that correctional health programs are generally inadequate. Seven areas are discussed as being indicative of the evolving standards being established by the courts. These areas are: (1) prompt medical treatment; (2) emergency medical treatment; (3) periodic medical examinations; (4) confidentiality of medical records; (5) control of medication; (6) availability of rehabilitative programs; and, (7) experimental programs.

Alexander, Susan, "The Captive Patient: The Treatment of Health Problems in American Prisons," Clearinghouse Review, 6(1), 16-27, May 1972.

Trends in legal decisions regarding inmates' rights to medical care are reviewed by summarizing over 30 cases. The author asserts that the courts tend to be sympathetic to individuals who enter prison with pre-existing problems and uphold their right to receive some type of care. In this category, chronic conditions, alcoholism and drug addiction are given special mention. For illnesses arising during incarceration, the courts intervene in cases of complete denial of treatment, but tend to support physicians in disputes over adequacy of care. Illness and injuries arising from unsanitary, overcrowded conditions and deliberate mistreatment are, with few exceptions, supported by the courts as situations necessitating the provision of medical care. The author cites areas of much needed prison reform and the vehicles by which lawyers may achieve these ends. Authoritative sources of legal precedent and statutes are identified. The author concludes by acknowledging that legal action has its limitations in improving medical care and living conditions in prisons.

Bayh, Birch et al., "S.10, A Bill to Authorize Actions for Redress in Cases Involving Deprivations of Rights of Institutionalized Persons Secured or Protected by the Constitution or Laws of the United States," Congressional Record, 125(S104-108), January 15, 1979.

This bill, introduced in the Senate by Mr. Bayh, Mr. Bentsen, Mr. Cranston, Mr. Metzenbaum and others, is designed to give statutory authority to the Justice Department to initiate suit to enforce constitutional and other federally guaranteed rights of institutionalized persons. The legislation includes protection of prisoners, in opposition to an amendment to eliminate inmates from coverage (S1393, 1978). It also opposes those claiming that such action would intrude on states' rights. While the act would not include

the authority for promulgation of regulations defining standards of care, it would empower the Attorney General to institute civil action in any appropriate U.S. district court against egregious or flagrant conditions depriving institutionalized persons of any rights, privileges, or immunities.

Bronstein, Alvin J., "Reform Without Change: The Future of Prisoners' Rights," The Civil Liberties Review, 4(3), 27-45, September/October 1977.

Following a general indictment of all prisons, the author presents an overview of current law defining the rights of prisoners. It analyzes cases in the areas of: due process; cruel and unusual punishment; censorship; free communication; access to courts; religious and racial discrimination; political rights; privacy; rehabilitation; physical security; medical care; and, cases in which entire state prison systems are declared unconstitutional. In the area of health care, the courts have required states to provide treatment for serious medical needs, ordered prison officials to submit and effectuate plans for comprehensive health services and prohibited the use of prisoners in medical experimentation in the absence of stringent safeguards. The author believes litigation is just a beginning for prison reform and advocates legislation which provides alternatives to incarceration.

Cohen, Martha, Lindenauer, Marilyn R., and Thomas, J. William, "Informed Consent in Correctional Health Care Programs," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), School of Public Health, University of Michigan, Ann Arbor, Michigan, 1979.

This manual is a discussion of the major issues relevant to an understanding of the principles and practices involved in informed consent to treatment and refusal of consent to treatment as it applies to the correctional health care setting. Sample policies and consent forms are included as well as a state-by-state analysis of the laws relating to informed consent for minors in the fifty states.

Corbett, K.A. and Raciti, R.M., "Withholding Life-Prolonging Medical Treatment from the Institutionalized Person - Who Decides?," New England Journal of Prison Law, 3(1), 47-93, Fall 1976.

This article reviews and analyzes the law regarding patients' rights to refuse life-saving or life-prolonging medical treatment. It also considers who, if anyone, has the legal authority to refuse treatment for the incompetent or unconscious patient. Procedures to address these issues, which have evolved through several landmark cases, are explored by the authors who suggest that such procedures have failed to safeguard the constitutional rights to life and to privacy of the incompetent, terminally ill patient. Two cases: Matter of Quinlan, 70 N.J. 10,355 A. 2d 647 (1976) and Jones v. Saikewicz, Mass., Civil No. 76-711, (Hampshire County Probate Court No. 45596, filed May, 1976) are presented as recent examples of decisions regarding the rights of the terminally ill incompetent patient. The authors conclude that the rights to privacy of the incompetent patient is no less than the right to privacy constitutionally accorded all persons and that the incompetent person's right to life deserves at least the same protection that the law affords competent people. Alternative procedures to protect these basic constitutional rights are proposed. (The Editors of the Journal note that although this article does not deal with the subject of the right to refuse treatment in a prison context, they assert that it addresses issues equally applicable to the prison setting.)

Drucker, Ernest and Dubler, Nancy Neveloff, "Prison Health Care: Part One," Fortune News, September 1978; "Prison Health: An Issue For Court," Fortune News, November 1978; "Unresolved Problems in Prison Health," Fortune News, December 1978; "Prison Health: Part 5 - A Prison Health Fair," Fortune News, February 1979.

In a series of articles on prison health the authors address "legal, ethical, and practical issues." The articles contain critical reviews of past and current litigation, case studies, approaches for inmates with health grievances and descriptions of current prisoner activities in improving health care. The authors are on the staff of the Prison Health Project of the Department of Social Medicine at Montefiore Hospital which administers the health services program for the city jails on Riker Island, New York City.

Epps, Julie Ann, "Constitutional Limitations of Prisoners' Right to Medical Treatment," Mississippi Law Journal, 44:525-536, 1973.

A discussion of emerging constitutional standards utilized by federal courts in reviewing prisoner allegations of denial of medical treatment. The author suggests that new remedies under habeas corpus and civil rights legislation will prove more helpful to inmates than traditional tort suits. In the past, courts have been reluctant to interfere with the decisions of prison administrators and doctors regarding the treatment of inmates. Questions regarding deprivation of constitutional rights have, however, been viewed as exceptions to the traditional "hands off" doctrine and courts have begun to speak in terms of prisoners' rights to reasonable and adequate medical care. Problems encountered in formulating a test for deprivation of medical treatment at the constitutional level are discussed and strategies for arguing such cases are presented in terms of recent litigation. The author suggests that in the absence of legislative action in this area, class action suits offer the greatest potential for improving prison medical facilities and services.

Gettinger, Stephen, "'Cruel and Unusual Prisons," Corrections Magazine, 3:4, 3-16, December 1977.

A discussion of the recent federal court decisions which declared prisons in many states unconstitutional and in some cases dictated precise standards to correct the inadequacies. These decisions are the result of "conditions suits" - class action suits in which inmates claimed the totality of living conditions were such that incarceration in these institutions constituted punishment. The impact of the court orders on prison conditions in Rhode Island, Alabama, and Mississippi are described. The desire to avoid further court imposed standards has motivated many correctional and health professional organizations to promulgate their own state standards.

Herman, Michell G., and Haft, Marilyn G., Prisoners' Rights Sourcebook: Theory, Litigation, Practice, Clark Boardman Company, Ltd., New York, 1973.

Sample court cases are discussed which deal with all aspects of prisoners' legal rights including rights to medical care and to healthy prison conditions. Cases concerned with medical care deal with the denial of a doctor's order by prison personnel; injuries sustained through forced work; failure by administrators to follow statutory and regulatory standards for adequate medical care; and, failure by a prisoner's custodian to fulfill his common law duty

to protect the prisoner's life and health through the exercise of reasonable and ordinary care. Cases concerned with healthy prison conditions focus on overall conditions in pretrial detention facilities, and disciplinary units, and with forced-work situations.

Holder, Angela, "Law and Medicine", The Prisoner's Right to Medical Treatment," Journal of the American Medical Association, 216(7), 1253-1254, May 17, 1971.

This is a brief overview of the law regarding the medical rights of prisoners. The denial of obviously needed medical care is a constitutional violation prosecuted under the Civil Rights Act. However, once a prisoner is seen by a physician, inadequate treatment is a civil rights violation only if it is "so grossly negligent as to constitute malice". Negligent care or malpractice can usually be litigated by state prisoners under state law and by federal prisoners under the Federal Tort Claims Act.

Holder, Angela R., "Prisoner's Right to Treatment and Communication," Journal of the American Medical Association, 231 (2), 198, January 13, 1975.

A Wisconsin Supreme Court overturned two lower court dismissals, on a prisoner's application for a "writ of mandamus" to require his warden to provide him with adequate medical care. The court granted the writ stating that the prison warden and the Department of Health and Social Services should determine the adequacy of the medical care the prisoner had received if they had not already done so. The court stated that a writ of mandamus may not be used to compel specific exercise of discretionary governmental authority but could be used to determine if such discretion had been abused or exercised capriciously. Further, prison officials had refused to mail requests by the prisoner to the Veterans Administration for intervention in his medical treatment. The Supreme Court, overturning a lower court ruling, ordered the prison officials to post the letters unless justification could be shown that mail restrictions were related both reasonably and justifiably to the advancement of some purpose of imprisonment.

Hollen, Charles R. "Emerging Prisoners' Rights," Ohio State Law Journal, 33, 1-79, 1972.

The legal rights of prisoners are examined in considering whether the courts have gone far enough in recognizing rights that prisoners retain upon entering a penal institution. The article approaches rights to medical care within the paradigm of Coffin v. Reichard (143 F.2 433 [6th Cir. 1974]) which presumes that no rights can be taken from an inmate unless correctional officials succeed in proving a "strong need for doing so." In early case law courts were unwilling to "get involved in the administration of prison discipline" and therefore, relief was granted only when denial of medical treatment was "so gross as to amount to a cruel and unusual punishment." Talley v. Stephens (247 F. Supp. 683 [E.D. Ark. 1965]) however, is cited as the first of many cases of judicial recognition of a prisoner's right to "adequate" medical care at "reasonable" times. It is suggested that the definitions of "adequate" and "reasonable" still allow prison administrators latitude to deal with inmates who consistently appear at sick call for the primary purpose of avoiding work. The author notes that one issue as yet unfaced by the courts is whether or not "reasonable care" encompasses preventive medical treatment such as physical examinations, chest X-rays and vaccines.

Isele, William Paul, "Constitutional Issues of the Prisoner's Right to Health Care," American Medical Association, Chicago, Illinois, Undated.

The law concerning the rights of prisoners to adequate health care, the duties of prison officials to provide that care, and the development of standards to define the extent of health care required are examined in this pamphlet. Prisoners' rights to proper health care are guaranteed by the eighth amendment prohibition against cruel and unusual punishment and the Civil Rights Act. In defining "adequate" care, the courts have intervened only where lack of care has "shocked the conscience of the court", or where treatment was grossly negligent or nonexistent. Simple malpractice is not a constitutional question and such suits must be brought to state courts. The pamphlet briefly discusses: physician competence; facilities; right to specialized treatment; economic consideration; and, the inclusion of hygienic conditions and a reasonably safe environment as part of the overall health care program.

Isele, William P., "Health Care in Jails: Inmates' Medical Records and Jail Inmates' Right to Refuse Medical Treatment," American Medical Association, Chicago, Illinois, August 1977.

The legal protections of medical record information and the confidentiality of the patient-physician relationship are considered in section one of this pamphlet. For all patients, including prisoners, the information contained in medical records is confidential. Considerations, such as the welfare of the patient, the welfare of the community, and other legal dictates which might outweigh the need for confidentiality are presented. Section two considers the right of any competent adult to refuse medical treatment which applies equally to jail inmates. Exceptions to this right are considered, e.g., where the patients' (inmates') desires conflict with the state's interest in protecting its citizens and where treatment is offered to protect the patient (inmate) against self-inflicted injury or death. The author suggests that the law regarding the rights of confined minors to refuse treatment is unclear.

Isele, William P., "Health Care in Jails: Legal Obligations to the Pre-Trial Detainee," American Medical Association, Chicago, Illinois, Undated.

The pre-trial detainee's rights to medical care, beyond those guaranteed by the eighth and fourteenth amendments, are considered in this pamphlet. The author concludes that because the pre-trial detainee is innocent in the eyes of the law he or she may not be treated like a convicted criminal but must be accorded by the state all the rights of a citizen. He cannot be deprived of any opportunities which he would have outside the jail, except those which must necessarily be denied in order to assure his presence at trial.

Isele, William P., "The Use of Allied Health Personnel in Jails: Legal Considerations," American Medical Association, Chicago, Illinois, Undated.

Two questions regarding the use of non-medical personnel in prisons are discussed in this pamphlet: (1) Can an unlicensed person perform medical or nursing functions (e.g., administration of injected or oral medication) without violation of state prescriptions against the unlicensed practice

of medicine?; and, (2) Is the subjection of prisoners to treatment by medically unskilled personnel a form of "cruel and unusual punishment?" The answers to these questions would be found in the medical and nursing practice legislation in individual states. The author recommends, therefore, that the state's attorney general be asked to determine the extent to which medical functions can be delegated to non-medical personnel. The practice of allowing "limited license" or "permit" physicians to practice in prison is considered in terms of its potential compromise in the quality of medical services delivered.

Jackson, Bruce, "Texas Prisoners Go On Trial", The Nation, 227(14), 437-439, October 28, 1978.

This article discusses the background and implications of the case of Ruiz, et al. v. Estelle. The plaintiffs, including the United States Department of Justice, charge that the Texas Department of Corrections' prisons are understaffed, overcrowded, provide inadequate medical care and food, use convicts as guards, have unsafe work conditions, and allow prison officials to read correspondence between inmates and their lawyers. The author suggests that this case will be a major test of the federal government's ability to intervene in the operation of state correctional institutions. The Justice Department has recently issued a new set of correctional standards which differ significantly from those developed by the American Correctional Association. It is argued that incorporating the Justice Department's standards in the Texas Department of Corrections' ruling would give those standards immediate validation, general applicability and, therefore, federal inputs into the operation of all other state correctional systems.

Kerper, Hazel B., and Kerper, Janeen, Legal Rights of the Convicted, West Publishing Company, St. Paul, Minnesota, 1974.

Legal rights of the convicted, including the right of freedom from cruel and unusual punishment are discussed in this casebook. Cases documenting conditions which constitute excessive punishment include: prolonged nudity, overcrowding, corporal punishment without justification, inadequate diet, absence of adequate ventilation and/or heat, absence of medical care, unsanitary living conditions and excessive periods of solitary confinement. Remedies regarding the adequacy of medical care services are most commonly sought in terms of habeas corpus (both state and federal) and the Civil Rights Act. Cases can be based on grounds of denial of medical care; failure to provide necessary or specified specialized treatment; delay in furnishing care; transfer from one institution to another less suited to a prisoner's needs; work assignments inappropriate to physical abilities; and, use of prisoners for medical experimentation.

Kopp, George S., "Prison Reform Through Judicial Fiat," Arkansas Law Review, 24, 477-500, 1971.

This comment discusses those areas of prison administration that have been subject to judicial scrutiny. Decisions pertaining to actions brought under the Civil Rights Act as well as some state court decisions are referenced in regard to: inmate correspondence; rights to legal materials and legal assistance; rights to adequate medical treatment and religious freedom; protection from racial segregation and discriminatory practices and unconstitutional punishment and manner of confinement. The author concludes that recourse to the courts and the remedy of judicial intervention are not the only answers to the prison dilemma, but that these safeguards are absolutely necessary to

guarantee minimum requirements where legislative and administrative bodies continue to disregard their legal and moral responsibilities.

Krantz, Sheldon, The Law of Corrections and Prisoners' Rights: Cases and Materials, West Publishing Company, St. Paul, Minnesota, 1973.

This casebook encompasses actions dealing with correctional options available at the time of sentencing, and with the rights which prisoners maintain during their term of incarceration. The latter subject includes prisoners' rights to medical care and to a healthy environment. Cases presented involve: complaints of insufficient dietary provisions; unsanitary food preparation; inadequate lighting; overcrowded living conditions, inadequate sanitation and personal hygiene supplies; inadequate security staff (and consequent physical injuries inflicted on inmates by other prisoners); insufficient medical staff (including dental and psychological services personnel); and insufficient screening of prisoners upon entry for medical problems and contagious diseases.

Lubasch, Arnold H., "Prison for Women at Bedford Hills Ordered to Improve Medical Care," New York Times, section 6, 33-34, May 1, 1977.

The Manhattan Federal District Court ruled that denial of the "necessary medical care" at the state prison for women in Bedford Hills, New York, constituted "deliberate indifference" to the prisoners' health needs in violation of their constitutional rights. Although the medical staff was concerned with the well-being of prisoners, the administrative procedures for medical care were "grossly inadequate".

Merritt, Frank S., Correctional Law Digest - Major Cases Reported in 1976, American Bar Association, Commission on Correctional Facilities and Services, Washington, D.C., 1977.

This annotated bibliography consists of all federal court decisions together with selected major state court decisions reported in the general area of correctional law during 1976. The digest covers 66 areas of prisoners' rights of which 18 are either directly or indirectly linked to health and living standards: ventilation/heating; solitary confinement; right to treatment; prison records; physical problems (of the institution); plumbing; mental commitments; medical care and facilities; lighting; grievance procedures; general conditions; food; filth; exercise and recreation; cruel and unusual punishment; clothing; attacks; and access to courts. Annotations give the major facts of the case, the judicial decision and any pending related cases or appeals. The digest is compiled annually.

Neisser, Eric, "Is There A Doctor in the Joint?, The Search for Constitutional Standards for Prison Health Care," Virginia Law Review, 63(921), 921-972, 1977.

Issues in prison health care which federal courts are being asked to address are explored in this article. The author identifies a number of aspects of prison health care delivery which he believes are consequences of incarceration and distinguishes these from aspects which arise out of the normal physician-patient relationship. If federal courts are cognizant of this distinction they will avoid attaching constitutional significance to issues of medical judgment which are properly within the ambit of malpractice

remedy. The author suggests that this focus will permit federal courts "simply to patrol the boundaries of incarceration, without intruding upon medical judgments and relationships, while ensuring that prisoners will not suffer the deprivations of medical attention that cannot be part of confinement."

Palmer, J.W., Constitutional Rights of Prisoners, W.H. Anderson Publishing Company, Cincinnati, Ohio, 1977.

All aspects of prisoners' constitutional rights are reviewed in this book. The use of isolated confinement, use of force, and the denial of medical treatment in prisons are included. In cases involving the constitutionality of solitary confinement, decisions show variance as to what degree must be reached before such punishment can be considered a violation of the eighth amendment. Deprivation of personal hygiene items, of sufficient diet and of sufficient heat and lighting were noted as violative under different judgments. In cases involving the constitutionality of the use of force on inmates, decisions show the allowance of reasonable force by prison officials in five situations: (1) self-defense; (2) defense of third persons; (3) enforcement of prison rules and regulations; (4) prevention of escape; and (5) prevention of crime. Any other use of corporal punishment is in violation of the eighth amendment. Finally, in discussing prison medical treatment cases, rulings are shown to rest on the right to due process of law under the fifth or fourteenth amendments, as well as the right to be free from the infliction of cruel and unusual punishment under the eighth amendment. The due process right cases center on: freedom from an abuse of administrative discretion; protection from unconstitutional administrative action; and protection from administrative action which would put an inmate's life and health at risk. The cases based on the eighth amendment involve: intentional denial of needed medical care; and deliberate indifference to inmates' medical needs.

Plotkin, Robert, "Enforcing Prisoners' Rights to Medical Treatment," Criminal Law Bulletin, 9(2), 159-172, March 1973.

