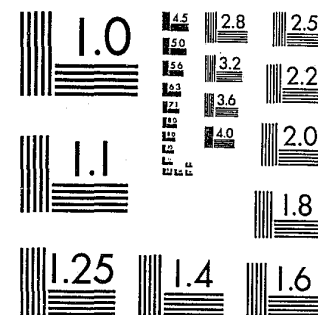


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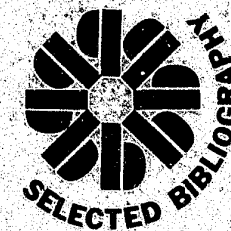
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Prison and Jail Health Care

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PRISON AND JAIL HEALTH CARE

A Selected Bibliography

by
W. Donald Pointer
Senior Corrections Specialist

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Marjorie Kravitz
Supervising Editor

National Criminal Justice Reference Service

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Acknowledgments

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We appreciate the assistance of the National Sheriffs' Association in providing photographs by Sgt. Bob Grahl of the Washington County Detention Center. We also acknowledge the assistance of the U. S. Bureau of Prisons Medical Services, Health Services Administration, Public Health Service, U.S. Department of Health and Human Services, for photographs used in this publication.

HOW TO OBTAIN THESE DOCUMENTS

The documents cited in this bibliography have been selected from the collection of the National Criminal Justice Reference Service (NCJRS) and are accessible in a variety of ways. NCJRS maintains a Reading Room in the metropolitan Washington, D.C., area that is open to the public weekdays between 9 a.m. and 5 p.m. Visitors are encouraged to telephone NCJRS for directions to the facility (301/251-5500). Many of the citations may also be found in public and organizational libraries.

For researchers who prefer to obtain personal copies, sales sources are identified whenever possible. Document availability changes over time, however, and NCJRS cannot guarantee continued availability from publishers or distributors. For periodical literature, there are several potential sources of reprints: Original Article Tear Sheet Service (Institute for Scientific Information, 325 Chestnut Street, Philadelphia, PA 19106) and University Microfilms International (Article Reprint Department, 300 North Zeeb Road, Ann Arbor, MI 48106).

Government documents are commonly available from the following sources:

Documents From GPO

The letters "GPO" after a citation indicate that copies may be purchased from the Government Printing Office. Inquiries about availability and cost should include stock number and title and be addressed to:

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402

Documents From NTIS

The letters "NTIS" after a citation indicate that copies may be purchased from the National Technical Information Service. Inquiries about availability and cost should include publication number and title and be addressed to:

National Technical Information Service
5285 Port Royal Road
Springfield, VA 22161

In addition, NCJRS offers the following:

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PART I
INTRODUCTION

FOCUS ON.....

PRISON AND JAIL HEALTH CARE



Photo courtesy of AMA

Maintaining a healthful environment and delivering health services in correctional institutions are difficult and ever-present problems for correctional administrators. Numerous studies and surveys at the local, state, and national levels have documented the serious inadequacies of current programs and the need for drastic improvements in both environmental conditions and medical care in jails and prisons.

Inadequate and inaccessible medical and health care have prompted inmates' suits in a number of states. Similarly, the courts are receiving a growing number of grievances from inmates about unhealthy living conditions.

During the past decade we have witnessed an unprecedented growth in the prison and jail population. The precipitous increase—largely attributed to rising crime rates, improved prosecution, and tougher attitudes toward offenders—has caused serious overcrowding of most facilities. The aftermath of overcrowding has been well documented: more assaultive behavior, more injuries, more illness.

Medical Care Surveys

Deficient medical care is most acute in local jails, although the problem exists in varying degrees in State and Federal prisons as well.

A 1970 census of 4,037 jails revealed that 49 percent maintained no medical facilities at all! In another survey 2 years later, the American Medical Association found that fewer than 30 percent had medical facilities and only 6 percent provided preconfinement medical examinations. The AMA also discovered that no formal arrangements for medical coverage or surveillance existed at 78 percent of the jails, and a substantial number had no formal arrangements for inmates' hospitalization.

The most recent survey of correctional health care was conducted in 1978 by the U.S. Comptroller General. Among the findings:

- Diagnostic testing and dental examinations in State prisons are inadequate.
- State and Federal prisons do not give regular followup examinations.
- Most jails do not give physicals.
- Medical and dental records are incomplete.
- Untrained inmates often are assigned to maintain medical and dental records.
- Qualified health staff is difficult to attract and retain at correctional institutions.
- Many small jails have no medical staff.

The survey concluded that a Federal strategy is needed to address the crisis in correctional health care. The proposed strategy would determine the medical and dental needs of inmates and help State and local governments comply with national health care standards for correctional institutions.



Photo courtesy of AMA

Inmate Medical Problems

The likelihood of serious, undetected medical problems is much greater in prison inmates than in the general population. Incarcerated offenders also use medical care at a higher rate than the public at large. The AMA conducted physical examinations of jail inmates in six states and reported a high incidence of unidentified and untreated medical problems, including, in some instances, serious and communicable diseases.

In addition to suffering from the same range of medical problems as the general population, prison and jail inmates suffer an inordinate rate of alcohol abuse, epilepsy and other convulsive disorders, dermatological disorders, chronic headaches, high blood pressure, and other nervous disorders. Mental health needs are even more acute because of the relatively high percentage of psychotic, suicidal, and depressed inmates.

A Healthful Environment

In addition to medical services, correctional institutions should maintain sanitary and healthful conditions. In the broadest sense, the facilities should also offer health education: how the body functions, how to prevent illness, and how to recognize early symptoms of disease are important types of information for a health education program. Among the significant environmental conditions that affect health are food services and dietary needs, recreation and exercise, and physical features like lighting, noise level, privacy, and ventilation.

Planning for the Future

Planning acceptable health care systems in the closed, high-pressured, and often troubled setting of prisons and jails is a challenge. Among the many problems to overcome are:

- Chronic underfunding,
- Inadequate salaries for physicians and other health care personnel,
- Insufficient numbers of trained nursing or paramedic staff,
- Poor sanitation,
- Pressures of a high-stress environment,
- Medication control and distribution,
- Inadequate drug and alcohol abuse treatment programs,
- Security considerations,
- Staff suspicion of inmate malingering, and
- Isolation and remoteness of many prisons.

Many of the existing problems — spiraling costs, budgetary restraints, difficulties in personnel recruitment and retention — affect every segment of society. However, the correctional environment may be the setting least conducive to effective medical care and healthful surroundings.

Judicial Response: Medical Care as a Legal Right

The courts have assumed an increasingly active role in requiring medical and health care for prisoners. The legal obligation of State and local governments to provide adequate health and medical services to confined populations has been clearly established. In *Estelle v. Gamble*, the U.S. Supreme Court declared that inadvertent failure to provide medical care is not necessarily a violation of the Constitution; however, it left no doubt that deliberate official indifference to prisoners' medical needs or a total system failure to provide medical care would be grounds for violation of eighth amendment rights.



Photo courtesy of AMA



Photo courtesy of AMA



Photo courtesy of AMA



Photo by Bob Grah

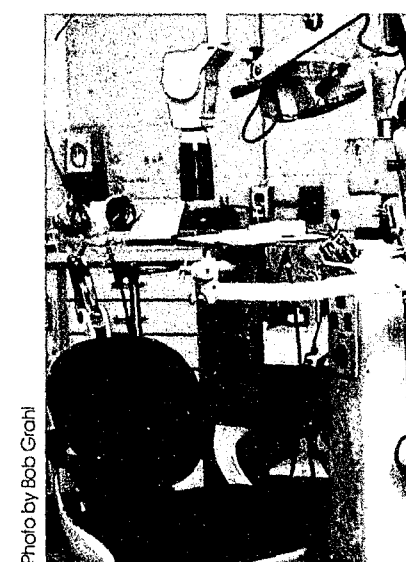


Photo by Bob Grah



Photo courtesy of AMA

In the matter of individual prisoner complaints of medical malpractice, the Federal courts have been reluctant to intervene, suggesting instead that such cases be brought before State courts.

Professional and Governmental Response: Standards and Accreditation

Standards. During the past decade, concerned national professional organizations have developed and implemented national standards for health and medical care in correctional institutions. These efforts by public health, medical, and corrections associations have received broad professional interest and LEAA funding.

The American Medical Association, the American Public Health Association, the American Correctional Association, and the National Sheriffs' Association have issued new or revised standards for health and medical services in correctional institutions. The National Advisory Commission on Criminal Justice Standards and Goals and the American Bar Association also have issued standards for health care in jails and correctional institutions. Internationally, the United Nations is continuing its efforts to implement the *Standard Minimum Rules for the Treatment of Prisoners*, which include standards for health and medical care. (For references to current standards, see *Standards of Care in Adult and Juvenile Correctional Institutions: A Selected Bibliography*, a publication of the National Criminal Justice Reference Service.)

Accreditation. Accreditation and other standards implementation efforts are establishing benchmarks for measuring levels of acceptable medical and health care. Accreditation provides a standardized procedure for monitoring progress, mobilizing professional and community support for reforms, and encouraging greater budgetary support. Systematic reviews and comparisons to national standards hold promise for improving environmental health and sanitation in the nation's jails and prisons.

Promising New Directions

Court-mandated improvements and standards initiatives are focusing attention on existing deficiencies. Another bright spot is the growing sensitivity of health care providers to correctional health and medical problems.

Greater use of existing health care resources permits correctional institutions to upgrade health care programs at little additional cost. The most notable of these efforts use county/public health departments to provide primary care for inmates and screen for communicable diseases. In this model, primary care usually consists of a nurse screening or performing triage for sick call and handling most health care complaints under physicians' direct and standing orders. In counties that depend on hospital emergency rooms for primary health care, service delivery by a county health department reduces jail health care costs. Thus, by coordinating interagency arrangements, small jails can meet minimum standards for accreditation by scheduling weekly visits by a county health nurse.

Contracting for Health Care. Among the various alternative health care systems being tested are some based on contractual arrangements with medical schools and teaching hospitals. The following are examples of correctional systems that have medical care contracts with local hospitals and medical schools:

- The Richmond (Va.) city jail has contracted with the Virginia Commonwealth University Medical School to provide primary health care to inmates.

- In St. Paul (Minn.) the municipal correctional facilities get primary medical and health care services for inmates on contract with the St. Paul-Ramsey Medical Center. This program has been successfully combined with a family practice residency training program.

- The San Francisco jail uses a secure ward in San Francisco General Hospital to house and treat medical and surgical patients and some psychiatric patients.

- In Jackson County (Mo.) the Jail Health Service Unit functions as a division of the Jackson County Public Hospital with a medical coordinator from Kansas City General Hospital. Participation by these two local hospitals provides broad community involvement, support by private physicians and dentists, donated health service equipment, and a dental clinic maintained by student volunteers from the University of Missouri School of Dentistry and the 486th Dental Detachment of the U.S. Army Reserves.



Photo courtesy of AMA

Inmate Training Programs. Some systems have developed innovative health and medical care training programs for inmates:

- The Vienna Correctional Institution, a minimum security facility of the Illinois Department of Corrections, has developed a training program whose graduates provide emergency medical assistance to the surrounding community as well as to the institution. The program teams up trained medical technicians from the institution with community technicians to provide emergency ambulance and medical services to two sparsely populated, rural counties in southern Illinois.

- The Camp Waterloo minimum security camp, headquarters for the Michigan Department of Corrections, offers a training program in dental technology to inmates. Trainees may earn a 2-year associate degree in dental technology from Jackson Community College. The program produces all prosthetic dental devices for the Michigan Department of Corrections.



Photo courtesy of HSA, Bureau of Medical Services

For Further Information

This review of current problems and directions in correctional health care merely touches the surface of the crisis in health care. The bibliography that follows contains sources of further information selected from the collection of the National Criminal Justice Reference Service. For information about how to obtain these books, pamphlets, and reports, see page VII. A list of resource agencies is included in the appendix.

PART II BIBLIOGRAPHY

PRISON AND JAIL HEALTH CARE

1. W. L. ADAMS. INADEQUATE MEDICAL TREATMENT OF STATE PRISONERS—CRUEL AND UNUSUAL PUNISHMENT? AMERICAN UNIVERSITY WASHINGTON COLLEGE OF LAW, MASSACHUSETTS AND NEBRASKA, AVENUES, NW, WASHINGTON DC 20016. AMERICAN UNIVERSITY LAW REVIEW, V 27, N 1 (FALL 1977), P 92-126. NCJ-47206

THE EIGHTH AMENDMENT RIGHT TO FREEDOM FROM CRUEL AND UNUSUAL PUNISHMENT IS EXPLORED AS A JURISPRUDENTIAL BASIS FOR INMATE COMPLAINTS ABOUT DENIAL OF NEEDED MEDICAL TREATMENT. THE ORIGIN AND EVOLUTION OF THE PROHIBITION AGAINST CRUEL AND UNUSUAL PUNISHMENT ARE TRACED, AND THE FEDERAL COURTS' INTERPRETATION OF THE PROHIBITION AS A FLEXIBLE CONCEPT THAT CHANGES WITH SOCIETY'S EVOLVING CORRECTIONAL VALUES IS DISCUSSED. THE EXPANSION OF THE PROHIBITION TO ENCOMPASS THE TREATMENT OF STATE PRISONERS AND, LATER, THE ADEQUACY OF MEDICAL TREATMENT IS CONSIDERED. THE STANDARD DEVELOPED BY THE COURTS TO DETECT DENIALS OF TREATMENT THAT VIOLATE THE CONSTITUTIONAL PROHIBITION IS EVALUATED. THE STANDARD WHICH FOCUSES ON THE INTENT OF THOSE ACCUSED OF DENYING TREATMENT IS FOUND WANTING. A REVISED STANDARD IS SUGGESTED, WHICH EMPHASIZES THE ADEQUACY OF TREATMENT AND REQUIRES THE COMPLAINANT TO SHOW ONLY THAT MEDICAL TREATMENT WAS NEEDED AND THAT CORRECTIONAL PERSONNEL FAILED TO PROVIDE ADEQUATE TREATMENT. (AUTHOR ABSTRACT MODIFIED)

2. AMERICAN BAR ASSOCIATION, 1800 M STREET, NW, WASHINGTON DC 20036. REPORT ON 1972 AMA (AMERICAN MEDICAL ASSOCIATION) SURVEY OF US JAIL SYSTEM. 2 p. 1973. NCJ-16015

SUMMARIZES SURVEY FINDINGS ON AVAILABILITY OF MEDICAL FACILITIES IN JAILS, MEDICAL PERSONNEL AVAILABLE TO JAILS, AND HEALTH SERVICES PROVIDED TO INMATES IN JAILS. THIS REPORT PRESENTS THE FINDINGS OF THE 1972 AMERICAN MEDICAL ASSOCIATION SURVEY OF THE NATION'S JAILS. THE FINDINGS ARE BASED ON RESPONSES FROM 39.6 PERCENT OF THE U.S. JAILS. ACCORDING TO RESPONDENTS, THERE ARE LIMITED FACILITIES WITHIN JAILS FOR THE PROVISION OF MEDICAL CARE TO INMATE POPULATIONS. RESPONDENTS INDICATED THAT MEDICAL PERSONNEL IN JAILS WERE AVAILABLE ON AN EXTREMELY LIMITED BASIS. ALTHOUGH PRESCRIPTION DRUGS ARE DISPENSED TO INMATES IN 97.8 PERCENT OF RESPONDING JAILS, IN

81.6 PERCENT OF RESPONDING JAILS MEDICATIONS ARE DISPENSED BY NON-MEDICAL PERSONNEL, ALTHOUGH OFTEN ON PHYSICIAN'S ORDERS. (AUTHOR ABSTRACT)
Availability: NCJRS MICROFICHE PROGRAM.

3. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. AMA (AMERICAN MEDICAL ASSOCIATION)—STANDARDS FOR THE ACCREDITATION OF MEDICAL CARE AND HEALTH SERVICES IN JAILS. 23 p. 1978. NCJ-48080

STANDARDS FOR MEDICAL CARE DELIVERY TO JAIL INMATES WHICH REFLECT THE DEFINITION OF 'ADEQUATE' MEDICAL CARE REQUIRED BY THE COURTS ARE PRESENTED. THOSE STANDARDS FOR THE ACCREDITATION OF MEDICAL CARE AND HEALTH SERVICES IN JAILS ARE INTENDED TO SERVE AS A BASIS FOR ADVISING PHYSICIANS, JAIL AUTHORITIES, AND HEALTH CARE PROVIDERS ABOUT THE SERVICES AND RESOURCES NECESSARY TO PROVIDE ADEQUATE MEDICAL CARE AND HEALTH SERVICES TO INMATES. THE STANDARDS OUTLINE THE PROCEDURES AND SERVICES TO BE MEASURED FOR COMPLIANCE. ALL ITEMS SPECIFIED IN A STANDARD MUST BE IMPLEMENTED IN ORDER FOR COMPLIANCE TO BE CONSIDERED COMPLETE. THE DISCUSSION FOLLOWING EACH STANDARD SETS THE TONE OF THE STANDARD AND, IN SOME INSTANCES, PROVIDES DESCRIPTIVE INFORMATION TO GUIDE THE OFFICIAL LEGALLY RESPONSIBLE FOR THE JAIL, THE PHYSICIAN RESPONSIBLE FOR THE JAIL'S MEDICAL CARE DELIVERY SYSTEM, AND THE MEDICAL SOCIETY IN INTERPRETING THE STANDARD. STANDARDS ARE IDENTIFIED AS EITHER 'ESSENTIAL' OR 'IMPORTANT.' A JAIL MUST COMPLY FULLY WITH THE LETTER AND THE SPIRIT OF 90 PERCENT OF THE 'ESSENTIAL' AND 80 PERCENT OF THE 'IMPORTANT' STANDARDS IN ORDER TO BE GRANTED FULL ACCREDITATION. JAILS WHICH COMPLY FULLY WITH AT LEAST 75 PERCENT OF THE 'ESSENTIAL' STANDARDS AND 66 PERCENT OF THE 'IMPORTANT' STANDARDS MAY BE GRANTED PROVISIONAL ACCREDITATION, WHICH CANNOT BE RENEWED.

Availability: NCJRS MICROFICHE PROGRAM.

4. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. AMERICAN MEDICAL ASSOCIATION STANDARDS FOR HEALTH SERVICES IN JAILS. 43 p. 1979. NCJ-58584

AMERICAN MEDICAL ASSOCIATION (AMA) STANDARDS FOR THE PROVISION OF MEDICAL, PSYCHIATRIC, AND DENTAL

SERVICES TO JAIL INMATES ARE PRESENTED. DEVELOPED BY THE AMA UNDER AN LEAA GRANT AND WITH THE COOPERATION OF LOCAL SHERIFFS, JAIL ADMINISTRATORS, AND HEALTH CARE PROVIDERS, THE STANDARDS ADDRESS THE FOLLOWING ASPECTS OF JAIL HEALTH CARE: ADMINISTRATION, PERSONNEL, MEDICOLEGAL ISSUES, HEALTH RECORDS, PHARMACEUTICALS, AND CARE AND TREATMENT. DISCUSSIONS ACCOMPANYING THE STANDARDS ELABORATE ON THEIR CONCEPTUAL BASES AND IDENTIFY ALTERNATIVE APPROACHES TO COMPLIANCE. AN EARLIER EDITION OF THE STANDARDS WAS USED BY THE AMA IN THE ACCREDITATION OF 35 JAIL HEALTH CARE DELIVERY SYSTEMS. THE CURRENT EDITION INCLUDES DETAILED ATTENTION TO SERVICES FOR CHEMICALLY DEPENDENT INMATES AND MENTALLY ILL INMATES, PROVIDING THE OUTLINES OF A COMPREHENSIVE PROGRAM FOR DETECTING, TREATING, AND REFERRING JAIL INMATES WITH ALCOHOL, DRUG, OR MENTAL HEALTH PROBLEMS. THE STANDARDS ARE INTENDED FOR USE BY FACILITY ADMINISTRATORS AND CLINICIANS IN PROVIDING SERVICES TO INMATES, BY ADMINISTRATORS IN PROGRAM PLANNING AND BUDGETING, AND BY CLINICIANS IN SETTING PRIORITIES, ALLOCATING RESOURCES, AND TRAINING STAFF. THE AMA HAS FOUND THAT IMPLEMENTATION OF THE STANDARDS RESULTS IN GREATER EFFICIENCY AND COST EFFECTIVENESS IN HEALTH CARE DELIVERY, AND IN BETTER HEALTH PROTECTION FOR INMATES, STAFF, AND THE COMMUNITY.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

5. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. DENTAL CARE OF JAIL INMATES. 6 p. 1978. NCJ-62528

THIS PAMPHLET EMPHASIZES THE IMPORTANCE OF DENTAL HEALTH FOR JAIL INMATES AND DESCRIBES DENTAL TREATMENT IN JAILS. AMERICAN MEDICAL ASSOCIATION INMATES PATIENT PROFILES IN 30 JAILS DURING 1976 AND 1977 REVEALED A HIGHER NUMBER OF DENTAL ABNORMALITIES THAN ALMOST ANY OF THE OTHER 22 ABNORMALITIES FOR WHICH INMATES WERE EXAMINED. DENTAL AND ORAL HEALTH CARE IS AN ESSENTIAL SERVICE BECAUSE POOR ORAL HEALTH IS RELATED TO THE TOTAL HEALTH OF THE INDIVIDUAL, AND CLINICAL SIGNS OF SOME SYSTEMIC DISORDERS OFTEN APPEAR IN THE MOUTH BEFORE BECOMING APPARENT IN OTHER ORGANS OF THE BODY. ALTERNATIVES FOR PATTERNS OF DENTAL SERVICES IN JAILS INCLUDE (1) FEE-FOR-SERVICE, IN WHICH PRIVATE PRACTITIONERS ARE USED; (2) CONTRACT DENTISTRY, WHERE CONTRACT ARRANGEMENTS ARE MADE WITH PRIVATE DENTISTS OR HEALTH AGENCIES; AND (3) THE USE OF DENTAL SCHOOL STUDENTS. IN ADDITION TO PROVIDING FOR THE DAILY ORAL HYGIENE NEEDS OF THE INMATE (BRUSHING AND FLOSSING OF TEETH), DENTAL SERVICES SHOULD INCLUDE SCORING, HYGIENE, EXAMINATION, AND APPROPRIATE DENTAL TREATMENT. DENTAL TREATMENT SHOULD BE PERFORMED ACCORDING TO THE FOLLOWING PRIORITIES: (1) RELIEF OF PAIN AND TREATMENT OF ACUTE INFECTIONS, (2) ELIMINATION OF PATHOLOGICAL CONDITIONS AND EXTRACTION OF UNSAVABLE TEETH, (3) REMOVAL OF IRRITATION CONDITIONS WHICH MAY LEAD TO MALIGNANCIES, (4) TREATMENT OF BONE AND SOFT TISSUE DISEASE, (5) REPAIR OF INJURED OR CARIOUS TEETH, AND (6) REPLACEMENT OF LOST TEETH AND RESTORATION OF FUNCTION. UPON DISCHARGE, REFERRALS SHOULD BE MADE TO THE PROPER AGENCY OR DENTIST FOR ANY NEEDED DENTAL SERVICES. FOOTNOTES ARE PROVIDED.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

PRISON AND JAIL

6. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. GUIDE FOR THE CARE AND TREATMENT OF CHEMICALLY DEPENDENT INMATES. 9 p. 1978. NCJ-62527

GENERAL PRINCIPLES FOR THE DIAGNOSIS AND TREATMENT OF CHEMICALLY-DEPENDENT INMATES ARE DISCUSSED, AND ASPECTS OF A MODEL PROGRAM FOR THE CARE OF SUCH INMATES ARE DESCRIBED. CHEMICAL DEPENDENCE IN AN INMATE MUST BE CLINICALLY DETERMINED BY A PHYSICIAN, WITH A WRITTEN PROCEDURE FOR TREATMENT APPROVED BY THE RESPONSIBLE PHYSICIAN. THE PROCEDURE SHOULD OUTLINE BOTH THE PHILOSOPHY AND THE MEDICAL MANAGEMENT OF CHEMICAL DEPENDENCE. THE FIRST PHASE OF A MODEL PROGRAM FOR THE CARE OF CHEMICALLY-DEPENDENT INMATES INVOLVES THE ARRESTING OFFICER, WHO SHOULD BE TRAINED TO RECOGNIZE HEALTH PROBLEMS AND MAKE CORRECT REFERRALS. A MODEL SYSTEM SHOULD ALSO PROVIDE FOR DIVERSION OF APPROPRIATE OFFENDERS TO ASSESSMENT AND TREATMENT MODALITIES, SUCH AS DETOXIFICATION CENTERS AND OTHER DRUG AND ALCOHOL TREATMENT PROGRAMS. THE OPPORTUNITY FOR DIVERSION SHOULD EXIST AT A NUMBER OF POINTS IN CRIMINAL JUSTICE PROCESSING (PRETRIAL, PRESENTENCE, POSTSENTENCE). AN ADMISSION SCREENING PROCEDURE, SUCH AS THAT OUTLINED IN AN AMERICAN MEDICAL ASSOCIATION GUIDE, SHOULD BE USED. A MODEL IN-HOUSE PROGRAM SHOULD HAVE A CONTINUING RELATIONSHIP WITH COMMUNITY SELF-HELP PROGRAMS. THE TRAINING OF MEDICAL PERSONNEL, NONMEDICAL CORRECTIONAL STAFF, AND INMATE EDUCATION SHOULD FOCUS ON THE NATURE OF CHEMICAL DEPENDENCE AND ITS MEDICAL, PSYCHOLOGICAL, AND CULTURAL ASPECTS. AN EXPLICIT PLAN OF ACTION FOR EACH INMATE SHOULD BE DEVELOPED IN THE PRERELEASE PERIOD, WHICH INCLUDES POSTRELEASE INVOLVEMENT WITH COMMUNITY RESOURCES FOR CONTINUING TREATMENT. POSTRELEASE CONTACT WITH CORRECTIONS PERSONNEL SHOULD OCCUR REGULARLY, AND EVALUATION SHOULD BE PERFORMED TO MEASURE THE SUCCESS OF A PROGRAM IN ACHIEVING ITS STATED OBJECTIVES.

Supplemental Notes: PROGRAM TO IMPROVE MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

7. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. HEALTH DELIVERY SYSTEM MODELS FOR THE CARE OF INMATES CONFINED IN JAILS. 6 p. 1978. NCJ-62524

SEVEN MODEL HEALTH CARE DELIVERY SYSTEMS IN JAILS SURVEYED BY THE AMERICAN MEDICAL ASSOCIATION ARE DESCRIBED, NOTING EACH APPROACH TO THE PROVISION OF JAIL HEALTH SERVICES. ONE HEALTH DELIVERY SYSTEM, WHICH TARGETS AN AVERAGE OF 20 INMATES A DAY FOR TREATMENT, EMPLOYS A LOCAL COUNTY HEALTH DEPARTMENT PHYSICIAN AND A LOCAL NURSE, TO PROVIDE MEDICAL SERVICES FOR INMATES. SECONDARY AND TERTIARY SERVICES ARE PROVIDED BY THE COMMUNITY HOSPITAL. ANOTHER MODEL TARGETS AN AVERAGE DAILY JAIL POPULATION OF 35 INMATES, WITH THE COUNTY HEALTH OFFICER/PHYSICIAN AND A COUNTY NURSE ASSIGNED TO THE JAIL. COMMUNICABLE DISEASE TESTS AND THE COLLECTION OF OTHER HEALTH APPRAISAL DATA ARE PERFORMED BY THE COUNTY HEALTH DEPARTMENT. PHYSICIAN SERVICES ARE PROVIDED BY A HOSPITAL PHYSICIAN GROUP UPON REFERRAL BY THE COUNTY NURSE. THE MEDICAL LIAISON OFFICER (A CORRECTIONAL OFFICER), WHO HAS EMERGENCY MEDICAL TECHNICIAN TRAINING, COORDINATES THE HEALTH CARE ACTIVITIES. A THIRD MODEL HANDLES 157 INMATES AND CONTRACTS WITH A GROUP OF HOUSE OFFI-

HEALTH CARE

CERS (RESIDENT PHYSICIANS-IN-TRAINING) FROM THE UNIVERSITY MEDICAL SCHOOL AND A FULL-TIME JAIL NURSE TO COORDINATE HEALTH SERVICES. A FOURTH MODEL SERVES 1,800 INMATES. THE MEDICAL SECTION OF THE JAIL HAS A RECEIVING, DIAGNOSTIC, AND CLASSIFICATION CENTER; A HOSPITAL WARD; A CLINICAL AREA; A MEDICAL RECORDS SECTION; AND A SHELTERED WARD. PRIMARY MEDICAL CARE IS PROVIDED BY A PHYSICIANS' ASSOCIATES GROUP UNDER CONTRACT. ANOTHER MODEL SERVES 410 INMATES THROUGH A LICENSED COMMUNITY PHYSICIAN AND REGISTERED NURSES. A SIXTH MODEL SERVES AN AVERAGE DAILY JAIL POPULATION OF 1.5 INMATES AND EMPLOYS A CONTRACT PHYSICIAN WHO OWNS A HEALTH CLINIC IN A NEARBY TOWN. THE FINAL MODEL SERVES AN AVERAGE OF 2.9 INMATES A DAY, WITH HEALTH SERVICES DIRECTED BY A LOCAL PHYSICIAN. HEALTH CARE IS PROVIDED BY A REGIONAL HEALTH CENTER NEAR THE JAIL AND A COMMUNITY HOSPITAL.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

8. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. MANAGEMENT OF COMMON MEDICAL PROBLEMS IN CORRECTIONAL INSTITUTIONS—EPILEPSY AND TUBERCULOSIS. 24 p. 1978. NCJ-62523

THE ORGANIZATION OF EPILEPSY TREATMENT PROGRAMS AND TUBERCULOSIS SCREENING IN CORRECTIONAL INSTITUTIONS IS OUTLINED IN THIS AMERICAN MEDICAL ASSOCIATION PAMPHLET. RECENT STUDIES HAVE SUGGESTED THAT EPILEPSY MAY BE TWO TO THREE TIMES MORE FREQUENT AMONG THE RESIDENTS OF JAILS AND PRISONS THAN IN THE GENERAL POPULATION, MAKING IT IMPERATIVE THAT CORRECTIONAL INSTITUTIONS HAVE AN ORGANIZED TREATMENT PROGRAM FOR EPILEPSY. THIS PROGRAM SHOULD ENSURE THAT ALL INMATES WITH EPILEPSY HAVE HAD APPROPRIATE DIAGNOSTIC STUDIES; THAT SERUM ANTICONVULSANT DRUG LEVELS ARE PERIODICALLY OBTAINED; AND THAT THOSE PERSONS WITH POORLY CONTROLLED OR ATYPICAL SEIZURES HAVE TIMELY ACCESS TO SPECIALIZED EPILEPSY SERVICES, CONSULTANTS, AND DIAGNOSTIC STUDIES. EPILEPSY-SPECIFIC RECORDKEEPING SYSTEMS SHOULD BE DESIGNED AND USED, INCLUDING A SUMMARY OF DIAGNOSTIC RESULTS, ACCURATE DESCRIPTIONS OF SEIZURE EPISODES AND FREQUENCY, ANTICONVULSANT DRUG INTAKE AND SERUM LEVELS, AND PERIODIC EXAMINATIONS TO MONITOR FOR ANY SIDE EFFECTS OF THE MEDICATIONS. AN IMPORTANT ASPECT OF AN ORGANIZED EPILEPSY PROGRAM IS CONTINUING EDUCATION FOR MEDICAL, NURSING, PARAMEDICAL, AND CORRECTIONAL STAFF, INCLUDING TRAINING IN FIRST AID PROCEDURES FOR AN EPILEPTIC SEIZURE. BECAUSE CORRECTIONAL INSTITUTIONS CAN ALSO PLAY AN IMPORTANT ROLE IN THE PREVENTION OF TUBERCULOSIS, PROCEDURES FOR INSTITUTING A TUBERCULOSIS SCREENING PROGRAM ARE PRESENTED, EMPHASIZING INTERAGENCY COOPERATION AND PATIENT SUPERVISION AND EDUCATION. TABULAR DATA ON TUBERCULOSIS AND EPILEPSY TREATMENT ARE INCLUDED, ALONG WITH REFERENCES AND RESOURCE LISTS.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

9. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. MODELS FOR HEALTH CARE DELIVERY IN JAILS. 8 p. 1977. NCJ-37998
- MODELS FOR JAIL HEALTH CARE DELIVERY ARE OUTLINED FOR VARIOUS SITUATIONS (JAIL POPULATION, LOCATION, ETC.) IN RELATION TO THE SERVICES PROVIDED, WHERE THEY MAY BE OBTAINED, WHO PROVIDES THEM AND

WHERE THEY ARE DELIVERED. THE MODELS FOR THESE 'WHAT', 'HOW', 'WHO', AND 'WHERE' COMPONENTS ARE MERELY SUGGESTIVE OF THE POSSIBLE ALTERNATIVES. ELEVEN EXAMPLES ARE GIVEN THAT RANGE FROM THE ESTABLISHMENT OF HOSPITALS WITHIN LARGE JAILS TO CONTRACTED FEE-FOR-SERVICES ARRANGEMENTS THAT CAN BE MADE BY SMALLER JAILS.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610.

10. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS. 125 p. 1978. NCJ-58532

ADDRESSES AT THE 1978 NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS SPEAK TO THE IMPORTANCE OF SETTING AND CONFORMING TO STANDARDS FOR INMATE HEALTH CARE AND WAYS OF DOING IT. SURVEYS OF THE HEALTH CARE SERVICES OF JAILS AND PRISONS ACROSS THE COUNTRY HAVE REVEALED THE GENERAL INADEQUACY OF THOSE SERVICES. THE AMERICAN MEDICAL ASSOCIATION, IN AN EFFORT TO CORRECT THESE SITUATIONS, HAS ESTABLISHED STANDARDS FOR INMATE HEALTH CARE WITH THE AIM OF MAKING IT EQUAL TO THE QUALITY OF GENERAL COMMUNITY HEALTH CARE. ACCREDITATION IS GRANTED TO THOSE JAILS AND PRISONS WHOSE OPERATING STANDARDS CONFORM SUFFICIENTLY TO THE AMERICAN MEDICAL ASSOCIATION STANDARDS. THE STANDARDS ARE DISCUSSED BY THE CONFERENCE ADDRESSES IN THE AREAS OF PHYSICAL, MENTAL, AND DENTAL HEALTH. CASE STUDIES ARE REPORTED ON WAYS IN WHICH INADEQUATE CORRECTIONAL HEALTH CARE SYSTEMS HAVE BEEN UPGRADED. REFORM HAS USUALLY COME THROUGH THE COMBINED INFLUENCES OF PUBLIC CRITICISM AND FAVORABLE COURT ACTION ON INMATE CLASS ACTION LAW SUITS REGARDING THE INADEQUACY OF HEALTH CARE SERVICES. PRACTICAL PROBLEMS IN MANAGING A HEALTH CARE SYSTEM ARE EXPLORED, SUCH AS MEDICAL CONTROL AND DISPENSING POLICY FOR MIND-ALTERING DRUGS, PERSONNEL ROLES IN THE CARE OF MENTALLY ILL INMATES, LEGAL AND ETHICAL ISSUES IN THE DELIVERY OF HEALTH CARE WITHIN DETENTION AND CORRECTIONAL INSTITUTIONS, AND THE ESTABLISHMENT OF MEDICAL RECEIVING SCREENING PROGRAMS THAT CAN BE STAFFED BY TRAINED CORRECTIONS PERSONNEL. HEALTH EDUCATION PROGRAMS DESIGNED TO HELP INMATES MAINTAIN THEIR OWN HEALTH ARE ALSO DESCRIBED. HEALTH CARE SERVICES FOR FEMALE INMATES ARE DETAILED TO INCLUDE OBSTETRICAL AND GYNECOLOGICAL SERVICES, ISSUES OF ABORTION OPTIONS, BIRTH CONTROL SERVICES, AND THE CARE OF INFANTS BORN TO FEMALE INMATES ARE CONSIDERED. THE CONCLUDING ADDRESS REVIEWS LITERATURE AND REPORTS ON A STUDY OF LONELINESS AS A PREVALENT INMATE PROBLEM PROMOTING PHYSICAL AND MENTAL DISCOMFORT AND ILLNESS. SEE NCJ 58533-58547 FOR INDIVIDUAL PAPERS PRESENTED AT THIS CONFERENCE.

Supplemental Notes: CONFERENCE HELD IN CHICAGO, IL, OCTOBER 27-28, 1978.

Availability: NCJRS MICROFICHE PROGRAM.

11. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. ORGANIZING AND STAFFING CITIZEN ADVISORY COMMITTEES TO UPGRADE JAIL MEDICAL PROGRAMS. 8 p. 1977. Pamphlet. NCJ-42432
- THIS PAMPHLET PROVIDES INFORMATION ON HOW TO ESTABLISH A JAIL HEALTH PROGRAM THROUGH THE USE OF LAY AND STAFF PEOPLE. THE PAMPHLET INCLUDES INFOR-

MATION ON HOW TO USE PUBLIC OFFICIALS, STAFF, COMMUNITY LEADERS, VOLUNTEERS, AND OTHERS IN ORGANIZING A COMMITTEE TO INVESTIGATE JAIL HEALTH SERVICES, MAKE IMPROVEMENTS AND DEVELOP PROGRAMS. GUIDELINES FOR ORIENTING AND CONCERNING THE MEMBERS OF THE COMMITTEE TO PRODUCE SIGNIFICANT ACTION ARE ALSO GIVEN.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610.

12. **AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. ORIENTING HEALTH PROVIDERS TO THE JAIL CULTURE.** 8 p. 1977. Pamphlet. NCJ-43926

AN OVERVIEW OF THE JAIL ENVIRONMENT AND OF FACTORS IN PROVIDING MEDICAL CARE TO INMATES IS PRESENTED IN A PAMPHLET DIRECTED TO PHYSICIANS AND NURSES. THE FUNCTIONS OF THE JAIL AND THE RELATIONSHIP OF JAILS TO OTHER ELEMENTS OF THE CRIMINAL JUSTICE SYSTEM ARE OUTLINED. THE EXISTENCE OF SOCIAL CASTE SYSTEMS WITHIN JAILS IS POINTED OUT. HEALTH CARE PROVIDERS ARE URGED TO ACQUAINT THEMSELVES WITH THE RELATIONSHIP OF THE GUARDS TO THE INMATES AND WITH THE ROLES PLAYED BY EACH. PROVIDERS ARE ALSO URGED NOT TO CONFUSE THEIR OWN ROLE WITH THAT OF PROVIDING SECURITY. THE TENDENCY OF INMATES TO REGARD MEDICAL CARE AS 'ENTERTAINMENT,' I.E., RELIEF FROM BOREDOM, IS POINTED OUT. HEALTH CARE PROVIDERS ARE REMINDED THAT THEY HAVE A RESPONSIBILITY TO SHARE HEALTH KNOWLEDGE WITH JAIL GUARDS AND OFFICERS. HEALTH-RELATED FACTORS IN THE BACKGROUNDS OF MOST JAIL INMATES ARE POINTED OUT, WITH REFERENCE TO THE PROBLEMS THAT SOMETIMES RESULT WHEN JAIL INMATES ARE DEPRIVED OF ALCOHOL OR DRUGS. QUOTES FROM PHYSICIANS AND NURSES CONCERNING THEIR EXPERIENCES IN TREATING JAIL INMATES ARE PRESENTED. DIFFERENCES BETWEEN THE ORDINARY PROVIDER-PATIENT RELATIONSHIP AND THE RELATIONSHIP THAT EVOLVES WHEN THE PATIENT IS AN INMATE ARE POINTED OUT. THE ABILITY OF SOME INMATES TO MANIPULATE PHYSICIANS IN ORDER TO OBTAIN DRUGS IS NOTED.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

13. **AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. ORIENTING JAILERS TO HEALTH AND MEDICAL CARE DELIVERY SYSTEMS.** 8 p. 1978. NCJ-52344

THE JAIL STAFF HAS A CRUCIAL ROLE IN THE COOPERATIVE EFFORT OF ASSURING PRISONERS ACCESS TO ADEQUATE MEDICAL CARE. THE PRACTICAL AND EFFICIENT USE OF A JAIL HEALTH SYSTEM IS DEPENDENT UPON COMMUNICATION BETWEEN SECURITY STAFF AND HEALTH CARE PERSONNEL, WITH PROPER COORDINATION BY ADMINISTRATORS. THE LACK OF EASY ACCESS TO HEALTH FACILITIES BY PRISONERS PLACES RESPONSIBILITY UPON THE STAFF TO BE AWARE OF THE NORMAL HEALTH REQUIREMENTS OF INMATES. HEALTH PROFESSIONALS OUGHT NOT TO BE RELIED UPON COMPLETELY TO HANDLE THE ENTIRE BURDEN OF RECOGNIZING AND TREATING PRISONERS' HEALTH NEEDS, ALTHOUGH ONLY TRAINED PERSONNEL SHOULD MAKE THE FINAL DETERMINATION OF THOSE NEEDS AND AUTHORIZE THE SPECIFIC TREATMENT. THE PHYSICIAN, WHETHER A MEDICAL DOCTOR OR OSTEOPATH, IS THE ONLY PERSON WHO MAY PRACTICE MEDICINE LEGALLY, BUT HE OR SHE MAY DELEGATE SEVERAL HEALTH FUNCTIONS TO OTHER PERSONS. TO FACILITATE DELEGATION OF HEALTH FUNCTIONS, GUIDELINES SHOULD BE DEVELOPED FOR THE SHARING OF INFORMATION BETWEEN

JAIL ADMINISTRATORS AND SUPERVISING PHYSICIANS. POLICIES AND PROCEDURES SHOULD BE ARTICULATED TO NURSING AND TECHNICAL PERSONNEL TO DELINEATE THEIR AREAS OF RESPONSIBILITY, PARTICULARLY THE AREAS CONCERNING THE SCREENING FOR DISEASE AND THE ADMINISTRATION OF MEDICATION. THE SPECIFIC GUIDELINES FOR JAIL HEALTH PERSONNEL SHOULD BE IN ACCORD WITH STATE STATUTES AND REGULATIONS BY WHICH SUCH PERSONNEL ARE LICENSED AND DIRECTED. THE LEGAL REQUIREMENTS FOR THE PROVISION OF PRISONERS' HEALTH CARE IS DISCUSSED WITH EMPHASIS ON THE ASSURANCE OF QUALIFIED HEALTH PERSONNEL AND EFFICIENT UTILIZATION OF RESOURCES. THE UNIQUE SITUATION IN EACH FACILITY SHOULD BE CONSIDERED IN DETERMINING THAT FACILITY'S NEEDS FOR SECURITY AND HEALTH CARE.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

14. **AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. PRACTICAL GUIDE TO THE AMERICAN MEDICAL ASSOCIATION STANDARDS FOR THE ACCREDITATION OF MEDICAL CARE AND HEALTH SERVICES IN JAILS.** 50 p. 1978. NCJ-47771

A GUIDE TO STANDARD OPERATING PROCEDURES FOR THE DELIVERY OF MEDICAL CARE AND HEALTH SERVICES IN ACCORDANCE WITH AMERICAN MEDICAL ASSOCIATION (AMA) STANDARDS IS PRESENTED FOR JAIL PHYSICIANS AND ADMINISTRATORS. THE PROCEDURES RELATE TO AND DESCRIBE PERSONNEL, EQUIPMENT, SUPPLIES, AND PROCESSES FOR MEDICAL CARE DELIVERY WITHIN THE CORRECTIONAL SETTING AND INCLUDE INFORMATION REGARDING MEDICAL AUTHORITY AND RESPONSIBILITY, PATIENT FLOW, CLINICIANS, REFERRALS, AND JAILER ROLES IN HEALTH CARE DELIVERY. STRUCTURED OBSERVATION AT TIME OF INTAKE IS RECOMMENDED TO PREVENT COMPLICATIONS SUCH AS EPIDEMICS, HEALTH REGRESSION, SUICIDES, AND ASSAULTS. A SCREENING FORM TO BE USED BY ALLIED PERSONNEL OR TRAINED BOOKING OFFICERS IS PROVIDED. SAMPLE GUIDELINES FOR THE ADMINISTRATION AND LOGGING OF MEDICATIONS ARE ALSO PROVIDED. CONTRACTUAL CONSIDERATIONS CONCERNING AGREEMENTS BETWEEN MEDICAL DIRECTORS AND JAILS ARE DISCUSSED, INCLUDING THE TERM OF CONTRACT, DUTIES, COMPENSATION, INSURANCE, EQUIPMENT, EMPLOYEES, NONPRISONER SERVICES, INSERVICE EDUCATION, TEACHING, AND DISPUTE ARBITRATION. A SAMPLE AGREEMENT IS PROVIDED, ALTHOUGH PHYSICIANS AND ADMINISTRATORS ARE ADVISED TO DESIGN SITUATION-SPECIFIC AGREEMENTS WITH LEGAL ASSISTANCE. SAMPLE JOB DESCRIPTIONS ARE INCLUDED FOR A PHYSICIAN'S ASSISTANT, A MORNING/AFTERNOON NURSE, AN AFTERNOON/LATE EVENING NURSE, AND A NIGHT PARAMEDIC. STANDING ORDERS FOR SPECIFIC MEDICAL OR EMERGENCY NEEDS ARE RECOMMENDED AND QUALIFIED MEDICAL PERSONNEL WITH INFORMATION PERTAINING TO THE DEFINITIVE TREATMENT OF RELATIVELY ROUTINE OR EMERGENCY MEDICAL CONDITIONS. SAMPLE STANDING ORDERS FOR ABRASIONS AND LACERATIONS NOT REQUIRING SUTURES AND FOR FREQUENT MEDICAL COMPLAINTS SUCH AS ALLERGIC REACTIONS OR URINARY INFECTION ARE PROVIDED. AN EQUIPMENT AND MEDICATION SUPPLY LIST IS INCLUDED, AS IS A LIST OF COMMON MEDICAL PROBLEMS WHICH SHOULD BE CONSIDERED WHEN REVISING A HEALTH HISTORY FORM. A GUIDE FOR COMPILING STATISTICAL DATA FOR THE ANNUAL REPORT IS ALSO PROVIDED. FORMS WHICH MAY BE INCLUDED IN THE

CONFIDENTIAL PERSONAL MEDICAL RECORD ARE REPRODUCED.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610; NCJRS MICROFICHE PROGRAM.

15. **AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. ROLE OF STATE & LOCAL MEDICAL SOCIETY JAIL ADVISORY COMMITTEES.** 4 p. NCJ-37999

MEDICAL SOCIETY JAIL ADVISORY COMMITTEES CAN HAVE A DEFINITE IMPACT ON THE QUALITY AND QUANTITY OF HEALTH CARE SERVICES IN JAILS IF THEY ELICIT THE SUPPORT OF THE PUBLIC AND KEY GROUPS OF CITIZENS. ADVISORY COMMITTEES SHOULD STUDY THE PROBLEM, DETERMINE MEDICAL CARE AND HEALTH SERVICE NEEDS AND DEVELOP PRIORITIES FOR ACTION, INFORM THE PUBLIC FULLY, AND THEN TAKE CONCERTED ACTION TO ACCOMPLISH THE OBJECTIVES.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610; NCJRS MICROFICHE PROGRAM.

16. **AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. USE OF ALLIED HEALTH PERSONNEL IN JAILS.** 4 p. NCJ-38000

ALLIED MEDICAL PERSONNEL (FORMERLY CALLED PARAMEDICS) CAN GREATLY INCREASE THE IMPACT AND EFFECTIVENESS OF PHYSICIANS—THIS PAMPHLET DESCRIBES SOME CATEGORIES OF ALLIED MEDICAL PERSONNEL AND THEIR FUNCTIONS. THE NUMBER OF ALLIED MEDICAL PERSONNEL HAS INCREASED THREEFOLD IN THE PAST TWO DECADES. FORMERLY, THIS GROUP COMPRISED MAINLY NURSES, MEDICAL OFFICE ASSISTANTS, SOCIAL WORKERS, AND LABORATORY, DIAGNOSTIC, AND TREATMENT TECHNICIANS (INCLUDING TRIAGE PERSONNEL). PHYSICIANS' ASSISTANTS ARE A NEWER CATEGORY OF ALLIED MEDICAL PERSONNEL. THEY VARY GREATLY IN MEDICAL SPECIALTY AREA, LEVEL OF RESPONSIBILITY, AND SPECIFIC TITLE AND INCLUDE NURSE PRACTITIONERS, NURSE MIDWIVES, AND MEDICAL TECHNICAL ASSISTANTS. THIS LAST GROUP WAS DEVELOPED BY THE U.S. BUREAU OF PRISONS TO ASSIST PHYSICIANS BY CONDUCTING SICK CALLS, GIVING EMERGENCY CARE, ACTING AS OPERATING ROOM NURSES, AND GIVING COMPREHENSIVE NURSING CARE IN WARDS. CURRENTLY, 39 STATES HAVE SOME TYPE OF LEGISLATION REGULATING THE USE OF PHYSICIANS' ASSISTANTS.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610; NCJRS MICROFICHE PROGRAM.

17. **AMERICAN MEDICAL ASSOCIATION PROGRAM TO IMPROVE MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS, 535 NORTH DEARBORN STREET, CHICAGO, IL 60610. STANDARDS FOR HEALTH SERVICES IN PRISONS.** 47 p. 1979. NCJ-64682

THE 69 AMERICAN MEDICAL ASSOCIATION STANDARDS FOR PRISONS, 23 OF WHICH ARE CONSIDERED ESSENTIAL, REFLECT THE ORGANIZATION'S VIEWPOINT REGARDING SERVICES AND MEDICAL CARE AS INSISTED UPON BY COURTS. THE HEALTH SERVICE PROGRAM MUST FUNCTION AS PART OF THE OVERALL INSTITUTIONAL PROGRAM. CLOSE COOPERATION IS REQUIRED AMONG THE MEDICAL STAFF, OTHER PROFESSIONAL STAFF, CORRECTIONAL PERSONNEL, AND FACILITY ADMINISTRATION. THE 23 ESSENTIAL STANDARDS ARE RECOGNIZED BY ORGANIZED MEDICINE AS CRITICAL

FOR A VIABLE HEALTH CARE DELIVERY SYSTEM, WHILE THE REMAINING 46 STANDARDS ARE CONSIDERED IMPORTANT TO COMPLETE A PRISON HEALTH CARE DELIVERY SYSTEM. THE STANDARDS ARE ARRANGED NUMERICALLY WITHIN SPECIFIC TOPIC AREAS, ADMINISTRATIVE, PERSONNEL, CARE AND TREATMENT, ETC. DISCUSSION FOLLOWING EACH STANDARD ELABORATES ON THE CONCEPTUAL BASIS OF THE STANDARD AND, IN SOME INSTANCES, IDENTIFIES ALTERNATIVE APPROACHES TO COMPLIANCE. IN ADDITION, DEFINITIONS OF KEY TERMS ARE PRESENTED. SIX TOPIC AREAS CLASSIFY THE STANDARDS. THE ADMINISTRATIVE SECTION ADDRESSES VARIOUS ASPECTS OF HEALTH CARE DELIVERY SYSTEM MANAGEMENT, INCLUDING PROCESSES AND RESOURCES, AND OUTLINES THE METHOD OF FORMULIZING THE HEALTH CARE SYSTEM. THE PERSONNEL SECTION INCLUDES STANDARDS PERTAINING TO STAFF QUALIFICATIONS AND TRAINING, WORK APPRAISAL, AND STAFF SUPERVISION. THE THIRD SECTION COVERS VARIOUS ASPECTS OF THE CARE AND TREATMENT OF PATIENTS AND TOUCHES ON TREATMENT PHILOSOPHY, ACCESS TO SERVICES, PRACTICES, AND PROCEDURES. THE PHARMACEUTICAL STANDARD, EXISTING AS A SEPARATE SECTION, ADDRESSES THE MANAGEMENT OF PHARMACEUTICALS IN LINE WITH STATE AND FEDERAL LAWS AND/OR REGULATIONS AND REQUIREMENTS FOR MEDICATIONS CONTROL. PRESCRIBING PRACTICES, STOP ORDERS, AND REEVALUATIONS CONCERNING PSYCHOTROPIC MEDICATIONS ARE ALSO INCLUDED. CONFIDENTIALITY, FORM AND FORMAT, AND TRANSFER OF HEALTH CARE RECORDS ARE COVERED IN THE NEXT SECTION. FINALLY, MEDICAL-LEGAL ISSUES ARE ADDRESSED SUCH AS INMATES' RIGHT TO INFORMED CONSENT AND RIGHT TO REFUSE TREATMENT. (AUTHOR ABSTRACT MODIFIED)

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

18. **AMERICAN PUBLIC HEALTH ASSOCIATION, 1015 18TH STREET, NW, WASHINGTON DC 20036. STANDARDS FOR HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS.** 130 p. 1976. NCJ-37275

IN 1972, THE AMERICAN PUBLIC HEALTH ASSOCIATION SET ITSELF THE TASK OF DEVELOPING STANDARDS FOR HEALTH SERVICES IN ALL PRISONS AND JAILS; THE RESULTS OF ITS EFFORTS ARE PUBLISHED IN THIS BOOK. THESE STANDARDS ARE BASED UPON SEVERAL FUNDAMENTAL PRINCIPLES. ONE, IT IS A PUBLIC RESPONSIBILITY TO ASSURE THAT ALL THOSE INCARCERATED HAVE AS ADEQUATE HEALTH CARE SERVICES AVAILABLE TO THEM AS THOSE WHO ARE FREE TO SEEK AND OBTAIN HEALTH CARE FOR THEMSELVES. TWO, EVERY PRISONER SHOULD HAVE UNIMPEDED ACCESS TO HEALTH CARE SERVICES, WHICH INCLUDES BEING INFORMED OF THEIR AVAILABILITY AND THE MECHANISM FOR UTILIZING THEM. THREE, THE HEALTH CARE PROVIDED SHALL BE COMPARABLE IN QUALITY TO THAT PREVAILING IN THE COMMUNITY, AND AT ALL TIMES MEET AN APPROVED MINIMUM LEVEL. THE STANDARDS PRESENTED COVER THE FOLLOWING ASPECTS OF HEALTH CARE IN CORRECTIONAL INSTITUTIONS: PRIMARY HEALTH SERVICES, SECONDARY CARE SERVICES, HEALTH SERVICES FOR WOMEN OFFENDERS, MENTAL HEALTH CARE, DENTAL CARE, ENVIRONMENTAL CONCERNS, NUTRITION AND FOOD SERVICES, PHARMACY SERVICES, HEALTH RECORDS, EVALUATION OF SERVICES, AND STAFFING. EACH STANDARD IS FOLLOWED BY A DISCUSSION OF THE RATIONALE FOR COMPLIANCE FROM A PUBLIC HEALTH STANDPOINT. THE BOOK STRESSES THAT THE INDEPENDENCE OF AN INSTITUTION'S HEALTH PROGRAM, THE PROFESSIONAL INTEGRITY OF ITS STAFF, AND THE CONFIDENTIAL RELATIONSHIP BETWEEN PATIENT AND HEALTH PROFESSIONAL MUST BE PROTECTED

BY THE CORRECTIONAL ADMINISTRATION. AN INDEX IS PROVIDED. (AUTHOR ABSTRACT)
 Availability: AMERICAN PUBLIC HEALTH ASSOCIATION, 1015 18TH STREET, NW, WASHINGTON DC 20036.

19. H. M. ANNIS. DETOXICATION ALTERNATIVE TO THE HANDLING OF PUBLIC INEBRIATES—THE ONTARIO EXPERIENCE—CANADA. RUTGERS UNIVERSITY CENTER OF ALCOHOL STUDIES, NEW BRUNSWICK NJ 08903. *JOURNAL OF STUDIES ON ALCOHOL*, V 40, N 3 (MARCH 1979), P 196-210. NCJ-63048

A REVIEW OF THE CANADIAN EXPERIENCE IN DEVELOPING DETOXIFICATION PROGRAMS IN ONTARIO TO REPLACE PROSECUTION OF PUBLIC INEBRIANTS HAS REVEALED SOME DIFFICULTIES. DETOXIFICATION PROGRAMS SHOULD (1) RELEASE THE CRIMINAL STIGMA WHICH MAY BLOCK AN INEBRIANT'S REHABILITATION, (2) RELIEVE THE BURDEN ON CRIMINAL JUSTICE SYSTEMS, (3) PROVIDE BETTER CONDITIONS AND PROMPT MEDICAL ATTENTION, AND (4) ENCOURAGE LONG-RANGE REHABILITATION OF INEBRIANTS. ALTHOUGH LIFE-LONG DRUNKS WILL NOT BE CHANGED BY A FEW DAYS IN A DETOXIFICATION CENTER, INITIATION OF REHABILITATION IS DEEMED IMPORTANT FOR DETOXIFICATION PROGRAMS TO SUCCEED. IN ONTARIO IN THE EARLY 1970'S, DETOXIFICATION CENTERS WERE ESTABLISHED IN ALL JUDICIAL DISTRICTS IN WHICH ARRESTS FOR PUBLIC INEBRIATION EXCEEDED 1,000 PER YEAR. ALTHOUGH PUBLIC INEBRIATION REMAINED A CRIME, POLICE COULD SEND INEBRIANTS TO THE CENTERS RATHER THAN ARRESTING THEM. HOWEVER, DETOXIFICATION CENTERS FOUND THEMSELVES ADMITTING A MUCH WIDER POPULATION THAN CHRONIC PUBLIC OR SKID-ROW ALCOHOLICS; ONLY 40 PERCENT WERE REFERRED BY THE POLICE. OVERALL, SOME COMMUNITIES WITH DETOXIFICATION CENTERS REPORT A DECREASE IN ARRESTS OF PUBLIC INEBRIANTS WHILE OTHERS REPORT AN INCREASE. ALTHOUGH DETOXIFICATION PROGRAMS ARE FOLLOWED BY GREATER LENIENCY TOWARD DRUNKS BY POLICE AND COURTS, FEWER OR SHORTER JAIL SENTENCES ALLOW PUBLIC DRUNKS TO REMAIN AT LARGE AND MORE OFTEN VULNERABLE TO ARREST. SHORTAGES OF DETOXIFICATION FACILITIES ALSO LEAVE POLICE WITH NO CHOICE BUT TO ARREST THE INEBRIANT IN MANY CASES. ALTHOUGH ONTARIO NOW EXPERIENCES PARTIAL DECRIMINALIZATION OF DRUNKENNESS, UNIFORM DECRIMINALIZATION IS NEEDED TO RECTIFY DISCREPANCIES IN THE WAY OFFENDERS ARE HANDLED. OFFENDERS READMITTED TO DETOXIFICATION CENTERS ARE GENERALLY SKID-ROW TYPES WITHOUT STABLE FAMILY TIES, AND MANY OF THESE DO NOT COOPERATE IN LONG-TERM REHABILITATION REFERRALS. REFERENCES AND FOOTNOTES ARE INCLUDED.

20. B. J. ANNO. AMERICAN MEDICAL ASSOCIATION'S PROGRAM TO IMPROVE HEALTH CARE IN JAILS—FINAL EVALUATION REPORT, YEAR ONE. BLACKSTONE ASSOCIATES, 2309 CALVERT STREET, NW, WASHINGTON DC 20008. 112 p. 1977. NCJ-64727
- THIS REPORT EVALUATES THE AMERICAN MEDICAL ASSOCIATION'S FIRST-YEAR EFFORT TO DEVELOP STANDARDS FOR HEALTH CARE IN JAILS. THE EFFORT IS A STEP TOWARD IMPLEMENTING A NATIONAL CERTIFICATION PROGRAM. THE 3-YEAR PROGRAM COMPRISED THESE COMPONENTS: (1) THE DEVELOPMENT OF MODEL HEALTH CARE DELIVERY SYSTEMS; (2) THE CONSTRUCTION OF MINIMUM STANDARDS AND THE IMPLEMENTATION OF A NATIONAL CERTIFICATION PROGRAM; AND (3) THE ESTABLISHMENT OF A NATIONAL CLEARINGHOUSE ON JAIL HEALTH. FIRST YEAR EMPHASIS WAS ON THE DEVELOPMENT COMPONENT. THE AMERICAN MEDICAL ASSOCIATION (AMA) WAS TO SELECT SIX STATE MEDICAL SOCIETIES WHO WOULD IN TURN SELECT JAILS IN THEIR AREAS TO SERVE AS PILOT PROJECTS. THE MAJOR TASK AT THIS LEVEL WAS TO DOCUMENT EXISTING HEALTH CARE DELIVERY SYSTEMS AND TO IDENTIFY THE MOST

PRESSING HEALTH CARE NEEDS. THE STATE PROJECTS WERE REQUIRED TO PERFORM A NUMBER OF TASKS TOWARD THE NATIONAL PROGRAM'S GOALS. PILOT PROJECTS WERE EXPECTED TO EXPERIMENT WITH VARIOUS WAYS OF DELIVERING HEALTH CARE IN JAILS, TO REVIEW THE STANDARDS, TO PROVIDE TEST SITES FOR THE CERTIFICATION PROGRAM, AND TO BECOME THE INITIAL RECIPIENTS OF THE CLEARINGHOUSE MATERIALS. THE NATIONAL ROLE WAS TO PROVIDE SUPPORT TO THE PILOT PROJECTS, AS WELL AS TECHNICAL EXPERTISE AND ASSISTANCE. GIVEN THIS MUTUALLY DEPENDENT RELATIONSHIP, THE SUCCESS OF THE NATIONAL PROGRAM DEPENDED ON HOW WELL THE PILOT PROJECTS DID THEIR JOB. THE STATES WERE MICHIGAN, WASHINGTON, WISCONSIN, MARYLAND, INDIANA, AND GEORGIA; THIS EVALUATION RATES THEIR EFFORTS AS SUCCESSFUL. MOREOVER, THE CLEARINGHOUSE WAS ESTABLISHED, AND MATERIALS GENERATED FOR IT BY THE PROJECTS EXCEEDED REQUIREMENTS. ONLY THE TESTING PROCESS FOR STANDARDS AND GUIDELINES WAS NOT WHOLLY SATISFACTORY, BUT THIS WAS NOT INCLUDED IN THE FIRST YEAR'S GOALS. FOOTNOTES ARE PROVIDED. AN ABBREVIATION KEY, CHARACTERISTICS OF THE PROJECT ADVISORY COMMITTEE, AND CHARTS SHOWING DISTRIBUTION OF CLEARINGHOUSE MATERIALS ARE APPENDED.

Availability: NCJRS MICROFICHE PROGRAM.

21. B. J. ANNO. AMERICAN MEDICAL ASSOCIATION'S PROGRAM TO IMPROVE HEALTH CARE IN JAILS—FINAL EVALUATION REPORT, YEAR TWO. B JAYE ANNO ASSOCIATES. 135 p. 1978. NCJ-64728

THE SECOND YEAR OF THE AMERICAN MEDICAL ASSOCIATION'S (AMA'S) PROGRAM TO IMPROVE HEALTH CARE IN JAILS IS EVALUATED IN THIS REPORT. FROM MARCH 1, 1977, TO MARCH 6, 1978, SECOND YEAR ACTIVITIES WERE AIMED AT CONTINUING THE DEVELOPMENT OF MODELS FOR HEALTH CARE DELIVERY AND UPGRADING JAIL HEALTH CARE SYSTEMS THROUGH IMPLEMENTATION OF THE FIRST-YEAR ACTION PLANS IN EXISTING PILOT SITES AND EXPANSION TO OTHER SITES. ALSO, SECOND-YEAR GOALS WERE TO CONTINUE THE TESTING AND REVISING OF THE STANDARDS ON JAIL HEALTH CARE, TO INITIATE THE ACCREDITATION PROGRAM, STIMULATE INTEREST IN JAIL HEALTH AMONG CORRECTIONAL WORKERS AND HEALTH CARE PROFESSIONALS (THROUGH MONOGRAPHS, A DOCUMENTARY FILM, AND OTHER PUBLICITY EFFORTS), AND TO HOLD A NATIONAL CONFERENCE ON JAIL HEALTH. STATE PROJECTS ARE BRIEFLY DESCRIBED, ALONG WITH EVALUATION ACTIVITIES AND METHODOLOGIES. THE MAJOR RESEARCH EFFORTS CONSISTED OF THE REAPPLICATION OF THE JAIL PROFILE AND THE INMATE/PATIENT PROFILE TO DOCUMENT THE TYPE AND EXTENT OF CHANGES THAT HAD TAKEN PLACE IN THE PILOT JAILS' HEALTH CARE DELIVERY SYSTEMS. ACTIVITIES OF THE PILOT PROJECTS ARE DESCRIBED, AND THE EXTENT OF THEIR INDIVIDUAL PROGRESS IN MEETING BOTH NATIONAL PERFORMANCE REQUIREMENTS AND PROJECT GOALS ARE NOTED. THE STATES ARE RATED ON THEIR INDIVIDUAL AND COLLECTIVE ACHIEVEMENTS, AND THE CENTRAL STAFF'S ROLE IN RELATIONSHIP TO THE PILOT PROJECTS IS DISCUSSED. THE EXTENT OF IMPLEMENTATION OF THE INDIVIDUAL ACTION PLANS DEVELOPED FOR THE ORIGINAL 30 PILOT SITES IS ALSO EXAMINED. OVERALL, THE AMA JAIL PROGRAM WAS SUCCESSFUL IN THAT STANDARDS WERE PUT INTO FINAL FORM, THE ACCREDITATION PROGRAM WAS LAUNCHED, AND THE CONFERENCE ON HEALTH CARE IN JAILS WAS WELL RECEIVED. PUBLICITY EFFORTS DURING THE SECOND YEAR WERE ALSO GOOD. THE SIX STATE PROJECTS ALSO ADVANCED DURING THIS TIME. FOOTNOTES AND TABULAR DATA ARE INCLUDED. APPENDIXES CONTAIN ABBREVIATIONS, SUGGESTIONS FOR CHANGING THE ACCREDITATION SURVEY WORKSHEETS, AND RELATED MATERIAL.

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Sponsoring Agencies: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610; US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

22. B. J. ANNO. ANALYSIS OF INMATE/PATIENT PROFILE DATA—AMERICAN MEDICAL ASSOCIATION'S PROGRAM TO IMPROVE MEDICAL CARE AND HEALTH SERVICES IN JAILS. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610; BLACKSTONE ASSOCIATES, 2309 CALVERT STREET, NW, WASHINGTON DC 20008. 280 p. 1977. NCJ-42604

USING PILOT JAILS IN SIX STATES, THIS STUDY SOUGHT TO DETERMINE IF INMATES HAD HEALTH CARE NEEDS THAT WERE NEITHER IDENTIFIED NOR TREATED, AND IF SO, WHAT THE CONSEQUENCES WERE TO INMATES. INFORMATION REGARDING PRIOR HEALTH CARE AND ALCOHOL AND DRUG USE WAS GAINED FROM THE 641 INMATES EXAMINED. VITAL SIGNS WERE TESTED, AND LAB TESTS AND PHYSICAL EXAMINATIONS WERE GIVEN. PHYSICAL EXAMINATIONS REVEALED ABOUT THREE ABNORMALITIES PER PARTICIPANT. OF THESE, ONE IN EVERY THREE WAS SERIOUS ENOUGH TO ELICIT A RECOMMENDATION FROM THE MEDICAL EXAMINER FOR THE INMATE TO RECEIVE SOME TYPE OF FOLLOW-UP CARE. MOST OF THESE CONDITIONS REQUIRING FURTHER DIAGNOSIS AND/OR TREATMENT HAD NOT PREVIOUSLY BEEN IDENTIFIED OR TREATED BY THE JAILS. IGNORANCE ON THE PART OF THE JAILS STUDIED REGARDING INMATE HEALTH PROBLEMS, MANY OF WHICH WERE SERIOUS AND COMMUNICABLE, IS CONSIDERED TO BE THE MOST SIGNIFICANT FINDING IN THE STUDY.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

23. B. J. ANNO. ANALYSIS OF JAIL PRE-PROFILE DATA—AMERICAN MEDICAL ASSOCIATION'S PROGRAM TO IMPROVE MEDICAL CARE AND HEALTH SERVICES IN JAILS. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610; BLACKSTONE ASSOCIATES, 2309 CALVERT STREET, NW, WASHINGTON DC 20008. 90 p. 1977. NCJ-42615

THIS IS A STUDY OF EXISTING HEALTH CARE PROGRAMS IN SELECTED PILOT JAILS IN SIX STATES, CONDUCTED FOR THE PURPOSE OF IDENTIFYING ANY DEFICIENCIES SO THAT MODEL HEALTH CARE SYSTEMS COULD BE DESIGNED TO CORRECT THEM. THIS STUDY FOCUSES ON THE COLLECTIVE CHARACTERISTICS OF THE PILOT JAILS AND THE HEALTH SERVICES PROVIDED TO THEIR INMATES. CHARACTERISTICS OF THE JAILS AND THE INMATE POPULATIONS ARE DETAILED, AND THE AVAILABILITY OF HEALTH CARE SERVICES, INCLUDING FACILITIES AND EQUIPMENT, IS DISCUSSED. HEALTH PROBLEMS OF THE INMATE POPULATIONS, EXISTING MEDICAL RECORDS SYSTEMS, FREQUENCY OF HEALTH SERVICES DELIVERED, COST DATA, HEALTH CARE PERSONNEL SERVING THE PILOT JAILS, AND COMMUNITY HEALTH CARE RESOURCES ARE ALSO EXAMINED. IT IS POINTED OUT THAT EACH OF THE STATES INVOLVED IN THE STUDY HAS ALREADY USED ITS OWN JAIL PRE-PROFILE DATA IN DEVELOPING ACTION PLANS TO CORRECT DEFICIENCIES IN THE HEALTH CARE SYSTEMS IN ITS PILOT SITES.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

24. B. J. ANNO and C. A. HORNING. EVALUATION OF THE AMERICAN MEDICAL ASSOCIATION'S PROGRAM TO IMPROVE HEALTH CARE IN JAILS—SUMMARY. 23 p. 1978. NCJ-53099

EFFORTS OF THE AMERICAN MEDICAL ASSOCIATION (AMA) AND MEDICAL SOCIETIES IN SIX STATES TO IMPROVE THE

HEALTH CARE SERVICES FOR INMATES OF JAILS AND SHORT-TERM CORRECTIONAL FACILITIES ARE DESCRIBED. THE AMA RECEIVED A GRANT FROM LEAA IN 1975 TO INITIATE A PROGRAM TO IMPROVE HEALTH CARE IN JAILS. THE PROGRAM WAS DESIGNED TO ACHIEVE THIS GOAL THROUGH THE ACCOMPLISHMENT OF THREE MAJOR OBJECTIVES: (1) THE DEVELOPMENT OF MODEL HEALTH CARE DELIVERY SYSTEMS AT A NUMBER OF PILOT JAIL SITES; (2) THE DERIVATION OF STANDARDS FOR HEALTH CARE IN JAILS TO SERVE AS THE BASIS FOR IMPLEMENTING A NATIONAL ACCREDITATION PROGRAM; AND (3) THE ESTABLISHMENT OF A CLEARINGHOUSE ON JAIL HEALTH TO DISSEMINATE INFORMATION AND PROVIDE ASSISTANCE TO CORRECTIONAL AND MEDICAL PROFESSIONALS AS WELL AS THE GENERAL PUBLIC. STATE MEDICAL SOCIETIES IN GEORGIA, INDIANA, MARYLAND, MICHIGAN, WASHINGTON, AND WISCONSIN WERE CHOSEN FOR PILOT PROJECTS, WITH A TOTAL OF 30 JAILS INCLUDED IN THE STUDY. THE EVALUATION OF THE FIRST 2 YEARS OF THE AMA PROGRAM CONTAINED BOTH PROCESS EVALUATION AND IMPACT ASSESSMENT COMPONENTS. AT THE END OF THE PROJECT, IT WAS DETERMINED THAT THE THREE OBJECTIVES HAD BEEN MET. JAIL PREPROFILES AND POSTPROFILES AND INMATE/PATIENT PROFILES PROVIDED INFORMATION ON THE IMPACT OF THE AMA PROGRAM. IN TERMS OF THE AVAILABILITY OF HEALTH CARE SERVICES, SIGNIFICANTLY MORE INMATES IN ACCREDITED JAILS OVER TIME REPORTED RECEIVING PHYSICAL EXAMINATIONS ON ADMISSION, MEDICAL CARE FOR OTHER THAN AN ADMISSION PHYSICAL, AND MENTAL HEALTH CARE. THERE WAS NO SUBSTANTIAL INCREASE, HOWEVER, IN THE PROPORTION OF INMATES WHO REPORTED RECEIVING DENTAL SERVICES. EVEN THOUGH A NUMBER OF JAILS MET OR SURPASSED MINIMUM STANDARDS OF CARE DEVELOPED BY THE AMA, INMATE ASSESSMENTS DID NOT INDICATE GREATER SATISFACTION WITH AVAILABLE HEALTH CARE DESPITE OBJECTIVE IMPROVEMENTS. NOTES ARE INCLUDED.

Availability: NCJRS MICROFICHE PROGRAM.