Written primarily for lawyers representing inmates, this article summarizes current law on prisoners' rights to medical care and suggests ways to prepare and file such litigation. Topics discussed include: jurisdiction for state and federal prisoners; individual suits; class action suits; types of information to obtain during pre-trial discovery; the need for expert testimony; replies to the state's claim that changes are too expensive; and, techniques to fashion relief.

Potts, James L. and Bronstein, Alvin J., Prisoners' Self-Help Litigation Manual, Lexington Books, D.C. Heath and Company, Lexington, Maine, 1976.

This is a guidebook designed for use by prisoners in preparing legal actions. It includes chapters dealing with the legal system, legal research, prisoners' rights, judicial remedies, federal procedure, parole, post-conviction relief, detainers, and jail-time credits. Addressing all aspects of prisoners' rights, it includes reviews of prisoners' rights to healthy living conditions and medical care under the rubrics of the fifth, eighth, and fourteenth amendments, as well as federal and state prisoners' remedies through the writ of habeas corpus, the writ of mandamus, the Civil Rights Act, and the Federal Tort Claims Act. It includes bibliographies for each item examined as well as 63 pages of forms and lists of legal information, many pertinent to health and medical care rights.

Resource Center on Correctional Law and Legal Services, Prisoners' Rights Litigational Manual - Working Papers, Resource Center on Correctional Law and Legal Services, Washington, D.C., 1972.

Five monographs designed "to aid attorneys representing inmates by giving a concise picture of the present state of the law" are included in this manual. A paper entitled "Enforcing Prisoners' Rights to Medical Treatment" discusses jurisdictional issues in suits filed by both federal and state prisoners. The litigational issues which have been applied in both individual and class action suits are described and new approaches are suggested. The authors also present a detailed list of information which should be discovered in preparing prisoner medical care suits; describe the need for expert testimony; suggest sources for prisoner health care standards; and, review the types of relief awarded by the courts. An appendix includes excerpts from the "Finding of Facts" and Conclusions of Law in Jackson v. Hendrick in which the Court of Common Pleas in Philadelphia found there was insufficient medical staff to provide adequate medical care in the city's prisons, a violation of the state constitution.

Rudovsky, David, The Rights of Prisoners - The Basic ACLU Guide to Prisoners' Rights, Richard W. Baron Company, New York, New York, 1973.

This prisoner's guide sets forth their rights under present law and offers suggestions on how to protect those rights. The topics covered include: due process, freedom from cruel and unusual punishment, free communication and access to courts, religious and racial discrimination, political rights, parole, and medical care. All sections deal tangentially with health and medical care standards including questions on filing grievance claims, corporal punishment, solitary confinement, and matters constituting cruel and unusual punishment.

Singer, Richard G. and Statsky, William P., Rights of the Imprisoned: Cases, Materials and Directions, Bobbs-Merrill Company, Inc., Indianapolis, 1974.

This casebook addresses all aspects of prisoners' rights including the right to medical care, to sanitary living conditions, to physical security, nutritional diets, and freedom from overcrowding. The book presents numerous explicit and detailed descriptions of sordid and inadequate conditions and it examines both the "penal" and "therapeutic" models of dealing with criminality.

Slutsky, Michael H., "The Rights of Prisoners to Medical Care and the Implications for Drug-Dependent Prisoners and Pre-Trial Detainees," The University of Chicago Law Review, 42, 705-732, 1975.

The author reviews the rights of drug-dependent prisoners or pre-trial detainees to demand methadone for either short-term detoxification or long-term maintenance. Difficulties with interpreting common law and statutory rights to medical care and drug treatment are examined. The eighth and fourteenth amendments are the basis for the constitutional right to needed treatment, but the standard of medical care imposed by that right has two judicial interpretations. The most widely accepted (majority standard) entitles a prisoner to some care, while the other (minority standard) receiving increasing acceptance, calls for reasonable care. Narcotics addiction is

handled as a disease, with short-term methadone detoxification as the current medically accepted cure. The author demonstrates that under the majority standard, prisoners or detainees do not have a constitutional right to short-term methadone detoxification, but that they do have that right under the minority standard. There is no right to long-term methadone maintenance because its use as a treatment is controversial and officials have no duty to provide rehabilitative treatment.

Sneidman, Barney, "Prisoners and Medical Treatment: Their Rights and Remedies," Criminal Law Bulletin, 4(8), 450-466, October 1968.

An examination of judicial handling of cases in which prisoners have asserted the denial of the right to medical care is presented. The author describes the major cases establishing the inmates' right to medical treatment. The hands-off doctrine, and the doctrines of sovereign immunity and administrative discretion are examined in terms of judicial sanction for prison mistreatment. The legal remedies available to the inmate for mistreatment are described including the use of a writ of habeas corpus, provisions of the Federal Civil Rights Act, and/or a writ of mandamus.

South Carolina Department of Corrections, The Emerging Rights of the Confined, The Correctional Development Foundation, Inc., Columbia, South Carolina, 1972.

An analysis and interpretation of state and federal laws involving critical areas of corrections is presented. Its purpose is to provide guidelines for correctional administrators who must determine whether their programs meet constitutional requirements. A useful chapter on medical treatment and practices covers: past suits for damages based on bodily injury and those brought under the Civil Rights Act; new developments in the right to prescribe treatment; the prison physician and independent medical assessment; expense of treatment; unwanted treatment; and, medical experimentation.

Velotta, Michael J., "The Eighth Amendment: Medical Treatment of Prisoners and Cruel and Unusual Punishment," Capital University Law Review, 1, 83-100, 1972.

In this legal note the author discusses complaints by state and federal prisoners concerning medical treatment and considers the viability of federal court review and redress based on violations of the eighth amendment. As in both Martinez v. Mancuse (443 F. 2d 921 [2d Cir. 1970]) and Black v. Circone (324 F Supp. 129 [W.D. Mo. 1970]), the courts made a distinction between the right to be free from cruel and unusual treatment and the right to be free from cruel and unusual punishment. Further, the courts have suggested that the use of this approach to obtaining medical treatment may inappropriately expand the eighth amendment beyond its intended purpose. The note offers two grounds for resisting such misapplication of the Eighth Amendment: (1) the language in the Constitution should be construed to mean the plain impact of the words, and, (2) the concept of due process of law, as embodied in the fifth and fourteenth amendments, provides an existing means for granting relief for medical treatment complaints when the circumstances warrant relief.

Viets, Hilary and Cohen, Martha, "Mid-Level Practitioners in Correctional Institutions: An Analysis of Legislation," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), School of Public Health, University of Michigan, Ann Arbor, Michigan, 1979.

This manual analyzes the current status of legislation and conditions of practice in the Correctional Health Care Program participating states concerning nurse practitioners and physician assistants.

Yale Law Journal, "Beyond the Ken of the Courts: A Critique of Judicial Refusal to Review the Complaints of Convicts," Yale Law Journal, 72(506), 506-558, 1963.

Judicial rulings supporting and opposing the courts' traditional "hands-off" doctrine regarding prison operations are examined, and the effects on the legal remedies available to prisoners are described. The author explores the prisoner's legal recourses to habeas corpus, mandamus, and proceedings under the Federal Civil Rights Act in terms of their theoretical and practical efficacy. Alternatively, major arguments for the hands-off doctrine suggest that judicial interference frustrates penal objectives (i.e., retribution, security and rehabilitation); and that judicial interference may illegally intrude on the authority of the Attorney General. The author concludes that court intervention provides an incentive for the development of adequate administrative mechanisms to review prisoner grievances, but that until the hands-off doctrine is totally abandoned by the courts, existing remedies are likely to be ineffective in protecting the rights of incarcerated individuals. The information presented touches only tangentially on prison health and medical care, focusing primarily on the broader issues of prisoners' rights.

Young, Tal, "Eighth Amendment Rights of Prisoners: Adequate Medical Care and Protection from the Violence of Fellow Inmates", Notre Dame Lawyer, 49(2), 454-469, December 1973.

The author discusses the eighth amendment rights of prisoners to adequate medical care facilities and to protection from the physical violence of other inmates. Major cases are examined in an historical overview of the expanding meaning of the amendment as applied to the nature and scope of prisoners' rights. Present applications of the amendment protect inmates from direct physical mistreatment, some forms of solitary confinement, overcrowding, inadequate bathing facilities, and poor sanitary conditions. The court battles presently being waged to ensure the rights to adequate medical facilities and treatment, and protection from the violence of other prisoners are discussed in detail.

Zalman, Marvin, "Prisoners' Rights to Medical Care," The Journal of Criminal Law, Criminology and Political Science, 63(3), 185-199, 1972.

Focusing on the substantive and procedural rights of convicts to receive medical and dental care, the author examines numerous legal cases on the subject of prisoners' rights (Peyton v. Rowe, U.S. 54; Holt v. Sarver, 442, F. 2nd 304; U.S. v. Muniz, U.S. 54) and concludes that adequate medical care cannot presently be provided. Political solutions, though

perhaps most effective, are deemed unlikely. It is suggested that institutional improvements in medical care should focus on better training and coordination of efforts, and that there would be benefits associated with limiting the tenure of prison doctors, dentists and nurses. Legal solutions are hindered by the inadequacy of the present legal machinery to handle the volume of prisoners' complaints, as well as by the absence of independent hearing bodies with power to investigate complaints, conduct hearings, inspect facilities and take the necessary corrective action.

ORGANIZATION OF HEALTH SERVICES

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "The Role of State and Local Medical Society Jail Advisory Committees," Chicago, Illinois, February 1977.

This brief pamphlet addresses the potential benefits associated with the establishment of a jail advisory committee. It is suggested that an important step is taken toward upgrading medical care and health services in jails when members of state and local medical societies and representatives from other concerned groups become involved in the health care programming of jails. An overview of possible activities of a jail advisory committee is provided.

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "The Use of Allied Health Personnel in Jails," Chicago, Illinois, February 1977.

A general description of several new categories of health manpower, collectively labeled "allied health personnel", is provided in this pamphlet in order to aid jail administrators in understanding the potential utility of such providers in jail health programs. The concept of allied health personnel and the delegation of "physician" tasks is discussed as a mechanism for increasing the productivity of a physician's practice while improving the quality and efficiency of medical care services.

Anzel, Daniel M., "Medical Care in Three Prisons in California," American Journal of Corrections, 29, 13-15, November-December 1967.

The results of a survey of medical services in three men's prisons are presented. The author found that a Chief Medical Officer in each was in charge of all services related to the physical and emotional health of prisoners' small community-like hospitals at each had well-equipped operating rooms, but one hospital did not meet accreditation requirements; certified civilians ran the nursing services, pharmacy, lab, and X-ray departments with inmate help; completeness of intake physical exams and general dental care varied; and all but maximum security prisons used a "therapeutic community" approach to mental rehabilitation which employed group and individual psychotherapy. Among the author's recommendations are: (1) Chief Medical Officers should be generalists with some training in psychiatry and should have full authority over the care and treatment of inmates; (2) there should be more medical personnel hired and no inmates should be used for inpatient care or pharmacy work; (3) a position of Chief of Hospital Administrative Services should be created in the Department of Corrections.

Beguelin, Jerry J., "A Systematic Approach to Prison Health Care," Irvington, Illinois, Unpublished, Undated.

The status of health care in prisons and the recent action by the courts to encourage the improvement of correctional health programs are reviewed. Specific problems associated with the provision of prison health care services are discussed: the extremely high demand for services by inmates; insufficient budgets to support adequate programs; conflicts between health care and security; poor facilities and equipment; and, the inability of correctional systems to attract an adequate number of qualified professionals. Health services at Pontiac Correctional Center in Illinois are provided under contract by the Irvington Mental Health Center. Recognizing the problems noted above a systematic approach to delivering medical services was developed for Pontiac. The principles which guided the development of this program and the approach adopted to implement it are outlined and discussed.

Brecher, Edward M. and Della Penna, Richard D., Prescriptive Package - Health Care in Correctional Institutions, (Prepared for the National Institute of Law Enforcement and Criminal Justice, Law Enforcement Assistance Administration, U.S. Department of Justice), September 1975.

The "Prescriptive Package" is a comprehensive manual which outlines the elements necessary for a sound correctional health care program. It was designed to be used by health care personnel in correctional institutions and for state and local legislators responsible for organizing, planning, administering, and funding correctional health services. Support services considered essential for adequate health care in correctional facilities are listed and the levels of care which should be available to inmates are reviewed. A description of additional services required in women's and juvenile institutions is provided along with those needed for minimum security and local detention facilities. An explanatory section on organizing a correctional health system is included which deals with the role of health care administrators, recruiting and training of health care personnel, and financing of correctional health care programs.

Brock, Herb, "Kentucky's Quality Health Care Is Being Upgraded," American Journal of Corrections, 14-15, November-December 1976.

The Kentucky Bureau of Prisons has developed a three-part program to upgrade medical services in state penal facilities. The program includes: increasing on-the-spot availability of qualified medical personnel to handle emergency situations at prisons; developing in-service training programs to cover all medical personnel and others involved in any way with the medical care of inmates; and planning services, facilities and staff needs on a long-term basis. Improvements which have already taken place are summarized and other programs which are planned for the near future are described.

Brutsche, R.L., "Problems of Health Care Delivery in Penal Institutions," New York State Journal of Medicine, 75(7), 1082-1089, June 1975.

The author describes two basic obstacles to satisfactory health services in penal institutions: (1) the penal environment combined with the nature, attitudes and behaviors of inmates tends to militate against

a satisfactory interface between the offender and the health services delivery system; and (2) the small size and relatively good health of inmate populations combined with the institution's responsibilities for security create a major cost-benefit problem between the standard of care provided and practical financial considerations. Possible solutions include hiring health care providers who are trained to deal with anti-social, impulsive or discontented behavioral problems; and hiring paramedical generalists and part-time specialty providers to increase benefits against costs. The possibility of utilizing external medical organizations to provide health care services on a contractual basis is also mentioned.

Buffum, Peter C., Prison Medical Services in the Greater Delaware Valley, The Pennsylvania Prison Society, Philadelphia, Pennsylvania, June 1976.

Based on the results of a survey of health practices observed in four Pennsylvania County Jails, this monograph describes an approach to planning prison health care services. Interview teams from the Pennsylvania Prison Society evaluated the health characteristics of the jail populations; the health care delivery system, including sick call, hospitalization, emergency services, health care for female prisoners; and comparative costs of four jail health service programs. Based on the premise that well-run prisons will experience fewer sick call encounters, it is recommended that environmental and administrative conditions in prisons should be improved. Suggestions include a forum for inmate complaints, programs or meetings between correctional administrators and local health officials, and external monitoring of prison conditions.

Charney, Carol and Maynard, Charles L., "Establishing Protocol-Directed Health Care," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), College of Human and Osteopathic Medicine, Michigan State University, East Lansing, Michigan, 1979.

This manual is concerned with the establishment of protocol-directed health care programs in corrections. It is intended to provide specific strategies and procedures for planning, developing, implementing, and evaluating protocol programs. Topics addressed include: correctional health care and the role of non-physician care providers; the characteristics of clinical protocols; advantages, limitations, and applicability to the correctional setting; the role of physicians in protocol-directed health care; and medical-legal implications for the use of protocols. Recommendations are also made for writing protocols and/or adapting those already written to suit a particular clinical setting.

Charney, Carol and Maynard, Charles L., "Non-Physicians and Protocols," Corrections Today, 54-57, July-August 1979.

The use of mid-level practitioners - nurses, physician assistants, and other nonphysician personnel - is discussed as a means of increasing the availability and accessibility of primary health care services in correctional institutions. It is suggested that the use of nonphysician care providers, with appropriate controls to insure quality, represents a cost effective method of meeting the primary care needs of inmates. Clinical care protocols are described as one mechanism for providing such quality controls. The role of the physician in reviewing protocols and in assuring that clinical data are collected and that logical rules are followed is discussed. Legal safeguards offered by the use of protocols are considered. Several sources of protocols are identified.

Checker, Armand and Kalinowski, Robert H., "The Medical College and Prisoner Health Care," Journal of Medical Education, 47, 831-32, October 1972.

The increased involvement of medical schools in the provision of prison health care is documented by this study. Cost considerations associated with transporting prisoners to medical schools, transporting medical school staff to prisons, and a combination of the two are mentioned. Results of a survey conducted by 4,000 state, county and municipal detention centers by the American Medical Association and the American Bar Association are included which indicate areas of health care planning and service delivery in which medical schools would be most beneficial.

Conwell, Barbara, "Hospital Planning Can Cut Risks of Admitting Prisoner Patients", Hospitals, Journal of the American Hospital Association, 52, 105-108, November 16, 1978.

The hazards and liabilities associated with the care of prisoner patients are outlined. The author suggests that hospital administrators should examine the potential dangers that the care of prisoner patients may present to other patients, and to evolve guidelines for action to protect the general patient from harm and the hospital from tort liability. Two classes of prisoner patients are identified: (1) the inmate of a prison or jail who is referred to the hospital because he needs more care than the prison infirmary is able to provide; and (2) the person under police custody about whom little is known or disclosed to the hospital. The author argues that planning and training is needed in the proper methods of handling prisoner patients, and that policies and procedures should be developed to clarify the role and responsibilities of each employee in the hospital.

Coste, Chris, "Rx for Jail Health Services: Moonlighting House Staff," The New Physician, 25, 34-35, April 1976.

The article describes a successful program run by the University of Michigan House Staff Association to provide medical services at nearby correctional facilities. It specifically describes the program at the Washtenaw County Jail where "moonlighting" house staff from the University of Michigan Medical Center conduct daily sick call, specialty consultations and when necessary, refer seriously ill prisoner patients to University Hospital.

Downey, Greg W., "Model Health Care Goes to Jail in Miami," Modern Health Care 5, 41-49, June 1976.

The program of health services provided by Jackson Memorial Hospital at the Dade County Jail in Miami is reviewed. The problems generally associated with jail health programs are described and the improvements brought about by Miami's unique organization of health services are discussed. Frequent references are made to a report by Glen Hastings regarding the quality and cost effectiveness of this program (see citation for Hastings). The author concludes that Dade County has demonstrated that "health care professionals - not jailers - hold the key to decent care for prisoners."

Elkin, Bernice B., "Health Care in Jails," Rocky Mountain Medical Journal, 75(6), 301-304, November-December 1978.

Basic problems associated with the provision of health services in jails are reviewed in this article along with some recent Supreme Court rulings regarding the delivery of health care services in correctional institutions. The American Medical Association's solutions to these problems through its Pilot Program to Improve Medical Care and Health Services in Jails are described along with the approach adopted by the Casper Wyoming City-Council Jail. The author suggests that the use of nurses both for medical and law enforcement purposes, under the joint Board of Health and Sheriff's Department supervision, may answer some of the difficult problems of prisoners' health care.

Friedman, Emily, "The Men in Blue Pair Up with the People in White," Journal of the American Hospital Association, 52:22, 91-102, November 16, 1978.

Problems associated with the roles and responsibilities of health care personnel and police officers may conflict when prisoners require hospital care. This problem may become especially acute in the emergency department. Questions of ultimate authority over patient restraint, possession and control of firearms in hospitals, safeguarding the confidentiality rights of prisoner patients and law enforcement visibility in the hospital are addressed in this article. Cooperation and communication between hospital staffs and law enforcement officials is suggested as a means of enhancing efficiency and decreasing risks. Innovative programs in New York, California, Colorado, and Illinois for creating good hospital-police relationships are discussed.

Froom, J.; Howe, B.; Mangone, D.; Swearingen, C. and Warren, P., "A Health Data System for New York State Correctional Facilities," American Journal of Public Health, 67(3), 250-51, March 1977.

Outcomes are reported of a trial implementation of new health care delivery procedures, a problem-oriented medical record and forms for collecting health care data in three New York State Correctional Facilities. Two major results were observed in this demonstration phase: (1) physician referrals and requests for physician care were reduced substantially allowing those most seriously ill to receive greater attention by the physician, and (2) systematic data on the health problems encountered has been made available for assessing workloads and planning appropriate personnel coverage. It is expected that statistical reports which are made possible by this system will provide the basis for further improvements in the delivery of health care at these facilities.

Froom, J.; Warren, P.; Mangone, D., Swearingen, C., and Howe, B., "Implementation of Medical Record and Data System for Correctional Facilities," New York State Journal of Medicine, 77(2), 209-215, February 1977.

The University of Rochester Family Medicine Program, under a contract with the Department of Health Services of the State of New York Department of Correctional Services, designed and implemented a medical record and health data system for the state correctional facilities. A description

of the initial phase of this project is provided. Efforts concentrated in two areas: (1) maximizing appropriate use of existing personnel, and, (2) introducing a uniform record system. Sample history forms, physical examination forms, medical record forms and data reports are included.

Goldsmith, Seth B., "Jailhouse Medicine - Travesty of Justice?," Health Services Reports, 87(9), 767-770, November 1972.

Focusing on the organization, delivery and quality of prison health services that existed in the past, this article recounts the events leading up to prison health care reform at the Orleans Parish Prison in New Orleans. It is based upon the author's experiences as health care consultant and formulator of plans for changing the health care delivery system at that prison. Using as standards of quality, adequate medical records, availability of essential equipment, capability of the medical staff and patient follow-up, it was concluded that it was impossible to deliver a minimally acceptable quantity and quality of medical care to the prison inmates. The author's solution to the Orleans Parish Prison health care crisis was to develop a contract for on-site and off-site medical services with the local community hospital while asking the City of New Orleans Health Department to monitor quality. The author states that this new medical care system must still be evaluated.

Hartley, Ellen, "Quality Care for Prison Patients," PRISM, 34, 34-41, April 1975.

The author has written an account of the progress which has been made in the provision of health care services at the Dade County Jail, Miami, Florida. An arrangement with Jackson Memorial Hospital to provide care has resulted in increased availability of physicians from the University of Miami School of Medicine, the development of extended roles for nurse practitioners and the installation of telemedicine apparatus to further increase access to physician consultations.

Hastings, Glen, "Primary Nurse Practitioners and Telemedicine in Prison Care: An Evaluation," in The Changing Health Care Team. Edited by Zoog, Spring, and Yarnell. Seattle: Medical Communications and Services Associations, 1976.

The effectiveness of primary nurse practitioners backed by an interactive television link, in Dade County, Florida jails is evaluated. Findings and preliminary conclusions are presented with regard to the quality of care provided by nurse practitioners, the cost effectiveness of nurse practitioners and of telemedicine, and the satisfaction levels of both inmates and physicians. Data on the effect of this program on service volume and cost per patient visit are also included.

Holbrook, J., "Improved Pharmacy Services in the New Mexico State Penitentiary," University of New Mexico, Department of Family, Community and Emergency Medicine, Albuquerque, New Mexico, Unpublished, Undated.

A new program of pharmaceutical services developed at the New Mexico State Penitentiary is described. Past deficiencies in the prison pharmacy operation are reviewed and evaluated and details of the new unit-dose system instituted at the Penitentiary are presented. Decreased medication abuse by inmates, reduction in "spurious" sick call visits, decreased inmate

violence and decreased drug availability have resulted from this new program. The structure, time table for implementation and the costs of a planned automated pharmacy system are also presented.

Howe, Barbara; Froom, Jack; Culpepper, Lawrence; Mangone, Darlene, "Adoption of the Sick Role by Prisoners: Report on a Multi-Functional Experiment," Social Science and Medicine, 11, 507-510, 1977.

The rights and obligations theoretically involved in the sick role are well-known and recently situational modifications in the theory have been suggested. The authors attempt to assess the extent to which prison inmates use the sick role for secondary gains rather than for acute illnesses. When the division of labor was restructured to include the option of lower levels of care for prisoners, it was found that their desire for physicians' care decreased dramatically. Although total sick role enactment remained constant when alternative sick call services were made available, most inmates chose to have only symbolic encounters in the health care system rather than consulting with physicians at the sick call. (Authors' abstract adapted.)

Kaufman, A.; Holbrook, J.; Collier, I.; Farabaugh, L., "Prison Health and Medical Education," University of New Mexico, Department of Family, Community and Emergency Medicine, Albuquerque, New Mexico, Unpublished manuscript, Undated.

The authors describe a three-year experimental program in which pre-clinical medical students, senior nursing students and senior pharmacy students performed clinical rotations at the New Mexico State Penitentiary. Students expressed professional satisfaction with the program and 100 per cent of the inmates surveyed expressed a desire to see the service continue. This non-contractual model for a university prison health alliance served the educational needs of health science students through the voluntary provision of health care services and also resulted in the unanticipated outcome of attracting full-time medical professionals to the prison.

Kaufman, Edward, "The Use of Ex-Addicts and Other Paraprofessionals as Mental Health Workers in Prisons," Diseases of the Nervous System, 37(12), 367-82, December 1976.

The use of rehabilitated ex-addicts and other paraprofessionals to provide mental health services in the New York City Prison System is discussed. It is suggested that paraprofessionals can play an important role in providing basic mental health services. The author suggests that carefully selected ex-addicts or ex-inmates who have been rehabilitated through a therapeutic program and/or methadone maintenance program can be effective therapists and that the best approach to the therapy of the inmate is one which utilizes a properly trained and supervised "product of the ghetto environment" as a vital part of the treatment team. The article describes the process for selecting, training and employing paraprofessionals and discusses problems encountered in this program.

King, Lambert N., "Analysis of Primary Care Physician Needs in Health Programs in Correctional Institutions," Unpublished, August 31, 1978.

This paper presents a methodology for analyzing the needs for primary care physician services in correctional institutions and for defining the level of services necessary to provide minimally acceptable health care services as defined by national standards. The methodology takes into

account the number of physician hours necessary to perform entrance exams, handle sick call services, conduct chronic disease clinics, provide infirmary and convalescent services and provide administrative and supervisory support. Factors inherent in the prison institution which contribute to inefficiency are also considered. The formula assumes the availability of an adequate number of physician extenders, nursing personnel and a medical director.

King, Lambert N., "Utilization of Former Medical Corpsmen in the Provision of Jail Health Services," Journal of the American Medical Association, 67(8), 730-34, August 1977.

The use of former military corpsmen as an integral component in the delivery of health care services at the Cook County correctional facilities is described. Medical corpsmen are responsible for performing intake physical examinations, delivering prescription medications, triaging at sick call, and providing elementary services on the jail tiers. Utilization of corpsmen has been associated with improved rates of medication delivery, beneficial effects in relation to tuberculosis and venereal disease control, and more appropriate utilization of physician services.

Lindenauer, Marilyn R. and Lichtenstein, Richard L., "The Development of Policy and Procedure Manuals for Correctional Health Care Programs," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Correction), School of Public Health, University of Michigan, Ann Arbor, Michigan, 1979.

This manual discusses the how-to's of writing a policy and procedure manual for a correctional health care program and describes the manual's uses as a management tool. Recommendations are made concerning the planning, writing and implementing of policies and procedures. Additionally, an outline is offered as a model for a policy manual with suggestions for content of each policy. Each policy cites the AMA and/or ACA Standards to which the policy relates.

Litt, Iris F. and Cohen, Michael I., "Prisoners, Adolescents, and the Right of Quality Medical Care - The Time Is Now," American Journal of Public Health, 69(9), 894-97, September 1974.

This article describes a program begun in 1968 at Montefiore Hospital in affiliation with the New York City Human Resources Committee designed to provide health care in juvenile detention centers. The program treated 31,323 patients over 60 months and centered on intensive screening procedures to detect unhealthy detainees. Both screening and treatment were carried out by trained health professionals. Mandatory follow-up programs were instituted for all treated juveniles who returned to the home environment. The program operates under the premise that pre-existing poor health, which results from inadequate medical care, is a byproduct of the lifestyle of those who eventually become imprisoned.

Mickel, Dennis A., "If Your Patient Is a Prisoner," Security World, 32-33, October 1978.

Following an incident in which two deaths resulted from the attempted escape of a police prisoner-patient from a county hospital, the author formulated the hospital security procedures presented in this article.

Governing the treatment of all prisoner-patients in non-prison hospitals, they include procedures specific for emergency rooms and hospital rooms, as well as general security measures.

Moore, Doyle, "Hospital in Pennsylvania Services Delaware Prisons," Sacred Heart General Hospital, Wilmington, Delaware, Unpublished, Undated.

Under contract to the State of Delaware, Sacred Heart General Hospital in Chester, Pennsylvania is providing health care services to approximately 1500 prisoners in 11 Delaware penal institutions. This program, which includes the provision of medical, dental, optometric and psychiatric services, is briefly described in terms of its cost effectiveness and compliance with American Medical Association Standards for Health Care in Penal Institutions.

Moore, Doyle, and Wiedemer, Kirk, "New Approach to Health Care Delivery in a County Prison," Sacred Heart General Hospital, Wilmington, Delaware, Unpublished, Undated.

A brief description of the program of medical services provided by Sacred Heart General Hospital at the Delaware County Prison. The authors suggest that this program has improved the quality of medical care available to the 400 inmates at the county prison and has resulted in reduced mortality and morbidity, greater patient satisfaction and reduced costs.

Moyer, F.D., Flynn, E.E., Powers, F.A., Plantz, M.J., Guidelines for the Planning and Design of Regional and Community Correctional Centers for Adults, University of Illinois, Urbana, Illinois, 1971.

This extensive planning manual was developed by the Department of Architecture at the University of Illinois under a contract to the Law Enforcement Assistance Administration. The guidelines it contains were developed for use by correctional administrators and architects in the process of planning and developing adult treatment programs within the community; developing alternative classification, routing and treatment schemes; and, for relating these processes to the design of the facility. Detailed topic areas include: data collection and survey analysis, offender classification systems, treatment programs and their components, and facility planning concepts and budgeting.

National Clearinghouse for Criminal Justice Planning and Architecture, "Clearinghouse Transfer: Jackson County, Kansas City Missouri - A Model Health Care Unit," Transfer #3, March 1976.

The efforts of the Jackson County Jail to upgrade its medical-dental facilities and to develop quality health care programs to meet the needs of its inmate population are described. Services available at the new facility are summarized and community involvement in the development of the new health care unit is discussed. The report is intended to assist other agencies considering similar projects.

Novick, Lloyd F., "The Contractual Model for Prison Health Care," Medical Care, 14(8), 694-699, August 1976.

An assessment of the efficacy of the contractual agreement between the New York City Department of Health and the Montefiore Hospital is provided

in this article. The author begins by outlining six factors which he believes are inherent in prison systems and which hamper the provision of health care services in that setting. These are: (1) the correctional setting where health care is a secondary priority, (2) limited financial resources, (3) difficulties in staff recruitment, (4) absence of standards; (5) isolation from community health care; and (6) lack of continuity for prison health services. The contractual model is considered in terms of its ability to overcome each of these constraining factors. The author concludes that the contractual model has distinct advantages: quality medical care is provided, staff recruitment is facilitated along with the formulation of medical programs and the creation of appropriate conditions for the delivery of medical care. Disadvantages of such a system include significantly higher costs. The author warns that the success of the New York City program may not be transferable to other settings, but suggests that it should certainly be more widely tested.

Platt, Nancy P.; Martell, Dianne L. and Clements, Phyllis A., "Level I Field Placement at a Federal Correctional Institution," The American Journal of Occupational Therapy, 31(6), 385-87, July 1977.

The fieldwork experience of two Eastern Michigan University senior occupational therapy students at Milan Federal Correctional Institution is described. The students assisted male inmates in exploring their interests and needs in work and self-care; they developed a related program agenda; they assisted in the identification of individual skills; and, they clarified, through their contributions, the role of and need for occupational therapy in a non-medical setting.

Reuss, JoAnne C., "Pharmacy Services in Correctional Institutions," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Correction), School of Public Health, University of Michigan, Ann Arbor, Michigan, 1979.

This manual presents an overview of the organizational and administrative requirements for operating pharmacy programs in correctional institutions. The discussion is directed to medical directors, health services administrators, and pharmacists, and covers all aspects of pharmacy management. Information is included on: goals and standards; legal requirements; pharmacy organization and location; procurement of pharmaceuticals including purchasing, inventory control, and storage; drug distribution systems; roles of pharmacists and technicians in pharmacy practice and patient care; and pharmacy administration including personnel and budget management. An extensive bibliography on pharmacy management and administration is included. Selected reference materials are supplied in the appendix covering professional standards and practice guidelines, policies and procedures for pharmacies in correctional institutions, and a self-evaluation instrument.

Ris, Hania W., "The Integration of a Comprehensive Medical Program in a Juvenile Correctional Institution," Journal of American Medical Women's Association, 39(4), 367-378, September 1975.

An informal description of a comprehensive, multidisciplinary health program at the Wisconsin School of Girls (a state institution for delinquent juveniles), written by its medical director. The program makes use of a wide variety of health professionals - physicians, dentists, psychologists, social workers, recreational therapists, many of whom are staff or students

at the University of Wisconsin. A brief account of the intake physical and psychological testing performed and resulting treatment is presented. The article discusses the positive aspects of this program.

Ris, Hania W., "What Are the Health Needs of Residents of Juvenile and Correctional Institutions?" (Paper presented at the Second National Conference on Medical Care and Health Services in Correctional Institutions), Chicago, Illinois, October 27-28, 1978, Unpublished.

Diagnostic tests are identified which should be regularly performed on all residents of a juvenile correctional institution. The medical problems associated with women of child bearing age and pregnant women are discussed. Solutions, other than adoption, are offered for the care of a child born to an incarcerated mother.

Rosenheim, Margaret K., "Kids on Ice - Children in Confinement," American Journal of Public Health, 63(5), 390-92, May 1973.

Arguing in favor of abolishing juvenile detention, the author suggests that the present system serves a population which is too diverse and for which the placement alternatives are too few. She proposes that secure custodial holding of juveniles be limited to alleged dangerous offenders and that age restrictions be imposed. Age 16 is suggested. Mention is made of the fact that detention homes are frequently mere dumping grounds for the mentally retarded.

Sacca, Joseph D. and Morgan, Richard T., "A Comprehensive Medical Program for the Arizona State Department of Corrections," Arizona Medicine, 39(11), 785-88, November 1973.

Innovative changes in inmate medical care have been implemented by the Arizona State Department of Corrections, subsequent to grave charges of inadequacy levied against it in 1968. The philosophy underlying the current treatment program is the promotion of health, the prevention and cure of disease, the rehabilitation of the patient and the creation of a medical care program for prisoners that is equivalent to that available to private citizens. A cooperative effort between the Department of Corrections and the Arizona State Personnel Commission is described which resulted in the creation of a new classification of health provider. The "Correctional Medical Specialist" was developed to serve as the backbone of the health care program in corrections by working in a variety of settings such as laboratory, security, sick call, infirmary duty, dental assisting and psychiatric support. A chart of the organization of the medical care program in Arizona is included.

Smith, Mickey C. and Hopper, C.B., "Pharmacy Service in Prison Hospitals," American Journal of Hospital Pharmacy, 26, 36-40, January 1969.

The results of a nationwide survey of 122 correctional facilities on the responsibilities and the attitudes of full-time prison pharmacists are contained in this article. Only 31 institutions employed full-time pharmacists of which only 24 returned questionnaires which were considered complete enough for the purposes of this study. Pharmacy practices were similar to those in outside hospitals but more emphasis was placed on the control of drugs and their distribution. Respondents cited the principal advantages of the job as working conditions and job benefits, while the main disadvantages were interprofessional problems and the routine nature

of the job. The authors suggest that the contained population and the controlled environment offer prison pharmacists a unique opportunity for studying drug utilization, and methods of cost control.

Spira, M.; Chizen, J.H.; Gerow, F.; and Hardy, S.B., "Plastic Surgery in the Texas Prison System," British Journal of Plastic Surgery, 19(4), 364-71, October 1966.

Many prison systems offer cosmetic and reconstructive surgery to prisoners as a part of their inmate rehabilitation program. While the article briefly surveys prison plastic surgery throughout the United States, it focuses on the Baylor Affiliated Hospitals Residency Program working in cooperation with the Texas State Department of Corrections. Of the 1,321 prisoners involved over a ten year period, scar excisions, rhinoplasties, and hand operations comprised the majority of cases. While no definitive stance is taken on determining the rehabilitative value of plastic surgery, the article notes that those receiving corrective surgery had only a 17% recidivism rate as compared to a 31.6% rate within the prisoner population at large.

Stevens, Robert M. and Besser, Robert A., "A Non-Compliance Counselling Program in an Ambulatory Care Setting," Montifiore Hospital and Medical Center - Rikers Island Health Services, Unpublished, December 1978.

A model program for improving medication compliance of ambulatory patient inmates has been developed at the correctional facilities on Rikers Island, New York. The unit dosage distribution system permits a review of the daily medicine consumption of each patient. Those missing two consecutive doses have their medical record reviewed and receive counselling from a pharmacist. In addition to increasing compliance, the program has given the pharmacist a direct role in total patient care.

Thomas, J. William, "Information Systems for Correctional Health Care Programs," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), School of Public Health, University of Michigan, Ann Arbor, Michigan, 1979.

This manual is designed to serve as a basic reference on information systems for correctional health care programs. Categories of information needed in the operation and management of correctional programs are defined, and general concepts in the use of information for program management are discussed. The functional analysis method for designing specific management information needs is described, and illustrations of the design process for both manual information systems and computer-based systems are presented.

Thomas, J. William, "Information Systems for Correctional Health Services - Is Now the Time?," Corrections Today, 40-42, July-August 1979.

The benefits associated with both manual and computer-based management information systems and their application to correctional health programs are considered in this article. A distinction is made between information systems which simply collect, store, summarize and report

data and management information systems which support organizational planning and budgeting activities and also facilitate the monitoring and control activities of managers. Five potential benefit areas associated with a correctional health information system are examined. These are: (1) providing support for patient care activities, (2) monitoring program performance to improve management control, (3) providing objective information upon which to base resource planning decisions, (4) coordinating health care and security functions, and, (5) satisfying record and reporting requirements of outside agencies.

Twin, Edward; Krinsky, Mark L.; and Clark, Toby, "Hospital Operates Health Care Program at Jail," Journal of the American Hospital Association, 49, 51-54, July 16, 1975.

Inmate disturbances in 1972, which drew attention to the inadequacy of health care services at Jackson County Jail in Missouri, resulted in the construction of a new medical-dental unit and the establishment of a contract with Kansas City General Hospital to oversee the medical care available at the jail. The evolution of this program is discussed and several program areas including pharmacy, laboratory, radiology, medical records, and dentistry are described in detail. A brief critique of the program's success is provided.

Tyce, Francis A., "PORT of Olmstead County, Minnesota - Community Rehabilitation for Legal Offenders," Hospital and Community Psychiatry, March 1971.

The Probationed Offenders Rehabilitation and Training Program (PORT) of Rochester, Minnesota is described in this article. A community-based, domiciliary treatment facility for criminal offenders, PORT serves as an alternative to institutionalizing adults and juveniles. A detailed account of program philosophy, selection of staff, success rate and future plans is provided.

University of Washington, Department of Health Services, MEDEX Training Center, "Jail Health Care Reference Manual," (Paper prepared for the Washington State Medical Association Jail and Prison Health Care Committee), Preliminary Edition, September 22, 1976.