25. B. J. ANNO and A. H. LANG. TEN JAIL CASE STUDY AND ANALYSIS. B JAYE ANNO ASSOCIATES. 385 p. 1979. NCJ-64733

THIS STUDY WAS UNDERTAKEN TO DETERMINE WHY SOME JAILS IN THE AMERICAN MEDICAL ASSOCIATION'S (AMA) PROGRAM FOR IMPROVED HEALTH CARE FAILED TO MAKE THE NECESSARY CHANGES FOR ACCREDITATION. THE SECOND PURPOSE OF THE STUDY WAS TO ASSESS THE IMPACT OF INVOLVEMENT IN THE AMA PROGRAM ON IMPROVING JAIL HEALTH CARE DELIVERY SYSTEMS AS WELL AS THE COSTS OF SUCH IMPROVEMENTS. PARTICIPANT JAIL SELECTION WAS DONE BY MEANS OF A QUESTIONNAIRE DETERMINING THEIR PRACTICES, AND THE FINAL SELECTION WAS MADE FROM THE MIDDLE RANGE OF INITIAL COMPLIANCE WITH AMA STANDARDS, I.E., MEETING AT LEAST 40 BUT LESS THAN 80 PERCENT OF THE STANDARDS. IN-DEPTH STRUCTURED INTERVIEWS WERE CONDUCTED WITH KEY PEOPLE AT EACH OF THE 10 FACILITIES AT THE BEGINNING AND AT THE END OF THE STUDY. EACH JAIL WAS ASKED TO MAINTAIN THREE STATISTICAL FORMS AND ONE INFORMATION SHEET FOR THE DURATION OF THE STUDY. THE RECORDED STATISTICS DEALT WITH JAIL POPULATION CHARACTERISTICS, TRANSPORTING INMATES OUTSIDE THE JAIL FOR HEALTH CARE REASONS, THE NUMBER AND TYPE OF HEALTH CARE SERVICES PROVIDED, AND CHANGES MADE IN THE HEALTH CARE DELIVERY SYSTEM USED. IN ADDITION, INMATES ATTITUDES TO HEALTH CARE WERE ALSO MEASURED WITH QUESTIONNAIRES. HEALTH CARE COST DATA WAS PROVIDED BY EACH JAIL DOCUMENTING OUTLAYS FOR EIGHT AREAS OF HEALTH CARE EXPENSE. BASED ON THESE DATA, THE REPORT CONTAINS TEN EVALUATIONS, DESCRIBING THE PRE-PROGRAM PICTURE AT EACH JAIL IN TERMS

OF GENERAL CHARACTERISTICS, HEALTH CARE DELIVERY, AND MEDICAL, ECONOMIC AND POLITICAL ENVIRONMENT. THE PROGRESS MADE AT EACH JAIL AND THE FACTORS CONTRIBUTING TO IT ARE EVALUATED. IN SUMMARY, THE CASE STUDY REVEALED THAT THE KEY FACTOR INFLUENCING THE PROGRESS MADE AT THESE FACILITIES WAS THE AMOUNT OF SUPPORT AND COOPERATION FROM THE MEDICAL COMMUNITY. INTEREST AND ENTHUSIASM OF THE JAIL'S TOP ADMINISTRATORS COULD NOT ALONE EFFECT POSITIVE CHANGE. THE IMPACT MEASURES REVEALED POSITIVE EFFECTS OF THE AMA PROGRAM REGARDING THE EXTENT AND TYPE OF HEALTH CARE PROVIDED, AND THE ATTITUDES OF INMATES AND BOOKING OFFICERS. GRAPHS AND TABULAR DATA ARE INCLUDED. APPENDIXES CONTAIN AN ABBREVIATION FORM, A SAMPLE APPLICATION FORM FOR JAIL ACCREDITATION, SAMPLE INTERVIEWS, AND OTHER DOCUMENTS USED IN THIS STUDY.

Supplemental Notes: AMERICAN MEDICAL ASSOCIATION'S PROGRAM TO IMPROVE MEDICAL CARE AND HEALTH SERVICES IN JAILS.

Sponsoring Agencies: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610; US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

26. E. M. BRECHER and R. D. DELLA PENNA. **HEALTH CARE IN CORRECTIONAL INSTITUTIONS.** AMERICAN CORRECTIONAL ASSOCIATION, 4321 HARTWICK ROAD, COLLEGE PARK MD 20740. 270 p. 1975. NCJ-27342

THIS GUIDE TO CORRECTIONAL HEALTH CARE OFFERS A BROAD RANGE OF PRACTICAL SUGGESTIONS FOR IMPROVING QUALITY AND EFFICIENCY IN THE AREAS OF MEDICAL ASPECTS, HEALTH CARE SERVICES FOR WOMEN AND JUVENILES, AND JAIL HEALTH CARE. THE FIRST CONCERN OF THIS STUDY WAS TO DETERMINE HOW CORRECTIONAL HEALTH CARE SYSTEMS ARE CURRENTLY PROVIDING FOR THE NEEDS OF INMATES. A NATIONWIDE TOUR OF CORRECTIONAL HEALTH CARE FACILITIES WAS CONDUCTED IN ORDER TO ACCOMPLISH THIS. ALSO INTERVIEWS WERE HELD WITH A BROAD RANGE OF PERSONNEL DIRECTLY ENGAGED IN DELIVERING HEALTH CARE, FROM MEDICAL ADMINISTRATORS TO PARAPROFESSIONAL EMPLOYEES IN OUTLYING CORRECTIONAL INSTITUTIONS. THIS STUDY INCORPORATES A WIDE VARIETY OF SUGGESTIONS FOR IMPROVEMENT WHICH WERE OFFERED DURING THESE INTERVIEWS, AS WELL AS INFORMATION CONTAINED IN VARIOUS CORRECTIONAL MANUALS. MEDICAL ASPECTS OF CORRECTIONAL HEALTH CARE ARE FIRST DISCUSSED. AMONG THESE ARE THE ELEMENTS OF SOUND CORRECTIONAL HEALTH CARE; THE SUPPORTIVE MEDICAL SERVICES; LEVELS OF CARE; HEALTH CARE IN WOMEN'S, JUVENILE, AND MINIMUM-SECURITY INSTITUTIONS; AND HEALTH CARE SERVICES IN SHORT-TERM CORRECTIONAL INSTITUTIONS (JAILS). ASPECTS OF ORGANIZING A CORRECTIONAL HEALTH CARE SYSTEM ARE THEN EXPLORED. THESE INCLUDE THE NEED FOR STATEWIDE ORGANIZATION, RECRUITING, TRAINING AND RETRAINING CORRECTIONAL HEALTH PERSONNEL, AND FINANCING CORRECTIONAL HEALTH CARE. FINALLY, OTHER CONSIDERATIONS SUCH AS INTERPERSONAL RELATIONS BETWEEN CORRECTIONAL STAFF AND INMATES, DENTAL CARE, ENVIRONMENTAL HEALTH CONSIDERATIONS, AND INMATE HEALTH EDUCATION ARE CONSIDERED.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LEAA NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE, 633 INDIANA AVENUE NW, WASHINGTON, DC 20531.

Availability: GPO Stock Order No. 027-000-00349-4; NCJRS MICROFICHE PROGRAM.

27. S. L. BRODSKY and R. D. FOWLER JR. **SOCIAL PSYCHOLOGICAL CONSEQUENCES OF CONFINEMENT (FROM SOCIAL PSYCHOLOGY AND DISCRETIONARY LAW, 1979, BY LAWRENCE EDWIN ABT AND IRVING R. STUART—SEE NCJ-60144).** VAN NOSTRAND REINHOLD, 135 WEST 50TH STREET, NEW YORK NY 10020. 10 p. 1979. NCJ-60155

INMATE VIOLENCE AND PRISON CONDITIONS TENDING TO DETERIORATE INMATE MENTAL HEALTH ARE DISCUSSED, AND STEPS FOR IMPROVING THE ENVIRONMENT OF CORRECTIONAL FACILITIES ARE PRESENTED. STUDIES SHOW THAT THE RATE OF VIOLENCE IN PRISONS IS SIGNIFICANTLY GREATER THAN THE VIOLENCE RATE IN FREE SOCIETY. ALTHOUGH THIS HIGH RATE OF PRISON VIOLENCE MAY BE DUE PARTLY TO THE SELECTIVE CONCENTRATION OF PERSONS PRONE TO VIOLENCE, THERE IS EVIDENCE THAT ANXIETY STIMULATED BY THE PRISON ENVIRONMENT BECOMES TRANSFORMED INTO HOSTILE ACTION AS PART OF A LESSENING OF EMOTIONAL CONTROLS AND THE ACQUISITION OF ANTISOCIAL VALUES AND BEHAVIORS. OVERCROWDING AND LACK OF PRIVACY OCCUR IN PRISON SETTINGS AND APPEAR TO BE ASSOCIATED WITH NEGATIVE BEHAVIOR CHANGES IN INMATES. HIGH NOISE LEVELS IN PRISONS ARE ALSO RELATED TO ANXIETY, CAUSING NEGATIVE BEHAVIOR. PROLONGED IDLENESS, A FREQUENT CONDITION OF PRISON LIFE, LEAVES INMATES WITHOUT ANY PRODUCTS TO REPRESENT THEIR VALUE, RESULTING IN A DETERIORATION IN SELF-CONCEPT, RESTLESSNESS, AND IMPAIRED PERSONAL FUNCTIONING. SUBJECTIVE PERCEPTIONS OF EVENTS IN PRISON ALSO CONTRIBUTE TO INMATE REACTIVE BEHAVIOR. PERCEPTIONS OF MISTRUST, HOSTILITY, AND SUPERIORITY ON THE PART OF CORRECTIONAL STAFF IN INTERACTION WITH INMATES CAN GREATLY AFFECT INMATE BEHAVIOR. A SURVEY OF INMATES SHOWED A DOMINANT DESIRE FOR PROGRAMS OF SELF-IMPROVEMENT AND THE COMPANIONSHIP OF INMATES WHO CAN BE TRUSTED. IN THE DETRIMENTAL ENVIRONMENT OF PRISON, CASE HISTORIES OF THOSE WHO EXPERIENCE POSITIVE DEVELOPMENT TEND TO IDENTIFY INMATES WHO ARE VERBALLY FLUENT, ARE ADEPT AT RELATIONSHIPS, AND ARE ABOVE AVERAGE IN INTELLIGENCE. INMATE CLASS ACTION SUITS HAVE DONE MUCH TO INFLUENCE COURTS TO SET STANDARDS FOR CORRECTIONAL INSTITUTIONS THAT WILL NURTURE THE MENTAL HEALTH OF INMATES RATHER THAN PLUNGE THEM FURTHER INTO PATTERNS OF ANTISOCIAL BEHAVIOR. REFERENCES ARE PROVIDED.

28. D. M. CAVAGNARO. **FORENSIC SCIENCE—A BIBLIOGRAPHY WITH ABSTRACTS.** NATIONAL TECHNICAL INFORMATION SERVICE, 5285 PORT ROYAL ROAD, SPRINGFIELD VA 22151. 155 p. 1979. NCJ-60373
- FORENSIC MEDICINE AND CHEMISTRY ARE COVERED IN THIS 1979 NATIONAL TECHNICAL INFORMATION SERVICE (NTIS) UPDATED BIBLIOGRAPHY CONTAINING 148 ENTRIES WITH ABSTRACTS. THE PUBLISHED NTIS SEARCH LISTS JOURNAL ARTICLES, REPORTS, AND BOOKS COVERING BREATH ALCOHOL TESTS, BLOOD ANALYSES, EXPLOSIVES IDENTIFICATION, DRUG DETECTION, PATHOLOGY, NEUTRON ACTIVATION ANALYSIS, AND OTHER CHEMICAL ANALYSIS TECHNIQUES. THE USE OF SUCH TECHNIQUES IN ACCIDENT AND CRIME INVESTIGATION IS REVIEWED AS IS THE PRESENTATION OF THE EVIDENCE IN COURT. OTHER TOPICS ADDRESSED ARE THE PROVISION OF HEALTH CARE IN JAILS AND PRISONS, THE INMATE'S LEGAL RIGHT TO HEALTH CARE, AND MENTAL ILLNESS AMONG INMATES. THE FORENSIC MEDICINE PAPERS INCLUDE BOTH DESCRIPTIONS OF FIELD TECHNIQUES AND ARTICLES ON THE TEACHING OF LEGAL MEDICINE. IN ADDITION TO DOCUMENTS WHICH ARE THE RESULT OF GOVERNMENT-SPONSORED RESEARCH, THE COLLECTION CONTAINS SYMPOSIUM REPORTS AND TRANSLATIONS OF FOREIGN BOOKS AND ARTICLES. PRICE AND AVAILABILITY ARE NOTED FOR EACH ITEM. ALL ITEMS

ARE ENGLISH LANGUAGE AND WERE PUBLISHED BETWEEN 1964 AND MARCH 1979.

Supplemental Notes: SEARCH PERIOD COVERED—1964—MARCH 1979.

Availability: NTIS. Accession No. NTIS/PS-79/0377. (Microfiche)

29. C. CHARNEY and C. MAYNARD. **NON-PHYSICIANS AND PROTOCOLS.** AMERICAN CORRECTIONAL ASSOCIATION, 4321 HARTWICK ROAD, COLLEGE PARK MD 20740. *CORRECTIONS TODAY*, V 41, N 4 (JULY/AUGUST, 1979), P 54-57. NCJ-60556

THE INCREASING UTILIZATION AND ACCEPTANCE OF MID-LEVEL PRACTITIONERS IN HEALTH CARE DELIVERY FOR CORRECTIONAL INSTITUTIONS IS DISCUSSED; THE USE OF PROTOCOLS TO ENSURE QUALITY OF DELIVERY IS HIGHLIGHTED. ONE NEW STRATEGY BEING EMPLOYED AROUND THE COUNTRY TO IMPROVE THE AVAILABILITY, ACCESSIBILITY, AND QUALITY OF PRIMARY HEALTH CARE SERVICES IN CORRECTIONAL INSTITUTIONS IS THE INCREASING USE OF MID-LEVEL PRACTITIONERS. CORRECTIONAL SYSTEMS, HOWEVER, UTILIZE CARE PROVIDERS WHO HAVE VARYING LEVELS OF EDUCATION AND EXPERIENCE. THIS FACT UNDERSCORES THE NEED FOR A SYSTEM DESIGNED TO CONTROL THE QUALITY OF SERVICES DELIVERED. ONE APPROACH WHICH ADDRESSES THIS PROBLEM IS THE USE OF PROTOCOLS. THE PROTOCOL IS AN INSTRUMENT THAT SPECIFICALLY DELINEATES THE STEPS TO BE TAKEN BY A NON-PHYSICIAN CARE PROVIDER IN THE MANAGEMENT OF A DISEASE OR THE HANDLING OF A COMPLAINT. THEY ARE WRITTEN, SYSTEMATIC MECHANISMS FOR TRIAGE AND TREATMENT THAT REPRESENT STREAMLINED VERSIONS OF SUCCESSFUL CLINICAL ROUTINES OF ACKNOWLEDGED AUTHORITIES. PROTOCOLS ARE SYMPTOM- OR CONDITION-SPECIFIC. TREATMENT PROTOCOLS FUNCTION AS DATA COLLECTION GUIDES, DEFINING SPECIFICALLY WHAT INFORMATION ABOUT THE PATIENT IS TO BE OBTAINED. THEY ALSO INDICATE THOSE CLINICAL FINDINGS WHICH ARE QUESTIONABLE ENOUGH TO REQUIRE REFERRAL OR CONSULTATION WITH A PHYSICIAN. LASTLY, TREATMENT PROTOCOLS OFFER PRECISE DIAGNOSTIC RULES. THE PRIMARY FUNCTION OF THE TRIAGE PROTOCOL IS TO SCREEN HEALTH CARE REQUESTS WHEN STAFF AND FACILITIES ARE LIMITED AT PEAK PERIODS OF ATTENDANCE IN TREATMENT FACILITIES. THIS TYPE OF PROTOCOL HAS BEEN USED BY THE MILITARY WITH GREAT SUCCESS. WHILE QUESTIONS REMAIN CONCERNING SPECIFIC ASPECTS OF PROTOCOL-DIRECTED HEALTH CARE, INCLUDING LEGAL PROBLEMS INVOLVED WITH NONPHYSICIANS MAKING DIAGNOSTIC AND THERAPEUTIC DECISIONS, IT IS CLEAR THAT THEY SERVE AN IMPORTANT FUNCTION IN THE CORRECTIONAL HEALTH CARE SYSTEM. PHOTOGRAPHS AND PUBLICATION INFORMATION REGARDING PROTOCOLS ARE PROVIDED IN THE ARTICLE.

30. E. K. CHILDS, Ed. **ANNOTATED BIBLIOGRAPHY ON PRISON HEALTH CARE.** 48 p. 1976. NCJ-39240

CATEGORIZED LISTING OF OVER 350 REFERENCES ON HEALTH CARE DELIVERY AND REFORM IN THE PRISON SYSTEM, THE MAJORITY DATED BETWEEN 1970 AND 1976. LISTINGS ARE DIVIDED INTO THE FOLLOWING CATEGORIES: PRIMARY SOURCE MATERIAL; ESSAYS AND COMMENTARIES ON THE SYSTEM; DEMOGRAPHY AND STATISTICS; LIMITS AND STANDARDS; SCIENTIFIC INVESTIGATION, THEORY, AND RESULTS; PSYCHIATRY/PSYCHOLOGY; MINORITY GROUPS AS PRISONERS; PRISONERS AS A CAPTIVE GROUP; AND VIOLENCE AND AGGRESSION IN PRISON. OTHER BIBLIOGRAPHIC SOURCES IN THESE AREAS, NEWSLETTERS DEALING WITH RELATED ISSUES, AND LOCAL CITIZENS GROUPS

INTERESTED IN IMPROVEMENTS IN HEALTH CARE WITHIN AND OUTSIDE THE PRISON SYSTEM ARE ALSO CITED.

Sponsoring Agency: SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER PRISONERS' HEALTH PROJECT, 1001 POTRERO STREET, SAN FRANCISCO CA 94110.

Availability: NCJRS MICROFICHE PROGRAM.

31. T. L. CLANON. **MIND-ALTERING DRUGS (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS SECOND, PROCEEDINGS, 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 5 p. 1978. NCJ-58536

THE APPROPRIATE AND INAPPROPRIATE USES OF MIND-ALTERING DRUGS ON INMATES ARE DISCUSSED. IT MAY SEEM TO DOCTORS AND ADMINISTRATORS DEALING WITH INMATES THAT MIND-ALTERING DRUGS SUCH AS MIL-TOWN, QUAAUDE, AND VALIUM, SOMETIMES ARE USEFUL IN DEALING WITH THE ANXIETY AND DEPRESSION EXPERIENCED BY MANY PRISONERS AS A RESULT OF INCARCERATION, AS WELL AS IN REDUCING DISRUPTIVE BEHAVIOR. A PSYCHIATRIST EXPERIENCED IN USING SUCH DRUGS WITH INMATES QUICKLY LEARNS, HOWEVER, THAT THEIR EXTENSIVE USE CARRIES WITH IT THE DANGERS OF OVER-DEPENDENCY. THE PRISONER INTOXICATED ON MINOR TRANQUILIZERS IS NOT A WELL-CONTROLLED PERSON; THE DRUGS ACT, AS DOES ALCOHOL, TO REDUCE INHIBITIONS AND RELEASE AGGRESSION. SELF-DIRECTED AGGRESSION AND ATTACKS ON OTHERS HAVE BEEN OBSERVED IN PRISON UNITS WHERE DRUGS HAVE BEEN USED INAPPROPRIATELY. THE OVERUSE OF DRUGS TENDS TO OCCUR WITH INMATES FOR THE FOLLOWING REASONS: (1) PRISONERS ARE EXPERIENCED WITH DRUG USE AND THEY FIND WAYS TO MANIPULATE PRISON DOCTORS TO OBTAIN THEM TO RELIEVE ANY MENTAL DISCOMFORT, (2) LACK OF ADEQUATE SPACE AND PERSONNEL TO ASSURE REASONABLE LIVING CONDITIONS STIMULATES EMOTIONAL STRESS THAT INMATES PERCEIVE CAN BE EASED BY MIND-ALTERING DRUGS, AND (3) THE TENDENCY OF DRUG COMPANIES AND PRISON AUTHORITIES TO USE DRUGS FOR REDUCING OR ELIMINATING SOCIOPATHIC AND ANTISOCIAL BEHAVIOR. WHILE SOME BELIEVE THE ANSWER TO INMATE DRUG ABUSE IS TO PROHIBIT COMPLETELY DRUG USE IN MEDICALLY TREATING INMATES, THE VALUE OF APPROPRIATELY USING DRUGS CONTRADICTS THIS APPROACH. THE VALUE OF MIND-ALTERING DRUGS IN REDUCING IRRATIONAL BEHAVIOR AND PERMITTING NORMAL FUNCTIONING IS WELL DOCUMENTED. TO ASSURE THE APPROPRIATE USE OF DRUGS WITH INMATES, PROCEDURES SHOULD INCLUDE USING DRUG-KNOWLEDGEABLE PSYCHIATRISTS AND PSYCHIATRIC NURSES WHO CAN SCREEN AND MONITOR INMATE DRUG USE, PRESCRIBING AND ADMINISTERING DRUGS ONLY IN PRISON UNITS WITH MEDICAL PERSONNEL ON DUTY DAILY, AND GENERALLY MAINTAINING A HYGIENIC MILIEU IN THE PRISON TO REDUCE ENVIRONMENTAL STIMULATION OF MENTAL ILLNESS AND THE NEED FOR DRUG TREATMENT. THESE APPROACHES REQUIRE A GOOD WORKING RELATIONSHIP BETWEEN PRISON MEDICAL STAFF AND INSTITUTIONAL ADMINISTRATORS.

Availability: NCJRS MICROFICHE PROGRAM.

32. J. FROOM, P. S. WARREN, D. MANGONE, C. SWEARINGEN, and B. HOWE. **IMPLEMENTATION OF MEDICAL RECORD AND DATA SYSTEM FOR CORRECTIONAL FACILITIES—PRISON HEALTH DATA SYSTEM.** NEW YORK STATE MEDICAL SOCIETY, 420 LAKEVILLE ROAD, LAKE SUCCESS NY 11040. *NEW YORK STATE JOURNAL OF MEDICINE*, V 77, N 2 (FEBRUARY 1977), P 209-215. NCJ-42019

THIS ARTICLE REPORTS RECENT WORK BY A MEDICAL GROUP IN NEW YORK STATE WHICH DESIGNED AND BEGAN TO IMPLEMENT A MEDICAL RECORD AND HEALTH DATA SYSTEM FOR THE STATE CORRECTIONAL FACILITIES. THE

MAJOR FEATURES OF THE NEW MEDICAL RECORD AND DATA COLLECTION ARE THE PROBLEM-ORIENTED MEDICAL RECORD AND A COMPUTER-BASED DATA SYSTEM. THIS SYSTEM, WHICH PROVIDES DATA ON THE BEHAVIOR OF HEALTH PROVIDERS AS WELL AS THE COMPLAINTS AND CHRONIC CONDITIONS OF INMATES, SHOULD BE USEFUL IN PLANNING FURTHER IMPROVEMENTS IN THE DELIVERY OF HEALTH SERVICES TO THE INSTITUTIONALIZED POPULATION IN NEW YORK STATE AND ELSEWHERE. (AUTHOR ABSTRACT MODIFIED)

Supplemental Notes: REPRINT.

33. R. GERSTEN. NOISE IN JAILS—A CONSTITUTIONAL ISSUE. NATIONAL CLEARINGHOUSE FOR CRIMINAL JUSTICE PLANNING AND ARCHITECTURE, 505 EAST GREEN, SUITE 200, CHAMPAIGN, IL 61820. 4 p. NCJ-62421

ACOUSTICAL CONSIDERATIONS ARE AN IMPORTANT DETERMINANT IN THE DESIGN AND CONSTRUCTION OF NEW CORRECTIONAL FACILITIES AND THE ADAPTATION OF EXISTING ONES. EXCESSIVE NOISINESS IN CORRECTIONAL FACILITIES HAS BEEN LARGELY OVERLOOKED AS A CONTRIBUTORY FACT TO INMATE AND STAFF DISCOMFORT IN CORRECTIONAL INSTITUTIONS. AFTER DEFINING NOISE AND DESCRIBING ITS ILL EFFECTS (SLEEP INTERFERENCE, SPEECH INTERFERENCE, AND HEARING LOSS) THE PAPER CITES A CASE EXAMPLE OF JAIL NOISE. NOISE MEASUREMENTS WERE TAKEN ON THREE SEPARATE OCCASIONS AT THE MANHATTAN HOUSE OF DETENTION (THE TOMBS) IN NEW YORK CITY, A TYPICAL MAXIMUM-SECURITY PRISON CONSISTING OF ACOUSTICALLY HARD, NONABSORBENT MATERIALS. THE MEASURED SOUND LEVELS IN THE TOMBS VALIDATED THE PREVALENT FEELINGS OF DISRUPTIVE NOISINESS. MOREOVER, A FEDERAL DISTRICT COURT JUDGE FOUND THE LEVELS TO BE A GROSS TAX ON INMATES' MENTAL HEALTH AND ORDERED THE CITY OF NEW YORK TO CLOSE THE PRISON UNTIL REMEDIAL PROVISIONS WERE TAKEN. TO MAKE THE TOMBS MORE HABITABLE, NOISE PROBLEMS OF AUDIO SYSTEMS (TELEVISIONS AND RADIOS COMPETING WITH EACH OTHER FROM SINGLE SOURCE SPEAKERS); AND JAIL CONSTRUCTION (ACOUSTICALLY HARD SURFACES AND NOISY CELL DOOR MECHANISMS); AND MEAL SERVICE EQUIPMENT (ALL METALLIC) WERE CONSIDERED. SOLUTIONS INCLUDE ACOUSTIC TILE ON CEILINGS AND WALL SURFACES, REPLACEMENT OF METAL TABLES WITH WOOD, CARPETING FLOORS, WOODEN OR TREATED METAL TABLES, AND MODIFICATIONS OF THE AUDIO SYSTEM.

Supplemental Notes: CLEARINGHOUSE TRANSFER NO. 19.

Availability: NCJRS MICROFICHE PROGRAM.

34. T. C. N. GIBBENS. MENTAL HEALTH SERVICES AND THE PENAL SYSTEM (FROM PRISONS PAST AND FUTURE, 1978, BY JOHN C. FREEMAN—SEE NCJ-58327). HEINEMANN EDUCATIONAL BOOKS LTD, 48 CHARLES STREET, LONDON W1X 8AH, ENGLAND. 12 p. 1978. United Kingdom. NCJ-58338

AN INTERNATIONAL PERSPECTIVE ON ISSUES INVOLVING THE RELATIONSHIP BETWEEN MENTAL HEALTH SERVICES AND CORRECTIONS IS PRESENTED. PROBLEMS ASSOCIATED WITH THE MEDICAL MODEL OF OFFENDER TREATMENT (COMPULSION, INDETERMINACY OF SENTENCES, SPURIOUS PROMISES OF SUCCESSFUL TREATMENT, INEFFECTIVENESS OF TREATMENT, DEGRADATION OF PATIENTS) ARE DISCUSSED. THE ROLE OF FORENSIC PSYCHIATRY IS CONSIDERED, WITH EMPHASIS ON VARIATIONS AMONG COUNTRIES IN THE LEGAL AND PENAL POLICIES AND MENTAL HEALTH PRACTICES AFFECTING THAT ROLE. THREE AREAS OF CONCERN REGARDING THE RELATIONSHIP OF MENTAL HEALTH SERVICES AND PENAL SERVICES ARE EXAMINED: (1) THE COERCIVE ASPECTS AND QUALITY OF PSYCHIATRIC TREATMENT FOR OFFENDERS SERVING PRISON SENTENCES, (2) THE HANDLING OF PERSONS WHOSE MENTAL DISORDERS

RENDER THEM NOT CRIMINALLY RESPONSIBLE FOR THEIR ACTS, AND (3) THE DOUBLE ROLE OF FORENSIC PSYCHIATRY IN MAKING PATIENTS COMFORTABLE IN THEIR SITUATIONS AND IN CONTRIBUTING TO THEIR ADJUSTMENT TO SOCIETY. THE FINDINGS OF A BRITISH GOVERNMENT COMMISSION ON MENTALLY ILL OFFENDERS ARE SAID TO REPRESENT APPROPRIATE DIRECTIONS FOR THE DEVELOPMENT OF THE MEDICAL COMPONENT IN CRIME MANAGEMENT. AMONG THE COMMISSION'S RECOMMENDATIONS WERE THAT OFFENDERS WHOSE MENTAL ILLNESS IS EVIDENT SHOULD BE DIVERTED TO HEALTH SERVICES AT THE EARLIEST POSSIBLE STAGE OF THE LEGAL PROCESS, AND THAT THERE SHOULD BE PROVISIONS FOR TRANSFERRING ALL PRISONERS WITH MENTAL PROBLEMS (NOT ONLY THOSE WHO ARE PSYCHOTIC OR OTHERWISE SERIOUSLY HANDICAPPED) TO SPECIAL INSTITUTIONS FOR TREATMENT. (SUCH TRANSFERS WOULD NOT INTERFERE WITH THE DURATION OF AN OFFENDER'S SENTENCE, AND WOULD BE VOLUNTARY). THE PREVENTIVE, DIAGNOSTIC, AND TREATMENT ROLE OF FORENSIC PSYCHIATRISTS IN THE PRISON AND IN THE COMMUNITY IS NOTED.

35. D. GILMAN. SUPREME COURT DECISION LIMITS INMATES' RIGHT TO SUE OVER MEDICAL CARE. CORRECTIONAL INFORMATION SERVICE, INC, 801 SECOND AVENUE, NEW YORK NY 10017. CORRECTIONS MAGAZINE, V 3, N 1 (MARCH 1977), P 47-48. NCJ-41488

AN ANALYSIS OF THE 1976 U.S. SUPREME COURT DECISION IN ESTELLE V. GAMBLE, IN WHICH THE COURT HELD THAT AN INADVERTENT FAILURE TO PROVIDE MEDICAL CARE DOES NOT MEAN THAT EIGHTH AMENDMENT RIGHTS HAVE BEEN VIOLATED. SUITS TO IMPROVE THE QUALITY OF MEDICAL CARE IN STATE PRISONS HAVE BEEN BROUGHT IN A NUMBER OF STATES. IN MOST CASES THE FACT THAT INADEQUATE MEDICAL SERVICES EXISTED WAS FULLY ESTABLISHED AND THE COURTS WERE QUICK TO ORDER STATES TO UPGRADE THEIR STANDARDS AND IMPROVE THE QUALITY AND QUANTITY OF MEDICAL SERVICES THROUGHOUT THEIR SYSTEM. HOWEVER, WHEN IT COMES TO INDIVIDUAL ALLEGATIONS OF MEDICAL MALPRACTICE OR NEGLIGENCE, THE COURTS HAVE BEEN LESS THAN EAGER TO APPLY CONSTITUTIONAL PROTECTIONS. INSTEAD, THE U.S. SUPREME COURT PREFERS THAT INMATES SEEK THEIR REMEDIES IN STATE COURTS. THIS POSTURE HAS BEEN SOLIDIFIED IN THE COURT'S DECISION IN ESTELLE V. GAMBLE. BASED ON THE COURT'S DECISION IN THIS CASE, THE AUTHOR STATES THAT IT SEEMS CLEAR THAT PRISONER COMPLAINTS ALLEGING TOTAL OR SYSTEM-WIDE DEPRIVATION OF MEDICAL CARE WILL RECEIVE A MORE SYMPATHETIC HEARING THAN THOSE COMPLAINTS ALLEGING INADEQUACY OF INDIVIDUAL TREATMENT. TO MEET CONSTITUTIONAL STANDARDS UNDER THE EIGHTH AMENDMENT THE PRISONER MUST DEMONSTRATE DELIBERATE INDIFFERENCE BY OFFICIALS. MERE NEGLIGENCE WILL NOT SUFFICE TO SUSTAIN CONSTITUTIONAL JURISDICTION. THIS GIVES THE PRISONER ONLY A CIVIL REMEDY IN STATE COURT IN THESE CASES. (AUTHOR ABSTRACT MODIFIED)

36. N. B. GLUCKSTERN, M. A. NEUSE, J. K. HARNESSE, R. W. PACKARD, and C. PATMON. HEALTH CARE IN CORRECTIONAL INSTITUTIONS—MANUAL. UNIVERSITY RESEARCH CORPORATION, 5530 WISCONSIN AVENUE, WASHINGTON DC. 166 p. 1979. NCJ-47392

STRATEGIES AND TECHNIQUES AVAILABLE TO CORRECTIONS OFFICIALS ARE PRESENTED REGARDING THE PROBLEMS INVOLVED IN DELIVERING ADEQUATE HEALTH CARE TO INMATES. THIS MANUAL PROVIDES REFERENCE MATERIAL FOR 9 WORKSHOP SERIES ON HEALTH CARE IN CORRECTIONAL INSTITUTIONS, SPONSORED BY THE NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE. LEGAL AND ADMINISTRATIVE ISSUES RELATING TO INMATE HEALTH CARE ARE EXAMINED. HEALTH CARE NEEDS FOR

INMATES, THE CONSTITUTIONAL ISSUES INVOLVED, AND COURT DECISIONS REGARDING QUALITY OF HEALTH CARE ARE ALSO DISCUSSED. A COMPARISON IS PROVIDED OF STANDARDS AND DELIVERY OPTIONS USED BY VARIOUS STATE INSTITUTIONS AND PROGRAMS. A PERSPECTIVE IS PROVIDED OF THE HEALTH CARE DELIVERY SYSTEM: DIRECT, PREVENTIVE, AND SUPPORT SERVICES ARE OUTLINED; INTERVENTION POINTS ARE IDENTIFIED; AND PRACTICAL SUGGESTIONS ARE MADE FOR SECURING ADEQUATE CARE AT INTERVENTION POINTS. PERSONNEL ALTERNATIVES RANGING FROM THE USE OF PARAMEDICS TO FULL-TIME HEALTH WORKERS OR DOCTORS ARE EXPLORED. FUNDING OPTIONS ARE ALSO EXAMINED. HEALTH CARE SYSTEM MANAGEMENT AND REFORM ARE ALSO DISCUSSED. APPENDED MATERIALS INCLUDE: AN ARTICLE ON THE LEGAL BASIS FOR MEDICAL CARE IN THE CORRECTIONAL SETTING; AN ARTICLE ON MENTAL HEALTH CARE IN CORRECTIONS, WITH A FOCUS ON THE COUNTY JAIL; A DESCRIPTION OF MICHIGAN'S DENTAL CARE SYSTEM IN PRISONS; AND A BIBLIOGRAPHY. IN ADDITION TO THE FORMAL BIBLIOGRAPHY, MANY OF THE CHAPTERS CONTAIN EXTENSIVE FOOTNOTED REFERENCES AND SMALLER BIBLIOGRAPHIES.

Supplemental Notes: NATIONAL CRIMINAL JUSTICE EXECUTIVE TRAINING PROGRAM.

Sponsoring Agency: US DEPARTMENT OF JUSTICE OFFICE OF DEVELOPMENT, TESTING AND DISSEMINATION, 633 INDIANA AVENUE, WASHINGTON DC 20531.

Availability: NCJRS MICROFICHE PROGRAM.

37. N. B. GLUCKSTERN, M. NEUSE, J. HARNESSE, R. PACKARD, and C. PATMON. HEALTH CARE IN CORRECTIONAL INSTITUTIONS—PARTICIPANT'S HANDBOOK. UNIVERSITY RESEARCH CORPORATION, 5530 WISCONSIN AVENUE, WASHINGTON DC. 130 p. 1977. NCJ-47393

THIS HANDBOOK TRACES SESSION-BY-SESSION A WORKSHOP FOR THE TOP 60 STATE AND LOCAL POLICYMAKERS RESPONSIBLE FOR THE DEVELOPMENT AND IMPLEMENTATION OF HEALTH CARE STANDARDS FOR CORRECTIONAL INSTITUTIONS. THE WORKSHOP CONSISTS OF 10 SESSIONS CONDUCTED OVER A 3-DAY PERIOD. THE FIRST THREE SESSIONS DEAL WITH AN OVERVIEW OF WORKSHOP GOALS, A NEEDS ASSESSMENT FOR HEALTH CARE DELIVERY IN CORRECTIONS, AN EXAMINATION OF HEALTH CARE DELIVERY SYSTEMS WITHIN CORRECTIONAL SETTINGS, AND A DISCUSSION OF THE USE AND ASSESSMENT OF HEALTH CARE STANDARDS REGARDING THEIR IMPLICATIONS FOR HEALTH SERVICES DELIVERY WITHIN THE CORRECTIONAL SETTING. BOTH HEALTH CARE SERVICE AND SERVICES RESOURCE CHECKLISTS ARE PROVIDED, AS ARE TWO CASE STUDIES OF STANDARDS FOR HEALTH EDUCATION. THE NEXT FOUR SESSIONS DISCUSS SUPPORT SERVICES NEEDED FOR EFFECTIVE HEALTH CARE SERVICE, MANAGEMENT OF HEALTH CARE DELIVERY IN CORRECTIONS, AND IMPLEMENTING CHANGE WITHIN THE ENVIRONMENT OF CORRECTIONAL INSTITUTIONS. A REVIEW IS ALSO PROVIDED OF THE HEALTH CARE DELIVERY SYSTEM RELATIVE TO CHANGES AND OPTIONS IN SERVICE DELIVERY AND MANAGEMENT. THE FINAL THREE SESSIONS ARE DEVOTED TO IDENTIFYING AND INFLUENCING EXTERNAL AGENCIES AND ATTITUDES WHICH AFFECT HEALTH CARE DELIVERY, DEVELOPING ACTION PLANS FOR EFFECTING CHANGE WITHIN SPECIFIC HEALTH CARE DELIVERY SYSTEMS, AND DISCUSSING FUTURE TRAINING POSSIBILITIES. WORKSHEETS, OBSERVER FORMS, SAMPLES OF CORRESPONDENCE, AND OTHER SUPPORTING MATERIALS ARE PROVIDED FOR EACH SESSION. APPENDICES PROVIDE WORKSHOP LOGISTICS, A BIBLIOGRAPHY, AND A GLOSSARY OF TERMS OFTEN ENCOUNTERED IN DISCUS-

SIONS OF HEALTH CARE SERVICE DELIVERY WITHIN CORRECTIONAL SETTINGS.