This manual was written for correctional personnel working in small city/county jails and other institutions where a health practitioner (doctor, nurse, medics) is not immediately available to handle medical problems. It is assumed that jailers, as non-health providers, cannot make health care decisions other than to assess the urgency of problems and the need for referral. Guidelines are provided to assist jailers in responsibly functioning as health care referral officers. Triage protocols are provided which cover 28 common problems and review of medical skills needed to follow the protocols is presented. Health information which should be obtained during the booking procedure, health examination and screening requirements and a discussion of the importance of medical records are also included.

Weisbuch, Jonathan B., "Public Health Professionals and Prison Health Needs," American Journal of Public Health, 67(8), 720-22, August 1977.

According to the author the major reason that deficiencies exist in the structure of prison health care programs is that the responsibility for providing adequate health care, in most prison systems, rests with the

prison warden or superintendent at each institution. In systems where health administrators have been employed, it is not unusual for their responsibilities to be limited to services at one institution and to generally exclude budgetary control or full responsibility for personnel management. Prison wardens or superintendents, untrained in health care administration and unwilling to relinquish budgetary authority, cannot be expected to build adequate health care programs for prisoners. Their hesitancy to relinquish authority over any institutional service has resulted in the employment of few health services directors who are anything more than direct care providers. The author continues that such providers - with insufficient knowledge of health care systems design, no authority over the system, and minimal administrative support - will be unable to bring together the disparate resources of the prison system into an integrated system of health care. The conclusion is that "as long as correctional administrators are satisfied that prison health can be provided simply by hiring a part-time physician and a few nurses or other providers and making available a number of secure hospital beds within the walls, no major improvement in prison health will occur."

Wolbert, Tim and Wall, T.C., "Receiving Health Screening by Jail Personnel: A Training and Reference Manual," and "Instructor's Manual - Companion to Receiving Health Screening by Jail Personnel," Medical Association of Georgia, Committee on Prison Health Care, February 1978.

These two manuals were prepared for use in conjunction with a two-day course to provide jail officers with sufficient training to adequately perform health screening examinations and to establish screening forms and procedures. The course provides booking officers with criteria for determining whether a prisoner should be seen by a physician before being accepted into the jail's custody. Information is presented to guide decisions concerning the need for medical clearance, detoxification or special housing. While a general outline of the course material is presented in these two manuals the authors caution that they were not designed to serve as a substitute for the course itself.

DENTAL HEALTH SERVICES

Colon, P.G. and Raynor, Stanley, "Dental Status of La Tuna Prisoners," The Journal of the American Dental Hygienists' Association, 46, 366-69, September-October 1972.

A two-year study of the dental needs of 1,752 prisoners at the Federal Correctional Institution, La Tuna, Texas, is described. The prison population was unique in that over 50% of the inmates were foreign nationals, primarily European and Mexican origin. Only 7% were American blacks and native American. The results indicated that 64% of all patients had either never visited a dentist or had visited a dentist for extractions only. The poor oral hygiene among more than 75% of the Mexican aliens was attributed to their nomadic lifestyles which the author suggests contributed a major barrier to seeking a constant source of care. The authors conclude that exposure to fluoridated water alone does not guarantee good oral health since more than 75% of the prisoners examined came from areas of high natural fluoridation.

Cotman, Lawrence, "Bruxism Among Prison Inmates," Dental Survey, 46, 31, January 1970.

The author observed among the inmates of Michigan's Jackson Prison a tremendous amount of tooth wear which suggested that these individuals bruxed to a greater degree than patients seen in private practice. In addition, a large percentage of the prisoners demonstrated a locked bite. Inmates in the 21-30 age group evidenced the most bruxism with decreasing tendencies in each successive age group. The author also noted marked attrition of teeth among inmates. It is suggested that in light of these observations, perhaps dental care needs should receive greater attention as part of prison rehabilitation programs.

Cutler, Jane, "Dental Health Education Behind Bars," The Dental Assistant, 48(1), 16-19, January-February 1979.

The Nashville Dental Assistant Society implemented an experimental dental health education program initiated at the Tennessee Prison for Women. A dental needs assessment which preceded this program indicated that 55% of the women needed prophylaxis, approximately 50% needed prosthetic treatment and more than 50% needed some type of oral surgery. The outcome objective of this program was to change the dental health status of those women participating in the educational program. The success of the program was evaluated in terms of inmate participation, improvements in oral hygiene and improved periodontal indices. Education consisted of a demonstration of proper brushing and flossing techniques and an explanation of the causes of dental disease. As a result of the program, plaque indices were improved, but reductions in the oral hygiene and periodontal indices were only marginal, 1.11 to 1.01 and .52 to .85 respectively. Both program participants and dental assistants were

satisfied with the program in spite of what the author felt were disappointing results. It was suggested that because many of the inmates had extensive calculus deposits the oral hygiene techniques may have been ineffective.

Easley, Michael W. and Lichtenstein, Richard L., "Dental Health Programs for Correctional Institutions," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Correction), School of Public Health, University of Michigan, Ann Arbor, Michigan, 1979.

This document presents a comprehensive and detailed discussion of the requisite components of an effective correctional dental health program. The manual is directed toward correctional health administrators and dental directors, and emphasizes both the structural and administrative aspects of the dental program. Chapters include material on: the overall role of dental care in correctional health; problems and constraints concerning the provision of dental care in the correctional setting; professional staffing; facilities and equipment; the organization of the dental division in the correctional setting; alternative approaches to providing comprehensive dentistry; establishing priorities for care; and quality assurance. An extensive appendix is included containing such information as: sample policies and procedures; potential sites for personnel recruitment; model dental records; standards for dental care in corrections; suggestions for publications to be included in a prison dental library; and the names and addresses of all dental schools, dental auxiliary schools, dental societies, and state dental boards in the United States.

"G A O Report Evaluates Dental Care within Prisons," American Dental News, 7-9, January 22, 1979.

The findings of the General Accounting Office regarding the inadequacy of medical and dental care in U.S. prisons are presented in this article. Prison dental facilities were found to be poorly equipped and staffed, dentists were unable to treat all emergencies in a timely manner, and preventive dentistry was considered an impossible task. The American Dental Association's efforts, in conjunction with the American Medical Association, to develop prison dental care standards is described along with the current provisions regarding dentistry in the AMA, ACA, APHA and Justice Department standards for health care services in correctional institutions.

Johns, Barton K., "What's to Become of the Dental Program at Esque?," The Journal of the California Dental Association, 48(2), 12-19, Fall 1972.

A brief history of the San Quentin Prison and a description of the growth and development of the dental laboratory technician training program established at that prison in 1945 is provided in this article. Since a date has been established for closing San Quentin, the author expresses hope that the dental training program will be continued at another institution in California.

Ross, Linda, "The Oral Health Status of Inmates of the Detroit House of Corrections," Unpublished, Undated.

A study was conducted at the Detroit House of Corrections in order to identify dental conditions and treatment needs of its inmates. One hundred and forty-one men were examined over a two-month period and it was found that the mean number of decayed teeth was twice as high as might be expected in the general population. It was also found that greater numbers of teeth were missing. Inmates at DeHoCo demonstrated fewer filled teeth than reported nationally and the prevalence of periodontal disease, although it increased with age, was found to be less excessive than reported nationally. Plaque and calculus accumulations were widespread and more than half of the men over 18 expressed a desire for prosthetic replacement of missing teeth.

Schwalbach, Stephen and Hasel, Robert W., "Inside Story - Dentistry Behind Prison Walls," Dental Student, 50(10), 62-63, October 1972.

Two senior dental students provide a brief enthusiastic account of their summer internship at the Stillwater State Prison in Minnesota. The authors feel that inmates benefited from their services and that they gained valuable clinical experience both by treating a wide variety of patients and by working jointly with medical professionals to explore the interrelationships that exist between medicine and dentistry.

Shapiro, Stewart; Gallant, Dorothy E. and Pollack, Burton R., "Comparison of Dental Health Profiles of Two Women's Prisons," Journal of the Baltimore College of Dental Surgery, 26(2), 52-28, 1971.

The dental findings of incarcerated females in two geographically distinct areas: the Correctional Institution for Women in Framingham, Massachusetts; and, the Maryland Correctional Institution for Women in Jessups, Maryland are compared in this study. Both institutions have approximately the same number of residents, and they have similar rehabilitative program facilities and administrative policies. Examinations were conducted on all subjects with at least two natural teeth using a mirror, explorer, and illumination devices. Findings showed definite similarities between the groups in terms of oral debris, oral calculus, and periodontal disease. These results agree with data in the National Health Survey which supports the recommendation for considering such populations as available sources for dental research.

Shapiro, Stewart; Pollack, Burton R. and Gallant, Dorothy, "A Special Population Available for Periodontal Research - Part I: The Periodontal Findings of Incarcerated Women," Journal Periodontal, 41, 677-70, December 1970.

The results of a study designed to test the feasibility of using an institutionalized population for pilot or exploratory periodontal investigations are presented in this study. It was demonstrated that the periodontal and dental findings of the residents of female correctional institutions were comparable with findings of the noninstitutionalized general population. The authors conclude that residents of female correctional institutions could be utilized for research projects and as a population source for periodontal research.

Sissman, Isaac, "Prison Dentistry in Pennsylvania," Pennsylvania Dental Journal, 36(8), 274-75, November 1969.

The author presents an historical overview of prison dentistry in Pennsylvania from its inception in 1904 through its present status as developed in 1953 under the direction of Ernest Lewis and Arthur Prasse. Present programs include mandatory dental examination and X-ray upon entry; and regular care including extractions, root canal therapy, fillings, reduction of fractures and denture manufacture.

MENTAL HEALTH SERVICES

American Medical Association, Pilot Program to Improve Medical Care and Health Services in Correctional Institutions, "The Recognition of Jail Inmates with Mental Illness, Their Special Problems and Needs for Care," Chicago, Illinois, September 1977.

Prepared for law enforcement officials, this pamphlet is a guide for recognizing the signs and symptoms of mental illness. A number of medical problems which might simulate mental illness are discussed and specific signs generally associated with true mental illness are listed. It is recommended that written procedures be developed to enable jail personnel to promptly and appropriately respond to mental health emergencies. Suggestions are offered for managing mentally ill and potentially violent inmates. Specifications for psychiatric/suicidal observation rooms are included along with a list of suggested suicide precautions.

Bull, Megan P., "Medical Treatment of Criminals," Transactions of the Medical Society of London, 91, 71-75, 1975.

Speaking before a regular meeting of the British Medical Society the author addresses the role which prisons should be expected to play in the treatment of mentally abnormal offenders. Programs currently available in the British prison system are reviewed and the author suggests that they compare favorably with programs outside prison. Several problem areas associated with psychiatric treatment in prisons are discussed. These include: obtaining inmate consent for treatment, the fact that prison facilities are not conducive to treatment, and difficulty in planning aftercare. The author concludes by expressing her belief that whatever forms of treatment are undertaken in prisons their rehabilitative objectives should be to reintegrate and return patients to the community.

Cormier, B.M.; Morf, G. and Mersereau, G., "Psychiatric Services in Penal Institutions," Laval Medical Journal, 40, 939-45, November 1969.

The evolution of various schools of Canadian thought on the treatment of psychiatric disorders among prisoners are discussed in this article. A particularly decisive issue has been whether mentally ill prisoners should be treated in general psychiatric hospitals or in separate prison facilities. Important considerations in this decision are security, the threat which mentally ill offenders represent to other patients, and the danger that a separate hospital may become primarily a detention center rather than a site of active treatment. The results of a 13-year experience with the first federal penitentiary psychiatric service are reported in support of the authors' position that in-house psychiatric services are preferable. Several recommendations are offered for establishing prison psychiatric and medical services which are closely integrated with the resources in the province(s).

Cormier, B.M.; Simons, S.; Barriga, C.; Mersereau, G. and Morf, G., "Psychiatric Services in Penal Institutions. Part II. A Detailed Survey of Patients Hospitalized on a Given Day," Laval Medical Journal, 42, 22-28, January 1971.

This paper compares the schizophrenic and neurotic patients hospitalized at the St. Vincent de Paul Penitentiary Psychiatric Hospital. Patients did not differ in age distribution, family background, education and marital status, nor in criminological type and crime pattern. The authors suggest that the background of both these groups appeared to have been unusually unfavorable and pathogenic. Neurotics appeared slightly less impaired than schizophrenics in social interaction, but both groups showed low achievement in all areas.

Dole, Vincent P., "Detoxification of Sick Addicts in Prison," Journal of the American Medical Association, 220, 366-369, April 17, 1972.

More than 22,000 heroin addicts have been successfully detoxified during the past nine months in the detention jails of New York City. By standardizing the dosage schedule (decreasing doses of methadone hydrochloride) and the dispensing routines, it has been possible to conduct this large program within the cell blocks of the institutions. Violence and suicide, which occurred frequently before treatment was started, have been completely absent in the detoxification areas. The treatment program now is a starting point for placement of addicts in community-based narcotics treatment programs. (Author's Abstract.)

Faulk, M. and Trafford, P.A., "Efficacy of Medical Remands," Medical Science Law, 15(4), 276-79, 1975.

The authors of this British Study demonstrate how doctors can use the custodial remand period (roughly equivalent to presentencing detention) to perform psychiatric evaluations of offenders and arrange treatment or rehabilitation programs for them.

Fink, Ludwig and Martin, J. Peter, "Psychiatry and the Crisis of the Prison System," American Journal of Psychotherapy, 27(4), 579-84, October 1973.

The inhumane conditions in prisons, the high rate of recidivism, and the high rate of crime committed by repeaters are characterized as evidence of prison system overemphasis on custody and control. The authors argue that this leads to dehumanization of individuals and reinforces bitterness. Acknowledging that reformation is a common goal of imprisonment, they call for psychiatrist-directed rehabilitation programs which can help humanize correctional facilities and serve as centers for the study, diagnosis and treatment of the criminal mind. These programs must also include education and retraining of prison personnel. The authors conclude that these types of reforms in prison programs coupled with changes in public attitudes are needed in order to successfully rehabilitate prisoners.

Fink, Ludwig; Derby, Wilfrid P. and Martin, J. Peter, "Psychiatry's New Role In Corrections," Journal of Psychiatry, 126, 542-546, October 4, 1969.

Preliminary results are reported on an experiment comparing the changes in behavior and personalities in a non-voluntary group of inmates nearing release who were placed in a "therapeutic community" with a similar

non-treatment group. The treated inmates showed improvement in emotional stability, super-ego strength, social relations, positive self-image, and purpose in life. The study was done at the New York State Diagnostic and Treatment Center in Clinton Prison.

Gibbs, John J., "A Psychological and Behavioral Pathology in Jails: A Review of the Literature," September 27, 1978, Unpublished.

Recent studies on the physical and psychological impact of jails on their inhabitants are reviewed. Nearly universal consensus has been found regarding the inadequacies of conditions in American jails and it has been suggested that such conditions lead to increased rates of self-injury and psychological breakdown. The author argues that methodologies employed to arrive at these conclusions have been inadequate, that sampling techniques have been crude, that research questions have been poorly formulated; and that testing instructions are open to question. The author concludes that reliable information must be gathered on the nature and extent of psychological and behavioral pathology in jails if we wish to improve the psychological survival of inmates.

Gunn, John, "Management of the Mentally Abnormal Offender," Proceedings of the Royal Society of Medicine, 70, 877-880, December 1977.

Following a discussion of current problems associated with secure psychiatric facilities in England, two alternative organizational models are presented for the development of regional security facilities.

Guze, Samuel B., Woodruff, Robert A., and Clayton, Paula J., "Psychiatric Disorders and Criminality," Journal of the American Medical Association, 227(6), 641-42, February 11, 1974.

This study of 500 psychiatric clinic patients indicated that serious crime, as measured by a history of felony conviction, was chiefly associated with sociopathy (antisocial personality), alcoholism, and drug dependence. The results of this study suggest that except for sexually deviant behavior leading to arrest and conviction, other psychiatric disorders are infrequently associated with felonies. (Authors' abstract adapted.) See comment by Paull and Malek, JAMA, 228(11), June 10, 1974.

Jew, C.C.; Clanon, T.L. and Mattocks, A.L., "The Effectiveness of Group Psychotherapy in a Correctional Institution," American Journal of Psychiatry, 129(5), 114-117, November 1972.

The effects of group psychotherapy on inmates suffering primarily from personality and character disorders in a correctional institution are described. Findings based on parole outcome indicated that patients who had treatment did significantly better than controls at one-year follow-up, but the positive effects had disappeared after four years. The authors conclude that a program providing continuity of professional service between the institution and the community is necessary to sustain the gains made within the institution. (Authors' abstract adapted.)

Jones, Harvey V.R. and Williams, J., "Staff Training in a Local Prison," Medicine Science and Law, 13(1), 61-73, January 1973.

A training program instituted in 1968 for prison officers at Swansea Prison in Wales is described. Eight organizational units for handling the prison's 320 inmates were developed: reception, classification, security, treatment, pre-release, career planning and placement, communications, and refurbishing of buildings. Group training methods and ongoing staff support systems are delineated.

Loewenstein, Phyllis, "Prison" (in Headache Rounds, edited by Patricia Graham), Headache, 17, 1-4, March 1977.

This interview between a prison psychotherapist and physicians specializing in headaches deals with the high rate of migraine and cluster headaches among inmates. Several case histories are presented which support the theory that headaches stem from suppressed anger and guilt; and from obsessive, hysterical and depressing personality traits among inmates.

McLean, Elizabeth K., "Prison and Humanity," The Lancet, 1(7905), 507-511, March 1, 1975.

Gredon Prison is an experimental institution managed by the Prison Service in Great Britain. The Prison, which is operated as a therapeutic community, was established to determine if changing the traditional prison ambiance and the use of group psychiatric treatment could alter the motivations and behavior of recidivist criminals. Inmate attitudes toward authority figures and toward themselves have been changed which has resulted in the development of open and personal relationships between staff and inmates and the absence of brutality and escapes. The efficacy of the program with regard to reconviction rates has not been adequately studied.

McNiff, Martha A., "Nursing in a Psychiatric Prison Service," American Journal of Nursing, 73(9), 1586-87, September 1973.

Reflecting on her experiences as a psychiatric nurse at Bellevue Hospital Center in New York, the author discusses environmental factors inherent in prisons which pose obstacles to the effective therapeutic treatment of mentally ill inmates. It is suggested that among the most difficult are the claustrophobic environment which results from limited space and overcrowding and the lack of activities for patients. Problems associated with low nurse-to-patient ratios, and the deleterious effect that a nurse's collaborative liaison with correctional officers has on therapy are also discussed. The author challenges all nurses to become aware of the problems of the psychotic prisoner and to urge reform of present-day institutions.

Nelson, R.P. and Crocker, A.C., "The Medical Care of Mentally Retarded Persons in Public Residential Facilities," New England Journal of Medicine, 299(19), 1039-44, November 9, 1978.

Medical care in residential facilities for the mentally retarded is described with respect to an historical evaluation of medical involvement in these institutions and the changing character of large public

residential facilities. Current alternatives for providing medical care services in these institutions include: contractual arrangements; the involvement of academic medicine; and, the use of multidisciplinary treatment teams. The authors' experiences with an affiliation between Children's Hospital Medical Center in Boston and the Wrentham State School are discussed.

The North Carolina Department of Correction and The North Carolina Medical Society, Mental Health for the Convicted Offender - Patient and Prisoner, Raleigh, North Carolina, 1977.

The proceedings of a conference devoted to discussions of the problems involved in delivering mental health services to convicted offenders are presented in this monograph. Conference participants included psychiatrists, psychologists and correctional and health administrators. The conference was divided into six workshops, each focusing on a different prison mental health problem: (1) treatment environment in prisons, (2) alcohol and drug abuse, (3) rights to treatment and privacy, (4) sanity determination among problematic inmates, (5) alternatives to incarceration, and, (6) treatment of special inmates, i.e., the psychotic, the elderly, the mentally or physically retarded, and the sex offender. The proceedings consist of prepared papers and excerpts from workshop discussions.

Paul, Donald and Malek, Richard A., "Psychiatric Disorders and Criminalities," Journal of the American Medical Association, 228(11), 1369, June 10, 1974.

This letter to the editor objects to an article published in an earlier issue (Guze, Woodruff, and Clayton, JAMA, 227(6), February 14, 1974) which stated that sociopathy, alcoholism and drug dependence are the psychiatric disorders most frequently associated with serious crime and that schizophrenia is not so associated. The authors' feel that this is an erroneous statement on two grounds: (1) legal rulings which allow charges to be dropped against schizophrenics, and (2) research at the Psychiatric Institute of the Circuit Court of Cook County, Illinois, showed that in 1972, 2,239 of 6,145 non-indictment cases were dropped based on a diagnosis of schizophrenia, as opposed to 182 cases dropped for alcoholism, 21 cases for drug dependency, and 75 cases for other psychiatric conditions.

Roy, Chuni, "Dilemmas of Medical Ethics in the Canadian Penitentiary Service," Journal of Medical Ethics, 2, 180-82, 1976.

A number of moral and ethical dilemmas have arisen in a psychiatric hospital operated by the Canadian Penitentiary Service. Problems which have developed out of the dual nature of the institution (it is both a prison and a hospital) include: (1) medical and correctional disagreement regarding admission criteria and voluntary versus involuntary treatment; (2) the acceptability of the "informed consent" obtained from a patient confined in prison; (3) the inability of physicians employed in the prison to guarantee confidentiality in their relationships with their patients; (4) the status of the patient is not clear since correctional regulations, including punishments, are enforceable in this hospital; (5) physician prerogatives to make therapeutic decisions have been questioned by prison officials who desire direct control over services rendered to patients; and, (6) the physician-patient relationship is jeopardized by parole board requests for psychiatric predictions of dangerousness. In order to provide

some guidelines approaching these problems, a national conference was held to discuss the legal and ethical aspects of health care in prisons. The author of this article does not provide information on these proposed guidelines.

Serril, Michael S., "Patuxent: Inside the 'Clockwork Orange' Prison," Corrections Magazine, 3(4), 33-41, December 1977.

The treatment philosophies and the milieu at Patuxent, a maximum security psychiatric prison in Maryland, are described. Until recently, convicted offenders judged to be "defective delinquents" by the courts could be sentenced to Patuxent on a pure indeterminant sentence - one day to life. The crime one committed became irrelevant; one's perceived progress in therapy and other programs was the only criterion used for making decisions regarding release. A new 1977 law requires that the ambiguous term "defective delinquent" be eliminated and that inmates receive regular prison terms. Further, residence at Patuxent was made voluntary; any inmate sent there may request transfer to another prison facility. The potential impact of this new law on the operation of the institution is discussed.

Smith, Charles E. and Gallemore, Johnnie L., "Revival of a Federal Prison Project: The Federal Center for Correctional Research at Butner, N.C.," North Carolina Medical Journal, 34(8), 611-615, August 1973.

The planning process utilized by the Federal Bureau of Prisons to arrive at the site and design specifications for the Federal Mental Health Center located in the Research Triangle Area at Butner, North Carolina is reviewed in this article. Background information regarding the federal system's need for increased psychiatric capabilities, factors which influenced the location of the facility, and the intended functions of the institution are presented. The role of the North Carolina Advisory Panel in the planning process is discussed as is the anticipated relationship between this institution and the universities and other correctional interests in the community and surrounding areas.

Smyth, Rae Ann and Ingram, Gilbert L., "Relationship Between Type of Offender and Reasons for Seeking Medical Care in a Correctional Setting," Nursing Research, 19(5), 456-58, September-October 1970.

The results of a study which compared sick call use with personality classifications assigned to youthful offenders are reported in this paper. The study, which took place at the Robert F. Kennedy Youth Center in West Virginia, spanned a period of four months. Personality classifications included: (1) inadequate (lethargic and disinterested), (2) neurotic, (3) psychotic, and, (4) subcultural (gang-oriented). Neurotic offenders were found to make more frequent emotional hospital visits (as compared with medical visits or malingering visits) than other types of offenders and psychopathic offenders were found to mangle more often than other offenders. The hypothesis that hospital sick call may provide a mechanism for avoiding unpleasant interactions and that use patterns may, therefore, reflect emotional problems appears to be supported by this study.

Swank, Glenn E. and Winer, Darryl, "A Psychiatric Team Provides Services in a County Jail," Hospital Community Psychiatry, 29(1), 19-23, January 1978.

The Denver County Jail arranged with the Northwest Denver Community

Mental Health Center for a psychiatric diagnostic team to provide services for its 12,455 inmates. The endeavor was funded by a grant from the Colorado State Division of Criminal Justice. The functions of the team include screening of entering inmates, arranging transfers to psychiatric treatment facilities when necessary, performing psychometric tests, and doing statistical analyses of data. The major focus of treatment was on suicide prevention, with second priority given to observably mentally ill inmates. During the first year of the program 445 inmates were seen for evaluation, 55 were placed on medication, 23 were transferred to the security holding ward, and 25, who could have been released because of minor charges, were transferred to area psychiatric hospitals.

Tanay, Emanuel, "Psychiatric Morbidity and Treatment of Prison Inmates," Journal of Forensic Sciences, 18(1), 53-59, January 1973.

Based on clinical impressions gained during occasional visits to various county jails in the midwest, the author suggests that the majority of jails fail to provide psychiatric care and treatment for individuals who suffer from psychiatric illness. It is further suggested that this neglect is the result not only of limited capabilities and resources, but is the consequence of a failure to make a distinction between legal insanity and psychiatric illness. In many instances throughout the country appropriate treatment is withheld from psychiatrically ill prisoners pending resolution of legal issues. The author asserts that this is a violation of the prisoners' medical rights. It is argued, therefore, that in jails, which generally constitute an ideal setting for the inducement of psychopathology and psychiatric morbidity, a great number of individuals emerge with their legal rights protected and their lives ruined. The author emphasizes that neither the spirit nor the letter of the law requires such an approach, but that often legal strategies make it expedient.

Winstead-Fry, Patricia, "Changes in One City's System: Mental Health Nursing of Inmates," American Journal of Nursing, 75(3), 425-26, March 1975.

A discussion of potential goals for mental health nursing in jails, this article begins with a brief description of what the author calls the three main subsystems in correctional health care: inmates, correctional staff and prison health staff. The interrelationship between these subsystems is considered and the evolution and development of program goals and the role of the mental health nurse in the New York City Jail Mental Health Unit is presented.

Wooten, Barbara, "Academic Lecture: The Place of Psychiatry and Medical Concepts In the Treatment of Offenders: A Layman's View," Canadian Psychiatric Journal, 17(5), 365-75, October 1972.

This lecture was presented before a joint meeting of the Royal College of Psychiatrists, the Canadian Psychiatric Association and the Quebec Psychiatric Association. Based on her experience as a British lay justice and as a member of the Advisory Council on the Penal System of Great Britain, the author proposes two theses. In the first she suggests that it is time to eliminate the distinction in law between "the sick and the wicked" since these two classifications are not scientifically distinguishable. She argues that the consequential and rigid division of custodial institutions

into the medical and the penal should be replaced by a more flexible system under which treatment of offenders, whether medical or nonmedical, is continuously adjusted to the results achieved. Her second thesis deals with the actual practice of psychiatry and parapsychiatry in penal institutions. It is suggested that even though the achievements of medicine in rehabilitation of offenders have not been conspicuously successful, psychiatry can at least take credit for being an "immensely humanizing force throughout the penal system." She concludes that psychiatry "has done more to mitigate the harshly punitive attitude of the criminal law than any other influence in the past half century."

STUDIES OF PRISON HEALTH
AND INMATE HEALTH STATUS

Anno, B. Jaye, "Analysis of Inmate/Patient Profile Data," (Prepared for the American Medical Association's Pilot Program to Improve Medical Care and Health Services in Jails), Blackstone Associates, Washington, D.C., June 1977.

The goal of this study was to discover the effects of deficiencies in jail health care systems on the health status of inmates. Information was collected to determine if inmates had health problems that were either not identified by jail personnel or were not being treated. Summaries of baseline data are reported on 641 inmates in 30 jails in six states. Findings are presented in seven sections as follows: characteristics of the inmates, prior medical histories, inmates' use of alcohol or drugs, types of symptoms and complaints, vital signs and lab test results, and abnormalities discovered. A significant level of pathology was discovered which was previously unknown in the jails and, hence, was not being treated. The author suggests that, given the highly communicable nature of some of the diseases identified, this finding represents a severe public health hazard both to the jail populations and to surrounding communities.

Audet-LaPointe, Pierre, "Detection of Cervical Cancer in a Women's Prison," Canadian Medical Association Journal, 104, 509-11, March 20, 1971.

The results of a study of cervical cancer among institutionalized women are reported in this article. Three hundred and thirty-seven women from the Montreal Women's Prison were screened for cancer using cervico-vaginal smears. The incidence of cancer was found to be four times higher among inmates than would be expected in the general public. Follow-up care proved extremely difficult for the ten cases identified and treated and only three individuals regularly reported for continuing care. It is suggested that in light of these findings women prisoners should be routinely screened for cancer.

Bass, Urbane F. and Brock, Velma W., "Narcotic Use in an Inmate Population at Three Points in Time," American Journal of Drug and Alcohol Abuse, 3(3), 375-86, 1976.

A study to determine the levels of heroine use among new male inmates was conducted in District of Columbia jails. Five hundred and seventy-five inmates were surveyed during 1969, 1971 and 1973. Results indicated that there was a sharp decrease in heroine use between 1969 and 1973. Three factors which the authors believe were critical in curbing the heroine "epidemic" are: (1) the availability of treatment, (2) changing public attitudes toward heroine use which allowed for the establishment of community based treatment centers, and (3) more vigorous local, national, and international law enforcement efforts to cut drug traffic.

Branson, Sidmey R. and Bent, Everett A., "Immunologic Experience at Men's Correctional Center," Journal of the Maine Medical Association, 60, 218, September 1969.

A diagnostic and immunologic program was conducted at the Men's Correctional Center in South Widham, Maine. The Center's 481 inmates were given physical examinations, VDRL's, TB tine tests and were immunized against tetanus, polio, and smallpox. Approximately 20% of the group were found to have lost immunity to smallpox, one case of tuberculosis was discovered, influenza vaccine was thought to have reduced the number of cases of this disease, and a number of correctable medical problems were discovered as a result of the physical examinations. The authors' conclude physical examinations and adequate immunization schedules are important in institutional medical practices and recommend that smallpox and tetanus vaccinations be repeated every five years.

Collins, Terence R., The Health Care Delivery System at Arizona State Prison: An Analysis, Arizona State Department of Corrections, June 1976.

This report identifies deficiencies which exist in the medical care delivery system of the Arizona State Prison at Florence. Unstructured interviews and medical record audits were used to evaluate medical care programs, pharmacy services, supportive services, mental health services, dental services and food services. A separate section addresses health care services at the Women's Division. Major problems were identified in each of the above areas and specific recommendations are offered. A set of ten priority recommendations are offered in the concluding section.

Derro, Robert A., "Admission Health Examination of Inmates of a City-County Workhouse," Minnesota Medicine, 61:333-37, May 1978.

An evaluation of the health status of 491 inmates admitted to the St. Paul-Ramsey County Workhouse was conducted over a 12-month period. Commonly encountered problems and health needs were identified and formed the basis for the development of guidelines for routine admissions health screening. Results were based on a self-administered health questionnaire, a physical examination and laboratory tests. The rates of hospitalization, physician visits per year, as well as the prevalence of hypertension and tuberculosis for inmates were compared with national rates for males of the same age. Author concludes that admissions health screenings should evaluate past middle ear infections and hearing loss, body weight, blood pressure, condition of teeth and gingiva, tuberculin reactivity and for blacks the presence of sickle cell trait or disease.

Derro, Robert A., "Health Problems in a City-County Workhouse," Public Health Reports, 93(4), 379-83, July-August 1978.

As part of a continuing effort to define the health profile of a city-county workhouse inmate population in St. Paul, Minnesota, data were collected on all encounters for medical problems subsequent to an admission physical examination. The rate of clinic use was found to be two to three times higher than reported in national surveys of the general population. Trauma, musculoskeletal complaints, skin disorders, and diseases of the eyes, ears, nose and throat accounted for 52.3% of

all problems encountered. A significant relationship was found to exist between depression (as determined by a self-rating questionnaire) and number of visits. The results have implications for health services in correctional institutions with similar inmate populations, thus, some general recommendations are proposed by the author. (Author's abstract adapted.)

Edmundson, Walter F.; Davies, John E.; Acker, James D. and Myer, Bernard, "Patterns of Drug Abuse Epidemiology in Prisoners", Industrial Medicine, 41(1), 15-19, January 1972.

The drug abuse patterns of prisoners in Dade County Jail during April and May of 1970 are summarized in this article. Four hundred and seventy of the jail's seven hundred and thirty-two inmates cooperated by completing questionnaires, and submitting to personal interviews and physical examinations which were conducted by four freshman medical students. Results of the survey indicate that regular users of illicit drugs (defined as heroine, marijuana, cocaine, LSD, barbituates and amphetamines) were more often white (58%), initiated their drug experiences before age 21 in 84% of cases and before age 16 in 20% of cases, and were more commonly charged with crimes against person or property (66%). Fifty percent of all prisoners came from families with five or more children but no differences relating to drug use were linked to family size.

Engelbrechtsen, Beryl and Olson, Jane Westberg, "Primary Care in a Penal Institution, A Study of Health Care Problems Encountered," Medical Care, 13(9), 775-81, September 1975.

This article reports the results of a study of health care problems encountered in a 600-man penal institution. Five hundred and twenty-eight problems were identified in 333 inmates seen by physicians on sick call. Since almost half of the problems identified were considered psychosocial, (i.e., drug abuse, anxiety, depression) or were undefined, the authors question the suitability of the medical model for providing health services in this type of setting. It is suggested that a psychological, behavioral and social approach would be more appropriate. The authors acknowledge that since sick calls were screened by a nurse or social worker, inmates with commonly encountered upper respiratory infections, venereal disease and trauma were never seen by the physician. The potential bias introduced by this procedure is considered.

Fox, John W. and Wilson, Rosemary, Prison Health Care Study Committee's Report on Interview Findings at Wisconsin State Prison and Wisconsin Home for Women, University of Wisconsin-Madison, February 1976.

A committee was established by the Secretary of the Department of Administration in Wisconsin to objectively evaluate the health care systems at Wisconsin State Prison and the Wisconsin Home for Women. Samples of the inmate population were interviewed regarding their health status upon entering the institutions, their satisfaction or dissatisfaction with prison health care services and the ability of prison medical personnel to meet their health care needs. Results indicated that the prison populations contained disproportionately high numbers of minorities, that

37% of the men sampled and 50% of the women entered prison with pre-existing health problems, and that 37% and 56% of men and women respectively, who had experienced health problems in the past month were satisfied that their health needs had been met. The majority of both inmate groups felt that the prison environment had contributed significantly to the further deterioration of their health status. The authors conclude that "lack of credibility" by inmates in prison health care services leads to pressure to utilize outside resources and that until such "credibility" is achieved dissatisfaction will continue.

Gunn, John and Fenton, George, "Epilepsy in Prisons: A Diagnostic Survey," British Medical Journal, 4, 326-29, November 8, 1969.

A standard definition of epilepsy is developed by the authors in order to investigate the prevalence of the disease in prisons compared with the general population. Conclusions drawn from this study are that a higher rate of epilepsy does exist in prison, and, according to the authors, epileptics have a higher probability of being incarcerated than do other members of the community. Several explanations of these findings are offered.

Hisamichi, Shigeru; Nozaki, Kimio; Shirane, Akio, Sugawara, Nobuyuki; Sato, Katuka; Oshiba, Saburo and Mori, Ichibei, "Mass Gastric Examinations of Prisoners at Mayagi Prison in Japan," American Journal of Gastroenterology, 67:1, 34-37, January 1977.

Cancer of the stomach shows the highest rate of all diseases in Japan. As a result, mass survey examinations for stomach cancer are customarily provided in the general population. This article is the first report of mass examination of convicts for cancer of the stomach. Seventy-nine convicts over 40 years of age were examined at Mayagi Prison. 11.9% were found to need more detailed examination which disclosed one case of gastric polyps and one scar from gastric ulceration. No carcinoma of the stomach was discovered, however, complaints of symptoms were more common among convicts than in a control group. Authors made no attempts to correlate frequency of gastric disorders with incarceration. (Author's abstract adapted.)

Kentucky Public Health Association, The Captive Patient: Prison Health Care In Kentucky, Report of the Kentucky Public Health Association Task Force on Prison and Jail Health, Lexington, Kentucky, January 1974.

The results of a study to determine the status of medical care and environmental conditions in Kentucky correctional institutions and to assess the health status of the inmates are presented in this report. Data for this investigation were obtained through the use of correctional staff and inmate questionnaires, through inmate medical histories and through institutional site visits. Based on comparisons with similar state and national data it was concluded that: (1) more community resources were reported available to Kentucky jails but that these resources were less appropriately used, (2) fewer Kentucky institutions had medical or special facilities available, (3) a greater percentage of facilities did not provide any physical examinations at all, and, (4) fewer physicians were employed by counties for jail coverage. Recommendations are made in six major areas: general, legal, guidelines for standards, environmental, medical and mental health.

King, Lambert and Geis, George, "Tuberculosis Transmission in a Large Urban Jail," Journal of the American Medical Association, 237(8), 791-92, 21, February 1977.

Following the diagnosis of moderately advanced tuberculosis in an inmate of Cook County Jail, tuberculin testing was performed to assess the degree of transmission of tuberculosis within the jail. Twenty-three percent of inmates exposed to the index patient were found to be tuberculin positive. Subsequent tuberculin testing three months later demonstrated a 71% rate of skin-test conversion in previously tuberculin-negative inmates exposed to the index patient. The rate of infectivity of tuberculosis within a jail is analogous to a household situation. Despite major obstacles, modern programs of tuberculosis screening and treatment are essential in correctional institutions. (Authors' abstract adapted.)

King, Lambert and Young, Quentin D., "Increased Prevalence of Seizure Disorders Among Prisoners," Journal of the American Medical Association, 239(25), 2674-75, June 23, 1978.

In an effort to determine the prevalence of seizure disorders among persons confined in jails and prisons, the prescription rates for anti-convulsant medications in ten Illinois correctional institutions were surveyed. Analysis of the results of the survey suggests that a point prevalence of seizure disorders of 1.9% among the Illinois prison and jail population. This estimate is approximately three times higher than among middle class nonprisoner populations. It is suggested that special programs and resources for the detection, treatment and prevention of seizure disorders among prisoners appear to be necessary and that provisions to ensure continuity of care after release from incarceration are also needed. (Authors' abstract adapted.)

Koplan, J.P; Walker, J.A. and Bryan, J.A., "Prevalence of Hepatitis B Surface Antigen and Antibody at a State Prison in Kansas," The Journal of Infectious Diseases, 137(4), 505-06, April 1978.

An outbreak of hepatitis B was associated with a plasmaphoresis unit and parenteral drug abuse. The data were collected on 254 inmates and 20 employees participating in a prison plasmaphoresis program at the 574 man Kansas State Prison. Twenty-three subjects, or 8% of the survey were positive for hepatitis B surface antigen (HBsAg) indicating a higher prevalence of HBsAg carriage than has been reported in similar prison studies. Hepatitis B antibody (anti-Hb) was found to be ten times more prevalent than in an Australian study.