Supplemental Notes: EXECUTIVE TRAINING PROGRAM IN ADVANCED CRIMINAL JUSTICE PRACTICES.

Sponsoring Agency: US DEPARTMENT OF JUSTICE OFFICE OF DEVELOPMENT, TESTING AND DISSEMINATION, 633 INDIANA AVENUE, WASHINGTON DC 20531.

Availability: NCJRS MICROFICHE PROGRAM.

38. N. B. GLUCKSTERN, M. NEUSE, J. HARNESSE, R. PACKARD, and C. PATMON. HEALTH CARE IN CORRECTIONAL INSTITUTIONS—TRAINER'S HANDBOOK. UNIVERSITY RESEARCH CORPORATION, 5530 WISCONSIN AVENUE, WASHINGTON DC. 218 p. 1977. NCJ-54148

THIS TRAINER'S MANUAL TRACES SESSION-BY-SESSION A WORKSHOP FOR STATE AND LOCAL POLICYMAKERS RESPONSIBLE FOR THE DEVELOPMENT AND IMPLEMENTATION OF HEALTH CARE STANDARDS FOR CORRECTIONAL INSTITUTIONS. PART OF LEAA'S EXECUTIVE TRAINING PROGRAM IN ADVANCED CRIMINAL JUSTICE PRACTICES, THE MANUAL OUTLINES THE INSTRUCTOR'S ROLE IN A WORKSHOP CONSISTING OF 10 SESSIONS OVER A 3-DAY PERIOD. THE GOALS OF EACH SESSION ARE OUTLINED, ALONG WITH RATIONALE, INSTRUCTIONAL METHOD, AND MATERIALS/LOGISTICS PRIMARY TO THE SESSION'S SELECTED TOPIC. THE FIRST THREE SESSIONS DEAL WITH AN OVERVIEW OF THE WORKSHOP GOALS, A NEEDS ASSESSMENT FOR HEALTH CARE DELIVERY IN CORRECTIONS, AN EXAMINATION OF HEALTH CARE DELIVERY SYSTEMS WITHIN CORRECTIONAL SETTINGS, AND A DISCUSSION OF THE USE AND ASSESSMENT OF HEALTH CARE STANDARDS IN TERMS OF THEIR IMPLICATIONS FOR HEALTH SERVICE. THE REMAINING SESSIONS COVER SUPPORT SERVICES NEEDED FOR EFFECTIVE HEALTH CARE DELIVERY, IMPLICATIONS OF USING STANDARDS FOR PERSONNEL, MANAGING HEALTH CARE DELIVERY IN CORRECTIONS, IMPLEMENTING CHANGE IN CORRECTIONAL INSTITUTIONS, CONTROLLING EXTERNAL INFLUENCES, AND DEVELOPING ACTION PLANS FOR INSTITUTING CHANGES WITHIN THE CORRECTIONAL SETTING. SAMPLE FORMS ARE INCLUDED. AN EXERCISE IN DEVELOPING A COMMUNICATIONS NETWORK AMONG PRISON PERSONNEL AND DECISIONMAKERS IS APPENDED. SEE ALSO NCJ 47392 AND 47393.

Supplemental Notes: FROM THE EXECUTIVE TRAINING PROGRAM IN ADVANCED CRIMINAL JUSTICE PRACTICES.

Sponsoring Agency: US DEPARTMENT OF JUSTICE OFFICE OF DEVELOPMENT, TESTING AND DISSEMINATION, 633 INDIANA AVENUE, WASHINGTON DC 20531.

Availability: NCJRS MICROFICHE PROGRAM.

39. S. B. GOLDSMITH. PRISON HEALTH—TRAVESTY OF JUSTICE. 152 p. 1975. NCJ-35112

THIS BOOK PRESENTS AN OVERVIEW OF THE PROBLEMS ASSOCIATED WITH THE ORGANIZATION AND DELIVERY OF HEALTH SERVICES WITHIN PENAL INSTITUTIONS AND ANALYZES ACTUAL CASE STUDIES OF THREE PRISON HEALTH PROBLEMS. THE PRISON HEALTH SERVICE DELIVERY SYSTEMS STUDIED ARE THOSE AT THE NEW YORK CITY PRISON HEALTH SYSTEM, THE ARTHUR J. AUDY HOME FOR JUVENILES IN CHICAGO, AND THE ORL PARISH PRISON IN NEW ORLEANS (LA). ALSO INCLUDED ARE EIGHTEEN VIGNETTES OF INMATES, CORRECTIONAL STAFF, AND MEDICAL STAFF AND THEIR VIEWS ON PRISON HEALTH CARE DELIVERY. A DISCUSSION OF POTENTIAL SOLUTIONS AND DIRECTIONS FOR IMPROVING PRISON HEALTH CARE COVERS CONTRACTING OUT FOR SERVICES AND REORGANIZING EXISTING MEDICAL DEPARTMENTS. THE APPENDIX CONTAINS A PAPER ON THE STATUS OF HEALTH STATUS INDICATORS AND TWO SETS OF STANDARDS FOR PRISON HEALTH AND MEDICAL SERVICES.

Availability: PRODIST, 156 FIFTH AVENUE, NEW YORK NY 10010.

40. **HARRIS COUNTY SHERIFF'S DEPARTMENT, 301 SAN JACINTO, HOUSTON TX 77002. HARRIS COUNTY (TX) SHERIFF'S DEPARTMENT—MEDICAL PROCEDURES.** 35 p. 1979. NCJ-59433

POLICIES AND PROCEDURES RELATIVE TO THE MEDICAL CARE AND TREATMENT OF ALL INMATES OF THE HARRIS COUNTY (TEX.) JAIL SYSTEM ARE PRESENTED; TOPICS INCLUDE ACUTE CARE, EMERGENCY CARE, AND INTAKE SCREENING. THE MEDICAL DIVISION SHALL BE SUPERVISED BY A FULL-TIME PHYSICIAN, LICENSED BY THE TEXAS STATE BOARD OF MEDICAL EXAMINERS, WHO SHALL BE DESIGNATED 'MEDICAL DIRECTOR.' HE SHALL REPORT TO THE MAJOR, CORRECTIONS AND DETENTION BUREAU, CONCERNING ROUTINE MATTERS PERTAINING TO INMATE MEDICAL SERVICES AND RELATED SECURITY MATTERS; MAJOR ISSUES MAY BE REPORTED DIRECTLY TO THE SHERIFF, THROUGH THE CHIEF DEPUTY. THE DIRECTOR WILL BE ASSISTED BY QUALIFIED MEDICAL PERSONNEL SUPPORT, SUCH AS PHYSICIAN'S ASSISTANTS, INTERNISTS, AND NURSES, AS AUTHORIZED BY THE HARRIS COUNTY COMMISSIONERS' COURT. THE DIRECTOR WILL FREQUENTLY VISIT ALL FACILITIES HOUSING PERSONS IN THE SHERIFF'S CUSTODY TO EXAMINE INMATES, REVIEW THE HEALTH CARE DELIVERY SYSTEM, AND OBSERVE THE HEALTH ENVIRONMENT. FOLLOWING THE SHOWER AND STRIP SEARCH, EACH INMATE SHALL HAVE A MEDICAL AND DENTAL SCREENING EXAMINATION. A PHYSICIAN OR PHYSICIAN'S ASSISTANT WILL CONDUCT THE EXAMINATION, INCLUDING CHECKS OF THE HEAD, EARS, AND EYES; CHEST X-RAY; URINE SAMPLE ANALYSIS; AND BLOOD TESTS. SIGNIFICANT FINDINGS AS WELL AS MEDICAL HISTORY WILL BE RECORDED. SPECIFIC PROCEDURES AND POLICIES ARE DESCRIBED FOR ACUTE, CHRONIC, CONVALESCENT, AND EMERGENCY CARE. FOR EXAMPLE, EMERGENCY MEDICAL CARE WILL BE AVAILABLE AT BOTH MAIN FACILITIES 24 HOURS A DAY; INITIAL CARE WILL BE PROVIDED BY QUALIFIED PERSONNEL ON DUTY IN THE MEDICAL CLINICS. PROCEDURES RELATIVE TO SPECIAL INMATES SUCH AS DIABETICS, THE MENTALLY ILL, EPILEPTICS, CARDIAC PATIENTS, AND INMATES WITH CERTAIN CONTAGIOUS DISEASES ARE DESCRIBED. IN ALL CASES, INMATES DESIRING MEDICAL TREATMENT WILL BE ACCORDED THE SAME RIGHTS TO BODILY INTEGRITY AS IF THEY HAD PRESENTED THEMSELVES TO AN OUTSIDE HOSPITAL FACILITY. NUMEROUS FORMS ARE APPENDED.

Availability: NCJRS MICROFICHE PROGRAM.

41. **B. P. HARRISON. ACCREDITATION—A NEW PRIORITY FOR THE NATION'S JAILS (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS, 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 6 p. 1978. NCJ-58533

THE AMERICAN MEDICAL ASSOCIATION'S ACCREDITATION PROCEDURE FOR JAIL MEDICAL SERVICES IS DESCRIBED AND ITS VALUES DISCUSSED. A 1972 AMERICAN MEDICAL ASSOCIATION (AMA) SURVEY OF 1,159 JAILS ACROSS THE COUNTRY TO DETERMINE THE ADEQUACY OF THEIR MEDICAL SERVICES REVEALED THE GENERAL INADEQUACY OF SUCH SERVICES. THESE SURVEY RESULTS LED THE AMA TO DEVELOP STANDARDS FOR HEALTH CARE OF JAIL INMATES, AND BASED ON THESE STANDARDS, AN ACCREDITATION PROGRAM WAS ESTABLISHED FOR THE NATION'S JAILS. A JAIL ENTERS THE ACCREDITATION PROCESS WHEN AN APPLICATION FOR ACCREDITATION IS RECEIVED FROM THE PERSON LEGALLY RESPONSIBLE FOR THE JAIL'S OPERATION AND THE OFFICIAL IS NOTIFIED OF HIS STATUS AS AN APPLICANT. A SELF-EVALUATION QUESTIONNAIRE IS THEN MAILED TO THE APPLICANT. SHOULD THE QUESTIONNAIRE INDICATE THAT THE JAIL IS IN COMPLIANCE WITH THE STANDARDS, IT BECOMES A 'CANDIDATE FOR ACCREDITA-

TION.' IF A QUESTIONNAIRE SHOWS THAT AMA STANDARDS ARE NOT BEING MET, AREAS FOR IMPROVEMENT ARE NOTED, AND THE AMA OFFERS TECHNICAL ASSISTANCE TO THE JAIL TO IMPROVE MEDICAL SERVICES. A SECOND SELF-EVALUATION QUESTIONNAIRE IS SENT WITHIN 6 MONTHS TO DETERMINE IF THE NEEDED CHANGES HAVE BEEN MADE. DURING THE PERIOD OF CANDIDACY, AN ONSITE FIELD MONITORING SURVEY IS CONDUCTED BY THE STATE MEDICAL ASSOCIATION. THE SURVEY TEAM, CONSISTING OF PHYSICIAN AND NONPHYSICIAN MEMBERS, INTERVIEWS VARIOUS LEVELS OF JAIL PERSONNEL, HEALTH-CARE PROVIDERS, AND INMATES. ALL ASPECTS OF JAIL OPERATIONS AND ADMINISTRATION RELATED TO MEDICAL CARE ARE REVIEWED. AFTER REVIEWING THE APPLICATION, THE SELF-EVALUATION QUESTIONNAIRE, ONSITE SURVEY DOCUMENTS, AND REPORTS AND COMMENTS OF THE STATE MEDICAL ASSOCIATION, THE AMA MAY GRANT OR DENY ACCREDITATION. THE APPLICANT RECEIVES A FULL REPORT REGARDING THE ACCREDITATION ACTION TAKEN. THE ACCREDITATION PROGRAM PROVIDES AN INCENTIVE FOR JAILS TO IMPROVE THEIR SERVICES, AS WELL AS PROVIDING FOR STANDARDIZATION OF QUALITY MEDICAL SERVICES FOR JAIL INMATES. REFERENCES ARE PROVIDED.

Availability: NCJRS MICROFICHE PROGRAM.

42. **W. HART. WARNING—PRISON MEDICAL CARE MAY BE HAZARDOUS TO YOUR HEALTH.** CRIMINAL JUSTICE PUBLICATIONS, INC, 801 SECOND AVENUE, NEW YORK NY 10017. *CORRECTIONS MAGAZINE*, V 5, N 3 (SEPTEMBER 1979), P 4-11. NCJ-60842

THE QUALITY OF CORRECTIONAL HEALTH CARE FOR INMATES IS EXAMINED, WITH PARTICULAR REFERENCE TO THE SOPHISTICATED SYSTEM IN MINNESOTA AND MEDICAL SETBACKS AND ADVANCES IN VIRGINIA AND MICHIGAN. SUBSTANDARD MEDICAL PRACTICES IN THE NATION'S PRISONS ARE AMONG THE PRIMARY COMPLAINTS OF INMATES. FOLLOWING NEWMAN V. ALABAMA (1974), THE LANDMARK FEDERAL DECISION MARKING THE END OF JUDICIAL TOLERANCE OF INADEQUATE PRISON MEDICAL CARE, ATTORNEYS FOR THE AMERICAN CIVIL LIBERTIES UNION REPORT THAT 8 STATES HAVE ALREADY LOST OR SETTLED PRISON-RELATED LAWSUITS THAT INVOLVE INADEQUATE HEALTH CARE, WITH ANOTHER 11 STATES CURRENTLY FACING SUCH SUITS. THE INADEQUACY OF PRISON HEALTH CARE IS NOT SURPRISING GIVEN THE INSUFFICIENT FUNDING, THE DIFFICULTY OF RECRUITING HIGHLY-QUALIFIED DOCTORS AND NURSES, AND THE OFTEN OVERRIDING CUSTODY CONCERNS. ALTHOUGH NO DEFINITIVE STUDY HAS BEEN DONE, MOST PRISON MEDICAL EXPERTS INDICATE THAT INMATES ARE MORE IN NEED OF HEALTH CARE THAN THE POPULATION AS A WHOLE BECAUSE OF THEIR SOCIO-ECONOMIC BACKGROUNDS AND THE STRESS OF A HIGH-PRESSURE PRISON ENVIRONMENT. MINNESOTA'S RESPONSE TO THIS PROBLEM IS DEMONSTRATED AT THE MINNESOTA STATE PRISON AT STILLWATER, WHICH HAS A FULL-TIME PHYSICIAN AND DENTAL, PSYCHOLOGICAL, PHARMACEUTICAL, LABORATORY, AND X-RAY SERVICES, AS WELL AS 24-HOUR COVERAGE BY REGISTERED NURSES. THE 12-BED INFIRMARY HAS PART-TIME PSYCHIATRIC, RADIOLOGICAL, PHYSICAL THERAPY, DIETARY, AND OPTOMETRY SERVICES. IN CONTRAST TO THE MINNESOTA PRISON, THE VIRGINIA STATE PENITENTIARY IN RICHMOND HAS A LACK OF STAFF AND RESOURCES, USES UNTRAINED INMATE NURSES, AND IS PLAGUED BY POOR RECORDKEEPING, GARBLED COMMUNICATION AMONG HEALTH-CARE OFFICIALS, AND NO CONTINUITY OF CARE. THE CASE OF HENRY TUCKER, AN INMATE LEFT DISABLED BECAUSE OF HIS MIS-TREATMENT AT THE INSTITUTION TESTIFIES TO THE DEFICIENCIES. SOMEWHERE BETWEEN MINNESOTA'S RAPID ADVANCES AND VIRGINIA'S SLOW MOVEMENT TOWARDS MINI-

MUM HEALTH-CARE STANDARDS IS MICHIGAN, WHICH HARBORS THE COUNTRY'S FIFTH HIGHEST STATE PRISON POPULATION. ADVANCES IN MICHIGAN'S PRISON MEDICAL STANDARDS ARE DISCUSSED AS WELL AS THE ACTIVITIES AND GUIDELINES OF THE AMERICAN CORRECTIONAL ASSOCIATION AND THE AMERICAN MEDICAL ASSOCIATION. PHOTOGRAPHS ARE INCLUDED.

Supplemental Notes: PRICE QUOTED IS FOR ENTIRE ISSUE. REPRINTS OF ARTICLES AVAILABLE IN LARGE QUANTITIES.

Availability: CRIMINAL JUSTICE PUBLICATIONS, INC, 801 SECOND AVENUE, NEW YORK NY 10017.

43. **C. HORMACHEA. RECREATION AND CORRECTIONS—ITS DEVELOPMENT, PHILOSOPHY AND FUTURE (FROM THERAPEUTIC RECREATION—STATE OF THE ART, 1977, BY FAIN AND FITZHUGHEN).** NATIONAL RECREATION ASSOCIATION, 1601 NORTH KENT STREET, ARLINGTON VA 22209. 9 p. 1977. NCJ-61110

THE ROLE OF RECREATION AS A POSITIVE, INTEGRAL PART OF CORRECTIONS PROGRAMS IS DISCUSSED; TOPICS INCLUDE THE HISTORY OF RECREATION IN CORRECTIONS, COURT DECISIONS AND STANDARDS, AND FUTURE IMPLICATIONS. RECREATION IS AN ESSENTIAL PART OF EVERYONE'S DAILY LIFE. IN THE PENAL INSTITUTION IT SERVES TO MAINTAIN NOT ONLY PHYSICAL WELL BEING BUT ALSO MENTAL AND EMOTIONAL HEALTH. LEISURE NEEDS OF INMATES WERE FIRST RECOGNIZED IN AMERICA IN THE VIRGINIA COLONIES OF THE 1600'S WHEN PRISONS WERE FIRST ESTABLISHED. DESPITE THIS RECOGNITION, THE PREVALENT ATTITUDE HELD THAT PRISON IS FOR PUNISHMENT AND RECREATION HAS NO PLACE IN SUCH INSTITUTIONS. THIS VIEW HAS PREVAILED EVEN INTO THE ENLIGHTENED 1970'S. IT MUST BE RECOGNIZED THAT A STRONG PROGRAM OF LEISURE SERVICES HELPS TO ACHIEVE MANY PURPOSES. FOREMOST, THERE IS THE POSITIVE BENEFIT TO THE INMATE AS WELL AS BENEFITS TO THE INSTITUTION. AS INMATE MORALE IMPROVES, THE INMATE BECOMES MORE COOPERATIVE; IMPROVED INMATE MORALE LEADS TO GOOD STAFF MORALE. IN ADDITION, RECREATION CAN SERVE IN DEVELOPING DECISIONMAKING ABILITIES BY THE INMATE. THE RECREATION DIRECTOR SHOULD SERVE AS A MEMBER OF THE TOTAL TREATMENT TEAM AND SHOULD PLAN A PROGRAM WHICH BALANCES PHYSICAL ACTIVITY AND CULTURAL PURSUITS. SUCCESSFUL PROGRAMS INCLUDE SPORTS, MOVIES, TELEVISION, RADIO, HOBBIES, AND MUSIC; POPULAR ENTERTAINERS HAVE PERFORMED AT MANY CORRECTIONAL INSTITUTIONS. THE COURTS HAVE BECOME THE MAJOR AREA FOR PUBLICIZING DEFICIENCIES, SUCH AS LACK OF RECREATIONAL PROGRAMS, IN CORRECTIONS. IN SOME CASES, THE COURTS ORDERED THE ESTABLISHMENT OF RECREATIONAL PROGRAMS IN STATE INSTITUTIONS AND LOCAL JAILS. AMONG THE MOST WIDELY ACKNOWLEDGED STANDARDS FOR CORRECTIONAL INSTITUTIONS AND PROGRAMS ARE THOSE PUBLISHED BY THE AMERICAN CORRECTIONAL ASSOCIATION. WHETHER OR NOT THE FIELD OF PENOLOGY MOVES FROM THE REHABILITATIVE TO THE RETRIBUTION MODEL, THERE WILL STILL BE A NEED FOR RECREATION SERVICES. REFERENCE NOTES ARE INCLUDED IN THE ARTICLE.

44. **W. P. ISELE. CONSTITUTIONAL ISSUES OF THE PRISONER'S RIGHT TO HEALTH CARE.** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 24 p. 1977. NCJ-41842

THIS BRIEF PAPER DISCUSSES THE GENERAL PRINCIPLES OF LAW WHICH GOVERN THE RIGHTS OF THE CONFINED, FOCUSING ON THE RIGHT OF PRISONERS TO HEALTH CARE AND THE FREEDOM FROM CRUEL AND UNUSUAL PUNISHMENT. THIS PAPER EXAMINES WHAT THE VARIOUS STATE AND FEDERAL COURTS UNDERSTAND PROPER HEALTH CARE TO BE, AS WELL AS THE DIFFICULTIES RECOGNIZED IN PROVIDING FOR THE HEALTH NEEDS OF PRISONERS.

SPECIFICALLY, ATTENTION IS PAID TO THE DUTY OF THE STATE WITH RESPECT TO PROVIDING HEALTH CARE, THE RIGHT OF THE PRISONER TO RECEIVE IT, AND THE DEVELOPMENT OF STANDARDS TO DEFINE THE EXTENT OF HEALTH CARE REQUIRED. RELEVANT CASES ARE CITED AND DISCUSSED.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610.

45. **W. P. ISELE. HEALTH CARE IN JAILS—INMATES' MEDICAL RECORDS AND JAIL INMATES' RIGHT TO REFUSE MEDICAL TREATMENT.** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 24 p. 1977. NCJ-43490

MEDICAL RECORDS ARE CONFIDENTIAL, ALTHOUGH CERTAIN CONSIDERATIONS CAN OUTWEIGH THIS CONFIDENTIALITY; SUCH CONSIDERATIONS AND THE RIGHT TO REFUSE TREATMENT ARE DISCUSSED. COURTS HAVE GENERALLY HELD THAT ALL MEDICAL RECORDS AND INFORMATION ARE OF A CONFIDENTIAL NATURE. HOWEVER, THIS CONFIDENTIALITY CAN BE WAIVED WHEN NECESSARY FOR THE WELFARE OF THE PATIENT (AS IN CHILD ABUSE CASES), THE WELFARE OF THE COMMUNITY (CASES OF INFECTIOUS DISEASE IN A JAIL OR PRISON COMMUNITY), OR THE DICTATES OF THE LAW (WHEN THE EXAMINATION IS NEEDED FOR EVIDENCE). IN CERTAIN CIRCUMSTANCES, JAIL ADMINISTRATIVE PERSONNEL WILL NEED ACCESS TO MEDICAL RECORDS. IN ALL CASES, THESE RECORDS SHOULD BE TREATED AS CONFIDENTIAL MATERIAL. WHEN PERSONNEL ARE INVOLVED IN MEDICAL CARE, AS IN THE CASE OF A GUARD WHO IS ASKED TO SUMMON A DOCTOR, THEY ALSO MUST TREAT THE MATTER AS CONFIDENTIAL. PRISONERS HAVE A RIGHT TO REFUSE MEDICAL TREATMENT, BUT DOCTORS HAVE A DUTY TO THE WELFARE OF THE COMMUNITY AS A WHOLE. A FEW STATES HAVE ENACTED LAWS DEFINING IMPLIED CONSENT (WHEN THE PATIENT IS UNCONSCIOUS OR OTHERWISE INCAPABLE OF MAKING HIS WISHES KNOWN). THE PRISONER CANNOT REFUSE TREATMENT OF CONTAGIOUS OR VENEREAL DISEASES. IN CASES OF EMERGENCY OR WHEN THE STATE HAS AN OVERRIDING INTEREST IN PRESERVING THE LIFE OF THE PRISONER (AS IN SUICIDE ATTEMPTS OR ASSAULT CASES), THE DOCTOR MAY ADMINISTER TREATMENT. THE SITUATION IS NOT CLEAR FOR JUVENILES IN CONFINEMENT. GENERALLY PARENTAL PERMISSION IS SOUGHT UNLESS THE JUVENILE IS CONSIDERED 'EMANCIPATED.' IN VIRGINIA, THE CORRECTIONS OFFICIAL IN CHARGE MAY GIVE CONSENT.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: NCJRS MICROFICHE PROGRAM.

46. **W. P. ISELE. HEALTH CARE IN JAILS—LEGAL OBLIGATIONS TO THE PRE-TRIAL DETAINEE.** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 7 p. 1977. NCJ-41843

THIS BRIEF PAPER DISCUSSES THE IMPLICATIONS OF THE 1976 U.S. SUPREME COURT CASE ESTELLE V. GAMBLE, WHICH HELD THAT THE EIGHTH AMENDMENT REQUIRES THE STATES TO PROVIDE MEDICAL CARE FOR PERSONS WHO ARE INCARCERATED. WHILE NCJ-41842 EXAMINED THE LEGAL REQUIREMENTS OF THE RIGHT TO MEDICAL CARE APPLICABLE TO PRISONERS IN GENERAL, THIS PAPER CONSIDERS THE POSITION OF THE PRETRIAL DETAINEE IN REGARD TO MEDICAL CARE. BECAUSE HE HAS NOT YET BEEN CONVICTED OF A CRIME, IS ANY GREATER DUTY OWED TO THE DETAINEE THAN TO THE CONVICTED PRISON-

ER? RELEVANT CASES ARE CITED AND EXPLORED IN THE SHORT ANALYSIS.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610.

47. W. P. ISELE. **USE OF ALLIED HEALTH PERSONNEL IN JAILS—LEGAL CONSIDERATIONS.** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 8 p. 1977. NCJ-41841

THIS BRIEF PAPER ATTEMPTS TO SET FORTH THE GENERAL PRINCIPLES OF LAW GOVERNING THE RIGHTS OF THE CONFINED. THE SPECIFIC ISSUE ADDRESSED IS THE USE OF NON-MEDICAL PERSONNEL IN PRISONS. THE TWO QUESTIONS RAISED ARE 1) CAN AN UNLICENSED PERSON PERFORM MEDICAL OR NURSING FUNCTIONS WITHOUT VIOLATING STATE PROSCRIPTIONS AGAINST THE UNLICENSED PRACTICE OF MEDICINE? AND 2) IS THE SUBJECTION OF PRISONERS TO MEDICALLY UNSKILLED PERSONNEL A FORM OF CRUEL AND UNUSUAL PUNISHMENT? RELEVANT COURT DECISIONS AND STATUTES ARE EXAMINED.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610.

48. N. JERVIS. **PRISON HEALTH REFORM—FOUR CASE STUDIES.** HEALTH POLICY ADVISORY CENTER, 17 MURRAY STREET, NEW YORK NY 10007. 105 p. 1975. NCJ-27866

EXAMINATION OF EMERGING REFORM EFFORTS SET UP IN RESPONSE TO PRISONERS' ANGER, WITH EMPHASIS ON FOUR SIGNIFICANT REFORM MOVEMENTS IN PRISON HEALTH CARE DELIVERY—DADE COUNTY (FL), MASSACHUSETTS, SAN FRANCISCO, NEW YORK CITY. ALSO INCLUDED IS A CRITICAL OVERVIEW OF PRISONER MEDICAL SERVICES, COVERING SICK CALL, HOSPITALIZATION, EMERGENCY CARE, BUDGETS, STAFFING, TEACHING AND RESEARCH, SECURITY, AND THE DOCTOR-PATIENT RELATIONSHIP. THE FOLLOWING RECOMMENDATIONS ARE MADE BASED ON THE EXPERIENCES ANALYZED IN THIS REPORT: PRISON HEALTH SHOULD BE THE RESPONSIBILITY OF A HEALTH AGENCY SEPARATE FROM CORRECTIONAL AGENCIES; A MEDICAL DIRECTOR FOR PRISON SHOULD BE APPOINTED; MAINTENANCE OF A SEPARATE BUDGET FOR PRISON HEALTH SERVICES; ESTABLISHMENT OF INDEPENDENT REVIEW MECHANISMS; INVOLVEMENT OF EXISTING COMMUNITY MEDICAL INSTITUTIONS IN PRISON HEALTH CARE; AND LIMITING MEDICAL PERSONNEL TOURS OF DUTY IN PRISONS TO A FEW MONTHS.

49. V. B. JONES. **PATIENT EDUCATION—A GOLDEN OPPORTUNITY (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS, 1978 SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 4 p. 1978. NCJ-58544

A PILOT PROGRAM OF HEALTH EDUCATION FOR INMATES IN THE EAU CLAIRE (WIS) COUNTY JAIL IS DESCRIBED. THE AMERICAN MEDICAL ASSOCIATION STANDARDS FOR INMATE HEALTH CARE REQUIRE THAT MEDICAL PREVENTIVE MAINTENANCE BE PROVIDED TO INMATES. THIS IS SPECIFIED TO INCLUDE HEALTH EDUCATION AND MEDICAL SERVICES PROVIDED TO TAKE ADVANCE MEASURES AGAINST DISEASE AND INSTRUCTION IN SELF-CARE FOR CHRONIC CONDITIONS. IN WORKING TOWARD FULFILLING THIS STANDARD, THE WISCONSIN STATE MEDICAL SOCIETY UNDERTOOK A HEALTH EDUCATION PROGRAM IN A PILOT JAIL. STEPS IN THE PLANNING PROCESS INCLUDED PROBLEM IDENTIFICATION, RESOURCES IDENTIFICATION, METHODOLOGY FOR PROBLEMSOLVING, AND PROGRAM EVALUATION. PROBLEM

IDENTIFICATION INCLUDED A HEALTH INTEREST SURVEY AND INTERVIEW WITH INMATES TO DETERMINE THEIR HEALTH EDUCATION INTERESTS. RESOURCE CONSIDERATIONS WERE IN THE CATEGORIES OF HUMAN, FINANCIAL, AND MATERIAL. THE JAIL COUNSELOR, A LOCAL COLLEGE INSTRUCTOR IN COMMUNITY HEALTH EDUCATION, AND A STUDENT INTERN IN COMMUNITY HEALTH EDUCATION WERE THE PERSONNEL RESOURCES. THE ONLY COST TO THE JAIL WAS TIME, AND THE MATERIALS USED IN THE COURSE WERE HANDOUTS, A FILM, AND A FILM PROJECTOR. THE METHODOLOGY OF PROBLEMSOLVING INVOLVED THE DEVELOPMENT OF THE ACTUAL PROGRAM AND THE TECHNIQUES USED TO PRESENT IT. IN THE PILOT COURSE, THE HANDLING OF STRESS WAS TAUGHT IN THREE 2-HOUR SESSIONS. PROGRAM EVALUATION CONSISTED OF PRE- AND POST-TESTS ON PARTICIPANT KNOWLEDGE ON COURSE INFORMATION AND INTERVIEWS WITH ALL PARTICIPANTS. THREE OUT OF THE FIVE INMATES WHO ATTENDED ALL THREE SESSIONS SHOWED AN INCREASE IN KNOWLEDGE ABOUT STRESS AND HANDLING STRESS. REFERENCES ARE PROVIDED.

Availability: NCJRS MICROFICHE PROGRAM.

50. D. M. JURCZAK. **CARE OF MENTALLY ILL, SUSPECTED MENTALLY ILL AND RETARDED INMATES—WHO SHOULD DO THE TREATING? (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS... 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 4 p. 1978. NCJ-58537

THE ROLE OF THE PSYCHIATRIST INTERACTING WITH OTHER PERSONNEL INVOLVED IN THE DELIVERY OF HUMAN SERVICES TO INMATES IS DISCUSSED. THE SERVICES PERFORMED BY MENTAL HEALTH PROFESSIONALS IN JAILS AND PRISONS ARE IN TWO CATEGORIES: PUBLIC PROTECTION SERVICES (INMATE CLASSIFICATION AND EVALUATION) AND TREATMENT SERVICES (COUNSELING, BEHAVIORAL CHANGE, SUBSTANCE ABUSE SERVICES, AND TREATMENT OF THE MENTALLY ILL). IT IS IMPORTANT TO DETERMINE THE KINDS OF SPECIALISTS BEST QUALIFIED BY TRAINING AND EXPERIENCE TO PERFORM THESE SERVICES. IN THE CONTEXT OF PROVIDING MEDICAL SERVICES TO INMATES, 'MENTAL ILLNESS' SHOULD BE RESTRICTED TO THE CONDITIONS KNOWN AS SCHIZOPHRENIA, MANICDEPRESSIVE PSYCHOSES, ORGANIC BRAIN DISEASE, AND ENDOGENOUS DEPRESSION, BECAUSE THESE ARE THE CONDITIONS KNOWN OR PRESUMED TO HAVE AN ORGANIC BASIS. PERSONS WITH THESE ILLNESSES, EXCEPT IN THE MOST DETERIORATED STATES, GENERALLY RESPOND TO THE MEDICAL APPROACH THROUGH THE USE OF CHEMOTHERAPEUTIC AGENTS OR OTHER ORGANIC MODALITIES. TREATMENT OF THESE ORGANIC ILLNESSES REQUIRES THE SERVICES OF A PSYCHIATRIST, LICENSED TO PRESCRIBE DRUGS. INMATES SUFFERING FROM BEHAVIORAL AND EMOTIONAL PROBLEMS ROOTED IN OTHER THAN ORGANIC CAUSES CAN BE EFFECTIVELY HELPED BY SOCIAL WORKERS, PSYCHOLOGISTS, CLERGYMEN, AND OTHER PROFESSIONALS WHOSE KNOWLEDGE AND SKILL IN PERSONAL RELATIONSHIPS, PERSONALITY DEVELOPMENT, AND LIFE MANAGEMENT CAN HELP INMATES DEAL WITH ESSENTIALLY NONMEDICAL PROBLEMS. THE PSYCHIATRIC PROFESSION SHOULD WITHDRAW FROM EXCESSIVE INVOLVEMENT IN THE MANAGEMENT OF THE OFFENDER, RESTRICTING SERVICES TO THE TREATMENT OF ORGANICALLY INDUCED MENTAL ILLNESS. EVEN PSYCHOLOGICAL TESTING AND PERSONALITY EVALUATION OF INMATES CAN BEST BE HANDLED BY PSYCHOLOGISTS, WHO ARE SPECIFICALLY TRAINED IN SUCH MATTERS.

Availability: NCJRS MICROFICHE PROGRAM.

51. B. E. KAPLAN, S. R. SCHEINER, K. R. ATKINS, T. D. WALTER, and S. L. TUCKER. **ROLE OF MENTAL HEALTH IN THE CRIMINAL JUSTICE SYSTEM (FROM SOUTHERN CONFERENCE ON CORRECTIONS—ANNUAL, 22ND MARCH 2-4, 1977—PROCEEDINGS, BY VERNON FOX SEE NCJ-43422).** 31 p. 1977. NCJ-58466

THE FORENSIC UNIT OF THE POLK COUNTY, FLA., MENTAL HEALTH CENTER HAS PROVIDED THE CORRECTIONAL SYSTEM WITH CENTRALIZED, COMPREHENSIVE MENTAL HEALTH SERVICES TO INMATES. THE ESTABLISHMENT OF SIMILAR UNITS AT THE LOCAL LEVEL THROUGHOUT FLORIDA WOULD ALLEVIATE THE NEED TO CONTINUALLY EXPAND STATE HOSPITAL BEDS FOR FORENSIC PATIENTS AND WOULD ENHANCE MENTAL HEALTH SERVICES AVAILABLE TO FORENSIC CLIENTS. POLK COUNTY IS A SEMI-RURAL AREA OF 250,000 PEOPLE, LOCATED IN THE CENTRAL PART OF THE STATE. ITS FORENSIC UNIT CONSISTS OF A CLINICAL PSYCHOLOGIST, A SOCIAL WORKER, TWO COUNSELORS, A LIAISON COORDINATOR, AND AN ADMINISTRATIVE SECRETARY. THE PROGRAM WAS STARTED WITH A 1975 LEAA GRANT AND COSTS ROUGHLY \$100,000 A YEAR. THE APPOINTMENT OF A LIAISON OFFICER, FAMILIAR WITH THE CORRECTIONAL SYSTEM, HAS FACILITATED THE TYPE OF CLOSE RELATIONSHIP NEEDED BETWEEN THE SYSTEM AND THE MENTAL HEALTH CENTER. ONE OF THE MAJOR FUNCTIONS OF THIS UNIT HAS BEEN TO DETERMINE COMPETENCY TO STAND TRIAL. THE ASSESSMENT PROCEDURE IS DESCRIBED IN DETAIL. THE UNIT ALSO MAKES RECOMMENDATIONS TO THE COURT CONCERNING APPROPRIATE TREATMENT PLANS. IN ADDITION, THE UNIT IS RESPONSIBLE FOR PROVIDING TREATMENT TO INMATES. ALSO THE UNIT MAKES POLICE, COURT PERSONNEL, AND CORRECTIONAL OFFICIALS AWARE OF THE CORRELATION BETWEEN MENTAL HEALTH PROBLEMS AND CRIME. THE FOLLOWING TOOLS DEVELOPED BY THE UNIT ARE APPENDED: THE LEGAL PROCESS PARTICIPATION INTERVIEW, JAIL OR STOCKADE REFERRAL FORM, BEHAVIORAL INDICATORS OF POTENTIAL MENTAL HEALTH PROBLEMS, AND A BEHAVIORAL CHECKLIST. NO REFERENCES ARE PROVIDED.