Kosidlak, Janet G., "Improving Health Care for Troubled Youths," American Journal of Nursing, 76(1), 95-97, January 1976.

An expanded health care program and the establishment of a full-time nursing position were the result of a nurse's survey of the health problems of persons detained at a juvenile center in Norfolk, Virginia. Survey results are presented in this article which indicated that more adequate episodic and emergency treatment, preventive and health educational services and post-release follow-up were needed. The final report recommended that

screening physical examinations be conducted by a nurse or physician; that standing orders be developed; and, that a full-time registered nurse be employed. The role description for the nurse is presented along with a six month program review following acceptance of the survey recommendations.

Kurtzberg, Richard; Safar, Howard and Mandell, Wallace, "Plastic Surgery in Corrections," Federal Probation, 44-47, September 1969.

Arguing for the rehabilitative value of plastic surgery among disfigured offenders, this article provides a general prescriptive guide for the establishment of plastic surgery programs in correctional systems. Plastic surgery is offered to offenders to effect changes in self-esteem which theoretically will result in less anti-social behavior. Plastic surgery has been associated with reductions in recidivism rates and improved psychosocial adjustment after release. Also discussed in the article are the advantages and disadvantages of pre- and post-release surgery, criteria for selection and screening candidates for corrective surgery and for post-surgical follow-up.

Lewin, Michael L., "Plastic Surgery in Rehabilitation of the Prison Inmate," AORN Journal, 7(4), 64-69, April 1968.

The use of plastic surgery in prison rehabilitation programs in 19 prisons in 15 states is discussed. Particular emphasis is given to the program at Sing Sing Prison in New York. The author briefly summarizes the literature regarding the effects of plastic surgery on recidivism and concludes that the claims of success are most divergent. Nevertheless, he feels that plastic surgery can be beneficial in bolstering the self-confidence and social functioning of some former inmates.

Lewison, Edward, "Twenty Years of Prison Surgery: An Evaluation," Canadian Journal of Otolaryngology, 3(1), 42-50, 1974.

This study describes the effects of plastic surgery on the recidivism rate of inmates with facial disfigurements in a British Columbia provincial prison. The surgery was performed over a 20-year period and involved 900 subjects. The amenability to treatment of ex-drug addicts, psychopathic personalities and youthful offenders is discussed in detail. Compared with a control group, a marked decrease in the recidivism rate was noted in subjects who received surgery. Some theories to account for the results are postulated: that disfigurement contributes to delinquent behavior, and that improvement in behavior may be the result of the establishment of a personal relationship between the subject and the surgeon. (Author's abstract adapted.)

Malcolm, Benjamin J., "Today's Problems in Penology," New York State Journal of Medicine, 75(10), 1812-14, September 1975.

Prison suicide ranks as the number one cause of death in New York City jails. In 1973 the jail suicide rate was 124.9 per 100,000 as compared with 11.6 per 100,000 in the general population. A program instituted in 1972 to identify mentally unstable inmates entering the New York City jail system was responsible for rescuing 36 men in the actual process of committing suicide.

In 1973 the same program was responsible for saving 71 inmates, 85% of whom were in the process of committing the act. The author notes identification of unstable inmates is insufficient. Treatment in an appropriately staffed and equipped hospital is needed to facilitate prevention and cure. The article closes with a call to the Medical Society of the State of New York to support legislation to keep prisoners in hospital prison wards until sufficient recovery allows safe return to the jail.

"Medicine and the Drunk Tank," Canadian Medical Journal, 197, 270-71, August 19, 1972.

Four studies are summarized which indicate a high prevalence of physical and mental pathology in habitual drunks. The first study (Olin, Canadian Medical Association Journal, 95(205), 1966) indicated a great deal of pulmonary tuberculosis, liver disorder, cerebral organic lesions, malnutrition and deformities among 227 alcoholic detainees in Toronto. The second study (Geipel, Fehldignose Trunkenheit, 1968) noted that in Germany many physicians do not look for secondary problems once an initial diagnosis of alcohol abuse has been made. A series of three Danish articles (Juul, Ugeskr Laeger, May 1, 1972) describes 20,000 detentions for various causes related to drinking. Thirty-four of the detainees died and it was suggested that 19 would have survived had medical care been offered. The Danish articles agreed with an earlier Norwegian study (Sundby, Alcohol and Mortality, 1967) which showed 2.3 times the normal rate of mortality among those detained for drunkenness. Based on these findings it is suggested that therapy is needed in place of punishment.

Melnick, William, "Hearing Impairment in an Adult Penal Institution," Journal of Speech and Hearing Disorders, 34(2), 173-181, May 1970.

Hearing tests were conducted on 4,858 men incarcerated at or entering the State Penitentiary in Columbus, Ohio from July 1, 1966 to June 30, 1968. The test consisted of two parts: (1) a rapid individual pure-tone screening (sweep-check); and (2) more extensive audiometry including alternate binaural loudness balance testing, the short increment sensitivity index, and tone decay testing for those failing the first portion. The test was conducted by trained inmates under the author's supervision. Results showed that 60% of the inmates passed the pure-tone screen. Of the 40% who failed, the largest number had high frequency losses which did not involve speech frequencies. Only 7.9% showed a hearing loss in either ear which ranked significant according to the pure-tone average in the speech frequencies. Of the total sample, approximately 2.4% demonstrated a binaural hearing loss necessary for communication problems to exist.

Novick, L.F.; Della Penna, R.; Schwartz, M.S.; Remmlinger, E. and Loewenstein, R., "Health Status of the New York City Prison Population," Medical Care, 15(3), 205-16, March 1977.

The prevalence of current and past illness was investigated in all 1,420 prisoners admitted to New York City correctional facilities during a two-week period. More than one quarter of the prisoners reported a present illness and three-fifths received at least one diagnosis.

Commonly diagnosed conditions included drug abuse, psychiatric disorder, trauma and alcohol abuse. Seven percent of male prisoners had a previous psychiatric hospitalization. On examination, new trauma was noted in 10% of the male population. In addition to these findings, a history of seizure disorder was reported in 4% of the male population. The authors suggest that health services in prisons must be able to manage the most pressing problems in this population - substance abuse and psychiatric disorders - and provide care for the range of conditions that is similar to that found in comparable age groups in the general population. (Authors' abstract adapted.)

Novick, Lloyd and Remmlinger, Elaine, "A Study of 128 Deaths in New York City Correctional Facilities (1971-1976) - Implications for Prisoner Health Care," (Presented at the Annual Meeting of the American Public Health Association), November 1, 1977, Unpublished.

The epidemiology of prisoner deaths including suicide was examined in New York City jails. The results of an evaluation of 128 deaths over a five and one-half year period are reported in this article. Fifty-five percent of the deaths were from external causes (suicide, accident, homicide and legal intervention) and the remainder were from nonviolent causes. All nonviolent deaths were reviewed for deficiencies of care. Suicides accounted for the highest number of deaths (52) and were found to occur in all time periods of incarceration. One third of the prisoners committing suicide had histories of previous attempts or previous mental hospitalizations. The authors report that for the most part, prisoners at risk for suicide exhibited a common pattern and were identifiable. Deficiencies in care in death of nonviolent causation were categorized as "providers", "corrections" or "system". The most common deficiency in care was delay in hospitalization or prisoners requiring care. (Authors' abstract adapted.)

Office of Health and Medical Affairs, Key to Health for Padlocked Society, Design for Health Care in Michigan Prisons, Lansing, Michigan, January 1975.

This report presents the findings, conclusions and recommendations of a Blue Ribbon Committee appointed by the Governor to assist the Department of Corrections in a comprehensive reorganization of health services in its institutions. A survey and clinical assessment of a sample of the inmate population and an assessment of health care facilities and programs in Michigan state prisons served as the principle data sources for this intensive study. Chapter I of the report contains a statement of standards and objectives for correctional health care adopted by the Office of Health and Medical Affairs (OHMA). Chapter II describes the proposed design for the new health care system; and, Chapter III recapitulates the major features of the new delivery system and offers specific recommendations. Appendices include: methodology, major findings, demographic data, clinical assessment summaries, institutional assessment summaries, utilization summaries (1973 data), cost information and a literature survey.

"Ohio Prison Inmates Receive Only 'Crisis' Medical Care," Ohio State Medical Journal, 71(10), 565-66, August 1975.

The Ohio State Medical Association's Committee on Medical Care in Prisons and Jails presents in this article the results of their survey of city and county jails in Ohio. Conclusions drawn from this survey are

that medical care systems in jails are geared mainly toward dealing with problems after they have occurred, no attention is paid to preventive medicine, and special facilities are rarely provided for treating alcoholism, mental illness and drug abuse.

Opoliner, Lawrence and Weisbuch, Jonathan, "Prison Hepatitis within a State Correctional System," Abstracts of the Annual Meeting, 94, American Public Health Association, 1975.

This abstract summarizes a study of the incidence of viral hepatitis during the years 1972-74 among inmates of the Massachusetts Correctional System. Data is compared to the state and the nation as a whole on an age/sex specific basis. Conclusions drawn from this study are that the incidence of hepatitis in a prison population is ten times higher than for the population as a whole, but that on an age specific basis the difference is greatly reduced. The length of incarceration was found to be proportional to the incidence rate, which the authors suggest may indicate that the drug culture population is not the major factor in the etiology of prison hepatitis: crowding, food handling, and the physical environment are considered. (Authors' abstract adapted.)

Pearce, R.L.; Reed, D.R. and Hofstetter, H.W., "Optometric Data Characteristics of Male Prison Inmates," American Journal of Optometry, 49, 661-72, August 1972.

A detailed statistical evaluation compared optometric data from inmates at an Indiana state prison with several outside male populations. The only significant difference in measurement was interpupillary distances. Authors noted most inmates had inadequate optometric care prior to imprisonment.

"Report of the Medical Advisory Committee on State Prisons to the Commissioner of Correction and the Secretary of Human Services of the Commonwealth of Massachusetts," Publication #6109, Boston, Massachusetts, December 29, 1971.

A report of the findings and recommendations of the Massachusetts Medical Advisory Committee on State Prisons which investigated the health care delivery systems and health environment in three state correctional facilities. No coherent approach to health care delivery in prisons was found. Details are presented of specific conditions and problems in general medical and surgical care, dental care, nursing, occupational and environmental health, medical training and health careers for inmates, rehabilitation and counseling programs, medical experimentation on prisoners, and the blood donation program. Sixty-eight specific recommendations are made covering all of these areas.

Sloane, Bruce C., "Suicide Attempts in the District of Columbia Prison System," Omega, 4(1): 37-50, 1973.

Studies of 46 attempted suicides at two correctional institutions maintained by the District of Columbia Department of Corrections indicate that a jail for inmates awaiting trial or sentencing had a suicide attempt rate of 3.2%, while a reformatory for long-term inmates had a suicide attempt rate of 1.4%. Attempters at the jail have more disciplinary problems and are facing more serious offenses than a nonsuicidal control group. The lethality of the attempt increases with the seriousness of the offense. The reformatory attempters have been incarcerated for shorter

periods of time and have shorter minimum sentences than controls at that institution and the lethality of the attempt increases when there is a history of previous attempts. The reformatory attempters are more apt to have a history of alcoholism than the jail attempt group. Three types of attempters are delineated: (1) depressives make up the greatest numbers, particularly at the jail, (2) manipulative attempts can occur at any time, but are most common when initially incarcerated, and (3) anomic attempts occur after months or years of incarceration. (Author's abstract.)

Smialek, John E. and Spitz, Werner U., "Death Behind Bars," Journal of the American Medical Association, 240(23), 2563-64, December 1, 1978.

Suicide rates were examined in Wayne County, Michigan, jails during the years 1976 and 1977. The average daily census in the county's 40 jails was 941. Twenty-five individuals died during the period of this study. Twenty-four of these were suicide victims. Eight of the twenty-four suicide victims were held on minor charges and drug or alcohol abuse was related to nine of the suicide deaths. The authors recommend a 24-hour observation period following incarceration as a preventive measure to reduce suicide rates.

Stead, William W., "Undetected Tuberculosis in Prison," Journal of American Medical Association, 240(23), 2544-47, December 1, 1978.

The author describes a 1976 tuberculosis epidemic in an Arkansas state prison. Discovery of two cases of infectious tuberculosis prompted an examination of the total population of 1500 inmates in which eight additional cases were found. The subsequent discovery of three cases of TB in the Arkansas population at large was linked to the prison epidemic when a systematic investigation was made of prison terms and all cases of TB from 1972-1977. Seventy-one cases, or 9% of all 800 cases discovered, were found to have been in the prison in question. Surveys subsequently held in other states showed that Arkansas was not alone in potential TB epidemics stemming from prison health conditions.

Stegemen, B; Macy, J.; Hoedel, K.; and Hertzler, A., "Dietetic Students Study Prison Diets," Journal of the American Dietetic Association, 69, 649-51, December 1976.

The nutritional adequacy of a sample of menus from four Missouri State Correctional Institutions was evaluated by dietetic students. Their findings are reported in this article. Menues were found to be nutritionally adequate based on comparisons with Recommended Daily Allowances. It was noted, however, that some inmates ate only two meals a day from the kitchen and snacked on commissary items at other times. It is suggested that this would increase the number of nutrient empty calories ingested and lower the net daily nutrient intake.

Stringer, William R.; Johnson, Benjamin A. and Sowder, Wilson T., "Health Services at City and County Jails, Stockades and Youth Detention Centers in Florida," Journal of the Florida Medical Association, 62(3), March 1975.

In 1972 the Florida Division of Health and the county health departments were authorized to inspect all city and county jails, stockades and youth detention centers. Their immediate tasks were to determine if health

conditions were in compliance with standards, to recommend any needed improvements and eventually to develop a system for periodic reinspection. A report of their findings summarized personal health services data for 24 youth centers and 204 adult centers. Information on the availability of facilities, personnel and medication; the frequency with which routine procedures and sick call are performed; and the general level of medical care is presented. The authors conclude that health care services depend substantially on the resources of the supporting community and the characteristics of its delivery system. Particular concern is expressed about the management of alcoholism, drug abuse and mental illness.

Thompson, D.H.; Tractman, L.; Greenberg, H.B. and Schilling, R.P., "Orleans Parish Prison Still Needs Program for Tuberculosis Control," Journal of the American Medical Association, 237(21), 2286, May 23, 1977.

This letter to the editor states that all prisoners in the Orleans Parish Prison in New Orleans, Louisiana, are at risk of tuberculosis. Data derived from 2,248 men and women prisoners in 1974 showed that 363 detainees (16%) had positive reactions reflecting tuberculosis infection. Five male TB-positive prisoners had signs of pulmonary tuberculosis and needed treatment. Prisoners were tested by means of multiple-puncture tests followed by chest X-rays for positive reactors.

Van Allen, Maurice W., "Epilepsy Among Persons Convicted of Crimes," Journal of the American Medical Association, 239(25), 2694-95, 23, June 1978.

Although epileptic seizures do not directly result in planned criminal acts, the prevalence of epilepsy is much higher in prisons than in the general population. This editorial explores some of the possible reasons for this. The author suggests that convulsive states are a frequent symptom of brain damage which may, because of frustration, irritability, or impulsive behavior, lead to criminal behavior. Social ostracism of and prejudice against epileptics can lead to low self-esteem and withdrawal. This can then produce drug abuse and alcoholism and eventually criminal activity. Also, epileptics frequently receive inadequate medical and social services.

Washington State Council on Crime and Delinquency Health Care Committee, "Prison Health Care: A Blueprint for the Future," September 30, 1975, Unpublished.

The findings and recommendations of the Washington State Council on Crime and Delinquency Health Care Committee on the health care delivery system of Washington State's Adult Correctional Institutions are contained in this report. The committee responsible for the preparation of this report represented many health care disciplines. Their evaluation consisted of a literature review, a general questionnaire directed to prison health care providers, and on-site visits to each institution. The study examines four administrative areas: organization, budget, personnel and intra-agency relationships; and nine clinical areas: structure of service delivery, physician services, dental services, nursing services, pharmacy, medical records, health education, mental health services and laboratory/X-ray services. Administrative areas were found weak in centralization of planning, budgeting, and policy consistency. Clinical areas were found weak in records standardization and staffing, while nearly all aspects of mental health and pharmacy services were found to be substandard. Detailed recommendations are provided for all areas which were found to be deficient.

Williams, R.W.; Burns, G.P.; Andersen, M.N.; Reading, G.P.; Border, J.T.; Mindel, E.R. and Schenk, W.C., "Mass Casualties in a Maximum Security Institution," Annual of Surgery, 179(5), 592-97, May 1974.

The response of the Department of Surgery of Meyer Memorial Hospital to emergency mass casualties following the 1971 Attica Prison riots is described. The systematic triaging and treatment that occurred is discussed as are the typical injuries encountered. In an objective and factual manner, the authors succeeded in conveying the impression that the use of excessively powerful and incapacitating weaponry complicated (unnecessarily) the injuries and, hence, the task of the attending physicians. The logistical problems involved in providing surgical care to seriously injured casualties in a maximum security prison are discussed and the role of the base hospital is reviewed. (Authors' abstract adapted.)

Young, T.K. and Carr, P., "Utilization of Physician Services in a Prison Population," Canadian Journal of Public Health, 67, 295-99, July-August 1976.

Based on the premise that "the medical care program for prisoners must be equivalent in quality to the care which is available in the community", the authors review their experience as visiting physicians in a prison for male offenders. Data on the utilization of physician services over a six month period are presented. Included are the number and diagnosis of patients seen at the prison clinic, referrals to specialists, admissions to hospitals, emergency room treatments, and outpatient radiological procedures. Characteristics of prison medical practice and reasons for seeking care are discussed. It was found that although the prison population has declined in recent years, demands for health services have increased dramatically. The authors conclude with recommendations for improvement of the system.

ESSAYS AND COMMENTARIES

Alexander-Rodriguez, Terry, "Moving Ahead: Could Prison Nursing Be the Specialty for You?", Nursing, 94-97, March 1978.

The challenges associated with prison nursing are outlined in this brief and anecdotal article based on the author's experience at Rikers Island in New York. The daily routine of a prison nurse and some of the typical problems which she/he might encounter are described. Prison nursing is characterized as a satisfying and rewarding profession which provides and opportunity for self-expression and increased responsibility.

"Artificial Force Feeding of Prisoners," British Medical Journal, 2, 52, July 6, 1974.

An attempt by the British Medical Association's Central Ethical Committee to formulate an official position on the forced artificial feeding of prisoners who are weakened by self-imposed starvation is explained in this editorial statement. The issue in question is whether such practices constitute "torture", or whether it is the physician's professional responsibility to prevent what could be tantamount to attempted suicide. The association suggests that an explanation must always be given to the prisoner regarding the effect of starvation on his health. Citing the International Code of Medical Ethics which includes the statement: "A doctor must always bear in mind the obligation of preserving human life," the Association suggests that decisions regarding forced artificial feeding must be left to the ethical and professional judgment of the practitioner involved.

Barclay, William, "Medical Care in Prisons," Journal of the American Medical Association, 240(23), 2570, December 1, 1978.

The low standard of medical care in U.S. prisons is denounced in this editorial. It suggests that improved medical care for inmates would be a humane course of action and that it would also serve the best interests of society as a whole. The inadequacy of tuberculosis control programs in jails and prisons is cited as a particularly serious threat to the community at large. Mention is made of the American Medical Association's attempts at improving conditions through its jail accreditation process.

Bledsoe, Olive, "San Quentin Success Story," The Journal of Practical Nursing, 21(3), 30-31, March 1971.

A brief account of the Neumiller Vocational Nursing Program at San Quentin Prison is contained in this article. This program represents the only vocational nursing school in a penal institution to be accredited by a state board of vocational nurse examiners. The process through which it was accredited, the stringent selection criteria for inmate participation and the prospects for employment of graduates upon release are discussed.

"Captive Patients," British Medical Journal, 4, 312, November 10, 1973.

In response to an unsubstantiated statement made by Amnesty International which suggests that there is evidence that doctors, in various parts of the world, have participated in the torture of prisoners, the author supports Amnesty International in their recommendation that a commission of medical men and women be established in Britain to investigate this matter in British Prisons and further that it produce a position statement on ethical problems related to treating incarcerated patients.

"Dangerous Patients and Prisoners", British Medical Journal, 2(6090):782-83, September 24, 1977.

An editorial discussion of criteria used to assess dangerousness of prisoners and patients in mental hospitals. Research by P.D. Scott, M.D., is cited as the most important single contribution to the development of a psychiatric approach for evaluating dangerousness. Scott's definition and predictors of dangerousness are presented as the foundation upon which others should build.

Dole, Vincent, "Medicine and the Criminal Justice System," Annals of Internal Medicine, 8(5), 687-89, November 1974.

This editorial addresses the inadequacy of medical care in custodial institutions and suggests that when dismally substandard medical services are found in jails which coexist in cities with medical institutions of international repute, the medical profession has clearly failed its responsibilities. It is suggested that when physicians are indifferent to the medical care of inmates, the community itself will also be unresponsive. The author argues that the medical profession, through its institutions could, if it had the will to do so, provide more than minimally acceptable medical care in correctional facilities, it could initiate a reform of the entire criminal justice system.

Dunea, George, "Cold Baths of Hercules", British Medical Journal, 1:487-89, February 25, 1978.

An attending physician at Cook County Hospital (Chicago, Illinois), the author presents a very general letter describing deplorable living, health, and medical care conditions in Cook County Jail. The second half of the letter, totally unrelated, deals with television violence and its hypothesized impact on crime in the United States.

Farrelly, P.A., "The Treatment of Prisoners," Journal of the Irish Medical Association, 68:7, 182-83, April 12, 1975.

The proceedings of a meeting between officials of the World Health Organization and the World Medical Association is described in this commentary. A joint effort will be undertaken to prepare a document on the torture and degrading treatment of prisoners for presentation before the United Nations General Assembly. Discussions were held on human rights, including those of prisoners and detainees; medical ethics in a doctor's code of behavior; and torture of prisoners, including degrading treatment and force feeding. No formal resolution was agreed upon at this meeting.

"Force Feeding in Prison," British Medical Journal, 2(6039), 823-824, October 2, 1976.

The official positions of the Home Secretary, the British Medical Association Central Ethical Committee, and the General Medical Council is that if a prisoner's capacity for rational judgment is not impaired by physical or mental illness, physicians should not feel compelled to participate in force feeding. This commentary supports this position. However, those who do choose to participate in force feeding when the preservation of the prisoner's health is at stake would not be considered to have committed serious professional misconduct. It is stated that only legislation can outlaw the existing common law guidelines surrounding force feeding.

Hargreaves, Anne G., "The Nurse Therapist in a Variety of Settings: Community Hospital, School and Prison," American Nurses Association, Regional Clinical Conferences, 1967, Appleton-Century-Crofts, New York, 1967.

In an anecdotal description of an expanded role for psychiatric nurses in therapy groups, the author recounts her experiences in four group settings: with adolescent girls, prisoners, college students, and hospital nursing staffs. She describes her personal and professional goals for each setting. The prison setting was Norfolk County House of Correction and Jail in Dedham, Massachusetts, which is a small institution for persons who have committed misdemeanors and minor felonies.

Holly, Helen, "Jail Matron, R.N.," American Journal of Nursing, 72(9), 1621-1623, September 1972.

The author provides a personal account of the role that nurses, hired as jail matrons, play in the Las Vegas, Nevada jail system. The article is largely devoted to the management of alcoholics, the major health problem among persons arrested in Las Vegas.

Howard, Bill, "The Inside on the Inside or Behind Closed Doors," Texas Dental Journal, 97(2), 23-25, February 1979.

Dental services provided in the Texas Department of Corrections' institutions near Huntsville are briefly described. The article lacks continuity and substance: the author digresses into a description of prison food and other aspects of prison life.

"In Prison," Lancet 2, 1287-88, December 13, 1969. Letters in response, Lancet 1, 37, January 3, 1970.

An angry comment claims two "Home Office" reports ("People in Prison" and "Report on the Work of the Prison Department - 1968") reveal that little is being done by the Prison Service of England and Wales to treat alcoholics and drug addicts undergoing withdrawal psychosis. Letters in response give details of Alcoholics Anonymous and psychiatric therapy groups for treating alcoholics and a methadone program for addicts in British prisons.

Kennedy, Jane A., "Health Care in Prison: A View from Inside," American Journal of Nursing, 75(3), 417-240, March 1975.

The author, a nurse, describes her experiences as a prisoner in an

unnamed institution. Dental, podiatric, psychiatric and nursing abuses witnessed or suffered by the author are delineated. Ethical questions concerning the fundamental principles of incarceration and of health care lead the author to conclude that the two cannot successfully co-exist.

"The Law and Force Feeding," British Medical Journal, 2(291), 737-38, June 29, 1974.

The stance of British law concerning force feeding is summarized in this editorial. The author suggests that the most plausible legal justification for force feeding is that it is an example of the privilege that the law affords to those who, out of necessity, have to act using a lesser evil to prevent a greater one. However, he further argues that a convincing legal basis for force feeding exists only if it is a question of protecting the patient's own interests rather than advancing those of the state or of society.

Lewey, Lila, "Force Feeding - A Clinical or Administrative Decision?," Canadian Medical Association Journal, 16, 416-17, February 19, 1977.

The debate concerning the legality and morality of force feeding in Canadian prisons is summarized in this editorial. The basis of the issues are morality; the obligation of benevolence versus respect for human freedom, and whether the attending physician or the informed prison authority has the right to decide to force feed a prisoner. The most recent statement published by the Canadian Medical Association suggests that physicians should have complete clinical autonomy in decision-making, and that care of prisoners should include force feeding when deemed necessary for the preservation of life.

Massachusetts Department of Public Health, "Prisoners as Health Employees," The New England Journal of Medicine, 290(21), 198-99, May 23, 1974.

This essay suggests that the health care industry may play an important role in employment of released prisoners because it is one of the largest manpower employers in the country, because its units of activity are in every community and because it employs a large proportion of nonprofessional support staff. A four stage training approach to be used in Massachusetts as part of a pilot Health Career Program is described along with potential impediments and anticipated opposition. (Three letters of comment in response to this article appear in NEJM, 291(6), 312, August 8, 1974.)

Massachusetts Department of Public Health, "Prisoners as Patients," The New England Journal of Medicine, 287(2), 101-102, July 13, 1972.

In a brief comment the department confirms it's official position that society must bear the responsibility for the health of prisoners not only because it has a very real legal obligation to do so, but also because the provision of medical care contributes "to the rehabilitation and discharge of a healthy, productive, and well-adjusted citizen." The comment concludes by calling for more Department of Public Health responsibility for the administration of prison health care services.

McCarrick, Helen, "H.M. Prison, Holloway," Nursing Times, 65(49), 1546-48, December 4, 1969. "The Surgical Unit at Wormwood Scrubs," Nursing Times, 65(50), 1582-83, December 11, 1969. "Pucklechurch Remand Centre," Nursing Times, 65(51), 1621-22, December 18, 1969.

These three brief articles were written to publicize the field of prison nursing in England. Three very different prison hospital settings are described. The series is designed to acquaint nurses with the various types of prison hospitals which exist and the diversity of prison nursing.

McDowell, Helen M., "Change in One City's System: Leadership at the Cell-Block Level," American Journal of Nursing, 75(3), 423-24, March 1975.

A number of issues which were considered in the development of a leadership-management course for head nurses and supervisors of a prison health system are briefly outlined. The author suggests that a course to increase leadership skills would benefit any nurse working in prison health; that prison nurses are stifled by their status in institutions where health care is secondary to security; and, that all nurses who practice in such settings require special assistance and support.

McLaren, Phyllis M. and Tappen, Ruth M., "The Community Nurse Goes to Jail," Nursing Outlook, 22(1), 35-39, January 1974.

As graduate nursing students, the authors worked to improve the health care services available to the women at Orange County Jail in New York. Their objectives were: to assess the health needs of individual prisoners, to augment the jail health care services through such nursing interventions as physical assessment, health teaching and ego strengthening; and to facilitate access to the jail health care system. Health and personal problems which were found to be of greatest concern to women inmates are discussed.

"The Medical and Psychiatric Care of Prisoners," The Medical Journal of Australia, 2(23), 828-29, December 7, 1964.

This reportive comment on a symposium which was held in Holland on the medical and psychiatric care of prisoners worldwide, focuses on approaches to managing prisoners with psychiatric disorders. Particular concern is expressed about the handling of violent prisoners in Australia, and about rehabilitation and reintegration of "disturbed" patients.

Moore, Maurice, "Force Feeding of Prisoners," The Lancet, 1, 1109, June 1, 1974.

The author of this letter objects to the practice of force feeding of prisoners carried out in British prisons. Its author represents the Joint Action Committee, a group campaigning on behalf of four Irish hunger strikers force fed against their wishes. The letter reveals that the physicians involved carried out the practice against their own wishes under direct order from the "Home Office." The author suggests that force feeding is, therefore, practiced as a political expedient. The letter concludes with a plea to British physicians and the British Medical Association to take a stand against force feeding.

Murtha, Rena, "Change in One City's System: It Started with a Director of Nursing," American Journal of Nursing, 75(3), 421-22, March 1975.

The author, who is the Director of Nursing Services for the Prison Health Service of New York City, provides an anecdotal account of dramatic changes in prison nursing services initiated under her leadership. This new nursing program emphasizes the professional status of nurses, it is supported by an expanded and improved recruitment effort, and, it includes the establishment of continuing education programs and a prison nursing advisory council. An attempt has been made to re-educate prison administrators, doctors and inmates as to the role of nurses in prisons.

"New Horizons in Nursing," The American Nurse, 6(10), October 10-11, 1974.

Problems associated with the professional practice of nursing in prisons are presented in a 1974 resolution approved by the American Nurses Association to actively promote high quality nursing in correctional institutions. Changes which have taken place in the New York City prison system are outlined and plans for further improvements are described by Rena Murtha, Director of Nursing Services for the New York City Prison Health Service.

Norens, Gwen, "Nurses in Prison," The Canadian Nurse, 67(5), 37-39, May 1971.

A general and anecdotal description of Drumheller Medium Security Prison in Alberta is provided in the context of an article directed at the recruitment of nurses for the Federal Prison Service in Canada. Typical inmate health problems, nursing responsibilities and challenges are presented and mention is made of the prison hospital's role in rehabilitation through its orderly training program.

Pogash, Carol, "A Hard Look: Using Prisoners as Guinea Pigs," San Francisco Examiner, September 30, 1977.

This is a report of the controversy surrounding the use of prison inmates for medical and cosmetic experimentation at the California Medical Facility at Vacaville. At issue are the validity of a prisoner's "informed" consent and the appropriateness of externally imposed limitations on a prisoner's right to voluntarily participate in such experiments.

"Prisoners' Health," British Medical Journal, 5952, 232-33, February 1, 1975.

Brief commentary is provided on the success of the British National Health Service in maintaining the health of prison inmates, in spite of overcrowding and the persistence of psychiatric bed shortages. Special mention is made of successful treatment of alcoholics, drug addicts, psychopaths and chronic schizophrenics. A proposal is made for the joint operation of mental hospitals and prisons for the most efficient and effective treatment of psychiatric disorders.

Prout, Curtis, "Medical Care in Massachusetts State Prisons," The New England Journal of Medicine, 288(7), 372, February 15, 1973.

In this brief essay, the author, Director of the Prison Health Project in Massachusetts, suggests that the Massachusetts legislature has failed to be responsive to inmate demands for better medical care and has not acted on recommendations of a committee assigned to investigate the status of health services in Massachusetts Correctional Institutions. Progress which has been made through the OEO funded Prison Health Project is described, as are some of the problems associated with the delivery of health care in prisons and their effect on the availability of medical professionals. The author concludes with a description of the challenges available to physicians, nurses and other health professionals in the correctional system.

Prout, Curtis, "My Brother's Keeper?," The New England Journal of Medicine, 283(15), 772-73, October 9, 1975.

The suggestion is made in this brief editorial that perhaps it is time to call a moratorium on prison health surveys, on the development of more lists of prison health care standards, desirable as they may be, and to take a broader look, not at what we know is being done badly, but at the reasons for these failures. The author maintains that physicians working part-time in prisons can do more to promote reform in the delivery of health care services in prisons than any number of federally funded "cash" programs.

Ptak, Anthony, "Change in One City's System: Replacing Pill Pushing with Nursing," American Journal of Nursing, 75(3), 427-28, March 1975.

The author describes the changes he made since his appointment as head nurse at the Queen's House of Detention. His objectives were: to design a staffing plan, to get the nurses onto the tiers in order to administer medications in an orderly fashion, and to get nurses to do nursing assessments in the receiving room where inmates enter the prison system.

"Punishment and Treatment," Canadian Medical Association Journal, 104, 235-36, February 6, 1971.

The author suggests in this editorial comment that poor management of the mentally ill is characteristic of prison medical systems worldwide. The conclusion is drawn that mentally sick people will always be found in prison, that some of them are much better off in prison, that the decisions to punish or to treat are not mutually exclusive and that prison medical services need to be continuously upgraded and not degraded.

Schorr, Thelma M., "Health Care in Prison: An Anachronism?," American Journal of Nursing, 75(3), 401, March 1975.

This editorial calls for substantial change in prison health and derides past efforts which the author feels have all too often been little more than cosmetic. It serves to introduce articles by Jane Kennedy and by Rena Murtha which discuss prison health conditions: the former opposing prisons altogether; the latter asserting that meaningful change within the prison system is possible.

Scott, P.D., "Punishment or Treatment: Prison or Hospital?," British Medical Journal, 2, 167-69, April 18, 1970.

A descriptive commentary on the correctional philosophies of punishment and treatment, this article suggests that these two approaches may not be necessarily mutually exclusive. The author explains that abuses of treatment - for example in the use of tranquillizers and E.C.T. - have been documented and that restraint and segregation, when carefully used, may play a valuable part in rehabilitation. He also believes that therapeutic programs in prison may be the best way to treat many types of mental illness in prisoners. In his conclusion, the author makes a plea for more social services in prisons.

Scott, P.D., "Solutions to the Problem of the Dangerous Offender," British Medical Journal, 2, 640-41, December 14, 1974.

The author of this brief editorial argues that transferring difficult prisoners to psychiatric hospitals outside the prison system removes the therapeutic responsibility from the prison, and, therefore, effectively retards the growth of its therapeutic capacity. The argument is made that forensic psychiatric hospitals should be incorporated in correctional institutions thereby making use of existing prison security and encouraging the further development of treatment programs.

"Secure Hospital Units," British Medical Journal, 3, 215-16, July 27, 1974.

In this brief editorial comment on the problems of treating the mentally abnormal offender in England, a plan to construct regional secure hospital units in the National Health Service is presented and discussed.

Strank, R.A., "Prison Nursing," Nursing Mirror, 140(9), 45-47, February 27, 1975.

The structure of the nursing service in the British prison system is briefly discussed in this article. The characteristics and personality types of women who pursue careers as prison nurses are described in the context of their duties and scope of responsibility. The author is the Chief Nursing Officer of the Prison Medical Service.

Swaffield, Laura, "Behind the Screens," Nursing Times, 73(6), 188, February 10, 1977.

This editorial raises the issue of "screening" British prison cells as a legitimate institutional policy. Complaints lodged by former convicts and backed by the prisoners' rights group, Criminon, indicate that the screens are used for sensory deprivation as psychological torture. The Home Office asserts that, depending on the individual circumstance, screens are used to provide privacy, security or protection from other prisoners. A case against the British Army in Northern Ireland brought before the European Court of Human Rights by the Republic of Ireland for the use of sensory deprivation by hooding is mentioned as pertinent to the need to examine the reasons for which cell screening is employed.

Taylor, Tony, "The Prisoner as Patient: One Inmate's View," The New Physician, 25, 31, April 1976.

In a general indictment of the health care services available at the State Prison of Southern Michigan, the author, a prisoner "nurse-aide", describes decaying, unsanitary facilities, the use of untrained prisoners as "nurse supervisors" and "aides", and the shortage of medical staff and equipment. It is suggested that changes being made are not voluntary, but rather in response to court orders and that despite the progress, prisoners still fear the infirmary.

"Two Wisconsin Jails Receive Approval for Accreditation," Wisconsin Medical Journal, 76, 32, September 1977.

Preliminary accreditation approval given by the American Medical Association's Jail Health Project to two Wisconsin institutions is announced. The Eau Claire County Jail received full accreditation meaning it meets most of the 83 standards of care established by the project. The Milwaukee County Jail received provisional accreditation meaning it met many but not all of the necessary standards, but shows promise of meeting the rest.

Walker, Bailus, Jr., "Correctional Conditions are Critical," The Nations Health, American Public Health Association, April 1979,

This editorial is a condensation of a presentation delivered before the third annual minority health conference at the School of Public Health, University of North Carolina at Chapel Hill. Following a brief description of the deplorable health care conditions in several prisons throughout the country, the author states that a review of court decisions, commission reports and legislative hearings demonstrates several facts: (1) many public health administrators do not consider the incarcerated as people within their jurisdiction; (2) there is a failure to realize the importance of health care to rehabilitation; and, (3) correctional institutions have not attracted enough health manpower. The author concludes that correctional institutions have been neglected by health policy makers, planners and administrators and that the challenge today is to build effective health care delivery programs for the medically underserved corrections population.

Wallace, J.D., "A Convict May Lose His Freedom, But He Still Has His Rights," Canadian Medical Association Journal, 110, 327, February 2, 1974.

The author, Secretary General of the Canadian Medical Association, supports efforts to develop more effective health service systems in local, provincial, and federal prisons in Canada. He also notes that methods of redress for medical treatment grievances are open to all Canadian citizens, including those incarcerated.

White, Elmer, "All County Jails in Michigan Pilot Program Meet New National Health Care Standards," Michigan Medicine, 458-59, September 1977.

Michigan jails became accredited by meeting minimum standards, as defined by the American Medical Association for: health screening of incoming inmates; appraisal of health status; provisions of emergency, nonemergency, chronic, convalescent and dental care; care of mentally ill inmates; drug and alcohol detoxification; and, adequate medical records.

Wicks, Robert J., "Vistas in Correctional Nursing," Occupational Health Nursing, 27(4), 19-20, April 1974.

The changing and expanding role of the nurse in some penal settings is discussed. Community-based correctional facilities are described as one setting which has provided an opportunity for nurses to actively participate as members of interdisciplinary treatment teams, to serve as group leaders and to assume a more holistic role in the treatment of health problems. A program of study is suggested for student/graduate nurses planning to work in corrections. The author suggests that this program outline would serve equally well for preservice or inservice training purposes.

RELATED MATERIAL

Besser, Robert A. and Stevens, Robert M., "The Training of Pharmacy Supportive Personnel for an Ambulatory Health Care Program," (Presented at the Annual American Society of Hospital Pharmacists Mid-Year Clinical Meeting), December 1978, Unpublished.