Availability: NCJRS MICROFICHE PROGRAM.

52. KENTUCKY PUBLIC HEALTH ASSOCIATION. **KENTUCKY PUBLIC HEALTH ASSOCIATION TASK FORCE ON PRISON AND JAIL HEALTH—THE CAPTIVE PATIENT—PRISON HEALTH CARE—A REPORT.** 218 p. 1974. NCJ-64797

A STUDY TO DETERMINE THE STATUS OF MEDICAL CARE, INMATE HEALTH, AND ENVIRONMENTAL CONDITIONS IN KENTUCKY PRISONS IS REPORTED. COMPARISONS ARE MADE WITH OTHER NATIONAL AND STATE SURVEYS, AND REFORM MEASURES RECOMMENDED. DATA GATHERING INSTRUMENTS DEVELOPED INCLUDED JAILERS', JUDGES', AND SUPERINTENDENTS' QUESTIONNAIRES; INMATE-SELF-NEED QUESTIONNAIRES FOR JUVENILES AND ADULTS; INMATE MEDICAL HISTORIES; AND A SURVEY PROTOCOL FOR INSPECTION OF MEDICAL SERVICES AND RECORDS, AND ENVIRONMENTAL CONDITIONS. FROM THE 171 PENAL INSTITUTIONS IN THE STATE, 48 VISITATION SITES WERE SELECTED. FOR INMATE PARTICIPATION, A RANDOMIZED SAMPLE SIZE OF 15 PERCENT OF THE POPULATION WAS SELECTED. DATA RESULTS WERE ANALYZED UNDER 6 MAJOR HEADINGS: ENVIRONMENTAL FACILITIES AND SERVICES; INMATES' FELT NEEDS; AND COMPARISON WITH OTHER STUDIES. UNHEALTHY AND HAZARDOUS ENVIRONMENTAL CONDITIONS OBSERVED INCLUDED THE PRESENCE OF INSECTS, ROACHES, AND WASPS, IN FOOD AND INMATES' CELLS; FILTHY, UNLIT LIVING QUARTERS, OPEN TO THE ELEMENTS BECAUSE OF UNCOVERED WINDOWS; NO ACCESS TO EMERGENCY HELP. THE DATA INDICATES THAT THE INMATE POPULATION REPRESENTS A HIGH-RISK GROUP WITH A PREVALENCE OF CHRONIC DISEASE. THE HEALTH SERVICES PROVIDED WERE INEFFICIENT AND INADEQUATE, WITH

NON-MEDICAL PERSONNEL MAKING MEDICAL DECISIONS, AND HEALTH EXPENDITURES ALLOCATED INEFFICIENTLY. MOREOVER, THE DATA SHOWED A HIGH PREVALENCE OF MENTAL ILLNESS AND DRUG AND ALCOHOL PROBLEMS. THE FELT-NEED QUESTIONNAIRES SHOWED SIGNIFICANT DISSATISFACTION WITH THE HEALTH CARE PROVIDED. ACCESSIBILITY OF CARE AND MEDICAL STAFF ATTITUDES WERE THE MAJOR PROBLEMS. DISSATISFACTION WITH FOOD WAS STRONGER THAN ENVIRONMENTAL COMPLAINTS, AND THE GREATEST NEED WAS REPORTED FOR ORGANIZED EXERCISE PROGRAMS. KENTUCKY DIFFERED FROM NATIONAL AVERAGES IN HAVING MORE COMMUNITY RESOURCES AVAILABLE, BUT LESS THAT WERE APPROPRIATELY USED; IN HAVING FEWER INSTITUTIONS WITH SPECIAL MEDICAL FACILITIES AND MANY THAT PROVIDE NO MEDICAL EXAMINATION AT ALL; AND IN EMPLOYING FEWER MEDICAL PROFESSIONALS FOR JAILS. GENERAL RECOMMENDATIONS INCLUDE COORDINATION AND STANDARDIZATION OF HEALTH CARE REQUIREMENTS THROUGHOUT THE SYSTEM, WITH SPECIFIC IMPROVEMENTS LISTED. REFERENCES, BIBLIOGRAPHY, AND SAMPLE QUESTIONNAIRES ARE INCLUDED.

Sponsoring Agencies: KENTUCKY PUBLIC HEALTH ASSOCIATION; AMERICAN PUBLIC HEALTH ASSOCIATION, 1015 18TH STREET, NW, WASHINGTON DC 20036; KENTUCKY DEPARTMENT FOR HUMAN RESOURCES.

Availability: NCJRS MICROFICHE PROGRAM.

53. R. A. KIEL. **HEALTH CARE IS MAJOR ISSUE OF COURTS AND CIVIL RIGHTS.** AMERICAN CORRECTIONAL ASSOCIATION, 4321 HARTWICK ROAD, COLLEGE PARK MD 20740. *CORRECTIONS TODAY*, V 41, N 4 (JULY/AUGUST 1979), P 6-7, 12, 14, 16, 18, 28. NCJ-60555

AREAS WHERE CORRECTIONAL HEALTH CARE HAS BEEN RECENTLY IMPROVED ARE IDENTIFIED; THE LEGAL BASIS REQUIRED FOR QUALITY HEALTH CARE IS ESTABLISHED, AND A MODEL FOR DELIVERY-SYSTEM DEVELOPMENT DISCUSSED. DESPITE THE GENERAL ACCOUNTING OFFICE'S 1978 REPORT CHARGING INADEQUACY OF HEALTH-CARE DELIVERY SYSTEMS IN CORRECTIONAL INSTITUTIONS, THERE HAS BEEN SIGNIFICANT PROGRESS IN RECENT YEARS. THERE HAS BEEN A DEFINITE INCREASE IN THE PROFESSIONALISM OF CORRECTIONAL HEALTH CARE. THIS PROFESSIONALISM IS DEMONSTRATED BY THE CREATION AND GROWTH OF PROFESSIONAL ORGANIZATION, BY EXTENSIVE TRAINING EFFORTS, AND THROUGH INCREASED INTERACTION AMONG CORRECTIONAL HEALTH PROFESSIONALS. LARGER AND BETTER FACILITIES, IMPROVED STAFFING PATTERNS, AND BETTER USE OF COMMUNITY RESOURCES ARE ALSO NOTED. ADEQUATE HEALTH CARE HAS BEEN A MAJOR ISSUE IN THE PRISONERS' RIGHTS MOVEMENT FOR SOME TIME. MOST LITIGATION PERTAINS TO ACCESS TO TREATMENT, PROPER REGARD FOR THE HEALTH NEEDS OF THE INMATE, AND MENTAL HEALTH WITHIN THE CORRECTIONAL ENVIRONMENT. NUMEROUS COURT CASES HAVE UPHELD THE RIGHTS OF PRISONERS TO PROPER TREATMENT WITHIN THESE AREAS OF DISPUTE. HOWEVER, EVEN WITH THE ABUNDANCE OF CASE LAW SPECIFICALLY ESTABLISHING THAT HEALTH CARE IS A BASIC INMATE RIGHT, HEALTH CARE REMAINS LOW ON PROGRAM PRIORITIES ESTABLISHED BY MANY CORRECTIONAL ADMINISTRATORS. HEALTH CARE IS BEST PROVIDED WHEN IT IS ORGANIZED INTO A SYSTEM DESIGNED TO ENCOMPASS ALL ASPECTS OF CLINICAL CARE. A TYPICAL MODEL FOR THE DEVELOPMENT OF SUCH A SYSTEM IS TO IDENTIFY THE HEALTH NEEDS OF THE POPULATION FOR WHICH THE SYSTEM IS RESPONSIBLE, IDENTIFY THE SERVICES NECESSARY TO MEET THOSE NEEDS, AND IDENTIFY THE RESOURCES REQUIRED TO MAKE THE SERVICES AVAILABLE. THE TASK IS COMPLICATED BY LACK OF ADEQUATE DATA AND OTHER LEGAL, MORAL, AND ETHICAL QUESTIONS. IN ADDITION, THE CORRECTIONAL OFFICER MUST BE CONVINCED OF THE IMPOR-

TANCE OF ADEQUATE HEALTH CARE TO ENSURE EFFECTIVE DELIVERY. REFERENCES AND PHOTOGRAPHS ARE INCLUDED IN THE ARTICLE.

54. L. N. KING. PUBLIC POLICY AND ADMINISTRATIVE ASPECTS OF PRISON AND JAIL HEALTH SERVICES. INSTITUTION EDUCATIONAL SERVICES, INC, 1806 T STREET, NW, WASHINGTON DC 20009. *PRISON LAW MONITOR*, V 1, N 11 #SP (MAY 1979), P 265, 277-281. NCJ-58254
- ADMINISTRATIVE AND PUBLIC POLICY ISSUES THAT MUST BE CONFRONTED IN DEVELOPING STANDARDS OF HEALTH CARE FOR PRISONERS ARE IDENTIFIED. ONLY IN THE 1970'S HAS THE JUDICIAL SYSTEM MOVED BEYOND THE 'HANDS-OFF' DOCTRINE WITH RESPECT TO THE INADEQUATE MEDICAL CARE SERVICES AND CONDITIONS AFFECTING THE HEALTH OF INMATES. THERE IS NOW GENERAL MEDICAL AND LEGAL AGREEMENT THAT MINIMALLY ACCEPTABLE STANDARDS FOR PRISON AND JAIL HEALTH SERVICES ARE SIMILAR TO STANDARDS FOR HEALTH SERVICES IN THE COMMUNITY. ADMINISTRATIVE AND PUBLIC POLICY ISSUES WHICH MUST BE CONFRONTED IF ACHIEVEMENT OF RECOGNIZED STANDARDS IS TO OCCUR INCLUDE ACCOUNTABILITY, INTEGRATION OF SERVICES, MEDICAL EVALUATIONS UPON ADMISSION TO PRISON, CONTINUITY OF CARE, EMERGENCY CARE, RELATIONSHIPS WITH OTHER MEDICAL FACILITIES, ENVIRONMENT, EPIDEMIOLOGY, AND BUDGETING. CORRECTIONAL INSTITUTIONS ARE HIGHLY COMPLEX SYSTEMS FROM A HEALTH CARE VIEWPOINT. ACCOUNTABILITY FOR MEDICAL CARE DECISIONS WITHIN MAJOR INSTITUTIONS MUST BE VESTED IN APPROPRIATELY QUALIFIED, LICENSED PERSONNEL. THERE SHOULD BE A PHYSICIAN WHO IS RESPONSIBLE FOR THE MEDICAL STAFF SELECTION, EVALUATION, AND COORDINATION OF HEALTH CARE SERVICES. IN ADDITION, ONE OF THE MOST FREQUENT DEFICIENCIES IN THE HEALTH SERVICES OF CORRECTIONAL INSTITUTIONS IS THE FAILURE TO INTEGRATE THE FUNCTIONS OF VARIOUS HEALTH CARE PERSONNEL. FOR EXAMPLE, SPECIALISTS IN PSYCHIATRY AND MEDICINE MAY BE PRESCRIBING MEDICATIONS FOR PATIENTS, WHILE BOTH ARE UNAWARE OF POTENTIALLY DANGEROUS DRUG INTERACTIONS THAT MAY BE OCCURRING. IT IS SUGGESTED THAT ANY PERSON WHO IS CONFINED TO A CORRECTIONAL INSTITUTION BE GIVEN AN ADEQUATE MEDICAL EVALUATION UPON ARRIVAL. APPROPRIATE ATTENTION SHOULD ALSO BE DIRECTED TOWARD CONTINUITY OF CARE OF THOSE REQUIRING CHRONIC MEDICAL CARE, SUCH AS DIABETICS. EMERGENCY CARE PLANS INCLUDING THOSE FOR MEDICAL DISASTERS SUCH AS FIRES SHOULD BE DEVELOPED. ARRANGEMENTS SHOULD BE MADE WITH LOCAL HOSPITALS OFFERING SPECIALIZED SERVICES. ENVIRONMENTAL CONDITIONS AFFECTING HEALTH SHOULD BE ANALYZED, AND CHANGES EFFECTED WHEN DEEMED MEDICALLY NECESSARY. FINALLY, IF CORRECTIONAL INSTITUTIONS ARE TO ACHIEVE AGREED UPON STANDARDS, FISCAL SUPPORT AT LEAST APPROACHING PER CAPITA NATIONAL EXPENDITURES FOR HEALTH SERVICES MUST BE AVAILABLE. MANY PRISON SYSTEMS ALLOCATE FAR LESS THAN THIS FIGURE. FOOTNOTES ARE PROVIDED.

55. G. LAST. MEDICINE BEHIND BARS. (MEDIZIN HINTER GITTERN.) DEUTSCHER AERTZ-VERLAG GMBH, POSTFACH 40 04 40, KOELN 40; 5000, WEST GERMANY, LOEVENICH. *DEUTSCHES AERZTEBLATT—AERZTLICHE MITTEILUNGEN*, V 74, N 16 (APRIL 21, 1977) P 1087-1093 (REPRINT). (In German) NCJ-57878
- A PRISON DOCTOR DESCRIBES HIS DUTIES, THE PARTICULAR MEDICAL PROBLEMS OF PRISONS, AND THE OVERLOAD OF ADMINISTRATIVE WORK IN THE WEST GERMAN PRISON OF STRAUBING. THE CRITICS OF PRISON MEDICINE DO NOT REALIZE THE PROBLEMS THAT 80 GERMAN PRISON DOCTORS FACE EVERY DAY. CONVICTS FREQUENTLY PROJECT THEIR HOSTILITY AGAINST AUTHORITY ON DOCTORS SO

THAT THE DOCTOR-PATIENT RELATIONSHIP IS DIFFICULT AND STRAINED. DOCTORS' MANIFOLD DUTIES RANGE FROM THE HYGIENIC SUPERVISION OF THE INSTITUTION TO DIAGNOSTICS, THERAPY, SEXUAL AND RELIGIOUS COUNSELING, PSYCHO-THERAPY, ROUTINE CHECK-UPS AND EMERGENCIES. IN THE PRISON OF STRAUBING WITH ITS 900 INMATES, AN AVERAGE OF 137 PATIENTS ARE TREATED EACH DAY. THE CARE OF SERIOUS ILLNESSES, SUCCESSFUL AND UNSUCCESSFUL SUICIDES, INFECTIONS, (VENEREAL DISEASES AND HEPATITIS), AND CASES OF HUNGERSTRIKE IS PARTICULARLY EXPENSIVE AND TIME-CONSUMING. IN ADDITION, THE PRISON CLIMATE BREEDS ITS OWN AILMENTS WHICH ARE ESCAPE MECHANISMS AND BIDS FOR ATTENTION AT THE SAME TIME—INSOMNIA (54 PERCENT OF ALL INMATES) AND PSYCHOSOMATIC HEART AND STOMACH PROBLEMS. SINCE PRISONERS ARE GENERALLY OBSESSED WITH ORAL GRATIFICATION, DOCTORS HAVE TO TREAT NUMEROUS CASES OF EXCESS EATING, DRINKING, AND SMOKING AS WELL. IN CONCLUSION, A NUMBER OF CRITICISMS ARE STATED: (1) MANY OF THE MEDICAL SERVICES REQUIRED BY LAW ARE REALLY UNNECESSARY; (2) THE ADDITIONAL ADMINISTRATIVE BURDEN ON PRISON DOCTORS IS INTOLERABLE (ESPECIALLY ANNOYING IS THE DUTY OF EVALUATING PRISONERS' COMPLAINTS WHICH OFTEN ENOUGH PROVE NOT ONLY UNWARRANTED, BUT OFFENSIVE IN LANGUAGE AND ABUSIVE TO COLLEAGUES); AND (3) PRESS AND PUBLIC OPINION SHOW TOO MUCH SYMPATHY TO CRIMINALS. FURTHERMORE, IT IS ARGUED THAT POSITIVE PUBLIC ATTITUDE REGARDING INMATES CONTRIBUTES TO THE RISING NUMBER OF CRIMES IN THE WESTERN WORLD. THE ARTICLE CONTAINS NO FOOTNOTES OR BIBLIOGRAPHY.—IN GERMAN

Supplemental Notes: SPECIAL ARTICLE REPRINT.

56. M. LEVINE and M. KRAVITZ, Eds. JAIL BASED INMATE PROGRAMS—A SELECTED BIBLIOGRAPHY. NATIONAL CRIMINAL JUSTICE REFERENCE SERVICE, BOX 6000, ROCKVILLE MD 20850. 28 p. 1979. NCJ-60331

THIS ANNOTATED BIBLIOGRAPHY FOR CORRECTIONS PERSONNEL INCLUDES SECTIONS ON JAIL MANAGEMENT AND MINIMUM STANDARDS, BROAD-BASED PROGRAM DESIGNS, AND HEALTH, EDUCATION, AND WORK-RELEASE PROGRAMS. CURRENT AVAILABLE EVIDENCE SHOWS THAT 36 PERCENT OF ALL INDIVIDUALS INCARCERATED IN THE UNITED STATES ARE HELD IN LOCAL JAILS. TO EFFECTIVELY TREAT INMATES, THESE JAILS SHOULD HAVE PROGRAMS OF SUFFICIENT LENGTH AND CONTINUITY. ALTHOUGH NOT ALL COMMUNITIES VIEW THE JAIL AS A PLACE FOR TREATMENT, SEVERAL INNOVATIVE PROGRAM DESIGNS HAVE BEEN DEVELOPED THAT SERVE AS A BRIDGE BETWEEN CONFINEMENT AND FREEDOM. THIS BIBLIOGRAPHY HAS BEEN COMPILED TO PROVIDE AN OVERVIEW OF WHAT HAS BEEN ATTEMPTED AND ACCOMPLISHED IN THE FIELD. CITATIONS ARE ARRANGED BY TOPIC AND COVER PRINCIPLES AND STANDARDS FOR EFFECTIVE JAIL OPERATIONS, DESCRIPTIONS OF PROGRAMS WITH MULTITREATMENT ELEMENTS, ACCOUNTS OF PROGRAMS DESIGNED SPECIFICALLY FOR FEMALE OFFENDERS, ANALYSES OF THE NEED FOR HEALTH AND MEDICAL PROGRAMS, MINIMUM STANDARDS FOR NUTRITION, SUBSTANCE ABUSE, AND MEDICAL CARE, DESCRIPTIONS OF ACADEMIC, VOCATIONAL SKILL, WORK RELEASE, AND JOB PLACEMENT PROGRAMS, STATE-OF-THE-ART DOCUMENTS REGARDING AMERICAN JAIL SYSTEMS, AND SUGGESTIONS FOR CHANGE, INCLUDING ALTERNATIVES TO INCARCERATION. ALL DOCUMENTS CITED IN THIS BIBLIOGRAPHY HAVE BEEN SELECTED FROM THE NCJRS DATA BASE. EACH CITATION INCLUDES AN ABSTRACT; INFORMATION IS INCLUDED

ON OBTAINING THESE DOCUMENTS, AND AN AUTHOR INDEX IS APPENDED.

Sponsoring Agency: US DEPARTMENT OF JUSTICE LEAA NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE, 633 INDIANA AVENUE NW, WASHINGTON, DC 20531.

Availability: GPO. Stock Order No. 027-000-00884-4.

57. A. M. MECCA. TASC (TREATMENT ALTERNATIVES TO STREET CRIME) HISTORICAL PERSPECTIVE AND FUTURE IMPLICATIONS. HAWORTH PRESS, 149 FIFTH AVENUE, NEW YORK NY 10010. *OFFENDER REHABILITATION*, V 2, N 3 (SPRING 1978), P 279-294. NCJ-48563

THE EMERGENCE OF TREATMENT ALTERNATIVES TO STREET CRIME (TASC) AS A FEDERAL STRATEGY FOR EFFECTING A CRIMINAL JUSTICE/HEALTH CARE INTERFACE FOR DEALING WITH DRUG ABUSERS IS REVIEWED WITHIN A HISTORICAL CONTEXT. THE GROWTH OF THE MENTAL ILLNESS CONCEPT WITHIN CRIMINAL JUSTICE WAS A MAJOR FACTOR IN THE DEVELOPMENT OF TREATMENT ALTERNATIVES FOR DRUG ABUSERS. THE FIRST CONCEPT GIVING SERIOUS LEGAL RECOGNITION TO THE MENTAL ILLNESS CONSIDERATION WAS THAT OF MENS REA (CRIMINAL INTENT) WHICH, COUPLED WITH CENTURIES OF JUDICIAL DECISIONS, LAID THE GROUNDWORK FOR THE USE OF TREATMENT ALTERNATIVES TO INCARCERATION. IN BOTH PENNSYLVANIA VERSUS WARNER AND NEW JERSEY VERSUS REED, THE COURTS HELD THAT INCARCERATION OF SICK PERSONS, SUCH AS ADDICTS, CONSTITUTED CRUEL AND UNUSUAL PUNISHMENT. IN ROBINSON VERSUS CALIFORNIA, THE SUPREME COURT HELD THAT ADDICTION MUST BE MEDICALLY TREATED RATHER THAN PENALIZED. THESE DECISIONS AND OTHERS RESULTED IN AN EMPHASIS ON INVOLUNTARY COMMITMENT AND TREATMENT PRACTICES FOR NARCOTICS ADDICTS IN LIEU OF INCARCERATION. MOREOVER, INCREASING AWARENESS BY THE GENERAL PUBLIC AND THE GOVERNMENT, INCREASINGLY SOPHISTICATED INTERVENTION STRATEGIES PROPOUNDED BY THE MEDICAL PROFESSION, AND A GROWING REALIZATION THAT TRADITIONAL PENAL SANCTIONS WERE INEFFECTIVE IN DEALING WITH THE REHABILITATION OF ADDICTS LED TO GREATER ACCEPTANCE OF AND EMPHASIS ON TREATMENT ALTERNATIVES. ONE OF THE PROGRAMS ARISING FROM THIS CONCERN IS TREATMENT ALTERNATIVES TO STREET CRIME (TASC), A FEDERAL EFFORT DESIGNED TO REDUCE DRUG-RELATED CRIMES AND DRUG-RELATED COURT CASELOAD AND DETENTION PROBLEMS, AND TO INTERRUPT THE STREET CRIME/DRUG ABUSE CYCLE BY CHANNELING OFFENDERS FROM THE CRIMINAL JUSTICE SYSTEM TO APPROPRIATE REHABILITATIVE TREATMENT PROGRAMS. TASC PROGRAMS ARE OPERATING IN 43 CITIES, AND ALTHOUGH TREATMENT AND PROGRAM DESIGNS VARY WIDELY, ALL FOCUS ON PRETRIAL DIVERSION AND SENTENCING ALTERNATIVES FOR DRUG-DEPENDENT INDIVIDUALS. THE RATIONALE BEHIND THESE PROGRAMS IS THAT DRUG OFFENDERS MAY BE MORE ACCEPTING OF INTERVENTION AT A PERIOD OF CRISIS SUCH AS ARREST OR IMPENDING IMPRISONMENT. FURTHER, COMPARED TO THE COSTS OF COURT AND CORRECTIONAL PROCEDURES AND THE SOCIAL COST OF BOTH CRIME AND OFFENDER UNEMPLOYMENT, TREATMENT COSTS ARE RELATIVELY MODEST. A REVIEW OF EVALUATIVE STUDIES OF TASC PROGRAMS DOES PROVIDE A NUMBER OF POSITIVE INDICATORS OF POTENTIAL BENEFITS FOR THE CRIMINAL JUSTICE SYSTEM, THE TREATMENT PROGRAMS THEMSELVES, THE LOCAL GOVERNMENT, AND THE COMMUNITY. FUTURE TRENDS IN TASC ARE BRIEFLY EXPLORED. A CASE FLOW CHART AND REFERENCES ARE PROVIDED.

58. H. MEHLER. DENTAL CARE—WHAT IS REALISTIC? (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS, 1978 SEE NCJ-58532). AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 4 p. 1978. NCJ-58543

THE AMERICAN MEDICAL ASSOCIATION STANDARDS FOR INMATE DENTAL CARE ARE PRESENTED, AND SOME EFFORTS IN MICHIGAN CORRECTIONAL INSTITUTIONS TO MEET THESE STANDARDS ARE DESCRIBED. OF THE 42 AMERICAN MEDICAL ASSOCIATION STANDARDS FOR INMATE MEDICAL AND DENTAL SERVICES 22 REFER IN VARYING DEGREES TO DENTAL CARE AND TREATMENT. THE STANDARDS REQUIRE PHYSICIAN APPROVAL OF DENTAL SERVICES, QUARTERLY AND ANNUAL STATISTICAL REPORTS, RECEIVING SCREENING, HYGIENE, EXAMINATION AND TREATMENT, AND LICENSING OF DENTISTS IN THE STATE IN WHICH THEY PRACTICE. A DENTAL EXAMINATION IS REQUIRED FOR EACH INMATE ON OR BEFORE THE 90TH DAY OF INCARCERATION. EMERGENCY DENTAL CARE IS ALSO REQUIRED ON A 24-HOUR BASIS. IN MICHIGAN JAILS, THIS MEANS HAVING MEDICATION ON HAND IN THE JAIL IN THE EVENT AN INMATE HAS A TOOTHACHE AND BEING PREPARED TO SEND AN INMATE TO A HOSPITAL EMERGENCY ROOM IF NECESSARY. A TOOTH EXTRACTION MAY RESULT IN A DRY SOCKET WITHIN 1 TO 7 DAYS. JAIL STAFFS ARE TRAINED TO HANDLE THIS CIRCUMSTANCE BY FOLLOWING THE WRITTEN STANDING ORDERS OF THE PHYSICIAN OR DENTIST. MICHIGAN JAIL RECORDS SHOW THAT ONLY 5 PERCENT OF THE INMATES STAY BEYOND 90 DAYS. IN ORDER TO MEET THE STANDARD REQUIRING DENTAL EXAMINATIONS WITHIN A 90-DAY PERIOD, INMATES SCHEDULED TO BE IN JAIL FOR THAT LONG A PERIOD ARE FLAGGED TO RECEIVE DENTAL EXAMINATIONS ON THE 80TH TO THE 85TH DAY OF INCARCERATION. ROUTINE, CURSORY ORAL EXAMINATIONS SHOULD BE MADE SOON AFTER THE INMATE IS BOOKED, HOWEVER. IT IS IMPORTANT FOR INMATES TO KNOW HOW TO GET EMERGENCY DENTAL CARE, AND WRITTEN AND ORAL INSTRUCTIONS SHOULD BE GIVEN ON HOW TO BRUSH TEETH AND CARE FOR GUMS. SINCE MOST DENTISTS PREFER TO USE THEIR OWN EQUIPMENT IN THEIR OFFICES, A VARIETY OF CONTRACTUAL ARRANGEMENTS CAN BE MADE TO PROVIDE INMATES THIS CARE. WAYS MUST BE FOUND TO CHANGE THE RELUCTANCE OF MANY COUNTY BOARDS TO PROVIDE APPROPRIATE DENTAL SERVICES FOR JAIL INMATES.

Availability: NCJRS MICROFICHE PROGRAM.

59. MICHIGAN DEPARTMENT OF CORRECTIONS OFFICE OF HEALTH AND MEDICAL AFFAIRS, LANSING MI 48913. KEY TO HEALTH FOR A PADLOCKED SOCIETY—DESIGN FOR HEALTH CARE IN MICHIGAN PRISONS. 401 p. 1975. NCJ-64796

THIS REPORT OUTLINES CONCLUSIONS OF AN EVALUATION OF HEALTH CARE SERVICES OFFERED TO INMATES OF MICHIGAN'S CORRECTIONAL INSTITUTIONS AND OFFERS RECOMMENDATIONS FOR IMPROVING SUCH SERVICES. PRINCIPAL SOURCES OF DATA INCLUDED A SURVEY AND CLINICAL ASSESSMENT OF A SAMPLE OF THE RESIDENT POPULATION IN MICHIGAN'S CORRECTIONAL INSTITUTIONS AND A SERIES OF INSTITUTIONAL ASSESSMENTS OF HEALTH CARE FACILITIES AND PROGRAMS IN STATE PRISONS. GUIDELINES AND OBJECTIVES FOR CORRECTIONAL HEALTH CARE ARE PRESENTED, AND A HEALTH CARE SYSTEM IS PROPOSED. THE SYSTEM WILL RELY MAINLY ON COMMUNITY RESOURCES IN PROVIDING HEALTH SERVICES TO INMATES, WITH LIMITED HEALTH CARE SERVICES PROVIDED AT THE INSTITUTIONS UNDER THE CORRECTIONAL HEALTH CARE SYSTEM. ALL FACILITIES USED IN HEALTH CARE DELIVERY WILL SUBSTANTIALLY MEET THE REQUIRED COMMUNITY STANDARDS, INCLUDING A SUFFICIENT

NUMBER OF QUALIFIED HEALTH CARE PROFESSIONALS. OTHER MAJOR FEATURES OF THE CORRECTIONAL HEALTH CARE SYSTEM WILL INCLUDE CONTINUED CARE, INFORMATION AND EDUCATION ON HEALTH AND HEALTH CARE TO BOTH INMATES AND CORRECTIONAL STAFF, COMPLETE ROUTINE PERIODIC EXAMINATIONS, AND A MECHANISM FOR EFFECTIVELY INFLUENCING ENVIRONMENTAL HEALTH CONDITIONS OF STATE CORRECTIONAL INSTITUTIONS. SPECIFIC RECOMMENDATIONS FOR IMMEDIATE IMPLEMENTATION COVER OUTSIDE REFERRALS, ONSITE CARE, PREVENTIVE HEALTH MEASURES, SOCIAL HEALTH CONCERNS, AND NEW SYSTEM IMPLEMENTATION. OTHER RECOMMENDATIONS ARE TO BE IMPLEMENTED WITHIN 6 MONTHS OF APPOINTMENT OF A NEW STATE CORRECTIONAL HEALTH ADMINISTRATOR, AND WITHIN 2 YEARS OF THE APPOINTMENT OF A STATE CORRECTIONAL ADMINISTRATOR. FINALLY, RECOMMENDATIONS ARE OFFERED FOR LEGISLATIVE ACTION, FOR THE DETROIT HOUSE OF CORRECTIONS, AND FOR FUTURE STUDY. NUMEROUS TABLES ARE PROVIDED AND MATERIAL RELATING TO METHODOLOGY, LEGAL ISSUES, DEMOGRAPHIC DATA, COSTS, AND VARIOUS ASSESSMENTS ARE APPENDED.

Sponsoring Agencies: MICHIGAN OFFICE OF CRIMINAL JUSTICE PROGRAMS, LEWIS CASS BUILDING, 2ND FLOOR, LANSING MI 48913; US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

60. **NATIONAL COALITION FOR JAIL REFORM, 1730 RHODE ISLAND AVENUE, NW, WASHINGTON DC 20036. INAPPROPRIATE CONFINEMENT OF MENTALLY ILL AND MENTALLY RETARDED PERSONS.** 10 p. 1979. NCJ-60280
- THE NATIONAL COALITION FOR JAIL REFORM'S VIEW THAT NO ONE SHOULD BE CONFINED IN JAIL WHO IS MENTALLY ILL OR MENTALLY RETARDED IS PRESENTED; THE NEED FOR SUITABLE ALTERNATIVES TO JAIL IS EMPHASIZED. MENTALLY ILL OR RETARDED PERSONS WHO HAVE NOT BEEN CHARGED WITH SERIOUS CRIMES SHOULD NEVER BE SUBJECT TO JAIL CONFINEMENT. FOR THOSE CHARGED WITH SERIOUS VIOLATIONS OF CRIMINAL LAW, EACH JURISDICTION SHOULD DEVELOP PLANS AND PROCEDURES FOR IDENTIFYING AND IMPLEMENTING SUITABLE ALTERNATIVES. DIFFICULTIES IN IDENTIFYING MENTAL HEALTH PROBLEMS MAKE IT HARD TO DETERMINE THE FREQUENCY WITH WHICH MENTALLY ILL OR RETARDED PERSONS ARE DETAINED IN JAILS; HOWEVER, IT IS KNOWN THAT MOST JAILS HOUSE THESE PERSONS OCCASIONALLY. APPROPRIATE FACILITIES AND PERSONNEL FOR DEALING WITH RETARDED PERSONS ARE GENERALLY LACKING. THE 1970 JAIL CENSUS INDICATED THAT FEWER THAN HALF THE JAILS HAD ANY MEDICAL FACILITIES. A SUBSEQUENT SURVEY INDICATED THAT ONLY 13 PERCENT HAD ANY FACILITIES FOR THE MENTALLY ILL, AND ANOTHER SURVEY SHOWED THAT ONLY 19 PERCENT HAD PERSONNEL ON STAFF CAPABLE OF IDENTIFYING SUCH INDIVIDUALS. JAIL CONFINEMENT OF THE MENTALLY ILL OR MENTALLY RETARDED IS UNSAFE AND INAPPROPRIATE BECAUSE THESE INDIVIDUALS OFTEN HARM FELLOW DETAINEES, OR FALL PREY TO THEM; SUCH CONFINEMENT LEADS TO MORE PROBLEMS THAN WERE PRESENT UPON ADMISSION. MENTALLY ILL AND RETARDED PERSONS ENTER JAILS BY A VARIETY OF AVENUES, AND STRATEGIES MUST BE DEVELOPED TO CLOSE OFF THESE COURSES. FOR EXAMPLE, EXHIBITING UNUSUAL BUT HARMLESS BEHAVIOR, SUCH AS TALKING ALOUD TO NO ONE IN PARTICULAR SHOULD NOT RESULT IN JAIL CONFINEMENT. JAILS SHOULD NOT BE USED AS A CONVENIENT PLACE TO KEEP PEOPLE UNTIL A COMMITMENT HEARING CAN BE SCHEDULED. IN ADDITION, IDENTIFICATION OF MENTALLY ILL OR RETARDED INDIVIDUALS THROUGH PROPERLY-TRAINED STAFF MEMBERS DURING THE ADMISSION SCREENING PROCESS SHOULD BE INSISTED UPON. SUCH A PROGRAM HAS ALREADY BEEN SUCCESSFULLY IM-

PLEMENTED IN GALVESTON, TEXAS THROUGH USE OF CERTIFIED EMERGENCY MEDICAL TECHNICIANS. TABLES AND CITATIONS ARE INCLUDED IN THE POLICY STATEMENT.

Availability: NCJRS MICROFICHE PROGRAM.

61. **NATIONAL COALITION FOR JAIL REFORM, 1730 RHODE ISLAND AVENUE, NW, WASHINGTON DC 20036. INAPPROPRIATE CONFINEMENT OF PUBLIC INEBRIATES.** 8 p. 1979. NCJ-60281
- THE VIEW THAT PUBLIC INEBRIATES SHOULD NOT BE SUBJECT TO CRIMINAL PROSECUTION OR IMPRISONMENT IS PRESENTED IN THIS POSITION PAPER FROM THE NATIONAL COALITION FOR JAIL REFORM. A PUBLIC INEBRIATE IS DEFINED AS SOMEONE WHO IS EITHER DRUNK IN PUBLIC OR WHO HAS BEEN DRINKING AND LOOKS OR BEHAVES AS THOUGH DRUNK. PUBLIC DRUNKENNESS ACCOUNTS FOR ABOUT 1-MILLION ARRESTS IN THE U.S. EACH YEAR, AS WELL AS ABOUT 10 PERCENT OF LOCAL JAIL INMATES. ARREST AND INCARCERATION ARE, HOWEVER, INAPPROPRIATE RESPONSES TO PUBLIC DRUNKENNESS, BECAUSE PUBLIC DRUNKENNESS DOES NOT INVOLVE REAL HARM TO OTHERS. MOREOVER, SUCH RESPONSES BOTH DELAY NEEDED MEDICAL TREATMENT AND WORSEN THE PERSON'S MENTAL AND PHYSICAL CONDITIONS. JAILING OF PUBLIC INEBRIATES IS TIME CONSUMING, COSTLY, AND INEFFECTIVE IN DETERRING PUBLIC INTOXICATION. ALTHOUGH 29 STATES HAVE DECRIMINALIZED PUBLIC DRUNKENNESS BETWEEN 1967 AND 1978, PUBLIC INEBRIATES ARE STILL BEING ARRESTED ON SUCH CHARGES AS DISORDERLY CONDUCT, VAGRANCY, OR LOITERING. DRUNKENNESS SHOULD NOT BE HANDLED UNDER ANY OF THESE PETTY CRIMINAL OFFENSE STATUTES, HOWEVER. INCREASING RECOGNITION OF ALCOHOLISM AS A DISEASE HAS PRODUCED CHANGES IN JURISTS' THINKING AS WELL AS A 1971 RECOMMENDATION BY THE NATIONAL CONFERENCE OF COMMISSIONERS ON STATE LAWS OF A UNIFORM LAW DECRIMINALIZING ALCOHOLISM AND PROVIDING TREATMENT. BOTH GOVERNMENTAL AGENCIES AND PROMINENT INDIVIDUALS HAVE ALSO RECOMMENDED DECRIMINALIZATION. SUPPORT FOR A CHANGED APPROACH TO PUBLIC DRUNKENNESS IS THEREFORE WIDESPREAD. AN APPENDIX LISTING STATES WHICH HAVE DECRIMINALIZED PUBLIC DRUNKENNESS AND FOOTNOTES ARE INCLUDED.

62. **NATIONAL CRIMINAL JUSTICE INFORMATION & STATISTICS SERVICE. NATIONAL JAIL CENSUS, 1970—A REPORT ON THE NATION'S LOCAL JAILS AND TYPE OF INMATES.** 19 p. 1971. NCJ-00045
- THE PRIMARY EMPHASIS OF THE JAIL CENSUS WAS TO OBTAIN BASIC FACTS ON THE STATE OF THE NATION'S JAILS AND THEIR INMATES. SUCH FUNDAMENTAL QUESTIONS AS THE NUMBER OF JAILS, THE NUMBER AND TYPE OF INMATES, THE NUMBER OF JAIL EMPLOYEES, THE OPERATING COSTS, AND THE PRESENCE OR ABSENCE OF SELECTED FACILITIES WERE THE SUBJECT OF INQUIRY SINCE THESE PARAMETERS WERE HERETOFORE UNKNOWN. OTHER VALUABLE INFORMATION, DISCUSSED IN THE BODY OF THE REPORT, WAS ALSO OBTAINED. A FOLLOW-UP SURVEY, TO BE CONDUCTED ON A SAMPLE OF THE JAILS IDENTIFIED IN THE JAIL CENSUS, IS IN THE PLANNING STAGE. NEGOTIATIONS ARE UNDERWAY WITH THE BUREAU OF THE CENSUS FOR THE CONDUCT OF THE SURVEY, WHICH WILL FOCUS LESS ON THE PHYSICAL ASPECTS OF THE INSTITUTIONS AND MORE ON THE CHARACTERISTICS OF THE INMATES. STATISTICS GATHERED WILL INCLUDE BASIC DEMOGRAPHIC DATA, REASON FOR INCARCERATION, TIME ALREADY SERVED, TIME REMAINING TO BE SERVED, AND BAIL STATUS. ALTHOUGH THIS CENSUS WILL SOON BE SUPERCEDED BY INFORMATION DERIVED FROM THE 1980 CENSUS, IT DOES PROVIDE COMPREHENSIVE BASELINE

DATA ON THE STATUS OF HEALTH CARE FACILITIES AND PROGRAMS. (AUTHOR ABSTRACT)

Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.

Availability: GPO; NCJRS MICROFICHE PROGRAM.

63. **E. NEISSER. IS THERE A DOCTOR IN THE JOINT? THE SEARCH FOR CONSTITUTIONAL STANDARDS FOR PRISON HEALTH CARE.** UNIVERSITY OF VIRGINIA SCHOOL OF LAW, CHARLOTTESVILLE VA 22901. *VIRGINIA LAW REVIEW*, V 63, N 6 (OCTOBER 1977), P 921-973. NCJ-44721
- THE EFFECTS OF THE PRISON HEALTH CARE SYSTEM ON INMATES ARE EXAMINED, AND FACTORS IN THE DEVELOPMENT OF JUDICIAL STANDARDS CONCERNING PRISON HEALTH CARE ARE DISCUSSED. PROBLEMS IN PRISON HEALTH CARE INCLUDE THE LACK OF ALTERNATIVE SOURCES OF CARE, THE CONTROL OF ALL ASPECTS OF LIFE BY CORRECTIONAL PERSONNEL WHOSE PRIMARY INTERESTS AND GOALS ARE OTHER THAN HEALTH CARE, AND THE UNUSUALLY EXTENSIVE USE OF MEDICAL SERVICES BY INMATES. DENIAL OF ACCESS TO MEDICAL PERSONNEL OR CARE; DENIAL OF PRESCRIBED TREATMENT; AND WORK, HOUSING, OR OTHER CORRECTIONAL REQUIREMENTS THAT AGGRAVATE OR PREVENT TREATMENT OF PHYSICAL AILMENTS ARE THE PRIMARY EFFECTS OF THE PRISON HEALTH CARE SYSTEM ON INMATES. THERE IS A NEED TO DEVELOP CONSTITUTIONAL STANDARDS THAT ADDRESS THE SPECIAL PROBLEMS OF HEALTH CARE DELIVERY AND THE PARTICULAR DEPRIVATION FOSTERED BY INCARCERATION, YET LIMIT JUDICIAL INTRUSION INTO PRISON ADMINISTRATION TO THE EXTENT NECESSARY TO ENSURE ACCESS TO AND DELIVERY OF ADEQUATE MEDICAL CARE. IN CONSIDERING CONSTITUTIONAL ISSUES IN PRISON HEALTH CARE, FEDERAL COURTS MUST REMAIN COGNIZANT OF THE DISTINCTION BETWEEN THOSE ASPECTS OF HEALTH CARE DELIVERY WHICH ARE CONSEQUENCES OF INCARCERATION AND THOSE WHICH ARE PART OF THE ORDINARY PHYSICIAN-PATIENT RELATIONSHIP. REFERENCES TO PERTINENT COURT CASES ARE INCLUDED.
64. **P. G. NELSON. MENTAL HEALTH—JAILS AND PRISONS (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS, 1978 SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 4 p. 1978. NCJ-58534
- CURRENT PROGRESS OF THE NORTH CAROLINA TASK FORCE TO DEVELOP MINIMUM STANDARDS OF MENTAL HEALTH SERVICES FOR PRISONS AND JAILS IS REPORTED. RECOGNIZING THAT THE OPPORTUNITY FOR MENTAL HEALTH SERVICES IS AN INMATE RIGHT UNDER THE UNITED STATES CONSTITUTION, THE NORTH CAROLINA DEPARTMENT OF CORRECTIONS ESTABLISHED A TASK FORCE TO DEVELOP MINIMUM STANDARDS FOR MENTAL HEALTH SERVICES FOR JAILS AND PRISONS. AS OF THIS WRITING, THE TASK FORCE HAS MET ONLY ONCE. THE TASK FORCE HAS DETERMINED THAT THE TERM 'PSYCHIATRIC CARE' SHOULD BE USED INSTEAD OF 'MENTAL HEALTH' SERVICES, BECAUSE OF THE BROAD AND FLEXIBLE USE OF THE TERM 'MENTAL HEALTH.' IN TASK FORCE DELIBERATIONS, IT WAS DETERMINED THAT PSYCHIATRICALY ILL INMATES ARE THOSE WHO ARE SUFFERING FROM A PSYCHOSIS OR A NEUROSIS. SOCIOPATHIC PERSONALITIES ARE NOT CONSIDERED TARGETS FOR JAIL OR PRISON PSYCHIATRIC SERVICES, EXCEPT FROM THE STANDPOINT OF THE CLINICAL MANAGEMENT OF THEIR PSYCHIATRIC PROBLEMS. TREATMENT OF THE VERY DISTURBED PATIENT IS NOT VIEWED AS A REALISTIC EXPECTATION FOR PRISON PSYCHIATRIC SERVICES. THE STANDARDS PROVIDE FOR CONTINUITY OF CARE AFTER DEPARTURE FROM THE PRISON SYSTEM. THIS WOULD MEAN THE ESTABLISHMENT OF A CLOSE WORKING RELATIONSHIP BETWEEN THE DEPARTMENT OF CORREC-

TIONS AND THE DIVISION OF MENTAL HEALTH SERVICES. WHILE CONFIDENTIALITY OF AN INMATE'S PSYCHIATRIC RECORDS ARE A CONCERN OF THE STANDARDS, THE INFORMATION CAN BE RELEASED WITHOUT THE INMATE'S WRITTEN AUTHORIZATION SHOULD SUCH DISCLOSURE BE DEEMED NECESSARY TO PROTECT AGAINST CLEAR AND SUBSTANTIAL RISKS OF IMMINENT SERIOUS INJURY, DISEASE, OR DEATH BEING INFLICTED BY THE INMATE ON HIMSELF OR OTHERS, OR SHOULD HE BE CONSIDERED A THREAT TO THE SECURITY OF THE UNIT. (RCB)

Availability: NCJRS MICROFICHE PROGRAM.

65. **J. NEWPORT. PRISON HEALTH SERVICES—ABORTED FROM THE MAINSTREAM—A CRITICAL REVIEW OF HEALTH SERVICE PROGRAMS FOR INMATES OF CORRECTIONAL FACILITIES THROUGHOUT THE UNITED STATES.** UNIVERSITY OF CALIFORNIA, LOS ANGELES, 405 HILGARD AVENUE, LOS ANGELES CA 90024. 24 p. 1975. NCJ-44066
- DENIAL OF PRISONERS' RIGHTS TO HEALTH CARE BENEFITS PREVIOUSLY AVAILABLE THROUGH PRIVATE INSURANCE, MEDICARE, AND MEDICAID MAY WELL BE IN VIOLATION OF CONSTITUTIONAL RIGHTS. AT ANY ONE TIME, OVER 400,000 PRISONERS ARE INCARCERATED IN STATE AND FEDERAL PRISONS, LOCAL JAILS, AND JUVENILE DETENTION FACILITIES. DISADVANTAGED SOCIOECONOMIC CLASSES ARE DISPROPORTIONATELY REPRESENTED IN THE POPULATIONS OF CORRECTIONAL FACILITIES; OVER 40 PERCENT OF ALL JAIL INMATES ARE BLACK AND OVER 50 PERCENT HAD PREARREST INCOMES OF LESS THAN \$3,000. REFLECTIVE OF THEIR DISADVANTAGED BACKGROUNDS, PRISONERS ARE MORE LIKELY THAN THE GENERAL POPULATION TO HARBOR UNDETECTED HEALTH PROBLEMS OF A SERIOUS NATURE. ALCOHOLICS, WHO SHOULD BE GIVEN MEDICAL TREATMENT RATHER THAN INCARCERATED, MAKE UP ONE-THIRD OF ALL ARRESTS. DESPITE THESE CIRCUMSTANCES, JAIL INMATES RARELY RECEIVE MEDICAL EXAMINATIONS OF ANY SORT, AND STATE PRISONERS MAY BE HELD FOR YEARS WITHOUT MEDICAL CARE. WHILE ENTRY TO CARE IS THROUGH SICK CALL, ACCESS TO SICK CALL IS OFTEN BARRED BY UNTRAINED GUARDS. A COMMON THEME RUNNING THROUGH STANDARDS FOR PRISON HEALTH CARE SERVICES DEVELOPED BY VARIOUS ORGANIZATIONS, INCLUDING THE UNITED NATIONS AND THE AMERICAN CORRECTIONAL ASSOCIATION, IS THAT MEDICAL CARE PROVIDED FOR PRISONERS SHOULD BE EQUIVALENT TO 'MAINSTREAM' CARE IN BOTH QUALITY AND ACCESSIBILITY. IN CONTRAST TO THESE STANDARDS, HOWEVER, RECENT SURVEYS CONDUCTED BY THE DEPARTMENT OF JUSTICE AND THE AMERICAN MEDICAL ASSOCIATION INDICATE THAT 49 PERCENT OF ALL LOCAL JAILS LACK EVEN BASIC PROVISIONS FOR FIRST AID, AND OVER THREE-FOURTHS OF ALL JAILS HAVE NO ARRANGEMENTS FOR REGULAR MEDICAL COVERAGE. A 1972 RULING DECLARED THAT FAILURE TO PROVIDE ADEQUATE MEDICAL CARE IS A VIOLATION OF PRISONERS' CONSTITUTIONAL RIGHTS; THE FEDERAL PRISONERS HEALTH CARE PROGRAM WITH AN ANNUAL BUDGET OF \$500 PER INMATE INDICATES THAT ADEQUATE PRISON HEALTH SERVICES CAN BE PROVIDED. IN SHORT, THE ABYSMAL STATE OF HEALTH SERVICES IN STATE PRISONS AND LOCAL JAILS REFLECTS LACK OF BOTH MOTIVATION AND RESOURCES. (AUTHOR ABSTRACT MODIFIED)

Supplemental Notes: THIS ARTICLE IS A REVISED MANUSCRIPT BASED ON A PAPER PRESENTED AT THE 103RD ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, CHICAGO, ILLINOIS, NOVEMBER 20, 1975.

Sponsoring Agency: NATIONAL CENTER FOR HEALTH SERVICES RESEARCH.

Availability: NTIS (Microfiche); NCJRS MICROFICHE PROGRAM.

66. M. P. NIDETZ. **FORMALIZING HEALTH CARE SYSTEMS (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS, 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 6 p. 1978. NCJ-58538
- FORMALIZATION OF A JAIL HEALTH CARE SYSTEM BASED ON INDIVIDUAL STANDARDS IN 'STANDARDS FOR THE ACCREDITATION OF MEDICAL CARE AND HEALTH SERVICES IN JAILS' IS DISCUSSED. STANDARD OPERATING PROCEDURES FOR JAIL HEALTH CARE SYSTEMS ARE STATEMENTS ABOUT THE STRUCTURE (PEOPLE, EQUIPMENT, AND SUPPLIES) AND PROCESSES (HOW THE STRUCTURE WORKS) OF MEDICAL CARE MADE AVAILABLE TO THE INMATES. STANDARD OPERATING PROCEDURES SHOULD BE USED TO PROVIDE A BASIS FOR TRAINING PROGRAMS FOR NEW PERSONNEL, A READY REFERENCE ON PROCEDURES, STANDARDIZED PROCEDURES AND EQUIPMENT, AND AS A BASIS FOR EVALUATION TO ENSURE CONTINUED IMPROVEMENT. INSTITUTIONAL HEALTH CARE REQUIRES OPERATING STANDARDS, BECAUSE IT INVOLVES MULTIPLE PROVIDERS OF MEDICAL CARE AND A REVOLVING PATIENT POPULATION. FURTHER, DOCUMENTATION OF WRITTEN PROCEDURES AND COMPLIANCE THERETO PROVIDE CONFORMITY TO LEGAL MANDATES REGARDING HEALTH CARE FOR INMATES. THE SHERIFF AND THE SHERIFF'S STAFF, TOGETHER WITH THE RESPONSIBLE PHYSICIAN, ARE RESPONSIBLE FOR THE DEVELOPMENT OF STANDARD OPERATING PROCEDURES. FORMALIZATION OF A JAIL HEALTH CARE SYSTEM IS ACCOMPLISHED BY ASSESSING THE EXISTING SYSTEM IN COMPARISON WITH THE 'STANDARDS FOR THE ACCREDITATION OF MEDICAL CARE AND HEALTH SERVICES IN JAILS.' STANDARDS EXIST FOR RECEIVING SCREENING; HEALTH APPRAISAL DATA COLLECTION; NONEMERGENCY MEDICAL SERVICES; EMERGENCY MEDICAL AND DENTAL SERVICES; DECIDING THE EMERGENCY NATURE OF ILLNESS OR INJURY; PROVISION OF MEDICAL AND DENTAL PROSTHESES; FIRST AID; NOTIFICATION OF NEXT OF KIN OR LEGAL GUARDIAN IN CASE OF SERIOUS ILLNESS, INJURY, OR DEATH; CHRONIC CARE; CONVALESCENT CARE; MEDICAL PREVENTIVE MAINTENANCE; SCREENING, REFERRAL, AND CARE OF MENTALLY ILL AND RETARDED INMATES; IMPLEMENTING THE SPECIAL MEDICAL PROGRAM; DELOUSING; DETOXIFICATION; AND PHARMACEUTICALS. CASE STUDIES ARE PROVIDED TO SHOW THE IMPLEMENTATION OF THE STANDARDS FOR INMATES REQUIRING CLOSE MEDICAL SUPERVISION, ROUTINE DENTAL SERVICES, AND THE CONTROL OF MEDICATION PRESCRIPTIONS. RESOURCES ARE SUGGESTED FOR ESTABLISHING STANDARD OPERATING PROCEDURES FOR PARTICULAR AREAS OF A HEALTH CARE SYSTEM. FOOTNOTES AND A REFERENCE NOTE ARE PROVIDED.
- Availability: NCJRS MICROFICHE PROGRAM.
67. L. F. NOVICK and M. S. AL-IBRAHIM. **HEALTH PROBLEMS IN THE PRISON SETTING—A CLINICAL AND ADMINISTRATIVE APPROACH.** 242 p. 1977. NCJ-44879
- THE AUTHORS DEFINE THE NEEDS OF THE IMPRISONED POPULATION, OUTLINE THE ESTABLISHMENT OF ADMINISTRATIVE ENTITIES FOR THE PROVISION OF SERVICES, AND SET STANDARDS FOR ACCEPTABLE MEDICAL CARE. THE FIRST SECTION OF THE TEXT OFFERS A DETAILED DESCRIPTION OF THE HEALTH PROBLEMS OF PRISONERS, INCLUDING DATA OBTAINED FROM A HEALTH STATUS STUDY OF 1420 CONSECUTIVE ADMISSIONS TO NEW YORK CITY CORRECTIONAL FACILITIES. OTHER CHAPTERS IN THIS SECTION DESCRIBE THE ELEMENTS OF SERVICE PROVISION IN PENAL FACILITIES, INCLUDING INTAKE EXAMINATION; PRIMARY CARE; SPECIALTY, INFIRMARY AND HOSPITAL CARE; DENTAL CARE; AND HEALTH CARE FOR WOMEN. INFORMATION ON PSYCHIATRIC CARE IS ALSO GIVEN, AND IS GEARED TOWARD THE PRIMARY CARE PROVIDER WHO MAY HAVE TO

EVALUATE AND MANAGE SUICIDAL, DEPRESSED, AND PSYCHOTIC PATIENTS. THE SECOND SECTION PROVIDES DETAILED GUIDELINES FOR MANAGING COMMON MEDICAL PROBLEMS WITHIN THE PRISON. EMERGENCY CARE, DRUG AND ALCOHOL ABUSE, EPILEPSY, INFECTIOUS DISEASES, AND DERMATOLOGICAL DISORDERS ARE AMONG THE PROBLEMS RECEIVING SPECIAL ATTENTION. THE FINAL SECTION FOCUSES ON THE ENVIRONMENTAL FACTORS WHICH MUST BE CONSIDERED IN ORDER TO EFFECTIVELY PROMOTE HEALTH AND PREVENT DISEASE, ON LEGAL ISSUES, AND ON QUALITY ASSURANCE. THIS SECTION ALSO OUTLINES THE ADMINISTRATIVE ORGANIZATION NEEDED TO DELIVER HEALTH CARE IN A TYPICAL SETTING, THE PRISON, WHERE CUSTODY -NOT HEALTH CARE—IS THE 'RAISON D'ETRE.' DESCRIPTIONS OF VARIOUS HEALTH CARE DELIVERY MODELS FOR PENAL FACILITIES ARE ALSO GIVEN, INCLUDING CONTRACTUAL SERVICES WITH PROVIDERS FROM THE OUTSIDE COMMUNITY. REFERENCES AND AN INDEX ARE INCLUDED. (AUTHOR ABSTRACT MODIFIED)

Availability: CHARLES C THOMAS, 301-327 EAST LAWRENCE AVENUE, SPRINGFIELD IL 62717.

68. L. OPOLINER and J. B. WEISBUCH. **PRISON HEPATITIS WITHIN A STATE CORRECTIONAL SYSTEM.** MASSACHUSETTS DEPARTMENT OF CORRECTION, 100 CAMBRIDGE STREET, BOSTON MA 02202. 18 p. 1975. NCJ-32539
- A STUDY ON THE TRUE AGE-SPECIFIC INCIDENCE OF HEPATITIS IN A STATE PRISON POPULATION (MASSACHUSETTS) AND THE MEAN LENGTH OF TIME AFTER INCARCERATION AT WHICH HEPATITIS IS LIKELY TO OCCUR. THE FINDINGS IN THIS REPORT INDICATE THAT WHILE HIGH, THE INCIDENCE OF CLINICAL HEPATITIS IN A PRISON POPULATION IS NOT GREATER THAN THE TRUE INCIDENCE IN THE OUTSIDE MALE POPULATIONS OF THE SAME AGE. FOR THE MASSACHUSETTS CORRECTIONAL SYSTEM, THE RATE OF HEPATITIS IS 928 PER 100,000, WITH THE HIGHEST RATES IN THE 16-19 AGE GROUP AND IN THE 20-24 AGE GROUP. THE PHENOMENON OF UNDERREPORTING ACCOUNTS FOR THE SEEMINGLY LOW RATE OF HEPATITIS INCIDENCE IN THE COMMUNITY.
- Availability: NCJRS MICROFICHE PROGRAM.
69. M. M. ORIGER. **HEALTH CARE PROVIDERS: HOW DO YOU CHANGE HEALTH CARE SYSTEMS? (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND PROCEEDINGS, 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 4 p. 1978. NCJ-58535
- A RECENT HISTORY OF MEDICAL SERVICES FOR MINNESOTA INMATES IS PRESENTED, WITH EMPHASIS ON REFORM EFFORTS IN THE EARLY 1970'S. IN RESPONSE TO INQUIRIES FROM CITIZENS' GROUPS, LEGAL ORGANIZATIONS, THE OMBUDSMAN FOR CORRECTIONS, AND AN INMATE CLASS ACTION LAW SUIT REGARDING INFERIOR MEDICAL CARE FOR MINNESOTA INMATES, A TEAM COMPOSED OF A PHYSICIAN, NURSE, PHARMACIST, AND SYSTEMS ANALYST VISITED ALL OF THE DEPARTMENT OF CORRECTIONS INSTITUTIONS IN MINNESOTA TO EVALUATE THE MEDICAL SERVICES. A HOSPITAL ADMINISTRATOR CONSULTANT WAS HIRED, AND OTHER OUTSIDE CONSULTANTS WERE BROUGHT IN FOR ADDITIONAL EVALUATION OF THE QUALITY OF CORRECTIONAL HEALTH CARE. FROM THIS EVALUATION, A PROPOSAL WAS TAKEN TO THE STATE LEGISLATURE THAT WOULD MAKE INMATE HEALTH CARE SERVICES EQUAL TO COMMUNITY STANDARDS. SUBSEQUENTLY, THE LEGISLATURE APPROVED A REQUEST FOR \$1.5 MILLION TO BUILD A HOSPITAL UNIT AT A COMMUNITY HOSPITAL, PROVIDE A CONSULTANT PHYSICIAN FOR MINNESOTA STATE PRISON, HIRE A CONSULTANT PSYCHIATRIC SOCIAL WORKER FOR THE MINNESOTA STATE PRISON HOSPITAL, HIRE A HOSPITAL ADMINISTRATOR ON A DEPARTMENTAL

LEVEL, AND PROVIDE THE HOSPITAL UNIT WITH 13 CORRECTIONAL OFFICERS. A GENERAL SURGICAL CIRCLE OF A COMMUNITY HOSPITAL WAS RENOVATED TO BECOME THE CORRECTIONS HOSPITAL UNIT. A SECURITY-MEDICAL CARE COMMITTEE WAS ORGANIZED TO SUPERVISE THE OPERATION OF THE UNIT. IMPORTANT TO THE SUCCESSFUL OPERATION OF THE UNIT IS THE NURSE COORDINATOR, AN EMPLOYEE OF THE DEPARTMENT OF CORRECTIONS; SHE IS THE COMMUNICATION LINK BETWEEN THE HOSPITAL AND THE CORRECTIONAL INSTITUTIONS. CHANGES IN THE INSTITUTIONS HAVE INCLUDED THE FORMATION OF A SYSTEMATIC PLAN OF MEDICAL CARE FOR INMATES. THE PATIENT IS INITIALLY SEEN BY THE INSTITUTION PHYSICIAN; USING SUPPORTIVE LABORATORY AND RADIOLOGICAL FINDINGS, A DIAGNOSIS IS MADE; IF THE PROBLEM NEEDS FURTHER EVALUATION, THE CLIENT IS SENT TO THE OUTSIDE INSTITUTION. CONTINUED FOLLOWUP IN THE OUTPATIENT CLINICS OR ADMISSION TO THE SECURITY UNIT IS SUGGESTED. THE PATIENT IS MONITORED BOTH AT THE SENDING INSTITUTION AND THE OUTSIDE FACILITY UNTIL HE IS EITHER DISCHARGED BY THE SPECIALIST OR PAROLED BY THE INSTITUTION. MINNESOTA INMATES NOW RECEIVE A QUALITY OF HEALTH CARE EQUAL TO THAT OF THE COMMUNITY.

Availability: NCJRS MICROFICHE PROGRAM.

70. D. OUTCALT. **PRISON HEALTH CARE—MEDICAL STUDENT OPPORTUNITIES (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS, 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 4 p. 1978. NCJ-58540
- THE VALUES OF JAIL OR PRISON EXTERNSHIPS FOR HEALTH SCIENCE STUDENTS AND INMATE HEALTH CARE SYSTEMS ARE DISCUSSED. THE UNATTRACTIVENESS OF PRISON HEALTH CARE ACTIVITIES TO HEALTH PRACTITIONERS IS A MAJOR OBSTACLE TO THE IMPROVEMENT OF SUCH SERVICES. THIS SITUATION CAN BE HELPED THROUGH MEDICAL SCHOOL AND CORRECTIONAL FACILITY COOPERATION TO IMPROVE INMATE HEALTH CARE SERVICES AND PROVIDE LEARNING EXPERIENCES FOR HEALTH SCIENCE STUDENTS. THE MOST EFFECTIVE FORMAT FOR SUCH COOPERATION WOULD BE THE ESTABLISHMENT OF CLINICAL INTERNSHIPS FOR MEDICAL STUDENTS, WHICH WOULD COMMIT PARTICIPANTS TO 4 TO 8 WEEKS IN A JAIL OR PRISON HEALTH CARE SYSTEM WORKING WITH AND BEING TAUGHT BY PRISON HEALTH PRACTITIONERS. STUDENTS CAN HELP OUT WITH THE CLINICAL TASKS AND CONDUCT SPECIAL PROJECTS SUCH AS SCREENING FOR TUBERCULOSIS, VENEREAL DISEASE, AND DRUG ABUSE. THEY CAN HELP ESTABLISH LINKS TO COMMUNITY AGENCIES FOR RELEASED INMATES AND DETERMINE THE NEED FOR PATIENT EDUCATION. FOR THE STUDENTS, EXTERNSHIPS IN JAILS OR PRISONS OFFER INVOLVEMENT IN MEETING A PRESSING NEED, THE OPPORTUNITY TO OBSERVE THE EFFECT OF ENVIRONMENT ON HEALTH, KNOWLEDGE ABOUT COMMUNICABLE DISEASES, AND FIRSTHAND EXPERIENCE OF THE PRACTICAL ASPECTS OF APPLIED IDEALISM. IN ORDER FOR AN EXTERNSHIP PROGRAM TO BE EFFECTIVE, THE CORRECTIONAL FACILITIES AND SUPERVISION BY COMPETENT PRACTITIONERS MUST BE ADEQUATE, THE LEARNING ASPIRATIONS OF THE STUDENTS SHOULD BE RESPECTED, AND CLINICAL AND NONCLINICAL LEARNING SHOULD BE AVAILABLE. MEDICAL SCHOOL DEPARTMENTS OF FAMILY AND COMMUNITY MEDICINE ARE THE LOGICAL INSTRUMENTS FOR INITIATING CONTACT WITH CORRECTIONAL OFFICIALS WITH A VIEW TOWARD ESTABLISHING AN EXTERNSHIP PROGRAM. THE AMERICAN MEDICAL ASSOCIATION IS CURRENTLY ATTEMPTING TO ESTABLISH A NATIONAL PROGRAM WHICH WILL INVOLVE WORKING WITH MEDICAL SCHOOLS AND CORRECTIONAL FACILITIES TO ESTABLISH PRISON OR JAIL EXTERN-

SHIPS. A FEW EXTERNSHIPS HAVE ALREADY BEEN ESTABLISHED.

Availability: NCJRS MICROFICHE PROGRAM.

71. D. PARKER. **RECEIVING SCREENING (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS SECOND, PROCEEDINGS, 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 5 p. 1978. NCJ-58542
- A GEORGIA WORKSHOP TO TRAIN CORRECTIONAL PERSONNEL TO PERFORM MEDICAL RECEIVING SCREENING TASKS IS DESCRIBED. THE WORKSHOPS SPONSORED BY THE MEDICAL ASSOCIATION OF GEORGIA ARE TAUGHT BY A PHYSICIAN WHO HAS BEEN A FULL-TIME JAIL PHYSICIAN AND A CORRECTIONAL OFFICER WHO HAS HAD EXPERIENCE IN RECEIVING SCREENING. THE COURSE TRAINS CORRECTIONAL PERSONNEL TO DO THE FOLLOWING TASKS: (1) ADMINISTER THE RECEIVING SCREENING FORM; (2) PERFORM A GENERAL PHYSICAL ASSESSMENT, INCLUDING A DESCRIPTION OF GENERAL APPEARANCE DETECTION OF BREATHING DIFFICULTIES, RECORDING OF PULSE AND TEMPERATURE, DESCRIPTION OF SKIN APPEARANCE, AND RECOGNITION OF SIGNS OF DRUG AND ALCOHOL USE AND WITHDRAWAL; (3) ADMINISTER A URINE DIPSTICK TEST FOR SUGAR; AND (4) MAKE APPROPRIATE DECISIONS CONCERNING THE NEED FOR MEDICAL CLEARANCE, DETOXIFICATION, OR SPECIAL HOUSING NEEDS. A TEACHING MANUAL FOR THE COURSE CONTINUES TO BE USED BY PARTICIPANTS IN THEIR JAILS AS A COMPARISON REFERENCE MANUAL IN THE USE OF THE RECEIVING SCREENING FORM DESIGNED FOR THE COURSE. AUDIOVISUAL AIDS WERE PRODUCED SPECIFICALLY FOR THE COURSE. LECTURES, GROUP DISCUSSION, AND ROLE PLAYING ARE USED. THE COURSE WAS DESIGNED TO BE REPLICABLE ON A LOCAL LEVEL, WITH THE SPONSORING AGENCY SUPPLYING THE TEACHERS AND SOME EQUIPMENT AND THE MEDICAL ASSOCIATION OF GEORGIA PROVIDING THE TEACHING MATERIALS AND AUDIOVISUALS.
- Availability: NCJRS MICROFICHE PROGRAM.
72. J. PETRICH. **PSYCHIATRIC TREATMENT IN JAIL—AN EXPERIMENT IN HEALTH-CARE DELIVERY.** AMERICAN PSYCHIATRIC ASSOCIATION, 1700 18TH STREET, NW, WASHINGTON DC 20009. *HOSPITAL AND COMMUNITY PSYCHIATRY*, V 27, N 6 (JUNE 1976), P 413-415. NCJ-48668
- THE SOURCES OF REFERRAL, PSYCHIATRIC DIAGNOSIS, AND TREATMENT OF 539 INMATES REFERRED FOR PSYCHIATRIC TREATMENT IN 2 METROPOLITAN JAILS ARE DISCUSSED. A TOTAL OF 539 PERSONS WHO NEEDED PSYCHIATRIC TREATMENT WERE IDENTIFIED IN THE KING COUNTY JAIL AND THE SEATTLE CITY JAIL, BOTH IN SEATTLE, WASHINGTON, FROM SEPTEMBER 1, 1973 THROUGH AUGUST 31, 1974. A TOTAL OF 434 MEN AND 105 WOMEN WERE EXAMINED DURING THE 2-YEAR PERIOD. OF THOSE, 296 HAD BEEN CHARGED WITH MISDEMEANORS, AND 228 HAD BEEN CHARGED WITH FELONIES; IN 15 CASES, THE CHARGES WERE NOT KNOWN. THE MEDICAL STAFF REFERRED 203 (38 PERCENT) OF THE INMATES FOR PSYCHIATRIC TREATMENT; THE CUSTODY STAFF MADE 133 (25 PERCENT) OF THE REFERRALS, WHILE THE SOCIAL SERVICE STAFF MADE 112 (21 PERCENT) OF THE REFERRALS. SOURCES OUTSIDE THE JAIL REFERRED 44 OF THE PATIENTS, AND OTHER INMATES REFERRED 29 OF THE PATIENTS. NO INFORMATION ON THE SOURCE OF REFERRAL WAS AVAILABLE ON 18 OF THE PATIENTS. ALMOST ONE-THIRD OF THE PATIENTS WERE TREATED WITHIN 24 HOURS AFTER BOOKING. IT IS ESTIMATED THAT ALMOST 50 PERCENT OF THE INMATES COULD HAVE BEEN EVALUATED WITHIN 24 HOURS IF MORE PSYCHIATRIC MANPOWER HAD BEEN AVAILABLE AND BETTER COMMUNICATION HAD EXISTED BETWEEN CUSTODY AND MEDICAL STAFF. FORTY-NINE PERCENT OF THE PATIENTS WERE

DIAGNOSED AS HAVING A PSYCHOTIC DISORDER, EITHER MANIA OR SCHIZOPHRENIA. ANTISOCIAL PERSONALITY, ALCOHOLISM, AND DRUG DEPENDENCY WERE PRESENT IN 27 PERCENT, 20 PERCENT, AND 23 PERCENT OF THE CASES, RESPECTIVELY. DEPRESSION WAS DIAGNOSED IN 10 PERCENT OF THE CASES. CONTACT WITH OUT-OF-JAIL TREATMENT RESOURCES OCCURRED IN TWO-THIRDS OF THE CASES. ESSENTIALLY, CONTACT WAS LIMITED TO MEDICAL RESOURCES AND PATIENT ADVOCATES, SUCH AS FAMILY AND ATTORNEYS. TREATMENT IN A LARGE NUMBER OF CASES NECESSITATED CONSULTATION WITH CUSTODY OFFICERS, ENVIRONMENTAL MANIPULATION WITHIN THE JAIL, AND ANTIPSYCHOTIC MEDICATION. ONLY 14 PERCENT OF THE PATIENTS RECEIVED CONVENTIONAL PSYCHOTHERAPY CONSISTING OF 3 OR MORE SESSIONS. ELEVEN PERCENT OF THE PATIENTS WERE HELPED TO SECURE A VOLUNTARY TRANSFER TO A PSYCHIATRIC HOSPITAL. IT IS CONCLUDED THAT A CLOSE WORKING RELATIONSHIP BETWEEN THE MEDICAL STAFF AND THE NONMEDICAL JAIL STAFF IS CRITICAL IN SUCCESSFULLY IMPLEMENTING AN EARLY DIAGNOSTIC AND TREATMENT SERVICE. THE CUSTODY AND SOCIAL SERVICE STAFF ARE CONSIDERED TO PROVIDE AN IMPORTANT FORMAL AND INFORMAL COMMUNICATION LINK BETWEEN INMATES AND THE MEDICAL STAFF. THE STUDY DATA ARE REPORTED IN TABULAR FORM.