A description of the Pharmacy Specialist Training Program at Rikers Island Correctional Institution is presented. The objective of this program is to develop well-trained supportive personnel to assume most of the operational tasks in drug distribution and to aid the pharmacist in the routine operations of the institutional pharmacy. The 20-week program consists of coursework and on-the-job training. Phase one includes the basic training to function within a pharmacy and phase two covers anatomy and physiology, pharmacology, mathematics and drug administration techniques.

Brewer, Jan, "Make-Buy Decision Analysis for Correctional Health Care," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), Health Management Advisors, Inc., Ann Arbor, Michigan, 1979.

This manual presents an overview of the make-buy decision analysis model. The discussion is directed to medical directors and health services administrators and describes the various elements to be considered when deciding between providing or purchasing services. An example of a make-buy decision on pharmacy services in a correctional institution shows how the model can be applied. A glossary of terms is included.

Capron, Alexander M., "Medical Research in Prisons - Should a Moratorium Be Called?," Institute of Society, Ethics and Life Sciences Hastings Center Report, June 1973.

Substantive arguments are presented for imposing a moratorium on medical research in prisons. The author lists three factors which cast doubt on the ethical soundness of inmate experimentation: (1) the fact that the subjects are "captives" of the state, (2) the questionable nature of the inmates' consent since they have been legally stripped of their rights; and, (3) the physical isolation of the experimenters within the prison eliminates the beneficial behavior modifier of peer influence and contact. Some of the most risky, painful and potentially permanently disabling experiments currently performed are mentioned as justification for a moratorium which would provide an opportunity to reevaluate the acceptability and possible conditions under which research on prisoners might be justified. The five specific problem points upon which such discussions should focus would be: the types of research permissible, acceptability of prison research review committees, ascertainment of the kinds of institutions in which research is appropriate, issues of consent, and potential indemnification for the prison.

Clipson, Colin W. and Wehrer, Joseph J., "Correctional Health Care Facilities: Planning, Design and Construction," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Correction), Clipson-Wehrer, Ann Arbor, Michigan, 1979.

This manual discusses the how-to's of facility planning, evaluation and acquisition for correctional health care programs. It describes each step in the process, suggests who should be involved at each step and outlines a general time frame. The manual is designed to assist correctional health administrators in meeting their own specific facility needs rather than offering standard solutions.

Cohen, Carl, "Medical Experimentation on Prisoners," Perspectives in Biology and Medicine, 21(3), 357-72, Spring 1978.

The author refutes the argument that prisoners, by virtue of their total custody, cannot give free and uncoerced consent and, therefore, must be excluded as subjects in medical experimentation. The proposition that prisoners are compelled by physical or moral pressure or otherwise coerced to participate in medical experiments is dismissed as unsound and unsubstantiated. The author concludes that the moral reasons for permitting prisoners to participate in experiments are forceful; that long-term benefits result to everyone, including prisoners; and, that allowing inmates to serve as voluntary subjects in medical experimentation can and often does support the rehabilitative aims of the correctional institutions.

Dean, Wanda and Maynard, Charles L., "Establishing Staff Development Programs," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), College of Human and Osteopathic Medicine, Michigan State University, East Lansing, Michigan, 1979.

This manual is concerned with the establishment of staff development programs in corrections. It is intended to provide specific strategies and procedures for planning, developing, implementing, and evaluating staff development programs. Staff development is the intervention or training of staff that emanates from the recognized needs of the program or organization and will enhance the staff's skills to meet the program or organizational needs. The manual discusses a rationale for staff development programs in communications and in stress assessment and management. An overview of the literature in both areas is also included as well as a list of reference materials, resources materials, and an annotated bibliography.

Flanagan, John, "Projection of Prison Populations," American Journal of Corrections, May-June 1977.

A methodology for projecting short-term (two years or less) and intermediate term (10-15 years) forecasts of future prison populations is described. For short-range projections, the three suggested approaches are: (1) business as usual; (2) input/output analysis; and, (3) multiple regression analysis. The underlying assumptions, advantages and disadvantages of each are presented and evaluated on the basis of the degree to which they are capable of achieving the desired goals, i.e., to give early warning of major cyclical changes and to improve accuracy of short-term predictions. For intermediate forecasts the adaptation of techniques used in technological forecasting is suggested. Included for consideration

are nine external and internal variables which impact upon the projection process, and, hence should be included in the analysis. Ten strategic elements important for successful prison population forecasting are presented.

Helbig, Susan and Ellis, Jack A.N., "Problem Oriented Medical Records in Correctional Health Care," (Prepared for the Correctional Health Care Program), Office of Health Care, Michigan Department of Corrections, Lansing, Michigan, 1979.

This manual has been designed to accomplish two major ends, namely: to give the prison health care professional a convenient reference for understanding the problem-oriented medical record approach, and to give people who will have responsibility for medical records a step-by-step model that will help them implement the process in prison settings.

Hodges, Robert E. and Bean, William B., "The Use of Prisoners for Medical Research," Journal of the American Medical Association, 202:6, 177-79, November 6, 1967.

In discussing the practical aspects of using prisoners for clinical research, the authors describe a system of voluntary participation employed at Iowa State Penitentiary. Legal and ethical foundations of this system are outlined along with procedures for obtaining voluntary participation. Authors conclude that this type of arrangement can be a rewarding experience for both the physicians and subjects.

Hladki, Barbara, "Diet Manual for Correctional Health Care," (Prepared for the Correctional Health Care Program), Office of Health Care, Michigan Department of Corrections, Lansing, Michigan, 1979.

This manual represents the therapeutic diet program for the Michigan Department of Corrections. It has been prepared for use by medical, dental, nursing and food service staff as a guide for ordering and interpreting the therapeutic diets needed as part of a total health care plan. The diets and sample menus have been planned to meet the known nutritional requirements of the Recommended Dietary Allowances of the National Research Council as closely as therapeutic restrictions permit. This manual can be used in correctional institutions of various sizes and can be modified for use in other correctional systems.

Huff, Richard, "First Aid and Emergency Procedures Handbook," (Prepared for the Correctional Health Care Program), Office of Health Care, Michigan Department of Correction, Lansing, Michigan, 1979.

This handbook is designed to be used by correctional officers and other nonmedical correctional staff in the event of a resident injury or other medical emergency. The handbook tells the user what to do for the resident until medical attention can be obtained.

Hunter, Susan and Maynard, Charles L., "Establishing Health Education Programs," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), College of Human and Osteopathic Medicine, Michigan State University, East Lansing, Michigan, 1979.

This program development manual is designed to provide a step-by-step guide to the establishment of a health education program in the correctional setting. The model discussed is based on the concept of using community health educators to assist the institutional health care staff in initiating such a program. The manual outlines strategies for planning, developing, implementing, and evaluating a health education program in corrections.

Lakner, Edward, A Manual of Statistical Sampling for Correctional Planners, National Clearinghouse for Criminal Justice Planning and Architecture, University of Illinois at Urbana, Champaign, April 1976.

This manual presents basic concepts and methods of statistical sampling, and how they can be applied in studies of the inmates of jails and prisons. Cross-sectional and longitudinal study designs are discussed and procedures are outlined to enable corrections planners to determine the size of statistical samples needed to meet the study objectives, to choose the sample according to systematic selection procedures, to estimate the distribution of characteristics in the inmate population (based on sample data), and to compute the statistical reliability of the population estimates. (Author's preface adapted.)

The National Prison Project, Prisoners' Assistance Directory, The National Prison Project of the American Civil Liberties Union Foundation, Washington, D.C., October 1977.

A directory which lists national, state and local organizations that assist prisoners and their families is presented, miscellaneous sources of aid, information, and educational opportunities are also identified.

President's Commission on Law Enforcement and Administration of Justice, The Challenge of Crime in a Free Society, Government Printing Office, Washington, D.C., 1967.

This report characterizes crime in terms of criminals, victims and corrections. It is based on three national conferences, five national surveys, hundreds of meetings, and tens of thousands of personal interviews conducted by 19 commissioners, 63 staff members, 175 consultants, and hundreds of advisors with expertise in justice administration, criminal assessment, juvenile delinquency, narcotics abuse, police science and technology, sociology, and corrections. The report makes over 200 specific recommendations roughly covering seven objectives: (1) initial crime prevention; (2) alternatives for dealing with offenders; (3) revival of respect for and cooperation with the criminal justice system by citizens; (4) education of personnel; (5) research in the development of methods of crime control in all areas of the criminal justice system; (6) development of personnel incentives through increased funding for police, courts and correctional agencies; and, (7) involvement in reform of the criminal justice system by the public, including universities, religious institutions, civic and business groups, social service agencies and individual citizens. Recommendations specifically related to medical care and health services include: separate detention

and counseling for juvenile offenders; intensive treatment within community programs as alternatives to incarceration; screening and classification of inmates into separate treatment groups divided by need and offense committed; the need for educational and informational materials on drug and alcohol abuse; expansion of treatment for alcoholics and drug abusers; and, the upgrading of educational and vocational training for inmates.

Rector, Milton G., "Prisons of the Future," New York State Journal of Medicine, 75(7), 1058-1090, June 1975.

In a speech at a N.Y. State Medical Society symposium on "Medicine and Penology" the author, president of the National Council on Crime and Delinquency, argues that prisons do not serve as a deterrent to crime and do not and can not rehabilitate criminals. He believes prisons should be small and located near educational and medical complexes to maximize attempts to reintegrate inmates into the community and that they should house only dangerous offenders. The real problem is how to identify and sentence dangerous offenders. Now, the author believes, judges and physicians tend to equate poverty and minority status with dangerousness. He calls for a moratorium on building new jails and prisons, seeking instead the use of "tested community alternatives."

Rieger, Dean and Shaw, Michael, "Resident Self Care," (Prepared for the Correctional Health Care Program) Office of Health Care, Michigan Department of Corrections, Lansing, Michigan, 1979.

This manual is designed to be used by correctional residents in treating minor, self-limiting health problems. Treatments described include the use of some over-the-counter preparations, exercise and proper health habits. Each treatment specifies at what point the resident should contact health services about the problem. This manual can be used by residents in correctional institutions of any security level with some modification for security restrictions.

Sabin, A.B.; Bronstein, A.J. and Hubbard, W.N., "Individual Risk v. Societal Benefits - How Are the Risks Distributed: The Military/The Prisoner," in Experimental Research with Human Subjects, 127-49, National Academy of Sciences, Washington, D.C., 1975.

Three viewpoints are expressed in this article which were presented as part of a symposium on the ethics of using human subjects in medical experiments. Dr. Sabin, a researcher, stresses the need for human volunteers in developing new methods to control and treat infectious diseases. He feels that prisoners, most of whom get great personal gratification from doing something which benefits society, can express free choice regarding participation in experiments and have the right to be volunteers. Mr. Bronstein, a prisoners' rights attorney, believes that the environment in penal institutions is such that uncoerced informed consent by inmates is impossible and, therefore, that experimentation on prisoner subjects should not be permitted. Dr. Hubbard, president of the Upjohn Pharmaceutical Company, relates his own experiences designing and conducting pharmaceutical testing at the State Prison of Southern Michigan to illustrate how research can be conducted without exploiting prisoners. Discussion among panel members and questions from the audience are included.

"Sample Policy Manual for Correctional Health Care," (Prepared for the Correctional Health Care Program), Michigan Department of Corrections, Lansing, Michigan, 1979.

This manual contains sample policy directives for health care services. These are actual policies, in draft form, of the Office of Health Care of the Michigan Department of Corrections.

Skoler, Daniel L., "An Analysis of Standards for Criminal Justice Structure and Organization," Criminal Law Bulletin, 12(4), July-August 1976.

The structure and organization of criminal justice services is discussed in this article. Using the relevant provisions of the National Advisory Commission on Criminal Justice Standards and Goals as a basis for discussion, the author examines structural proposals concerning corrections, courts, police services, prosecution services, defender services, and total system unification. It is suggested that organizational structure needs to be integrated with the goals, techniques, and substantive programs of governmental services systems. A comparison is offered between earlier reform proposals and the NAC recommendations which include: (1) strong centralization in some areas (courts and corrections); and, (2) a decentralized approach in other areas (police, prosecution and defense) combined with increased state funding, coordination and technical assistance in the local delivery systems.

Schrogie, John J.; Hensley, M.J.; Digiore, C. and Harris, S., "Evaluation of the Prison Inmate as a Subject in Drug Assessment," Clinical Pharmacology and Therapeutics, 21(1), 1-8, January 1977.

The appropriateness of prisoner volunteers for drug research studies is evaluated in this article. The authors believe that a combination of institutional and sociological factors require that inmates be placed in a special subgroup of research subjects whose health status may not be representative of the total "healthy" population. Based on a comparison of student volunteers, prisoners were less likely to give accurate or reliable responses in testing situations which relied on reporting subjective effects of drugs with regard to tolerance or pharmacologic effect. It is, therefore, concluded that studies of investigational drugs where the likelihood of potential risk is significant should be avoided in prison populations unless compliance has been assessed adequately.

Sisson, Peter L., "The Place of Medicine in the American Prison: Ethical Issues in the Treatment of Offenders," Journal of Medical Ethics, 2, 173-79, December 1976.

The author examines three areas of interaction between medical science and prisons: (1) medical care services, (2) research with a therapeutic intervention, and, (3) nontherapeutic medical experimentation. The ethical judgments involved in the specific issues of each area are explored in terms of the clinical contributions which medicine makes to the treatment of the criminal and the ways in which these contributions are compatible with prevailing theories of the etiology of crime.

CONTINUED

1 OF 2

Twaddle, Andrew C., "Illness and Deviance," Social Science and Medicine, 7, 751-62, 1973.

A summary of some widely acknowledged theories and conceptualizations of deviance and illness behavior, this article attempts to distinguish between crime and illness in terms of a sociological paradigm. Adoption of the sick role is characterized as a socially acceptable manifestation of deviant behavior which is compared and contrasted with criminal acts which represent unacceptable deviant behavior. The author addresses the medical limitations of defining illness and societal standards for allowable deviance. Based on observations in a prison hospital, the author discusses the dynamics and interface between security and medical treatment, and the exploitation of the sick role by inmates in prison.

United States General Accounting Office, "Improprieties in Time and Attendance Practices at Medical Facilities." Report of the Comptroller General of the United States, Washington, D.C., The Office.

The GAO examined the allegation that there were improprieties in the use of leave, compensatory time, and in the maintenance of official time records in 1974 and 1975 at the U.S. Penitentiary at Atlanta, Georgia. The report finds the allegations true and, based on reviews at the Federal Correctional Institution in Lexington, Kentucky, and at the U.S. Public Health Service hospitals at Baltimore, Maryland, and New Orleans, Louisiana, suggests that the improper practice of employees earning maximum pay and inappropriately taking compensatory time may be prevalent at many other similar institutions.

United States Library of Congress - Congressional Research Service, "Prison Population and Costs - Illustrative Projections to 1980," U.S. House Judiciary Committee, Prison Construction, Plans and Policies, Hearings 94th Congress, 1st session, Committee Serial #16, 420-456, July 1975.

Projections are made of Federal and State prison populations and costs based on both present and possible future sentencing policies. Data were obtained from (1) U.S. Bureau of Prisons (USBP) Statistical Report, FY 1959-1972; (2) USBP National Prisoner Statistics, 1960-1971; (3) U.S. Department of Justice, Law Enforcement Assistance Administration, 1967-1971; and (4) miscellaneous government data records from agencies of the U.S. Congress, House of Representatives, and Departments of State, Commerce, and Justice. Conclusions indicate that the prison population will reach a peak of 26,300 federal and 252,000 state prisoners in 1980 if no change is made in sentencing policy. If the average length of time served were doubled and estimated 54,600 federal and over 608,000 state prisoners would be detained. With no changes in sentencing or in facility improvement, the federal prison costs for 1980 would be \$181.5 million and state costs would be \$2715.7 million. If the rate of improvement were doubled, corresponding costs would average \$503.3 million for federal and \$19,916.8 million for state prisons. The report also notes a strong correlation between prison admissions and unemployment rates showing that 80% of federal and 73% of state variation in prison populations appears directly linked to unemployment.

Waitzkin, Howard, "Latent Functions of the Sick Role in Various Institutional Settings," Social Science and Medicine, 5, 45-75, 1971.

This article suggests several ways in which adoption of the sick role contributes to the stability of social institutions. This function is described in families, mental hospitals, totalitarian states, prisons, armed forces, and the Selective Service System. A study of sick call in a large urban jail showed that inmates can easily adopt the sick role which then "fulfills some psychological needs and contributes to the 'underlife' of the prison by permitting a communication system among inmates and by providing certain desired commodities." This sick role thus allows this temporary, carefully controlled deviance from the prison norms without jeopardizing the stability of the institution.

Walton, Graham, Institutional Sanitation, United States Public Health Service, 2nd Edition, Washington, D.C., June 1965.

The role of the sanitary supervisor in an institutional setting is defined. A series of standards based on safeguarding inmates' health, maintaining adequate inmate morale, and the satisfaction of federal standards on all self-produced goods. The book provides detailed information on satisfying standards in nine areas: (1) food sanitation; (2) refuse facilities; (3) bedding and clothing disinfecting; (4) rodent and insect control; (5) barber shop sanitation; (6) sewerage design; (7) plumbing; (8) water, milk and ice sanitation; and (9) housing (including overcrowding, ventilation, heating, lighting, and cleanliness). This edition includes guidelines for use of radioactive equipment (i.e., X-rays), bathing and swimming sanitation, and instructions for the use of sanitation test equipment.

Weed, L.L.; Wakefield, J.S.; Yarnell, S.R.; Barnes, R.; Patrikas, E. and Reardon, J., Implementing the Problem Oriented Medical Record, 2nd Ed., Seattle: Medical Computer Services Association, August 1976.

In the main this book is devoted to an explanation of the problem-oriented medical record as developed by Lawrence Weed. The authors' premise is that this system will greatly improve all types of medical care delivery systems by coordinating the activities of all providers needed to deliver a comprehensive program of health care services. In a concluding 20-page chapter, the authors describe the implementation of a POMR system in Seattle's King County Jail. Many photographs and charts are used to illustrate the inadequacies of the previous records and the changes that were made as a result of their efforts. In addition to the benefits to inmates of improved health care, the authors stress improved legal accountability for jail administrators and improved working conditions for medical staff.

Wyszewianski, Leon, "Quality Assurance: A Brief Overview of the Correctional Health Care Administrator," (Prepared for the Correctional Health Care Program, Office of Health Care, Michigan Department of Corrections), School of Public Health, University of Michigan, Ann Arbor, Michigan, 1979.

This manual provides an overview of how quality of care is measured and of different approaches for achieving desired levels of quality. It discusses how the correctional health care administrator can develop a quality assurance program, and describes how the essential components of such a program can be brought together.

PART II:

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(UNANNOTATED)

SUPPLEMENTARY REFERENCES - UNANNOTATED

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P.O. Box 598 Camp Hill, Pennsylvania, Quarterly Publication
for ACHSA Members, Annual Membership \$10.00.

The Correctional Stethoscope, American Medical Association Committee
to Improve Medical Care and Health Services in Correctional
Institutions, 535 North Dearborn Street, Chicago, Illinois,
Bimonthly Publication.

Corrections Compendium, CONTACT Inc., P.O. Box 81826, Lincoln, N.E.,
Monthly Publication, Annual Subscription \$48.00.

Corrections Digest, National Council on Crime and Delinquency,
411 Hackensack Ave., Hackensack, New Jersey, Biweekly
Publication, Annual Subscription \$66.00.

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Ave., New York, New York, Quarterly Magazine, Annual Subscription
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