73. R. PETTY. MEDICAL CARE BEHIND BARS. CONNECTICUT CRIMINAL JUSTICE ACADEMY, P O BOX 38, CHADDAM CT 06438. BEYOND TIME, V 1, N 3 (SPRING 1974), P 55-65. NCJ-14658

NARRATIVE ACCOUNT OF ONE JAIL'S MEDICAL PROGRAM, WITH STATISTICS ON CORRECTIONAL MEDICAL TREATMENT AND ACCOUNTS OF COURT CASES FILED TO IMPROVE MEDICAL TREATMENT. THE PROGRAM OF THE WASHTENAW COUNTY JAIL IS DESCRIBED, AND THE PROCESS THAT LED TO ITS IMPLEMENTATION IS PRESENTED. STATISTICS SHOWING GENERAL NATIONWIDE LACK OF ADEQUATE MEDICAL TREATMENT FACILITIES IN CORRECTIONAL INSTITUTIONS ARE CITED. THE 1972 NORTON V. ALABAMA CASE IS REVIEWED IN WHICH THE COURT FOUND AN INMATE'S RIGHTS TO BE PROTECTED FROM CRUEL AND UNUSUAL PUNISHMENT VIOLATED, LARGELY DUE TO LACK OF PROPER MEDICAL CARE. SOME SAMPLES OF MEDICAL ABUSE OR LACK OF CARE IN THIS CASE ARE DETAILED. OTHER CASES SUCH AS SMITH V. HONGISTO ARE ALSO CITED CONCERNING LACK OF PROPER MEDICAL CARE. PROBLEMS IN INSTITUTING HEALTH FACILITIES IN PRISONS ARE ALSO REVIEWED, INCLUDING THE SERIOUS LACK OF FUNDS AND PUBLIC APATHY ABOUT PRISON CONDITIONS.

74. R. PLOTKIN. ENFORCING PRISONERS' RIGHTS TO MEDICAL TREATMENT. WARREN, GORHAM AND LAMONT, INC, 210 SOUTH STREET, BOSTON MA 02111. CRIMINAL LAW BULLETIN, V 9, N 2 (MARCH 1973), P 159172. NCJ-10586

SUMMARY OF CASE LAW ON INMATES' RIGHT TO MEDICAL TREATMENT, AND EXPLANATION ON PREPARATION OF THE LITIGATION FOR LAWYERS WHO REPRESENT INMATES. THE JURISDICTIONAL REQUIREMENTS FOR BRINGING PRISONERS' RIGHTS SUITS IN EITHER STATE OR FEDERAL COURTS ARE DISCUSSED. OFTEN THESE JURISDICTIONAL PROBLEMS DEPEND UPON WHETHER THE PRISONERS ARE HELD IN STATE OR FEDERAL INSTITUTIONS. COURT CASES WHICH HAVE GRANTED RELIEF TO PRISONERS WHO HAD RECEIVED INTENTIONALLY INADEQUATE MEDICAL CARE ARE DISCUSSED. LAWSUITS CAN BE BROUGHT AS INDIVIDUAL ACTIONS, GROUP ACTIONS, OR CLASS ACTIONS. A CLASS ACTION SUIT WOULD ATTACK THE MEDICAL FACILITIES IN THE ENTIRE PENAL SYSTEM. A CHECKLIST FOR USE IN ACQUIRING DEPOSITIONS AND INTERROGATORIES FROM STATE CORRECTIONAL INSTITUTIONS IS PROVIDED.

75. P. J. POPE and T. C. N. GIBBENS. MEDICAL ASPECTS OF MANAGEMENT PROBLEMS IN MAXIMUM SECURITY PRISONS. BRITISH ACADEMY OF FORENSIC SCIENCES DEPARTMENT OF FORENSIC MEDICINE LONDON HOSPITAL MEDICAL COLLEGE, TURNER STREET, LONDON E1 2AD, ENGLAND. MEDICINE, SCIENCE AND THE LAW, V 19, N 2 (APRIL 1979), P 111-117. NCJ-59854

THE EXTENT TO WHICH MENTALLY DISORDERED INMATES ARE RESPONSIBLE FOR DISRUPTIONS AND MANAGEMENT PROBLEMS IN FOUR MAXIMUM SECURITY PRISONS IN GREAT BRITAIN IS EXPLORED. THE PURPOSE OF THE STUDY WAS TO DETERMINE THE VALIDITY OF CLAIMS THAT PRISON DISTURBANCES ARE IN PART THE RESULT OF INCLUDING MENTALLY DISORDERED OFFENDERS IN THE GENERAL PRISON POPULATION RATHER THAN PLACING THEM IN HOSPITALS. THE STUDY, WHICH WAS CARRIED OUT DURING 1972-73, CONCLUDES THAT MENTALLY DISORDERED MEN CONSTITUTE NO MORE (AND PROBABLY LESS) THAN THEIR FAIR SHARE OF ALL INMATES WHO ARE REGARDED AS DISRUPTIVE OR OTHERWISE DIFFICULT. OF 248 MEN IDENTIFIED BY PRISON STAFF AS SOURCES OF MANAGEMENT PROBLEMS, 20 PERCENT HAD HAD SOME KIND OF PSYCHIATRIC TREATMENT PRIOR TO SENTENCING, 4.4 PERCENT SHOWED EVIDENCE OF OVERT MENTAL ILLNESS, AND 45 PERCENT WERE DIAGNOSED AS HAVING A PSYCHOPATHIC OR OTHERWISE DISORDERED PERSONALITY. THE VAST MAJORITY (85 PERCENT) OF INMATES PRESENTING MANAGEMENT PROBLEMS SPENT MOST OF THEIR SENTENCES IN THE GENERAL WINGS OF THE FOUR PRISONS, WITH ONLY 3.2 PERCENT TRANSFERRED (OR CONSIDERED FOR TRANSFER) TO HOSPITALS. HOWEVER, 15 PERCENT HAD BEEN LOCATED IN PRISON PSYCHIATRIC FACILITIES AT SOME TIME DURING THEIR SENTENCES. THE FINDINGS, TOGETHER WITH THOSE OF OTHER STUDIES, SUGGEST THAT THE RELATIONSHIP BETWEEN MENTAL DISORDER AND DISRUPTIVE BEHAVIOR IN PRISONS IS COMPLEX AND COMPRISES AT LEAST FOUR DIMENSIONS: THE EXTENT OF MENTAL DISORDER IN THE PRISONS, THE ACTION TAKEN TO DEAL WITH IT, THE WAY THE DISRUPTIVE BEHAVIOR IS VIEWED BY STAFF, AND THE ETHICAL QUESTIONS INVOLVED. EACH OF THESE DIMENSIONS IS DISCUSSED. CASE STUDIES AND A LIST OF REFERENCES ARE PROVIDED. NO TABULAR DATA ARE INCLUDED. (AUTHOR ABSTRACT MODIFIED)

76. R. J. POWITZKY. PROGRAMS FOR THE MENTALLY ILL OR RETARDED OFFENDER (FROM AMERICAN CORRECTIONAL ASSOCIATION—108TH ANNUAL CONGRESS OF CORRECTION, 1978—SEE NCJ-59753). AMERICAN CORRECTIONAL ASSOCIATION, 4321 HARTWICK ROAD, COLLEGE PARK MD 20740. 6 p. 1978. NCJ-59756

THE PROBLEMS OF IDENTIFYING AND HELPING MENTALLY RETARDED AND MENTALLY ILL INMATES ARE DESCRIBED, WITH PARTICULAR REFERENCE TO THE FEDERAL PRISON SYSTEM'S RESPONSE TO SUCH INMATES. THE FEDERAL PRISON SYSTEM DIFFERS FROM MOST STATE SYSTEMS IN THAT MENTALLY ILL OR RETARDED INMATES ARE CARED FOR BY THE SAME SYSTEM IN WHICH THEY ARE INCARCERATED, WHEREAS MANY STATES RELY ON SEPARATE MENTAL HEALTH DEPARTMENTS TO TREAT SUCH INMATES. ALMOST NO SEVERELY RETARDED INDIVIDUALS ARE INCARCERATED, SINCE ALL COURTS HAVE THE OBLIGATION NOT TO TRY, CONVICT, AND SENTENCE PEOPLE WHO CANNOT UNDERSTAND COURT PROCEEDINGS. THE FEW RETARDED INMATES IN THE SYSTEM ARE TREATED ON AN INDIVIDUAL BASIS RATHER THAN TRANSFERRED TO IDENTIFIABLE SPECIAL UNITS OR INSTITUTIONS AS IS THE CASE FOR MENTALLY ILL INMATES. ALTHOUGH IT IS DIFFICULT TO IDENTIFY MENTALLY ILL INMATES, THE BEST ESTIMATES SUGGEST THAT 2 PERCENT OF ALL FEDERAL INMATES ARE PSYCHOTIC, 50 PERCENT HAVE PERSONALITY DISORDERS, 8 PERCENT ARE NEUROTIC, AND 14 PERCENT SUFFER FROM DEPRESSION. IN 1972, THE NATIONAL INSTITUTE OF MENTAL

HEALTH CHARGED THAT FEDERAL PRISONS WERE FAILING TO PROVIDE ADEQUATE TREATMENT TO MENTALLY ILL PATIENTS. ALTHOUGH THE BUREAU OF PRISONS HAS SOUGHT TO ADDRESS THESE PROBLEMS, MORE NEEDS TO BE DONE. THE DETECTION AND CARE OF MENTALLY ILL PATIENTS ARE THE RESPONSIBILITIES OF TWO BRANCHES WITHIN THE BUREAU OF PSYCHOLOGY SERVICES, IN WHICH PSYCHOLOGISTS WORK NOT ONLY WITH PSYCHOTICS BUT WITH INMATES SUFFERING FROM SUCH PROBLEMS AS DRUG AND ALCOHOL ADDICTION AND DEPRESSION. HOWEVER THE BUREAU'S PROGRAMS ARE STILL PLAGUED BY PROBLEMS ARISING FROM LACK OF STAFF AND BUDGETARY RESOURCES, LITIGATION RELATING TO THE RIGHT OF INMATES BOTH TO RECEIVE AND REFUSE TREATMENT, THE NEED FOR RESEARCH, AND POOR QUALITY PROGRAMS AND STAFF. REFERENCES ARE PROVIDED.

Availability: NCJRS MICROFICHE PROGRAM.

77. J. RESNIK. PREPARED STATEMENT OF JUDITH RESNIK, LECTURER, SUPERVISING ATTORNEY, YALE LAW SCHOOL (FROM DRUG ABUSE TREATMENT, PART 2—HEARINGS BEFORE THE HOUSE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL—SEE NCJ-59477). US CONGRESS HOUSE SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL, WASHINGTON DC 20510. 21 p. 1978. NCJ-59480

PRISONERS AT THE DANBURY, CONN., FEDERAL CORRECTIONAL INSTITUTION ARE DISSATISFIED WITH THE DRUG TREATMENT PROGRAM ADMINISTERED UNDER THE NARCOTIC ADDICT REHABILITATION ACT (NARA). NARA PERMITS A SENTENCING JUDGE TO COMMIT A CONVICTED INDIVIDUAL TO A FEDERAL INSTITUTION TO STUDY WHETHER THE INDIVIDUAL IS AN ADDICT AND IS LIKELY TO BE REHABILITATED THROUGH TREATMENT. THE INMATE MAY BE SENTENCED TO AN INDETERMINATE SENTENCE NOT TO EXCEED TEN YEARS, OR THE MAXIMUM SENTENCE PERMITTED FOR THE CRIME COMMITTED. THE SUPERVISING ATTORNEY OF YALE SCHOOL OF LAW LEGAL SERVICES INDICATES THAT NONE OF THE PRISONERS AT DANBURY WHO WERE SENTENCED UNDER NARA, AND WHO WERE ENTITLED TO DRUG ABUSE TREATMENT, HAVE RECEIVED PROPER ATTENTION. DESCRIPTIONS OF INDIVIDUAL CASES INDICATE THAT PRISONERS AT DANBURY WERE REQUIRED TO SIGN 'CONTRACTS' WITH PRISON OFFICIALS IN ORDER TO CONTINUE DRUG TREATMENT AND COUNSELING. PRISONERS WHO REFUSED TO SIGN THE DOCUMENTS WERE EXPELLED FROM TREATMENT AND DENIED PAROLE. ONLY ON THE ADVENT OF LITIGATION HAVE TREATMENT GROUPS BECOME AVAILABLE TO DANBURY, BUT THE MANNER OF CONDUCTING THE GROUP SESSIONS HAS BEEN CHAOTIC. MOST AFTERCARE PROGRAMS CONSIST OF SURVEILLANCE AND URINALYSIS, RATHER THAN COUNSELING ON A REGULAR BASIS. INMATES SHOULD RECEIVE ASSISTANCE, NOT BECAUSE OF THEIR CONSTITUTIONAL OR LEGAL RIGHTS, BUT SIMPLY BECAUSE THEY ARE MEDICALLY NEEDY. PROPER TREATMENT CAN BE EFFECTIVE IF ADMINISTERED BY TRAINED PERSONNEL IN A STRUCTURED ENVIRONMENT. FOOTNOTES ARE PROVIDED.

Supplemental Notes: JULY 25, 1978.

Availability: NCJRS MICROFICHE PROGRAM.

78. E. M. SCOTT. PARANOID PRISONERS. ASSOCIATION FOR PSYCHIATRIC TREATMENT OF OFFENDERS, 199 GLOUCESTER PLACE, LONDON NW1 6BU, ENGLAND. INTERNATIONAL JOURNAL OF OFFENDER THERAPY AND COMPARATIVE CRIMINOLOGY, V 23, N 1 (1979), P 25-34. NCJ-60960
- THIS ARTICLE FOR DOCTORS AND CORRECTIONS PROFESSIONALS EXAMINES PARANOIA IN PRISONERS AND SUGGESTS TREATMENT METHODS. CRIMINALS ARE OFTEN DIAGNOSED AS SOCIOPATHS WHEN PARANOIA WOULD BE MORE ACCURATE. DIFFERENCES BETWEEN SOCIOPATHS AND PARANOIDS INCLUDE THE FOLLOWING: (1) SOCIOPATHS

ARE INCAPABLE OF LOYALTY, GUILT, OR LEARNING FROM EXPERIENCE; PARANOID, WHILE EXCESSIVELY SELF-IMPORTANT AND SUSPICIOUS, ARE LOYAL TO AND HAVE FEELINGS FOR MEMBERS OF THEIR OWN GROUP; (2) PARANOID BEHAVIOR AS OPPOSED TO SOCIOPATHIC, IS EASY TO PREDICT; (3) PARANOID ARE MORE APT THAN SOCIOPATHS TO RESPOND TO WORK OPPORTUNITIES, OFTEN CHAMPION CAUSES AND ARE PREOCCUPIED WITH JUSTICE, AND ARE LIKELY TO BE POOR OR MINORITIES; SOCIOPATHS ARE SELF-INTERESTED LONERS MAINLY MIDDLE CLASS. THE FOLLOWING SUGGESTIONS ARE OFFERED FOR TREATING PARANOID: (1) THE HEALTHY PARTS OF THE PATIENT'S FUNCTIONING SHOULD BE ENCOURAGED; (2) THERAPY PROGRESS REQUIRES A NONTHREATENING RELATIONSHIP BETWEEN PATIENT AND THERAPIST, WHICH WILL OWE MUCH TO THE THERAPIST'S PREDICTABILITY AND CONSISTENCY; (3) THE TREATMENT RELATIONSHIPS SHOULD DEVELOP SLOWLY TO DISARM PATIENTS' SUSPICIONS, PERMIT THEM TO RELEASE THEIR ANGER WITHOUT REJECTION, AND GET THEM TO QUESTION ASSUMPTIONS THEY LIVE BY. THE THERAPIST CAN ELIMINATE THE PATIENT'S SPLITTING, OR UNREALISTICALLY DIVIDING THE WORLD INTO TOTALLY GOOD AND BAD GROUPS, BY PRESENTING HIMSELF AS A MEMBER OF BOTH GROUPS AFTER TRUST HAS BEEN ESTABLISHED. HYPNOSIS IS ALSO AN EFFECTIVE THERAPEUTIC TOOL, AS IT HELPS PARANOID GET AROUND MISTRUST OF THERAPISTS AND CAN UNITE DISASSOCIATED PARTS OF THE PARANOID PERSONALITY. PARANOID ALSO NEED EDUCATION AND WORK OPPORTUNITIES TO ENCOURAGE THEIR LINK WITH REALITY, RECOGNITION AND ACCEPTANCE TO HELP THEIR FEELINGS OF INFERIORITY, AND REASON TO RESPECT THE THERAPIST AS BOTH A HELPER AND FRIEND BEFORE TREATMENT CAN BE FINISHED. INCLUDED ARE CASE STUDIES AND REFERENCES.

79. M. H. SLUTSKY. RIGHTS OF PRISONERS TO MEDICAL CARE AND THE IMPLICATIONS FOR DRUG-DEPENDENT PRISONERS AND PRETRIAL DETAINEES. UNIVERSITY OF CHICAGO LAW SCHOOL. UNIVERSITY OF CHICAGO LAW REVIEW, V 42, N 4 (SUMMER 1975), P 705-732. NCJ-31001

ANALYZED IS WHETHER A DRUG-DEPENDENT PRISONER OR PRETRIAL DETAINEE CAN DEMAND EITHER SHORT-TERM METHADONE DETOXIFICATION OR METHADONE MAINTENANCE UNDER THE COMMON LAW, STATE OR FEDERAL STATUTES, OR THE CONSTITUTION. THIS COMMENT FIRST EXAMINES THE VARIOUS NON-CONSTITUTIONAL RIGHTS TO MEDICAL CARE, BOTH IN GENERAL AND IN THEIR APPLICATION TO DRUG-DEPENDENT PRISONERS. THE CONSTITUTIONAL RIGHT TO MEDICAL CARE IS THEN EXAMINED AND THE TWO STANDARDS USED BY THE FEDERAL COURTS TO DEFINE THIS RIGHT—ONE RESTRICTIVE AND ONE MORE PROTECTIVE OF PRISONER'S RIGHTS—ARE EXPLAINED. THE RESTRICTIVE MAJORITY STANDARD OF MEDICAL CARE INVOLVES THE JUDICIAL INTERPRETATION THAT A PRISONER IS ENTITLED TO 'SOME' (ALTHOUGH NOT NECESSARILY THE BEST) CARE, AND NEGLIGENT CARE IS NOT ACTIONABLE. UNDER THE MINORITY STANDARD, THE PRISONER HAS 'REASONABLE' MEDICAL CARE. IT IS THEN SUGGESTED THAT NARCOTICS ADDICTION IS A DISEASE REQUIRING MEDICAL TREATMENT AND THAT SHORT-TERM METHADONE DETOXIFICATION IS THE GENERALLY ACCEPTED MEDICAL 'CURE'. FINALLY, THE COMMENT APPLIES THE TWO CONSTITUTIONAL STANDARDS TO THE DISEASE OF ADDICTION IN ORDER TO DETERMINE IF, UNDER EITHER CLASSIFICATION, THE DRUG DEPENDENT PRISONER OR PRETRIAL DETAINEE IS ENTITLED TO SHORT-TERM METHADONE DETOXIFICATION OR TO LONG-TERM METHADONE MAINTENANCE. THE AUTHOR CONCLUDES THAT IF SHORT TERM METHADONE DETOXIFICATION IS THE PROPER MEDICAL 'CURE' FOR PHYSIOLOGICAL DRUG DEPENDENCY, IT IS DIFFICULT TO

JUSTIFY WITHHOLDING IT FROM A PRISONER WHOSE DRUG DEPENDENCY IS TO BE ELIMINATED. ON THE OTHER HAND, BECAUSE THERE IS NO CONSTITUTIONAL RIGHT TO SOCIAL REHABILITATION FOR PRISONERS AND BECAUSE THE USE OF METHADONE FOR LONG-TERM MAINTENANCE HAS NOT YET GAINED GENERAL MEDICAL ACCEPTANCE, ONLY PRETRIAL DETAINEES WHO ARE ALREADY PARTICIPATING IN REGULATED MAINTENANCE PROGRAMS WHEN INCARCERATED WOULD HAVE ANY LIKELIHOOD OF SUCCESS IN DEMANDING LONG-TERM METHADONE MAINTENANCE WHILE IN JAIL. (AUTHOR ABSTRACT MODIFIED)

80. SOUTHERN HEALTH FOUNDATION, INC, 5511 EXECUTIVE DRIVE, SUITE 233, TAMPA FL 33609. HEALTH CARE IN CORRECTIONAL INSTITUTIONS—PROBLEMS AND ISSUES. 88 p. 1977. NCJ-46812
- THIS SYMPOSIUM IDENTIFIED PROBLEMS AND ISSUES AFFECTING MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS AND DISCUSSED VARIOUS APPROACHES WHICH HAVE BEEN IMPLEMENTED TO IMPROVE DELIVERY. THESE PAPERS REVIEW THE MORE FLAGRANT CASES OF INATTENTION TO INMATE NEEDS WHICH HAVE LED COURTS TO ORDER IMPROVED MEDICAL TREATMENT IN PRISONS AND JAILS. THE PROBLEMS OF LOW PAY FOR DOCTORS, INSUFFICIENT NUMBER OF PARAMEDICAL PERSONNEL, AND DIFFICULTIES IN WORKING WITH INMATES WHICH PLAGUE PRISON MEDICAL CARE ARE DISCUSSED. AT THE LOCAL JAIL LEVEL THESE PROBLEMS ARE EVEN MORE ACUTE. MANY OFFENDERS ARE HELD FOR SHORT PERIODS OF TIME BY CORRECTIONS PERSONNEL WITH LITTLE MEDICAL BACKGROUND. COMMUNITY RESOURCES MUST BE MOBILIZED TO HANDLE PROBLEMS RANGING FROM DIABETIC COMA TO SUICIDE. A KENTUCKY TASK FORCE FOUND MAJOR MEDICAL DECISIONS BEING MADE BY UNTRAINED PERSONNEL; THEY ALSO FOUND POOR SANITATION, LITTLE PROVISION FOR TREATMENT OF DRUG PROBLEMS, ALCOHOLISM, AND ROUTINE MEDICAL MAINTENANCE PROBLEMS (SUCH AS THE HEART PATIENT WHO NEEDS MONITORING). THE SMALL POPULATION OF MOST PRISONS (USUALLY UNDER 500 PERSONS) COMBINED WITH THE GENERAL GOOD HEALTH OF PRISON POPULATIONS, SECURITY CONSIDERATIONS, AND THE FACT THAT MEDICAL CARE MUST BE INTERNALLY PROVIDED, HAS CONTRIBUTED TO TRADITIONALLY INEFFICIENT MEDICAL CARE. VARIOUS TYPES OF ONCALL SERVICES HAVE BEEN TRIED. MIAMI, FLORIDA, TRIED 'TELEMEDICINE' MONITORING WITH A NURSE-PRACTITIONER ONSITE WITH A TELEVISION HOOK-UP TO A HOSPITAL. IT WAS CONCLUDED THE NURSE-PRACTITIONER ALONE WAS JUST AS COST EFFECTIVE. SEVERAL STATES HAVE WORKED OUT ARRANGEMENTS WITH MEDICAL SCHOOLS. OTHER STATES HAVE GIVEN CORRECTIONS PERSONNEL PARAMEDICAL TRAINING. USE OF INMATES TO DELIVER MEDICAL SERVICES IS COMMON, BUT UNDESIRABLE BECAUSE OF TENSIONS WITHIN THE SYSTEM AND THE ABSENCE OF TRULY TRAINED PRISONERS. MENTAL HEALTH SERVICES ARE EVEN MORE CONTROVERSIAL. IN THE PAST, PSYCHIATRISTS HAVE CLAIMED THEY COULD DO MORE THAN WAS ACTUALLY POSSIBLE. THE FOLLOWING SHOULD BE RECOGNIZED: (1) PRISON CAUSES AS MANY MENTAL HEALTH PROBLEMS AS IT CURES AND THAT LESS-DANGEROUS OFFENDERS WOULD BE BETTER OFF NEVER ENTERING THE PENAL SYSTEM; (2) SERIOUSLY DISTURBED PATIENTS MUST BE TREATED FOR AT LEAST 1-2 YEARS AND THE PSYCHIATRIST CANNOT BE HELD RESPONSIBLE IF THE OFFENDER IS PAROLED SOONER; AND (3) VOLUNTEER GROUPS SUCH AS ALCOHOLICS ANONYMOUS ARE BETTER AT WORKING WITH SPECIFIC PROBLEMS THAN AN OVERWORKED PSYCHOLOGIST OR PSYCHIATRIST. GREATER USE OF VOLUNTEERS IS URGED. WIDER USE OF PREVENTIVE MEDICINE AND ROUTINE HEALTH MEASURES WILL ACTUALLY SAVE MONEY IN THE

LONG RUN. A QUESTION AND ANSWER PERIOD THAT TOOK PLACE AT THE SOUTHERN HEALTH FOUNDATION SYMPOSIUM ON ALCOHOLISM AND SUICIDE IS REPRODUCED.

Supplemental Notes: PROCEEDINGS OF THE SOUTHERN HEALTH FOUNDATION SYMPOSIUM, INNISBROOK, TARPON SPRINGS, FLORIDA, JULY 29-31, 1977.

81. C. STEINWALD and ALEVIZOS G. MEDICAL CARE IN U.S. JAILS—A 1972 AMA SURVEY. AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 51 p. 1973. NCJ-09946
- DATA ON MEDICAL FACILITIES, AVAILABLE MEDICAL PERSONNEL, AND SPECIFIC HEALTH SERVICES PROVIDED TO INMATES IN JAILS. 'OF THE 2930 QUESTIONNAIRES MAILED TO SHERIFFS, 1159 USABLE RESPONSES WERE RETURNED. ACCORDING TO RESPONDENTS, ... 65 PERCENT OF THE RESPONDING JAILS HAD ONLY FIRST AID FACILITIES, WHILE 16 PERCENT HAD NO INTERNAL MEDICAL FACILITIES.' IN ONLY 38 PERCENT OF THE JAILS WERE PHYSICIANS ON CALL ON A REGULARLY SCHEDULED BASIS, FIFTY PERCENT RETAINED ON AN ON CALL BASIS, AND 31 PERCENT OF THE JAILS HAD NO PHYSICIANS AVAILABLE. SEVENTY-EIGHT PERCENT CALL PHYSICIANS AS THEY ARE NEEDED. IN MOST OF THE FACILITIES PRESCRIPTION DRUGS ARE DISPENSED TO INMATES. IN THE MAJORITY OF THESE CASES, THEY ARE DISTRIBUTED BY NON-MEDICAL PERSONNEL OFTEN ON PHYSICIANS' ORDERS. ALTHOUGH SANITARY INSPECTIONS ARE CARRIED OUT ON A REGULAR BASIS IN 87 PERCENT OF RESPONDING JAILS, ONLY 49 PERCENT WERE INSPECTED MONTHLY OR MORE FREQUENTLY. (AUTHOR ABSTRACT MODIFIED)
82. TEXAS DEPARTMENT OF CORRECTIONS, BOX 99, HUNTSVILLE TX 77340. MEDICAL STUDENT EXTERNSHIP PROGRAM IN THE TEXAS DEPARTMENT OF CORRECTIONS. 88 p. 1974. NCJ-13152
- DESCRIPTION AND EVALUATION OF AN EXTERNSHIP PROGRAM, RUN IN THE SUMMER OF 1973, DESIGNED TO INTRODUCE MEDICAL STUDENTS TO PROBLEMS AND CONCERNS OF PRISON HEALTH CARE. PRISON HEALTH CARE, PARTICULARLY AS IT RELATES TO THE REHABILITATION OF THE WHOLE PERSON, IS AN AREA OF GREAT CONCERN TO CORRECTION ADMINISTRATORS. THIS PROGRAM PROVIDED SEVEN MEDICAL STUDENTS THE OPPORTUNITY TO BECOME FAMILIAR WITH PRISON HEALTH PROBLEMS AS WELL AS TO PRACTICE THEIR MEDICAL SKILL. THE BASIC STRUCTURE OF THE PROGRAM INCLUDED FIVE SERVICE ROTATIONS (GENERAL MEDICINE, PSYCHIATRY, SURGERY, X-RAY, AND LABORATORY) PLUS VISITS TO OUTLYING CORRECTIONAL UNIT DISPENSARIES AND CLINICS AND TO LOCAL PHYSICIANS' OFFICES. STUDENTS ALSO PARTICIPATED IN NUMEROUS INDIVIDUAL PROJECTS SUCH AS TEACHING CORRECTIONAL HOSPITAL STEWARDS A FIRST AID COURSE AND ASSISTING IN THE INVESTIGATION OF MEDICAL RESEARCH BEING CONDUCTED USING INMATES AS HUMAN SUBJECTS. OPINION QUESTIONNAIRES ADMINISTERED TO BOTH EXTERNS AND MONITORS REVEALED FAVORABLE REACTION TO THE GOALS OF THE MEDICAL STUDENTS AND THE CORRECTIONAL ADMINISTRATORS, AND INDICATED THE PROGRAM'S POTENTIAL FOR ATTRACTING NEW PROFESSIONALS TO PRISON HEALTH CARE. SPECIFIC MODIFICATIONS TO THE PROGRAM ARE RECOMMENDED.
- Availability: NCJRS MICROFICHE PROGRAM.
83. A. C. TWADDLE. UTILIZATION OF MEDICAL SERVICES BY A CAPTIVE POPULATION AN ANALYSIS OF SICK CALL IN STATE PRISON. AMERICAN SOCIOLOGICAL ASSOCIATION, 1722 N STREET, NW, WASHINGTON DC 20036. JOURNAL OF HEALTH AND SOCIAL BEHAVIOR, V 17 (SEPTEMBER 1976), P 236-248. NCJ-49807
- THIS STUDY EXAMINES THE PATTERNS OF MEDICAL SERVICE UTILIZATION BY PRISON INMATES AND IDENTIFIES SOME INMATE CHARACTERISTICS THAT DIFFERENTIATE UTILIZA-

TION LEVELS. THE DATA WERE COLLECTED IN CONJUNCTION WITH A 5-MONTH STUDY IN THE HOSPITAL OF A LARGE MIDWESTERN STATE PRISON FOR MEN. DURING THE LAST MONTH OF THE STUDY'S FIELD WORK PHASE (SEPTEMBER, 1972), A SAMPLE OF 300 INMATES WAS SELECTED FROM A COMPLETE LIST OF INMATES PROVIDED BY THE PRISON ADMINISTRATION. INFORMATION ON CHARACTERISTICS OF THE SELECTED INMATES, CONDITIONS OF IMPRISONMENT, LENGTH OF TIME OF PRISON, HEALTH HISTORIES, THE UTILIZATION OF MEDICAL SERVICES, AND DISCIPLINARY REPORTS WAS SECURED FROM PRISON RECORDS IN BOTH THE HOSPITAL AND THE CLASSIFICATION OFFICE. THESE DATA ARE STUDIED IN RELATION TO INMATE UTILIZATION OF MEDICAL SERVICES. RESULTS SHOWED A HIGHER THAN AVERAGE RATE OF MEDICAL CARE UTILIZATION AMONG PRISON INMATES, COMPARED WITH THE GENERAL POPULATION OF U.S. SICK CALLS WERE MORE LIKELY AMONG THE YOUNG, BLACK INMATES, AND THOSE WHO HAD BEEN IN PRISON A RELATIVELY SHORT PERIOD OF TIME, THOSE WHO HAD A HISTORY OF MEDICAL CARE PRIOR TO IMPRISONMENT, AND THOSE WHO INHABITED LESS DESIRABLE ACCOMMODATIONS IN THE PRISON. THE FINDINGS PARALLEL A SIMILAR STUDY OF PERSONNEL ON NAVAL SHIPS. SEVERAL EXPLANATIONS OF THE UTILIZATION FINDINGS WERE EXPLORED, INCLUDING DISEASE RATES, STRESS, SOCIALIZATIONS, ADMINISTRATIVE POLICY, AND LABELING. TO VARYING DEGREES, A PLAUSIBLE CASE COULD BE BUILT FOR CAUSAL RELATIONSHIPS INVOLVING ALL THESE FACTORS, WITH THE EXCEPTION OF DISEASE RATES. STUDIES DESIGNED TO DIRECTLY MEASURE THESE FACTORS IN COMBINATION ARE INDICATED. TABULAR DATA AND REFERENCES ARE PROVIDED.

84. E. J. TWIN, M. L. KRINSKY, and T. CLARK. HOSPITAL OPERATES HEALTH PROGRAM AT JAIL. AMERICAN HOSPITAL ASSOCIATION, 840 NORTH LAKE SHORE DRIVE, CHICAGO IL 60611. HOSPITALS, V 49, (JULY 16, 1975). NCJ-29517
- THROUGH ITS OPERATION OF THE MEDICAL-DENTAL UNIT AT THE JACKSON COUNTY JAIL, THE KANSAS CITY (MISSOURI) GENERAL HOSPITAL AND MEDICAL CENTER HAS IMPROVED CARE FOR THE JAIL'S INMATES. IN ADDITION TO REGULAR MEDICAL SERVICES, THE UNIT PROVIDES PHARMACY SERVICES AND LABORATORY AND RADIOLOGY SERVICES.
- Availability: NCJRS MICROFICHE PROGRAM.
85. UNITED NATIONS SALES SECTION. FEDERAL PRISONS HEALTH SERVICES, A STUDY. 62 p. 1966. United Nations. NCJ-02987
- INFORMATION ON MAINTAINING AN EFFICIENT HEALTH PROGRAM IN FEDERAL PRISONS FOR DAILY TREATMENT AND REHABILITATIVE NEEDS. THE GOALS AND OBJECTIVES OF STUDYING THE MEDICAL CARE PROVIDED FOR INMATES ARE ANALYZED. RECOMMENDATIONS ARE INCLUDED FOR EXPANDING AND IMPROVING MEDICAL, SURGICAL DENTAL, PSYCHIATRIC AND PSYCHOLOGICAL SERVICES AND DEVELOPING BETTER RELATIONSHIPS WITH OTHER INSTITUTIONAL PROGRAMS. APPENDICES COVER STEPS LEADING TO A RECOMMENDATION TO CONSTRUCT A NEW PSYCHIATRIC HOSPITAL FOR FEDERAL PRISONERS, AND DESCRIPTION OF A PHYSICIANS ASSISTANT TRAINING PROGRAM AT DUKE UNIVERSITY MEDICAL CENTER, DURHAM, NORTH CAROLINA.
86. UNIVERSITY OF ILLINOIS. HEALTH IN CORRECTIONS CONSULTATION—PROCEEDINGS, DECEMBER 10-12, 1975. 9 p. 1975. NCJ-32980
- A SUMMARY OF THE PROCEEDINGS OF THIS CONSULTATION WHICH WAS FORMED TO IDENTIFY THE ISSUES, PROBLEMS AND CONCERNS REGARDING HEALTH CARE IN CORRECTIONS AND TO RECOMMEND REFORMS TO IMPROVE THE

CORRECTIONAL HEALTH SYSTEM. THE CONSULTATION ON HEALTH IN CORRECTIONS WAS HELD IN DECEMBER 1975 AT THE UNIVERSITY OF ILLINOIS MEDICAL CENTER. ITS FORMAT CONSISTED OF THREE MAJOR SESSIONS WHICH INCLUDED A LECTURE AND SMALL GROUP DISCUSSIONS. INITIAL PRESENTATIONS AND DISCUSSIONS INVOLVED ISSUES IN PRISON HEALTH CARE; AMONG THESE WERE MEDICAL STANDARDS, AVAILABILITY OF MEDICAL RECORDS, CONTINUITY OF CARE, ACCOUNTABILITY OF HEALTH CARE DELIVERY SYSTEMS, ACCESS TO MEDICAL CARE, THE ISOLATION AND DECENTRALIZATION OF PRISONS, AND THE LACK OF TRAINED MEDICAL PERSONNEL TO WORK IN PRISONS. PARTICIPANTS WERE ENCOURAGED TO SUBMIT RECOMMENDATIONS FOR IMPROVEMENT OF CORRECTIONAL HEALTH CARE, AND THESE GENERAL RECOMMENDATIONS ARE LISTED IN THIS REPORT.

Availability: NCJRS MICROFICHE PROGRAM.

87. UNIVERSITY RESEARCH CORPORATION, 5530 WISCONSIN AVENUE, WASHINGTON DC. HEALTH CARE IN CORRECTIONAL INSTITUTIONS. 1976. Film. NCJ-58589
- THIS VIDEO CASSETTE FROM THE NATIONAL CRIMINAL JUSTICE EXECUTIVE TRAINING PROGRAM OF ADVANCED CRIMINAL JUSTICE PRACTICE DISCUSSES THE ISSUES AND OPERATIONS INVOLVED IN THE PROVISION OF MEDICAL CARE TO PRISON INMATES. PRACTITIONERS AND MEDICAL PERSONNEL OF CORRECTIONS INSTITUTIONS ARE ENCOURAGED TO RAISE PUBLIC AWARENESS OF THE PROBLEMS OF INMATE HEALTH CARE DELIVERY SYSTEMS. MEDICAL CARE IN PRISONS IS NOT ONLY CONSTRAINED BY THE OBVIOUS BARRIERS OF PRISON SECURITY, BUT ADDITIONALLY CONFRONTED BY PROFESSIONAL STANDARDS AND LEGAL ORDERS WHICH CALL FOR A HIGH DEGREE OF CARE, IN CONFLICT WITH THE LIMITED RESOURCES OF A STATE INSTITUTION. A LINCOLN, NEBR., STUDY OF THE IMPACT OF COMPLIANCE WITH AMERICAN MEDICAL ASSOCIATION STANDARDS IN PRISONS INDICATED THAT MINIMUM STANDARDS OF PHYSICAL SCREENING EXAMINATIONS, MAINTENANCE OF RECORDS, AND USE OF A PHARMACY COULD BE FOLLOWED. THE SECURE ENVIRONMENT OF A PRISON DOES OFFER A CHALLENGE TO MEDICAL PERSONNEL BUT ALSO PROVIDES THEM WITH THE OPPORTUNITY TO ASSIST PEOPLE WHO HAVE NOT HAD PREVIOUSLY ADEQUATE TREATMENT. UNATTENDED ILLNESSES ARE COMMONLY DIAGNOSED IN PRISONS, AND THE LACK OF SUBSEQUENT ATTENTION MAY RESULT IN VALID LITIGATION BY PRISONERS. IN CALIFORNIA, PRISON ADMINISTRATORS HAVE BEEN HELD PERSONALLY LIABLE FOR FAILURES TO COMPLY WITH COURT ORDERED MEDICAL PROGRAMS. PRISONERS' ABUSE OF THE PRIVILEGE OF SICK CALL CAN BE ADMINISTRATIVELY CONTROLLED.
- Supplemental Notes: 54 MINUTES, COLOR VIDEOCASSETTE, 1976.
- Sponsoring Agency: US DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION.
88. US COMPTROLLER GENERAL, 441 G STREET NW, WASHINGTON DC 20548. FEDERAL STRATEGY IS NEEDED TO HELP IMPROVE MEDICAL AND DENTAL CARE IN PRISONS AND JAILS. 84 p. 1978. NCJ-53510
- THIS REPORT DESCRIBES THE RESULTS FROM A SURVEY OF HEALTH CARE DELIVERY SYSTEMS IN 29 STATE AND FEDERAL PRISONS AND 4 COUNTY JAILS AND OUTLINES A FEDERAL STRATEGY FOR IMPROVING STATE AND LOCAL INSTITUTIONAL HEALTH CARE. HEALTH CARE DELIVERY SYSTEMS IN MOST PRISONS AND JAILS ARE INADEQUATE, AND MANY CORRECTIONAL AGENCIES ARE UNDER INCREASING PRESSURE, PARTICULARLY FROM THE COURTS, TO PROVIDE MORE ADEQUATE LEVELS OF CARE. A REVIEW OF SEVERAL HEALTH CARE DELIVERY SYSTEMS INDICATED THAT FEDERAL AND STATE PRISONS AND LOCAL JAILS, TO VARY-

ING DEGREES, HAD NOT MET MINIMUM STANDARDS FOR CARE, PHYSICAL EXAMINATIONS, MEDICAL RECORDKEEPING, STAFFING, AND MEDICAL FACILITIES AND EQUIPMENT. WHILE THE PRISONS VISITED GAVE INMATES COMPREHENSIVE ENTRANCE PHYSICALS, DIAGNOSTIC TESTING AND DENTAL EXAMINATIONS IN STATE PRISONS WERE INADEQUATE, AND NONE OF THE STATE AND FEDERAL PRISONS GAVE REGULAR FOLLOWUP EXAMINATIONS. MOST JAILS GAVE NO PHYSICALS. MEDICAL AND DENTAL RECORDS IN THESE INSTITUTIONS WERE NOT ALWAYS COMPLETE, AND MANY STATE PRISONS AND SOME FEDERAL INSTITUTIONS ASSIGNED INMATES TO MAINTAIN RECORDS. SUFFICIENT, QUALIFIED HEALTH STAFF IS DIFFICULT TO ATTRACT AND KEEP EMPLOYED AT PRISONS AND MANY SMALL JAILS HAD NO MEDICAL STAFF AVAILABLE TO GIVE FIRST AID OR ENTRANCE PHYSICALS. BECAUSE THE STATE PRISONS AND JAILS DID NOT ALWAYS MEET NATIONAL MEDICAL AND DENTAL CARE STANDARDS FOR SERVICES PROVIDED, IT IS SUGGESTED THAT CORRECTIONAL ADMINISTRATORS EVALUATE THE HEALTH NEEDS OF INMATES, DETERMINE THE RESOURCES REQUIRED FOR MEETING THESE NEEDS, AND THEN DEVELOP ADEQUATE COMMUNITY RESOURCES AS WELL AS INSTITUTIONAL FACILITIES. A FEDERAL STRATEGY IS NEEDED FOR DETERMINING THE MEDICAL AND DENTAL NEEDS OF INMATES, IMPLEMENTING HEALTH STANDARDS, AND ASSISTING STATE AND LOCAL GOVERNMENTS IN BRINGING THEIR HEALTH SYSTEMS INTO COMPLIANCE WITH AMERICAN MEDICAL ASSOCIATION STANDARDS. THE APPENDIX CONTAINS STUDY DATA AND A LIST OF SURVEY LOCATIONS.

Supplemental Notes: THERE IS A CHARGE FOR MORE THAN ONE COPY.

Availability: US GENERAL ACCOUNTING OFFICE, DISTRIBUTION SECTION, ROOM 4522, 441 G STREET, NW, WASHINGTON DC 20548. Stock Order No. GGD-78-96. (Microfiche)

89. **US COMPTROLLER GENERAL, 441 G STREET NW, WASHINGTON DC 20548. PRISON MENTAL HEALTH CARE CAN BE IMPROVED BY BETTER MANAGEMENT AND MORE EFFECTIVE FEDERAL AID.** 98 p. 1979. NCJ-62960
- PRISON MENTAL HEALTH CARE CAN BE IMPROVED BY BETTER MANAGEMENT AND MORE EFFECTIVE FEDERAL AID. CATEGORIES OF TREATMENT SHOULD INCLUDE PSYCHOSIS, BEHAVIORAL DISORDERS, RETARDATION, DRUG ABUSE, AND ADDICTION. MOST FEDERAL AND STATE PRISONS NEITHER IDENTIFY ALL INMATES NEEDING HELP NOR PROVIDE PROPER CARE TO THOSE THEY DO TREAT. ALTHOUGH LIMITED FUNDING AND PERSONNEL SHORTAGES HAVE HINDERED MENTAL HEALTH SERVICES, IMPROVED ADMINISTRATION CAN CORRECT MANY INADEQUACIES. AT THE STATE LEVEL, ADDITIONAL IMPROVEMENTS CAN BE MADE IF FEDERAL PROGRAMS OPERATED BY LEAA AND THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE (HEW) ARE MORE EXTENSIVELY USED FOR THE MENTAL HEALTH CARE OF INMATES. EFFECTIVE ADMINISTRATION OF PRISON MENTAL HEALTH PROGRAMS REQUIRES INFORMATION ON INMATES' NEEDS, ADEQUATE RECORDS, GOOD USE OF STAFF, EFFECTIVE MONITORING AND EVALUATION OF PROGRAMS, AND INDEPENDENT REVIEW OF ACTIVITIES. TO VARYING DEGREES, ADMINISTRATION IN FEDERAL AND STATE PRISONS SYSTEMS LACK THESE NEEDED ELEMENTS. A NUMBER OF RECOMMENDATIONS ARE GIVEN FOR IMPROVING MENTAL HEALTH CARE IN FEDERAL AND STATE PRISONS AND THE FOLLOWING SUGGESTIONS ARE MADE FOR THE BUREAU OF PRISONS: (1) REVISE SCREENING POLICY TO SPECIFY AND PROVIDE FOR COMPREHENSIVE IDENTIFICATION OF INMATES TO BE REFERRED FOR TREATMENT; (2) IMPROVE THE BASIS FOR ASSESSING PROGRAM NEEDS BY REGULARLY COMPILING AND SUMMARIZING AVAILABLE INFORMATION ON THE EXTENT AND NATURE OF INMATES' MENTAL HEALTH PROBLEMS; (3) REQUIRE THE ES-

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TABLISHMENT OF A CENTRAL FILE FOR EACH INMATE AND REEMPHASIZE THE NEED FOR ADEQUATE RECORDS OF INMATE PROBLEMS AND TREATMENT ACTIONS; (4) ESTABLISH GREATER MANAGEMENT CONTROL OVER THE QUALITY AND PERFORMANCE OF SUBSTANCE ABUSE TREATMENT PROGRAMS BY PROMULGATING STANDARDS FOR THEIR CONTENT, STAFFING, AND EVALUATION; AND (5) INCREASE MANAGEMENT SURVEILLANCE OF THE QUALITY OF MENTAL HEALTH SERVICES BY EXPANDED USE OF INDEPENDENT REVIEWS BY OUTSIDE PROFESSIONAL ORGANIZATIONS. RECOMMENDATIONS FOR ACTION BY LEAA AND HEW ALSO ARE INCLUDED. FOOTNOTES, A LIST OF ABBREVIATIONS, AND THREE APPENDIXES ARE PROVIDED.

Supplemental Notes: THERE IS A CHARGE FOR MORE THAN ONE COPY. REPORT TO THE UNITED STATES CONGRESS BY THE COMPTROLLER GENERAL.

Availability: US GENERAL ACCOUNTING OFFICE, DISTRIBUTION SECTION, ROOM 4522, 441 G STREET, NW, WASHINGTON DC 20548. Stock Order No. GGD-80-11. (Microfiche)

90. **B. WALKER and T. J. GORDON. ENVIRONMENTAL HEALTH NEEDS IN CORRECTIONAL INSTITUTIONS.** ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS, SUPREME COURT BUILDING, WASHINGTON DC 20544. *FEDERAL PROBATION*, V 41, N 4 (DEC 1977), P 34-38. NCJ-52402
- CONSIDERATIONS IN ESTABLISHING AND MAINTAINING HEALTHY ENVIRONMENTS IN PRISONS ARE DISCUSSED. THERE IS AMPLE EVIDENCE OF A VITAL RELATIONSHIP BETWEEN THE QUALITY OF THE PHYSICAL ENVIRONMENT OF ANY CORRECTIONAL INSTITUTION AND THE INSTITUTION'S ADMINISTRATION. THE DESIGN AND CONDITION OF THE PHYSICAL PLANT—TEMPERATURE, HUMIDITY, LIGHTING, NOISE LEVELS, QUALITY AND QUANTITY OF FOOD SERVED, HOUSEKEEPING, CLEANLINESS—CAN INFLUENCE THE BEHAVIOR OF INMATES AS WELL AS THE MANNER IN WHICH CORRECTIONAL STAFF CARRIES OUT ITS DUTIES. MOST CORRECTIONAL FACILITIES ASSIGN ENVIRONMENTAL CONTROL RESPONSIBILITIES TO CORRECTIONAL OFFICERS, WHO OFTEN DO AN ADEQUATE JOB OF CONDUCTING MONTHLY CHECKS FOR BROKEN WINDOWS, PLUMBING FAILURES, AND SIMILAR DEFECTS. THE COMPLEXITY OF INSTITUTIONAL ENVIRONMENTAL HAZARDS, HOWEVER, DICTATES AGAINST THEIR BEING THE PART-TIME RESPONSIBILITY OF PERSONNEL WITH NO SPECIAL TRAINING. THERE IS A NEED FOR THE DIRECT SERVICES OF PERSONNEL WITH EXPERTISE IN BASIC ENVIRONMENTAL HEALTH DISCIPLINES. THE ENVIRONMENTAL HEALTH SPECIALIST IN A CORRECTIONAL INSTITUTION SHOULD FUNCTION IN A STAFF CAPACITY AND SHOULD HAVE DIRECT ACCESS TO THE ADMINISTRATOR OR WARDEN TO ENSURE IMPLEMENTATION OF PLANS FOR ENVIRONMENTAL IMPROVEMENTS. BASIC ENVIRONMENTAL HEALTH TRAINING FOR ALL CORRECTIONAL STAFF IS ALSO NEEDED. ALTHOUGH THOROUGH AND SYSTEMATIC REVIEW OF BUILDING PLANS WILL MINIMIZE ENVIRONMENTAL DEFICIENCIES, PLANNING MUST BE COMPLEMENTED BY CONTINUOUS SURVEILLANCE TO RECOGNIZE AND EVALUATE ENVIRONMENTAL HAZARDS AND TO DEVELOP CORRECTIVE MEASURES. A NUMBER OF ORGANIZATIONS AND GOVERNMENT AGENCIES HAVE DEVELOPED ENVIRONMENTAL QUALITY STANDARDS AND REGULATORY SCHEMES FOR JAILS AND PRISONS. ALTHOUGH SPECIFICATIONS MAY VARY, ALL OF THE STANDARDS RECOGNIZE THAT THE CORRECTIONAL ENVIRONMENT MUST MEET INMATES' FUNDAMENTAL PSYCHOLOGICAL AND PHYSIOLOGICAL NEEDS, AS WELL AS THEIR NEEDS FOR PROTECTION AGAINST ACCIDENTAL INJURIES AND INFECTIOUS DISEASE. STANDARDS SPECIFYING SPACE REQUIREMENTS FOR INMATES HAVE GENERATED CONSIDERABLE DEBATE AND MAY NOT BE AS STRONGLY SUPPORTED BY EPIDEMIOLOGICAL DATA AS ARE OTHER STANDARDS. YET FEW STUDENTS OF PUBLIC HEALTH AND THE BEHAVIORAL SCIENCES QUESTION THE SIGNIFICANCE

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OF CONGESTION, CROWDING, AND ISOLATION TO HEALTH. IT IS CONCLUDED THAT CORRECTIONAL AUTHORITIES HAVE A CLEAR HEALTH SERVICES RESPONSIBILITY THAT EXTENDS BEYOND TREATMENT OF INJURIES AND DISEASES TO INCLUDE PREVENTIVE MEDICINE, OF WHICH ENVIRONMENTAL CONTROL IS AN ESSENTIAL COMPONENT. IT IS FURTHER POINTED OUT THAT FUNDS ALLOCATED TO ENVIRONMENTAL HEALTH ARE AN INVESTMENT, NOT AN EXPENDITURE.

Availability: NCJRS MICROFICHE PROGRAM.

91. **R. E. WEBB 3RD. MEDICAL AND HEALTH CARE IN JAILS, PRISONS, AND OTHER CORRECTIONAL FACILITIES—A COMPILATION OF STANDARDS AND MATERIALS.** AMERICAN BAR ASSOCIATION, 1800 M STREET, NW, WASHINGTON DC 20036. 309 p. 1973. NCJ-11755
- MATERIALS TO AID IN UNDERSTANDING, ASSESSING, AND PLANNING PROGRAMS TO SOLVE PROBLEMS IDENTIFIED BY COURT DECISIONS, STUDIES, AND CORRECTIONAL EXPERTS. THE PROBLEM OF PROPER DELIVERY OF MEDICAL AND HEALTH SERVICES TO CONFINED OFFENDERS OR ACCUSED PERSONS UNDER DETENTION IS AN ISSUE OF GREAT IMPORTANCE. THIS COMPILATION IS DIVIDED INTO FIVE MAJOR SECTIONS AND EACH IS INTRODUCED BY A SHORT COMMENTARY DESCRIBING AND SUMMARIZING THE MATERIALS PRESENTED. THE FIRST SECTION INCLUDES NATIONAL ORGANIZATION RECOMMENDATIONS AND STANDARDS RANGING IN SCOPE FROM ISSUANCES OF THE UNITED NATIONS TO THOSE OF NATIONAL PROFESSIONAL GROUPS, SUCH AS THE AMERICAN CORRECTIONAL ASSOCIATION AND NATIONAL SHERIFF'S ASSOCIATION. THE RECENT OUTPUT OF THE NATIONAL ADVISORY COMMISSION ON CRIMINAL JUSTICE STANDARDS AND GOALS IS INCLUDED. A SELECTION OF STATE LEVEL STANDARDS AND MINIMUM REQUIREMENTS, APPLICABLE TO LOCAL JAILS AND DETENTION FACILITIES, IS PROVIDED IN SECTION TWO. ABOUT SIX STATES ARE REPRESENTED IN THIS GROUP. SUMMARY EXCERPTS OF RECENT SURVEYS AND STUDIES THAT HAVE HELPED LAY BARE THE NATURE AND DEPTH OF THE PRISONER HEALTH CARE PROBLEM, ARE PRESENTED IN THE THIRD SECTION. SECTION FOUR IS DEVOTED TO LEGAL PRINCIPLES AND REMEDIES, ESPECIALLY CONSIDERING THE NUMEROUS COURT DECISIONS DEFINING PRISONERS' RIGHTS TO ADEQUATE HEALTH AND MEDICAL CARE AND MEASURING DEFICIENCIES AGAINST CONSTITUTIONAL GUARANTEES APPLICABLE TO INCARCERATED OFFENDERS. THE FINAL SECTION OFFERS SUMMARIES, EXCERPTS, AND REPORT DOCUMENTS ON THE OPERATION OF MEDICAL PROGRAMS.
- Supplemental Notes:** PREPARED IN CONJUNCTION WITH THE AMERICAN MEDICAL ASSN.
- Availability:** AMERICAN BAR ASSOCIATION, 1800 M STREET, NW, WASHINGTON DC 20036.
92. **R. WILSON. WHO WILL CARE FOR THE 'MAD AND BAD'?** CRIMINAL JUSTICE PUBLICATIONS, INC, 801 SECOND AVENUE, NEW YORK NY 10017. *CORRECTIONS MAGAZINE*, V 6, N 1 (FEBRUARY 1980), P 5-9, 12-17. NCJ-65013
- CARING FOR AND COPING WITH MENTALLY ILL INMATES ARE A MAJOR PROBLEM AND A MINOR BUDGET ITEM AT CORRECTIONAL INSTITUTIONS. PSYCHIATRIC TREATMENT OF INMATES INTENSIFIES THE REHABILITATION-CUSTODY CONFLICT. MANY MENTALLY ILL INMATES ARE RECEIVING EITHER INADEQUATE TREATMENT OR NO TREATMENT AT ALL. MOREOVER, CONDITIONS IN PRISONS MAY UNDERMINE THE MENTAL HEALTH OF SOME PRISONERS. MENTAL HOSPITAL RELEASE POLICIES STIPULATING RELEASE OF MENTALLY ILL PERSONS TO COMMUNITY FACILITIES MAY BE TO BLAME FOR THE INCREASING NUMBERS OF MENTALLY ILL INMATES IN CORRECTIONS FACILITIES. MANY OF THESE INMATES MAY BE EX-PATIENTS INCAPABLE OF LIVING INDEPENDENTLY WITHOUT MEDICAL ATTENTION AND MAY HAVE

COMMITTED CRIMES OUT OF MENTAL STRESS. GUIDELINES DEFINING PSYCHIATRIC CARE AS AN INMATE RIGHT HAVE BEEN ISSUED BY THE AMERICAN MEDICAL ASSOCIATION, AND IT IS EXPECTED THAT CORRECTIONAL INSTITUTIONS WILL HAVE TO COMPLY WITH THEM. HOWEVER, A NUMBER OF COMPLICATIONS OBSTRUCT THE IDENTIFICATION AND PROPER PSYCHIATRIC CARE OF MENTALLY ILL OFFENDERS EVEN IN WELL-MEANING INSTITUTIONS. IMPRECISE DEFINITIONS OF MENTAL ILLNESS ABOUND; FOR INSTANCE, CRIMINAL LAW DEFINES INSANITY IN MUCH NARROWER TERMS THAN THE PSYCHIATRIC COMMUNITY. MENTALLY ILL PRISONERS ARE FREQUENTLY SHUFFLED BETWEEN CORRECTIONAL INSTITUTIONS AND MENTAL HEALTH AGENCIES BECAUSE THE PSYCHOTIC SYMPTOMS RECEDE UNDER TREATMENT BUT REEMERGE ONCE THE PATIENT IS RETURNED TO PRISON. LEGAL BARRIERS SOMETIMES MAKE THE TRANSFER FROM PRISON TO HOSPITAL DIFFICULT; PRISONERS MUST BE PROVED DANGEROUS TO THEMSELVES OR OTHERS. MOREOVER, INMATE PRACTICES OF FEIGNING INSANITY COMPLICATE TRANSFERS, SINCE TRUE DISTURBANCES ARE FREQUENTLY CONFUSED WITH MOCK ONES. AN ETHICAL CONFLICT EXISTS FOR PSYCHIATRISTS WHOSE PRIMARY CLIENT IS THE PRISON SYSTEM RATHER THAN THE INDIVIDUAL INMATE PATIENT. AS LONG AS PSYCHIATRIC TREATMENT REMAINS WITHIN CORRECTIONAL FACILITIES, IT MAY ALWAYS BE LIMITED TO THE PRACTICE OF 'MEDICATE AND MAINTAIN.'

Supplemental Notes: PRICE QUOTED IS FOR ENTIRE ISSUE. REPRINTS OF ARTICLE AVAILABLE IN LARGE QUANTITIES.

Availability: CRIMINAL JUSTICE PUBLICATIONS, INC, 801 SECOND AVENUE, NEW YORK NY 10017.

93. **A. WINSTON. RECEIVING SCREENING—AN ADMINISTRATIVE AND OPERATIONAL VIEW (FROM NATIONAL CONFERENCE ON MEDICAL CARE AND HEALTH SERVICES IN CORRECTIONAL INSTITUTIONS—SECOND, PROCEEDINGS, 1978—SEE NCJ-58532).** AMERICAN MEDICAL ASSOCIATION, 535 NORTH DEARBORN STREET, CHICAGO IL 60610. 4 p. 1978. NCJ-58541
- OPERATIONS OF AN INMATE MEDICAL RECEIVING SCREENING PROGRAM ARE DISCUSSED, AND THE BENEFITS OF SUCH A PROGRAM ARE NOTED. BENEFITS TO THE INMATES OF A MEDICAL RECEIVING SCREENING PROGRAM IN JAILS AND PRISONS INCLUDE HAVING THE OPPORTUNITY TO EXPRESS MEDICAL COMPLAINTS TO A STAFF THAT CAN DEAL WITH THEM AND ESTABLISHING A POINT OF CONTACT THAT CAN RELIEVE INMATES' ANXIETIES ABOUT THEIR PHYSICAL WELL-BEING WHILE INCARCERATED. BENEFITS TO THE INSTITUTION OF A RECEIVING SCREENING PROGRAM INCLUDE OBTAINING AN INMATE MEDICAL PROFILE, PROVIDING A MEDICAL TREATMENT PLAN FOR EACH INMATE WHICH HELPS REDUCE CRISIS TREATMENT, AND DEVELOPING THE MOST COST-EFFECTIVE MEDICAL SERVICES. IN INSTITUTIONS WITH AN EXISTING MEDICAL SERVICE, PROGRAM RECEIVING SCREENING CAN BE IMPLEMENTED WITH LITTLE ADDITIONAL COST OR INCREASED WORKLOAD FOR THE STAFF. WHERE NO MEDICAL SERVICE IS IN EFFECT, THE CUSTODIAL STAFF CAN GATHER MEDICAL HISTORY INFORMATION THROUGH A PROFESSIONALLY DESIGNED QUESTIONNAIRE AND BE TRAINED TO CONDUCT THE BASICS OF A PHYSICAL EXAM; HOWEVER, DIAGNOSIS WILL REQUIRE PROFESSIONAL HEALTH PERSONNEL PARTICIPATION. SPACE AND EQUIPMENT REQUIREMENTS ALSO HAVE TO BE CONSIDERED. IT MAY BE POSSIBLE TO CONTRACT WITH A LOCAL HOSPITAL TO HAVE SENIOR MEDICAL RESIDENTS IN INTERNAL MEDICINE DO A ROTATION AT THE JAIL OR PRISON AS PART OF THEIR RESIDENCY REQUIREMENT. IN RURAL AREAS, STATE MEDICAL SOCIETIES CAN BE HELPFUL IN SOLICITING PHYSICIANS WHO WOULD BE WILLING TO GIVE THEIR TIME. A RECEPTIVE LOCAL OR STATE GOVERNMENT IS ESSENTIAL FOR OBTAINING THE NECESSARY FUNDING.

THE LEGAL ASPECTS OF A RECEIVING SCREENING PROGRAM ARE THAT ONCE MEDICAL KNOWLEDGE OF AN INMATE IS OBTAINED, THE INSTITUTION IS LEGALLY BOUND TO TAKE APPROPRIATE MEDICAL ACTION, AND THE INFORMATION MUST BE KEPT CONFIDENTIAL, BUT INFORMATION MAY BE MADE KNOWN FOR PROPER INMATE TREATMENT.

Availability: NCJRS MICROFICHE PROGRAM.

94. **WORLD HEALTH ORGANIZATION, GENEVA, SWITZERLAND. HEALTH ASPECTS OF AVOIDABLE MALTREATMENT OF PRISONERS AND DETAINEES.** 35 p. 1975. United Nations. NCJ-64953

SUBMITTED TO THE FIFTH UNITED NATIONS CONGRESS ON THE PREVENTION OF CRIME AND TREATMENT OF OFFENDERS, THIS PAPER LAYS DOWN A CODE OF MEDICAL ETHICS FOR THE TREATMENT OF PRISONERS AND DETAINEES. DEVELOPED BY THE WORLD HEALTH ORGANIZATION (WHO), THIS CODE OF ETHICS REPRESENTS AN APPROACH TO RULES FOR PERSONAL CONDUCT GOVERNING THE PROFESSIONAL RELATIONS OF PHYSICIANS WITH THEIR INMATE PATIENTS OR WITH EACH OTHER. IT COVERS GENERAL HEALTH ETHICS, HEALTH PROFESSIONS IN RELATION TO PRISONERS AND DETAINEES, EVOLVING ATTITUDES TOWARD TREATMENT OF OFFENDERS, FORMS OF MALTREATMENT, TREATMENT OF MENTALLY DISORDERED AND DRUG-DEPENDENT OFFENDERS, FORCIBLE FEEDING, AND PROVISIONAL STANDARDS REGARDING THE MINIMUM RULES FOR PRISONER TREATMENT. ALSO DEALT WITH ARE RESTRAINT METHODS (MECHANICAL, CHEMICAL, ELECTRO-CONVULSION, PSYCHOSURGERY, CASTRATION), PUNISHMENT FOR DISCIPLINARY OFFENSES, INTENSIVE INTERROGATION METHODS, AND BIOMEDICAL EXPERIMENTS ON PRISONERS. OVERALL, THE WORLD HEALTH ORGANIZATION'S POSITION ON PRISONER TREATMENT EMPHASIZES RIGHT TO TREATMENT AND TO HEALTH SUCH AS IS AVAILABLE TO PRIVATE CITIZENS, AVOIDANCE OF HAZARDS TO PHYSICAL AND MENTAL HEALTH, ESTABLISHMENT OF PSYCHIATRIC WINGS IN INSTITUTIONS TO SERVE PRISONERS WITH MILD MENTAL DISORDERS (MORE SEVERE CASES ARE PRESUMABLY TREATED IN HOSPITALS), RECOGNITION OF DRUG DEPENDENCY AS A PATHOLOGICAL CONDITION, AND TAKING STEPS TO PREVENT PRISONER SUICIDE. THE PAPER OUTLINES ACCEPTABLE MODES FOR PUNISHMENT BY RESTRICTED DIET, SOLITARY CONFINEMENT, AND SUSPENSION OF PRIVILEGES, BUT IT REJECTS CORPORAL PUNISHMENT. FOR ALL AREAS COVERED, THE PAPER DISCUSSES THE EXTENT OF WHO INVOLVEMENT IN RELEVANT ETHICAL CONSIDERATIONS AND WORLDWIDE ATTITUDES REGARDING THE VARIOUS AREAS OF OFFENDER TREATMENT. APPENDED ARE THE TOKYO DRAFT DECLARATION OF THE WORLD MEDICAL ASSOCIATION'S GUIDELINES FOR MEDICAL DOCTORS, THE DECLARATION OF GENEVA AND HELSINKI OF THE WORLD MEDICAL ASSOCIATION, AND AN EXTRACT FROM A STATEMENT BY THE INTERNATIONAL COUNCIL ON ALCOHOL AND ADDICTIONS MADE IN MAY 1975.

Supplemental Notes: FIFTH UNITED NATIONS CONGRESS ON THE PREVENTION OF CRIME AND THE TREATMENT OF OFFENDERS, TORONTO, CANADA, SEPTEMBER 1-12, 1975.

95. **T. YOUNG. EIGHTH AMENDMENT RIGHTS OF PRISONERS—ADEQUATE MEDICAL CARE AND PROTECTION FROM THE VIOLENCE OF FELLOW INMATES.** UNIVERSITY OF NOTRE DAME LAW SCHOOL, NOTRE DAME IN 46556. NOTRE DAME LAWYER, V 49, N 2 (DECEMBER 1973), P 454-469. NCJ-12931
- THE CONSTITUTIONAL PROHIBITION AGAINST CRUEL AND UNUSUAL PUNISHMENTS EXPANDS WITH 'EVOLVING STANDARDS OF DECENCY' TO ENCOMPASS MISTREATMENT OF INMATES. ALTHOUGH DIRECT PHYSICAL MISTREATMENT OF PRISONERS HAS TRADITIONALLY BEEN PROHIBITED BY THE EIGHTH AMENDMENT, ONLY RECENTLY HAS THIS THEORY BEEN SUCCESSFULLY APPLIED TO INADEQUATE MEDICAL

CARE AND DANGER OF VIOLENT ATTACK BY OTHER INMATES. THE EARLY MEDICAL CARE CASES OFFERED TWO PRINCIPLES—1) A COMPLETE DENIAL OF MEDICAL CARE TO ONE IN NEED IS VIOLATIVE OF EIGHTH AMENDMENT RIGHTS, AND 2) GIVEN MEDICAL CARE, HOWEVER SLIGHT, ANY DENIAL OR INADEQUACY MUST BE INTENTIONAL TO REACH CONSTITUTIONAL DIMENSIONS. A MORE MODERN LINE OF CASES, HOWEVER, HAS INDICATED THAT IN THE FUTURE, COURTS MAY BE RECEPTIVE TO EIGHTH AMENDMENT ARGUMENTS WHEN ONLY INADEQUATE TREATMENT IS AT ISSUE. SIMILARLY, COURTS CONFRONTED WITH INMATE ATTACKS ON OTHER INMATES TRADITIONALLY HAVE RELIED ON A NEGLIGENCE THEORY IN GRANTING RECOVERY. ALTHOUGH ATTACKS BY OTHER PRISONERS SEEM TO OFFEND THE CONTEMPORARY STANDARDS OF SOCIETY, NO COURT HAS GIVEN THIS ARGUMENT INDEPENDENT CONSTITUTIONAL SIGNIFICANCE.

96. **M. ZALMAN. PRISONERS RIGHTS TO MEDICAL CARE.** WILLIAMS AND WILKINS COMPANY, 428 EAST PRESTON STREET, BALTIMORE MD 21202. JOURNAL OF CRIMINAL LAW, CRIMINOLOGY AND POLICE SCIENCE, V 63, N 2 (JUNE 1972), P 185-199. NCJ-05400

STATE AND FEDERAL LEGISLATIVE AND JUDICIAL REMEDIES AVAILABLE TO PRISONERS COMPLAINING OF INADEQUATE MEDICAL CARE ARE DESCRIBED. FURTHER POLITICAL, INSTITUTIONAL, AND LEGAL SOLUTIONS ARE SUGGESTED. DESPITE THE FAIRLY GENEROUS POSITION OF STATE COURTS IN RECOGNIZING PRISONERS' SUBSTANTIVE RIGHTS TO NECESSITIES SUCH AS MEDICAL CARE, PROCEDURES FOR ENFORCEMENT OF THESE RIGHTS ARE INADEQUATE. THE WRIT OF HABEAS CORPUS IS THE METHOD MOST OFTEN USED BY STATE PRISONERS SEEKING INJUNCTIVE RELIEF, BUT THIS IS OFTEN DENIED, FOR INMATES OF FEDERAL PRISONS, RELIEF MAY BE GRANTED IF THE DENIAL OF MEDICAL TREATMENT AMOUNTS TO CRUEL AND UNUSUAL PUNISHMENT. THE PETITIONER MUST ALSO ALLEGE THAT MEDICAL CARE WAS ADMINISTERED AS PUNISHMENT. RECENT CASES INVOLVING THE APPLICATION OF FEDERAL LAWS TO STATE INSTITUTIONS ARE CITED. IT IS CONCLUDED THAT ADEQUATE MEDICAL CARE CANNOT BE SYSTEMATICALLY PROVIDED IN LARGE PRISONS. STATUTORY CHANGES CAN EFFECTIVELY CONVERT WHAT ARE NOW PRIVILEGES INTO RIGHTS, CAN NARROW THE RANGE OF DISCRETION WHERE ABUSES HAVE BEEN FREQUENT, AND CAN MOTIVATE RULE-MAKING AND MORE EFFECTIVE ADMINISTRATIVE CONTROL. IMPROVEMENT IN GENERAL PRISON CONDITIONS WILL ALSO LEAD TO IMPROVED MEDICAL CARE BY REDUCING OVERCROWDING, AND MOVING FACILITIES CLOSER TO BIG CITIES WILL MAKE AVAILABLE GREATER MEDICAL TALENT. IT IS RECOMMENDED THAT THE STATE OF KNOWLEDGE OF PRISON MEDICINE BE IMPROVED, THAT A SINGLE PRISON SYSTEM BE PROMOTED IN THE INTEREST OF COORDINATING CARE EFFORTS, AND THAT THE TENURE OF PRISON MEDICAL PERSONNEL BE LIMITED TO 5 YEARS. FURTHER, EFFECTIVE LEGAL REPRESENTATION IS NECESSARY TO GUARANTEE NECESSARY SERVICES. TWO RECENT MAJOR INNOVATIONS SHOULD BE PURSUED: THE INVOLVEMENT OF LAWYERS AND LAW STUDENTS IN PRISONERS' RIGHTS LITIGATION AND THE CREATION OF INDEPENDENT HEARING BODIES WITH POWER TO INVESTIGATE COMPLAINTS, CONDUCT HEARINGS, INSPECT FACILITIES, AND TAKE CORRECTIVE ACTIONS. THESE CAN TAKE THE FORM OF NEGOTIATION, THE OMBUDSMAN, AND THE GRIEVANCE COMMISSION. FOOTNOTES ARE PROVIDED.

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APPENDIX

The following national organizations and Federal agencies are concerned with health care in correctional institutions:

American Bar Association
1800 M Street NW.
Washington, DC 20036
(202) 331-2200

American Correctional Association
4321 Hartwick Road
Suite L-208
College Park, MD 20740
(301) 864-1070

American Medical Association
Correctional Programs
535 North Dearborn Street
Chicago, IL 60610
(312) 751-6000

American Public Health Association
1015 18th Street NW.
Washington, DC 20036
(202) 467-5000

General Accounting Office
General Government Division
441 G Street NW.
Washington, DC 20548
(202) 275-6241

National Coalition for Jail Reform
1730 Rhode Island Avenue NW.
Washington, DC 20036
(202) 296-8630

National Council on Crime and Delinquency
411 Hackensack Avenue
Hackensack, NJ 07601
(201) 488-0400

National Jail Association
614 H Street NW.
Washington, DC 20001
(202) 727-3735

National Sheriffs' Association
1250 Connecticut Avenue NW.
Washington, DC 20036
(202) 872-0422

United Nations Information Center
2101 L Street NW.
Washington, DC 20037
(202) 296-5370

U. S. Department of Health and Human Services
Public Health Service
Health Services Administration
Bureau of Medical Services
5600 Fishers Lane
Rockville, MD 20857
(301) 436-6245

U.S. Department of Justice
Bureau of Prisons
National Institute of Corrections
320 First Street NW.
Washington, DC 20534
(202) 724-3106

U.S. Department of Justice
Law Enforcement Assistance Administration
Corrections Division
633 Indiana Avenue NW.
Washington, DC 20531
(202) 724-5944

ADDENDA

The following documents on this subject were added to the NCJRS collection too late to be included in the main section of this bibliography. However, because of their relevance to the topic, basic bibliographic facts are presented in this addenda.

AMERICAN MEDICAL ASSOCIATION'S PROGRAM TO IMPROVE HEALTH CARE IN JAILS—FINAL EVALUATION REPORT, YEAR THREE. ANNO, B. J. and LANG, A. H. B. Jaye Anno Associates. Chicago, 1979, 139 p. **NCJ—64729**

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CORRECTIONAL HEALTH CARE: AN ANNOTATED BIBLIOGRAPHY, 2d Ed. GLASSANOS, P. Michigan Department of Corrections, Office of Health Care, Lansing, Mich. 1979, 109 p. **NCJ—68723**

Sponsoring Agency: Law Enforcement Assistance Administration

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ESTABLISHING STAFF DEVELOPMENT PROGRAMS. DEAN, W. E. and MAYNARD, C. L. Michigan Department of Corrections, Office of Health Care, Lansing, Mich. Undated, 123 p. **NCJ—68735**

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Sponsoring Agency: Law Enforcement Assistance Administration

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NCJ-68732

Sponsoring Agency: Law Enforcement Assistance Administration

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